

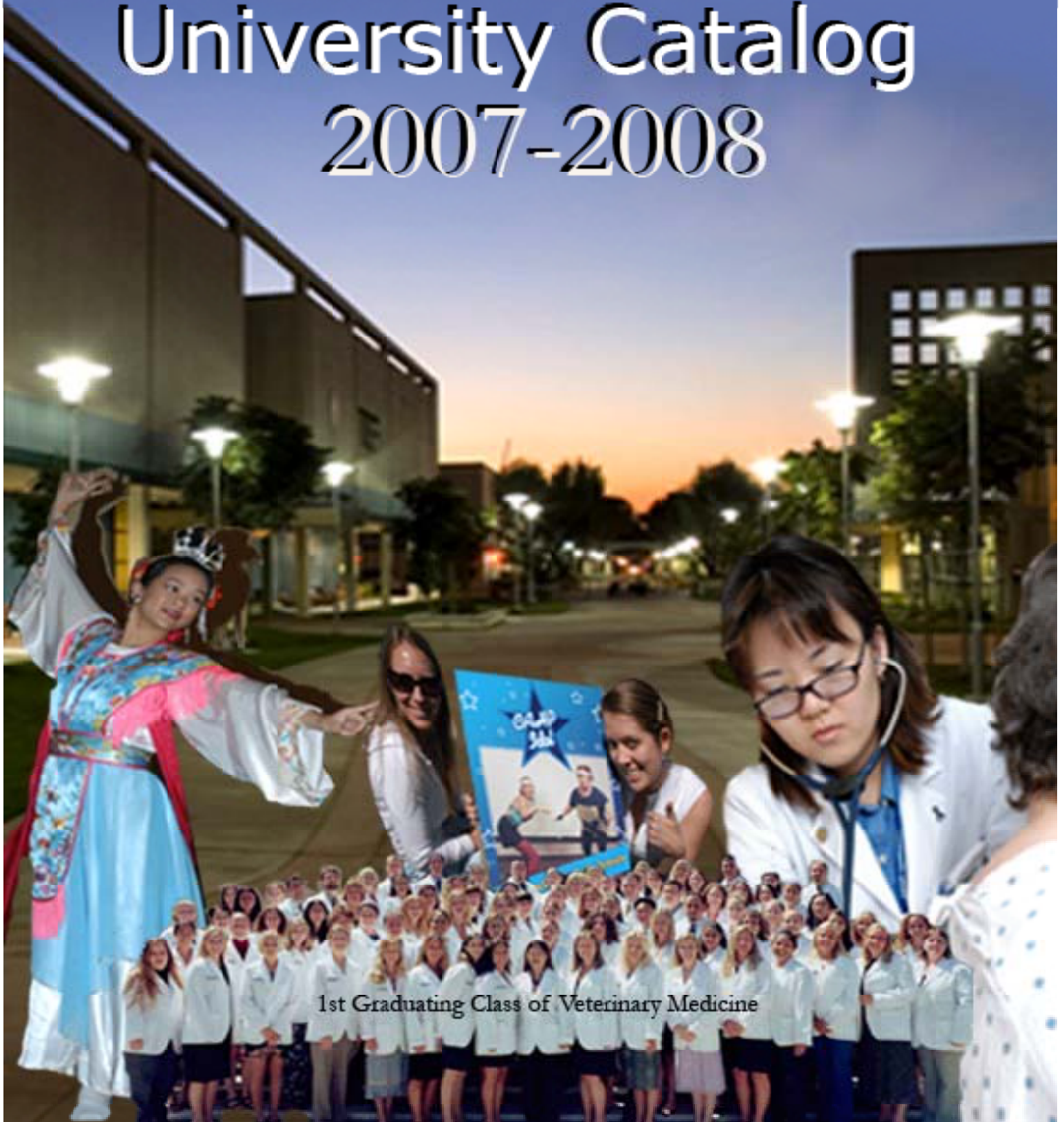


Western
University
OF HEALTH SCIENCES



The discipline of learning. The art of caring.

University Catalog 2007-2008



1st Graduating Class of Veterinary Medicine

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 May 2007. The information herein applies to the academic year 2007-2008. Western University of Health Sciences has made every effort to ensure that the information contained in this catalog is accurate at the time of publication, but reserves the right to change the provisions of this catalog. This includes the right to discontinue courses, change requirements for admission and graduation, adjust fees or change any other regulation or policy in this catalog. **The information and policies are for informational purposes only and do not constitute an agreement or contract between Western University of Health Sciences and students, staff and faculty.**

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. 17, No. 1, Spring, 2007

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	93	Application and Admissions
iv	Table of Contents		Requirements
1	Western University of Health Sciences	94	Tuition and Fees
4	Frequently Called Numbers	94	Financial Aid
5	Student Life: Campus Facilities and Services	94	Academic Policies and Procedures
		96	Program Description
8	Student Services	97	Course Descriptions
21	University Policies and Procedures	99	Academic Calendar
28	General Academic Policies and Procedures	100	College of Veterinary Medicine
			Doctor of Veterinary Medicine
			Degree Program
35	Tuition and Fees	100	Accreditation
37	Financial Aid	100	Mission Statement
44	University Calendar	100	The Degree
		100	Admission Policies and Procedures
45	College of Osteopathic Medicine of the Pacific	102	Registration
	Doctor of Osteopathic Medicine	102	Tuition and Fees
	Degree Program	103	Academic Requirements
45	Accreditation	107	Curriculum
45	The Osteopathic Philosophy	109	Course Descriptions
45	College Mission	114	Honors and Awards
46	Personal Competencies for Admission and Matriculation	115	Academic Calendar
47	Admissions Policies and Procedures	115	The Veterinarian's Oath
49	Registration		
49	Tuition and Fees	116	College of Allied Health Professions
50	Academic Requirements	116	Mission
57	Curriculum	116	Goals
61	Course Descriptions	117	Master of Science in Health Sciences
67	Honors and Awards		Program
68	Academic Calendar	117	The Department of Health Sciences
69	Osteopathic Oath	118	Personal Competencies for Admission and Matriculation
		119	Admissions Policies and Procedures
70	College of Pharmacy	120	Registration Policies and Procedures
	Doctor of Pharmacy Degree Program	121	Academic Requirements
70	Accreditation	126	Tuition and Fees
70	The Degree	126	Program of Studies
70	Academic Course Work	126	Course Descriptions
70	Admissions Policies and Procedures	129	Honors and Awards
72	Tuition and Fees	130	Academic Calendar
73	Financial Assistance		
73	Academic Policies and Procedures		
83	Description of Blocks/Course Descriptions	131	Doctor of Physical Therapy Degree Program
89	International Post-Baccalaureate PharmD (IPBP) Track	131	About the Doctor of Physical Therapy Program
91	Honors and Awards	131	Mission of the Program
92	Academic Calendar	131	Program Goals
		132	Description of the DPT Program
93	Master of Science in Pharmaceutical Sciences	132	Personal Competencies for Admission and Matriculation
93	Program Objectives	134	Admissions Policies and Procedures
93	Program Overview	135	Registration
93	Program Faculty	136	Tuition and Fees

136	Academic Requirements	192	Accreditation
147	Curriculum Organization	192	Prerequisite Requirements
149	Description of the DPT Program for Students with Advanced Standing	193	Admission Requirements
152	Course Descriptions and Credit Hours	194	Registration
158	Honors and Awards	194	Orientation
160	Academic Calendar	195	Tuition and Fees
		197	General College Academic Policies and Procedures
161	Master of Science in Physician Assistant Studies	211	General College Clinical Policies
161	The Physician Assistant Role	215	Curriculum Plans
161	Mission Statement	224	Course Descriptions
161	Vision Statement	233	Academic Calendar
162	Accreditation		
162	Program Goals	234	Board of Trustees, Administration and Faculty
163	Functions and Tasks of Physician Assistant Graduates	234	Board of Trustees
164	Personal Competencies for Admission and Matriculation	234	University and Academic Administration
165	Admissions Policies and Procedures	237	Faculty
166	Tuition and Fees	248	Clinical and Adjunct Faculty
167	Academic Requirements	292	University Map
179	Curriculum Organization		
181	Course Descriptions		
185	Honors and Awards		
186	Academic Calendar		
187	The Physician Assistant Oath		
188	College of Graduate Nursing		
	Master of Science in Nursing Program		
	Master of Science in Nursing-Entry (RN/MSN)		
	Master of Science in Nursing/Family Nurse Practitioner		
	Post-Master's Family Nurse Practitioner Certificate		
	Master of Science in Nursing (Completion)		
188	Purpose		
188	Mission		
188	Philosophy		
189	Outcome Competencies for Graduates		
190	Curriculum Descriptions		

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 produces, in a humanistic tradition, health care professionals and biomedical knowledge that will enhance and extend the quality of life in our communities.

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 2003, Western University enrolled its charter students in the Doctor of Veterinary Medicine and in its Doctor of Physical Therapy programs. In addition, the College of Pharmacy began offering a MS in Pharmaceutical Sciences degree program. A new Veterinary Medicine Center opened in conjunction with the matriculation of the first class of veterinary medicine students in August, 2003. Plans are under development for a second building for the College of Veterinary Medicine

In August, 2004, the College of Graduate Nursing instituted a new entry level nursing track into its MSN program. The MSN program itself has been expanded to provide a series of master's level courses with a nurse leadership focus.

Over the next few years, the University will be undergoing a period of significant changes, both in terms of physical facilities and academic program offerings. Four new buildings are planned, all to be completed in 2009: a second building for our College of Veterinary Medicine; a multidisciplinary educational facility that will house our expanding College of Osteopathic Medicine of the Pacific and proposed programs in Dentistry, Optometry and Podiatric Medicine; a multidisciplinary medical ambulatory clinic building; and a parking structure. In addition, the College of Graduate Nursing is working to develop a Doctor of Nursing Practice program and the Graduate College of Biomedical Sciences is developing an MS in Biomedical Sciences program.

KEY FACTS ABOUT WESTERN UNIVERSITY

- 66% of students is female; average student age is 28 years
- Total number of degrees awarded (1982 - 2007) is 6,228
- Enrollment 2006-2007 was 2,130
- College of Osteopathic Medicine of the Pacific: 762
- College of Allied Health Professions: 348
 - Physical Therapy: 127
 - Health Professions Education: 28
 - Physician Assistant: 193
- College of Pharmacy: 505
 - Doctor of Pharmacy: 497
 - MS in Pharmaceutical Sciences: 8
- College of Graduate Nursing: 156
- College of Veterinary Medicine: 359

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
Admissions (DO/Health Sciences)	(909) 469-5335
Admissions (Physician Assistant/Pharmacy)	(909) 469-5542
Admissions (Veterinary Medicine/Physical Therapy)	(909) 469-5650
Bookstore	(909) 469-5416
Bursar	(909) 469-5403
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 Education Office	(909) 469-5260
Assistant Dean for Clinical Affairs	(909) 469-5508
Exec. Assistant Dean for Basic Sciences/Research	(909) 469-5236
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
Environmental Health & Safety	(909) 469-5528
Financial Aid	(909) 469-5353
Learning Enhancement and Academic Development	(909) 469-5408
Technical Support Services	(909) 469-5432
Multimedia Services	(909) 469-5432
Registrar	(909) 469-5342
Center for Disability Issues & the Health Professions	(909) 469-5380
Guard Station (from off-campus phones)	(909) 706-3000
Security	(909) 469-5609
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.

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 11:00 pm weekends
8:00 am to 5:00 pm on some 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 and conference rooms.

Health Sciences Center (HSC) Building Hours: 7:00 am to 11:00 pm weekdays
7:00 am to 10:00 pm weekends
Closed on some holidays, 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; the office of Institutional Research, and temporary offices for faculty of the College of Veterinary Medicine.

Harriet K. and Philip Pumerantz Library and Learning Resources Center

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

The Pumerantz Library and Learning Resources Center houses the University's book, journal and media collections. It also provides office space for the library staff and the staff of the Department of Instructional and Informational Technology. The ground floor is reserved for library circulation services, the University Archives, history of medicine 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. The Edward Tessier Learning Center is on the third floor. 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.

Nursing Sciences Center

Building Hours: 8:00 am to 5:00 pm weekdays

The Nursing Sciences Center, located at 350 S. Garey Avenue, houses the faculty and administrative offices for the College of Graduate Nursing, as well as the offices for the Office of Institutional Research, on the first floor. The second floor contains the administrative offices for the Colleges of Dentistry, Optometry and Podiatric Medicine and offices for the Assistant Vice President for New Program Development and the Assistant Provost for Interdisciplinary Education.

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 & Alumni 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 Executive Vice President for Academic 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 Disability Issues and the Health Professions are 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.

University Research 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 Vice President for Research and three lecture halls: Cooper Hall, Swift Hall and Trendle Hall. The lower level of the University Research Center accommodates various research laboratories and their ancillary facilities.

Veterinary Medicine Center

Building Hours: 7:00am to 11:00pm, Mondays through Friday
7:00am to 10:00 pm on weekends
Closed holidays

The Veterinary Medicine Center, a building of 25,000 square feet, 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. 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. A Clinical Skills laboratory for the College of Graduate Nursing is located in the back of the building, behind the Subway shop.

Western University Medical Center

Building Hours: 9:00am -6:00 pm weekdays

Closed weekends and holidays

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

**887 E. Second Street
Pomona, CA 91766-1854
(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 staff of the medical center are located here. 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
Direct Line

(909) 469-5609
(909) 706-3000

STUDENT SERVICES

Recreational Facilities

Western University provides YMCA or designated fitness club individual memberships for students at a minimal 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, discount booklets to California attractions and theme parks are 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.

Student Government

Currently, 70 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 (SGA) - 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 graduating classes 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.

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 SGA 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 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.

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 Association of Equine Practitioners (AAEP) – To improve the health and welfare of the horse. It also serves to further the professional development of its members. Provides resources and leadership for the benefit of the equine industry. Advisor: Dr. Joe Bertone.

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

American College of Osteopathic Pediatricians (ACOP) – The purpose of this club is to increase awareness and interest in the field of pediatrics within and outside the Western University community. Advisor: Dr. Frances Yang

American Medical Students Association (AMSA) – To provide COMP students access to a wide range of resources and to work towards medical education reform and provide services to local members.

The American Medical Women's Association (AMWA) – AMWA and NOWPA 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. Additional services available are access to low interest student loans, grants and fellowships, and most importantly, lend support and render services throughout the campus and local community. Advisor: Dr. Kay Kalousek.

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. Eric Gupta.

Anesthesiology Club (ATC): To inform and education WesternU students about the field of anesthesiology. Advisor: Dr. Clinton Adams.

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

Armenian Student Association – To enhance the interaction among the Armenian student body at Western University through cultural, social and recreational activities and to promote awareness of Armenian culture, history, and heritage on campus. Advisor: TBN

Association for Veterinarians for Animal Rights (AVAR) – Promotes education about the issues concerning non-human animal use. Increase awareness of the treatment of animals as it applies to the veterinary profession and education. Advisor: Dr. Tracy Murchie.

Athletic/Outdoor Club (AOC) – To encourage fellow students to enjoy the outdoors by sponsoring events such as ski and hiking trips in local area mountains, basketball & volleyball tournaments and water sport activities. Advisor: Dr. Michael Burney.

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

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 & Episcopal Charitable Group (CECG) - To promote fellowship and faith sharing among catholic students and all students. To promote a better understanding of the Catholic faith. Advisor: Mr. Roy Guizado

Christian Fellowship Club (CFC) - Encourages and aids Christian students in their spiritual and professional growth through weekly meetings and other special events. Advisor: Dr. David Redding.

Complementary & Alternative Medicine Research and Education: To explore complementary and alternative medicine through research and education.

DO Cares International Medical Service Club (DO-IMS): To promote and organize student participation in international medical service trips. Advisor: Dr. Rafi Younoszai.

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.

Farm Animal Medicine – To enhance student understanding of companion livestock and production animal medicine. To promote herd animal health by designing management protocols to share with the community. Advisor: Dr. Wendell Cole.

Golf Association – Unites golfers of any caliber from all disciplines within the university. Advisors: Ms. Susan Hanson and Dr. Gisele Tackoor.

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 Sugerman.

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

International Medicine Club (IMC) - 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). Advisors: Dr. Rafi Younoszai and Mrs. Harriet Pumerantz.

International Veterinary Student Association (IVSA) – Establish relationships with other IVSA chapters. Provide information for students interested in international veterinary issues. Advisor: Dr. Suzana Tkalcic.

Islamic 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. Advisor: Dr. Rafi Younoszai.

Kappa Psi Pharmaceutical Fraternity: To serve as a facet for pharmacy students to become involved within the pharmacy profession; to promote professional agrowth with the profession of pharmacy among its members; to provide an avenue for personal growth by providing a unique camaraderie among its members; to promote public awareness and education within its membership as well as to the general public on important pharmacy issues; to provide students with the opportunity to become a part of a vast network of individuals who have impacted the field of pharmacy.

Lambda & Friends – Promotes the acceptance of, and provide support to gay, lesbian, bi-sexual and transgender students, faculty and staff of Western University. Advisor: Dr. Craig Hitchman.

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.

Medical Students for Choice (MSFC) – The purpose of the organization is to increase education, awareness, and open discussion regarding the issues of reproductive health and to support those within the medical community who are working to ensure freedom of choice. Advisor: Dr. Elizabeth Rega.

Middle Eastern Medical Students Association (MEMSA) - This organization is to unite students of Middle Eastern background and promote their cultures on campus. Advisor: Dr. Nissar Darmani.

Military Medical Student Association (MMSA) - MMSA 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 Sugerman.

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

Musical Mondays – To promote music on campus and to provide the opportunity for future healthcare professionals to experience music. Advisor: Dr. David Redding

National Community Pharmacists Association (NCPA) – To introduce students to independent retail pharmacy. To promote high quality pharmaceutical care and to restoring, maintaining, and promoting the health and well-being of the public we serve. Advisor: Dr. Craig Hitchman.

National Osteopathic Women Association (NOWPA) – To provide fellowship and unity among female osteopathic medical students. Advisor: Dr. Kay Kalousek.

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. Advisor: Dr. Alan Cundari.

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. Mary Bailey.

Physician Assistant Student Society - To promote the Physician Assistant profession and represent the University at the national level. Advisor: Mr. Roy Guizado.

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.

Psychiatry Interest Group: To promote the specialty of psychiatry. Advisor: Dr. Rebecca Kornbluh.

Rho Chi National Pharmacy Honor Society – Gamma Sigma Chapter: To promote intellectual excellence and leadership, fellowship, critical inquiry and high attainment in all aspects of pharmacy. Advisor: Dr. Wallace Murray.

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. Rahmi Mowjood.

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. Advisors: Drs. Alan Cundari and Casey Chaney.

Student Chapter of the American Animal Hospital Association (SC-AAHA) – To promote the advancement of knowledge to students of veterinary medicine. Advisors: Drs. Robert Mason and Elizabeth Boynton.

Student Chapter of the American Association of Feline Practitioners (SC-AAFP) – To encourage veterinary student interest in feline practice. Advisor: Dr. Elizabeth Boynton.

Student Chapter of the American College of Veterinary Pathologists (SC-ACVP): To promote collegiality and professional development of its associates through its program and by its relations with other student chapters. Advisor: Dr. Oscar Illanes.

Student Chapter of the Association of Shelter Veterinarians (SC-ASV) – To use veterinary knowledge and skills to work towards decreasing shelter and unwanted pet populations, improving conditions with shelters and educating the public and veterinary profession. Advisor: Dr. Tracy Murchie.

Student Chapter of the Society for Theriogenology (SC-SFT) – To expand the knowledge of interested persons in the science behind and techniques used in the treatment of, and approach to, theriogenology cases, real and proposed. Advisor: Dr. Tracy Murchie.

Student Chapter of the American College of Veterinary Internal Medicine – To prepare students who are interested in pursuing internships or board certification; to provide guest speakers on scholarly topics; to provide access to listings of hospitals offering preceptorships; to provide members with an online subscription to the *Journal of Veterinary Internal Medicine*.

Student Chapter of the American Veterinary Medical Association (SCAVMA) – To serve as a liaison between students of Western University College of Veterinary Medicine and the national organization of the American Veterinary Medical Association (AVMA). Advisor: Dr. Tracy Murchie.

Student Chapter of the American Veterinary Society of Animal Behavior (AVSAB) – Promote knowledge and practical application of animal behavior, advance programs of clinical animal behavior and provide a forum for the presentation and discussion of problems relevant to the field of veterinary animal behavior. Advisors: Drs. Victoria Voith and Elizabeth Boynton.

Student Interest Group in Neurology (SIGN): To provide opportunities for medical students to participate in activities related to the field of neurology including discussions, patient presentations, seminars and shadowing neurologists in practice. Advisor: Dr. James Martin.

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. Gisele Tackoor.

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. “Viv” Davis.

Student Veterinary Emergency & Critical Care Society (VECCS) – The purpose of the organization will be the advancement of knowledge to students of veterinary medicine and students of veterinary technician training. Promote the specialties of emergency medicine and critical care, both for the awareness of the members and in the community. Advisor: Dr. Tracy Murchie.

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.

Veterinary Business Management Associations (VBMA) – To improve the veterinary profession through increasing business knowledge. Advisor: Dr. Robert Mason.

Wellness Club – To promote students of the health care professions, as well as faculty, staff and administration, various opportunities to balance body, mind and spirit. Education children and low income families on the benefit of a healthy lifestyle. Advisor: Dr. David Redding.

WesternU Chamber Choir: To offer students a musical outlet; to provide music for campus and community events. Advisor: Ms. Kathy Long.

Women's Health Interest Group (WHIG) - To further the interest of students considering a career in Obstetrics and Gynecology, Family Medicine, or other Primary Care women's health. Advisor: Dr. Elizabeth Rega.

Zoo, Wildlife, Exotic, Conservation Medicine Club (ZWECC) – To promote the general welfare and conservation of captive and free-ranging wildlife. To enlighten ourselves by sharing in the dissemination of relevant knowledge and increase the awareness of issues that affect these animals. Advisor: Dr. Tracy Murchie.

STUDENT EMPLOYMENT

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

HARRIET K. AND PHILIP PUMERANTZ 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

The mission of the Harriet K. and Philip Pumerantz Library is to support excellence in education, research, and clinical activities of Western University of Health Science through the provision of information resources. To further student adaptability and life-long learning the staff of the Pumerantz Library developed the following goals:

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

Digital Den – These are six computers and a printer located in the study area on the first floor of the library. These computers may be used for email, word processing, Internet use, or research.

Study Rooms – The library has six study rooms that may be reserved for groups of two or more students, and one large study room that may be reserved for groups of five or more.

Laptops may be used throughout the library at any of the many active network ports, including the study rooms and computer labs.

Audio-Visual Lab – The lab on the third floor 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.

Teaching Lab – This computer 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), use the Library’s electronic resources, or do research on the Internet. Workshops are 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 no charge for this service to the Western University community. Other interested users may be eligible and should inquire at the Circulation Desk.

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 have varied circulation periods, which are posted on the Library’s Web site. Fines are charged for overdue books. Renewals may be made by phone or online through the Library’s WebCat. 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 (BASEMENT, ADMINISTRATION 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.

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. Sandra Lawler at (909) 469-5441; TDD (909) 469-5520 or check the Center's web page at 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

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

Western University offers a secure online listing of available rentals, both local to the campus and nationwide for our student on rotation. 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. 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 pass 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 parking lots between the hours of 7:00 a.m. to 11:00 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 lot 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 - Those who elect to park in the metered lots without a permit will be required to pay \$1.50 cents per day per vehicle. Parking along the streets is permitted with certain posted restrictions.

Motorcycle and secured bicycle parking is available in front of the Health Sciences Center and the Health Professions Center.

PSYCHOLOGICAL COUNSELING SERVICES:

1-800-234-5465 or www.pbhi.com

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 PacifiCare Behavioral Health 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.

OFFICE OF LEARNING ENHANCEMENT AND ACADEMIC DEVELOPMENT (ROOM 235, SECOND FLOOR, HEALTH PROFESSIONS BUILDING)

The Office of Learning Enhancement and Academic Development (LEAD) is a part of the 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. Office counseling personnel interview students in academic difficulty and evaluate their respective approaches to learning, studying, and processing information. The counselor devises and implements methods to solve identified barriers to successful learning and aids individual students during their processes of resolution. Office personnel plan and implement group workshops to enhance learning skills each year for students in each Western University program. The LEAD Office 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, recommended 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 assists in the administration of the Summer Medical Sciences Prep Program (SMSPP). Office personnel coordinate, submit and oversee the SMSPP budget, assist the SMSPP Director in program planning, and provide students with individual and group study skills instruction. SMSPP is a four-week program designed to orient in coming, first-year, medical, physician assistant, and physical therapy students, to the Western University campus and community, and to ease adjustment to the demands of their academic environment. It does this by providing an introduction to Gross Anatomy, Biochemistry, and Pharmacology taught by Western University faculty. During the program the LEAD Office endeavors to enhance the students' sense of belonging by working closely with individual students in overcoming environmental, social, cultural, or academic barriers that may interfere with their learning. Students are encouraged to monitor their own personal and social adjustments as well as their academic progress.

The LEAD Office serves all Western University students. All academic and personal counseling and referrals to other campus support services are completely confidential. Office personnel are available for students on a walk-in basis or appointments can be made by phone or email. The office is located in the

Health Professions Building on the Second floor in Room 235. Office hours are 8:30 a.m. to 4:30 p.m., Monday through Friday. The Director, David Hacker, can be reached by phone (909) 469-5408 or email at dhacker@westernu.edu.

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

Student Files: Access and Privacy

The Family Educational Rights and Privacy Act of 1974 (FERPA), also known as the Buckley Amendment, affords students certain rights with respect to their educational records. These rights are established upon receipt of the student's first deposit and include:

1. The right to inspect and review the student's education records within 45 days of the date the University receives a request for access. Students should submit to the Office of the Registrar a written request that identifies the record(s) they wish to inspect. A form for this purpose is available on-line or in the Office of the Registrar. The Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the Registrar, the Registrar shall advise the student of the correct official to whom the request should be addressed.

2. The right to request the amendment of the student's education records that the student believes are inaccurate. Students should write the University official responsible for the record, clearly identifying the part of the record they want changed, and specify why the record is inaccurate. If the University decides not to amend the record as requested by the student, the University will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing. 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.

3. The right to consent to disclosures of personally identifiable information contained in the student's education record, except to the extent that FERPA authorizes disclosure without consent. Exceptions that permit disclosure without consent include school officials with legitimate educational interests; certain government officials in order to carry out lawful functions; appropriate parties in connection with financial aid to a student; accrediting organizations; lawfully issued court orders or subpoenas; and persons who need to know in cases of health and safety. Upon request, the University discloses education records without consent to officials of another school in which a student seeks or intends to enroll.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

5. The University may disclose Directory Information without a student's prior written consent. The University designates the following as Directory Information: the student's name, address, telephone number, email address, photograph, 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.

6. Students may restrict the release of Directory Information, except to school officials with legitimate educational interests and others as indicated in paragraph 3 above. To do so, a student must make the request in writing to the Office of the Registrar, 309 E. Second Street, Pomona, CA 91766. Once filed, the request becomes part of the student record until the student instructs the University in writing to have the request removed.

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.

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.

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.

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. 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. Under certain circumstances, the University 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 Office of 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 via BanWeb. 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 is available on-line or in the Office of the Registrar. There is a \$6.00 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. 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 \$21 fee for each sent via First Class Mail and a \$25 fee for each sent via Federal Express. Rush 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. A student with a documented disability who believes that a reasonable accommodation would permit him/her to meet the minimum technical standards and complete the program should contact the Accommodations and Resource Center (AARC) of the Center for Disability Issues and the Health Professions as soon after admission as possible. AARC serves to coordinate disability accommodations and services. If you have questions or would like to schedule an appointment with AARC, please phone at (909) 469-5541. 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 on campus (except in designated areas) or inside University vehicles. A designated smoking area has been posted to assist in insuring compliance with this policy.

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 WITH AN APPROPRIATE HEALTH CARE PROVIDER.**

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.

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, 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 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 or contribute to his or 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.

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 for each academic program. 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, MSN-E 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, MSN-E 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 must be in good academic standing to be eligible to apply for a Leave of Absence.

Students requesting a Leave of Absence must apply in writing to the appropriate Academic Dean or his designee. 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 term 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. In addition, changes in the curriculum or in other university or academic program policies may occur which could have an impact on academic requirements affecting a student's matriculation upon return from a Leave of Absence. Every reasonable attempt will be made to minimize the impact of such changes, and if known at the time that a leave is granted, the student will be informed of these revised requirements as part

of the terms and conditions contained in the letter granting a leave of absence. Should these changes occur after a leave has been granted, the student on leave will be informed of these changes and how they may affect the student's future matriculation in writing from the office of 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. Standards of Professional Conduct: 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 college's Student Performance Committee, unless the student requests that a hearing be convened. In some circumstances, the Academic Dean may refer the matter directly to the Student Performance Committee for hearing.

When a matter is referred to the college's Student Performance Committee, the Academic Dean 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 may prepare the written charges. The Chair of the Student Performance Committee will notify the student of the time and date of the hearing and shall provide the student with a copy of the written charges.

8. Student Performance Committee

Purpose - The College's Student Performance Committee reviews the overall academic progress of each student enrolled in the college and considers violations of the Standards of Professional Conduct when requested by the respective Academic Dean. These standards and the operation of the college's Student Performance Committee are contained in the appropriate **Program Specific** section of this Catalog.

Status of Student Pending Action - Pending a determination by the appropriate Academic Dean, 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. Once the Academic Dean has rendered a decision, 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

9. 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 Performance Committee.
- b. A student may not be recommended for progression from one academic year to the next with any outstanding grades of "I", "U", "M", 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.

10. 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 Performance 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 Performance 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 Performance Committee and the student's Faculty Advisor. The Student Performance 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.

11. Academic Suspension

Students who are deemed unable to continue in the curriculum due to inadequate performance and are required to repeat a given academic year or portion thereof will be placed on academic suspension through such time as they can resume their studies by starting the courses the student is required to repeat. Throughout the time the student is academically suspended, he or she is also on academic probation, and remains on academic probation until all coursework has been satisfactorily remediated.

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 Performance 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. Conduct Suspension

A conduct suspension is a period of time when a student is barred from matriculation in an academic program as a result of violating the program's Standards of Professional Conduct. The duration of the conduct suspension will be communicated to the student at the time the suspension is imposed, either as a specified period of time or until the student has satisfactorily completed all the terms and conditions imposed to remedy the violation of the program's Standard of Professional Conduct.

15. 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 Performance Committee. Students who are suspended are not entitled to remain in class or on clinical rotations/assignments until a final decision has been rendered, including a final decision on any appeals.

16. Dismissal

The University may dismiss at any time it deems necessary to safeguard its standards of scholarship, conduct and orderly operation. The Student Performance 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.

Dismissal from a program for reasons of conduct shall include dismissal from the University. If a student is concurrently enrolled in one or more other academic programs of the University, the dismissed student may petition the Academic Dean of the other academic program(s) to have his/her matriculation maintained in that program, provided that the student's conduct which resulted in his/her dismissal from the academic program does not violate the Standards of Professional and Academic Conduct of any other program the Student is concurrently enrolled.

17. 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. The appeal request must be accompanied by a narrative explaining the basis for the appeal. The narrative should fully explain the student's situation and substantiate the reason(s) for advocating a reversal of the prior decision of the Academic Dean. The Executive Vice President of Academic Affairs/CAO may grant an appeal only if a claim of (1) bias, (2) the appearance of new, material and documentable evidence that was not available at the time of the Academic Dean's decision, or (3) procedural error that unfairly affected the decision-making process is substantiated by the Executive Vice President of 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.

18. 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.

19. 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.

20. Modification of Academic Policies and Procedures under Extenuating Circumstances

The University reserves the right to modify the particular terms, conditions and deadlines contained within these University-wide and College-specific academic policies and procedures should extenuating circumstances warrant such modification. Such extenuating circumstances include such situations as a major catastrophe which may render either the student or the appropriate academic officer unavailable, serious illness or incapacity of either the student or academic officer which may lead to delay or other inability to follow the policies as present in this catalog, death of an immediate family member of an affected party, or other situations of such similar emergent and grave magnitude. If the student, for reasons outlined above, falls into such a situation that makes him or her unable to comply with the terms and conditions listed in this Catalog, the matter must be reported, preferably in writing, to the appropriate Dean or the Executive Vice President of Academic Affairs/CAO, clearly documenting the situation and the need to grant a variance to these policies and procedures as soon as this is feasible. If the University must grant a variance when it finds itself unable to comply with the written policies and procedures in the case of such similar emergent and grave situations, the student will be informed of this need and the proposed alteration as soon as it is feasible to do so.

21. Background Investigations

To meet State regulations and hospital accreditation requirements, hospital facilities are requiring students to complete criminal background checks prior to beginning rotations/clinical experiences. Because of this new regulation to assure patient safety, students admitted to programs with clinical training requirements will be required to complete a criminal background check prior to matriculation or as a component of the scheduling of clinical experiences. Certain convictions may prevent students from entering hospital facilities, which may hinder a student's ability to successfully complete his or her academic program. If a criminal conviction or other relevant sanction is shown on the background check, hospital facilities have discretion as to whether the individual may enter the clinical facility as a nursing student.

Certain convictions may also prevent students from obtaining licensure in the State of California or other states. Applicants and current students are advised to check with the appropriate State(s) licensing boards to determine whether their backgrounds may be a barrier to future licensing. Procedures for obtaining a background investigation will be provided to the student by the appropriate academic program staff.

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 installments, as indicated in the Calendar section for each particular academic program. 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 for most programs. 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 Sciences and in the College of Graduate Nursing programs will pay tuition and fees on a trimester year. Refunds will be based on the trimester.*

Other Fees/Expenses

- 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

Graduation Fee (assessed in the year preceding graduation)	\$125
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)	\$ 6
Rush Transcript (1 st class mail)	\$ 21
Rush Transcript (Federal Express)	\$ 25
Copy of Student File Material	25 cents per page
Background Investigation (estimated cost)	\$ 50

PREPAID 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 enrollment 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. 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, gender, 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 PLUS Loan: Available to graduate and professional degree students by participating lending institutions and guaranteed by the federal government. Unlike parent PLUS applicants, graduate and professional degree student PLUS applicants must file a FAFSA. In addition, graduate and professional degree students must have their annual loan maximum eligibility under the Stafford Loan program determined by the school before they apply for a PLUS loan.

Increased Annual Unsubsidized Loan Limits: Western University participated in the Health Education Assistance Loan (HEAL) program before its phase out in 1998. As a result, the school may award the increased unsubsidized amounts to students who are enrolled full-time in a health professions discipline that was eligible under the HEAL program and is accredited by an approved accrediting agency. Because the increased annual unsubsidized Stafford Loan limits are intended to replace funds that would have been available previously under the HEAL program, the annual loan limits for the increased unsubsidized amounts are the same as the HEAL program annual loan limits.

Federal Subsidized and Unsubsidized Annual Loan Limits: The maximum annual Subsidized and Unsubsidized Stafford loan limits per program are as follows for the 2007/2008 academic year:

	<u>Subsidized</u>	<u>Unsubsidized</u>
Doctor of Osteopathic Medicine (DO) Program		
First Year	\$8,500	\$34,222
Second Year	\$8,500	\$34,222
Third Year	\$8,500	\$38,667
Fourth Year	\$8,500	\$36,444
Doctor of Pharmacy (PharmD) Program		
First Year	\$8,500	\$25,889
Second Year	\$8,500	\$25,889
Third Year	\$8,500	\$25,889
Fourth Year	\$8,500	\$28,667
International Post-Baccalaureate Pharmacy (IPBP) Program		
First Year	\$8,500	\$25,889
Second Year	\$8,500	\$26,444
Third Year	\$8,500	\$21,722
Doctor of Physical Therapy (DPT) Programs	\$8,500	\$28,667
Doctor of Veterinary Medicine (DVM) Program	\$8,500	\$34,222
Master of Science in Health Sciences (MSHS) Program	\$8,500	\$12,000
Master of Physician Assistant (MSPA) Program		
First Year	\$8,500	\$28,667
Second Year	\$8,500	\$26,444
Master of Science in Pharmaceutical Sciences (MSPS) Program	\$8,500	\$25,889
Master of Science Nursing/Family Nurse Practitioner (MSN/FNP) Program	\$8,500	\$28,667
Master of Science Nursing (MSN) Program	\$8,500	\$28,667
Master of Science Nursing Entry (MSN-E) Program	\$8,500	\$28,667
Family Nurse Practitioner (FNP) Program	\$3,500	\$ 4,000

Aggregate Loan Limits for Subsidized & Unsubsidized Stafford Loans: A borrower who has reached his or her aggregate borrowing limit may not receive additional loans. Once the loans are repaid, in full or in part, the borrower may apply for additional Stafford loans. Outstanding loans include student loans received while the student completed undergraduate and graduate work. In the case of Consolidation loans, the outstanding amounts of any underlying Stafford loans are counted towards the loan limits. The total loan debt a student may have outstanding from all Stafford loans differs depending on their academic program.

The maximum outstanding total subsidized and unsubsidized Stafford loan debt is:

- \$46,000 for the FNP certificate program, no more than \$23,000 of this aggregate amount may be in the form of subsidized loans.
- \$138,500 for the MSHS program, no more than \$65,500 of this aggregate amount may be in the form of subsidized loans.

Increased Aggregate Loan Limits, Graduate and Professional: The combined subsidized/unsubsidized aggregate loan limit for graduate and professional health professions students who are eligible to receive the increased unsubsidized amounts is \$189,125 (not more than \$65,500 of this amount may be in subsidized loans). Programs with this aggregate limit include: DO, PharmD, DPT, DVM, MSPS, MSPA, and all MSN programs.

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 with pay, when possible. 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 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.

SCHOLARSHIPS FOR INCOMING STUDENTS

The Academic Excellence Scholarship: Designated for incoming students and are based on the student's outstanding academic achievements as well as his/her contributions to the community. Subject to available funding, Western University will award the scholarship to all academic programs. These scholarships are multiple-year awards provided that the student remains in good academic standing.

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 awarded in the spring of each year 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 five 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, DVM, DPT, MSHS, MSN/FNP, 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.

General Requirements

Federal Student Aid 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.

If a recipient of Federal Student Aid loan funds withdraws from school after beginning attendance, the amount of Federal Student Aid 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 for the earned aid that was not received.

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.

Title IV Aid Disbursed

The calculation of earned Federal Student Aid includes all Title IV loan funds that were disbursed or could have been disbursed to a student. This includes subsidized and unsubsidized Stafford loan funds, and funds from the Federal Perkins and PLUS loan programs.

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 in the calculation if it is disbursed as of the date of the institution’s determination that the student withdrew.

Percentage of Title IV Aid Earned

The withdrawal date is used to determine the point in time that the student is considered to have withdrawn so the percentage of the enrollment period completed by the student can be determined. The percentage of Title IV Aid earned is equal to the percentage of the enrollment period completed. If the day the student withdrew occurs 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 that was completed. If the day the student withdrew occurs after the student has completed more than 60 percent of the enrollment period, the percentage earned is 100 percent.

Determining a Student’s Withdrawal Date at a School That is not Required to Take Attendance

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.

Withdrawal Type	Circumstance	Student’s Withdrawal Date¹	Date of the Institution’s Determination that the Student has Withdrawn
Official Notification	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 student’s withdrawal date, or the date of notification, whichever is later.
Official Notification Not Provided	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. ²
Leave of Absence Related	The student does not return from an approved leave of absence, or	The date that the student began the leave of absence.	The earlier of the dates of the end of the leave of absence or the date the student notifies the

	The student takes an unapproved leave of absence		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.)
Withdrawal After Rescission of Official Notification	The student withdraws after rescinding a previous official notification of withdrawal.	The student's original withdrawal date from the previous official notification.	The date the school becomes aware that the student did not, or will not, complete the program period or period of enrollment.

¹In 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.

²For 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 earliest of the (1) payment period or period of enrollment (as appropriate), (2) academic year, or (3) educational program.

Title IV Aid to be Returned

If a student receives more Federal Student Aid than the amount earned, the school, or the student, or both must return the unearned funds in a specific order. The amount of Federal Student Aid to be returned is determined by subtracting the amount of earned Title IV aid from the amount of Title IV aid that was actually disbursed to the student (not including aid that could have been disbursed).

Amount of Unearned Title IV Aid Due from the School

When a return of Title IV funds is due, the school and the student may both have a responsibility for returning funds. Funds that are not the responsibility of the school to return must be returned by the student. Although these requirements talk in terms of returning funds, a school is not required to actually return its share before the student. Rather, it is the Return 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. The school must return the lesser of

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

Return of Funds by the School: Order of Return of Title IV Funds

A school must return Title IV funds to the programs 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
- Federal PLUS loans

Time Frame for the Return of Title IV Funds

A school is required to return unearned funds for which it is responsible as soon as possible, but no later than forty-five days from the determination of a student's withdrawal.

Return of Funds by the Student

The student loans that remain outstanding consist of the loans disbursed to the student minus any loans the school repaid. These outstanding loans are repaid in accordance with the terms of the student's promissory notes.

Reference: *Federal Student Aid Handbook 2006-2007 Award Year & Federal Student Aid Handbook 2007-2008 Award Year.*

WESTERN UNIVERSITY CALENDAR*

INDEPENDENCE DAY Classes resume	Wednesday, Jul. 4, 2007 Thursday, Jul. 5, 2007
CONVOCAATION	Saturday, Aug. 11, 2007
LABOR DAY (no classes)	Monday, Sept. 3, 2007
COLUMBUS DAY (no classes)	Monday, Oct. 8, 2007
THANKSGIVING RECESS Last Day of Classes Classes Resume	Wednesday (noon), Nov. 21, 2007 Monday, Nov. 26, 2007
WINTER RECESS Last Day of Classes Classes Resume	Friday, Dec. 19, 2007 Monday, Jan. 5, 2008
MARTIN LUTHER KING HOLIDAY (no classes)	Monday, Jan. 21, 2008
PRESIDENTS DAY (no classes)	Monday, Feb. 18, 2008
COMMENCEMENT	Thurs.-Fri., May 15-16, 2008
MEMORIAL DAY (no classes)	Monday, May 26, 2008

*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 Commission on Osteopathic College Accreditation of the American Osteopathic Association, which is recognized by the US Department of Education (USDE).

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 prepare students with research-based scientific knowledge to become technically competent, culturally sensitive, professional and compassionate physicians who are life-long learners and who will serve society by providing comprehensive, patient-centered healthcare with the distinctive osteopathic philosophy.

This is accomplished through excellences in curriculum, translational research, service and osteopathic clinical practice.

Core Competencies in support of the College’s Mission Statement

- Medical Knowledge
- Osteopathic Philosophy
- Patient Care
- Professionalism
- Interpersonal and Communication Skills
- Practice-Based Learning and Improvement
- Systems-Based Practice

Strategic Plan in Support of the Mission and Core Competencies

The College of Osteopathic Medicine of the Pacific began the process of formulating a comprehensive, ten-year strategic plan in 2003. The plan was published in 2004, and it is reviewed and updated annually.

The strategic plan clearly emphasizes the three core functions of the College. The first is educational programs (curriculum), but in order to achieve excellence in curriculum, two additional functions are necessary. The second element is that the College, in partnership with the University, will substantially increase its investment in biomedical research and research faculty. The third area in support of a strong curriculum is the maturation of a faculty practice plan, greatly expanding the University's academic medical center practice.

We are proud to say that we are exceeding our goals and/or national benchmarks as outlined in the strategic plan. Specific milestones include: achievement in COMLEX (Comprehensive Osteopathic Medical Licensing Examination), student satisfaction surveys, student-faculty ratios, and quality and quantity of original bench research. As a consequence, the College of Osteopathic Medicine of the Pacific was recognized by the *U.S. News and World Report* as the most selective private osteopathic medical school in the nation.

The fourth component of the strategic plan was added after careful consideration by the faculty. It became clearly evident that the vision of the College and University could not be successfully achieved without expanded facilities. Therefore, a component on projected needs for additional facilities was developed. The University's Board of Trustees committed to a building campaign in 2006 that will result in a new facility to house the College in 2009. This facility will be a comprehensive academic and clinical complex of nearly 250,000 square feet. It will enhance classroom space and provide for over fifty break-out rooms for small group discussion and study. An entire floor of the building is dedicated to additional research laboratories.

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 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 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.

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 (<http://www.aamc.org/student/mcat>). 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 candidates accepted for admission will have completed four or more years of pre-professional study prior to matriculation (very rarely will an individual be accepted without a baccalaureate degree), and that the quality of Western University/COMP students is therefore high. Successful candidates of the most recent entering class had both science GPA of 3.43 and overall average of 3.47 on a 4.0 scale and a mean MCAT score of 8.95. 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, participate 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 a minimum of 90 semester hours has been completed and the applicant has otherwise deemed eligible, the Admissions Committee may request additional information from the applicant for further consideration.

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 \$65.
- 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) or Liaison Committee on Medical Education (LCME).

Candidates seeking transfer must be in good academic standing at the school where they are enrolled and be eligible for continuation there.

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

Transfer applications must be submitted to AACOMAS prior to January 1. The Western University/COMP supplementary application deadline for students wishing to transfer into the second year is March 1st; for students wishing to transfer into the third year, the supplementary application deadline 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.
- A completed transfer application, accompanied by a non-refundable application fee of \$65.

Upon request, candidates must submit a letter of good academic standing from the Academic Dean of the osteopathic or allopathic 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. Decisions of the Admissions Committee and the Dean 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. Prior to registration, the matriculant must supply a final transcript, a physical examination with documentation of required immunizations, proof of health insurance coverage and a background check prior to registration are additional requirements for incoming students. The health insurance 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 first-year students.

TUITION AND FEES

By action of the Board of Trustees, DO tuition and fees for the 2007-08 academic year (subject to change) are as follows:

\$39,235 Tuition (Annual)

Applicants accepted at Western University must pay an initial acceptance deposit of \$1,000, and a second confirmation of acceptance deposit of \$1,000. These payments are nonrefundable. Due dates for these two deposits are provided in the offer of acceptance letter. Upon matriculation the entire \$2,000 is applied toward the total tuition. For applicants who are granted deferred admission to the DO program an additional non-refundable \$500 deposit is required to hold a seat in the next year's class. If an applicant fails to register, all tuition deposits are forfeited.

\$40 Student Body Fee (1st and 2nd year). This fee covers student government expenditures, social activities and public relations.

\$20 Student Body Fee (3rd and 4th year)

Other Fees and Expenses

\$600	Medical Equipment
\$800	Required and Recommended Texts-Fall
\$300	Required and Recommended Texts-Spring
\$400	Summer Preparatory Program Fee
\$45	Anatomy Supplies-Gloves, Scrub, Dissection Kit
\$125	Graduation Fee (Assessed on candidates for graduation only)
\$30	(per day) Late Registration Fee
\$50	Special Examination Fee
\$40	Lost Locker Key
\$10	Lost ID Badge
\$6	(each) Copy of Official Transcript
\$21	(each) Rush Transcript, First Class Mail
\$25	(each) Rush Transcript, Federal Express
\$0.25	(per page) Copy of Student File Material
Replacement cost	Breakage Fee

National Board Fees

The College requires students to take and pass 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 are subject to change by NBOME and are updated regularly. These fees can be found online at <http://www.nbome.org>.

Clinical Rotations Expenses

During the third and fourth years, some students may elect to do some clinical rotations away from the Pomona area, which is a self-imposed expense. 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. Such rotations are elective; consequently these fees are 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 Assistant Dean of Student Affairs-COMP.

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 numeric scores—listed as a percentage.

Grades are reported according to the following values:

<u>Percentage</u>	<u>Interpretation</u>
90-100	Excellent (numeric range 90-100)
80-89	Good (numeric range 80-89)
70-79	Satisfactory (numeric range 70-79)
Below 70	Unsatisfactory (numeric range less than 70)
Hon	Honors (for clerkship grades only)
Pass	Pass (for clerkship grades only)
RPass	Remediated Pass (for clerkship grades only)
Fail	Fail (for clerkship grades only)
I	Incomplete
M	Missing
W	Withdrawal
Cr	Credit
NCr	No Credit
Cert	Certification
AU	Audit

Clerkship Grading: Effective with the 2006-2007 academic year, the DO 2008 class and beyond will have all clerkships, both required core and elective, evaluated utilizing a Honors, Pass, Fail system. Honors, Pass, and Fail will be the only grades that will appear on the transcript.

Internally, for purposes of calculating class rank and GPA, the following system will be used: Hon (Honors) = 100%, Pass = 90%, and Fail = 69%. A failed rotation must be remediated by completing a comparable rotation. The percentage score assigned for obtaining a Pass on a remediated/repeated rotation following a failing grade will be set at 70% for class rank and GPA computation. Both the original course and grade as well as the remediated course and grade will appear on the transcript, but only the remediated passing score of 70% will be used in GPA and class rank computations.

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 will be calculated and posted on the transcript. 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: The cumulative numeric score will be calculated at the end of each semester of the curriculum with the average of all course numeric scores weighted by the number of course credit hours attempted. If a course or clinical rotation is repeated or remediated, only the last score earned enters into the computation of the cumulative numeric score/grade point average, but the original numeric score 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 Assistant Dean for Medical Education, the Assistant Dean for Clinical Education, or their designee(s).

Score Changes: No numeric score will be changed unless the instructor certifies in writing to the Assistant Dean for Medical Education and the Registrar that an error in computing or recording the 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 Performance 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 scores remain on the official transcript unless a clerical error has occurred. Remediated scores are re-recorded along with the original numeric score in the first two years. Only the remediated score is calculated into the cumulative numeric score.

For third- and fourth-year students, no score 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 score, 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 score changed. The request must include justification for making the change.
3. When a remediation process that has been directed by the Student Performance Committee and authorized by the Dean is completed and a written evaluation is received in the Office of Clinical Rotations.

All score 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 Medical Education, or is asked to leave a rotation by the faculty member or the Director of Medical Education of a hospital, a numeric score of 0 (zero) on that rotation may be assigned by the Dean of Osteopathic Medicine or Assistant Dean for Medical Education.

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 and is followed by the grade/numeric score earned (i.e., I/90).

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

Exemption from Individual Preclinical 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 preclinical 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 to be considered making satisfactory academic and professional progress. A final numeric score below 70% during the first two years or any single numeric score below 70% 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 Performance 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 Performance 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 Performance 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.

While an alleged violation is being examined by the Student Performance 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 Performance 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.

National Boards (Licensing Examinations)

As it is mandated by the Commission on Osteopathic Colleges Accreditation Standards, Section 6.8.3 (see https://www.do-online.org/pdf/acc_predoccom2007.pdf, page 19), all students must take and pass NBOME COMLEX Levels I and II prior to graduation, the College of Osteopathic Medicine of the Pacific has established the following policies and procedures:

1. All students must take Level I of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) prior to the start of the third year. Failure to meet this deadline will

- result in the student being referred to the Student Performance Committee. Level 1 may be taken at an NBOME approved testing center of the student's choice.
2. Students may proceed to the third-year core clerkships as soon as they have taken Level 1. The exception is an LCME transfer student who may not have completed the core Osteopathic requirements and requires a delay in taking Level 1. Failure to pass COMLEX 1 will result in the student being referred to the Student Performance Committee. The Student Performance Committee may recommend that a student be removed from rotations and placed on academic suspension until they successfully pass COMLEX 1. COMP routinely permits two attempts on Level 1, and a third attempt may be allowed in special circumstances, with approval by the Student Performance Committee and the Dean of Osteopathic Medicine. Students who fail the exam a second time will be removed from rotations and placed on academic suspension. They may not re-enter the third year until notification of a passing score has been received by the Dean of Osteopathic Medicine. Students who fail Level 1 on all three attempts will be subject to dismissal from the College of Osteopathic Medicine.
 3. All fourth year students are required to pass the COMLEX Level 2 Cognitive Exam (CE). This must be completed within 60 days after completion of the third year curriculum. Failure to meet this deadline will result in the student being referred to the Student Performance Committee. The Level 2 CE may be taken at an NBOME-approved testing center of the student's choice. The Office of Clinical Education will allow one business day away from the start of fourth year clerkships for a student to take the Level 2 CE. The Office of Clinical Education will notify each student's clerkship site of his/her "approved" absence to take the Level 2 CE after the student notifies the Office of Clinical Education of the date of his or her examination. Students may not notify the clerkship directly. Additional time away to take the cognitive exam (Level 2 CE) will not routinely be authorized. Failure to pass COMLEX 2 CE will result in the student being referred to the Student Performance Committee. The Student Performance Committee may recommend that a student be removed from rotations and placed on academic suspension until they successfully pass COMLEX 2 CE. Those who do not pass Level 2 CE on the first attempt must successfully repeat the examination at the next possible iteration allowable by the NBOME. COMP routinely permits two attempts on Level 2, and a third attempt may be allowed in special circumstances, with approval by the Student Performance Committee and the Dean of Osteopathic Medicine. Students failing COMLEX 2 CE for a second time must notify their residency program of their failure. Students studying for a third attempt will be removed from rotations and placed on academic suspension. They may not re-enter the fourth year until notification of a passing score has been received by the Dean of Osteopathic Medicine. Students who fail COMLEX 2 CE on all three attempts will be subject to dismissal from the College of Osteopathic Medicine.
 4. All fourth year students are required to pass the COMLEX Level 2 Performance Exam (PE). This must be completed within 120 days of completion of the third year curriculum. Failure to meet this deadline will result in the student being referred to the Student Performance Committee. Currently, the NBOME offers the Level 2 PE only at the NBOME Clinical Skills Testing (CST) Center. COMP encourages all fourth year students to schedule the Level 2 PE as soon as possible upon entering the fourth year so as to meet these requirements. The Office of Clinical Education will allow three business days away from the start of fourth year clerkships to travel to the NBOME CST Center. The Office of Clinical Education will notify each student's clerkship site of his/her "approved" absence to take the Level 2 PE after the student notifies the Office of Clinical Education of the date of his or her examination. Students may not notify the clerkship site directly. Additional time away to take the performance examination will not routinely be authorized. Failure to pass COMLEX 2 PE will result in the student being referred to the Student Performance Committee. The Student Performance Committee may recommend that a student be removed from rotations and placed on academic suspension until they successfully pass COMLEX 2 PE. Those who do not pass Level 2 PE on the first attempt must successfully repeat the examination at the next possible iteration allowable by the NBOME. COMP routinely permits two attempts on COMLEX 2 PE, and a third attempt may be allowed in special circumstances, with approval by the Student Performance Committee and the Dean of Osteopathic Medicine. Students studying for a third attempt will be removed from rotations and placed on academic suspension. They may not re-enter the fourth year until notification of a

passing score has been received by the Dean of Osteopathic Medicine. Students who fail COMLEX 2 PE on all three attempts will be subject to dismissal from the College of Osteopathic Medicine. Students failing COMLEX 2 PE for a second time must notify their residency program of their failure.

Promotion

Promotion is defined as academic and professional progression from one academic year to the next. The Student Performance Committee will recommend students to the Dean of Osteopathic Medicine for promotion. The Student Performance Committee may not recommend a student for progression from one academic year to the next with an outstanding grade of “I,” “NCr” in a required course, final numeric score of less than 70%, or a yearly cumulative numeric score of less than 70%. An essential element of the academic program is professionalism. Professionalism will be emphasized throughout the curriculum and is a stand-alone element in determining academic advancement and achievement.

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

A student will be promoted provided that all academic, 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.

Transferring to Another College of Osteopathic Medicine

Should it become necessary that a student in good academic standing wishes to transfer to another osteopathic medical college, the student will need to request a letter of good standing from the Dean as part of the transfer process. This request for a letter of good standing must be provided in writing to the Dean, and if an emergent hardship has arisen that would be alleviated by a transfer to another osteopathic medical college, this hardship should be clearly documented in the request for a letter of good standing.

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 academic suspension or 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, U, Fail or a grade of “NCr” in a required Credit/No Credit course.
4. Has successfully taken and passed all sections of COMLEX Level 1 and Level 2.
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 or Academic Suspension

Students may be placed on Probation or Academic Suspension 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 Performance Committee. These include, but are not limited to, receiving a numeric score less than 70% in any course or system, or a grade of NCr in a required Cr/NCr course.
2. A cumulative percentage score of less than 70%.
3. Failing to pass COMLEX Level 1 upon the second attempt at this examination.
4. Failing to pass COMLEX Level 2 on the second attempt at either the CE or PE examination.
5. When directed to repeat a year for academic reasons.
6. Failure to perform in a professional manner.
7. Serious deficiencies in ethical or personal conduct.

Students on Academic Suspension are not registered as an active matriculant and should be using this time to remediate for the deficiency for which the Academic Suspension was levied. It is important to remember that the matriculant is limited to six academic years to complete the course of study.

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 score below 70% must remediate the course or rotation. The student will then be reviewed by the Student Performance Committee at the end of the academic year and may be recommended for continuation of, or removal from, probation. Students who fail any portion of COMLEX twice will be recommended for a remedial course of action under the direction of the Office of Medical Education.

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, or a cumulative numeric score below 70%, will be reviewed by the Student Performance Committee.

Where deemed appropriate, the Student Performance Committee, after consultation with the course instructor, system coordinator, and/or Assistant Dean for Medical Education, 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 "Pass" 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 Performance Committee and the Dean of Osteopathic Medicine. Failure to earn at least a 70% 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 Performance 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, Assistant Dean for Medical Education, 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.

Dismissal

The University may require withdrawal at any time it deems necessary to safeguard its standards of scholarship, conduct, and orderly operation. Examples of reasons the Student Performance Committee will recommend dismissal of a student include, but are not limited to the following:

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 numeric scores of below 70% in two or more clinical rotations in one academic year.
4. Receiving a final percentage score of below 70% in a remediated course, system, or clinical rotation.
5. Failing to pass the COMLEX Level 1 examination after three attempts.

*The Committee may recommend dismissal for a student receiving a final percentage score below 70% in three or more courses or systems, even if the total unsatisfactory credit hours do not exceed 25% of the total credit hours for the first or second years.

Student Performance Committee

The Student Performance Committee is comprised of five faculty members with the following ex officio members: the Western University/COMP Assistant Dean of Student Affairs, the Assistant/Associate Deans for Clinical Affairs, Medical Education, and Basic Sciences and Research, and the Director of the LEAD Office.

The Student Performance Committee shall review the performance and comprehensive evidences of progress of students who are pursuing the DO degree. Particular attention will be given to students in academic difficulty as their grades are made available to the Committee by the Registrar or Dean of Western University/COMP. For purposes of clarification, “performance” is defined as those activities of a behavioral-conduct or academic nature that negatively affects or impairs the continued ability of a Western University/COMP student to successfully matriculate within the osteopathic medical school. The Dean, the Office of Medical Education, and the Office of Clinical Education may provide additional input to this process.

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

The Student Performance 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 Performance Committee shall be in writing to the Dean, who will make the information available to the affected student. The Committee Chair will notify the students in cases of remediation or probation. The Assistant Dean for Student Affairs will initiate leaves of absences. The Dean will notify the students in cases of suspension, dismissal or repeating of the academic year.

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. Students are expected to participate fully in all classroom and laboratory activities and in clinical education.

Monitoring of the attendance policy for on-campus courses will be the responsibility of the Office of COMP Student 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 Office of COMP Student Affairs. For a student to be considered to take any examination at other than the scheduled time, the student must have prior approval by the Office of COMP Student Affairs. A student who cannot attend an exam due to unforeseen circumstances, including illness, should phone or e-mail the Director of COMP Student Services and Academic Advisement 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 COMP Student Affairs and the Course Instructor/System Coordinator the next day the student is on campus.

If a student misses an examination, the Office of COMP Student 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 makeup 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 Office of COMP Student 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 Performance Committee for recommendations regarding remediation or dismissal. In this case, if the Student Performance 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 Performance Committee, as described above. In such a case, a written report will be sent by the Course Instructor/System Coordinator to the Office of COMP Student Affairs, with a copy sent to the Chair of the Student Performance 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.

Summer Preparatory Program

The College offers an optional four-week introductory preparatory program to a selected number of incoming DO students. Students will purchase a workbook and remit a tuition fee of \$400. (See course description for DO 5001 below for additional information.)

Intensive Summer Anatomy Course (ISAC)

This course is sponsored by the Anatomy Department for entering first year students. Preference is given to those who have had previous academic coursework/experience in anatomy. See DO 5002 for a course description.

PRE-CLINICAL CURRICULUM

The first and second years of osteopathic medical school introduce the student fundamental scientific concepts as they apply to the study of medicine as well as the role of the physician in society. Exposure to clinical medicine with an emphasis on osteopathic principles and practice is woven throughout the curriculum.

First Year, First Semester

DO 5015 Introduction to the Study of Medicine (1.5 credit hours)
DO 5025 The Molecular and Cellular Basis of Medicine (9.5 credit hours)
DO 5030 Gross Anatomy (8.5 credit hours) or DO 5002 (8.5 credit hours)
DO 5035 Head and Neck Anatomy (3.5 credit hours)
DO 5045 The Physician and Society I (2 credit hours)
DO 5080 Essentials of Clinical Medicine I (3.5 credit hours)
DO 5090 Osteopathic Principles and Practice I (2.5 credit hours)
DO 5099 Service Learning I (1 credit hour)

First Year, Second Semester:

DO 5125 Neuroscience System (11.5 credit hours)
DO 5130 Musculoskeletal System (5 credit hours)
DO 5145 Introduction to Disease, Immunity, and Therapeutics (7.5 credit hours)
DO 5155 Behavioral Medicine and Psychiatry (5.5 credit hours)
DO 5175 Blood and Lymphatics System (4 credit hours)
DO 5180 Essentials of Clinical Medicine II (3.5 credit hours)
DO 5190 Osteopathic Principles and Practice II (2.5 credit hours)
DO 5199 Service Learning II (2 credit hours)

Second Year, First Semester

DO 6015 The Physician and Society II (3 credit hours)
DO 6020 Cardiovascular System (8.5 credit hours)
DO 6035 Renal System (4.5 credit hours)
DO 6040 Respiratory System (8.5 credit hours)
DO 6045 Endocrine System (5.5 credit hours)
DO 6080 Essentials of Clinical Medicine III (3.5 credit hours)
DO 6090 Osteopathic Principles and Practice III (2.5 credit hours)

Second Year, Second Semester

DO 6115 Dermal System (3 credit hours)
DO 6130 Reproductive System (6 credit hours)
DO 6140 Gastrointestinal System and Nutrition (7.5 credit hours)
DO 6173 Geriatrics (1.5 credit hours)
DO 6176 Pediatrics (2.5 credit hours)

DO 6177 Clinical Integration (1 credit hour)
DO 6180 Essentials of Clinical Medicine IV* (3.5 credit hours)
DO 6190 Osteopathic Principles and Practice IV (4 credit hours)

Clinical Training - Third and Fourth Years

Rotations Office

The Assistant Dean for Medical 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 clerkship rotations (each rotation is 4 weeks long, unless otherwise noted):

Third Year

1 Family Medicine
3 Internal Medicine (2 General; 3rd General or other, such as GI, Cardiology, or Pulmonology)
1 Surgery (General)
1 Pediatrics – 6 weeks
1 Psychiatry
1 Obstetrics/Gynecology – 6 weeks
1 Osteopathic Manipulative Medicine

The above clerkships constitute the “core” rotations. In addition, students are required to participate in three on-campus didactic weeks and complete:

1 Elective
Essentials of Clinical Medicine V
Three (3) didactic weeks of instruction and evaluation, which include an OSCE (objective structured clinical examination) and rotation-specific shelf examinations.

Total credits required in the third year: 113.50

Fourth year

The fourth year is comprised of 40 weeks of clinical instruction and learning experiences. Required (core) rotations (Emergency Medicine, Medicine Sub-I and Surgery Sub-I) must each be a minimum of 4 weeks in length.

1 Emergency Medicine

1 General Medicine (Family Medicine, Internal Medicine, Pediatrics, Geriatrics, etc.) – this rotation is served as a subinternship (Sub-I).

1 Surgery (General or subspecialty or procedural specialty)– this rotations is served as a subinternship (Sub-I).

Electives (up to 70 units)

Essentials of Clinical Medicine VI (replaces Essentials of Family Medicine II for students entering the 4th year in 2008)

Total credits required in the fourth year: 103.50

The Office of Clinical Education reserves the right to assign clerkships for OMSIII and OMSIV years as unforeseen situations may arise.

In order to foster a comprehensive fund of general osteopathic clinical skill and knowledge, the college will limit the number of elective clerkships in any single discipline (e.g., radiology, surgery, etc.) to not more than three elective rotations. The Dean of the College of Osteopathic Medicine of the Pacific may grant exceptions to this elective limit policy should an extraordinary situation arise.

Implementation

Clinical faculty 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. Clinical faculty 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 clinical faculty or their professional designee.

Evaluation of Students on Clinical Rotations

The "clinical faculty member 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, which does not include assigning a rotation grade. Grades are determined by the rotation evaluation, the didactic week OSCE (simulated patient examination) and the subject-specific self-examination. Additional criteria may also be included.

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 occurred.

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. For students without prior course work in 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 \$400 is charged.

DO 5002 Intensive Summer Anatomy Course (ISAC) (8.5 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 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. 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.

DO 5015 Introduction to the Study of Medicine (1.5 credit hours, Numeric Score)

This course provides a systematic strategy for the entering student to study medicine. Learning styles and critical thinking skills are evaluated and training on accessing electronic medical resources is given. Students learn how to produce a portfolio that will record and exhibit their accomplishments throughout the four-year curriculum. Board examination study strategies are also reviewed.

DO 5025 The Molecular and Cellular Basis of Medicine (9.5 credit hours, Numeric Score)

This course presents an integration of molecular biology, biochemistry, cellular physiology and metabolism, introductory genetics and developmental histology within the context of their clinical applications of basic biomedical sciences.

DO 5030 Gross Anatomy (8.5 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 Head and Neck Anatomy (3.5 credit hours, Numeric Score)

This course is a continuation of the gross anatomy course (DO 5030). Through lecture and laboratory, students are introduced to the anatomy of the head and neck. Particular attention is paid to the cranial

nerves, both their normal function and the numerous clinical syndromes that affect them. The anatomy lectures will also be supplemented with various clinical presentations.

DO 5045 The Physician and Society I (2 credit hours, Numeric Score)

This course provides an exploration of the role of the physician in the larger society. This course explores philosophical and ethical issues of medicine through its literature and history. The impact of medicine on society and of society on medicine is explored.

DO 5080 Essentials of Clinical Medicine I (3.5 credit hours, Numeric Score)

Essentials of Clinical Medicine I introduces students to the world of clinical medicine through a multifaceted approach, including early patient contact with both model and simulated patients, facilitated small group sessions, didactic sessions, self-directed and online exercises, and group projects. Emphasis is on development of history-taking and physical examination skills, critical thinking skills, differential diagnosis formation, construction of treatment plans, and doctor-patient communication skills. Other components of the course include professionalism, medical informatics, service learning, the role of the physician in society and health promotion and disease prevention.

DO 5090 Osteopathic Principles and Practice (2.5 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 5099 Service Learning (1 credit hour, Numeric Score)

Through interaction and service in the community, this course develops the role and responsibility of the physician in society. Topics, including health education, public health, epidemiology and biostatistics, are learned through practical application.

DO 5125 Neuroscience System (11.5 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, and overviews of sleep disorders, cerebrovascular disorders, aging and dementia.

DO 5130 Musculoskeletal System (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 5145 Introduction to Disease, Immunity and Therapeutics (7.5 credit hours, Numeric Score)

This is an integrated course introducing microbiology, immunology, pathology, and pharmacology to prepare students for more in-depth study during the systems. Genetics, as related to these disciplines, is also included. Clinical applications of the basic sciences are emphasized.

DO 5155 Behavioral Medicine and Psychiatry (5.5 credit hours, Numeric Score)

Presented in conjunction with neuroscience, this course presents biological, psychological and social aspects of behavior in relation to medical practice. Major topics include the etiology and treatment of substance abuse, the physician-patient relationship, emotion and personality, etiology of gender identify and sexual orientation, human sexuality, evolutionary origins of behavior, and the genetic and environmental aspects of behavioral disorders. The course addresses how a patient's behaviors contribute to their health and/or disease. The physician's role in the education for behavioral change is also discussed. The psychiatry portion of the 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.

DO 5175 Blood and Lymphatics System (4 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. The pathological and clinical aspects of hematologic diseases and diseases of the lymphoreticular system are presented along with the pertinent laboratory tests.

DO 5180 Essentials of Clinical Medicine II (3.5 credit hours, Numeric Score)

Prerequisite: DO 5080. This course is a continuation of DO 5080.

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

Continuation of DO 5090.

DO 5199 Service Learning II (2 credit hours, Numeric Score)

Prerequisite: DO 5099. Continuation of DO 5099.

DO 6015 The Physician and Society II (3 credit hours, Numeric Score)

Prerequisite: DO 5045. This course is a continuation of DO 5045 and explores ethical and professional issues in medicine. Medical jurisprudence is presented as well as an introduction to healthcare systems.

DO 6020 Cardiovascular System (8.5 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/Epidemiology/Biostatistics (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 6035 Renal System (4.5 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 6040 Respiratory System (8.5 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 6045 Endocrine System (5.5 credit hours, Numeric Score)

Not open for students with credit for DO 6120. 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 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 6080 Essentials of Clinical Medicine III (3.5 credit hours, Numeric Score)

Prerequisite: DO 5180. This course builds upon the knowledge and skills that the student has learned in the first two courses in the series and provides advanced training in history-taking and physical examination skills, doctor-patient communication, differential diagnosis and treatment planning in preparation for clinical rotations. Issues including professionalism, medical errors and patient safety, medical informatics and evidence-based medicine are reviewed. Students will have opportunities to add to their professional portfolios.

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

Continuation of DO 5190.

DO 6115 Dermal System (3 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 6130 Reproductive System (6 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 (6 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 6160 Medical Jurisprudence (2 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 6173 Geriatrics (1.5 credit hours, Numeric Score)

This course is devoted to the special problems that can occur in the elderly. Diseases and conditions learned during the systems are now explored in light of this population. Challenges of an aging population are explored.

DO 6176 Pediatrics (2.5 credit hours, Numeric Score)

This course is devoted to the special problems that can occur in the period between infancy to adolescence. Diseases and conditions learned during the systems are now explored in light of this population. Additionally, aspects specific to pediatrics are explored.

DO 6177 Clinical Integration (1 credit hour, Numeric Score)

This course serves as an intensive case-based review of the major diseases and conditions that have been covered in the systems and provides a platform for the student's personal Board review.

DO 6180 Essentials of Clinical Medicine IV (3.5 credit hours, Numeric Score)

Prerequisite: DO 6080. This course is a continuation of DO 6080. As part of this course, students will take the Clinical Performance Evaluation (CPE) in preparation for the Clinical Performance section of the COMLEX examination. Students are required to pass the CPE in order to be promoted to the Clinical Training (Rotations) phase of the curriculum.

DO 6190 Osteopathic Principles and Practice IV (4.5 credit hours, Numeric Score)

Continuation of DO 6090. This course includes a section that expands the osteopathic concept through an intensive segment on cranial anatomy and manipulation.

DO 7010 Family Medicine (10 credit hours, H/P/F)

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.

DO 7020 Internal Medicine I (10 credit hours, H/P/F)

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, H/P/F)

Prerequisite: DO 7020. Continuation of DO 7020.

DO 7022 Internal Medicine III (10 credit hours, H/P/F)

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.

DO 7030 Surgery I (General) (10 credit hours, H/P/F)

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, H/P/F)

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, H/P/F)

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 (15 credit hours, H/P/F)

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.

DO 7080 Psychiatry (10 credit hours, H/P/F)

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.

DO 7090 Obstetrics/Gynecology (15 credit hours, H/P/F)

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.

DO 7510 Family Practice II (10 credit hours, H/P/F)

Prerequisite: DO 7010. Continuation of DO 7010.

DO 7515 General Medicine Sub-Internship (10-15 credit hours, H/P/F)

This course provides supervised clinical education in either Family Medicine, Internal Medicine, Pediatrics, Geriatrics, etc. 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.

DO 7520 Internal Medicine IV (10-15 credit hours, H/P/F)

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 (10-15 credit hours, H/P/F)

This course provides supervised clinical education in general internal medicine and/or in an internal medicine subspecialty 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 (10-15 credit hours, H/P/F)

This course provides supervised clinical education in general surgery or one of the surgical subspecialties such as ophthalmology, orthopedics, urology or cardiovascular/thoracic or procedural subspecialties such as invasive radiology. 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 (10-15 credit hours, H/P/F)

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.

DO 7550 Elective (5-15 credit hours; repeatable to a maximum of 70 credit hours, H/P/F)

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 8055 Essentials of Clinical Medicine V (ECM-V) (3.5 credit hours, H/P/F)

The Essentials of Clinical Medicine V 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 OMS I and OMS 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-campus and on-line projects that enable students to demonstrate competence in completing clinically-oriented problems and case scenarios. Participation in the on-line projects and attendance at on-campus session(s) is mandatory. ECM-V must be successfully completed in order for the student to be advanced to OMS IV status.

DO 8550 Essentials of Family Medicine II (EFM-II) (3.5 credit hours, H/P/F)

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 modalities including online and/or on-campus sessions. Successful completion of EFM-II is a requirement for graduation.

DO 8555 Essentials of Clinical Medicine VI (ECM-VI) (3.5 credit hours, H/P/F)

Essentials of Clinical Medicine-VI 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, ECFM-VI emphasizes medical professionalism and helps the student to sharpen skills vital to lifelong learning. Information is presented through one or more modalities including online and/or on-campus sessions. Successful completion of ECM-VI is a requirement for graduation for students entering the OMS4 year in 2008.

HONORS AND AWARDS

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

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
Pomona Rotary Club Community Service Award
Osteopathic Physicians and Surgeons of California Award
Community Clinic Service Award
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's 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
 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
 The Rafi Younoszai MSIV Elective Scholarship Award in Internationa/Cross-Cultural Health
 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
 2007-08 Academic Year**

Wednesday, Jul. 4, 2007 Independence Day Observed	Monday, Dec. 24, 2007 Winter Recess Begins
Wed.-Fri., Aug 8-101, 2007 Orientation	Monday, Jan. 7, 2008 Spring Semester Begins (1 st & 2 nd years)
Saturday, Aug. 11, 2007 Convocation/White Coat Ceremony	Monday, Jan. 21, 2008 Martin Luther King Day Holiday - no classes
Monday, Aug. 13, 2007 Classes Begin (1 st and 2 nd years)	Monday, Feb. 18, 2008 President's Day - no classes
Monday, Sept. 3, 2007 Labor Day - no classes	To be determined Spring Vacation Begins
Monday, Oct. 10, 2007 Columbus Day - no classes	To be determined Classes Resume
Wednesday, Nov. 21, 2007 Thanksgiving Recess – Noon	Friday, Apr. 18, 2008 Last Day of Classes (4 th years)
Monday, Nov. 26, 2007 Classes Resume (1 st & 2 nd years)	Friday, May 16, 2008 Commencement Last Day of Classes (2 nd year)
Friday, Dec. 21, 2007 Last Day of Fall Semester Classes (1 st and 2 nd years)	Monday, June 16, 2008 Last Day of Classes (1 st year)

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 Accreditation Council for Pharmacy Education.

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.

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

Pharmacy practice experiential training begins with the Introductory Pharmacy Practice Experiential (IPPE) program, which runs for the entire duration of the first year of study. The program consists of two 4-week (4 days/week) clerkships (160 experiential hours) that will expose the student to both community and inpatient hospital pharmacy. Every student will complete both components by the end of their first year.

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 (APPE). Such pharmacy practice experiences will take place in hospitals as well as in clinics, community pharmacies and other settings where pharmacists practice.

After the APPE is completed, students undergo the 12-week Advanced Elective (AE). This is a 3-month rotation to allow students to develop more skills and insight in a specific practice area. By November of the student's last year, individuals should identify an area of professional interest for which they will seek employment. The 12-week AE program is designed to give an advanced experience in the chosen interest (e.g., administration, various clinical settings, pediatrics, infectious disease, internal medicine, cardiology, renal, oncology, ICU, ambulatory care, community practice, compounding, pharmacoeconomics, managed care, psychiatry, teaching, pharmaceutical industry, pharmacy informatics, etc.).

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.

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.
- Introductory level courses in the sciences are not accepted.
- If anatomy and physiology are combined, we will accept a minimum of five (5) semester units is acceptable. Anatomy and physiology must be taken out of the anatomy, physiology, A&P, biology or zoology departments.
- Two semesters of biochemistry (3 units each), or one semester of biochemistry (5 units), or biochemistry (1 semester) and molecular biology (1 semester) will be required. The course should cover the following topics: molecular biology, amino acids and proteins, enzymes, 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. English courses must be taken from the English department.
- All prerequisite course work in progress must be completed no later than the spring semester or quarter immediately preceding matriculation.
- Summer session courses taken immediately prior to matriculation at Western University are not accepted.
- Advanced Placement, Transfer of Credit, CLEP or Credit for Experiential learning are not recognized by the program.
- International students and any other applicants who are not U.S. citizens should be prepared to provide proof of legal U.S. residency at the time of interview. Proof of legal U.S. residency is required prior to any offer of acceptance.

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 by the PharmCAS application deadline of November 1. A minimum score of 213 for the Computer Based test, 550 for the paper based test or 79 for the new Internet Based TOEFL test must be submitted at the time of application. TOEFL scores are valid for 2 years. TOEFL scores will not be waived for applicants who are pending receipt of baccalaureate degrees or pending naturalization appointments. For more information regarding the TOEFL test, please visit their website at www.toefl.org.

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

The Pharmacy College Application Services (PharmCAS) is the centralized application service for Western University's College of Pharmacy. PharmCAS offers a web-based application service that allows 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. 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 apply to PharmCAS, or to request an application, visit their website at:

<http://www.pharmacas.org>.

In addition to the PharmCAS application, Western University requires applicants to submit a supplemental application with three recommendation evaluation forms (provided by Western University) and an application fee of \$65.00. All application materials can be located on our website at http://www.westernu.edu/xp/edu/admissions/pharmd_application.xml. The supplemental application packet is due November 1. Applicants who do not submit all application materials by the deadline may not be eligible to continue in the admissions process. The minimum required GPA is 2.5 overall and 2.5 sciences. A final evaluation will be completed upon receipt of your PharmCAS and supplemental application. Western University is not responsible for delays in mail deliver. We strongly encourage you to apply early.

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 - \$35,900 in 2007-2008 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 \$65 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

\$250 Remediation Examination Fee

\$125	Graduation Fee (Assessed on candidates for graduation only)
\$30	(per day) Late Registration Fee
\$40	Lost Mail Locker Key
\$6	(each) Copy of Official Transcript
\$21	(each) Rush Transcript, First Class Mail
\$25	(each) Rush Transcript, Federal Express
\$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 course as described in each course syllabus/block plan. The course facilitator will provide students with the learning objectives, instructional methods, assessment strategies, schedules, learning assurance methods, and the grading criteria, in writing, prior to the beginning of each course. Achievement of course learning objectives will be based on performance on individual quizzes, examinations, and on any other graded assignments or criteria, including team or independent Pass/No Pass assessments established by the course facilitator.

Learning assurance methods will be provided within each course. Learning assurance methods are provided to support “best” performance on the final assessment in a course. The course facilitator is responsible for the calculation of each student’s course grade, based on satisfactory achievement of the outcome objectives and grading criteria as determined by the course syllabus for each course. Some courses may contain more than one content area, and in such cases, each content area must be passed independently.

Students are required to maintain a cumulative 2.75 grade point average (GPA) during the didactic portion of the curriculum. Students who fall below the cumulative 2.75 GPA standard at the end of an academic term will automatically be placed on academic probation. The academic year is divided into two academic terms with the first (Fall) term consisting of classes offered between August and December and the second (Spring) term consisting of courses offered between January and May, except as noted in **Failure to Meet Academic Standards**. In addition, students who receive a “U” grade in a course will be automatically placed on academic probation, regardless of the cumulative GPA, until such time as the “U” grade has been successfully remediated. For a detailed description of these processes, see the section entitled **Failure to Meet Standards**.

Grading for the Advanced Pharmacy Practice Experiences (APPEs) is described in detail in *The Syllabus for Advanced Pharmacy Practice Experiences*.

Grading procedures

Course grades: end of course grades will be assigned as follows:

A	=	4 quality points	90-100%
B	=	3 quality points	80-89%
C	=	2 quality points	70-79%
U	=	0 quality points	below 70%

Advanced Pharmacy Practice Experiences (APPE) /Advanced Electives (AE) grades will be assigned as follows:

CR	=	Credit
----	---	--------

- NCR = No Credit: the student has not achieved the established rotation outcomes.
 I/CR = The student has successfully completed an APPE/AE following receipt of an incomplete grade. The I grade will remain on the student's transcript.
 I/NCR = Indicates a student has unsuccessfully completed an APPE/AE following receipt of an incomplete grade.

Administrative Grades for all courses

- I = Incomplete (Refer to the policy on **Incomplete Grades**).
 M = Missing
 W = Withdrawal. This grade will be assigned to a student's academic transcript upon voluntary withdrawal from the PharmD program. (Refer to the **General Academic Policies and Procedures** in the Catalog Section entitled **Overview**).

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	48
4	48
Total	176

Student Performance Committee

The College of Pharmacy Student Performance Committee is charged with the following responsibilities: (a) to periodically review the academic achievement and comprehensive evidences of progress of all students who are pursuing the Pharm.D. degree (Particular attention will be given to students in academic difficulty as their grades are made available to the Committee by the Registrar and/or the Associate Dean for Academic and Student Affairs); and (b) to receive reports from the Academic Dean regarding any student whose professional or personal conduct is deemed unsatisfactory. Appropriate professional and personal conduct is defined by the University's and College's codes of professional conduct (refer to **Standards for Professional Conduct** below).

Failure to Meet Academic Standards

Students must maintain a cumulative 2.75 grade point average (GPA) in order to avoid being placed on academic probation. The student's cumulative GPA will be calculated at the end of each academic term. For the first and second years, an academic term is equal to a semester. For the third year, the academic "didactic term" includes courses 6301-6306, while the "APPE term" includes courses R1-R2. The Associate Dean for Academic and Student Affairs will automatically place students who have a cumulative GPA that is below 2.75 on academic probation (see the University Catalog section on General Academic Policies and Procedures in the Overview section). Students who are placed on academic probation will have one academic term to bring their cumulative GPA up to or above the required 2.75 average necessary for continuation in the program. Students who fail to bring their cumulative GPA up to the required 2.75 at the end of an academic year will be placed on academic suspension¹. Students whose cumulative GPA falls below 2.75 for two consecutive terms across two academic years will be required to return to the

¹ Academic suspension is defined as a condition in which a student who may or may not already be on academic probation for purposes of academic inadequacy, but who the Student Performance Committee deems should not be recommended for dismissal. The student would be recommended for academic suspension and may repeat a given academic year (or a portion thereof) at the time of the start of a succeeding academic term, under conditions of probation, until deemed by the SPC/Dean to have satisfactorily remedied the academic conditions that provoked the academic suspension in the first place. See Section 11 of the General Academic Policies and Procedures.

previous academic year and restart the program from the Spring term of that year. Refer to **Failure to Meet Standards – Second Term Actions** below.

The Associate Dean for Academic and Student Affairs will automatically place any student who receives a “U” grade in a course on academic probation. Students who receive a “U” grade in any course(s) during an academic term will be required to remediate the course(s) at the appropriate time. Refer to Remediation for Courses in the Didactic Curriculum, below. The highest grade that a student will be able to achieve on any remediation examination will be a “C.” Students who fail a remediation examination will be required to repeat the entire academic year. Students will not be allowed to repeat a course more than once. A student receiving a “U” grade when repeating a course will be dismissed from the Program without an option for readmission.

Remediation for Courses in the Didactic Curriculum

Remediation should include a joint (faculty and student) diagnostic evaluation of the student’s weaknesses, a self-directed plan for strengthening the student’s weaknesses with periodic reviews in consultation with the facilitator, followed by a comprehensive assessment, as recommended by the course facilitator, over the entire course material.

The Student Performance Committee, in consultation with the course facilitators, will set the remediation schedule. Remediation will be scheduled during the month of June, except for students in the third year of the program, who will remediate failed courses in February, prior to beginning the Advanced Pharmacy Practice Experiences (APPE). Students will be informed of the remediation days in writing. Students who require remediation but are unable to make themselves available on the designated examination days will not be allowed to progress in the curriculum and will be placed on academic suspension. They will be required to repeat the course at the next regular offering. Students who require remediation are encouraged to share their June/February plans with the appropriate course facilitators prior to the remediation dates being determined. Once the remediation dates are confirmed, there will be no changes made to accommodate student requests. There will be no make up remediation examinations.

Students must pass the remediation examination and all other required assignments in order successfully pass remediation. The \$250 remediation examination fee must be paid to the Bursar’s Office prior to the remediation examination date.

The consequences of not passing remediation are outlined in **Student Progress**, below.

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 Course Facilitator prior to the missed class. If unable to reach the Facilitator, the student must leave a voice-mail message, an e-mail message or a message with a staff support person or the Director of Student Services that includes a contact telephone number. Accommodation for **excused** absences will be made, whenever possible, to assist students in situations involving illness or other emergencies. Documentation of the reason(s) for the absence must be provided to the Course Facilitator upon return to class. A copy of this documentation will be forwarded to the Director of Student Services for inclusion into the student’s file. This document must be presented to the Director of Student Services upon return to class. The Course Facilitator/Faculty will determine how the missed materials will be completed.

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 courses, 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 courses in the core curriculum in the College of Pharmacy is not permitted either in summer or during the academic year.

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 Course Facilitator a minimum of 5 school days before the start of the course 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 Course 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 Association Day Requirements: The purpose of the required Professional Association Day is to familiarize and engage first and second year students with the professional responsibilities and activities of a practicing pharmacist. First and second year students are required to participate in one professional meeting per year. Students must participate for one or more days of the professional meeting. Although third and fourth year students are *not required* to attend, they are *strongly encouraged* to attend at least one meeting per year. Each student is responsible for his/her own meeting fees (e.g., registration, travel, food, etc.). Students are expected to act and dress professionally at the professional association meeting.

In order to ensure students participate in this mandatory educational experience, attendance is a minimal requirement. The chapter advisor will take on-site attendance with assistance from the student chapter officers at a place and time specified by the chapter advisor.

Should a student not be able to attend the designated professional meeting, one of the following options will also satisfy the Professional Association Day requirement:

1. Attend one state or national pharmacy meeting approved by the Associate Dean for College Advancement; or
2. Attend two local pharmacy association chapter meetings approved by the Associate Dean for College Advancement; or
3. Participate in two community service projects or health screening fairs approved by the Associate Dean for College Advancement.

One of the above options must be completed by the **last Friday in March** of the academic year in which the Professional Day requirement is incurred. Attendance verification will be required.

Failure to Participate in Professional Association Day: Participation in Professional Association Day accounts for 5% of the total score possible in the last Foundations of Clinical Practice course in the first year and the last Comprehensive Review course in the second year. A score of zero will be recorded for students who fail to participate and obtain credit for one of the designated activities. This score will be reflected in the final grades of these courses.

Conduct Suspension

Conduct suspension may be imposed as a result of conduct/behaviors that are deemed by the Student Performance Committee to be adversely affecting the student's pharmacy school performance and ability to engage the subject material, but the behavior-conduct does not, in the opinion of the Committee, warrant a recommendation for dismissal. The student would be recommended for conduct suspension for a period of time deemed appropriate by the Student Performance Committee and/or Dean, but generally would not exceed one academic year or until the conditions that provoked the conduct suspension in the first place are satisfactorily remedied in the opinion of the Student Performance Committee/Dean. In cases where the Student Performance Committee needs external assessments to make a final decision, they may recommend to the Dean that the student obtain psychological, medical and/or educational assessments (See Section 14 of the General Academic Policies and Procedures).

Standards for Professional Conduct

Professional Dress and Behavior: Students are expected to dress and act appropriately. Students are expected to follow all rules established by faculty and preceptors in the classroom, during clinical skills labs, at practice sites, and during College-sponsored events. When requested, students should use professional dress, wearing their white coats when appropriate.

Respect: Students should show respect to their fellow classmates, staff, faculty, colleagues and their patients.

Academic Honesty: Academic honesty includes, but is not limited to, maintaining original assessment answers after the graded examination has been returned, maintaining honesty during assessments, bringing

only authorized resources to exams or other assessed exercises, signing only your name on attendance records or team examinations/assignments, and giving proper credit when citing another person's work.

Violations of Academic Honesty include all forms of cheating and plagiarism:

Cheating: Cheating is the unauthorized use of information or study guides in any academic exercise. The methods of cheating are varied and well-known. Cheating includes, but is not limited to:

- Copying from others during an assessment
- Sharing answers for a take-home assessment
- Using illegal notes during an examination
- Taking an assessment for another student.
- Asking or allowing another student to take an assessment for you.
- Tampering with an assessment after it has been corrected, then returning it for more credit than deserved.

Plagiarism: Plagiarism is academic theft. It refers to the use of another's ideas or words without proper attribution or credit. An author's work is his/her property and should be respected by appropriate documentation. Credit must be given:

- For every direct quotation.
- When a work is paraphrased or summarized in whole or in part in your own words.
- For information that is not common knowledge. Information is common knowledge when it appears in several sources about the subject.

There is not distinction between those who violate rules or academic dishonesty and those who allow it to occur.

Reporting violations

Responsibility of the Student: Because there is no distinction between those who violate rules of academic honesty and those who allow it to occur, students have a professional obligation to report violations of Professional Conduct. Violation of the Standards of Professional Conduct should first be reported to those closest to the source of the violation; this may include course faculty, course facilitators, faculty advisors or the Office of the Dean. When appropriate, students may report a witnessed violation to the Director of Student Services, who will maintain the student's anonymity.

Responsibility of the Director of Student Services: Upon receiving a report of professional misconduct from a student, the Director of Student Services will report this violation to the appropriate person involved, course facilitator or Office of the Dean, while maintaining student anonymity.

Responsibility of the Faculty: When faculty observe or are made aware of a violation, they have the authority to handle an incident directly. The following list is meant to be illustrative rather than exhaustive as all faculty reserve the right to impose sanctions based upon their good judgment of the given situation:

- Verbal reprimand and/or moving a student during an assessment
- No credit given for the question or assessment
- Assignment of additional work
- Re-examination
- Lowering the course grade.

If the faculty member imposes any or all of these remedies, he or she will notify the student and submit an "Academic Dishonesty Report Form" to the Office of the Dean.

Responsibility of the Dean: Once the Dean receives an "Academic Dishonesty Report Form" he/she determines if the issue should be dealt with unilaterally by him/herself or referred to the Student Performance Committee. If the issue is referred to the Student Performance Committee, the Dean will adjudicate the case upon receiving the Committee's final recommendation.

Responsibility of the Student Performance Committee: Upon preliminary investigation, the Student Performance Committee may request that the issue(s) be referred back to the Dean with a rationale as to why this would be a more appropriate venue to address the issue(s). When the Student Performance Committee believes that a case warrants formal investigation, the Committee will appoint a Student Conduct Subcommittee, which shall consist of at least one member of the Student Performance Committee, who shall serve as Chair, two voting faculty members not on the Committee, and one student representative. All members of the Student Conduct Subcommittee have full voting privileges.

As future professionals, each student must assume personal responsibility for honesty and integrity.

When dealing with allegations of student violations of professional conduct, the Student Performance Committee follow the following procedure. The Committee Chair will notify the student in writing of the specific charges and the time and date of the hearing where the charges will be considered by the Subcommittee. The notice shall state whether expulsion from the University may be considered if the charges are found to be true. If a member of the Student Performance Subcommittee has a conflict of interest regarding the allegations, the chairperson of the Subcommittee shall recuse the member and will appoint another faculty member to serve as a member of the Subcommittee for the purposes of hearing and deliberating on the allegations. Except as noted below, the meeting to consider the charges will be closed to all individuals not directly involved. The Subcommittee may exclude witnesses except during the time they are testifying. 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 the circumstances warrant, the student may request permission for a mentor to appear at the meeting to assist the student. The mentor is normally limited to advising the student and is not permitted to examine witnesses or otherwise participate directly in the proceedings. However, the Subcommittee may permit the mentor to participate directly where special circumstances are shown that warrant such participation. The student shall make any request for a mentor to appear or participate in writing, and the request must identify the mentor the student desires and provide any additional information the student deems relevant to the request. If the allegation involves activities that may result in criminal charges being filed, the student's request for a mentor must be granted. In other circumstances the Chair of the Subcommittee will normally inform the student within three business days of receipt of the request whether the mentor will be permitted to attend the hearing. If the student requests, the specific charges will be read to the student by the Chair of the Subcommittee. If the charges are not read, the charges will be deemed to be those specified in the notice of the hearing. The student will be permitted the opportunity to testify and present evidence and witnesses on his/her behalf. In addition, the student, as well as any witnesses, is subject to questioning by members of the Subcommittee. The student will also be provided the opportunity to question witnesses called by the Subcommittee. If the Subcommittee agrees to consider affidavits, declarations and other written statements and documents as part of its deliberations, the student will be provided copies of any such documents at least two days prior to the hearing. If the student desires to present any written documents, these documents must be provided to the hearing panel at least two days prior to the hearing. The student is responsible for presenting all evidence he/she deems relevant at the scheduled hearing unless such evidence cannot be presented at that time due to circumstances beyond the student's control. Should such be the case, the Chair of the Subcommittee, at his/her discretion, may grant a continuation of the hearing if warranted. Similarly, if a party or witness called by the Subcommittee is unavailable, but whose testimony is considered important to the hearing or due to other circumstances, a continuation of the hearing may also be granted. The Subcommittee shall determine whether, based on the evidence presented, it is more likely than not that the charges made are true. The Student Conduct Subcommittee will forward their findings and recommendations to the Student Performance Committee for vote. The Student Performance Committee will review the recommendation and then forward the original recommendation, along with a statement of concurrence or of an alternate recommendation, to the Dean. The Dean will affirm, deny or send back to the Committee for further deliberation any recommendations regarding the student.

The student may appeal the action of the Dean following policies listed in the **General Academic Policies and Procedures** section in the **Overview Section** of this Catalog.

Maintenance of Records: Student Professional Conduct records will be maintained by the Office of the Dean of the College of Pharmacy for seven years or until the student for whom they pertain graduates, unless the Dean determines there is good reason to retain the records longer.

Student Examination and Assignment Policies and Grade Appeals

Excused Absence from an Examination/Assignment: Excused absences are for emergencies. In the case of an emergency the student must notify the Course 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 course faculty. [NOTE: Examination/Assignment refers to any graded assessment in the course.] 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 Course 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 Course Facilitator may refer the student to the Director of Student Services.

Requests for an Examination or Assignment Regrading: This section applies to all graded assessments. Any request to have an examination or assignment regraded must be made in writing using the Faculty-approved Regrade Request Form. Regrade requests must be submitted within 3 business days following (a) the return of the examination or (b) the posting of the examination key or (c) the review of the examination by the course facilitator or faculty, whichever of these events occurs last. The student must specify which question(s) and answer(s) are to be reconsidered in the request. The request must be accompanied by lecture notes or referenced sources that support the student's original answer. On receipt of the request, the Course Facilitator has 3 business days following the end of the students' deadline to consider the request and document the decision regarding the request in writing to the student. The Course Facilitator will maintain a copy of the request and action taken. If the appeal for regrading involves a faculty member other than the Course Facilitator, the faculty member involved is responsible for addressing the regrade request.

Course Grade Appeals: If a student believes that he/she has been graded unfairly in a course, the student may appeal the final course grade. The student must submit in writing the justification for requesting a review of the final course grade. The justification must indicate what the student believes to have been unfair about his/her individual academic performance assessment, and contain supporting documentation. Appeals submitted later than 30 days following the issuance of the final course grade will not be considered. The appeal shall be submitted to the Director of Student Services who, upon receipt, will forward a copy of the appeal to the Chair of the Student Performance Committee. Upon receipt of the final course grade appeal, the chair of the Student Performance Committee will forward a copy of the appeal to the College of Pharmacy Appeals Officer. If the Student Performance Committee, upon review of the appeal, believes that the case warrants formal investigation, the Committee may decide to investigate the matter or decide that a Grade Appeals Sub-Committee will be appointed.

If a Grade Appeals Sub-Committee is appointed, it shall consist of at least one member of the Student Performance 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 Grade Appeals Sub-Committee will conduct its own investigation in conjunction with such an appeal following established procedural guidelines for handling student appeals of an academic nature. The student making the appeal will be invited to meet with the Grade Appeal Sub-Committee to substantiate his/her appeal. The Grade Appeals Sub-Committee will forward their recommendation to the Student Performance Committee. The Student Performance Committee will review the recommendation and then forward the original recommendation, along with a statement of concurrence or of an alternate recommendation, to the Dean. Should the Student Performance Committee elect to investigate the matter, it will follow the same procedures as the Grade Appeal Sub-Committee, and forward the Committee's recommendation to the Dean. The Dean's decision on the grade earned by the student is final.

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 **Overview** section of this Catalogue.

Student Progress

Pharmacy Intern License Requirement: All students are required to be licensed interns with the California State Board of Pharmacy during all phases of the experiential program (IPPE, APPE and AE). Students must file a copy of their intern license with the Director of Student Services by the first Monday in October of their first year in the PharmD program. Students unable to obtain a valid pharmacy intern license by the deadline will not be permitted to begin any clinical practice experience. Students found not eligible for an intern license by the State Board of Pharmacy will be dismissed from the PharmD program. The California State Board of Pharmacy is a body independent of the College of Pharmacy. The College of Pharmacy assumes no liability for decisions made by the Board regarding the status of a student's intern license.

Academic Progression Didactic Curriculum: The Student Performance Committee will review each student's progress at the end of each academic term. Students must complete all courses in a subordinate year of the program before they can progress to the next year in the program. In addition, students must

complete all didactic courses before they will be allowed to start the Advanced Pharmacy Practice Experience portion of the curriculum.

Failure to Meet Standards – First Term Actions: Students must achieve a passing grade in all specified assessments within a course. Some courses may have more than one content area, and in such cases, each content area must be passed independently. In all cases, the course syllabus will define the specific grading expectations for each course. At the end of each academic term, the student's cumulative GPA will be calculated. The Associate Dean for Academic and Student Affairs will automatically place students who have a cumulative GPA below 2.75 on academic probation. The Associate Dean will notify the student in writing of the action. When a student has been placed on probation, he/she may not hold office in any University or College organization.

Upon receipt in writing of his/her letter of probation, the student must meet with the Learning Enhancement and Academic Development (LEAD) office staff to develop an academic action plan, followed by a meeting with their faculty advisor to review the proposed plan. Both the LEAD office and the faculty advisor will be required to sign the probation letter, indicating that the student has followed through with the requirements for academic probation. This letter must be returned to the College of Pharmacy Office of Academic Affairs within 2 weeks of receipt of the letter. If it is determined that non-academic issues (e.g., illness, family emergency – death, acute or chronic illness of an immediate family member, divorce, or other personal family concerns) are impacting academic performance, the student will be referred to the Director of Student Services for further assistance. Students are encouraged to seek continued assistance from any University or College resource deemed necessary to improve his or her academic performance over the duration of probation.

Students on academic probation will be given one academic term to raise their cumulative GPA to the required 2.75 or above standard. During the course of this subsequent term, the student will be required to meet with the Student Performance Committee at least once to assess their progress toward improving his/her cumulative GPA.

Failure to Meet Standards – Second Term Actions: When a student does not achieve the required 2.75 GPA in the second academic term, the student will be placed on academic suspension and required to repeat the entire academic year. During the repeat year, the student will continue to be on academic probation until their cumulative GPA is at or above the required 2.75 cumulative GPA.

When a student does not achieve the required cumulative 2.75 GPA for two consecutive terms across two academic years, he/she will be placed on academic suspension and required to return to the previous academic year and restart the program from the Spring term of that academic year. Thus, a student whose cumulative GPA is below 2.75 for both the Spring term of the first academic year and the Fall term of the second academic year would be placed on academic suspension and required to restart the program in the Spring term of the FIRST academic year. Similarly, a student whose cumulative GPA is below 2.75 for both the Spring term of the second academic year and the didactic term of the third academic year would be placed on academic suspension and required to restart the program in the Spring term of the SECOND academic year.

Students are encouraged to seek continued assistance from any University or College resource deemed necessary to assist the student in improving their performance, e.g., the Learning Enhancement and Academic Development (LEAD) program.

Failure to Meet Standards – Third Term Actions: When a student does not achieve the required minimum cumulative GPA of 2.75 in the first academic term of a repeat academic year, the student will be permanently dismissed from the program. In addition, should the student earn a failing (“U”) grade in any course during the repeat year, the student will be dismissed from the program without an option for readmission. Students will only be allowed to repeat a year, or a course within an academic year, only once during their matriculation as a student within the Western University of Health Sciences College of Pharmacy.

Failure to Meet Standards – Unsatisfactory (U) Grade: The Associate Dean for Academic and Student Affairs will automatically place on academic probation any student who receives an Unsatisfactory (U) grade in a course. A student who receives a U grade in any course(s) during an academic year will be required to remediate the course(s) at the appropriate time. Refer to Remediation for Courses in the Didactic Curriculum above. The highest grade that a student will be able to achieve on any remediation examination will be a C grade. Students who fail the remediation examination will be placed on academic suspension and required to repeat the entire academic year.

If a student is repeating an academic year and receives an Unsatisfactory (U) grade in any courses in the year they are completing, the student will be dismissed from the PharmD program without an option for readmission. Students will only be allowed to repeat a year or a course with an academic year once during their matriculation as a student within the Western University of Health Sciences College of Pharmacy.

Students who are on academic probation in a repeat year are required to meet with their faculty advisor monthly. Students will be required to meet with the Student Performance Committee at least once each term in their repeat year to assess their progress toward improving their cumulative GPA. Students are encouraged to seek continued assistance from any University or College resource deemed necessary to assist the student in improving their performance, e.g., the Learning Enhancement and Academic Development (LEAD) program.

Failure to Meet Standards - Incomplete grade (I): The Associate Dean for Academic Affairs will notify students in writing who receive an incomplete grade in a course that they have been issued an incomplete grade. The course facilitator issuing the “I” grade must complete an Incomplete Contract Form, available from the College of Pharmacy Academic Affairs Office or from the Registrar’s intranet site. The Contract Form stipulates the requirements of the student that are needed to remove the incomplete grade. Copies of the form must be sent to the student, to the College of Pharmacy Director of Student Services (for placing in the student’s file), and to the Registrar’s Office. The grade of “I” is not to be awarded in place of a failing grade or when the student is expected to repeat the course. In such a case, a grade other than the “I” must be assigned. The incomplete (I) grade remains on the transcript. In the event that an I grade is carried into a new academic year, the Dean may conditionally promote the student to the next academic year in the program pending the satisfactory clearance of the incomplete grade.

If a student fails to comply with the conditions outlined in the notification, or fails to satisfactorily convert the incomplete grade to a passing grade, the incomplete grade will be converted to a U grade if the I grade was issued in a didactic course or to a NCR grade if the I grade was issued in a rotations course. The student will be placed on academic suspension and will be required to repeat the course at the next regular offering.

In the event that the I grade is converted to a U, the student’s progression in the curriculum will be halted effective the day by which the incomplete grade was to be cleared. The student will be placed on academic suspension and required to repeat the course at the next regular offering prior to continuing on in the curriculum. For an explanation of actions for NCR or I grades during APPE rotations, refer to Failure to Meet Standards – First APPE Rotation Actions. Students will be assessed a fee for repeating the course. The fee amount will be determined by the Bursar’s Office.

Eligibility to participate in Advanced Pharmacy Practice Experiences (APPEs): All didactic courses in the first through third years must be completed successfully before beginning the APPEs. Students may not start an APPE until the Student Performance Committee has been notified that all courses have been successfully completed. The Student Performance Committee will ensure that students are academically eligible to begin APPEs. Students whose cumulative GPA falls below 2.75 during the didactic term of the third academic year, but who have not received a grade of “U” during any didactic term courses, will automatically be placed on probation by the Associate Dean for Academic and Student Affairs, but will be allowed to begin APPE rotations. Students who are on probation and do not achieve a grade of CR (Credit) in any APPE rotation in the third year will be required to report both the didactic and APPE terms of the third year.

Progression to the Fourth Professional Year: Students must have completed at least two rotations successfully 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 two APPEs. Exceptions to this policy will be considered on a case-by-case basis.

Failure to Meet Standards – First APPE Rotation Actions: When a student receives a NCR or incomplete (I) grade, the APPE Director or his/her designee will notify the Student Performance Committee in a timely manner. The student will be allowed to continue with their scheduled rotations, but will be placed on Academic Probation by the Associate Dean for Academic Affairs. However, the student must repeat the rotation in which the NCR grade was issued with a Western University paid, full-time faculty member. If the NCR grade is earned in a rotation for which no Western University paid, full-time faculty member is available to serve as preceptor, the student will retake the rotation with a preceptor selected by the APPE Director. In the event that an I grade is converted into a NCR grade, the terms and conditions governing the receipt of a first NCR grade in an APPE rotation will be followed.

Rotations that need to be repeated should, where possible, be made up during the student's designated "off rotation." Should a student need to make up a rotation after a designated "off rotation" has been completed, then the rotation must be made up after the scheduled Advanced Elective Rotation. No "split" rotations will be allowed.

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 of the College. If a student fails this required APPE assignment, he/she must complete another APPE successfully with another voting, full-time faculty member.

Failure to Meet Standards – Second APPE Rotation Actions: In the event that a student receives a NCR grade for a second APPE rotation, the student will be placed on academic suspension and required to repeat the entire APPE rotations sequence (7 rotations). Students repeating the APPE rotations sequence must not fail any rotations within this repeat sequence of rotations. Receipt of an NCR grade for any rotation during this repetition of the APPE sequence will result in permanent dismissal from the PharmD program.

Failure to Meet Standards – Advanced Elective Rotation: When a student receives a NCR or an Incomplete grade (I) in the 12-week Advanced Elective (AE) program, the AE Director or his/her designee will notify the Student Performance Committee in a timely manner. If a student receives a grade of NCR for an Advanced Elective, he/she will be placed on academic probation by the Associate Dean for Academic Affairs. The student must repeat the AE in which the NCR grade was issued with a Western University paid, full-time faculty member at a time that is mutually agreed upon by the AE Director and the preceptor. If this NCR grade is earned in an AE for which there is no Western University full-time, paid faculty member to serve as preceptor, the student will complete the AE with a preceptor selected by the AE Director at a time that is mutually agreed upon by the AE director and the designated preceptor. Students who receive a NCR grade for an AE will not be eligible to graduate until the AE is repeated successfully and a grade of CR is recorded.

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 Student Performance Committee in consultation with the Dean. The Student Performance Committee recommends to the College of Pharmacy faculty the awarding of the degree of Doctor of Pharmacy upon satisfactory completion of all requirements for graduation as stated in the college catalog. 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:

- a. has successfully completed all required coursework and has attained a cumulative GPA of 2.75 or greater.
- b. is not on probation, academic suspension or conduct suspension and has completed all prescribed academic requirements with no outstanding grades of U, NCR, or I.
- c. has demonstrated no serious deficiencies in ethical, professional, or personal conduct that would make it inappropriate to award the Doctor of Pharmacy degree.
- d. has complied with all the legal and financial requirements of the University as stated in the University Catalog.

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 the President of Western University of Health Sciences has granted special permission to waive this requirement. If the President grants special permission to be excused from attending the Commencement program, the graduate may be required to present himself or herself to a designated University official at a later date in order to take the required oath (if relevant) and receive his or her diploma.

Veterans

Veterans who fail to maintain satisfactory progress for more than two terms or rotations 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.

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 (2 credits)

The Foundations of Clinical Practice courses (PHRM 5111, 5112 and 5113) are 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 practice. General topics include contemporary pharmacy practice issues and the role of the pharmacist as a health care provider, written and verbal communication skills, ethics, law, and professionalism, over the counter medications and pharmaceutical care, drug information, the US health care system (history, overview, stakeholders, providers, public health policies, and the Food and Drug Administration), health care financing (Medicare, Medicaid, private insurance, and managed care), patient counseling skills, selected skills development, and an introduction to pharmacy practice (community pharmacy and hospital pharmacy) clerkships (IPPE).

PHRM 5112 Foundations of Clinical Practice II (4 credits)

A continuation of PHRM 5111. Prerequisite: PHRM 5111.

PHRM 5113 Foundations of Clinical Practice III (5 credits)

A continuation of PHRM 5112. Prerequisite: PHRM 5112.

PHRM 5114 Research Methods and Biostatistics (1 credit)

This block focuses on 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 5221 Pharmacological Basis of Therapeutics I (3.5 credits)

This series of courses (PHRM 5221, 5222, 5223 and 5224) integrates pharmacology, pathophysiology, medicinal chemistry and toxicology building on the principles acquired in biochemistry, anatomy, and physiology. The objective of these courses is to present the principles of drug-receptor selectivity, mechanisms of action of drugs, and the rationale for their therapeutic use. The series of courses focus on pharmacodynamics (how the drug affects the body's functions) and pharmacokinetics (how the body handles the drug) and provides an integrated, scientific basis for understanding desired effects (therapeutic uses) and undesired side effects (adverse effects or drug-induced toxicity). The series focuses on the human system and provides the organizational knowledge and background relevant to the pharmacy practice sequence of courses presented in the second and third years. Principles addressing cellular, tissue, and organ physiology provide a conceptual framework to introduce pharmacology by emphasizing commonalities of drug mechanism with drug classification. Prototype drugs in each pharmacological class are provided for comparing and contrasting with other agents in the same class and/or for other drugs used therapeutically but with different mechanisms of action. Fundamental principles are emphasized with the intent of providing their relevance for prevention and treatment of disease using therapeutic agents, most of which can be considered as modifications of intrinsic, biological compounds. PHRM 5221 begins with an introduction to pharmacology, including pharmacokinetics, pharmacodynamics, and toxicology, as well as introducing agents that affect the autonomic nervous system (parasympathetic and sympathetic agents). PHRM 5222 focuses on agents used to treat cardiovascular disorders, asthma, and gastrointestinal

disorders. PHRM 5223 covers CNS agents (sedative-hypnotics, anti-seizure agents, antipsychotics, and antidepressants), analgesics, and drugs acting on the endocrine system including diabetes. PHRM 5224 covers chemotherapeutic agents, nutritional biochemistry, and toxicology of specific agents. (Formerly titled Integrated Biological Sciences I).

PHRM 5222 Pharmacological Basis of Therapeutics II (3.5 credits)

Continuation of PHRM 5221. Prerequisite: PHRM 5221. (Formerly titled Integrated Biological Sciences II)

PHRM 5223 Pharmacological Basis of Therapeutics III (3.5 credits)

Continuation of PHRM 5222. Prerequisite: PHRM 5222. (Formerly titled Integrated Biological Sciences III)

PHRM 5224 Pharmacological Basis of Therapeutics IV (3.5 credits)

Continuation of PHRM 5223. Prerequisite: PHRM 5223. (Formerly titled Integrated Biological Sciences IV)

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), solid dosage forms (tablets and capsules), topicals, suppositories, aerosols, novel drug delivery systems, and veterinary products.

PHRM 5302 Pharmaceutics/Biopharmaceutics II (3.5 credits)

Pharmaceutics / Biopharmaceutics II deals with the physicochemical principles involved in formulating / compounding dosage forms such as parenterals, radiopharmaceuticals, ophthalmics and liposomes. The course discusses important issues in pharmaceutical technology, including the formulation and delivery of peptide, protein, and oligonucleotide drugs. Gene therapy and pharmacogenomics are also presented. The course includes a laboratory component in which students are required to compound various dosage forms and perform analytical studies related to them. Pharmaceutical calculations is an independent element; students must accurately determine the quantities of active and inactive ingredients required to prepare a dosage form. Pharmaceutical calculations is required to be satisfactorily passed independent of other course content. Prerequisite: PHRM 5301.

PHRM 5401 Immunology (3.5 credits)

This course introduces students to the basics of immunology including, cells, organs and effector systems involved in both cell mediated and humoral mediated immune activity. Topics include regulatory interactions between different components of the immune system and the deleterious effects of aberrant immune processes. The focus is on an understanding of disease state immunopathology, immunopharmacology and immunotherapeutics.

PHRM 5501 Pharmacokinetics (3.5 credits)

PHRM 5501 introduces students to the principles and basic concepts of pharmacokinetics, including compartmental modeling, distribution of drugs, volume of distribution, half-life and clearance concepts. Wherever appropriate, clinically relevant examples are used to emphasize these principles. Information will also include the relevance of pharmacokinetics in drug action and toxicity. Students will be encouraged to apply pharmacokinetic principles to clinical situations. The course will demonstrate the use of pharmacokinetic principles and essential equations in predicting plasma drug concentrations as well as changes in plasma drug concentrations that accrue over time. Prerequisites: PHRM 5301 and PHRM 5302.

PHRM 5601 Overview of Clinical Practice (3 credits)

This course is intended for International Post-Baccalaureate Doctor of Pharmacy students (IPBP students admitted with advanced standing in the PharmD program) whose educational pharmacy experience has been outside of the US. The introductory course provides important information on topics such as the drug distribution system in the US, drug information, literature evaluation, biostatistics, the structure of the US health care system, and health care issues in the USA. The purpose of building the knowledge base of the IPBP is to allow them to be at par with their peers in the entry-level program.

Additionally, introduction to patient counseling skills, the use of the objective, structured clinical examination (OSCE) in evaluating a student's clinical knowledge and skills, immunization certification, and self-study on medical terminology further strengthens their foundation such that their knowledge, skills and attitudes are in concert with the entry-level PharmD program in terms of the overall provision of pharmaceutical care. Prerequisite: Admission to the IPBP program. Required of all IPBP students.

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). The series of Pharmacy Practice blocks (6201 – 6306) presents topics and accompanying skills that lay the foundation for the practice of pharmacy. The focus of the pharmacy practice blocks is to teach students how to integrate knowledge, skills, and attitudes necessary for patient-centered practice in a variety of areas in pharmacy practice. An introduction to the epidemiology, pathophysiology, pharmacology, and therapeutics relevant to gastrointestinal, respiratory, cardiology, endocrinology, neurology, psychiatry, immunology, microbiology, chronic pain, renal disease, nutrition, liver, hematologic, oncologic, and infectious diseases are covered in these blocks. Emphasis is placed on the principles addressing pharmaceutical care; pharmacoeconomics; pharmacy management; ethical, legal, and professional responsibilities; assessment, evaluation, and dissemination of drug information; written and verbal communication; and drug distribution. Students are taught how to recognize disease conditions, assess patient specific disease states, determine appropriate therapy, and monitor for expected efficacy and adverse effects associated with chosen therapy. The overall goal of each block is to enable students to integrate their knowledge of the disease state topic(s) presented in the context of formulating an individualized pharmacotherapeutic plan for a given patient. Emphasis is placed on communication skills that assess a student's ability to educate health professionals and patients regarding lifestyle changes and drug therapy for specific diseases in a clear, concise, and organized manner. Collaboration with peers (teams) occurs in each block in order to teach students how to work with others.

Pharmacy Practice blocks 6205, 6210 and 6306 are designed to allow the student an opportunity to strengthen and expand their knowledge in the content areas previously covered while exploring some aspects of disease states in greater depth or breadth. Students engage in team discussions that incorporate and integrate aspects of those disease states previously covered. Skills (e.g., counseling, patient education, calculation applications, drug information, and drug monitoring activities) relevant to the practice of pharmacy will be practiced during these blocks. The blocks will end with a series of examinations covering content areas and skills learned and practiced during the previous blocks.

PHRM 6201 Pharmacy Practice I (4 credits)

PHRM 6201 begins the series of Pharmacy Practice blocks that present topics and accompanying skills that lay the foundation for the practice of pharmacy.

PHRM 6202 Pharmacy Practice II (4 credits)

Continuation of PHRM 6201.

PHRM 6203 Pharmacy Practice III (4 credits)

Continuation of PHRM 6202.

PHRM 6204 Pharmacy Practice IV (4 credits)

Continuation of PHRM 6203.

PHRM 6205 Pharmacy Practice V (4 credits)

Continuation of PHRM 6204.

PHRM 6206 Practice Pharmacy VI (4 credits)

Continuation of PHRM 6205.

PHRM 6207 Pharmacy Practice VII (4 credits)

Continuation of PHRM 6206.

PHRM 6208 Pharmacy Practice VIII (4 credits)

Continuation of PHRM 6207.

PHRM 6209 Pharmacy Practice IX (4 credits)

Continuation of PHRM 6208.

PHRM 6210 Pharmacy Practice X (4 credits)

Continuation of PHRM 6209.

PHRM 6301 Practice Pharmacy XI (4 credits)

A continuation of topic areas begun in the second year.

PHRM 6302 Pharmacy Practice XII (4 credits)

Continuation of PHRM 6301.

PHRM 6303 Pharmacy Practice XIII (4 credits)

Continuation of PHRM 6302.

PHRM 6304 Pharmacy Practice XIV (4 credits)

Continuation of PHRM 6303.

PHRM 6305 Pharmacy Practice XV (4 credits)

Continuation of PHRM 6304.

PHRM 6306 Pharmacy Practice XVI (4 credits)

Continuation of PHRM 6305. Students must pass all examinations administered in this block before they will be allowed to proceed to the APPE.

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.

PHRM 7360 Elective clerkship IV (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 7350.

Electives:

FOURTH YEAR (P4): 16 credits of elective coursework 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.

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 Advanced Electives (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.

Sample Schedule: The following schedule represents an example of the schedule for the blocks in one academic year. This schedule is subject to change.

Year	Block No.	Block Title
<u>First Year</u>		
Fall	5111	Foundations of Clinical Practice I
	5112	Foundations of Clinical Practice II
	5221	Pharmacological Basis of Therapeutics I
	5222	Pharmacological Basis of Therapeutics II
	5301	Pharmaceutics/Biopharmaceutics I
	5401	Immunology
Spring	5113	Foundations of Clinical Practice III
	5223	Pharmacological Basis of Therapeutics III
	5224	Pharmacological Basis of Therapeutics IV
	5302	Pharmaceutics/Biopharmaceutics II
	5501	Pharmacokinetics
	5114	Research Methods and Biostatistics
<u>Second Year</u>		
Fall	6201	Pharmacy Practice I
	6202	Pharmacy Practice II
	6203	Pharmacy Practice III
	6204	Pharmacy Practice IV
	6205	Pharmacy Practice V
Spring	6206	Pharmacy Practice VI
	6207	Pharmacy Practice VII
	6208	Pharmacy Practice VIII
	6209	Pharmacy Practice IX
	6210	Pharmacy Practice X
<u>Third year</u>		
Didactic	6301	Pharmacy Practice XI
	6302	Pharmacy Practice XII
	6303	Pharmacy Practice XIII
	6304	Pharmacy Practice XIV
	6305	Pharmacy Practice XV
	6306	Pharmacy Practice XVI
APPE	R1	Inpatient Care Experiential (IX)
	R2	Ambulatory Care Experiential (AX)
<u>Fourth Year</u>		
Fall	R3	Inpatient Care Clinical (IC)
	R4	Ambulatory Care Clinical (AC)
	R5	Elective rotation
	R6	Elective rotation
	R7	Elective rotation
Spring	R8	Off
	Feb. - May	Advanced Electives

International Post-Baccalaureate PharmD (IPBP) Track

Description of the IPBP Program

The Western University College of Pharmacy offers a unique opportunity for American and/or foreign trained pharmacists with a bachelor's degree (B.S. or equivalent) who wish to progress to the Doctor of Pharmacy (PharmD) degree. Applicants are admitted with advanced standing into the second year of our traditional PharmD curriculum, thereby by-passing the first year entirely. The Doctor of Pharmacy degree awarded to the student in the international program is the same as those awarded to our students in the traditional PharmD program. Please refer to the PharmD section of the catalog for additional information on academic and student conduct policies and procedures.

Admissions Criteria

1. **Original Admission Application Form** (completed and signed).
2. **Application Deadline:** All application materials must be received or postmarked by February 1, for admission in the following academic year.
3. **Application Processing Fee:** Non-refundable application fee for \$65 payable to Western University of Health Sciences.
4. **International Student Application (ISA):** International applicants, applicants who are not U.S. citizens and who are living in the U.S. and applicants who have applied for permanent residency but have not been approved at the time of application must complete the International Student Application (ISA). The ISA must be included in your Supplemental Application. There is no fee for the ISA.
5. **Resume/Curriculum Vitae:** Please provide a current resume or curriculum vitae.
6. **Bachelor of Science (or equivalent) in Pharmacy:** Please provide a copy of your degree certificate and enclose it with your application.
7. **Official Transcripts:** Submit official transcripts from all schools attended in the United States and/or a valuation of your credentials from each college or university attended in a foreign country. Please see the list of foreign credentials evaluation services. Transcript evaluation must come directly from the evaluation service. Photocopies are not acceptable. The minimum GPA requirement for admission into the program is 2.5 on a 4.0 scale.
8. **Personal Questionnaire:** Please complete the questionnaire and enclose with your application. The questionnaire can be downloaded from the IPBP website.
9. **TOEFL (Test of English as a Foreign Language):** TOEFL, including essay, is required for all applicants submitting course work from foreign schools, and for all permanent or temporary residents of the United States. Exception: The TOEFL exam will be waived for students who have graduated with a confirmed baccalaureate or higher degree from a United States institution. A minimum score of 213 for the Computer Based test, 550 for the Paper Based test or 79 for the new Internet Based TOEFL test must be submitted by June of the year of matriculation. TOEFL scores are valid for two (2) years. TOEFL scores will be waived for pending baccalaureate and/or higher degrees or pending naturalization appointments. Official scores must be sent directly from the Education Testing Services (ETS). Photocopies are not acceptable. For more information regarding the TOEFL test, please visit their website at <http://www.toefl.org>.
10. **FPGEE (Foreign Pharmacy Graduate Equivalency Examination):** FPGEE scores are not required for entry into the IPBP program.
11. **Internal Assessment (IA):** The Internal Assessment (IA) exam is mandatory for consideration of admission into the program. The exam scores are valid for one (1) year.
12. **Fee Information for IA Testing:** The following fee structure will apply to all applications (a) US \$250 for online access to the IPBP study guide; (b) US \$250 for IPBP exam. All checks must be payable to Western University of Health Sciences. You may submit the entire amount (\$500) at once or as separate checks (of \$250 each).
13. **References:** Three satisfactory recommendations (forms provided) from qualified individuals (not related to you) capable of evaluating your overall personality, professional enthusiasm and integrity. Each recommendation must be submitted in a sealed envelope that is signed over the seal by the recommender.

14. **Verification of Employment (Optional):** Letter(s) from current employer(s) verifying employment status. If self-employed, provide supporting documentation.

IA/Interview Guidelines

Upon successful completion of the above requirements, candidates may be invited for an interview session on or off-campus, based on satisfactory preliminary file evaluation. The IA test will be conducted on the same day as the interview. Two main areas of skills will be evaluated during this interview:

Oral Communication Skills: These skills will be evaluated during a personal interview session conducted by members of the admissions committee. Each interview session will be approximately 30 minutes in duration. The purpose of this exercise will be to determine your command of the English language as well as interpersonal skills.

Written Communication Skills: All candidates will be required to take a written essay test wherein a topic of general interest will be presented. Time allowed for this activity is approximately 45 minutes. The purpose of this exercise will be to assess your overall ability and effectiveness in reading, writing and comprehension of the English language.

Sample Schedule: The following schedule represents an example of the schedule for the blocks in one academic year. This schedule is subject to change.

Year	Block No.	Block Title
<u>First Year Year</u>		
Summer	5601	Overview of Clinical Practice
Fall	6201	Pharmacy Practice I
	6202	Pharmacy Practice II
	6203	Pharmacy Practice III
	6204	Pharmacy Practice IV
	6205	Pharmacy Practice V
Spring	6206	Pharmacy Practice VI
	6207	Pharmacy Practice VII
	6208	Pharmacy Practice VIII
	6209	Pharmacy Practice IX
	6210	Pharmacy Practice X
<u>Third year</u>		
Didactic	6301	Pharmacy Practice XI
	6302	Pharmacy Practice XII
	6303	Pharmacy Practice XIII
	6304	Pharmacy Practice XIV
	6305	Pharmacy Practice XV
	6306	Pharmacy Practice XVI
APPE	R1	Inpatient Care Experiential (IX)
	R2	Ambulatory Care Experiential (AX)
<u>Fourth Year</u>		
Fall	R3	Inpatient Care Clinical (IC)
	R4	Ambulatory Care Clinical (AC)
	R5	Elective rotation
	R6	Elective rotation
	R7	Elective rotation
Spring	R8	Off
	Feb -May	Advanced Electives

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
National Association of Chain Drug Stores (NACDS) Award
Albertsons/Savon Scholarship
Asian-American Scholarship
Debbie Robinson Memorial Scholarship
Good Neighbor Pharmacy/Institute for Community Pharmacy Scholarship
Olizene B. Terrell Scholarship (South Bay Pharmacists Association)
Robert C. Johnson Scholarship
Target Scholarship
Wal-Mart Scholarship
Who's Who Among Students in American Universities and Colleges Nominations
Dean's List

The following awards are presented annually to graduates at the Commencement Dinner Dance:

American Society of Health Systems Pharmacists Student Leadership Award
APhA-ASP Outstanding Graduate Award
APhA-ASP Mortar and Pestle Professionalism Award
Dean's Award

Academic Calendar 2007-2008
PharmD PROGRAM
(subject to change)

Monday, April 23 – Friday, May 4, 2007 Fall Semester Online Registration (4 th years)	Wednesday, Nov. 21, 2007 (12:00 noon) Thanksgiving recess
Monday, April 30 – Friday, May 11, 2007 Fall Semester Online Registration (2 nd , 3 rd years)	Monday, Nov. 26, 2007 Classes Resume
Monday, May 5, 2007 Fall Tuition Due (4 th years)	Monday, Nov. 19 – Friday, Nov. 30, 2007 Spring Semester Registration (1 st , 2 nd & 3 rd years, IPBP 2010)
Monday, May 14, 2007 Fall Semester Rotations Begin (4 th years)	Friday, Dec. 21, 2007 Last Day of Classes, Autumn Semester Spring Semester Tuition Due (1 st , 2 nd & 3 rd years, IPBP 2010)
Monday, July 2 – Friday, July 13, 2007 Fall Semester Online Registration (IPBP 2010)	Monday, Jan. 7, 2008 Spring Semester Classes begin (1 st , 2 nd & 3 rd years, IPBP 2010)
Monday, July 16 – Friday, August 3, 2007 PHRM 5601: Overview of Clinical Practice	Monday, Jan. 21, 2008 Martin Luther King Holiday
Friday, Aug. 4, 2006 Fall Semester Tuition Due (1 st , 2 nd & 3 rd years)	Monday, Feb. 18, 2008 Presidents Day
Mon., Aug. 6 – Fri., Aug 10, 2007 Orientation	Thursday, Apr. 10, 2008 Honors Day
Saturday, Aug. 11, 2007 Convocation/White Coat Ceremony	Friday, May 3, 2008 Last Day of Spring Semester (3 rd & 4 th years)
Monday, Aug. 13, 2007 Classes begin (1 st , 2 nd & 3 rd years)	Thursday, May 8, 2008 Commencement (4 th years)
Monday, Sept. 3, 2007 Labor Day	Friday, May 23, 2008 Last Day of Spring Semester (1 st & 2 nd years)
Monday, Oct. 8, 2007 Columbus Day	Monday, May 26, 2008 Memorial Day
Monday, Oct. 23 – Friday, Nov. 3, 2006 Spring Semester Online Registration (4 th years)	
Friday, Oct. 19, 2007 Professional Association Day	
Monday, November 12, 2007 Spring Semester begins (4 th years)	

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

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 2.50 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 1000 on the combined verbal and quantitative.
- Three letters of reference from individuals familiar with the applicant's scholarship and research potential.
- Official test reports for the Test of English as a Foreign Language (TOEFL) for international applicants. Minimum score of 500 required.
- Official test reports for the Test of Spoken English (TSE) for international applicants. Minimum score of 50 required.

Application Deadline:

Applications must be complete (including all supporting application materials) and mailed with a postmark date no later than November 15 for the Spring semester (January) and March 1 for the Fall semester (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 MS in Pharmaceutical Sciences 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 - \$505 per credit hour in 2007-2008 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

\$125	Graduation Fee (Assessed on candidates for graduation only)
\$30	(per day) Late Registration Fee
\$40	Lost Mail Locker Key
\$6	(each) Copy of Official Transcript
\$21	(each) Rush Transcript, First Class Mail
\$25	(each) Rush Transcript, Federal Express
\$10	Lost ID Badge
\$0.25 (per page)	Copy of Student File Material
(replacement cost)	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 the third week of the semester only under unusual conditions. When the Department Chair approves dropping the course under such circumstances, a "W" will be assigned for the course.

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
M	-	Missing	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. The I grade will remain on the student's transcript, along with the final grade assigned by the instructor.

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 6999	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 5990	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 right 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.

Academic Calendar 2007-2008
MS in Pharmaceutical Sciences PROGRAM
(subject to change)

Monday, Aug. 13, 2007 Classes begin	Friday, Dec. 21, 2007 Last Day of Classes, Autumn Semester Spring Semester Tuition Due
Monday, Sept. 3, 2007 Labor Day	Monday, Jan. 7, 2008 Spring Semester Classes begin
Monday, Oct. 10, 2007 Columbus Day	Monday, Jan. 21, 2008 Martin Luther King Day
Wednesday, Nov. 21, 2007 (12:00 noon) Thanksgiving recess	Monday, Feb. 18, 2008 Presidents Day
Monday, Nov. 26, 2007 Classes Resume	Thursday, May 15, 2008 Commencement
Friday, Dec. 15, 2007 Spring Semester Registration Ends (All Students)	Friday, May 23, 2008 Last Day of Spring Semester
	Monday, May 26, 2008 Memorial Day

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 was granted Provisional Accreditation status by the AVMA-COE in April, 2003. 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 is committed to serving society and animals through the preparation of students in an educational program based on self-directed learning, reverence for life and clinical education through strategic partnerships. The college sustains a vibrant diverse faculty by encouraging advancement through personal and professional development and research. This creates an environment of competent, caring, ethical professionals, where cooperative learning, public service, and scholarship 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.

The College of Veterinary Medicine at Western University participates 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) 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, mammalogy, 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

Josef Silny & Associates

P.O. Box 248233
Coral Gables, FL 33124
305.666.0233
www.jsilny.com

Educational Credential Evaluators, Inc.

P.O. Box 514070
Milwaukee, WI 53203-3470
414.289.3400
www.ece.org

International Educational Research Foundation, Inc.

P.O. Box 3665
Culver City, CA 90231-3665
310.258.9451
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 the 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 2007-2008 academic year (subject to change) is \$36,310. For CVM applicants accepted at Western University, a tuition deposit of \$500 is payable before April 15th of the year in which the student begins matriculation. 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

Graduation Fee (Assessed on candidates for graduation only)	\$125
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	\$ 6
Rush Transcript (each), First Class Mail	\$ 21
Rush Transcript (each), Federal Express	\$ 25
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/bin/computing/pdf/Laptop%20Requirements_Vet_Med_2005-2006%20Final.pdf.

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; 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 4th year 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 4th 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 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. 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, approval must be received from the Associate Dean for Preclinical Programs for 1st and 2nd year students or the Associate Dean for Clinical Programs for 3rd and 4th year students..

Absence from an examination due to unforeseen circumstances, including illness, should be reported to the appropriate Associate Dean for Preclinical Programs (years 1 and 2) or Clinical Programs (years 3 and 4) 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 appropriate Associate Dean the next day the student is on campus. If a student misses an examination, the appropriate Associate Dean, 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 Admissions and Scholastic Standing 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 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, 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 Admissions and Scholastic Standing 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. Grades may be viewed 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 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
Cr/NCr (0)	Credit/No Credit
H (4.0)	Honors (Senior clerkships only)
PA (3.0)	Pass (Senior clerkships only)
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 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 Admissions and Scholastic Standing Committee may recommend dismissal in matters regarding student misconduct (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**

Year 1	1st		Year 1	2nd	
Courses	Semester	Credits	Courses	Semester	Credits
CVM 5000	Vet Basic/Med Sci	8	CVM 5100	Vet Basic/Med Sci	8
CVM 5020	Vet Basic/Med Sci	8	CVM 5120	Vet Basic/Med Sci	8
CVM 5030	Molecular/Cellular Bio	1	CVM 5130	Molecular/Cellular Bio	1
CVM 5040	Veterinary Issues	2	CVM 5140	Veterinary Issues	2
CVM 5060	Vet Clin Sci/Skills I	<u>2</u>	CVM 5160	Vet Clin Sci/Skills II	<u>2</u>
Total		21	Total		21

Year 2	3rd		Year 2	4th	
Courses	Semester	Credits	Courses	Semester	Credits
CVM 6000	Vet Basic/Med Sci	8	CVM 6100	Vet Basic/Med Sci	8
CVM 6020	Vet Basic/Med Sci	8	CVM 6120	Vet Basic/Med Sci	8
CVM 6030	Molecular/Cellular Bio	1	CVM 6130	Molecular/Cellular Bio	1
CVM 6040	Veterinary Issues	2	CVM 6140	Veterinary Issues	2
CVM 6060	Vet Clin Sci/Skills III	<u>2</u>	CVM 6160	Vet Clin Sci/Skills IV	<u>2</u>
Total		21	Total		21

Year 3			
Courses	5th and 6th	Semesters	Credits
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		Surgery/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	2
CVM 7090		Junior Student Presentation	1
Total			34

Year 4			
Courses	7th and 8th	Semester	Credits
CVM 7510-7580		Selective Rotations (8)	32
CVM 8090		Independent Study	2
CVM 8999		Independent Research (Thesis) option	(4)
Total			34 / (38)

SUMMARY

Year	Credits	Instruction	Exams	Other
YEAR I	42	32 wks	4 wks	1 wk orientation
YEAR II	42	32 wks	4 wks	-----
YEAR III	34	33 wks	4 wks	-----
YEAR IV	<u>34 (38)</u>	<u>32 wks</u>	<u>2 wks</u>	-----
Totals	152 (156)	129 wks	14 wks	

COURSE DESCRIPTIONS

CVM 5000 Veterinary Basic and Medical Sciences 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 Veterinary Basic and Medical Sciences II (8 credits)

Taken concurrently with CVM 5000, focusing on other veterinary problems.

CVM 5030 Molecular and Cellular Biology I (1 credit)

These courses (continuing as CVM 5130, CVM 6030, and CVM 6130) provide correlative lectures and activities to the Veterinary Basic and Medical Sciences cases, focusing on the central biological principles and mechanisms that underlie animal health and disease at the molecular and cellular levels, and their influence on organ, organismal and population manifestations.

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 5060 Veterinary Clinical Sciences and Clinical Skills I (2 credits, Cr/NCr)

Not open for students with credit for DVM 5050. This 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 series CVM 5060, 5160, 6060, and 6160 will be administered concurrently with the PBL courses during the first four semesters of the DVM curriculum, and activities will be pertinent to the PBL problem in session, when appropriate. Various instructional arenas will be employed to accomplish these required skills: these include, but are not limited to, the Multidisciplinary Classroom; Hill's Wellness Center and Banfield, the Pet Hospital (enrolled wellness care); the Veterinary Ambulatory Community Service (VACS) vehicle; Cal Poly University- Pomona Animal Units; and various ambulatory experiences.

CVM 5100 Veterinary Basic and Medical Sciences III (8 credits)

Continuation of CVM 5000 and 5020.

CVM 5120 Veterinary Basic and Medical Sciences IV (8 credits)

Taken concurrently with CVM 5100, focusing on other veterinary problems.

CVM 5130 Molecular and Cellular Biology II (1 credit)

Continuation of CVM 5030.

CVM 5140 Veterinary Issues II (2 credits)

Continuation of CVM 5040.

CVM 5160 Veterinary Clinical Sciences and Clinical Skills II (2 credits, Cr/NCr)

Not open for students with credit for DVM 5050. Continuation of DVM 5060.

CVM 6000 Veterinary Basic and Medical Sciences V (8 credits)

Continuation of CVM 5100 and 5120.

CVM 6020 Veterinary Basic and Medical Sciences VI (8 credits)

Taken concurrently with CVM 6000, focusing on other veterinary problems.

CVM 6030 Molecular and Cellular Biology III (1 credit)

Continuation of CVM 5130.

CVM 6040 Veterinary Issues III (2 credits)

Continuation of CVM 5140.

CVM 6060 Veterinary Clinical Sciences and Clinical Skills III (2 credits, Cr/NCr)

Not open for students with credit for DVM 5050. Continuation of DVM 5160.

CVM 6100 Veterinary Basic and Medical Sciences VII (8 credits)

Continuation of CVM 6000 and 6020.

CVM 6120 Veterinary Basic and Medical Sciences VIII (8 credits)

Taken concurrently with CVM 6100, focusing on other veterinary problems.

CVM 6130 Molecular and Cellular Biology IV (1 credit)

Continuation of CVM 6030.

CVM 6140 Veterinary Issues IV (2 credits)

Continuation of CVM 6040.

CVM 6160 Veterinary Clinical Sciences and Clinical Skills IV (2 credits, Cr/NCr)

Not open for students with credit for DVM 5050. Continuation of DVM 6060.

CVM 7000 Introduction to Practice Management (1 credit)

This course is an on-campus orientation to practice management, practice economics, and career and personal development in the clinical years. The course focuses on aspects of modern veterinary practice and life skills management, including but not limited to: preparation of contemporary medical records (emphasis placed on Problem-Oriented Veterinary Medical Records – POVMR), how to run a veterinary practice as a business, time management, team communications skills, contract law, compensation and benefits in employment contracts, personal budgets and tax issues, negotiation skills, and establishing fee schedules.

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 carried out in carefully selected, high quality and high volume private practices. 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 issues including records, inventories, and client billing. One of these four Small Animal Mixed Practice (CVM 7010, CVM 7011, CVM 7012 and CVM 7013) 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 course will be administered by on-campus Western University faculty and will include off-campus field trips. On-campus activities will involve in-depth discussions of population health and production topics including but not limited to: biosecurity, preventive medicine programs, disease monitoring and surveillance, disease eradication and/or control in a population, evaluation and application of diagnostic tests in a herd, production record analysis as a diagnostic tool, management-related health issues in populations, disease dynamics in a population, disease outbreak investigation, cost/benefit analysis of disease interventions, and timely topics or current events impacting population health and production. Each student will prepare a defensible proposal for a complete preventive medicine or herd health program in an animal population of his/her choice. These populations could include a livestock herd or flock, a stable, a kennel, a cattery, an animal shelter, a pet store, a zoo, an aquarium, etc. Students will present their proposal in written and/or oral format to their peers and faculty for critical evaluation.

CVM 7030 Equine Practice I (2 credits)

This third year course provides supervised clinical education in hospital-based equine care. The students will have an opportunity to work along-side high quality, community-based equine clinicians. The students, through their initiative, will be active participants in the diagnostic and therapeutic management of equine patients and continue to develop problem-oriented decision processes. The students will develop skills in the management of primary care patients, medical, surgical, and emergency issues as well as gaining exposure to the economics of the equine practice.

CVM 7031 Equine Practice II (2 credits)

This third year course provides supervised clinical education in ambulatory-based equine practice. The students will have the opportunity to work along-side high quality, community-based equine clinicians. The students are active participants in the diagnostic and therapeutic management of the patient, and will continue to develop problem-oriented decision making skills directed toward the care of the patient. These students will assume progressive responsibility in the management of primary care patients, preventive care programs, and emergencies that occur in practice as well as gaining exposure to the economics of equine practice.

CVM 7035 Surgery and Shelter Medicine (2 credits)

Supervised clinical experience occurs on campus and is supervised by Western University faculty. 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. Students receive, examine, diagnose and treat adoptable patients from local shelters. Each student is expected to participate on approximately 10 ovariohysterectomies and/or castrations each rotation.

CVM 7040 Diagnostic Laboratory & Pathology (2 credits)

This course emphasizes the efficient and effective use of laboratory services in veterinary medicine. This course includes aspects of diagnostic clinical pathology, anatomical pathology, parasitology, and microbiology (bacteriology and virology). Specimens from a variety of animal species are used as they are routinely processed in a veterinary diagnostic laboratory. Particular emphasis is placed on the practical applications of

gross pathology and histopathology as an aid to assist general veterinary practitioners and animal owners in the identification of disease processes. Emphasis is placed on the proper collection and submission of clinical specimens from sick and deceased animals. The interpretation of laboratory test results are reviewed and discussed. In this course, students will acquire practice experience/skills in techniques used for an effective necropsy, proper examination of specific organs, and identification of lesions and postmortem changes. Students will become familiar with basic principles of tissue preservation and processing for histopathology and the recognition and interpretation of microscopic findings.

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. Students analyze the role of veterinarians, and regulatory and ethical issues relating to the use of animals in biomedical research.

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)

In this course, students will visit public health programs in Los Angeles and San Bernardino Counties to become familiar with the activities and responsibilities of local public health veterinarians, environmental health specialists, and ecologists. Students will also meet regularly on-campus to address topics in public health, including disease surveillance, diagnosis, control and prevention of zoonotic and vector-borne diseases; risk assessment; and outbreak investigation. Other topics to be discussed include animal-associated occupational health risks, dog bit injuries, and the role of veterinarians in disaster and bioterrorism preparedness. On-campus activities will consist of student-centered learning activities, group discussions, and written assignments. Each student will select a presentation topic in veterinary public health. They will integrate their experience in the public health setting with available surveillance data and review of the literature to prepare an overview of their chosen topic. This overview will address any controversies and/or proposed solutions as they relate to their chosen topic, as appropriate. Findings will be delivered in an oral presentation to a community group at the end of the course.

CVM 7060 Food & Feed Safety (2 credits)

The primary aim is to provide students with the basic knowledge regarding the role of veterinary medicine in the production of safe foods of animal origin (meat, dairy products and eggs) and safe feeds for companion animals, poultry, livestock, and other species. The continuum from pre-harvest through post-harvest food and feed safety will be covered. Both chemical and microbial aspects of safety will be included. Principles of cleaning, disinfection, sterilization and radiation will be included. The role of Hazard Analysis Critical Control Points (HACCP) will be reviewed. Visits to selected slaughter plants (livestock and poultry), dairy plants, rendering and commercial animal feed plants will be made and/or supplemented by audiovisuals. Relevant federal and state legislation will be discussed. All students will participate in PBL problems involving feed/food/water-borne disease investigations and also individual animal slaughter dispositions in relation to specific pathological, infectious, or chemical residue problems.

CVM 7065 USDA Accreditation, Foreign Animal Diseases & International Veterinary Medicine (2 credits)

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. These 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 Third Year 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 Core Veterinary Internal Medicine Rotation (4 credits, Graded H/PA/U)

This course is a supervised and evaluated clinical rotation available at selected high quality specialty internal medicine practices and accredited colleges of veterinary medicine. Supervised by a clinician, students participate in the practice of clinical veterinary medicine, including diagnosis, management and treatment of diseases.

CVM 7520 Core Veterinary Surgery Rotation (4 credits, Graded H/PA/U)

This course is a supervised and evaluated clinical rotation available at selected high quality specialty surgery practice and accredited colleges of veterinary medicine. Supervised by a surgeon, students participate in the diagnosis, management and treatment of surgical diseases.

CVM 7530 Selective Rotation I (4 credits, Graded H/PA/U)

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 sites available for student selection is available online at: 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 Clinical Instruction.

CVM 7540 Selective Rotation II (4 credits, Graded H/PA/U)

Continuation of CVM 7530.

CVM 7550 Selective Rotation III (4 credits, Graded H/PA/U)

Continuation of CVM 7540.

CVM 7560 Selective Rotation IV (4 credits, Graded H/PA/U)

Continuation of CVM 7550.

CVM 7570 Selective Rotation V (4 credits, Graded H/PA/U)

Continuation of CVM 7560.

CVM 7580 Selective Rotation VI (4 credits, Graded H/PA/U)

Continuation of CVM 7570.

CVM 8090 Independent Study (2 credits)

Supervised student-centered learning experience in a clinical, administrative or research setting. Repeatable to a maximum of 4 credits. Prior permission of the Dean's Office is required in order to repeat this course.

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
- Allan H. Hart, BVSc Scholarship
- Dean's Award
- Initiation into the Society of Phi Zeta, the Honorary Society of Veterinary Medicine, 3rd year and 4th year students
- The Buddy Award from Hill's Pet Nutrition, 4th year student
- VCA Central Scholarship Award
- The Norden-Pfizer Award for Distinguished Teaching (Faculty)
- The Pfizer Award for Research (Faculty)
- The Ashley Robinson Prize

ACADEMIC CALENDAR

Fall, 2006

Monday, Aug. 7, 2006
Orientation Week Begins (required)
Fall Semester Tuition Due (1st & 2nd years)

Saturday, Aug. 12, 2006
Convocation

Monday, Aug. 14, 2006
Classes begin

Monday, Sept. 4, 2006
Labor Day (no classes)

Monday, Oct. 9, 2006
Columbus Day (no classes)

Wednesday, Nov. 22, 2006
Thanksgiving Recess (noon)

Monday, Nov. 27, 2006
Classes resume

Fri., Dec. 22, 2006
Last day of Fall Semester classes

Spring, 2007

Monday, Jan. 8, 2007
Classes begin

Monday, Jan. 15, 2007
Martin Luther King Day (no classes)

Monday, Feb. 19, 2007
President's Day (no classes)

TBA
Spring Break

Friday, May 18, 2007
Last day of Spring semester classes

Friday, May 11, 2007
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

ABOUT 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.

Mission: The Department of Health Sciences supports Western University of Health Sciences' mission to increase the availability of health care providers by increasing the availability of health care educators. In future years, the department will further meet the health care needs of the community by providing graduate level training in the management of health care systems and community health promotion.

Vision: The Department of Health Sciences seeks to become the leader in providing educational programs to students with diverse backgrounds, who are committed to rational, compassionate health care. Faculty members will continue to be experts and leaders in their respective fields, committed to fostering the development of students in the health sciences programs. The program will provide students with classroom, clinical, and on-line experiences designed to prepare them to function as competent health care educators, health care systems managers and community health promotion specialists.

Academic Program

The Department of Health Sciences offers opportunities for students to pursue a Master of Science in Health Sciences degree specializing in Health Professions Education. 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. The broad interest of the faculty provides special opportunities to cross the boundaries between various health care disciplines and education, depending on the unique scope of the students' experience. 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.

Goals of the Department of Health Sciences

The Department of Health Sciences 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. Educate professionals who will function as leaders in various health care settings.
2. Provide educational experiences, which will enable health care professionals to function as educators, program and curriculum designers and administrators in a variety of health care settings.
3. Provide educational experiences which will enable individuals to function as leaders in the areas of health care management and community health promotion.
4. 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.
5. Assist students in the integration of theory and practice to ensure health care education and delivery will be relevant to the needs of society.
6. Encourage students to engage in productive professional relationships to acquire, evaluate and communicate information about the health sciences.
7. Create and be responsive to the needs of health care professionals and consumers, thereby providing opportunities for educational expansion.

8. Enhance continuing professional education in the health sciences.
9. Further develop clinical education partnerships through the United States (West).
10. 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, health systems management and community health promotion.
4. Collaborate with academic health care specialists to further the advancement of the health sciences.
5. Create, implement and evaluate health care delivery systems and implement appropriate change to enhance the access and quality of health care.
6. Create, implement and evaluate educational and informational materials for a variety of professionals and consumers.
7. Maintain a high standard of academic excellence and pursuit of learning.
8. Contribute scholarly research to the health sciences and 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

Students may apply for admission in either the fall or spring semesters. Western University is committed to admitting competitive, qualified individuals with disabilities.

Application Requirements: Health Professions Education Students

Applicants to the Department of Health Sciences should be either a health professional or in a career that involves education of health professionals or health care consumers. Candidates who are not health care professionals should possess a strong desire to master the skills germane to the development, implementation and evaluation of health care curricula and deliver systems.

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 provided that the applicant has completed at least 90 semester hours at the undergraduate level from an accredited college or university. Thirty (30) units must consist of upper division coursework, i.e., junior or senior level courses. Advanced placement, transfer credit, CLEP examination or credit for experiential learning is not recognized by the program as meeting these requirements.
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.

Information for International Applicants:

It is highly recommended that international applicants apply as early as possible to allow time to apply for an international student visa, which is required for study in the U.S. Allow at least two weeks for airmail to reach us. General questions about visas, academic documentation, or legal issues related to studying in the U.S. should be directed to the Director of Admissions at (909) 469-5329.

International applicants whose native language is not English should receive a score of 600 or higher on the paper-based Test of English as a Foreign Language (TOEFL) or a score of 250 or higher on the computer-based TOEFL to demonstrate proficiency in English and the ability to handle the demands of graduate education. For more information, please consult the TOEFL Services website at <http://www.toefl.org>.

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. Upon receipt of all application materials, the file is transferred to the Department of Health Sciences for review by the faculty.

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 for HSCI 5999, HSCI 5300, or HSCI 5208.

Continuing Education and Non-degree students

An applicant who 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, (c) specialty certification requirements or (d) other professional development needs, may consider enrollment as a non-degree student. A limited number of applicants may enroll as non-degree seeking 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 is distributed 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.

Students are required to maintain continuous registration until all requirements for the degree have been met, including, if applicable, HSCI 5999 Thesis/Special Project. Students not enrolled in coursework or HSCI 5999 Thesis/Special Project during the fall or spring semesters are required to register for the Continuous Registration course. The continuous registration fee is \$50.00.

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. Withdrawal from a course after the third week of classes will result in a "W" being placed on the transcript.

ACADEMIC POLICIES AND PROCEDURES

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.

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.

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.

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.

Communication

All students will be assigned an email account by the Office of Student Affairs. The MSHS program relies heavily on email as a form of communication to students. It is essential that students check their email accounts daily.

Student Academic Progress Committee

The Student Academic Progress Committee (SAPC) is charged with the following responsibilities in the areas of academic performance:

- The SAPC periodically reviews the academic achievement and the performance of students who are pursuing degrees in the CAHP.
- Faculty as a whole will monitor students in academic difficulty, recommending students for placement or for removal from probation, remediation, and dismissal. The Registrar shall provide the names and grades of students in academic difficulty to the Department Chairperson. The names of students and the department action(s) will be referred to SAPC by the department chairperson as they occur. The student may waive his/her rights to appear before the committee on the first occasion of academic difficulty unless the student or involved faculty members are dissatisfied with the department recommendations. In the event of a second occurrence of academic difficulty, the student is expected to appear before the committee.
- When the department recommendations include the possibility of dismissal, SAPC will consider the department recommendation and hear the student's perspective to make a recommendation to the CAHP Dean. The department recommendation and the student's grades will be made available to the SAPC by the department chairs for that deliberation. In the process, students will have the opportunity to meet with the committee. The committee also will hear student's appeal of grades,

requirements for remediation, and other academic disputes and make a recommendation to the CAHP Dean.

- After reviewing the student's achievement, performance records, and the faculty recommendation, based on the standards for academic progression for the program, the SAPC may recommend to the CAHP Dean such actions as promotion, probation, tutoring, remediation, dismissal from the academic program, psychological or educational assessment, or no action. Tutoring may also be initiated by the faculty advisor, the course instructor, or may be requested by the student.
- SAPC monitors and recommends to the Dean removal from probation once the conditions have been met.
- The SAPC also has the responsibility of recommending to the Faculty as a whole the awarding of the respective degrees of the CAHP upon satisfactory completion of all requirements for graduation.
- All recommendation of the SAPC shall be in writing to the CAHP Dean, who will make the information available to the student.
- Upon request by the Dean, College of Allied Health Professions, the Student Academic Progress Committee will investigate and make recommendations to the Dean regarding allegations of student misconduct.

Probation

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 SAPC, program faculty, and the department chairperson. A student will be recommended for probation and asked to appear at a SAPC meeting for any of the following reasons:

- Immediately upon receipt of a course grade of "U" in any course.
- A grade point average below 3.00
- A cumulative grade point average less than 3.00
- Seriously deficient ethical, professional or academic reasons

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 towards fellow students and associates or toward personnel of the University or its affiliate organizations, approach to and interaction with patients, research subjects and all other colleagues, as well as personal appearance appropriate to the circumstances. The terms of probation for ethical, professional or personal misconduct will be specified at the time the student is placed on probation.

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. The written notification will be sent via certified mail or hand-delivered to the student and acknowledged by signature of the student and the Dean of the College of Allied Health Professions. A copy of the letter will be placed in the student's permanent file, and a copy sent to the Chairperson of the Allied Health Student Academic Performance Committee. SAPC will ascertain when the terms of probation have been satisfied and recommend to the Dean that probation be lifted.

A student on probation may not serve as an officer of any official University club or organization and shall not engage in time-consuming extra-curricular activities. A MSHS student on probation may not participate in service learning projects at affiliate organizations or facilities in which there is not direct supervision by MSHS faculty.

Students are removed from probation under the following conditions:

- After one semester provided he/she has regained both a semester and cumulative GPA of at least 3.00
- When all "U" grades have been satisfactorily remediated.
- When the specified terms of probation for ethical, professional or personal conduct are met.

Academic Writing

The Department of Health Sciences adheres to the highest standards of academic integrity. The University has adopted the APA format for all citations. All coursework, including papers, essay questions, message board postings and scholarly opinions, will include the use of appropriate citations. Unattributed use of the ideas of others constitutes plagiarism. The faculty will refer all cases of suspected plagiarism to the Department

Chairperson for investigation. Students found to have committed plagiarism will be recommended for probation. More than one offense may result in the student being dismissed from the program. The University may elect to utilize plagiarism detection software or services in investigating accusations of plagiarism.

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
M	-	Missing	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.

Appealing a Course Grade

No course grade will be changed unless the instructor or department chair certifies in writing to the Registrar that an error in computing or recording the grade occurred. If a student believes there is just cause to dispute a grade for a course, the procedure is as follows:

Make an appointment and 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 of the student's written request, 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 of Health Sciences Chairperson.

Within five (5) working days following written notification to the student regarding the instructor's decision, the student may appeal the decision in writing to the Department of Health Sciences chairperson. The appeal request must be accompanied by a narrative explaining the basis for the appeal. The narrative should fully explain the student's situation and substantiate the reason(s) for advocating a review of the prior decision of the instructor. The Department of Health Sciences chairperson may grant an appeal only if a claim of (1) bias, (2) the appearance of new material and documentable evidence that was not available at the time of the instructor's decision, or (3) procedural error that unfairly affected the decision-making process is substantiated by the Chair. Upon written request from the student with a valid appeal rationale, the Department of Health Sciences chairperson 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 of the instructor. A copy of that decision will be disseminated to the instructor.

Within five (5) working days following written notification to the student regarding the Department of Health Sciences Chairperson's decision, the student may appeal the chairperson's decision in writing to the Dean of the College of Allied Health Professions. The appeal request must be accompanied by a narrative explaining the basis for the appeal. The narrative should fully explain the student's situation and substantiate

the reason(s) for advocating a review of the prior decision of the Department Chair. The Dean may grant an appeal only if a claim of (1) bias, (2) the appearance of new material and documentable evidence that was not available at the time of the Chair's decision, or (3) procedural error that unfairly affected the decision-making process is substantiated by the Dean. Upon written request from the student with a valid appeal rationale, the Dean 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 Chair's previous action. A copy of that decision will be disseminated to the Department of Health Sciences Chairperson, the instructor, and other appropriate individuals. The Dean's decision is final in all course grade appeals.

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.

Remediation

Every opportunity will be made to give each student ample opportunity to demonstrate proficiency in each area of the academic program. Remediation is to be regarded as a privilege that must be earned through active participation in the educational program as demonstrated by regular attendance, individual initiative, and utilization of available resources.

Upon faculty recommendation to the SAPC that the student be allowed to remediate a failed course, the SAPC will review the case and forward their recommendation to the Dean of the College of Allied Health Professions. 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 SAP, following consultation with the faculty, may recommend one or a combination of the following options:
 - (a) take a comprehensive examination
 - (b) complete special projects or studies in the deficient area(s)
 - (c) repeat the course
 - (d) dismissal from the university
2. The grade achieved by remediation will be the grade recorded EXCEPT that the highest grade a student may earn on options (a) or (b) is a grade of "C". The grade achieved by remediation will be recorded on the transcript beneath the original grade.
3. Any student who is required to remediate a course or a portion of a course will be notified in writing by the Dean at least two weeks prior to the date of remediation. Notification will be by certified mail or hand-delivered to the student and must be acknowledged with the signatures of the Dean and the student.

Advancement to Candidacy

No later than one semester prior to when the student plans to complete the unit requirements for the degree, 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 selects and completes either (1) a thesis, (2) a special project, or (3) a comprehensive examination. The student will meet with a faculty member of the Department to review his/her progress before beginning the thesis or special project to ensure that they have completed enough coursework to provide the base of knowledge needed to complete a successful thesis or special project. 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.

1. 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.

2. Comprehensive Examination Option

A student who selects the Comprehensive Examination Option must contact the Department Chair to arrange to take the examination. Upon review of the student's academic progress, the examination will be scheduled as near to the end of the course of study as possible. A minimum score of 70% is required to successfully accomplish the examination. Any student scoring less than 70% may remediate the examination before the close of the following semester. A student may make a total of two attempts at passing the Comprehensive Examination. Any student who does not accomplish at least 70% on the second attempt will be dismissed from the program, and the degree of Master of Science in Health Sciences will not be awarded.

Commencement

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.

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.

REQUIRED CORE COURSES, MASTER OF SCIENCE IN HEALTH SCIENCES

(9 credit hours)

<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
Total:		9	

HEALTH PROFESSIONS EDUCATION REQUIRED CORE

(17 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/online
HSCI 5102	Principles of Instructional Design and Clinical Teaching	6	traditional/online
HSCI 5104	Evaluation Methods	3	traditional/online
HSCI 5108	Instructional Technology	3	traditional/online
HSCI 5110	Scholarship of Teaching	2	online
Total:		17	

HEALTH PROFESSIONS EDUCATION 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 5020	Program Planning & Grant Proposal Writing	3	hybrid
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	Disability Competency in the Health Professions	3	traditional
HSCI 5300	Directed Field Experience	1-3	traditional
HSCI 5302	Independent Study	1-3	traditional
HSCI 5304	Responding to Behav. Affecting Learn. Environ.	3	traditional
HSCI 5999	Thesis/Special Project	3-6	traditional

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 34-unit course requirement in the MSHS curriculum, of which 28 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

\$315 Unit cost per semester hour (34 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
\$6. (each) Copy of Official Transcript
\$21 (each) Rush Transcript, First Class Mail
\$25 (each) Rush Transcript, Federal Express
\$0.25 (per page) Copy of Student File Material
\$125 Graduation Fee (Assessed on Candidates for Graduation only)

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 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 5014 Introduction to Community Health Education (3 credit hours)

This course provides an overview of the development and implementation of health 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 and scholarly writing practices. 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 graduate education and distance learning.

HSCI 5020 Program Planning and Grant Proposal Writing (3 credit hours)

This course provides an overview of proposal writing, researching and funding strategies for special projects and general support, in all organizational settings, and for internal and external funding. Participants will develop a program or project plan; select approaches and plan a program evaluation; prepare a proposal budget; and package the proposal. Other topics include identifying appropriate funders, reaching and establishing relationships with government, foundations and corporations, and using resources available on line and in libraries. Participants will demonstrate a mastery of the mechanics of producing a grant proposal by completing a proposal document that will be ready for submission upon completion of the course.

HSCI 5071 Advanced Studies in Special Populations (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.

HSCI 5100 Teaching and Learning Theory (3 credit hours)

This 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 explored. Teaching methods and strategies designed to enhance classroom learning in the health professions are emphasized. The design of practical learning activities is underscored.

HSCI 5102 Principles of Instructional Design and Clinical Teaching (6 credit hours)

This survey course is designed to provide the student with the skills needed to develop educational programs including 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.

HSCI 5104 Evaluation Methods (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.

HSCI 5106 Research Methods I (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.

HSCI 5108 Instructional Technology (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. **Prerequisites:** HSCI 5100 and HSCI 5014.

HSCI 5110 Scholarship of Teaching (2 credit hours)

This course is designed to provide students with the opportunity to identify personal beliefs, values, and biases about the educational process, thereby helping them address challenges in the teaching environment. The course will also prepare students to serve as change agents in developing an integrated, scholarly approach to key roles and responsibilities in health professions education, leadership innovation, and change in the education setting. Prerequisite: **HSCI 5100 – Teaching and Learning Theory.**

HSCI 5200 Historical Issues in Health Professions Education (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.

HSCI 5202 Legal/Ethical Issues in Health Care (3 credit hours)

This course will introduce the student to the ethical and legal challenges of modern health care and health care education. 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.

HSCI 5204 Educational Administration/Leadership (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.

HSCI 5206 Research Methods II (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.

HSCI 5208 Special Topics (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 Disability Competency in the Health Professions (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.

HSCI 5300 Directed Field Experience (1-3 credit hours)

This course is designed for health professionals who are teaching in a classroom/clinical/laboratory setting. Under the supervision of MSHS 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. Graded Cr/NCr.

HSCI 5302 **Independent Study** **(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. Graded Cr/NCr.

HSCI 5304 **Responding to Behaviors Affecting the Learning Environment (3 credit hours)**

Students will explore common behaviors exhibited by students in a variety of learning environments. Emphasis will be placed on recognition of common behaviors that contribute to the decline of the learning environment and strategies for maintaining and restoring a positive learning environment. Students will explore the literature and analyze strategies for recognizing and responding to student with psychiatry disorders, behavioral issues and learning disabilities. Students will explore a variety of disruptive behaviors in the classroom such as tardiness, absences and academic dishonesty and design teaching strategies to accomplish a successful learning experience within the limitations of these challenges. Students will complete an in-depth analysis of administrative thinking concerning the management of conflict in the classroom.

HSCI 5999 **Thesis/Special Project** **(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. 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
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
Bertha Oliver Memorial Award
Dean's Award

**MSHS Program
Academic Calendar 2007-2008**

Fall Semester

Fri., June 15, 2007
Application deadline for Fall, 2007 classes

Mon., Jul. 30 – Fri., Aug. 10, 2007
Fall Semester Registration

Monday, Aug. 13, 2007
Fall Semester Tuition Due
Classes Begin

Monday, Sept. 3, 2007
Labor Day (no class)

Friday, Aug. 31, 2007
Last day to Add/Drop class

Monday, October 8, 2007
Columbus Day observed (no class)

Monday, October 15, 2007
Application Deadline for Spring classes

Monday, Oct. 29 – Friday, Nov. 16
Spring semester registration

Friday, Nov. 16, 2007
Last day of Fall classes
Last day for Advancement to Candidacy

Spring Semester

Mon., Dec. 3, 2007
Spring Semester Tuition Due
Spring Classes begin

Friday, Dec. 21, 2007

Last day to add/drop
Winter Recess Begins

Monday, Jan. 7, 2008
Spring classes resume

Mon., Jan. 21, 2008
Martin Luther King Day (no classes)

Mon., Feb. 18, 2008
President's Day (no classes)

Mon., Mar. 17 – Fri., Apr 4, 2008
Summer registration
Fri., Mar 28, 2008
Spring Semester ends

Summer Semester

Monday, April 7, 2008
Summer classes begin
Summer tuition due

Fri., Apr. 25, 2008
Last day to add/drop classes

Wed., Apr. 30, 2008
Last day for Oral examinations

Fri., May 4, 2007
Last day of classes

Thur., May 15, 2008
Commencement

Friday, June 27, 2008
Last Day of Summer classes

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 and clinical education experience that provides current knowledge and skills necessary to practice physical therapy in any clinical setting. 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 2004*.

The 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 two to three 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

The mission of the Physical Therapy program is to educate competent, caring, culturally sensitive, reflective practitioners who are committed to life-long learning, scientific inquiry, developing critical thinking skills, and employing evidence-based practice so that they may best address the health care needs of the community. We value and utilize an individualized approach to learning and growth within a unique graduate university hosting multiple medical disciplines

DEPARTMENTAL/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 the research process; and will be a responsible member of the community and the profession. The goal of the Department of Physical Therapy Education and its DPT program is to achieve the following outcomes:

- Develop and facilitate professional behaviors and attitudes.
- Develop and facilitate student problem-solving and critical thinking skills.
- Encourage self-assessment and life-long learning.
- Develop the student's ability to apply research to clinical practice.
- Prepare students to function effectively in the clinic when performing the following skills:
 - b. examination and evaluation of patients,
 - c. diagnosis and prognosis,
 - d. establishment of goals and development of a plan of care,
 - e. treatment intervention,

- f. reassessment of the patient.
- Provide service learning as part of the curriculum.
- Provide advanced technology to enhance learning.
- Encourage students' accessibility to and communication with the faculty.
- Treat students as adult learners.
- Promote multiple educational methods and approaches to learning.
- Provide an integrated curriculum
- Promote interdisciplinary activities.
- Support faculty participation in clinical research.
- Encourage faculty contribution through publication/presentation of scholarly activity.
- Encourage faculty service to the community.

DESCRIPTION OF THE DPT PROGRAM

The curriculum for the Doctor of Physical Therapy (DPT) Program will prepare the graduate to be a physical therapist generalist. The curriculum consists of nine 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 one 16-week trimester, one 15-week trimester, and one 17-week trimester that includes a 3-week clinical experience.

Year II consists of one 15-week trimester, followed by a 12-week clinical experience and a 16-week trimester.

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 internships. 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 internship. Selective topics courses will be offered during the first six weeks of the eighth trimester, or students may select the opportunity to complete an optional 4 to 6-week clinical experience at that time.

DPT students will complete their education in August, but will 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.

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 of appropriate verbal, non-verbal, and written communication with patients, families, and others.
- b. Determination of the physical therapy needs of any patient with potential movement dysfunction.
- c. Safe, reliable, and efficient performance of appropriate physical therapy procedures used to assess the function of the movement system.
- d. Performance of treatment procedures in a manner that is appropriate to the patient's status and desired goals.

A candidate for the 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
- e. Manual therapy

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 individuals with disabilities. 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-ENTRY LEVEL

Western University will accept applications for admission from all qualified candidates for the first professional DPT degree.

Application Requirements

The applicant must have earned a BA or BS degree from a regionally accredited (exceptions will be made on a case by case basis) college or university by the time he/she matriculates in the DPT program. Upon entering, the average overall GPA for successful applicants is a 3.1 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, at least one course must be from the Psychology Department (total of 6 semester or 8 quarter units)

Statistics - 1 course (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 – one year (a full course sequence) of lecture and lab (8 semester units or 12 quarter units)

Physics – one year (a full course sequence) of lecture and lab – emphasis on mechanics, light, heat, sound, and electricity (8 semester units or 12 quarter units)

All science courses must include laboratories.

Anatomy and Physiology must be taken from 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 (2 semesters or 2 quarters) 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-" or less in any prerequisite course is not acceptable. Only one prerequisite course may be taken on an advanced-placement 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. Advanced Placement (AP) may be accepted for one prerequisite course; this will not be calculated into the GPA.

No more than three prerequisite courses can be in progress at the time of application. All prerequisite courses must be completed by the end of the spring semester/quarter. Summer courses may be approved if special circumstances apply. 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 matriculation in late August/early September.

2. Prerequisite GPA

The GPA for all prerequisite courses should be competitive and consistent with current incoming class averages above 3.0 on a 4 point scale.

3. Graduate Record Examination (GRE) is not required.

4. Clinical Experience

A minimum of 200 hours of volunteer or paid work experience in two or more physical therapy facilities and/or clinical settings is required. Competitive applicants will have 40 or more hours in an in-patient clinical setting.

5. Recommendations

Three satisfactory recommendations (forms provided) are required as part of the admissions application. We require one from a supervising physical therapist and one from a college course instructor. The third letter may be from either a supervising physical therapist or college course instructor; a physical therapist is preferred.

Note: The Western University DPT program is committed to admitting individuals with a disability provided they meet all of the qualifications listed above as well as the technical guidelines listed in the previous section with reasonable accommodations.

Application Procedures and Deadlines

The DPT program has an August matriculation date. The application postmark deadline is December 1st of the year prior to anticipated enrollment. Applications postmarked after December 1st will be considered on a space-available basis. Priority consideration will be given to those applicants who have an overall and prerequisite GPA of 3.5 or greater, have no more than two prerequisites in progress, and whose application is postmarked on or before October 15th of the year prior to anticipated enrollment. The Department of Physical Therapy Education will make admissions decisions on a rolling basis. They will review applications and make admissions decisions throughout the admissions cycle. We encourage students with complete application packets to apply early. Applicants who do not meet the criteria by the time of matriculation 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 invite 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.

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 initial program 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 a license 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 in any DPT course as non-degree students, depending on space availability. Application must be made directly to the Chair of the Department of Physical Therapy Education. The department 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. No more than two courses taken as a non-degree student at Western University can be transferred into the DPT degree program. A minimum of 12 units, including the two prior courses (if applicable) must be completed after acceptance to the program to meet degree requirements. All criteria for admissions to the DPT program as a student with advanced standing and the admitted student's degree requirements are based on the catalog in place at the time of application and acceptance to the 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, 2006, (subject to change) are as follows:

- *\$250 Tuition Deposit for incoming students
(Payable two weeks after acceptance)
- **\$500 Enrollment Deposit
(Students returning from leave of absence only - Due 90 days prior to return date stated in the student's intent to return letter.)

\$27,705 Total Tuition Annual

\$40 Student Body Fee, covers student council, social activities, public relations.

*Upon matriculation, the entire \$250 tuition deposit is applied toward the total tuition.

**For accepted candidates who are students returning from leave of absence of a year or more in duration, a \$500 enrollment deposit is required 90 days prior to the date of re-enrollment. The deposit is nonrefundable and credited toward tuition upon re-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

\$1,000	Required and Recommended Texts (approximate cost per year)
\$125	Graduation Fee (Assessed on candidates for graduation only)
\$30	(per day) Late Registration Fee
\$40	Lost Locker Key
\$10	Lost ID Badge
\$6	(each) Copy of Official Transcript
\$21	(each) Rush Transcript, First Class Mail
\$25	(each) Rush Transcript, Federal Express
\$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.

Clinical Education./Internship Grades:

Cr	Satisfactory Performance/Completion of clinical education assignment
NCr	Unsatisfactory Performance/Completion of clinical education assignment

The class ranking is computed at the end of each graded trimester, based upon overall GPA.

Incomplete

A student may be assigned an Incomplete grade ("I") only when a personal situation arises during a trimester that prevents him/her from completing the course requirements or clinical experience. A student must remove an Incomplete by fulfilling all course requirements by the end of the following trimester. An incomplete that is not removed will become a "U" grade.

In the event that the student receives an "I" in a clinical experience, arrangements to fulfill the requirements will be made by the Director of Clinical Education (DCE) in consultation with the student. Arrangements for the Incomplete and its removal must be approved by the course instructor/DCE prior to the end of the trimester in which the original incomplete grade was assigned. An incomplete that is not removed will become a "NCr" grade.

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 every two weeks of clinical education experience.

A cumulative grade point average will be calculated and posted on the transcript. Class ranking is available upon request in the Registrar's Office.

The grade point average will be calculated at the end of each trimester. 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 evaluation and/or self-evaluation. Audio-visual media may also be used in examinations.
 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 or selected topics, special projects, patient care documentation, 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 education experiences.

The Clinical Performance Instrument (CPI), which incorporates entry-level physical therapist clinical performance criteria, is one of the clinical evaluations 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 clinical experience and ensuring that it is completed and returned to the Director of Clinical Education after each clinical experience. 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 experience. The CI will indicate whether the clinical experience was successful in accordance with designated objectives, or was unsuccessful in meeting clinical objectives. While the CI may recommend success or failure of the clinical experience, 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. The behaviors that have been identified 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 provide formal and informal feedback throughout the program. The student will be responsible for ongoing self-assessment and for seeking feedback from faculty, clinical instructors, 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 internship.

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 probation or dismissal.

- b. **Attendance:** Students are expected to attend 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 a 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 unanticipated 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 exams or quizzes may or may not be allowed, 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 Policies and Regulations section of this catalog. Excessive or unexcused absences, tardiness, and/or early departures may impact the student's final course grade.

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. The 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 or along the sides of the room.
5. Questions will be answered at the discretion of the proctor during the examination period. Students are 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 may 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 PT faculty and 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," "U" or "NCR" on his/her academic record or with a cumulative 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.

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 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 in writing of such performance by the course instructor, 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/Dismissal

- a. **Unsatisfactory or 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 didactic trimesters in the same academic year with a GPA less than 2.7 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 of less than 2.7.
 4. Attainment of a trimester GPA less than 2.7 in more than two consecutive didactic trimesters.
 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.

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, professional behaviors, and utilization of resources available to him or her. Except for repeating the course in its entirety, the highest grade a student can receive through the remediation process is a “C” (passing grade). However, if the entire course is repeated the following year, the new course grade will be used in calculating the student’s cumulative GPA.

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 on the recommendation of the faculty of record for the class or department chair.

General Procedures

- a. The student may request a tutor by:
 1. contacting the course instructor and/or the department chair,
 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. Any time a student has received 73 percent or less on an exam, the student or course instructor may immediately request tutorial assistance for the student.
- 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 trimester. By example: A Year I DPT student may be tutored in Physiology and Medical Screening for a total of 10 hours per week during the trimester. Generally, tutoring begins after a student 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).

Modified DPT Curriculum

The DPT program offers a modified curriculum for students experiencing personal or documented health-related issues that can have an impact on academic performance. This modified program is a multi-year curriculum. The decision to enter the modified curriculum is a one time student option. Recommendation of individual students for the modified curriculum shall be made through the dean of the College of Allied Health Professions (CAHP) upon recommendations from the Department of Physical Therapy Education faculty and the CAHP Student Academic Progress Committee. The student's progress will be monitored carefully each trimester by the department chair, CAHP Student Academic Progress Committee, and the dean of the CAHP.

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 catalog. The College Student Academic Progress Committee will investigate and offer recommended actions to the Dean regarding allegations of student misconduct, when requested by the Dean of the College of Allied Health Professions.

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, and preferably prior to registering for the course. If enrolled in 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.

This also applies to individuals such as classmates, faculty and staff who volunteer as patients in class.

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.
- A faculty member must clear a student as being competent to use the equipment.
- DPT students using the equipment should be doing so in conjunction with a class they are taking, in preparation for a clinical experience, 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 the student's 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.
- Students may sign out specified equipment (i.e., goniometers) to use off campus for special events or personal practice. The department chair will approve what equipment may be taken out of the laboratory and off campus.

CLINICAL EDUCATION POLICIES AND PROCEDURES

Clinical Education Assignment

Clinical education experiences for all students will be assigned by the Director of Clinical Education or a designee. The Director of Clinical Education may seek input regarding clinical assignments from the PT faculty and/or department chair so as to make the best possible student placement for a successful outcome.

Specific placements are dependent on numerous variables and constraints, including student academic performance, previous student clinical performance, faculty recommendations, student clinical experience/need, number of available sites, and facility cancellations. Because of the limited number of clinical facilities within a geographical area, assignments cannot be made on the basis of transportation, family or personal issues. Although an effort is made to accommodate the student's preference, the student agrees to accept the clinical assignment made at any of the affiliated facilities, whether local or out of state.

Clinical Education Assignment Appeal

Changes in assignment for clinical education experiences may be requested in writing by the student only for the following reasons:

- a. after completing a minimum of one week at the clinical facility, the student deems the clinical education experience is not of high quality and could prevent the student from successfully meeting the course objectives.
- b. the student is being used to substitute for regular physical therapy or administrative staff that is beyond the scope of the clinical education learning opportunities.

Should such an appeal be made, the following process will apply:

- a. the student submits a written request to the Director of Clinical Education for a change in clinical education assignment based on one of the criteria listed above.
- b. The Director of Clinical Education will investigate the conditions at the clinical facility relative to the criteria cited by the student, and will notify the student of the results of the investigation within 48 hours of receipt of the appeal.
- c. The student will be reassigned for that clinical education experience if one of the criteria is confirmed.

Clinical Education Assignment Out of Area

Students may either want to have a clinical education experience at a clinical facility that is not in the local area, or clinical facilities that are not in the local area may offer student clinical education experiences. As related to PT clinical education, out of the area is defined as more than 100 miles from the Western University campus in Pomona. Students who participate in out of the area clinical education experiences must meet the following criteria:

- a. Exemplify ethical and professional behavior throughout the PT program
- b. Have a cumulative GPA of 3.0 or higher at the time of the clinical assignment.
- c. Have housing and travel arrangements confirmed prior to the time of the clinical assignment.
- d. Receive unanimous endorsement by the PT faculty for such a placement.

Clinical Education Site Solicitation

All PT students are prohibited from directly or indirectly contacting the Center Coordinator of Clinical Education or any other staff in any clinical facility for the purposes of establishing an affiliation agreement and/or recruiting a clinical placement for themselves and/or any other student. Interest in a site, whether affiliated or not, should be communicated to the Director of Clinical Education, who will assess the site and determine potential availability in the case of an unaffiliated clinical site.

Upon the discovery of such an occurrence, the student(s) involved will not be assigned to the clinical facility to which the solicitation was made, even if the facility offers a slot for that student or students. In order to

monitor clinical performance in such situations, the Director of Clinical Education will determine the clinical placement for any students so involved.

Clinical Education GPA Requirements

Satisfactory completion of all didactic coursework that precedes any clinical education experience is required. A grade of “Unsatisfactory” or “No Credit” in a required course will prevent participation in a clinical education experience until the course is successfully remediated. The Director of Clinical Education will determine the subsequent clinical placement for the student.

A student whose trimester or cumulative GPA falls below 2.7 must meet with the department chair and the Director of Clinical Education. In order to monitor clinical performance appropriately, the Director of Clinical Education will determine any subsequent clinical placements.

Withdrawal from Clinical Education Experiences

Withdrawal from a clinical education experience may occur if and only if the student’s

- a. Performance is unsatisfactory.
- b. Performance presents a threat to patients or others
- c. Personal characteristics prevent desirable relationships within the clinical facility
- d. Health status is a detriment to the student’s successful completion of the clinical education experience.

The clinical facility shall have the right to recommend that the Director of Clinical Education and/or Department Chair withdraw the student, provided such a request is in writing and includes a statement of the reason why the clinical facility recommends that the student be withdrawn. The Director of Clinical Education and/or Department Chair may withdraw a student from the clinical experience at any time, upon written notice to the clinical facility.

Clinical Education Observation

Upon discovery of an Unsatisfactory (“U”) course grade after the student has begun their clinical experience, the student will be removed from the clinical facility until the course has been successfully remediated. At the discretion of the Director of Clinical Education and the site’s Center Coordinator of Clinical Education, the student may remain in the clinic in an observational mode during the period of remediation. Upon successful remediation and if the clinical objectives can be successfully completed by the end of the scheduled clinical assignment, no additional clinical time will be necessary.

Clinical Education Remediation and Reassignment

Any student who receives a grade of “No Credit” for a clinical education experience will be required to remediate the clinical experience as recommended by the PT faculty via the Student Academic Progress Committee and the Dean, College of Allied Health Professions. Dismissal from the program supersedes the requirement to remediate the clinical experience.

In order to monitor future clinical performance, the student may have the remainder of his or her clinical experiences reassigned by the Director of Clinical Education.

Personal Appearance during Clinical Education Experiences

The professional attire worn during a clinical education experience/internship must conform to the policy of the clinical facility to which the student is assigned. In the absence of a facility dress code, the expectations of the PT program for professional appearance are as follow:

- a. Students will wear a white lab coat with the Western University physical therapist student nametag.
- b. Students will wear street clothes that are of a professional nature. This excludes jeans, T-shirts, miniskirts, shorts, or any top that would expose the midriff, low back, and/or shoulders.
- c. Students will wear shoes that are closed-toe with a low/flat heel and of an appropriate color. Sandals, high heels, thongs, or athletic shoes (other than all-white only and if allowed by the facility) are not appropriate.
- d. Students will maintain hair that is clean, well kempt and, if long, held back and away from the face. Facial hair such as beards and mustaches will be clean and short. It is expected that all hair is kept in a style that projects a professional image.

- e. Students will maintain fingernails that are short, unpolished, and wear no artificial nails. Make-up and jewelry will be kept to a minimum (e.g., watch, wedding ring, small non-dangling earrings) so as not to interfere with patient care.
- f. Students who have tattoos and/or body piercing will consider the professional image that may be projected and exercise discretion in the exposure of the above.

Professional Conduct during Clinical Education Experiences

Professional conduct includes, but is not limited to, presenting oneself in a professional manner, accepting responsibility for one's actions, abiding by policies and procedures of both Western University and the clinical facility, cooperation with all clinical instructors/staff, and treating others with positive regard, dignity, and compassion.

- a. Students will adhere to ethical and legal practice standards, and practice in a safe manner that minimizes risk to the patient, self, and others.
- b. Students will identify themselves at all times as "physical therapist students" or, upon completion of all required course work, as "physical therapist interns."
- c. Students, when rendering physical therapy services, will wear some form of identification that shall be clearly visible and include his or her name and working title.
- d. Students will not engage in any activity that may be construed as being unethical, immoral or inconsistent with the practice of physical therapy or medicine in general.

Students who violate the Professional Conduct Policy will be subject to the following process:

- a. The student will be required to have a conference with the Director of Clinical Education and/or Department Chair, the Clinical Instructor and/or the Center Coordinator of Clinical Education.
- b. The Director of Clinical Education will investigate the alleged violation. While the investigation is in progress, the clinical education experience may be reassigned or a summary suspension may occur. The clinical facility may recommend that the student be removed from the facility.
- c. The Director of Clinical Education will notify the student and department chair of the results of the investigation. Should conditions warrant, the Dean, College of Allied Health Professions, will be informed of the results of the investigation, and, at the Dean's discretion, misconduct charges may be submitted to the University Student Conduct Committee. Otherwise, a verbal warning may be issued and/or a letter of unprofessional conduct may be placed in the student's file.

Clinical Education Attendance

Students are required to attend the entire assigned clinical education experience and to follow the schedule of their Clinical Instructor. If the student misses any time during the clinical experience, a determination will be made as to the absence being excused or unexcused.

Unanticipated absences may be due to illness, accident, or other unexpected event and must be reported the day of the absence (or as soon as physically practicable) to the Clinical Instructor or Center Coordinator of Clinical Education at the clinical facility, and to the Director of Clinical Education to qualify as an excused absence.

Any anticipated absences for any reason, regardless of length, must have prior approval by both the Director of Clinical Education and the Clinical Instructor to be considered an excused absence. All requests for anticipated absences must be submitted in writing to the Director of Clinical Education no less than two weeks prior to the proposed absence. Requests will be considered on an individual basis by the Director of Clinical Education, with input from the Clinical Instructor. Written notification of approval or disapproval will be provided from the Director of Clinical Education to the student within one week of receipt of the student's request.

Excused absence will be individually reviewed to determine the need to make up time at the clinical facility. Unexcused absences may be sufficient cause for receiving a "No Credit" for the clinical education experience and/or for placing the student on professional probation.

Patient Records – Clinical Instructor Review and Countersignature

The student shall document each treatment in the patient record, along with his or her signature. The Clinical Instructor or supervising physical therapist shall countersign with his or her first initial and last name all entries in the patient's record on the same day as patient-related tasks were provided by the physical therapist student or intern.

Student Identification during Clinical Education Experiences

Role and title confusion can be a problem encountered in dealing with patients and other health care providers. Students need to be aware of this issue and avoid any potential misrepresentation by accurately identifying their role and position.

- a. When rendering physical therapy services as part of academic training, a student shall only be identified as a “physical therapist student.” A student who has completed the required academic coursework may be identified as a “physical therapist intern.”
- b. Students shall use the designation, “SPT” (Student PT) or “PT Intern,” following his or her signature in all notations in charts, records, and other medical forms.

CURRICULUM ORGANIZATION

The entry-level 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 - 16 Weeks

PT 5000	Psychosocial Aspects of Health Care	2.5
PT 5029	Thoracic and Abdominal Anatomy	2
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 5230	Medical Screening and Systems Review I	2
<i>Total</i>		<i>19.5</i>

Trimester II - 15 Weeks

PT 5030	Anatomy I	3
PT 5035	Anatomy II	3
PT 5050	Kinesiology I	3
PT 5055	Kinesiology II	4
PT 5120	Human Life Sequences	2
PT 5130	Research Methodology in Health Care	2
PT 5141	Clinical Education & Professional Development I	1
<i>Total</i>		<i>18</i>

Trimester III - 17 Weeks

PT 5015	Physical Therapy in the Health Care System	3
PT 5140	Research in Evidence Based Practice	2
PT 5200	Differential Diagnosis of Musculoskeletal Disorders	2
PT 5210	Evaluation and Treatment of Lower Quarter Musculoskeletal Dysfunction	6
PT 5220	Principles of Teaching and Learning	2
PT 5235	Medical Screening and Systems Review II	2
PT 7010	Clinical Education I	1.5
<i>Total</i>		<i>18.5</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 8100	Pharmacology for Physical Therapists	3
<i>Total</i>		<i>21</i>
<u>Trimester V - 12 Weeks</u>		
PT 7020	Clinical Education II	6
<i>Total</i>		<i>6</i>
<u>Trimester VI - 16 Weeks</u>		
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 6060	Prosthetics, Orthotics and Gait	3
PT 8110	Structural Imaging in Physical Therapy Diagnosis	3
<i>Total</i>		<i>22</i>
Year III		
<u>Trimester VII - 15 Weeks</u>		
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 6070	Prevention and Management of Problems in the Aging Adult	3
PT 6075	Prevention and Management of Problems in the the Pediatric Patient	3
PT 6220	Application of Research to Clinical Practice	1
PT 8400	Research Investigation (optional)	0-2
<i>Total</i>		<i>18-20</i>
<u>Trimester VIII - 18 Weeks</u>		
PT 7030	Clinical Internship I	6
PT 8500	Selected Topics	2-4
<i>Total</i>		<i>8-10</i>
<u>Trimester IX - 12 Weeks</u>		
PT 7040	Clinical Internship II	6
<i>Total</i>		<i>6</i>
Graduation - Total Semester Hours		140

DESCRIPTION OF THE DPT PROGRAM FOR STUDENTS WITH ADVANCED STANDING

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.

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.

Note: Western University DPT program is committed to admitting individuals with a disability provided they meet all of the qualifications listed above as well as the technical guidelines listed in the previous section with reasonable accommodations.

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.

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 chose 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. Classes may fill quickly; therefore, the student is encouraged to register early. Course information and schedule of classes are available from the Department of Physical Therapy Education office.

Continuing Students in Advanced Standing

Continuing students will receive registration information and materials by Western University e-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 Department of Physical Therapy Education for the appropriate materials. Classes may fill quickly; therefore, the student is encouraged to register early. The deadline for course registration is two weeks prior to the start of class. A late registration fee will be assessed for each day beyond the deadline.

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) after the second week and prior to the last day of class requires completion and submission of the appropriate withdrawal from obtained from the chairperson. Please note that this will result in a “W” grade.

TUITION AND FEES

Tuition and Fees for the 2007-2008 academic year (subject to change) for students admitted with Advanced Standing are as follow:

Tuition	
\$315	cost per credit unit
Other Fees	
\$60	application fee
\$30	(per day) Late registration 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/Financial Aid

A student with advanced standing at Western University must enroll in at least six 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., one course per trimester. To be eligible for financial aid, a student must be enrolled at least half-time (4 units) per semester.

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. This may be done via the Ban Web online student records system.

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 are unable to attend a weekend session must contact the course instructor immediately to make other arrangements regarding missed exams and/or course information. Students who consistently do not comply with this policy may be dismissed from the program. The department faculty may make a recommendation for dismissal 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	2 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 8110	Structural Imaging in Physical Therapy Diagnosis	3 units
PT 8120	Medical Screening & Systems Review	4 units
PT 8130	Advanced Differential Diagnosis I	2 units
PT 8133	Advanced Differential Diagnosis II	2 units
PT 8135	Advanced Differential Diagnosis III	2 units
	Total:	22 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
PT 8698	Group Independent Studies	1-3 units
PT 8699	Individual Independent Studies	1-3 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. Another option offered to students is to complete a group or individual independent studies course to fulfill course requirements.

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 five years from the date of acceptance to the program. Extensions of this time limit may be granted through petition to the faculty and department chairperson.

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)

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)

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 5029 Thoracic and Abdominal Anatomy (2 credit hours)

Prerequisite: acceptance to the program. The course studies the structure of the normal human thorax and abdomen, including muscles, nerves, and blood vessels of the thorax and anterior and posterior abdominal walls; membranes lining the thoracic and abdominal cavities; the diaphragm; lung and cardiac anatomy, blood supply, innervation, and functional mechanisms; abdominal viscera; thoracic and abdominal aorta and inferior vena cava; lumbar plexus; and hernias. Lecture and Laboratory.

PT 5030 Anatomy I (3 credit hours)

Prerequisite: PT 5029. The first of two courses covering normal human anatomy, including upper and lower extremities and neck; cadaver dissection is included. Emphasis is placed on the neuromusculoskeletal system. Lecture and Laboratory.

PT 5035 Anatomy II (3 credit hours)

Prerequisite: PT 5030. Continuation of PT 5030. Lecture and Laboratory.

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 healing and the cellular responses to injury by repair and regeneration. The stages of healing, time frame, and methods for facilitating healing are presented for each body system, including inflammation, proliferation, and remodeling.

PT 5050 Kinesiology I (3 credit hours)

Prerequisite: PT 5029 and concurrent enrollment in PT 5030. Introduction to the theoretical principles and clinical applications of kinetics and kinematics to the axial and extremity joints and muscles, with emphasis on normal function. Pathokinesiology is addressed as an aid to identify major concepts and to introduce clinical relevance. The course includes basic evaluation of the musculoskeletal system. Lecture and Laboratory.

PT 5055 Kinesiology II (4 credit hours)

Prerequisite: PT 5030 and 5050 and concurrent enrollment in PT 5030. Continuation of PT 5050 with an introduction to gait analysis. Lecture and Laboratory.

PT 5070 Patient Care Skills (3 credit hours)

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)

Prerequisite: Acceptance to program. Biophysical mechanisms and application principles are presented for various physical agents, biofeedback, relaxation techniques, and soft tissue mobilization. Physical agents, soft tissue mobilization, standard precautions, sterile technique, and infection control procedures are applied to case study simulations. Lecture and laboratory.

PT 5100 Physiology/Pathophysiology (5 credit hours)

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)

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 (2 credit hours)

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 to analyze the components of published research. Course may include online discussion or be presented completely 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)

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)

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)

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 5200 Differential Diagnosis of Musculoskeletal Disorders (2 credit hours)

Prerequisite: PT 5040, 5030, 5035, 5050, 5055, 5100, 5230. This course has three major sections: 1) foundational concepts for diagnosis and treatment decision making; 2) regional topics on clinical pathology; and 3) sequential problem solving related to the lumbar spine, pelvis, hip, knee and ankle. Case studies involve physical therapy diagnosis and the determination of treatment priorities for patients with simple and multiple problems. The course is designed as mixed traditional and problem-based approaches to learning. Discussion of key clinical pathologies including epidemiology, etiology, and medical management provide the foundational concepts for clinical decision making. These concepts, as well as examination and treatment findings, are applied to major musculoskeletal practice patterns described in the *Guide to Physical Therapist Practice, 2nd ed., Revised*. Using a case study context, students learn to differentiate between musculoskeletal conditions and rule out problems outside the scope of physical therapy practice.

PT 5205 Evaluation and Treatment of Upper Quarter Musculoskeletal Dysfunction (6 credit hours)

Prerequisites: PT 5015, 5040, 5030, 5035, 5050, 5055, 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)

Prerequisites: PT 5030, 5035, 5040, 5050, 5055, 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)

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)

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)

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)

Prerequisite: PT 5030, 5035, 5050, 5055; concurrent enrollment in PT 6000, 6005, 6015. Systematic approach to a variety of neurological problems of the central and peripheral nervous systems. Emphasis is on clinical examination and evaluation skills related to neurological and physical therapy differential diagnosis. Lecture and Laboratory.

PT 6011 Evaluation and Treatment of Neurological Disorders II (4 credit hours)

Prerequisite: PT 5030, 5035, 5050, 5055, 6010, 6015. Systematic problem solving approach for the management of individuals with neurological disorders with an emphasis on clinical application. Lecture and Laboratory.

PT 6015 Differential Diagnosis of Neurological Disorders (4 credit hours)

Prerequisite: PT 5030, 5035, 5050, 5055; 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)

Prerequisites: PT 5015, 5040, 5050, 5055, 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)

Prerequisite: PT 5050, 5055, 5100. This course addresses bioenergetics, therapeutic exercise, and exercise prescription based on 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)

Prerequisite: PT 5050, 5055, 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, 5050, 5055, 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)

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)

Prerequisite: PT 5050, 5055. 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)

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)

Prerequisite: PT 5050, 5055, 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 6220 Application of Research to Clinical Practice (1 credit hour)

Prerequisite: PT 5130 and 5140 or equivalent; may be taken concurrently with PT 5140. Individual or group review of studies related to physical therapy. Includes evidence in the area of physical therapy administration and management. Students present on the research evidence and application to physical therapy practice. Repeatable to a maximum of 1 credit hour. Letter Grade; may be taken for 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 (1.5 credit hours)

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 (6 credit hours)

Prerequisite: Satisfactory completion of all coursework in Trimesters I through IV. 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 will be emphasized in this clinical experience. Cr/NCr.

PT 7030 Clinical Internship I (6 credit hours)

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 (6 credit hours)

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 8110 Structural Imaging in Physical Therapy Diagnosis (3 credit hours)

Prerequisite: PT 5030, 5035, 5040, 5050, 5055, 5100, 5230, 5235, or equivalent. This course will familiarize the DPT student with the indication, instrumentation, and clinical interpretation of various medical imaging techniques, including plain film radiography, magnetic resonance imaging, computerized tomography, and radioisotope imaging. Selection protocols will be discussed to acquaint the student with advantages and disadvantages of each method and what type of information each technique best presents. 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. 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 Differential Diagnosis (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. An introduction to differential diagnosis and systems review in physical therapy is provided with emphasis on the integumentary system. 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 8133 Advanced Differential Diagnosis II (2 credit hours)

Prerequisite: PT 8120, licensed physical therapist with at least one year of clinical experience. This course includes detailed skills for differentiating pathologies within the cardiovascular and pulmonary 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-system involvement, and will encompass the life span.

PT 8135 Advanced Differential Diagnosis III (2 credit hours)

Prerequisite: PT 8120, licensed physical therapist with at least one year clinical experience. This course emphasizes skill development in the physical therapy diagnosis of the adult with a neuromuscular disorder. The process of identifying the cause of functional limitations, which can be addressed by physical therapy intervention, will be emphasized. This will include skills in evaluating, treating and documenting impairments, as well as analyzing the relationship between impairments and functional movement. This course will also include a review of the common impairments for select neurological pathologies and current information from the motor control and motor learning literature, which may influence intervention strategies.

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 Selected Topics (2-4 credit hours)

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 4-6 week clinical practicum in lieu of some coursework. Cr/NCr.

PT 8698 Group Independent Studies (1-3 units)

Prerequisite: acceptance to program as a student with advanced standing. Students will work in small groups to fulfill competency in a specified area of physical therapy practice. Course content and assignments will be individualized to meet the group's needs.

PT 8699 Individual Independent Studies (1-3 units)

Prerequisite: acceptance to program as a student with advanced standing. Students will work on individual assignments/projects to fulfill competency in a specified area of physical therapy practice. Course content and assignment will be individualized to meet the student's needs.

HONORS AND AWARDS

The following awards are presented to PT students annually on Honors Day:

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
Dean's Award

The National Dean's List Nominations
Who's Who Among Students in American Universities and Colleges Nominations

The following awards are presented at graduation:

Alumni Memorial Award
Physical Therapy Faculty Award
Physical Therapy Outstanding Clinical Performance Award
Physical Therapy Outstanding Service Award
Physical Therapy Academic Achievement Award
The Bertha Oliver Memorial Award
Future Physical Therapist Educator Award
Leadership and Service Award
Alumni Award
Dean's Award

DPT Program
ACADEMIC CALENDAR
 2007-08 Academic Year
 (subject to change)

Wednesday, Jul. 4, 2007
 Independence Day Observed- No Classes

Thursday, Aug. 9 – Saturday, Aug. 11, 2007
 Orientation, DPT '10

Saturday, Aug. 11, 2007
 Convocation

Monday, Aug. 27, 2007
 DPT '10 Trimester I begins

Monday, Sept. 3, 2007
 Labor Day Holiday - No classes

Tuesday, Sept. 4, 2007
 DPT '09 Trimester IV Begins
 DPT '08 Trimester VII Begins

Monday, Oct. 8, 2007
 Columbus Day - No classes

Thursday, Nov. 22-Nov. 25, 2007
 Thanksgiving Break - No classes

Monday, Nov. 26, 2007
 Classes Resume

Friday, Dec. 14, 2007
 Trimester I ends, DPT '10
 Trimester IV ends, DPT '09
 Trimester VII ends, DPT '08

Monday, December 17, 2007
 Winter Break Begins

Monday, Jan. 7, 2008
 DPT '10 Trimester II Begins
 DPT '09 Trimester V Begins
 DPT '08 Trimester VIII Begins

Monday, Jan. 21, 2008
 Martin Luther King Day – No Classes

Monday, Feb. 18, 2008
 President's Day – No Classes

Friday, Mar. 28, 2008
 DPT '09 Trimester V Ends

Friday, Apr. 18, 2008
 DPT '10 Trimester II Ends

Monday, Apr. 21, 2008
 DPT '09 Trimester VI Begins

Monday, April 28, 2008
 DPT '10 Trimester III Begins

Friday, May 9, 2008
 DPT '08 Trimester VIII Ends

Thursday, May 15, 2008
 DPT '08 Commencement

Monday, May 26, 2008
 Memorial Day – No Classes

Tuesday, May 27, 2008
 DPT '08 Trimester IX Begins

Friday, July 4, 2008
 Independence Day Observed-No Classes

Friday, Aug. 8, 2008
 DPT '09 Trimester VI Ends

Friday, Aug. 15, 2008
 DPT '08 Trimester IX Ends

Friday, Aug. 22, 2008
 DPT '10 Trimester III Ends

COLLEGE OF ALLIED HEALTH PROFESSION

Master of Science in Physician Assistant Studies Primary Care Physician Assistant Program

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.

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.

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. 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.

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).

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 678-417-8100. 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 osteopathic philosophy with an emphasis on caring for, and appreciation 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 **Personal Competencies for Admission and Matriculation**.

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 encouraged to enhance success in the program.

Genetics (3 semester units)

***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, 2006 for the 2007 entering class. 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 2007 is 30 days after receiving notification to file a supplemental application or February 1, 2007, 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 \$50 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 by the registration day specified in the University Calendar. 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(s) from all colleges/universities attended 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 2007-2008 academic year (subject to change) are as follows:

\$26,730	Tuition, Annual For PA applicants accepted at Western University, an entrance fee of \$500 payable upon acceptance is applied to tuition.
\$40	Student Body Fee, 1 st year Covers student council expenditures, social activities and public relations.
\$20	Student Body Fee, 2 nd year
\$100	Graduation Fee (2 nd year students only)

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
\$125	Graduation Fee (Assessed on candidates for graduation only)
\$40	Lost Mail Locker Key
\$6	(each) Copy of Official Transcript
\$21	(each) Rush Transcript, First Class Mail
\$25	(each) Rush Transcript, Federal Express
\$10	Lost ID Badge
\$0.25 (per page)	Copy of Student File Material
(replacement cost)	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 "U" must be appropriately remediated before progression to next phase (see section entitled **Remediation**).

c. When considering a student for promotion, professional, ethical, and personal conduct may also be taken into consideration (as described under Probation, a-5).

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 "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 and asked to appear at a Student Academic Progress Committee (SAPC) meeting for any of the following reasons:

1. Immediately upon receiving a course grade of "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. The written notification will be sent via mail. 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 “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 “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 student's final point scores for a course is below 65%).
 - (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 (clinical) or Phase III until the grade of “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. Students will not be allowed to advance to Phase III (Advanced Clinical Preceptorship) until all deficient clinical rotation education grades are completed/remediated. Remediation will delay the student's progress to preceptorship and extend the program completion date.
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 College 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 College of Allied Health Professions.

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 "U's" will be remediated (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. Clinical rotations may be reassigned by the Clinical Education Coordinator to assist the student academically.

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 the 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 clinicals, he/she must repeat the rotation before advancing to Phase III. Clinical rotations may be assigned by the Clinical Education Coordinator.

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:

- Have a computer with internet access.
- 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.
- Have a 3.5 cumulative/semester GPA at the time of clinical education scheduling to participate in out of area rotations during the first and second months 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.

The Clinical Education Coordinator has the right to reassign rotations if the preceding criteria are not met.

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 or Program Chair 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 probation as a result of "U" work in any unit of study.
- b. Phase II: Students will be placed on probation as a result of any of the following:
 1. A final grade of "U" in any clinical rotation.
 2. A final grade of "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/Absences

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 "U's" 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.

Student Behavior During Examinations

- 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.
- h. Students 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.
- i. Violations of these examination policies and of Standards of Academic and Social Conduct will be brought before the Student Conduct Committee.

j. 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
U	Less than 69%	0
Cr/NCr		0
I	Incomplete	0
M	Missing	0
W	Withdrawal	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 participation and rotation exam.

Appealing a Course Grade

No course grade will be changed unless the instructor or department chair 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:

Within five (5) days of receipt of the course grade, 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 of the student's written request, 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.

Within five (5) working days following written notification to the student regarding the instructor's decision, the student may appeal the decision in writing to the PA Department Chairperson. The appeal request must be accompanied by a narrative explaining the basis of the appeal. The narrative should fully explain the student's situation and substantiate the reason(s) for advocating a reversal of the instructor's prior decision. The PA Department Chairperson may grant an appeal only if a claim of (1) bias, (2) the appearance of new material and documentable evidence that was not available at the time of the instructor's decision, or (3) procedural error that unfairly affected the decision-making process is substantiated by the PA Department Chairperson. Upon written request from the student with a valid appeal rationale, the PA Program Chairperson 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 decision will be provided to the instructor. The Chairperson's decision is final in all course grade appeals (didactic and clinical), except when the Chairperson is also the official instructor of the course in question. In such a case, the student will direct his or her appeal to the Dean of the College of Allied Health Professions, following the same guidelines for an appeal to the Chairperson. Also in such a case, the decision of the Dean is final.

The student may remain in class or on clinical rotations pending the outcome of appeals, except in cases of summary suspension or when the Executive Vice President for Academic Affairs/CAO or the Dean of the College of Allied Health Professions has suspended the student or has otherwise determined that it is inappropriate for the student to remain in class or participate in clinical rotations.

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 Clinical Education Coordinator will provide the student with a written decision of the outcome of this review within fourteen (14) working dates of the student request. The decision of the Clinical Education Coordinators may be appealed following the procedure for Grade Appeals as described above.

Communications: Lockers, e-mail, mail

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.

Additional PA Program Education Requirements:

All students are required to have a computer with internet access. 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.

To meet State regulations and hospital accreditation requirements, health care facilities are requiring students to complete criminal background checks prior to beginning rotations/clinical experiences. Because of these regulations, designed to assure patient safety, students admitted to the PA program will be required to complete a criminal background check prior to clinical rotations. Certain convictions may prevent students from entering hospital facilities, which may hinder a student's ability to complete the PA Program successfully. If a criminal conviction or other relevant sanction is shown on the background check, hospital facilities have discretion as to whether the individual may enter the clinical facility as a student.

Certain convictions may also prevent students from obtaining licensure as a PA in the State of California or other states. Applicants and current students are advised to check with the appropriate State licensing board to determine whether their backgrounds may be a barrier to future licensing. Procedures for obtaining a background investigation and the costs to the student are available from the PA Clinical Education staff.

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. Upon request by the Dean, College of Allied Health Professions, the Student Academic Progress Committee will investigate and make recommendations to the Dean regarding allegations of student misconduct.

- 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	2
PA5030	Physical Assessment I	3
PA5040	Health Promotion/Disease Prevention I	3
PA5050	Introduction to Adult Medicine I	4
PA5060	Pharmacology and Therapeutics I	3
PA5070	Psychosocial Dynamics	3
PA5100	Pediatrics I	2
PA5170	Pathophysiology I	2
Total		27

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 II	4
PA5061	Pharmacology and Therapeutics II	3
PA5101	Pediatrics II	2
PA5171	Pathophysiology II	2
HSCI5206	Research Methods II	3
Total		26

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
PA5180	Transitional Skills Seminar	1 (Cr/NCr)

Total 14

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	6
Total		17

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 \$400 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 (2 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 I (4 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 II (4 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 I (2 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 5101 Pediatrics II (2 credit hours)

Continuation of PA 5100.

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.

PA 5170 Pathophysiology I (2 credit hours)

This course is designed to enhance student knowledge in recognizing and identifying pathophysiology states for specific disease processes. This course is correlated with the Introduction to Adult Medicine course.

PA 5171 Pathophysiology II (2 credit hours)

Continuation of PA 5170.

PA 5180 Transitional Skills Seminar (1 credit hour, Cr/NCr)

This course assists the PA students' transition from the classroom to a clinical environment. Students will refine the skills necessary to complete clinical education rotations successfully.

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 (2 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 (6 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/Common Psychiatry (3 credit hours)

A clinical rotation that provides students with experience in a primary health care setting and will focus on medical and behavioral/psychiatric 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 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 7130 Geriatrics (3 credit hours)

Students develop the ability to recognize, diagnose, and treat the most commonly encountered health conditions of a geriatric population. The students will be able to assess and treat chronic medical conditions in various stages of progression.

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 lettered subdivision is not permitted, except for PA7500Z.

PA 7500A	Orthopedics
PA 7500B	Oncology
PA 7500C	Family Practice III
PA 7500D	Infectious Disease
PA 7500E	Cardiology
PA 7500F	Cardiothoracic Surgery
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 7500S	Neurology
PA 7500T	Critical Care
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
2007-2008
PA PROGRAM

Thursday, Aug. 9, 2007 Orientation/Registration	Monday, January 21, 2008 Martin Luther King Day - No Classes
Saturday, Aug. 11, 2007 Convocation/White Coat Ceremony	Monday, February 18, 2008 President's Day - No Classes
Monday, August 13, 2007 Classes begin (1st year)	Monday, March 17, 2008 Spring Break Begins
Saturday, September 1, 2007 Rotations begin (2nd year)	Monday, March 24, 2008 Classes Resume
Monday, September 1, 2007 Labor Day - No 1 st year Class	Wednesday, April 30, 2008 Spring Semester ends – 2 nd years
Monday, October 8, 2007 Columbus Day - No Class	Thursday, May 1, 2008 Summer semester begins – 2 nd years
Wednesday, Nov. 21, 2007 Thanksgiving recess - Noon	Thursday, May 15, 2008 Commencement
Monday, Nov. 26, 2007 Classes Resume	Friday, May 10, 2008 Last Day of Lectures for Spring Semester
Friday, December 14, 2007 Last Day of Lectures for Fall Semester	May 12-16, 2008 Spring Semester Finals
Dec. 17-21, 2007 Finals Week	Friday, May 16, 2008 Spring Semester ends – 1 st years
Friday, December 21, 2007 End of Fall Semester – 1 st years	Monday, May 26, 2008 Memorial Day – No Classes
Monday, December 24, 2007 Winter Recess Begins	Monday, June 2, 2008 First Day of the Summer Session -1 st years
Monday, December 31, 2007 End of Fall Semester – 2 nd years	Friday, July 4, 2008 Independence Day – No Classes
2008	Mon., Jul. 30-Fri., Aug. 3, 2007 Summer Semester Finals – 1 st years
Tuesday, January 1, 2008 Spring Semester begins – 2 nd years	Sunday, July 31, 2008 Last Day of Summer Semester- 2 nd years
Monday, January 7, 2008 Classes Resume – 1 st years	Friday, Aug. 3, 2007 Summer Semester Ends – 1 st years

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 Program

Master of Science in Nursing-Entry (RN/MSN)

Master of Science in Nursing/Family Nurse Practitioner

Post-Master's Family Nurse Practitioner Certificate

Master of Science in Nursing (Completion)

PURPOSE

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 nurses with expertise in providing family-centered culturally sensitive nursing care. In addition, students will be prepared to successfully work in today's dynamic health care environment.

MISSION

The College of Graduate Nursing's mission advocates a learner-centered environment, a paradigm shift from traditional teacher-centered programs. In this model, students are actively engaged in identifying their personal learning needs and organizing their plan of study, while seeking experiences for learning. Teaching modalities include problem-based, case-based (using exemplar cases), experience based (clinical) group and individual problem solving settings. Faculty supports a learner-centered environment by acting as facilitators and role models through sharing of knowledge, empowerment, caring and mutual respect. In addition, faculty place great importance on being responsive to and maintaining open communication with students.

Nursing education requires students to master a combination of knowledge, skills, and values. Faculty, staff and students develop collaborative learning partnerships to foster commitment to academic excellence, respect for persons, accountability, self reflection, critical thinking, leadership, professional development, and life-long learning. Through the educational process, nursing students undergo role transformation as they undertake the professional competencies of a professional nurse.

PHILOSOPHY

The Western University philosophy represents the ethos of the institution and states expectations for faculty, staff, and students. Values are portrayed as follows:

The people of Western University are dedicated to caring as they pursue their educational, scholarly, patient care, and public service activities. 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 its network of academic health centers and community partners.

The College of Graduate Nursing (CGN) 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 involves an 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 or Bachelor degree program and its related arts and sciences, as well as information gained from 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 care 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 share accountability for outcomes.

Family is a group consisting of two parents and their children living together as a unit; a group of people related by blood or legally bound by marriage or adoption; all the descendants of a common ancestor; a group united by a significant shared characteristic; an association of people who share common beliefs or activities.

Environment is both the internal and external contexts of the individual. Environment involves reciprocal multidimensional and dynamic forces, which 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 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 to practice professional nursing. Nursing education is a flexible process, which 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, which 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 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

Graduates of the Western University of Health Sciences College of Graduate Nursing will:

- a. Critically analyze literature for the purpose of evidence-based advanced nursing practice, education and life-long scholarship.
- b. Participate in the development of new nursing knowledge through the application and development of theory and research.

- c. Apply knowledge from the humanities and physical, social, psychological, nursing, medical, and pharmacological sciences to professional decision-making to assess, provide and evaluate quality health care within the professional and legal parameters of the role of the professional nurse.
- d. Provide individualized, client and family-centered health care that demonstrates recognition of environmental interaction and diversity of socio-cultural values and beliefs among members of a dynamic society.
- e. Apply knowledge 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.
- f. Empower clients for collaborative decision-making to achieve 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.
- g. Integrate health promotion, illness prevention, and health maintenance strategies into holistic health care provided for diverse individuals, families, and communities.
- h. Exhibit leadership through participation in professional and community development activities and advocacy of the professional nurse role.
- i. Demonstrate mastery of traditional and electronic access to information resources for research, study, and practice.

CURRICULUM DESCRIPTIONS

The College of Graduate Nursing currently offers a Master of Science in Nursing degree with several program options:

- Master of Science in Nursing/Family Nurse Practitioner
- Post-Master's Family Nurse Practitioner
- Master of Science in Nursing Completion
- Master of Science in Nursing – Entry

Web-based learning is used in all programs. Graduate level courses combine on-line learning with campus-based seminars. On-line learning consists of asynchronous discussion boards, group projects, written assignments, assessments and other learning activities. On-campus sessions include didactic classes, clinical training, simulation experiences, faculty and peer interaction, student presentations, competency assessments and guest lectures. This educational model is designed to meet the needs of adult learners, minimize time on campus, and prepare professional nurses.

MSN-E students begin web-based learning in their fourth semester of study. Pre-licensure courses include web-enhanced learning, clinical simulation, and interactive computer-based exercises.

The Master of Science in Nursing/Family Nurse Practitioner Program (MSN/FNP) curriculum requires the completion of 50 didactic semester units over a two- or three-year period. This program requires the completion of 675 preceptored clinical hours. Students begin clinical experiences in the second semester of study and will average 8-12 clinical hours per week. Graduates will be prepared to meet the criteria established by the California Board of Registered Nursing as advanced practice nurses. Family 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. Prior to the Fall start of the program, students enroll and complete one course and attend one on-campus pre-program session during orientation. The course is CGN 5000 (Communication and Information Management) and takes place during the months of July and August. This course will orient students to using web-based learning for all subsequent course work.

The Post-Master of Science in Nursing/Family Nurse Practitioner Program (FNP-only) curriculum requires 38 didactic semester units for completion and can be completed in one year. This track requires the completion of 675 preceptored clinical hours. The FNP-only program is for nursing professionals who have a Master of Science in Nursing degree (MSN) and/or a doctorate in nursing or a related field and want to become certified as a Family Nurse Practitioner. The Post-Master of Science in Nursing FNP Certificate requires three to six semesters to complete, depending upon enrollment status (part-time or full-time). Students are required to enroll in CGN 5000 (Communication and Information Management) and attend the pre-program orientation session. Graduates will be prepared to meet the criteria established by the California Board of Registered Nursing as advanced practice nurses.

The Master of Science in Nursing Program (MSN-only) requires a minimum of 27 semester units and is designed for, and can be completed in, three (full-time) to six (part-time) semesters. This program is designed for family and specialty nurse practitioners (FNP, ANP, PNP, GNP, CRNA, CNM, Women's Health Practitioners) to obtain a master's degree that is focused on the functional role of the clinical specialty. Therefore for the culminating experience students are asked to complete a clinical improvement project incorporating evidence-based guidelines and quality indicators to advance patient care. Graduates are then able to obtain national certification in their specialty. Students are required to complete CGN 5000 prior to their Fall entry during the months of July – August. This course will orient students to web-based learning.

The Master of Science in Nursing/Leadership and Management Program requires students to complete 32 semester units and can be completed in three (full-time) to six (part-time) semesters. This program is designed for bachelor's prepared Registered Nurses interested in obtaining a master's degree that is focused on clinical leadership and management in a variety of health care settings. Students are required to complete CGN 5000 prior to their Fall entry during the months of July – August. This course will orient students to web-based learning.

The Master of Science in Nursing/Clinical Nurse Leader Program requires students to complete 48 semester units (38 didactic units and 10 clinical units). This program can be completed in three (full-time) to six (part-time) semesters. This program is designed for bachelor's prepared Registered Nurses interested in obtaining advanced clinical skills and leadership skills for the health care setting. Western University is one of the pilot institutions for this unique track. According to the American Association of Colleges of Nursing, "The Clinical Nurse Leader or CNL is a new nursing role being developed by the American Association of Colleges of Nursing (AACN) in collaboration with leaders from the education and practice arenas. AACN is advancing the CNL to improve the quality of patient care and to better prepare nurses to thrive in the health care system. The CNL role emerged following research and discussion with stakeholder groups as a way to engage highly skilled clinicians in outcomes-based practice and quality improvement. In practice, the CNL oversees the care coordination of a distinct group of patients and actively provides direct patient care in complex situations. This master's degree-prepared clinician puts evidence-based practice into action to ensure that patients benefit from the latest innovations in care delivery. The CNL evaluates patient outcomes, assesses cohort risk, and has the decision-making authority to change care plans when necessary. The CNL is a leader in the health care delivery system, and the implementation of this role will vary across settings" as retrieved from the AACN website: www.aacn.nche.edu/publications/cn16-04.doc. Students are required to complete CGN5000 prior to their Fall entry during the months of July – August. This course will orient students to web-based learning.

The Master of Science in Nursing – Entry Program (MSN-E) requires students to complete 58 units (36 units didactic and 22 units clinical) in the pre-licensure portion of the curriculum and 32-53 units in the post-licensure portion of the curriculum. After the first 58 units, students will be eligible to sit for the NCLEX exam to obtain their RN license. Once licensed, students will be expected to work as an RN throughout the remainder of the curriculum. Students in the MSN-E/FNP program must complete 2080 hours (1 year, full time) RN work experience prior to entry into the FNP certificate courses. Interim Permit hours do not count towards the needed RN hours. The RN pre-licensure portion of the MSN-E program (semesters 1-4) prepares students to meet society's need for professional nurses who think critically and exercise leadership in providing competent nursing care. These semesters focus on the application of the nursing process, which incorporates the problem-solving model of assessing, diagnosing, implementing and evaluating a plan of care. The nursing process provides a framework for making decisions that require both technical and scientific knowledge for nursing interventions. Nursing education and the nursing process incorporate the care components of health promotion, disease prevention, and restoration of health, client advocacy, cultural sensitivity, client safety/protection, hygiene, care, and comfort. Students who complete the pre-licensure semesters are prepared to sit for the NCLEX Boards, be care providers, health educators and coordinators of client care and client care systems. These students will contribute to improving the quality of health care for their clients, families and the health care institutions and communities they serve.

The pre-licensure curriculum for the MSN-E program combines didactic learning on campus and clinical training at regional clinical facilities. Students can expect to be on campus a minimum of two days a week and at a clinical agency an additional two-to-three days a week. Post-licensure courses will be delivered using web-based learning and campus-based seminar sessions. This design provides students flexibility to become employed as an RN as they complete graduate coursework.

The post-licensure curriculum (beginning in semester 5) builds on the foundation of the pre-licensure curriculum. Upon securing their RN license, students are expected to be employed as registered nurses as they complete graduate coursework. This provides students with the unique opportunity to apply and integrate

advanced knowledge and skills in their new professional role. Students are required to pass the CLEX exam and receive their RN license before the end of their fifth semester in order to continue in the master's portion of the program.

The post-licensure curriculum has three emphasis options, which are: Family Nurse Practitioner, Clinical Nurse Leader or Leadership and Management

ACCREDITATION

The MSN programs offered by 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.

PREREQUISITE REQUIREMENTS

Master of Science in Nursing/Family Nurse Practitioner Program (MSN/FNP)

- 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 in the last 60 semester units or 90 quarter units
- Statistics (3 semester units)
- Registered Nurse (RN) licensure in the state where preceptored clinical hours will be completed
- 1 year of experience as a Registered Nurse (RN)

Post-Master of Science in Nursing Family Nurse Practitioner Program (FNP-Only)

- Master of Science in Nursing or related field
- 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 in the last 60 semester units or 90 quarter units
- Statistics (3 semester units)
- Registered Nurse (RN) licensure in the state where preceptored clinical hours will be completed
- 1 year of experience as a Registered Nurse (RN)

Master of Science in Nursing Completion Program (MSN-Only)

- Bachelor of Science in Nursing* from a National League of Nursing (NLN) or Commission on Collegiate Nursing Education (CCNE) accredited program
- Nurse Practitioner, FNP, PNP, ANP, GNP, CRNA, CNM, or WHNP
- GPA 3.0 in the last 60 semester units or 90 quarter units
- Statistics (3 semester units)
- Registered Nurse (RN) licensure
- 1 year of experience as a Registered Nurse (RN)

Master of Science in Nursing/ Leadership and Management Program (MSN/L&M)

- Bachelor of Science in Nursing* from a National League of Nursing (NLN) or Commission on Collegiate Nursing Education (CCNE) accredited program
- GPA 3.0 in the last 60 semester units or 90 quarter units
- Statistics (3 semester units)
- Registered Nurse (RN) licensure
- 1 year of experience as a Registered Nurse (RN)

Master of Science in Nursing/Clinical Nurse Leader Program (MSN/CLN)

- Bachelor of Science in Nursing* from a National League of Nursing (NLN) or Commission on Collegiate Nursing Education (CCNE) accredited program
- GPA 3.0 in the last 60 semester units or 90 quarter units
- Statistics (3 semester units)
- Registered Nurse (RN) licensure
- 1 year of experience as a Registered Nurse (RN)

Master of Science in Nursing – Entry Program (MSN-E)

- Bachelor Degree in any field other than nursing from an accredited institution
- GPA of 3.0 in the last 60 semester units or 90 quarter units
- Completion of the following prerequisite courses with a grade of C or better in each:
 - Communications (6 semester units)
 - Statistics (3 semester units)
 - Social Sciences (3 semester units)
 - Psychology (3 semester units)
 - Nutrition (3 semester units)
 - Anatomy (4 semester units) with lab
 - Physiology (4 semester units) with lab
 - Microbiology (4 semester units) with lab

Students who do not meet the requirements for admission into any of the College of Graduate Nursing programs 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/or first semester courses with no options for remediation.

*Bachelor's in a related field will be reviewed on a case-by-case basis.

ADMISSION REQUIREMENTS

MSN/FNP, FNP, MSN Completion, MSN/L&M, MSN/CNL

- Completed Application
- Three Reference Forms (faculty & employers within past two years)
- Curriculum Vitae/Résumé
- Personal Statement
 - MSN/FNP, MSN, FNP programs: Address your understanding of advanced practice nursing, your personal career goals and how your background strengthens your aptitude with regard to becoming an advanced practice nurse
 - MSN/L&M, MSN/CNL programs: Address your understanding of professional nursing, your personal career goals and how your background strengthens your aptitude to become a master's prepared nurse leader
- Application Fee of \$60
- Official transcripts from all colleges/universities attended
- Copies of all applicable licenses

MSN-E

- Completed Application
- Three Reference Forms (1 from professional colleagues, 2 from faculty/employers)
- Curriculum Vitae/Résumé
- Personal Statement which addresses your motivation for graduate study to become a nurse, personal career goals, and how your background strengthens your aptitude to become a master's prepared nurse
- Application fee of \$60
- Official transcripts from all colleges/universities attended
- Official GRE or MAT scores
- TOEFL scores for ESL applicants
- On-campus interview (for selected applicants)

Decisions of the Admissions Committee regarding the admission of applicants to its programs are final.

COMPUTER REQUIREMENTS

The following is a list of the MINIMUM computer equipment necessary for the Web-based programs:

- PC System – Minimum of 2 GHz processor (CPU) or equivalent with Windows XP Home or better (3.2 GHz CPU or better with Windows XP Professional is optimal)
- Minimum of 512 MB RAM (512 MB or more recommended)
- 15” or larger CRT or Flat Panel Monitor with video display card capable of displaying at least 65,000 colors at 800x600 resolution with minimum 75 MHz flicker-free refresh rate
- 10 GB or more of free hard disk space (20 GB or more recommended)
- 16X CD-ROM drive (24X or faster highly recommended; combo CD/DVD player/burner for backups also recommended)
- Newest version of Microsoft Internet Explorer browser
- Microsoft Office 2007 Standard Suite or higher with Word, Excel and PowerPoint (Microsoft Works is NOT acceptable)
- Newest version of Virus Protection program with subscription that supports automatic weekly updates (such as McAfee Virus Scan or Norton AntiVirus)
- Newest version of Microsoft Outlook or Outlook Express
- Newest version of RealPlayer and/or Windows Media Player plug-in
- Newest version of Adobe Acrobat Reader plug-in
- 24 bit Sound Card and speakers
- Printer
- Dedicated Internet Connection and Internet Service Provider
(Minimum: DSL, wireless, or cable modem broadband, with router-based firewall protection. A 56kbps or higher modem with dedicated telephone line can be used for online course access if absolutely necessary, but will be inadequate for most supporting study materials.)

These requirements are based on a PC system. Students who choose to work on Macintosh may have difficulties and will need to work closely with IT to try and solve program complications. Many programs do not translate.

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. The University Registrar will send accepted students information about the registration process and dates. All students will complete registration for each semester and any pre-program courses on-line.

ORIENTATION

All students enrolled in the College of Graduate Nursing will be required to attend the University campus orientation in August prior to beginning classes their first year. During the orientation students will participate in both college and university sessions. Students will be provided with packets, schedules, and dates for the university orientation program. Students are welcome to invite their family members to attend the annual Convocation ceremony, which occurs during the orientation week.

Pre-Program (Orientation and CGN 5000)

During Orientation, students in all programs except the MSN-E program will be required to attend mandatory sessions which 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 the college curriculum. Students will have the opportunity to purchase medical equipment and orient to the services of the University at this time. All students will begin CGN 5000 Communication and Information Management (one unit) which prepares students for success in Western University of Health Sciences' computer-based courses in July prior to orientation. All students must successfully complete the pre-program course in order to continue in the curriculum.

MEDICAL INFORMATION

Immunizations

Please see the Overview section of this catalog for information about required immunizations and history and physical documentation.

CPR Certification

Current CPR certification for health professionals is required throughout all programs of study. All students are required to successfully complete a BLS or CPR (adult and child) course prior to beginning courses. It is the responsibility of the student, not the College of Graduate Nursing to assure that requirements are met. A copy of a current card verifying completion of a course must be on file in the College prior to beginning the program. If not completed, students will be blocked from registration or removed from classes. Students can contact the American Heart Association at www.americanheart.org for dates, times, and location of CPR certification classes.

LIBRARY SERVICES

Students have access to the resources of the Pumerantz Library and Resource Center at the Pomona Campus. The Library is open Monday-Thursday from 7:00 am to 11:00 pm, Friday from 7:00 am to 6:00 pm, and Saturday & Sunday from 11:00 am to 7:00 pm. There will be slightly limited summer semester hours. The Library is closed for all University holidays. Database access is available to distance students following registration through Western University's library which can be accessed from the home page at www.westernu.edu. Books can be checked out from the Pomona campus. It is assumed that 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 internet. Therefore, students are expected to utilize traditional library services for research assignments whether in the students' community or on campus. The inter-library loan office number for the library in Pomona is (909) 469-5323 or fax (909) 469-5486. Allow 10-14 days for interlibrary loan for articles/books.

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.

CRIMINAL BACKGROUND CHECK FOR MSN-E STUDENTS

To meet State regulations and hospital accreditation requirements, hospital facilities are requiring nursing students to complete criminal background checks prior to beginning rotations. Because of this new regulation to assure patient safety, all students admitted to the MSN-E program will be required to complete a criminal background check prior to matriculation. Certain convictions may prevent students from entering hospital facilities, which may hinder a student's ability to successfully complete the MSN-E program. If a criminal conviction is shown on the background check, hospital facilities have discretion as to whether the individual may enter the clinical facility as a nursing student. In certain cases, a student's admission offer may be revoked.

Certain convictions may also prevent students from obtaining RN licensure in the State of California or other states. Please visit the California Board of Registered Nursing website at www.rn.ca.gov for more information about background checks required for RN licensure.

Upon acceptance of admission to the MSN-E program, applicants will be given the necessary information for completing the required criminal background check.

If a student takes a leave of absence or is placed on academic suspension during the MSN-E program, the student will be required to submit a new background check prior to returning.

STUDENT RELEASE OF INFORMATION

All entering students will need to sign a release of information form authorizing the College of Graduate Nursing to release the student's social security number, health and immunization status, CPR verification, and health insurance coverage to any requesting agency that enters into a clinical partnership with the College. Additionally, some facilities may require fingerprinting. This is required for all military health facilities who serve clients 18 years of age or younger.

TUITION AND FEES

Tuition

By action of the Board of Trustees, the tuition and fees for the 2007-2008 year are as follows:

MSN-E (Pre-Licensure)	58 units	@ \$756/unit
MSN-E (Post-Licensure)	32-53 units	@ \$611/unit
MSN/FNP	50 units	@ \$611/unit
FNP Only	38 units	@ \$611/unit

MSN Only 27 units @ \$611/unit

Other Fees and Expenses

Clinical Education Fee (non-refundable)	\$250/semester for students enrolled in clinical courses (MSN/FNP, FNP-Only, MSN/CNL, MSN/L&M, MSN-E Pre-licensure)
Application Fee	\$ 60
Student Body Fee	\$ 40/year
Required Textbooks	\$1800 (approximate)
Graduation Fee (Assessed on candidates for graduation only)	\$ 125
Medical Equipment	\$ 400 (approximate)
Computer	\$1850 (approximate)
Lodging/Meals/Travel	varies, depending on distance and mode of travel.
Lost ID Badge	\$ 10
Lost Locker Key	\$ 40
Administrative Fee	\$ 500/semester (applies to students who extend program)
ANCC FNP Review Course Fee	\$ 300 (one time fee for all FNP students)

Additional Fees and Expenses for Pre-Licensure MSN-E Students

Clinical Education Fee (non-refundable)	\$ 250 (per semester when enrolled in a clinical course)
Uniform	\$ 100 (approximate)
NCLEX Preparatory Course Fee	\$ 400 (total for Pre-licensure)
Parking	\$ 50 (approximate per semester)
Background Check	\$ 50 (approximate)

Note: All tuition and fees are subject to change. Fees are non-refundable.

Administrative and Clinical Fees for Additional Terms

Students who are extending their program to complete their required nurse practitioner clinical hours must pay the clinical fee (\$250) and the administrative fee (\$500) for each semester that enrollment is continued. This option is only available with the approval of the Program Director and the Dean.

Students extending their course of study for one semester to complete the culminating or senior project will be assessed the administrative fee of \$500.

TEXTBOOKS

Students are responsible for obtaining all textbooks prior to the beginning of each semester. Students may purchase textbooks through the Western University Bookstore. Students may explore other purchasing options as well (i.e. other medical bookstores, on-line book sellers, etc).

Western University Bookstore hours are 7:30 am to 5:00 p.m. Monday-Friday. Summer hours are reduced to 8:00 am to 4:30 pm. In addition, books can be ordered from the Web by linking to the bookstore from the University's home page. Software and media resources are also available. For students using credit cards, textbooks may be ordered by phone or via the Web and mailed directly to a student's home. The Western University Bookstore phone number is (909) 469-5416.

REQUIRED SUPPLIES FOR CLINICAL

MSN-E Pre-Licensure

Students must have the following items:

- Watch with a second hand
- Official CGN Uniforms
- Western U CGN Name Tag (to be worn at all times in clinical setting)
- Stethoscope with bell and diaphragm
- Penlight

- Kelly clamp
- Bandage Scissors
- Ruler (cm)

MSN/FNP, MSN Completion

Students must have the following items:

- White Lab Coat (to be worn at all times in clinical setting)
- Western U CGN Name Tag (to be worn at all times in clinical setting)
- Ophthalmoscope/Otoscope
- Reflex Hammer (optional)
- Stethoscope with bell and diaphragm

All equipment may be purchased from any medical supply company or the University Bookstore.

GENERAL COLLEGE ACADEMIC POLICIES AND PROCEDURES

Instructional Design

Campus Learning (Pre-Licensure Courses)

The pre-licensure curriculum for the MSN-E track will include traditional campus-based learning. Didactic courses will include lecture, simulated clinical experiences, clinical skills training, and structured laboratory experiences. Students will begin acute care hospital experiences in semester one.

Distance Learning (Post-Licensure Courses)

The College of Graduate Nursing program is 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.

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 website 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.

Integrated Courses

For the clinical programs (MSN/FNP, 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.

APA Format

Scholarly writing is the cornerstone and capstone of critical thinking and evidence-based knowledge in graduate education. Students are expected to conduct professional nursing and interdisciplinary health literature reviews and analyze their findings in scholarly formal papers and designated discussions boards throughout their course of student. Students are expected to follow the scholarly guidelines of APA in all of the requirements for a scholarly submission.

The College of Graduate Nursing requires the most recent edition of the American Psychological Association (APA) formatting style for all formal papers. *The Publication Manual of the American Psychological Association* may be purchased at the University Bookstore.

Academic Year

The College of Graduate Nursing has a twelve-month academic calendar which begins in September and includes three 15-week semesters with two-week breaks between each semester. Approximate times for semesters are:

Fall: September – December Spring: January – April Summer: May – August

The first semester of the MSN-E program is 17 weeks beginning in August and ending in December.

Full-time/Part-Time Status

Graduate Nursing students enrolled in 5 or more units are considered full-time students. Graduate nursing students enrolled in 4 or fewer units are considered part-time students.

Academic Progression

Standard admission and matriculation to the CGN program is intended for full-time enrollment. Depending upon the particular program, however, some students may choose part-time academic patterns. Each of the tracks offered is built around a sequence of courses that builds on knowledge and skills attained in 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 for all tracks except the pre-licensure (RN) portion of the MSN-E track. 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 must determine a completion plan with the Program Director.

Standards of Academic Performance

For successful progression through the curriculum, the College of Graduate Nursing has a standard of academic performance which is higher than that for undergraduate education. An overall grade point average of 3.0 is required for progression from pre-licensure to post-licensure courses and for graduation. Each student's progress is based on successful attainment of the Outcome Competencies (as outlined in the curriculum) and through demonstration of critical thinking skills and competency in written and oral communication. The faculty determines if the student has demonstrated the knowledge, skills and attitudes necessary to be eligible to progress to the next semester.

Attendance Policies

Seminar Weekend Attendance

Two campus-based seminar weekends are held each semester for students in the MSN, MSN/FNP and post-licensure portion of the MSN-E programs. These seminars provide valuable time for faculty and peer interaction, student presentations, lectures, clinical and didactic testing, skills laboratories, and selected clinical practice with faculty. The first seminar weekend usually occurs by week 5, and the second seminar weekend usually occurs during week 10 of the semester. Seminar weekends generally begin at 8 a.m. on Friday and conclude by 3 p.m. on Sunday. The seminar weekend may need to be lengthened or changed so that all coursework can be completed or to accommodate a major University event.

Dates of the weekend seminars are published and distributed at the beginning of each semester. **Attendance is mandatory for all seminars.** Any student missing all or part of a Seminar weekend is required to inform the Program Director of his/her absence at the earliest possible time, but no later than 24 hours before the start of the weekend. If reasonable notice is not given before the start of Seminar weekend, the absence is considered an unexcused absence. Students who do not comply with this policy must make an appointment with the Program Director immediately to avoid termination of their enrollment for the semester in question. Students who extend their program beyond the normal expected date of completion may be required to attend seminar sessions during that extension.

Attendance is required at all scheduled instructional periods, be they on-line or during a Seminar weekend. Absence or tardiness from instructional periods for any reason does not relieve the student from responsibility for the material covered during these periods. Absence problems will be viewed as violations of the Standards of Professional Conduct.

Should the student miss the Seminar weekend, the student is required to contact each individual instructor who will decide if the work can be made up. If an instructor decides that missed assignments cannot be made up, the student will receive a score of zero (0%) for the missed work.

FNP Clinical Attendance

As a clinically-based program, it is expected that students will follow the guidelines as presented in the syllabus for CGN 7570 (Clinical Experience) course and in the Clinical Preceptor Guide. Unexcused absences from planned clinical experiences will not be tolerated. The Clinical Preceptor will inform the Clinical Education Coordinator of all unexcused absences within 72 hours of the absence. As stated in the syllabus for

the 7570 (Clinical Experience) course, students are responsible for notifying the Clinical Preceptor before the scheduled clinical time if he/she is unable to attend.

MSN-E Campus-based Courses

Students may not miss any more than 2 class sessions per course for campus-based courses (offered in semesters 1-4). The student must notify the professor prior to the scheduled beginning of the class period of his/her absence. If a student misses more than 2 class sessions of a course, the student may be dismissed from the course. If the student is dismissed from the course, the student may appeal this decision through a written petition to the Dean. The Dean, in consultation with the professor of record for the course, will determine whether the student will be allowed to continue in the course or be referred to the Student Progress Committee for further consideration. The student may continue attending the course until a final decision has been rendered.

MSN-E Clinical Attendance

Clinical rotations are required for students to successfully complete this program. Students are required to report to all clinical rotations and to be on time. If the student will be late or absent, the student must notify the clinical instructor and the rotation unit prior to the scheduled rotation time. Since clinical time is required by the Board of Registered Nursing, students must make up any missed clinical hours within instructor-approved settings. To meet the objectives for clinical courses, students may not miss more than 15% of the required clinical hours for the course. If a student misses more than 15% of the required clinical hours for a course, the student will fail the course.

Electronic Mail Correspondence Policy

The CGN recognizes the necessity of providing its students, faculty and staff with guidelines and policies concerning the use of electronic mail for University purposes. Faculty, staff and students of the CGN are expected to respond to electronic communication within 72 hours of receipt. All CGN e-mail users must adhere to the following guidelines, in addition to the University's Appropriate Use policies.

1. Every student, faculty and staff member of the CGN must have a current version of AntiVirus software installed on any computer used to send and receive files or correspondence with other members of WesternU.
2. Only forward appropriate e-mail content. Carefully review all parts of an e-mail, including wording written by another person prior to forwarding an e-mail.
3. E-mail is not a completely secure communication medium. Faculty, staff and students must take responsibility for e-mail content and be sensitive to confidential information.
4. The CGN discourages the mass forwarding of jokes and humorous messages. Use discretion and courtesy when choosing recipients of such messages.
5. Hoaxes, urban legends and unsubstantiated virus warnings perpetuate fear and waste time. Prior to forwarding such messages, the sender must first substantiate it to the best of his/her ability.

Essential Skills

Computer Literacy

Students are expected to have basic computer literacy skills prior to enrollment. Students should demonstrate skill in basic word processing, Microsoft applications (Word, PowerPoint, Excel), use of the internet, e-mail, and on-line literature searches.

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.

Technical Guidelines for Nursing Practice (Pre-licensure)

Nursing education requires not only the accumulation of scientific knowledge, but also the simultaneous acquisition of technical skills and professional attitudes and behavior. Nursing school faculties have the responsibility to society to matriculate and graduate the best possible nurses, and thus admission to nursing school has been offered to those who qualified for the student and practice of nursing. Technical standards

presented in this document are prerequisite for admission and graduation from the College of Graduate Nursing at Western University of Health Sciences. Graduates of the CGN must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care services. All courses in the pre-licensure curriculum are required in order to develop the essential skills necessary to become a competent nurse.

There are essential functions or abilities necessary for admission and progression in the College of Graduate Nursing program at Western University of Health Sciences. The candidate must be able to perform all of the essential functions (with or without accommodations). The College of Graduate Nursing follows the Western University non-discrimination policy, and students requesting accommodations should contact the Center for Disability Issues and the Health Professions (CDIHP) at (909) 469-5380. These essential functions include, but are not limited to, the following:

Observation (sensory): Candidates must be able to accurately observe patients and demonstrations close up and at a distance to learn skills and to gather patient data (e.g., observe a patient's gait, appearance, posture, etc.). Candidates also must possess functional use of the sense of vision and somatic sensation. Observation is enhanced by the functional use of the sense of smell.

Communication: Candidates must have the ability to communicate orally and in writing with patients, families, groups, and other members of the healthcare team, as well as faculty and peers. Candidates must also be able to effectively interpret communication of others. Candidates also must be able to read and comprehend written material.

Psychomotor Skills: Candidates must have sufficient motor function to perform nursing tasks and to obtain data from patients using tactile, auditory and visual maneuvers. Candidates must be able to execute motor movements to provide required general nursing care as well as emergency treatments.

Mobility and Stamina: A student must possess sufficient gross and fine motor skills and endurance to provide safe and effective nursing care in all health care settings. Students must have the ability to perform basic life support (including CPR); function in an emergency situation; safely assist a patient in moving (e.g., from wheelchair to commode, from chair to bed, lift and transfer from gurney to bed); calibrate and use equipment; perform treatments and procedures; apply pressure to stop bleeding; manipulate diagnostic instruments to adequately perform a physical assessment; and sit, stand and move about in patient environments for 12-hour periods.

Tactile: A student must have sufficient tactile ability to perform a physical assessment of a patient and to perform procedures necessary for nursing care. Students must have the ability to perform palpation and other functions necessary for a physical exam; assess texture, shape, size and vibration; note temperature changes in skin and equipment; perform therapeutic functions (e.g., inserting a urinary catheter or IV, change dressings, give medications).

Intellectual and Cognitive Abilities: Candidates must be able to measure, calculate, reason, analyze, synthesize, integrate and apply information in making clinical judgments. Problem-solving, a clinical skill required of nurses, requires all of these intellectual abilities. In addition, candidates must be able to comprehend 3-D relationships and to understand the special relationships of structures.

Behavioral and Social Attributes: Candidates must possess the emotional health required to use their intellectual abilities fully. This may be demonstrated by exercising good judgment, promptly completing all responsibilities attendant to the care of patients and aggregates, and developing mature, sensitive and effective relationships with patients, families and other health care workers as well as faculty and peers. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties and ambiguities.

Ethical Standards: A candidate must demonstrate the ability to reason morally and practice nursing in a professional and ethical manner with patients, families, and other health care workers as well as with faculty and peers.

Reasonable Accommodation for Candidates/Students with Disabilities

Students must be able to perform all the essential functions of the program with or without accommodation. A student who discloses a disability and requests accommodation will be referred to the CDIHP. The student may be asked to provide documentation of the disability for the purposes of determining appropriate accommodations. The College of Graduate Nursing will provide reasonable accommodations, but is not required to make modifications that would substantially alter the nature or requirements of the program. A student with questions regarding reasonable accommodation can contact the CDIHP Office.

Certifications and Licensures

National Council on Licensure Exam (NCLEX)

The Board of Registered Nursing (BRN) requires that candidates for RN licensure complete the necessary paperwork for the NCLEX exam four months prior to taking the test. Students are directed to the California BRN website at www.rn.ca.gov for current information regarding this requirement. The college will submit required verification of courses completed four weeks prior to students sitting for the NCLEX exam. Official transcripts will be sent to the BRN at least ten business days after the end of the fourth semester. If the student fails the exam the first time, they will be required to wait ninety-one days before retaking the exam. Pre-licensure students must pass the NCLEX exam by the end of the fifth semester in order to progress any further into the master's portion of the program. Students who do not pass NCLEX by the end of the fifth semester will be put on Academic Suspension. Students are required to be finger printed to be licensed as an RN. Students must divulge any prior convictions or misdemeanors during the license application process. If prior infractions of the law are not divulged, students may be banned from licensure.

National Certification as a Nurse Practitioner

Graduates are expected to take the national certification exam as a family nurse practitioner within six months of graduation. Many states require students to pass the national certification exam for licensure. Therefore, students are encouraged to contact their Board of Registered Nursing prior to enrollment to clarify state requirements. Currently there are two bodies which provide certification for nurse practitioners: the American Nurses Credentialing Center (ANCC) of the American Nurses Association and the American Academy of Nurse Practitioners (AANP). Some states require national certification to practice as a nurse practitioner. Students should check with their state's board of nursing to decide which exam is required.

Academic/Clinical Advisement

All students are assigned a faculty advisor upon matriculation into the program. Entering students are encouraged to contact their faculty advisor no later than the first month of enrollment in the program. Such contact may take place in person, on-line, or on the telephone. Although advisors are assigned, the student may, with the agreement of the Program Director, request a different advisor. Reasonable efforts will be made to assign a student to the advisor of choice.

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.

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.

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. Prior to matriculation, any student who would like to transfer credit must submit appropriate documentation showing the course to be transferred is an equivalent course taken at another accredited academic institution, within the last five years, with a minimum grade of C (pre-licensure) or B (post-licensure) earned in that course, as documented on the official transcript. Equivalent course is defined as a course that covers a significant portion of the Western University course content at the graduate level (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. Appropriate documentation to show equivalency can include course syllabus, textbook information, completed coursework, etc. It is the responsibility of the student to provide sufficient documentation to show equivalency. The Admissions Committee, in conjunction with the faculty of record for the course, will decide which courses will be accepted for transfer credit. After the review of transcripts and supporting documentation, 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.

Course Challenge Policy

Course challenge is defined as a student request for exemption from a specific Western University course requirement due to prior similar coursework. 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.

A student may request to challenge a course if either of the following situations exists:

1. he/she can demonstrate a similar course was taken at another accredited academic institution, within the past five years, with a minimum grade of C (pre-licensure) or B- (post-licensure) earned in that course. A similar 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).
2. he/she can demonstrate a similar 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. A similar course is defined as a course that covers a 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.

All courses offered by the CGN may be challenged except the following:

- CGN 5000 – Communication and Information Management
- CGN 5610 – Professional Role
- CGN 5690 – Clinical Comps I
- CGN 5691 – Clinical Comps II
- CGN 5900 – Collaborative Project
- CGN 5990 – Culminating Project
- CGN 5999 – Senior Project
- CGN 7550 – RN Clinical Seminar

Procedure for Challenging a Course: Any student who wishes to challenge a course must submit in writing to the Program Director at least three weeks prior to registration for the academic semester in which the course would normally be taken:

1. his/her intent to challenge a course, and
2. documentation, including course description, course outlines, course syllabus, completed work, transcripts, etc., to demonstrate course equivalency.

It is the responsibility of the student to provide sufficient documentation to show equivalency to Western University coursework. Upon receipt of the student's intent to challenge and the written documentation of course equivalency, the Program Director 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 Program Director 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 business hours of its receipt by the Program Director. No tuition fees are paid for these units, and the waived courses do not count in the computation of the GPA.

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.

General Evaluation and Grading Policy

Competency-based learning is the underlying principle for the instructional design of the CGN program and the evaluation of student achievement. To this end, each course has specific learning objectives, evaluative criteria and expected outcomes. Assessment methods are stated in each course syllabus.

MSN-E Track (Pre-licensure Grading Policy)

A grade of C or higher is required in each course in the pre-licensure portion. Pre-licensure courses are courses numbered in the 6000s (CGN 6000 – CGN 6999). Minimum competency, as outlined in the course

syllabi for each course, is required to achieve a passing grade of C or higher. Attainment of a grade below a C denotes unacceptable performance and is grounds for dismissal from the program.

Students are required by the College to maintain a 3.0 GPA or higher each semester of the MSN-E program in order to be in good standing. If a student does not maintain an overall GPA of 3.0 or higher for each semester, the student will be referred to the Student Performance Committee for review and be placed on Academic Probation.

MSN-E students will be required to have a cumulative GPA of 3.0 or higher for the first four semester (pre-licensure courses) to progress to the post-licensure courses.

The grading scale for the pre-licensure RN portion of the MSN-E Program is as follows:

Letter Grade	Percentage	Grade Points
A	100-94	4.0
A-	93-90	3.7
B+	89-87	3.3
B	86-83	3.0
B-	82-80	2.7
C+	79-77	2.3
C	76-73	2.0
U	Below 73	0.0
I	Incomplete	N/A
W	Withdrawal	N/A

Post-Licensure Courses Grading Policy

The grade for each graded assignment for certain courses must be at least 70% with a cumulative grade of 80% (B-) or better to demonstrate an acceptable level of performance and enable the student to progress in the curriculum (CGN 5000, 5101-3, 5200, 5301-6, 5610, 5701-5, 5810-30, 5900, 5990, and 7560). Graded assignments for each course are included in the course syllabus. Students may be given the opportunity to remediate one learning component within a course to meet the cumulative letter grade requirement.

Advanced Practice Primary Care Grading Policy

Because the faculty value a competency-based curriculum for the advanced practice nurse, no grade lower than 80% (B-) is acceptable for any assignment within a core primary care course. In addition, the cumulative grade for these courses must also be 80% (B-) or higher to progress in the program. Graded assignments for each course are included in the course syllabus. Primary Care courses include the following: CGN 5600-6, 5620, 5631-3, 5690-1, 5401-5, and 5641-3. At the faculty's discretion, students may be given the opportunity to remediate one learning component within a course to meet the cumulative letter grade requirement.

The grading scale for the master's core and post-licensure level courses will be as follows:

Letter Grade	Percentage	Grade Points
A	100-94	4.0
A-	93-90	3.7
B+	89-87	3.3
B	86-83	3.0
B-	82-80	2.7
U	Below 80	0.0
I	Incomplete	N/A
W	Withdrawal	N/A

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 Incomplete grades 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 and a final grade will be assigned upon completion of course work. If the student does not

satisfactorily complete the contractual agreement or has not completed the work within one year, a grade of “U” will be given with recommendation for dismissal from the College of Graduate Nursing.

U = A grade of “U” denotes 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 placed on probation and will be unable to progress in the curriculum without a formal review by the SAP Committee.

FNP Clinical and RN Seminar Grading Policy

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 course.

No Credit (NCR) = Achievement of the grade “No Credit” indicates an unacceptable level of performance in a graduate level course. A grade of “No Credit” is the equivalent of an “U” grade. Students who receive a “NCR” grade for a clinical rotation may be dismissed from the program or may be required to repeat all hours obtained during that experience. If a student does not comply with the remediation contract, the student will be dismissed from the College.

Incomplete (I) = Achievement of the grade “incomplete” signifies that all required clinical hours for the enrolled number of units have not been completed. Students who receive two incomplete grades in one semester will be placed on academic probation. The grade of “I” will be recorded on the official transcript and a final grade assigned upon the satisfactory completion of all clinical hours.

Academic Probation

Students must maintain a cumulative GPA of at least 3.0 each semester. If a student’s GPA is below 3.0 for a semester, the student will be placed on academic probation. Students may only be on academic probation for a maximum of two semesters. Students who are subject to academic probation for a third semester will be reviewed by the Student Performance Committee and may be at risk for dismissal. A student who receives two grades of “I” in the same semester will be placed on academic probation.

Failed Course Policy

If a student fails a course, they may not take an equivalent course at another institution and transfer the course to Western University. Students who fail a CGN course must retake and pass the course through the College of Graduate Nursing.

Assignment Due Dates

Assignments for all classes will be submitted to the instructor on the date listed in the syllabus. Each instructor will clarify these dates at the beginning of each semester. It is the student’s responsibility to contact the instructor if any due date is unclear. If an assignment is submitted on-line, the student is responsible for ensuring that the assignment was received or posted in a timely manner. It is each individual instructor’s discretion whether to accept late work. The instructor has the right to refuse to accept an assignment turned in after the due date. Late assignments will, at a minimum, receive point deductions. The instructor will notify the student at the beginning of each semester of the number of points that will be deducted for late assignments. Postings after the closing of an on-line discussion board will receive a grade of zero.

Remediation

Remediation of a Specific Learning Assignment

Remediation of learning activities within a course is the option and responsibility of faculty of record. Remediation within a course is a privilege and not a right. Students are allowed to remediate one learning activity within a course to meet the grading policy for the course. The instructor will outline required remediation and work with the student to establish a mutually agreed upon time frame to complete.

If a student does not comply with the remediation contract, a grade of “U” will be received.

Remediation of a Course

A student who does not achieve a grade of C (pre-licensure) or B- (post-licensure) or higher in theory or clinical courses must successfully remediate the course to continue in the program. The College will provide each student with the 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 demonstrate the potential for remediation will be placed on academic probation by the Student Performance Committee (SPC) with a formal remediation contract. 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. The student may not enroll in any other CGN courses until a remediation contract has been approved by the SPC. In an effort to ensure a timely process, the Committee will strive to have a decision within ten (10) business days of receipt of all relevant materials.

Students who receive a grade of U or NCr in a course must submit a formal petition to the SPC 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, the SPC will review the student's petition and either recommend dismissal or 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.

Students are allowed to remediate only two courses in the program. Options for remediation include successfully:

- Taking a comprehensive examination on the course content,
- Completing special projects or studies in the area(s) of deficiency,
- Repeating a specific learning objective, and/or
- Repeating the course.

Upon completion of the remediation contract, the instructor will submit a recommendation to the Student Performance Committee and the Dean. A grade of B- is the highest possible grade that can be achieved through remediation.

Grade Appeals 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 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 Dean. The Dean will review the course curriculum and revise the grade, retain it as originally assigned or send the matter forward to the Student Performance Committee (See SPC section for this process).

Course Drop/Withdrawal

Students may voluntarily drop a class by obtaining a class drop/withdrawal form from the CGN office, completing the form and returning it to the office. A drop from a class is not recorded on the student's transcript if the effective date is within the first 2 weeks of the semester. A "W" entry is recorded from the 3rd week through the 9th week when a class is dropped. The final date to drop a class, whether initiated by student or instructor, is Friday of the 9th week of the semester. After the 9th week, the student receives the grade earned at the end of the semester.

For students enrolling in Pre-licensure courses, students may voluntarily drop a class by obtaining a class drop/withdrawal form from the CGN office, completing the form and returning it to the office. A drop from a class is not recorded on the student's transcript if the effective date is within the first 1/5th of the contact hours for the course. A "W" entry is recorded if 1/5th to 3/5th of contact hours are complete when the class is dropped. The final time to drop a class, whether initiated by the student or the instructor, is once 3/5th of the

contact hours are completed. After the 3/5th point has passed, the student receives the grade earned at the end of the course. Each course syllabus will clearly specify these drop/withdrawal dates.

Leave of Absence

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. 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 are granted for personal and medical reasons only. Leaves for academic reasons will be recorded as an Academic Suspension and can only be granted by the Dean in conjunction with the Student Performance Committee. Leaves may be granted for the balance of an academic year and may be extended for one additional year if the student seeks approval from the Dean at least three months prior to the start of the subsequent academic year. Students pursuing clinical tracks taking a leave of absence may be subject to clinical skills evaluation prior to returning to the clinical setting. See the **University Leave of Absence Policy** in the Overview section of the catalog for more information.

Academic Suspension

Students who have dropped below a 3.0 GPA or who have failed a course may be placed on academic suspension by the Dean or Student Performance Committee as an alternative to withdrawal from the program. Students pursuing clinical tracks who have been academically suspended by be subject to clinical skills evaluation prior to returning to the clinical setting. See the **University Academic Suspension Policy** in the Overview section of the Catalog for more information.

Program Withdrawal

After considering all the options, if it is the student's intent to withdraw from the CGN, the student must complete all necessary university documents. At the time of withdrawal, the student will be required to surrender their Western University ID badge and locker key (if applicable). Any student who withdraws from the program must contact the Financial Aid Office and the Bursar's Office to discuss any issues related to tuition and fees. See the **University Withdrawal** policy in the Overview section of the Catalog for more information.

Dismissal

All information related to academic dismissal from the programs of the College of Graduate Nursing will be reviewed by the Student Performance Committee. Dismissal decisions are presented in writing to the Dean by the college Student Performance Committee. The Dean has the authority to accept or reject the decision.

Dismissal criteria include:

- a. Failure to meet required minimum grade for a course(s) 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).
- e. Failure to meet standards for professional conduct as stated in the University catalog, and any breach of professional behavior in the clinical setting which could jeopardize patient care or relationships at clinical agencies used for training.

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. Any dismissed student must immediately return his/her student ID badge to the Dean of Student Affairs. See the **University Dismissal** policy in the Overview section of this catalog for more information.

Program Completion

Pre-Licensure:

Students who have met the following requirements will be considered for continuation into the post-licensure portion of the MSN-E option:

- Students must have a minimum cumulative GPA of 3.0 for first four semesters of the program.

- Students will have one semester (semester 5) in which to pass the NCLEX exam in order to progress in the post-licensure curriculum.

RN Work Experience

Students in the MSN-E/FNP program must complete 2080 hours (1 year) RN work experience prior to entry into the FNP Certificate courses. Interim Permit hours do not count towards the RN hours needed.

Post-Licensure:

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 FNP clinical practice hours for students pursuing the FNP Certificate. Students must satisfactorily demonstrate all clinical competencies.
- Satisfactory completion of the culminating project (MSN/FNP, MSN) or senior project (MSN-E).
- Compliance with all the legal and financial requirements of the University as stated in the University Catalog.
- Demonstrated no serious deficiencies in ethical, professional or personal conduct as outlined in Standards of Professional Conduct.
- Attended and participated in the Commencement ceremony. Unless the President of the University has granted special permission, all students must attend and participate in the Commencement program. If the President grants special permission to be excused from the Commencement ceremony, the graduate may be required to present himself or herself to the Chief Academic Officer or appropriate Dean at another time to receive his or her diploma.

Academic Integrity and Professional Ethics

Professional nurses were again rated number one in honesty and ethical standards by the American population (Gallup Poll News Service, 2006). Honesty and ethical standards are dimensions of integrity. The CGN faculty and administration believe that professional integrity begins with the student nurse and the nurse as student. Academic integrity is essential to scientific knowledge and competent skill acquisition required for successful completion of all CGN programs and safe patient care. Integrity is supported by three domains of the American Nurses Association Code of Ethics for Nurses. These are

- The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
- The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
- The professions of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining integrity of the professions and its practice, and for shaping social policy. (Source: American Nurses Association (2001) *Code of Ethics for Nurses with Interpretive Statements*. Silver Spring, MD: American Nurses Publishing.)

Therefore, the CGN maintains a No Tolerance policy on cheating, plagiarism and fabrication. Students charged with a violation will be entered into a disciplinary process. The following definitions of cheating, plagiarism and fabrication are presented as examples and are not inclusive/

Cheating is defined as “intentionally using or attempting to use unauthorized materials, information or study aids in any academic exercise. Examples of cheating include:

1. Unauthorized use of notes, text, or other aids during an examination.
2. Copying from another student’s examination, research paper, case write-up, lab report, course assignment, computer disc, etc.
3. Talking during an examination.
4. Handing in the same paper for more than one course without the explicit permission of the instructor.
5. Perusing a test or faculty notes/handouts before it is given.
6. Collaboration on a test, quiz, assignment, or project with others without course faculty authorization.
7. Using unauthorized materials to complete an exam or assignment.

8. Using a communication device such as a cell phone, pager, PDA, or electronic translator to obtain unauthorized information during an exam.
9. Using online resources such as Web sites or e-mail while completing an online exam without the permission of the course faculty.
10. Copying computer files from another person and representing the work as your own.
11. Taking an exam for another student or permitting someone else to take a test for you.
12. Allowing others to do research or writing of an assignment (including application), e.g., using the services of a commercial term paper company or using the services of another person (family member, tutor, etc.) inappropriate or without acknowledgement.
13. Sharing a take-home examination, course assignment, case write-up, lab report, etc. with another without expressed permission from the faculty.

(Source: Brady (2005) Office of Student Conduct and Conflict Resolution, Northeastern University, 2006).

Plagiarism

The University does not tolerate plagiarism in any form. Plagiarism involves the use of another's work without properly giving credit for that work. This includes not properly citing information from another person's work when stating facts or statistics or when paraphrasing. Any questions or concerns about this issue should be directed to faculty prior to submission of coursework. Plagiarism is grounds for dismissal from the College. To assure that students understand CGN's policy on academic honesty, students are required to sign this policy during orientation.

“Presenting as one's own work the work of another person (for example, the words, ideas, information, data, evidence, organizing principles, or style of presentation of someone else). Plagiarism includes paraphrasing or summarizing without acknowledgement, submission of another student's work as one's own, the purchase of prepared research or completed papers or projects, and the unacknowledged use of research sources gathered by someone else. Failure to indicate accurately the extent and precise nature of one's reliance on other sources is also a form of plagiarism. The student is responsible for understanding the legitimate use of sources and the consequences for violating University regulations.

Examples of plagiarism include:

1. Failure to acknowledge the source(s) of even a few phrases, sentences or paragraphs.
2. Quotation or paraphrase of paragraph-length sections of a paper.
3. Failure to acknowledge the source(s) of a major idea or the source(s) for an ordering principle central to the paper's or project's structure.
4. Failure to acknowledge the source (quoted, paraphrases, or summarized) of major sections of passages in the paper or project.
5. The unacknowledged use of several major ideas or extensive reliance on another person's data, evidence, or critical method.
6. Submitting as one's own work, work borrowed, stolen, or purchased from someone else.”

(Source: State university of New York, Albany, 2007)

Fabrication is defined as “intentional and unauthorized falsification, misrepresentation, or invention of any information, data, or citation in an academic exercise. Examples of Fabrication include:

1. Making up the data for a research paper.
2. Altering the results of an experiment or survey.
3. Listing a citation for a source not used.
4. Stating an option as a scientifically proven fact.” (Source: Northeastern University, 2006)
5. Falsely recording attendance at clinical and/or completion of required clinical hours.

Policy for Students Suspected of Drug, Substance or Alcohol Abuse/Dependency

Drug, substance, and alcohol abuse and dependency are prevalent in American society, including nursing students. Nursing students who are impaired or abusing drugs, substances, or alcohol pose a risk for themselves, their peers, patients under their care, and others. Drug, substance, and alcohol abuse and dependency have been determined to be treatable illnesses. Nursing faculty, preceptors, institutional staff, and fellow students have an obligation to act when drug, substance, or alcohol abuse or dependency is suspected as required by the California Board of Registered Nursing and outlined in this policy and procedure.

The College of Graduate Nursing adheres to zero tolerance regarding drug, substance, and alcohol abuse and dependence.

1. Students may not have in their possession for their use at any time on campus or at sites where they are completing clinical hours any medications that have not been prescribed for them, illegal drugs, substances, or alcohol.
2. Students may not be under the influence of any illegal drugs, substances, or alcohol at any time on campus or at sites where they are completing clinical hours.
3. Students may not be under the influence of prescribed medications which impair the student's ability to learn or safely perform nursing care at any time on campus or at sites where they are completing clinical hours.
4. Consistent with the University's Drug Free Schools and Campus policy, nursing students may not be involved in or associated with the illegal possession, distribution, purchase, sale, or diversion of drugs, substances, or alcohol.

Procedure

If students are suspected of any of the above, through direct observation or report, nursing faculty are obligated to take the following action.

1. If a student exhibits or has been reported to exhibit behaviors where impairment, or drug, substance, or alcohol abuse or dependency is suspected, the student will be immediately referred for testing, which may include a blood alcohol level, urine toxicity screen, or other test as appropriate, at the most convenient facility as determined by faculty.
2. Refusal of immediate testing may result in dismissal from the College.
3. If testing results in the discovery of illegal drugs, substances, and/or alcohol, the student will be placed on summary suspension and will not be allowed to continue in the program, effective immediately. A written contract will be developed that will specifically outline a timeline and all conditions the student must complete before the student is considered for reinstatement in the program. For RN students the contract will be written in accordance with Board of Registered Nursing (BRN) policy. The contract may include the following:
 - a. Referral to the student's medical provider.
 - b. Referral to University counseling resources.
 - c. Referral for treatment through the Substance Abuse Treatment Faculty Locator (http://findtreatment.samhsa.gov/ufds/detailedsearch_more).
 - d. Required psychological or rehabilitative counseling.
 - e. Episodic body fluid screening for drugs, substances, or alcohol.
 - f. Other conditions.
4. All costs incurred by testing and/or being placed on a contract are the responsibility of the student.
5. Violation of the terms of a contract may result in permanent dismissal from the program.
6. If a student has fulfilled the contract and wishes to re-enter the program, the student must petition the Student Performance Committee (SPC) for re-entry and provide documentation that all of the conditions of the contract have been fulfilled, as well as any other relevant documentation per SAP policy.
7. The SPC may allow the student to re-enter the program if and when space permits, or may deny the petition.
8. If the petition is denied, the student will be permanently dismissed from the program.

Guidelines Governing Re-entry of Students after Contract Fulfillment

Students allowed to re-enter the program will receive a written contract which specifically outlines expectations for student behavior and required conditions for continuation in the program. For RN students the contract will be written in accordance with Board of Registered Nursing (BRN) policy. The contract will be kept by the Dean. The contract may include the following:

- a. Notification of all nursing faculty involved with the student of the need for the contract and conditions of the contract.
- b. Behavioral expectations.
- c. Restricted participation in clinical.
- d. Restricted or supervised access to medications and/or controlled substances in the clinical setting.

Student Academic Progress Committee

The Student Performance Committee (SPC) is composed of a Chair and at least four faculty members representing the CGN's diverse programs, and one CGN staff member as an ex-officio member for record-keeping. The Chair and two of the faculty members shall have a minimum of three full-time years of graduate level teaching experience and the other faculty members shall have a minimum of one full-time year of graduate level teaching experience. Members are approved by the CGN faculty and serve a two-year term. The responsibilities of the Committee include:

1. Student performance and progression review for determination of student academic probationary status.
2. Student professional conduct review, including but not limited to alleged dishonesty, plagiarism, cheating, and/or other forms of misconduct.
3. Consultation for the development of academic performance and professional conduct policies.
4. Review of grade appeals.
5. Review of course remediation due to failure or the inability to complete course requirements.
6. Review of application for readmission to the College.
7. Review of other academic disputes or grievances.

When a matter is referred to the Committee from the Dean and the Committee has received all relevant documentation, the Committee will notify the student that all documentation has been submitted and the review process has begun. A review will be completed within 10 business days. The procedure for Committee review is as follows:

1. To initiate a review, a petition requesting the review is forwarded to the Chair from the Dean, including a detailed description of the course failure or incident to be reviewed.
2. Once the request has been forwarded from the Dean to the Committee, the student will be requested to submit a response (petition).
3. The Committee may perform additional fact finding, which may include requesting additional documentation from the faculty of record, student, or other persons with knowledge of the incident.
4. If a Committee decision involves the potential academic dismissal of a student, the student has the right to meet with the Committee for purpose of discussion and clarification prior to the Committee vote. The student will be notified of the SPC meeting date and time.
5. All recommendations of the Student Performance Committee shall be made in writing to the Dean of the College of Graduate Nursing, who will make a final decision and inform the student in writing within 5 business days.

SPC decisions are the result of a majority vote. A Committee member who is the advisor or instructor of record for a student whose progress is being evaluated by the Committee may recuse him- or herself from voting. If a quorum cannot be established for the purpose of a vote, the Dean may appoint a temporary member from the CGN faculty to establish a quorum for that vote. The Chair will be responsible for communicating all Committee recommendations to the Dean. Recommendations of the Committee and/or action of the Dean may include, but are not limited to:

1. Clearance from alleged violation(s).
2. Remediation
3. Requirement of psychological and/or educational assessment and intervention with documentation that the student is subsequently able to meet all CGN program requirements.
4. Requirement of physical examination and/or diagnostic evaluation by a physician or nurse practitioner with documentation that the student is subsequently able to meet all CGN program requirements.
5. Academic and/or Conduct probation.
6. Academic and/or Conduct suspension.
7. Dismissal.

GENERAL COLLEGE CLINICAL POLICIES

Clinical Guides

In addition to the information contained in this catalog, each student enrolled in a clinical program in the College of Graduate Nursing will receive a clinical handbook specific to that program. Students will be responsible for having knowledge of and following all clinical policies contained in the clinical handbook for their program of study.

Professional Appearance and Dress Code – Pre-Licensure

Students of the College of Graduate Nursing are expected to maintain a professional appearance. Professional appearance relates to clothing, hair, nails, shoes, carriage and communication. Students' appearance should not risk offending or disturbing clients. Students must recognize that nursing is a service-oriented profession.

While on-campus, students must follow the Western University Dress Code. In clinical agencies, students are active learners and are, in essence, guests in these agencies. Recognition of this status means that students must adhere to all agency policies and guidelines including acceptable attire and behavior.

Unless otherwise instructed, the uniform requirements are as follows:

- A laboratory coat is required and must be worn, with your Western University of Health Sciences name tag, when in the hospital other than for clinical labs, for example, when selecting patients, going to medical records, or reviewing charts. Appropriate and professional attire is always required. Casual attire such as shorts, jeans, open-toed shoes, short tops showing midriff, etc. are never permissible in the clinical setting. This is in accordance with contractual agreements with clinical agencies for individuals when in the agency in a professional student role.
- The student will wear a uniform of burgundy pants and a white tunic style top. An identifying patch will be sewn on the left sleeve. Name tags must be worn at all times. Undergarments should not be visible through the uniform. A short white lab coat may be worn over uniforms for added warmth while working with clients. If needed, white clothing may be worn under uniforms for warmth. Name tags can be purchased at the University Bookstore.
- The professional looking student uniform is clean and pressed and reflects frequent laundering.
- Clean, white, rubber-soled, enclosed heel and toe shoes with clean, white shoelaces are required. They should be designated for clinical use only. Strapless/backless shoes are unacceptable.
- Plain white or beige hosiery or white socks must be worn with uniform.
- Hair should be worn away from the face, collar, and neck. It should be confined appropriately if long or full in style. Hairstyles should reflect professional comportment, i.e., no extreme styling, no excessive hair ornaments. Hair coloring should remain in the realm of what can be genetically transmitted.
- No fragrances should be worn in clinical settings. Because of the close and physical nature of direct care nursing, students are expected to be clean and odor free. If an offensive odor is noticed by faculty, staff, clients or peers, the student will be asked to take corrective action.
- Jewelry is limited to a watch, one plain ring, and one pair of plain, inconspicuous earrings if ears are pierced. There should be no other visible jewelry. Any piercing other than earrings (i.e. nose, eyebrow, lip, tongue, etc.) should be removed when in the clinical setting.
- Tattoos should be covered with clothing, if possible.
- Nails should be appropriately groomed and any nail polish should be clear or a pale color. False fingernails, tips and acrylic nail covers harbor a wide variety bacteria and fungi and by law are not permitted in hospital settings.
- Some specialty areas may require uniform adaptations. Unless specifically instructed to do otherwise, the complete uniform, i.e., shirts, pants, shoes, and name badges will be worn in all clinical areas.
- It is advisable that all students own at least one pair of dress slacks that are appropriate for wearing in the community setting.
- Although gum chewing is not appropriate in clinical situations, breath mints may be advisable.

The College of Graduate Nursing must comply with the policies of various hospitals, clinics, and other agencies where clinical practice is scheduled. Students should be aware that additional dress restrictions and infection control policies might be required in specific departments of agencies or hospitals. Any other

concerns will be addressed through your clinical instructor who has the final decision on dress code implementation. If unprofessional attire is reported in clinical agencies, clinical grades may be lowered, or preclinical access to patient records may be restricted; additionally, the student may be placed on probation for unprofessional behavior.

Clinical Rotations Policy – Pre-Licensure

Students achieve many of the course requirements through practical experience in many different health care agencies. Student access to facilities is regulated by contracts between the University and the agency. Students who do not meet an agency's requirements will be denied access to that facility. The student is not considered an employee of the agencies involved, and has no claim for any employee benefits such as sick leave, vacation pay, social security, retirement benefits, worker's compensation or unemployment benefits. **Students cannot make their own clinical agency arrangements as University and agency legal contracts are required.**

Waiver of Clinical Hours - FNP

The faculty believes in granting credit for previous, appropriate professional experience. Students who are licensed NPs 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 national or state minimum of 350-540 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. Certified or licensed Nurse Practitioners who did not complete a formal nurse practitioner education program from an accredited institution of higher education must submit a written request, as well as a portfolio, which verifies clinical competence in his or her specialty to the Program Director. The portfolio could include: national certification; letters from collaborating or supervising physicians, advanced practice nurses, or 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 Performance 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.

Clinical Training for FNP students

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 all the University health, safety and immunization documentation requirements.

Preceptors

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. Due to the distance delivery of the program, students are encouraged to identify qualified preceptors in their community prior to starting the program. If students do not have a preceptor the Clinical Coordinator will assist students with securing a qualified preceptor.

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

The College encourages students to schedule the same clinical day(s) each week to provide consistency for the agency and patient follow-up. Additional days should be scheduled to accommodate for illness, employment, or family responsibilities.

Clinical Hours

Eight to twelve hours per week of clinical training are required of full-time students throughout the two academic years to complete 675 hours or twelve to twenty-four hours per week for a one year course of study. 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 extra semesters to complete the required clinical hours. Administrative and clinical fees will be charged for the additional semester(s). Students, excluding part-time students, who do not complete 90 hours of clinical (2 units) within a semester will be reviewed by the Student Performance Committee. 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.

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 clinician as they progress in the clinical practicum.

It is recommended that FNP 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 for skills and procedures experience. The clinical faculty of record will review students' clinical e-logs each semester. Students are required to submit clinical e-logs every two weeks beginning with the third week of each semester. In addition, Preceptor Evaluations are documented each semester.

Record Keeping and Clinical E-logs

Clinical e-logs templates for the College of Graduate Nursing are provided to the student. Students will record each patient visit into the clinical e-log using de-identified data to ensure HIPAA compliance. 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, and at other times, if requested by the faculty. These e-logs must be submitted biweekly even if the student is not currently in a clinical setting. 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.

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.

Student Injuries and Illnesses in the Clinical Setting:

If a student is injured or is exposed to potentially infectious (includes blood borne pathogens) or hazardous substances during a clinical rotation, the student is required to notify the clinical instructor immediately and seek assessment and/or treatment per facility policy. Follow-up care should be continued at the contracted clinical facility as needed and ordered by the evaluating health care professional. Expenses incurred are to be forwarded to the University for the reported incident only.

The Incident Report Form can be found in the Clinical Handbook and must be completed by the student and the faculty and submitted to CGN. The Risk Management Office at the University must be notified as soon as possible at (909) 469-5254.

CURRICULUM PLANS

College of Graduate Nursing

MSN-E Track (Pre-licensure RN Preparation Curriculum)

Program Bachelor's Degree from accredited college
 Pre-requisites 3.0 GPA

	<u>Units</u>	<u>Clinical</u>	<u>Total</u>	<u>Courses</u>
Pre-requisite	6			Communications
Courses	3			Statistics
	3			Social Sciences
	3			Psychology
	3			Anatomy (recommend with lab)
	4			Physiology (recommend with lab)
	4			Microbiology (recommend with lab)
	3			Basic Nutrition
Total	29	0	29	
First Year	Units	Clinical	Total	Courses
Semester 1	4			CGN 6110 - Pathophysiology
Fall	3			CGN 6201 - Health Assessment
		1		CGN 6202 - Health Assessment (clinical)
	1			CGN 6301 - Professional Nursing Role
	3			CGN 6410 - Nursing Fundamentals (theory)
		2		CGN 6411 - Nursing Fundamentals (clinical)
	2			CGN 6130 - Therapeutic Nutrition
Total	13	3	16	
Semester 2	4			CGN 6501 - Nursing of Adults and Older Adults I (theory)
Spring		4		CGN 6502 - Nursing of Adults and Older Adults I (clinical)
	3			CGN 6140 - Pharmacology
	2			CGN 6601 - Mental Health Nursing (theory)
		2		CGN 6602 - Mental Health Nursing (clinical)
Total	9	6	15	
Semester 3	2			CGN 6710 - Obstetric Nursing (theory)
Summer		2		CGN 6711 - Obstetric Nursing (clinical)
	2			CGN 6720 - Pediatric Nursing (theory)
		2		CGN 6721 - Pediatric Nursing (clinical)
	4			CGN 6551 - Nursing of Adults and Older Adults II (theory)
		4		CGN 6552 - Nursing of Adults and Older Adults II (clinical)
Total	8	8	16	
Semester 4	2			CGN 6901 - Community Health Nursing (theory)
Fall		2		CGN 6902 - Community Health Nursing (clinical)
	2			CGN 6160 - Introduction to Research
	2			CGN 6801 - Leadership and Management in Nursing (theory)
		3		CGN 6802 - Leadership and Management in Nursing (clinical)
Total	6	5	11	
Pre-licensure Totals	36	22	58	<i>Italics indicate Master's Core course</i>

**College of Graduate Nursing
MSN-E Track – Leadership and Management Emphasis**

YEAR 2	YEAR 3
SEMESTER 4 Fall	SEMESTER 7 Fall
CGN 6901 <i>Community Health Nursing (theory)</i> 2	CGN 5200 – Nursing Theory 3
CGN 6902 – <i>Community Health Nursing (clinical)</i> 2	CGN 5304 - Nursing Research I 3
CGN 6160 – <i>Introduction to Research</i> 2	Total 6
CGN 6801 – <i>Leadership and Management in Nursing</i> 2	
CGN 6802 – <i>Leadership and Management in Nursing Practicum</i> 3	
Total 11	
SEMESTER 5 Spring	SEMESTER 8 Spring
CGN 5702 – Management Principles & Leadership Theories 3	CGN 5103 – Adv. Health Systems 3
CGN 5703 – Information Technology 3	CGN 5704 – Accounting and Finance 3
CGN 7550 – RN Clinical Seminar* 1	Total 6
Total 7	
SEMESTER 6 Summer	SEMESTER 9 Summer
CGN 5101 – Health Systems I 2	CGN 5610 – Professional Role 3
CGN 5705 – Strategy and Analysis of Organizational Process 3	CGN 5999 – Senior Project (Independent) 3
CGN 5306 – Biostatistics and Epidemiology 3	Total 6
CGN 7550 – RN Clinical Seminar* 1	
Total 9	
Total Year 2 Units 27	Total Year 3 Units 18
Total Program Units	
Prerequisite Courses 29	*Courses not charged tuition but subject to clinical fee
Pre-Licensure Didactic 36	
Pre-Licensure Clinical 22	
Post-Licensure Clinical* 2	<i>Italics indicate pre-licensure courses.</i>
Post-Licensure MSN 32	

**College of Graduate Nursing
MSN-E Track – Clinical Nurse Leader Emphasis**

YEAR 2

SEMESTER 4 Fall

<i>CGN 6901 – Comm. Health Nursing (theory)</i>	2
<i>CGN 6902 – Comm. Health Nursing (clinical)</i>	2
<i>CGN 6160 – Introduction to Research</i>	2
<i>CGN 6801 – Lead. & Mgmt in Nursing</i>	2
<i>CGN 6802 – Lead. & Mgmt in Nursing Pract</i>	3
Total	11

SEMESTER 5 Spring

CGN 5702 – Management Principles & Leadership Theories	3
CGN 5703 – Information Technology	3
CGN 7550 - RN Clinical Seminar*	1
CGN 7560 – CNL Clinical Experience*	1
Total	8

SEMESTER 6 Summer

CGN 5101 – Health Systems I	2
CGN 5705 – Strategy & Analysis of Organizational Process	3
CGN 5306 – Biostatistics & Epidemiology	3
CGN 7550 – RN Clinical Seminar*	1
CGN 7560 – CNL Clinical Experience*	1
Total	10

Total Year 2 Units 29

Total Program Units

Prerequisites Courses	29
Pre-Licensure Didactic	36
Pre-Licensure Clinical	22
Post-Licensure Clinical*	12
Post-Licensure Didactic	38

YEAR 3

SEMESTER 7 Fall

CGN 5200 – Nursing Theory	3
CGN 5304 – Nursing Research I	3
CGN 5620 – Advanced Health and Population Assessment	3
CGN 7560 – CNL Clinical Experience*	1
Total	10

SEMESTER 8 Spring

CGN 5103 – Adv. Health Systems	3
CGN 5704 – Accounting & Finance	3
CGN 5505 – Adv. Pharmacology	3
CGN 7560 – CNL Clinical Experience*	1
Total	10

SEMESTER 9 Summer

CGN 5610 – Professional Role	3
CGN 5999 – Senior Project (Independent)	3
CGN 7560 - CNL Clinical Experience*	6
Total	12

Total Year 3 Units 32

*Courses not charged tuition but subject to clinical fee

Italics indicate pre-licensure courses.

**College of Graduate Nursing
MSN-E Track – FNP Emphasis**

YEAR 2

SEMESTER 4 Fall

CGN 6901 – Comm. Health Nursing (theory)	2
CGN 6902 – Comm. Health Nursing (clinical)	2
CGN 6160 – Introduction to Research	2
CGN 6801 – Lead. & Mgmt in Nursing	2
CGN 6802 – Lead. & Mgmt in Nursing Pract.	3
Total	11

SEMESTER 5 Spring

CGN 5703 – Information Technology	3
CGN 7550 – RN Clinical Seminar*	1
CGN 5603 – Societal & Ethnical Issues	1
Total	5

SEMESTER 6 Summer

CGN 5101 – Health Systems I	2
CGN 5610 – Professional Role	3
CGN 5606 – Comp. & Alternative Med.	1
CGN 7550 – RN Clinical Seminar*	1
Total	7

Total Year 2 Units **23**

YEAR 3

SEMESTER 7 Fall

CGN 5200 – Nursing Theory	3
CGN 5304 – Nursing Research I	3
CGN 5605 – Human Diversity	1
CGN 5810 – Mgmt Practice Issues	2
Total	9

SEMESTER 8 Spring

CGN 5102 – Health Systems II	2
CGN 5305 – Nursing Research II	1
CGN 5820 – Prof. Practice Issues	2
CGN 5602 – Health Promo. & Dis. Prev.	1
Total	6

SEMESTER 9 Summer

CGN 5830 – Business Practice Issues	2
CGN 5999 – Senior Project	3
Total	5
Total Year 3 Units	20

YEAR 4

SEMESTER 10 Fall

CGN 5601 – Adv. Physical Assessment	3
CGN 5401 – Primary Care Mgmt I	2
CGN 5631 – Adv. Pathophysiology I	1
CGN 5641 – Clinical Applications I	2
CGN 7570 – Clinical Experience*	5
Total	13

SEMESTER 11 Spring

CGN 5402 – Primary Care Mgmt II	2
CGN 5501 – Pharmacology I	2
CGN 5632 – Adv. Pathophysiology II	1
CGN 5642 – Clinical Applications II	2
CGN 7570 – Clinical Experience*	5
Total	12

SEMESTER 12 Summer

CGN 5403 – Primary Care Mgmt III	2
CGN 5502 – Pharmacology II	2
CGN 5633 – Adv. Pathophysiology III	1
CGN 5643 – Clinical Applications III	2
CGN 5691 – Clinical Comps II	1
CGN 7570 – Clinical Experience*	5
Total	13

Total Year 4 Units **38**

Total Program Units

Prerequisites	29
Pre-Licensure Didactic	36
Pre-Licensure Clinical	22
Post-Licensure Didactic	53
Post-Licensure RN Clinical*	2
Post-Licensure FNP Clinical*	15

MSN/FNP Track

Prerequisites: Statistics (3 semester units)

	YEAR 1	YEAR 2
Pre-Program	Communications (CGN 5000)	1
Total Units	<u>1</u>	
	SEMESTER 1 Fall	SEMESTER 4 Fall
	Adv Physical Assess (CGN 5601)	3
	Primary Care Mgmt I (CGN 5401)	2
	Clinical Apps I (CGN 5641)	2
	Adv Pathophysiology I (CGN 5631)	1
	Clinical Exp (CGN 7570)*	1
	<u>9</u>	3
		3
		1
		2
		<u>3</u>
	9	12
	SEMESTER 2 Spring	SEMESTER 5 Spring
	Primary Care Mgmt II (CGN 5402)	2
	Pharm I (CGN 5501)	2
	Soc & Ethic Issues (CGN 5603)	1
	Health Promo & Dis Prev (CGN 5602)	1
	Clinical Apps II (CGN 5642)	2
	Adv Pathophysiology II (CGN 5632)	1
	Clinical Exp (CGN 7570)*	2
	<u>11</u>	2
		1
		2
		2
		2
		<u>3</u>
	11	10
	SEMESTER 3 Summer	SEMESTER 6 Summer
	Health Systems I (CGN 5101)	2
	Primary Care Mgmt III (CGN 5403)	2
	Pharm II (CGN 5502)	2
	Comp & Alt Med (CGN 5606)	1
	Clinical Apps III (CGN 5643)	2
	Clinical Comps I (CGN 5690)	1
	Adv Pathophysiology III (CGN 5633)	1
	Clinical Exp (CGN 7570) *	2
	<u>13</u>	1
		2
		2
		2
		<u>4</u>
	13	9
Total Year 1 Units	34	Total Year 2 Units
	Units	31
		Units
Total Program Units		*Courses not charged tuition but subject to clinical fee
50 Didactic Units		
15 Clinical Units		

MSN-Only Track

Prerequisites: Statistics (3 semester units)

YEAR 1

Pre-program	Communications (CGN 5000)	1
	Total	1

SEMESTER 1 Fall

Health Systems Overview (CGN 5104)	1
Nursing Theory (CGN 5200)	3
Nursing Research I (CGN 5304)	3
Management Pract. Issues (CGN 5810)	2
Total	9

SEMESTER 2 Spring

Health Systems II (CGN 5102)	2
Pharm I (CGN 5501)*	2
Soc & Ethic Issues (CGN 5603)	1
Nursing Research II (CGN 5302)	1
Prof Pract Issues (CGN 5820)	2
Collab Project (CGN 5900)	2
Total	10

SEMESTER 3 Summer

Pharm II (CGN 5502)*	2
Business Pract Issues (CGN 5830)	2
Culminating Project (CGN 5990)	2
Total	6

Total Track Units **26 Units**

*4 units of Pharm if not furnishing license

FNP-Only Track

Prerequisites: Statistics (3 semester units)

YEAR 1

Pre-program	Communications (CGN 5000)	1
	Total	1

SEMESTER 1 Fall

Adv Physical Assess (CGN 5601)	3
Primary Care Mgmt I (CGN 5401)	2
Adv. Pathophysiology I (CGN 5631)	1
Health Systems Overview (CGN 5104)	1
Clinical Apps I (CGN 5641)	2
Human Diversity (CGN 5605)	1
Clinical Exp (CGN 7570)*	5
Total	15

Elective	Mgmt Pract Issues (CGN 5810)	2
----------	------------------------------	---

SEMESTER 2 Spring

Primary Care Mgmt II (CGN 5402)	2
Adv. Pathophysiology II (CGN 5632)	1
Pharm I (CGN 5501)	2
Soc & Ethic Issues (CGN 5603)	1
Health Promo & Dis Prev (CGN 5602)	1
Health Systems II (CGN 5102)	2
Prof Pract Issues (CGN 5820)	2
Clinical Apps II (CGN 5642)	2
Clinical Exp (CGN 7570)*	5
Total	18

	SEMESTER 3 Summer	
	Primary Care Mgmt III (CGN 5403)	2
	Adv. Pathophysiology III (CGN 5633)	1
	Pharm II (CGN 5502)	2
	Comp & Alt Med (CGN 5606)	1
	Clinical Apps III (CGN 5643)	2
	Clinical Comps II (CGN 5691)	1
	Clinical Exp (CGN 7570)*	5
	Total	14

Elective	Business Pract Issues (CGN 5830)	2
----------	----------------------------------	---

<u>Total Track Units</u>	48
34 Didactic Units	
15 Clinical Units	

*Courses not charged tuition but subject to clinical fee

**College of Graduate Nursing
Leadership and Management**

	YEAR 1		YEAR 2
Pre-program	CGN 5000 – Communication and Information Management	1	
	SEMESTER 1 Fall		SEMESTER 4 Fall
	CGN 5200 – Nursing Theory	3	CGN 5999 – Senior Project
	CGN 5104 – Health Systems Overview	1	CGN 5304 - Nursing Research I
	Total	<u>4</u>	Total
			<u>4</u>
	SEMESTER 2 Spring		SEMESTER 5 Spring
	CGN 5702 – Management Principles & Leadership Theories	3	CGN 5103 – Adv. Health Systems
	CGN 5703 – Information Technology	3	CGN 5704 – Accounting and Finance
	Total	<u>6</u>	Total
			<u>6</u>
	SEMESTER 3 Summer		SEMESTER 6 Summer
	CGN 5705 – Strategy and Analysis of Organizational Process	3	CGN 5610 – Professional Role
	CGN 5306 – Biostatistics and Epidemiology	3	CGN 5999 – Senior Project (Independent)
	Total	<u>6</u>	Total
			<u>5</u>
	Total Year 1 Units	17	Total Year 2 Units
			15
	Total Program Units	32	

**College of Graduate Nursing
Clinical Nurse Leader**

	YEAR 1		YEAR 2
Pre-program	CGN 5000 – Communication and Information Management	1	
	SEMESTER 1 Fall		SEMESTER 4 Fall
	CGN 5200 – Nursing Theory	3	CGN 5999 – Senior Project
	CGN 5104 – Health Systems Overview	1	CGN 5304 - Nursing Research I
	CGN 5620 – Advanced Health and Population Assessment	3	CGN 7560 – CNL Clinical Experience*
	CGN 7560 – CNL Clinical Experience*	1	Total
	Total	<u>8</u>	<u>5</u>
	SEMESTER 2 Spring		SEMESTER 5 Spring
	CGN 5702 – Management Principles & Leadership Theories	3	CGN 5103 – Adv. Health Systems
	CGN 5703 – Information Technology	3	CGN 5704 – Accounting and Finance
	CGN 7560 – CNL Clinical Experience*	2	CGN 5505 – Adv. Pharmacology
	Total	<u>8</u>	Total
			<u>9</u>
	SEMESTER 3 Summer		SEMESTER 6 Summer
	CGN 5705 – Strategy and Analysis of Organizational Process	3	
	CGN 5306 – Biostatistics and Epidemiology	3	CGN 5610 – Professional Role
	CGN 7560 - CNL Clinical Experience*	2	CGN 5999 – Senior Project (Independent)
	Total	<u>8</u>	CGN 7560 – CNL Clinical Experience*
			<u>6</u>
			Total
			<u>11</u>
	Total Year 1 Units	25	Total Year 2 Units
			25
	Total Program Units	50	

COURSE DESCRIPTIONS

CGN 5000 – Communication and Information Management (1 unit)

This introductory course provides new College of Graduate Nursing advanced practice nursing students with a comprehensive introduction to Western University's distance learning programs. In addition to learning about Western University of Health Sciences and the College of Graduate Nursing, students will complete a series of assignments designed to prepare them for the technical and academic policy requirements of the College of Graduate Nursing. Emphasis will be placed on necessary computer skills and proficient use of the software required for use in the curriculum, and the academic writing skills necessary for successful completion of the program.

CGN 5101 – Health Systems I (2 units)

This first course of the Health Systems courses 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. Topics 1 and 2 introduce the various institutions and workforce segments that currently make up the American health care system, and compare them with healthcare institutions and professions in other industrialized countries. Topic 3 provides 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. In Topic 4, managed care is presented as a major emerging force in health care decision making and delivery. The impact of managed care initiatives on the Family Nurse Practitioner role is emphasized.

CGN 5102 – Health Systems II (2 units)

This course is made up of four topical areas and introduces the need for and the 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. This course also introduces case management and disease management as strategies for achieving desired patient outcomes through the coordination of care.

Topics 1 and 2 examine the multitude of means by which quality of health care is currently assessed and measured in this country. Research based quality initiatives such as standardized clinical practice guidelines, benchmarking, and report cards are emphasized. In Topics 3 and 4, case management and disease management are introduced and compared. The relationships between treatment options, resource usage, and patient outcomes are emphasized.

CGN 5103 – Advanced Health Systems (3 units)

This course will focus on the microsystems of health care units and their interrelationship to the health care system. Patient safety, interdisciplinary teams, population health, disease management, and care delivery modules will be explored.

CGN 5104 – Health Systems Overview (1 unit)

This independent study, web-based course is organized around four topical areas in the United States healthcare system. The first topical area introduces an overview of healthcare economics; how health care is financed in this country and basic fiduciary concepts related to insurance and reimbursement. The second topical area examines how healthcare in this country is paid for, with special attention given to Medicare, Medicaid, and managed care insurance options. Gaps and overlaps in coverage are examined. The third topical area examines the settings in which elderly receive long term health care in this country with special attention given to skilled nursing facilities, community care settings, and care within the home. The final topical area examines current health care policies and proposed legislation affecting an individual's access to and consumption of health care resources. Issues related to reimbursement for advanced practice nurses are examined.

CGN 5200 – Nursing Theory (3 units)

This course explores the theoretical context of contemporary nursing practice which serve to guide nursing practice and primary health care that optimizes health and self-care in families. In addition, this course will integrate knowledge from the physical, biological, and behavioral sciences to systematically and critically apply selected conceptual frameworks to the development of nursing, family systems, and the response to illness. It is

expected that the graduate nursing student will develop an appreciation of the process of theory development in nursing, compare and contrast various theoretical perspectives, and apply nursing theories critically.

CGN 5304 - Nursing Research I (1 unit)

Nursing Research I, provides a foundation for understanding research as an essential component of evidenced-based practice and core competency of graduate nursing practice. The historical, scientific, and theoretical context of research in nursing examined. During this course students complete Human Subjects Protection certification, and examine and critique the components of a research study including the research question, literature review, theoretical framework, methodology, analysis, and interpretation of findings for application to practice. In addition, students examine strategies to stay abreast of current research and changes in therapeutic management. This course provides the foundation for the design of a research study, or clinical project involving data collection, in Nursing Research II.

CGN 5305 - Nursing Research II (1 unit)

Nursing Research II, builds on the foundation established in 5304. Students design a research study, or a clinical project involving data collection, which could be implemented as the student's culminating experience

CGN 5306 – Biostatistics and Epidemiology (3 units)

This course focuses on the interpretation and use of biostatistics for graduate nursing practice including basic epidemiological concepts, quantitative methodology for evidence based practice, and statistical utility for decision making. The student is introduced to statistical analysis software; the process of instrument development, validity and reliability assessment, and pilot testing; decision theory; and the critical analysis and evaluation of the methods, results, and discussion sections of a research report.

CGN 5401 – Primary Care Management I: Common and Acute Conditions (2 units)

This first course in Primary Care Management will help students integrate 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 geriatric clients. Students will apply new understanding of pathophysiology and 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 5402 – Primary Care Management II: Chronic and Complex Conditions (2 units)

This second course in Primary Care Management 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 geriatric 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: Application to Special Populations (2 units)

This third course in Primary Care Management 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: Common Conditions and Acute Conditions (2 units)

This is the first of two pharmacology courses that will focus on the pharmacotherapy of health care problems covered in the Primary Care Management series. In CGN 5401, students learned the pathophysiological basis of acute and common health care problems of patients seen in the primary care setting. In this course, students will continue to develop their primary care clinical management skills by learning and incorporating the pharmacotherapy of acute and common health care problems into the care of patients seen in this setting.

CGN 5502 – Pharmacology II: Chronic Conditions and Complex Conditions (2 units)

This is the second of two pharmacology courses that will focus on the pharmacotherapy of health care problems covered in the Primary Care Management series. In CGN 5402 and CGN 5403, students learn the pathophysiological basis of chronic and complex health care problems of patients seen in the primary care setting. In Pharmacology II, students will continue to develop primary care clinical management skills by learning and incorporating the pharmacotherapy of chronic and complex health care problems into the care of patients seen in this setting.

CGN 5505 – Advanced Pharmacology (3 units)

This advanced pharmacology course will provide students with an in-depth knowledge of pharmaceutical management of patients with complex conditions and illnesses.

CGN 5601 – Advanced Physical Assessment (3 units)

This course examines the role of the Family Nurse Practitioner as a clinical decision maker in a sociocultural context. To help students transition to this advanced practice role, the 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 recognition and interpretation of clinical assessment data, diagnostic reasoning and treatment 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 and Disease Prevention (1 unit)

This course is designed to transition the Family Nurse Practitioner student from building physical assessment skills to an application of preventive health concepts and health promotion across the life span, using the Health People 2010 guidelines as a resource. Students will learn how to apply health promotion lifestyle changes, disease prevention concepts and genetics screening options in the primary care patient population. Clinical preventive services and health promotion concepts that will be examined include: health screening, counseling, immunization / chemoprevention in pediatric and adult clients, genetic risk identification, and evidence based medicine practice applications. Methods for counseling clients in lifestyle behaviors such as nutrition, physical activity, smoking cessation, and violence prevention will also be explored.

CGN 5603 – Societal & Ethical Issues (1 unit)

This course focuses on the social and ethical 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 physical and sexual child abuse, domestic violence, elder abuse, underage pregnancy, substance abuse, and elder clients at risk for polypharmacy, dementia, depression and/or homelessness. It is expected that the student will critically reflect on and analyze the ethical challenges and societal factors that influence the provider-patient relationship.

CGN 5605 – Advanced Human Diversity (1 unit)

In this role development course, students will examine the skills used to be culturally competent and sensitive to human diversity. The graduate nursing student will begin by gaining an understanding of the principles of delivering culturally sensitive care. The course requires that students open their minds and examine their own cultural and humanistic beliefs and values, and explore the impact of those beliefs and values on clinical practice as a health care professional. Students will also explore strategies for successful patient-provider relationships when the patients' culture, race/ethnicity, prejudice and lifestyle beliefs conflict with the health models used in medicine and nursing science.

CGN 5606 – Complementary & Alternative Therapies (1 unit)

This course focuses on the practices of alternative or complementary therapy utilized by the consumers of health care in this country. Among the complementary therapies students will consider in this course are acupuncture, yoga, biofeedback, chiropractic, dietary supplements, exercise, herbs, homeopathy, hypnosis, imagery, massage, relaxation, meditation, spiritual healing, symbols and rituals, folk medicine and energy work.

CGN 5610 – Professional Role (3 units)

This course focuses on professional roles traditionally assumed by registered nurses including care giver, communicator, problem solver, change agent, client advocate, educator, leader, manager, researcher and coordinator. Role theory is presented as a framework for examining how nursing roles overlap and at times conflict. Advanced practice roles of nurse practitioner, clinical nurse specialist, certified nurse midwife, and nurse anesthetist are also examined. Population and workforce demographics as well as trends in health care are explored in terms of their impact on these roles as well as future nursing roles. Finally, the need for nurses to develop interdisciplinary role relationships is emphasized.

CGN 5620 – Advanced Health and Population Assessment (3 units)

This course will address advanced health assessment for both individual and communities of clients. The focus will include concepts of population-based assessments for high risk clients in both acute care and community-based settings. Students will build on their graduate knowledge of health assessment and utilize diagnostic reasoning and evidence-based research to enhance client outcomes. Emphasis will include risk assessment, health promotion, illness prevention and protection and to promote improved management of high acuity clients or populations of clients in multiple health settings.

CGN 5631 – Advanced Pathophysiology I (1 unit)

This first course in a three part series builds on basic pathophysiology principles and explores the principles of normal body functions and pathophysiological changes that occur as a result of disease, lifestyle, and homeostatic changes in the body. Altered pathophysiological health is explored at the genetic, cellular and organ system level. Epidemiology, pathophysiological processes and related system interaction are examined. Disease processes across the life span are explored and case studies are used to demonstrate the clinical assessment approach for the advanced practice student. This first course focuses on common and acute pathophysiological processes.

CGN 5632 – Advanced Pathophysiology II (1 unit)

This course is the second in the series of pathophysiology principles and explores the principles of normal body functions and pathophysiological changes that occur as a result of disease, lifestyle, and homeostatic changes in the body across the lifespan. Disease processes across the life span are explored and case studies are used to demonstrate the clinical assessment approach for the advanced practice student. This second course focuses on chronic and complex pathophysiological processes.

CGN 5633 – Advanced Pathophysiology III (1 unit)

This course is the third in the series of pathophysiological principles and explores the principles of normal body functions and pathophysiological changes that occur as a result of disease, lifestyle, and homeostatic changes in the body across the lifespan. This third course enhances the student's ability to integrate a basic knowledge of 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 integration across the life cycle within the special populations of pediatrics, obstetrics and geriatrics.

CGN 5641 – Clinical Applications I: Clinical Reasoning & Diagnostics (2 units)

This course is designed to enhance the student nurse practitioner's physical assessment, diagnostic reasoning and diagnostic procedure interpretation skills. Building on the practitioner's knowledge and skills to identify and distinguish normal from abnormal findings, basic health assessment often moves from a general survey of a body system to specific observations or tests of function.

The student nurse practitioner will learn how to apply this new level of understanding to build on basic health appraisal using clinical cases including common, acute, chronic and complex health conditions. Through these cases, students will learn to gather further evidence and analyze this evidence to arrive at a hypothesis that will lead to a further narrowing of differential diagnoses in order to manage patients across the life cycle. Clinical diagnostics will be incorporated into the assessment process and these will include: laboratory diagnostics, radiology diagnostics and cardiovascular monitoring and diagnostics. Students will also refine documentation and medical record-keeping skills. The skills gained in this course will provide the basic foundations of diagnostic reasoning that will guide students through other courses throughout the program including Primary Care Management, Pharmacology, and Clinical Experience.

CGN 5642 – Clinical Applications II (2 units)

In this second course in the Clinical Applications series, students will continue to learn diagnostic and therapeutic procedures and skills critical to the advanced practice nurse. The area of focus in this course is Women's Health diagnostics and therapeutics across the lifespan. These procedures and skills include: the clinical breast examination and practicum; gynecologic procedures and diagnostics [e.g. endometrial biopsies, inserting/removing IUDs, and cervical cancer diagnostics & therapeutics; sexually transmitted infection diagnostics; infertility diagnostics and therapeutics; contraceptive technology; obstetric surveillance and diagnostics (e.g. obstetric ultrasonography, stress tests, Triple Marker testing, etc.)].

CGN 5643 – Clinical Applications III (2 units)

In this third course in the Clinical Applications series, students will continue to learn diagnostic and therapeutic procedures and skills critical to the advanced practice nurse. The area of focus in this course is pediatric, adult and geriatric health diagnostics and therapeutics across the lifespan. These procedures and skills include: microscopy; office orthopedic appliances and treatment techniques; dermatologic diagnostic/therapeutic procedures; local anesthesia use and suturing techniques; eyes, ears, nose and throat diagnostic/therapeutic procedures; gastrointestinal examination techniques and therapies; and techniques for clinical emergencies and other urgent conditions.

CGN 5690 – Clinical Comprehensive Evaluation I (1 unit)

This course provides an opportunity for students to synthesize concepts, skills and techniques from previous courses and apply their learning toward assessing and managing case studies across the life span. The student will participate in various methodologies for assessing their application of knowledge learned. To assess clinical performance and knowledge, students will engage in observed structured clinical examinations (OSCE), with the assistance of standardized patients with common and acute conditions; create written clinical case management evaluations ("Day in the Clinic") of common and acute conditions; and begin certification review by taking initial evaluation assessment examination and preliminary modules.

CGN 5691 – Clinical Comprehensive Evaluation II (1 unit)

This course provides an opportunity for the advanced practice nursing student who is nearing completion of studies to synthesize concepts, skills and techniques from previous courses and apply learning toward assessing and managing case studies across the life span. The student will participate in various methodologies for assessing application of knowledge learned. To assess clinical performance and knowledge students will: engage in observed structured clinical examinations (OSCE), with the assistance of standardized patients with chronic and complex conditions; create written clinical case management evaluations ("Day in the Clinic") of chronic and complex conditions; and complete certification review by taking final evaluation assessment. The certification review provides prospective graduates with an opportunity to validate the knowledge they have acquired throughout the program, and assess their readiness for the national certification exam.

CGN 5702 – Management Principles and Leadership Theories (3 units)

This course builds upon CGN 6801 and introduces learners to the directing and controlling phases of the management process. Emphasis is given to issues common to first and middle level managers including motivation, communication, delegation, conflict management, unions and employment laws, quality control, performance appraisal, discipline, and advocacy. Accountability for legal and ethical management practice is emphasized. Various modes of inquiry, including nursing process, problem-solving models, and decision making tools are emphasized. Motivation theory, communication theory, conflict theory, management theories, leadership theories, behavioral theories, ethical theory, legal concepts, and communication strategies are emphasized.

CGN 5703 – Introductory Nursing Informatics (3 units)

This course explores the nursing specialty of Nursing Informatics and its value and impact on nursing practice, research, and education. It focuses on the use of computers and technology to access and manage information related to nursing practice, telehealth, and clinical management. It examines technology's role in evidence-based practice, nursing education, and health care applications of information technology. Topics will also include health care applications, ethical and legal issues, and challenges related to the use of Informatics.

CGN 5704 – Accounting and Finance (3 units)

This course introduces financial concepts, financial management and accounting methods applied within the context of contemporary integrated health systems. Analysis of cost, quality and outcomes as factors in delivery of health care will be explored.

CGN 5705 – Strategy and Analysis of Organizational Process (3 units)

This course focuses on organizational structure and behavior. Organization strategies, culture, motivation, conflict and change will be examined. The impact of regulatory agencies on the health care organization is also examined.

CGN 5810 – Management Practice Issues (2 units)

This course presents a variety of role-related topics designed to prepare the prospective Nurse Practitioner for management practice. Additionally, this course will help prepare the student for the CGN 5900 Collaborative Project in the next semester and the CGN 5990 Culminating Project in the last semester. The course will explore fundamental business principles related to: management and leadership theory, effective decision making, project management, business planning, financial risk assessment and management, creating and using financial information, grant writing, business ethics, employee relations and supervision management, and marketing and sales.

CGN 5820 – Professional Practice Issues (2 units)

This 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 examine some of the critical issues that determine the practitioner's scope of practice, career options, peer review, protocols and standardized procedures, practice profiling, leadership and political involvement. In addition, the course presents guidelines for resolving professional legal and ethical issues that are often confronted by the NP. Students will also be introduced to valuable tools for ongoing professional development such as professional organizations and journals.

CGN 5830 – Business Practice Issues (2 units)

This course presents a variety of role-related topics designed to prepare the prospective Nurse Practitioner for business practice. The business practice concepts explored will prepare the nurse practitioner graduate to enter the business of health care with the tools needed to be successful. The areas of focus will include: reimbursement (Medicare, Medicaid, indemnity insurance, fee for service, managed care organizations and business contracts for special services); billing and coding; evaluation and management codes; state regulations; federal regulations; office laboratory evaluations under CLIA; malpractice; employment law; facility access to disabled persons; HIPAA; credentialing and privileging; entrepreneurial issues and strategies; business ethics; and business management and fundamentals.

CGN 5900 – Collaborative Project (2 units)

The CGN 5900 collaborative exercise is based on a health care project. The graduate student learns to approach, evaluate and design an intervention for a community health care project with the assistance of colleagues in a group effort. The skills learned in this collaborative project will help prepare the student in developing the independent culminating project for the CGN 5990 course.

CGN 5990 – Culminating Project (2 units)

The Culminating Project provides the prospective graduate with a final opportunity to demonstrate his or her ability to integrate and apply concepts learned throughout the master's program in the practice setting. The culminating course requires the student to develop a health care improvement project, which is broad in scope and has implications for community or practice settings. The project should offer insight into the unique contributions nurse practitioners make for a specified population(s).

CGN 5999 – Senior Project (Independent) (3 units)

The senior project requires comprehensive integration of all facets of the nursing process in the form of a feasibility study, business plan, or change project to improve patient care, patient outcomes, or work design. As such, students are responsible for identifying the need for the project, driving and restraining forces for the project, an implementation plan, a budget, a timeline, and evaluation criteria to assess project outcomes.

CGN 6110 – Pathophysiology (4 units)

This course focuses on alterations in the function of human systems over the lifespan. The content will include cardiovascular, respiratory, renal, gastrointestinal, respiratory, endocrine and nervous systems, and the processes of metabolism and homeostasis. Students will compare normal body functioning to the physiologic changes associated with disease, as well as compensatory responses.

CGN 6130 – Therapeutic Nutrition (2 units)

Foundations of nutrition in the prevention of chronic disease are explored in this course. The roles of medical nutrition therapy to existing disease states are introduced and applied in a learner-centered atmosphere. Nutrition screening and appropriate dietary interventions by way of a “team approach” are appreciated and utilized to improve patient outcome.

CGN 6140 – Pharmacology (3 units)

This course integrates pharmacology and pathophysiological applications using a systems approach. Topics include drugs and classifications, mechanism of actions, side effects, drug interactions, and monitoring of drug therapies.

CGN 6160 – Introduction to Research (2 units)

This course focuses on the process of research and its role within the profession of nursing. Students will explore research methodology, use of evidenced based medicine and analysis and critique of published research.

CGN 6201 – Health Assessment (3 units)

This course will focus on theoretical concepts of physical assessment, health history, cultural, psychosocial, and nutritional assessment for individuals across the lifespan.

CGN 6202 – Clinical Practicum: Health Assessment (1 unit)

This course consists of clinical laboratory exercises and experiences to develop psychomotor, perceptual and critical thinking skills for health assessment. Students will develop skills in history taking, physical examination techniques, and documentation of client assessments in client records.

CGN 6301 – Professional Nursing Role (1 unit)

This course explores the historical, political, social, cultural, educational, and economic factors that have influenced the advancement of the profession of nursing. In addition, current professional issues will be explored.

CGN 6410 – Nursing Fundamentals (3 units)

Foundational nursing concepts, skills and techniques are introduced in this course. This course is designed to assist the student to develop critical thinking abilities utilizing the nursing process in the roles of communicator, caregiver, and teacher. Students will learn principles of professional nursing practice and the application of selected fundamental skills including therapeutic communication, maintaining a safe and hygienic environment, assessing vital signs medical asepsis and infection control, principles of body mechanics and mobility, basic gastrointestinal and genitourinary care, oxygen therapy and airway management, calculation of drug doses, medication administration via oral, topical, subcutaneous, and intramuscular routes, and initiation and maintenance of intravenous fluid.

CGN 6411 – Clinical Practicum: Nursing Fundamentals (2 units)

Students will apply theory, critical thinking, and the nursing process to gain mastery of selected fundamental skills through practice and return demonstration of simulated clinical experiences in the learning resource laboratory. Clinical experience in selected sub-acute or skilled nursing facilities will provide opportunities to utilize the nursing process and fundamental skills in patient care.

CGN 6501 – Nursing of Adults and Older Adults I (4 units)

This course focuses on acute and chronic health problems of the adult and older adult. Emphasis will be placed on selected physiological processes, pharmacotherapy, developmental theories and human responses to illness.

CGN 6502 – Clinical Practicum: Nursing of Adults and Older Adults I (4 units)

Using hospitals and long term care facilities, students will develop the psychomotor and critical thinking skills to provide nursing care. Students will integrate developmental theories and the roles of communicator, caregiver, advocate, and teacher as students care for adult and older adult clients in the clinical setting.

CGN 6551 – Nursing of Adults and Older Adults II (4 units)

This course focuses on complex health problems of the adult and older adult. Emphasis will be placed on selected physiological processes, developmental theories and human responses to illness of adults and older adults with emergent and complex health problems.

CGN 6552 – Clinical Practicum: Nursing of Adults and Older Adults II (4 units)

This course will be a clinical practice to further develop psychomotor and critical thinking skills in the care of adults and older adults. The roles of communicator, caregiver, advocate, teacher and coordinator of care will be emphasized for clients with complex health problems.

CGN 6601 – Mental Health Nursing (2 units)

This course will focus on clients with psychosocial problems, mood disorders, and mental health diseases. Psychiatric concepts, neurophysiology, interventions and the nursing role will be discussed.

CGN 6602 – Clinical Practicum: Mental Health Nursing (2 units)

This course will be a clinical practice designed to develop critical thinking, communication skills and nursing interventions when caring for clients with identified psychosocial and mental health issues.

CGN 6710 – Obstetric Nursing (2 units)

This course will focus on the theory and application of nursing process and nursing roles related to the care of women and childbearing families of diverse psychosocial and cultural backgrounds. Family systems theory, development theories and the nursing process will serve as the organizing framework for this group of clients. Employing established standards, students will gain knowledge and apply essential principles for professional roles and nursing practice in the care of childbearing women, families, and newborns. Students are expected to apply the theoretical concepts in the clinical setting.

CGN 6711 – Clinical Practicum: Obstetric Nursing (2 units)

Clinical practice to develop critical thinking, psychomotor and communication skills will provide students with opportunities to develop competence in the care of childbearing women, families, and newborns. The roles of communicator, caregiver, advocate, and teacher are emphasized.

CGN 6720 – Pediatric Nursing (2 units)

This course will focus on the theory and application of nursing process and nursing roles related to the care of children and the families that care for them. Family systems theory, developmental theories, vulnerable population theory and the nursing process will serve as the organizing framework for this group of clients. Employing established standards, students will gain knowledge and apply essential principles for professional roles and nursing practice in the care of children and their families within a culturally-diverse population. Students are expected to apply the theoretical concepts in the clinical setting.

CGN 6721 – Clinical Practicum: Pediatric Nursing (2 units)

Clinical practice to develop the psychomotor, critical thinking and communication skills will provide students with the opportunities to develop competence in the care of pediatric patients and their families. Emphasis will be placed on the integration of classroom knowledge and clinical practice as students continue to develop their roles of caregiver, care coordinator, communicator, advocate, and teacher for pediatric clients and their families in the clinical setting.

CGN 6801 – Leadership and Management in the Clinical Setting (2 units)

This course provides an overview of contemporary leadership and management theories. Using the context of the management process, learners are introduced to the planning, organizing, and staffing phases of the management process. Emphasis is given to issues common to first and middle level managers including

strategic planning, planned change, time management, organizational structure, power, authority and power in organizations, and staffing models. Various modes of inquiry, including nursing process, problem-solving models, and decision making tools are emphasized. Organizational theory, management theories, leadership theories, behavioral theories, and communication strategies are emphasized.

CGN 6802 – Clinical Practicum: Leadership and Management (3 units)

This clinical course provides an opportunity for students to integrate leadership and management principles at the clinical level.

CGN 6901 – Community Health Nursing (2 units)

This course focuses on the nursing care and health promotion of individuals, families, groups and communities. The health of the community and subgroups within the community are the focus of this course. Students will apply nursing and public health concepts to promote health, prevent disease, and restore the health of population groups.

CGN 6902 – Clinical Practicum: Community Health Nursing (2 units)

This course will be a clinical practice to develop critical thinking, psychomotor and communication skills in the care and health promotion of individuals, families and groups. The roles of communicator, caregiver, teacher, advocate and manager of care are emphasized

CGN 7550 – RN Clinical Seminar (1 unit; Cr/NCr)

This seminar class provides the opportunity for students to discuss experiences and issues related to their new professional nursing role.

CGN 7560 – CNL Clinical Experience (1-6 units per semester, repeatable)

The course is designed to provide students with opportunities to develop the skills needed as a Clinical Nurse Leader. Clinical hours will include project based practicum experiences to provide application to theory courses and a preceptored clinical immersion experience in the last semester of the program.

CGN 7570 – Clinical Experience (1-6 units per semester; repeatable; Cr/NCr)

This course is designed to provide students with progressive opportunities to develop and refine the clinical skills needed to succeed as a Family Nurse Practitioner. Over the course of the MSN/FNP or FNP-Only program, students will be expected to integrate their undergraduate nursing education, previous clinical experience, and concurrent learning to achieve advanced practice nursing clinical objectives appropriate for diverse and complex patients over the life span.

Academic Calendar
2007-2008
Semester Format (15 Week)

July 9, 2007 MSN/FNP Preprogram Begins – Incoming Students Summer Semester Begins (Continuing Students)	March 14-16, 2008 Seminar Weekend #2 – Distance Students (week 10)
August 7-11, 2007 MSN/FNP Preprogram Seminar – Incoming Students MSN-E Student Orientation – Incoming Students	April 18, 2008 Spring Semester Ends April 28, 2008 Summer Semester Begins
August 20, 2007 Fall Semester Begins MSN-E 1 st year (Incoming Students)	TBA Seminar Weekend #2 – Distance Students (graduating)
August 24, 2007 MSN/FNP Preprogram Ends – Incoming Students	TBA Commencement – Graduating Students
August 27, 2007 Fall Semester Begins – All continuing Students	May 30 – June 1, 2008 Seminar Weekend #1- Distance Students (Non-graduating)
Sept. 7-9, 2007 Seminar Weekend #1 – Distance Students (week 2)	July 11-13, 2008 Seminar Weekend #2 – Distance Students
Nov. 2-4, 2007 Seminar Weekend #2 – Distance Students (week 10)	
December 7, 2007 Fall Semester Ends	
January 9, 2008 Spring Semester Begins	
February 8-10, 2008 Seminar Weekend #1 – Distance Students (week 2)	

**BOARD OF TRUSTEES, ADMINISTRATION & FACULTY
WESTERN UNIVERSITY OF HEALTH SCIENCES**

Board of Trustees

Warren Lawless, LHD (Hon.), 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
Peter Cheney, BS
Linda L. Crans
Maureen Duffy-Lewis, JD
John T. McGwire, DDS
Mike Quick
David Sadava, PhD
Bob H. Suzuki, PhD
Edward Tessier, BA

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: Benjamin L. Cohen, DO
Treasurer/Chief Financial Officer: Kevin D. Shaw
Senior Vice President for Executive Affairs: Gary M. Gugelchuk, PhD
Vice President, Advancement: Shirley D. Johnston, DVM, PhD
Vice President, Human Resources: Howard Pardue, PhD
Vice President, Research and Biotechnology/Interim Dean, Graduate College of Biomedical Sciences: Steven J. Henriksen, PhD
Vice President, Student Affairs: Beverly A. Guidry, EdD
Vice Provost: Sheree J. Aston, OD, PhD
Assistant Vice President of Advancement and Sponsored Programs: Matthew D. Katz, MHA
Assistant Vice President for New Program Development: Richard A. Sugerman, PhD
Registrar: Kimberly DeKruif, MBA
Executive Director of External Affairs: TBN
Director of Philanthropy: Leigh Weimann
Senior Director for Business Services and Purchasing: Michael Butler
Director, Alumni and Constituent Relations: Dorothy Buchanon
Director, Admissions (Pharmacy, Physician Assistant): Kathy Ford
Director, Admissions (Medicine, Health Sciences): Susan D. Hanson
Director, Admissions (Veterinary Medicine, Physical Therapy, Nursing): Marie Anderson
Director, Bookstore: Elizabeth V. Guerra
Director, Budget Management, Planning & Business Office: Kathy Jimenez
Director, Center for Disability Issues and the Health Professions: Brenda Premo, MBA
Director, Environmental Health and Safety: Brett Boston
Director, Events and Programs: Julie Wade
Director, Facilities and Physical Plant: Todd Clark
Director, Financial Aid: Otto Reyer, MA
Director, Graphics & Branding: Rick Clapper, BA
Director, Health Professions Library: Pat Vader, MS

Executive Director, Instructional Technology: Denise Wilcox, MS
Director, Institutional Research, Paula Harmer, MPP
Director, Instructional Technology & Distance Learning: Miary Andriamiarisoa, MA, MS
Director, Learning Enhancement & Academic Development:
David Hacker, MA
Director, Network Operations: Gary Priddy
Executive Director, Public Affairs: Dereck Andrade, MS
Director, Student Affairs: Michelle Emmert, PhD
Director, University Recruitment/Strategic Enrollment
Management: Ann Ellis, MEd
Associate Treasurer, Finance: Joseph Ocampo
Assistant Treasurer, Fiscal Operations: Chris Crow
Manager, Animal Care Facility: Traci Meyer
Alumni Dean Emerita: Janet M. Dyer

College of Osteopathic Medicine of the Pacific

Dean, College of Osteopathic Medicine: Clinton Adams, DO
Associate Dean, Clinical Affairs: Michael Finley, DO
Assistant Dean, Medical Education: Kay Kalousek, DO, MS
Assistant Dean, Postgraduate Education and Development: David A. Connett, DO
Assistant Dean, Student Affairs: Gisele Tackoor, JD
Chairperson, Department of Anatomy: James May, PhD
Chairperson, Department of Basic Medical Sciences: Nissar A. Darmani, 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, Willed Body Program: Niña McCoy

College of Allied Health Professions

Dean, College of Allied Health Professions: Stephanie D. Bowlin, EdD, PA-C
Associate Dean for Research: Donna Redman-Bentley, PhD, PT
Chairperson, Department of Health Sciences: Tina Melendrez-Myer, MS, PA-C
Chairperson, Department of Physician Assistant Education:
Roy Guizado, MS, PA-C
Chairperson, Department of Physical Therapy Education:
Denise Schilling, PhD, PT
Vice Chair/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, MS, PA-C
Coordinator, Clinical Education, Department of Physician
Assistant Education: Jane Riplog, BA

College of Pharmacy

Dean, College of Pharmacy: Daniel Robinson, PharmD
Associate Dean, Academic and Student Affairs: Wallace Murray, PhD
Associate Dean, College Advancement: Sam K. Shimomura, PharmD
Assistant Dean, Enrollment Management: Sunil Prabhu, PhD
Chairperson, Department of Pharmaceutical Science: Guru Betageri, PhD
Chairperson, Department of Pharmacy Practice and Administration: Anandi Law, PhD
Director, Experiential Programs: Rick Sylvies, PharmD
Director, Student Services: Mark Iannuzzo

College of Graduate Nursing

Dean, College of Graduate Nursing/Director, MSN/FNP Program:
Karen Hanford, MSN, FNP, PA-C
Assistant Dean for Academic and Student Affairs: Susan Elliott, PhD
Assistant Dean for Distance Learning/Program Director, MSN/FNP Program: Diane Lithgow, PhD
Director, DNP Program: Ellen Daroszewski, PhD
Assistant Program Director, MSN-E Program: Patricia Callard, MS
Rotations Coordinator, MSN/FNP Program: Dawn Stone

College of Veterinary Medicine

Dean, College of Veterinary Medicine: Phillip D. Nelson, DVM, PhD
Executive Associate Dean, Preclinical Programs: TBN
Associate Dean, Clinical Affairs: TBN
Associate Dean, Clinical and Corporate Relations: Robert V. Mason, DVM, MS
Associate Dean, Research and Outcomes Assessment: James F. Amend, DVM, PhD
Assistant Dean, Biomedical Research: Tom Phillips, DVM, PhD

College of Dentistry

Dean: James J. Koelbel, DDS, MS, MJ

College of Optometry

Dean: Elizabeth Hoppe, OD, DrPH
Associate Dean, Academic Affairs: Daniel Kurtz, OD, PhD

College of Podiatric Medicine

Dean: Lawrence Harkless, DPM
Associate Dean, Academic Affairs: Lester J. Jones, Jr., DPM, MS

FACULTY

Clinton Adams, Professor of Family Medicine, 2005. BS, Baldwin-Wallace College; DO, Chicago College of Osteopathic Medicine; MPA, University of Oklahoma.

Ana Alcaraz, Associate Professor of Veterinary Medicine, 2007. DVM, Universidad Nacional Autonoma de Mexico; PhD, Cornell University.

Dayle Chakerian Armstrong, Associate Professor of Physical Therapy Education, 2000. AS, BS, Mount St. Mary's College; MS, University of Southern California; DPT, Western University of Health Sciences.

Sheree J. Aston, Professor of Optometry, 2007. OD, Pennsylvania College of Optometry; MA, PhD, University of Pennsylvania.

Mary K. Bailey-Long, Associate Professor of Physical Therapy Education, 1999. BS, California State University, Long Beach; MS, California State University, Fullerton; DPT, Western University of Health Sciences.

Gerald Bales, Associate Professor of Anatomy, 1996. BA, MA, Chico State University; PhD, University of Southern California.

Berge Bakamjian, Assistant Professor of Internal Medicine, 2005. BS, University of California, Los Angeles; DO, Arizona College of Osteopathic Medicine.

Margaret C. Barr, DVM, PhD, Associate Professor of Veterinary Medicine, 2004. BS, University of the South; DVM, Auburn University; PhD, Cornell University.

Gini Barrett, Associate Professor of Veterinary Medicine, 2002. BS, California State University, Northridge.

M. Monica Bernal, Assistant Professor of Physician Assistant Education, 2004. AS, Rio Hondo College; BS, California State University, Dominguez Hills; PA-C, Western University of Health Sciences.

Gerald A. Bertetta, Instructor of Anatomy, 2007. BA, MA, San Francisco State University.

Joseph J. Bertone, Professor of Veterinary Medicine, 2003. BS, DVM, Cornell University; MS, Colorado State University.

Gurupadappa V. Betageri, Professor of Pharmaceutical Sciences, 1998. BS, Karnatak University; MS, Bangalore University; PhD, University of Alberta.

Xiaoning Bi, Associate Professor of Basic Medical Sciences, 2005. MD, Binzhou Medical University; MS, Third Medical University of the People's Liberation Army; PhD, University of Southern California.

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.

Elizabeth P. Boynton, Professor of Veterinary Medicine, 2003. BA, Iowa State University; DVM, University of Minnesota.

Rajivinder S. Brar, Assistant Professor of Family Medicine, 2006. BSc, Oakland University; PhD, Wayne State University; DO, Arizona College of Osteopathic Medicine.

Kelly A. Brock, Assistant Professor of Pharmacy Practice and Administration, 2006. PharmD, University of Iowa.

Joachim Brown, Instructor of Family Medicine, 2005. BS, University of California, Davis; DO, Western University of Health Sciences.

Jennifer L. Buur, Assistant Professor of Veterinary Medicine, 2007. DVM, Washington State University; PhD, North Carolina State University.

Patricia Callard, Assistant Professor of Graduate Nursing, 2004. BS, MS, Kent State University.

Arezoo Campbell, Assistant Professor of Pharmaceutical Sciences, 2006. BA, BS, PhD, University of California, Irvine.

Lony C. Castro, Professor of Obstetrics and Gynecology, 2001. BA, University of California, San Diego; MD, University of California, San Francisco.

Casey Chaney, Associate Professor of Physical Therapy Education, 1993. BS, MS, Russell Sage College; PhD University of Utah, College of Health.

George Charney, Emeritus Professor of Surgery/Anesthesiology, 1997. BA, Brooklyn College; DO, Philadelphia College of Osteopathic Medicine.

Amy E. Chew, Assistant Professor of Anatomy, 2007. BSc, MSc, University of Toronto; PhD, The Johns Hopkins University.

Renee Chong, Instructor of Physician Assistant Education, 2007. BS, University of California, San Diego; MS, Western University of Health Sciences.

Sheryl L. Chow, Assistant Professor of Pharmacy Practice and Administration, 2004. BS, University of Connecticut; PharmD, State University of New York at Buffalo.

Eunice P. Chung, Associate Professor of Pharmacy Practice and Administration, 1999. BS, University of California, Berkeley; PharmD, University of California, San Francisco.

Wendell J. Cole, Professor of Veterinary Medicine, 2004. BS, University of New Hampshire; DVM, The Ohio State University.

Patricia Cohen, Instructor of Graduate Nursing, 2006 (Part-time). ASN, Saddleback College; BA, University of California, San Diego; MSN, California State University, Dominguez Hills.

David A. Connett, Associate Professor of Family Medicine, 2007. BA, California State University, Fullerton; DO, Western University of Health Sciences.

Carlos E. Crocker, Assistant Professor of Veterinary Medicine, 2005. BS, MS, California State Polytechnic University, Pomona; PhD, University of California, Davis.

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.

Nissar A. Darmani, Professor of Pharmacology, 2005. BS, Leeds University; MS, PhD, University of Wales.

Ellen Daroszewski, Associate Professor of Nursing, 2004. AAN, Milwaukee Area Technical College; BS, University of California, Los Angeles; BSN, California State University, Long Beach; MSN, California State University, Dominguez Hills; PhD, University of California, Los Angeles.

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.

Robert A. Drewell, Assistant Professor of Basic Medical Sciences, 2006. BSc (Hons.), PhD, University of London.

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.

Duane H. Foley, Professor of Physiology, 1984. BS, University of California, Davis; PhD, University of California, Davis.

I. Carmen Fuentealba, Professor of Veterinary Medicine, 2002. DVM, Universidad Austral de Chile; MSc, Universidad de Chile; PhD, University of Liverpool.

Roger A. Gallegos, Research Assistant Professor of Neuroscience, 2005. BA, San Diego State University; PhD, Princeton University.

Rebecca E. Giusti, Assistant Professor of Osteopathic Manipulative Medicine (Part-time), 2007. DO, Western University of Health Sciences.

Lisa M. Goldstein, Assistant Professor of Graduate Nursing, 2006. BSN, Loma Linda University; MSN, California State University, San Bernardino.

Paul Gordon-Ross, Assistant Professor of Veterinary Medicine, 2007. BS, University of California, Riverside; MS, DVM, University of California, Davis.

Robert A. Graf, Associate Professor of Pharmaceutical Sciences, 1999. AB, University of California, Berkeley; PhD, University of Hawaii.

Christine Green, Associate Professor of Veterinary Medicine, 2006. BVSc, University of Sydney.

Lee R. Grunden, Professor of Pharmacology (Emeritus), 1980. BS Oregon State University; PhD, University of California, San Francisco Medical Center.

Vidalita 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, Associate Professor of Physician Assistant Education, 1994. PA-C, College of Osteopathic Medicine of the Pacific; MS, Western University of Health Sciences.

Eric Knuth Gupta, Assistant Professor of Pharmacy Practice and Administration, 2004. PharmD, University of the Pacific.

Patricia L. Hagen, Assistant Professor of Graduate Nursing (Part time), 2005. ASN, Fullerton Junior College; BSN, California State University, Fullerton; MSN, California State University, Dominguez Hills.

Karen J. Hanford, Associate Professor of Graduate Nursing, 1997. BSN, San Francisco State University; MSN, California State University, Chico; FNP, PA, University of North Dakota.

Lawrence Harkless, Professor of Podiatric Medicine and Surgery, 2007. BS, DPM, California College of Podiatric Medicine.

Deborah Hileman-Ford, Associate Professor of Nursing (Part-time), 2007. BS, MS, University of La Verne; MSN, FNP, University of Phoenix.

Steven Henriksen, Professor of Pharmacology, 2005. BA, University of California, Santa Barbara; PhD, Stanford University.

Karl Hess, Assistant Professor of Pharmacy Practice and Administration, 2006. PharmD, Massachusetts College of Pharmacy and Health Sciences.

Rick M. Hirsh, Assistant Professor of Family Medicine, 2000. AS, Fullerton College; BS, Loma Linda University; DO; Western University of Health Sciences.

Elizabeth Hoppe, Professor of Optometry, 2007. AS, Jackson Community College; BS, OD, Ferris State University; MPH, Yale University, DrPH, University of Michigan.

Raymond J. Hrubby, Professor of Family Medicine/Osteopathic Manipulative Medicine, 1999. BA, St. Vincent College; DO, College of Osteopathic Medicine and Surgery; MS, West Coast University.

Donald Hsu, Assistant Professor of Pharmacy Practice and Administration, 2005. BS, University of California, Los Angeles; PharmD, Western University of Health Sciences.

J-S Hu, Associate Professor of Biochemistry, 2007. BSc, Xiamen University; MSc, Shanghai Institute of Organic Chemistry; PhD, Brandeis University.

Zhongting Hu, Assistant Professor of Anatomy, 2006. BS, MS, Shanghai Medical University; PhD, Kyoto Prefectural University of Medicine.

“Eric” Chun-Ming Huang, Associate Professor of Basic Medical Sciences, 2006. BS, PhD, National Taiwan University.

Ying Huang, Assistant Professor of Pharmaceutical Sciences, 2006. MM, Chinese Academy of Preventive Medicine; MD, Beijing Medical University; PhD, The Ohio State University.

Mary Hudson-McKinney, Assistant Professor of Physical Therapy Education, 2005. AS, Citrus Community College; BS, California State University, Northridge; MS, DPT, University of Southern California.

Renee R. Hukkanen, Assistant Professor of Veterinary Medicine, 2005. BS, DVM, University of Illinois.

Carol J. Huston, Professor of Nursing (On leave), 1998. BS, University of Iowa; MSN, California State University, Chico; MPA, DPA, University of Southern California.

Oscar Illanes, Professor of Veterinary Medicine, 2005. DVM, Universidad Austral de Chile; PhD, University of Liverpool.

Katherine M. Irizarry, Assistant Professor of Biochemistry, 2007. BS, Brown University; PhD, University of California, Los Angeles.

Kristopher Irizarry, Assistant Professor of Veterinary Medicine, 2006. BS, Renselaer Polytechnic Institute; PhD, University of California, Los Angeles.

Cynthia Jackevicius, Associate Professor of Pharmacy Practice and Administration, 2005. BSc, MSc, University of Toronto; PharmD, Shenandoah University.

Richard Jaffe, Instructor of Veterinary Medicine, 2006. BA, Lafayette College; VMD, University of Pennsylvania.

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.

Lester J. Jones, Professor of Podiatric Medicine and Surgery, 2007. BS, DPM, MS, California College of Podiatric Medicine.

Janis Joslin, Professor of Veterinary Medicine, 2007. BA, Northwestern University; DVM, The Ohio State University.

Jeany Kim Jun, Assistant Professor of Pharmacy Practice and Administration, 2002. BA, University of California, Los Angeles; MPH, Loma Linda University; PharmD, University of California, San Francisco.

Ryan Junsay, Instructor of Physician Assistant Education, 2005. BS, University of California, San Diego; MS, Western University of Health Sciences.

Malika Kachani, Professor of Veterinary Medicine, 2004. DVM, Institut Agronomique et Veterinaire Hassan II; PhD, Brunel University.

Anita Kay Kalousek, Assistant Professor of Family Medicine, 2000. BA, Loma Linda University; DO, MS, College of Osteopathic Medicine of the Pacific.

Raj P. Kandpal, Associate Professor of Biochemistry, 2007. BSc, Kumaon University; MSc, G. B. Pant University; PhD, Indian Institute of Science.

Jerry Kellogg, Adjunct Assistant Professor of Graduate Nursing, 1998. BA, University of California, Riverside; MA, California State University, Los Angeles.

Wael A. Khamas, Professor of Veterinary Medicine, 2005. BVM, BVS, University of Baghdad; MS, PhD, Iowa State University.

Linda B. Kidd, Assistant Professor of Veterinary Medicine, 2007. BS, DVM, University of Wisconsin, Madison; PhD, North Carolina State University.

Anita G. Kinser, Adjunct Assistant Professor of Graduate Nursing, 2005. ASN, Madison Area Technical College/University of Wisconsin; BS, University of LaVerne; MSN, California State University, Dominguez Hills; EdD, Pepperdine University.

James J. Koelbl, Professor of General and Restorative Dentistry, 2007. DDS, University of Illinois; MS, MJ, Loyola University.

J. Susie Kovacs, Assistant Professor of Veterinary Medicine, 2004. BSc, University of Western Ontario; MSc, DVM, University of Guelph.

Craig S. Kuehn, Professor of Anatomy, 1985. BS, California State Polytechnic University, Pomona; PhD, University of Southern California.

Daniel Kurtz, Professor of Optometry, 2007. BS, Oberlin College; PhD, University of Michigan; OD, The New England College of Optometry.

Maria Lambros, Associate Professor of Pharmaceutical Science, 1999. BS, University of Athens; MS, University of Cincinnati; PhD, University of Minnesota.

Anandi V. Law, Associate Professor of Pharmacy Practice and Administration, 1999. BPharm, University of Bombay; MS, PhD, The Ohio State University.

Jennifer Le, Assistant Professor of Pharmacy Practice and Administration, 2002. BS, University of California, Los Angeles; PharmD, University of California, San Francisco.

Lyon Lee, Associate Professor of Veterinary Medicine, 2007. DVM, Seoul National University; PhD, University of London.

Diane Lithgow, Associate Professor of Nursing, 1997. BS, University of California, Irvine; BSN, MSN, California State University, Long Beach; PhD, University of California, Los Angeles.

Kabirullah Lutfy, Associate Professor of Pharmaceutical Sciences, 2003. BS, Kabul University; MS, St. John's University; PhD, University of California, Irvine.

Marcia Luxenburg-Horowitz, Assistant Professor of Graduate Nursing, 2005. ASN, Pasadena City College; BSN, MSN, California State University, Fullerton.

Sonja Mack, Assistant Professor of Nursing, 2006. ASN, Pasadena City College; BSN, MSN, University of Phoenix.

Christine Maglady, Assistant Professor of Graduate Nursing (Part-time), 2007. BA, University of Virginia; BSN, Seton Hall University; MSN, University of Texas, El Paso.

Madonna S. Mashburn, Assistant Professor of Pharmacy Practice and Administration, 2006. AA, Cisco Junior College; PharmD, Western University of Health Sciences.

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.

Tracey S. McNamara, Professor of Veterinary Medicine, 2007. BS, St. Lawrence University; DVM, Cornell University; DACVP.

Miguel A. Medina, Instructor of Physician Assistant Education, 1992. AA, East Los Angeles Junior College; PA-C, University of Southern California.

Tina Melendrez-Myer, Instructor of Physician Assistant Education, 2004. AS, Cerritos College; PA-C, MS, Western University of Health Sciences.

Paige Myers-McNamara, Instructor of Physician Assistant Education, 2006. PA-C, Western University of Health Sciences; BS, University of LaVerne.

Lisa E. Miklush, Assistant Professor of Graduate Nursing (Part-time), 2005. ASN, Pasadena City College; BSN, MSN, Azusa Pacific University.

David I Min, Associate Professor of Pharmacy Practice and Administration, 2005. PharmD, MS, University of Minnesota.

Teresa Y. Morishita, Professor of Veterinary Medicine, 2006. BS, MS, University of Hawaii-Manoa; DVM, MPVM, PhD, University of California, Davis.

Tony Mosconi, Associate Professor of Physical Therapy Education, 1997. BS, Allegheny College; MS, PhD, Albany Medical College.

M. Rahmi Mowjood, Assistant Professor of Family Medicine, 2005. BA, Claremont McKenna College; DO, Western University of Health Sciences.

Wallace J. Murray, Professor of Pharmaceutical Sciences, 1999. BS, San Diego State University; PhD, University of California, San Francisco.

Lama H. Nazer, Assistant Professor of Pharmacy Practice and Administration, 2002. BS, University of Jordan; PharmD, Campbell University.

Phillip D. Nelson, Professor of Veterinary Medicine, 2005. BS, Jackson State University; DVM, Tuskegee Institute; PhD, North Carolina State University.

Heather Nevill, Associate Professor of Veterinary Medicine, 2005. BS, Louisiana State University; DVM, Cornell University.

Kim-Hong (Megan) Nguyen, Assistant Professor of Pharmacy Practice and Administration, 2002. BS, University of California, Irvine; PharmD, Western University of Health Sciences.

Nancy Nielsen-Brown, Assistant Professor of Physician Assistant Education, 1995. AS, Cypress College; PA, University of Southern California; MS, Western University of Health Sciences.

Stephen A. O'Barr, Associate 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.

Robert A. Orlando, Associate Professor of Pathology, 2007. AB, New York University; MD, New Jersey College of Medicine; PhD, University of Chicago.

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, 2001. AS, Pasadena City College; BS, University of Southern California; MPAS, University of Nebraska.

Jose Peralta, Associate Professor of Veterinary Medicine, 2007. DVM, University of Zaragoza; MSc, PhD, Cornell University.

David Q. Pham, Assistant Professor of Pharmacy Practice and Administration, 2007. PharmD, University of the Pacific.

Tom R. Phillips, Professor of Veterinary Medicine, 2003. DVM, University of Missouri; MS, PhD, University of Wisconsin.

Sunil Prabhu, Associate Professor of Pharmaceutical Sciences, 1996. PhD, School of Pharmacy, West 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.

Andrew S. Pumerantz, Associate Professor of Internal Medicine, 2007. AB, Occidental College; DO, Philadelphia College of Osteopathic Medicine.

Philip Pumerantz, Professor of Health Professions Education, 2000. BA, MA, PhD, University of Connecticut.

Ryan M. Quist, Assistant Professor of Pharmacy Practice and Administration, 2004. BA, University of California, Riverside; MA, PhD, Claremont Graduate University.

Amy Raines, Associate Professor of Veterinary Medicine, 2004. DVM, Iowa State University.

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.

Terence Rhone, Assistant Professor of Internal Medicine, 2007. BS, Oral Roberts University; DO, Western University of Health Sciences.

Daniel C. Robinson, Professor of Pharmacy Practice and Administration, 2006. BA, California State University, Fullerton; PharmD, University of California, San Francisco.

Ancel J. Rogers, Associate Professor of Surgery, 2006 (Part-time). BS, Stanford University; MD, Harvard University.

Josep Rutllant Labeaga, Associate Professor of Veterinary Medicine, 2003. DVM, PhD, Autonomous University of Barcelona.

Miguel Daniel Saggese, Assistant Professor of Veterinary Medicine, 2007. DVM, University of Buenos Aires; MS, University of Minnesota; PhD, Texas A & M University.

Beatrice J. Saviola, Assistant Professor of Microbiology, 2002. BS, University of Delaware; PhD, The Johns Hopkins University.

Denise Schilling, Associate Professor of Physical Therapy Education, 2007. BS, Kent State University; MS, PhD, University of Washington.

Peggy L. Schmidt, Assistant Professor of Veterinary Medicine, 2004. BS, University of Wisconsin, River Falls; DVM, University of Minnesota; MS, Iowa State University.

Peter Schultz, Assistant Professor of Graduate Nursing, 2006. BSN, Point Loma Nazarene University; MSN, FNP, Western University of Health Sciences.

James D. Scott, Assistant Professor of Pharmacy Practice, 2000. BS, MEd, PharmD, University of Florida.

Michael A. Seffinger, Associate Professor of Family Medicine/Osteopathic Manipulative Medicine, 1999. BA, University of California, Santa Cruz; DO, Michigan State University.

David M. Selkowitz, Professor of Physical Therapy Education, 2000. BS, State University of New York, Buffalo; MS, Boston University; PhD, The Union Institute.

G.S. Shankar, Assistant Professor of Pharmacy Practice and Administration, 2003. MS, University of Northern Colorado; PharmD, Creighton University.

Donna Shettko, Associate Professor of Veterinary Medicine, 2003. BSN, Arizona State University; DVM, University of Wisconsin.

Sam Shimomura, Professor of Pharmacy Practice and Administration, 1997. PharmD, University of California, San Francisco.

Dean Smylie, Instructor of Veterinary Medicine, 2006. BS, Yale University; DVM, Colorado State University.

Hrvoje Smodlaka, Assistant Professor of Veterinary Medicine, 2005. DVM, University of Zagreb; PhD, University of Tennessee.

Cheryl H. St. George, Assistant Professor of Graduate Nursing, 2006. BSN, Carlow College; MSN, University of Florida.

Wendy Stiver, Assistant Professor of Graduate Nursing (Part-time), 2006. ASN, Pasadena City College; BSN, University of the State of New York; MA, University of Southern California.

Dawn Stone, Assistant Professor of Graduate Nursing, 2006. AS, Rio Hondo College; BS, California State University, Los Angeles; MN, University of California, Los Angeles.

Sandra Stuckey, Associate Professor of Physical Therapy Education, 1992. BS, Michigan State University; MA, California State University, Los Angeles; PT, Stanford University; PhD, Claremont Graduate University.

Richard A. Sugerman, Professor of Anatomy, 1980. BA, California State University, San Diego; MS, PhD, University of New Mexico.

Manal A. Swairjo, Assistant Professor of Basic Medical Sciences, 2006. BSc, Kuwait University; PhD, Boston University.

Rick A. Sylvies, Assistant Professor of Pharmacy Practice and Administration, 2003. PharmD, University of Southern California.

John H. Tegzes, Associate Professor of Veterinary Medicine, 2003. BSN, Thomas Jefferson University; MA, University of Santa Monica; VMD, University of Pennsylvania.

Ronald L. Terra, Professor of Veterinary Medicine, 2006. BS, MS, DVM, University of California, Davis; MBA, University of Guelph.

Brian Tessier, Instructor of Physician Assistant Education, 2007. AA, Mt. San Antonio College; PA, College of Osteopathic Medicine of the Pacific; BS, California State University, Dominguez Hills.

Maria Pia Testa, Assistant Professor of Veterinary Medicine, 2005. Doctor of Agricultural Science, University of Napoli.

Gerald Russell Thrush, Professor of Immunology, 2006. BS, Saginaw Valley State University; PhD, Wayne State University.

Suzana Tkalcic, Assistant Professor of Veterinary Medicine, 2003. DVM, University of Zagreb; MS, PhD, University of Georgia.

Rosalie Trevejo, Assistant Professor of Veterinary Medicine, 2004. BS, Loyola Marymount University; DVM, MPVM, University of California, Davis; PhD, University of California, Berkeley.

Dat Q. Trinh, Assistant Professor of Family Medicine, 2006. BS, University of California, Irvine; DO, Western University of Health Sciences.

John W. Tyler, Associate Professor of Veterinary Medicine, 2005. DVM, University of Georgia.

Greta Vines-Douglas, Instructor of Physician Assistant Education, 2006. BS, University of Southern California; PA-C, Western University of Health Sciences; MS, California State University, Dominguez Hills.

Eva M. Vivian, Associate Professor of Pharmacy Practice and Administration, 2003. BS, Illinois Benedictine College; PharmD, University of Chicago.

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.

Victoria L. Voith, Professor of Veterinary Medicine, 2004. DVM, MSc, MA, The Ohio State University; PhD, University of California, Davis.

Edward J. Wagner, Associate 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.

J. Jeffrey Wang, Assistant Professor of Pharmaceutical Sciences, 2003. BS, Shanghai Medical University; PhD, University of Southern California.

Paul W. Willis, Jr., Assistant Professor of Family Medicine, 2001. BA, University of Southern Florida; DO, College of Osteopathic Medicine of the Pacific.

Siu-Fun Wong, Associate Professor of Pharmacy Practice and Administration, 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.

Frances Yang, Associate Professor of Pediatrics, 1999. BS, California State Polytechnic University, Pomona; DO, Western University of Health Sciences.

Julie Yang (Lee), Assistant Professor of Physician Assistant Education, 2005. BS, Andrews University; BS, State University of New York at Stony Brook; MPH, Loma Linda University.

Joanne Yasuda, Adjunct Professor of Nursing, 1999. BA, University of California, Los Angeles; PharmD, University of California, San Francisco.

Bartley Yee, Assistant Professor of Family Medicine, 1999. BS, University of California, Los Angeles; DO, Michigan State University.

Anna Yeung, Assistant Professor of Family Medicine/Geriatrics, 2007. BA, BS, University of California, Riverside; DO, Western University of Health Sciences.

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

John D. Adams, Jr., DO, MBA
Clinical Associate Professor of Internal Medicine

Ross Mitchell Adams, DO
Assistant Professor of Pediatrics

Alnasir H. Adatia, DO
Associate Professor of Family Medicine

Timothy W. Affolter, DVM
Assistant Professor of Veterinary Medicine

Chandahas Agarwal, MD
Assistant Professor of Internal Medicine/
Cardiology

Vandana Agarwal, MD
Assistant Professor of Internal Medicine/ Oncology
& Hematology

Jacqueline Agcaoili, MD
Assistant Professor of Physician Assistant
Education

Sue Agent, BS, RPh
Assistant Professor of Pharmacy Practice

Michael S. Agron, MD
Assistant Professor of Physician Assistant
Education

Luz del Carmen Aguirre, MD
Assistant Professor of Physician Assistant
Education

David Ahdoot, MD
Instructor of Obstetrics/Gynecology

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

Richard G. Allen, BS, RPh
Assistant Professor of Pharmacy Practice

Robert F. Altamura, DO
Associate Professor of Pediatrics

Louis R. Alvarez, MD, MPH
Assistant Professor of Psychiatry

M. Mark Alwan, MD
Assistant Professor of Obstetrics/Gynecology

Mukesh S. Amin, MD
Assistant Professor of Internal Medicine

Dennis E. Amundson, DO
Associate Professor of Internal Medicine

Seung-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

Scott M. Anderson, DVM
Professor of Veterinary Medicine

Terrye A. Anderson, MSN
Assistant Professor of Graduate Nursing

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

Sharon E. Angrimson, RN, MSN
Assistant Professor of Graduate Nursing

Eduardo Anorga, MD
Assistant Professor of Family Medicine

Lavun R. Anothayanontha-Franko, DVM
Adjunct Assistant Professor of Veterinary
Medicine

Alon Antebi, DO
Assistant Professor of Orthopedic Surgery

Jeffrey P. Anthony, DO
Assistant Professor of Family Medicine/
Sports Medicine

Michael D. Antos, MD
Assistant Professor of Pediatrics

Rubina Aqueel, MD
Assistant Professor of Internal Medicine/
Endocrinology

Neal S. Archer, DO
Associate Professor of Family Medicine

Dariush Arfaania, MD

John J. Aryanpur, MD
Assistant Professor of Surgery

Mohammad Aslam, MD
Assistant Professor of Internal Medicine/
Cardiology

David M. Atkin, MD
Assistant Professor of Physician Assistant
Education

Allison Atkinson, PA-C
Assistant Professor of Physician Assistant
Education

Roscoe D. Atkinson, MD
Associate Professor of Pathology

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

Elias Inhaya Ayoub, MD
Assistant Professor of Surgery

Muhammad A. Azam, MD
Assistant Professor of Physician Assistant
Education

Angela E. Azar, MD
Assistant Professor of Surgery

Samir J. Azzam, MD
Assistant Professor of Physician Assistant
Education

Richard M. Bachrach, DO
Assistant Professor of Family Medicine

Cynthia X. Bacmeister, DVM, PhD
Adjunct Associate Professor of Veterinary
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

William T. Baker, DO
Assistant 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
Professor of Family Medicine

Julie Barnes, BVSc, MSc
Professor of Veterinary Medicine

Rebecca Barnett, PA-C
Assistant Professor of Physician Assistant
Education

Rodolfo Cantu Barrera, DO
Assistant Professor of Pediatrics

Jeffrey A. Barris, PharmD
Assistant Professor of Pharmacy Practice

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

Runa Basu, DO
Instructor of Internal Medicine/OMM

William P. Baugh, MD
Assistant Professor of Dermatology

Geoffrey Baum, DO
Assistant Professor of Surgery

T. John Baumeister, DO
Assistant Professor of Family Medicine

Fernando Bayo, III, MD
Instructor of Radiology

William Chandler Bearce, PharmD
Assistant Professor of Pharmacy Practice

Brian Bearie, MD
Assistant Professor of Emergency Medicine

Daniel J. Beavers, DO
Associate Professor of Psychiatry

Richard Beck, DVM
Associate Professor of Veterinary Medicine

Steven J. Becker, DO
Assistant Professor of Internal Medicine

Emily Susan Beeler, DVM
Adjunct Associate Professor of Veterinary
Medicine

Robert D. Belanger, DO
Professor of Family Medicine

Johanna S. Bell, DVM, MS
Associate Professor of Veterinary Medicine

Joseph W. Bell Jr., DO
Assistant Professor of Obstetrics/Gynecology

Mark Bell, MD
Assistant Professor of Emergency Medicine

Robert B. Bell, DO
Professor of Family Medicine

Uri M. Ben-Zur, MD
Assistant Professor of Internal 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

Paramjit S. Benipal, MD
Assistant Professor of Internal Medicine

Tina M. Benkendorfer, PharmD
Assistant Professor of Pharmacy Practice

Maggie Bennington-Davis, MD
Assistant Professor of Psychiatry

Irvin S. Benowitz, DO
Associate Professor of Family Medicine

Jack N. Benson, DO
Assistant Professor of Surgery/Urology

Emmett A. Berg, DO
Assistant Professor of Family Medicine

Mark P. Berland, DO
Assistant Professor of Obstetrics/Gynecology

Yoopin Bernbrock, PharmD
Assistant Professor of Pharmacy Practice

Benjamin Berry, MD
Assistant Professor of Obstetrics/Gynecology

Martin Berry, MD
Assistant Professor of Surgery

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

Ross Beiderman, DPM, MD
Adjunct Professor of Physical Therapy Education

Henry B. Bikhazi, MD, FACS
Assistant Professor of Surgery/
Otorhinolaryngology

Lori B. Birndorf, DO
Assistant Professor of Surgery/Ophthalmology

John M. Bjerneby, DVM, PhD
Adjunct Professor of Veterinary Medicine

Murray L. Black, DO
Assistant Professor of Family Medicine

Dennis C. Blackburn, DO
Assistant Professor of Surgery

Eliot S. Blackman, DO
Assistant Professor of Family Medicine

William J. Blair, PharmD, MBA
Assistant Professor of Pharmacy Practice

Andre V. Blaylock, MD
Assistant Professor of Family Medicine

William A. Blee, MD
Assistant Professor of Internal Medicine

Stephen D. Blood, DO
Professor of Family Medicine/OMM

Russell C. Bloom, DO
Assistant Professor of Family Medicine

Janice Upton Blumer, DO
Assistant Professor of Family Medicine

John N. Bode, DO
Assistant Professor of Radiology

Robert J. Bohr, MD
Assistant Professor of Surgery/Orthopedics

Denis Bolton, DO
Adjunct Instructor of Radiology

Julie Bolton, DO
Adjunct Instructor of Family Medicine

Richard A. Bond, DO
Associate Professor of Family Medicine

Gregory R. Bonomo, MD
Assistant Professor of Internal Medicine/
Neurology

Rodney W. Borger, MD
Associate Professor of Emergency Medicine

Timothy R. Borman, DO
Assistant Professor of Orthopedics

Allen D. Bott, MD
Assistant Professor of Internal
Medicine/Neurology

James B. Boyd, MD
Assistant Professor of Emergency Medicine

Holger E. Bracht, DO
Assistant Professor of Family Medicine

John D. Branch, DO
Assistant Professor of Family Medicine

Michael Brand, MD
Assistant Professor of Radiology

Mark Brandt, DVM
Professor of Veterinary Medicine

Rodney D. Brandt, MD
Assistant Professor of Orthopedics

Thomas S. Brauer, DVM
Associate Professor of Veterinary Medicine

David A. Brauner, DO
Associate Professor of Pediatrics

Marc D. Braunstein, DO
Assistant Professor of Family Medicine

Randy J. Brazie, MD
Assistant Professor of Psychiatry

Ivan Breed, MD
Assistant Professor of Family Medicine

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

Frank R. Brower, BS, RPh
Assistant Professor of Pharmacy Practice

Kevin R. Brown, PharmD
Assistant Professor of Pharmacy Practice

Karen E. Brungardt, DO
Assistant Professor of Family Medicine

David S. Bruyette, DVM
Professor of Veterinary Medicine

Stephanie Bryant, MSN, RN
Assistant Professor of Graduate Nursing

Bernard Buchanan, MD
Assistant Professor of Psychiatry

Stefan Bughi, MD
Assistant Professor of Internal Medicine/
Endocrinology

Timothy W. Burke, DO
Associate Professor of Internal Medicine/
Gastroenterology

Lee A. Burnett, DO
Assistant Professor of Family Medicine

Patrick J. Burns, DO
Assistant Professor of Internal Medicine/
Neurology

Russell P. Burns, DVM
Associate Professor of Veterinary Medicine

Michael S. Burton, MD
Assistant Professor of Family Medicine

Robert D. Bush, MD
Assistant Professor of Family Medicine

Walter R. Bush, Jr., MD
Assistant Professor of Emergency Medicine

James D. Butler, DO
Assistant Professor of Emergency Medicine

Jay M. Butterman, DO
Assistant Professor of 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

Elber S. Camacho, MD
Assistant Professor of Internal Medicine/
Hematology/Oncology

John B. Campbell, MD
Assistant Professor of Pathology

Gordon P. Canzler, DO
Assistant Professor of Family Medicine

Roy J. Caputo, MD
Assistant Professor of Orthopedics

Dennis M. Carden, DO
Associate Professor of Obstetrics/Gynecology

John P. Cardin, Jr., MD
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

Thomas A. Carpenter, DVM
Professor of Veterinary Medicine

Dale M. Carrison, DO
Assistant Professor of Emergency Medicine

Kimberly L. M. Carvalho, DVM
Associate Professor of Veterinary Medicine

John Joseph Cassani, DO
Assistant Professor of Family Medicine

Angela Castro, BS, PA-C
Instructor of Physician Assistant Education

Harold Kennedy Cathcart, DO
Assistant Professor of Internal 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

Sandra Chan, PharmD
Assistant Professor of Pharmacy Practice

Elbert K. Chang, MD
Assistant Professor of Internal Medicine

Emery K. Chang, MD
Assistant Professor of Surgery

Jonathan L. Chang, MD
Assistant Professor of Orthopedics

Lung Hsiung Chang, MD
Assistant Professor of Surgery

Laura Chang-Strauss, MD
Assistant Professor of Pediatrics

Jagmeet K. Chann, MD
Assistant Professor of Family Medicine

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

David Chim, DO
Assistant Professor of Family Medicine

William L. Chin, DO
Assistant Professor of Internal Medicine

Bradley E. Chipps, MD
Instructor of Pediatrics & Internal Medicine

Eugene S. Cho, MD
Assistant Professor of Surgery

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 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

James Chow, PharmD
Assistant Professor of Pharmacy Practice

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

Michael Cipriano, PharmD
Assistant Professor of Pharmacy Practice

Chad Clark, MD
Assistant Professor of Emergency Medicine

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 Emergency Medicine

Karen J. Clingerman, DVM, MS
Assistant Professor of Veterinary Medicine

John O. Clune, MD
Assistant Professor of Internal Medicine/
Hematology & Oncology

Ellen Clymer, EdD
Adjunct Associate Professor of Health Professions
Education

Seven Cobb, MD
Assistant Professor of Radiology

Michael L. Cogan, MD
Assistant Professor of Obstetrics/Gynecology

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

Carl E. Collier, DO
Assistant Professor of Surgery

Randy E. Collins, DO
Assistant Professor of Obstetrics/Gynecology

Roderick A. Comunale, MD
Assistant Professor of Internal Medicine

Ralph E. Conner, DO
Assistant Professor of Emergency 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 Orthopedics

Michelle G. Coran, DVM
Associate Professor of Veterinary Medicine

Fredric H. Corbin, MD
Assistant Professor of Surgery/Plastic &
Reconstructive Surgery

Joe Corless, MD
Associate Professor of Pediatrics

Michael Coronado, PharmD
Assistant Professor of Pharmacy Practice

Anthony Cortese, DO
Adjunct Assistant Professor of Obstetrics/
Gynecology

Conrad A. Cox, MD
Assistant Professor of Internal Medicine

Judy H. Cox, DVM, MS
Professor of Veterinary 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

Paula M. Crone, DO
Associate Professor of Family Medicine

James A. Crosby, DO
Assistant Professor of Internal Medicine/
Neurology

Ronald H. Crouch, MD
Assistant Professor of Surgery

Michael P. Curley, MD
Assistant Professor of Physician Assistant
Education

Theresa Cyr, DO
Assistant Professor of Family Medicine

Glen D. D'Arpa, DO
Instructor of Family Medicine

Vincent G. D'Auria, MD
Instructor of Family Medicine

Jack Dabbert, MS, PT
Adjunct Assistant Professor of Physical Therapy
Education

Dionisio F. Dabu, MD
Assistant Professor of Physician Assistant
Education

Himmat 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

Heip Dinh Dang, DO
Assistant Professor of Family Medicine

Nghiem Duc Dang, MD
Assistant Professor of Surgery

Christopher J. Dannaker, DO
Assistant Professor of Family Medicine

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

James A. Davies, MD
Assistant Professor of Surgery

Richard C. Davies, DO
Assistant Professor of Family Medicine

Steven E. Davis, DO, MS
Assistant Professor of Family Medicine

Thomas M. Dawes, Jr., MD
Assistant Professor of Family Medicine

Anil Daya, MD
Assistant Professor of Internal Medicine

Lori de Bold, MD
Associate Professor of Physician Assistant
Education

Lino J. de Guzman, MD
Assistant Professor of Internal Medicine/
Gastroenterology

Ricardo E. de Napoli, DO
Assistant Professor of Family Medicine

Angela de Rosa, DO
Instructor of Internal Medicine

Douglas Deans, PharmD
Assistant Professor of Pharmacy Practice

James J. Dearing, DO
Assistant Professor of Family Medicine

Darcy E. Deering, MD
Assistant Professor of Internal Medicine

Cheryl Delgado, PharmD
Assistant Professor of Pharmacy Practice

Milan John Demeter, MD
Associate Professor of Surgery

Harry W. Depew, MD
Assistant Professor of Family Medicine

Christian Derefield, BS, PA-C
Instructor of Physician Assistant Education

Lanny Deremer, PharmD
Assistant Professor of Pharmacy Practice

Sunita Dergalust, PharmD
Assistant Professor of Pharmacy Practice

Alpesh D. Desai, DO
Instructor of Internal Medicine

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

Jose J. Diaz, MD
Assistant Professor of Emergency Medicine

Lorane Dick, DO
Associate Professor of Family Medicine/
Osteopathic Manipulative Medicine

Joel Dickerman, DO
Professor of Family Medicine

Paul L. di Modica, DO
Assistant Professor of Internal Medicine

Dinh V. Dinh, DO
Assistant Professor of Family Medicine

Ngon H. Dinh, DO
Assistant Professor of Surgery

Lew B. Disney, MD, PhD
Assistant Professor of Surgery

Dale V. di Stephano, MD
Assistant Professor of Internal Medicine

Milind Dixit, MPharm, PhD
Adjunct Professor of Pharmaceutical Sciences

Trung Doan, PharmD
Assistant Professor of Pharmacy Practice

Jack E. Dobkin, DO
Assistant Professor of Internal Medicine

Stephen D. Docherty, DO
Assistant Professor of Emergency Medicine

Neil E. Doherty III, MD
Associate 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

John S. Domreis, MD
Assistant Professor of Surgery

Thomas K. Donaldson, MD
Associate Professor of Surgery

Tennison S. Dong, MD
Assistant Professor of Surgery

Bradley C. Downing, Jr, DO
Assistant Professor of Family Medicine

Brian J. Downs, DO, MBA
Assistant Professor of Family Medicine

Gregory J. Downs, MD
Assistant Professor of Surgery/Anesthesiology

Bryan Drake, DO
Assistant Professor of Family Medicine

Rolf R. Drinhaus, MD
Assistant Professor of Orthopedics

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

Maria J. Dunton, DO
Assistant Professor of OMM

Tanya T. Duong, PharmD
Assistant Professor of Pharmacy Practice

Caroline E. du Pee, MSN, RN
Assistant Professor of Graduate Nursing

Nguyen (Andy) D. Duy, MD
Assistant Professor of Surgery/Vascular Surgery

Greg Dyer, PA-C
Assistant Professor of Physician Assistant
Education

Robert Dyson, MD, PhD
Assistant Professor of Obstetrics/Gynecology

Emily A. Ebert, MD
Associate Professor of Family Medicine

Joel B. Edelstein, DO
Assistant Professor of Internal Medicine

Edwin L. Edillion, MD
Assistant Professor of Surgery

Irv E. Edwards, MD
Assistant Professor of Emergency Medicine

Jeffrey L. Edwards, DVM
Adjunct Professor of Veterinary Medicine

Roy Egari, MD
Assistant Professor of Surgery/Urology

Karen L. Ehnert, DVM, MPVM, MS
Associate Professor of Veterinary Medicine

Lawrence M. Ehrlich, DO
Assistant Professor of Family Medicine

John E. Eiland, DO
Assistant Professor of Obstetrics/Gynecology

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

Pamela A. Ellison, DVM, MPVM
Professor of Veterinary Medicine

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

Daren F. Emery, DO
Associate Professor of Pediatrics

Paul E. Emmans Jr., DO
Assistant Professor of Family Medicine

Diane Endo-Okada, PharmD
Assistant Professor of Pharmacy Practice

Curtis Eng, DVM
Associate Professor of Veterinary Medicine

Emily Engelbrecht-Zadvorny, PharmD
Assistant Professor of Pharmacy Practice

Jack D. England, DO
Professor of Emergency Medicine

Scott Engwall, MD
Assistant Professor of Surgery

Carl M. Erikson, DO
Assistant Professor of Family Medicine

Richard W. Ermel, DVM, PhD
Professor of Veterinary Medicine

Steven Ernst, MD
Assistant Professor of Family Medicine/
Emergency Medicine

J. Yusuf Erskine, DO
Assistant Professor of Family Medicine

Asher E. Esagoff, PharmD
Assistant Professor of Pharmacy Practice

Gregory John Esmer, DO
Assistant Professor of OMM
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

Thomas R. Eubanks, DO
Assistant Professor of Surgery

Gregory R.D. Evans, MD
Professor of Physician Assistant Education

James T. Evans, MD
Assistant Professor of Family Medicine

Winston E.N.D. Evering, DVM, PhD
Adjunct Professor of Veterinary Medicine

Vickie Ewing, MD
Assistant Professor of Physician Assistant
Education

Thomas W. Eyler, DO
Assistant Professor of Family Medicine

Wade Faerber, DO
Associate Professor of Surgery/Orthopedics

Robert R. Fajardo, PA-C
Instructor of Physician Assistant Education

Michael R. Falcon, PharmD
Assistant Professor of Pharmacy Practice

Evangeline S. Fangonil, MSN, RN
Assistant Professor of Graduate Nursing

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

Marlan R. Fender, DVM
Adjunct Professor of Veterinary Medicine

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

William M. Ferrin, MD
Assistant Professor of Internal Medicine

Ronald B. Ferris, MD
Associate Professor of Family Medicine

Henie A. Fialkoff, MD
Assistant Professor of Pediatrics

Raymond A. Fidaleo, MD
Assistant Professor of Psychiatry

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

A.T. Fischer, Jr., DVM
Professor of Veterinary Medicine

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

Ronald A. Floyd, PharmD
Assistant Professor of Pharmacy Practice

Kenneth W. Fogelberg, MD
Assistant Professor of Obstetrics/Gynecology

Jon W. Fong, DO
Assistant Professor of Family Medicine

Elizabeth W. Ford, DVM, MPVM
Professor of Veterinary Medicine

Alice Y. Forest, PharmD
Assistant Professor of Pharmacy Practice

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 Pathology

Leonard M. Fromer, MD
Assistant Professor of Family Medicine

Christopher Frothingham, DO
Assistant Professor of Family Medicine

Byron Fujimoto, MD
Assistant Professor of 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

Jill Furgurson, MD
Assistant Professor of Physician Assistant
Education

Geoffrey Furman, MD
Assistant Professor of Family Medicine

Gilbert I. Furman, MD
Assistant Professor of Pediatrics/Neonatology

Jeanne Furnier, BS, RPh
Assistant Professor of Pharmacy Practice

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

Joseph Gambone, DO
Professor of Obstetrics/Gynecology

David J. Gamrath, DO
Assistant Professor of Family Medicine

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

Cynthia H. Garner, DO
Assistant Professor of Family Medicine

Parvin Ghassemian, PharmD
Assistant Professor of Pharmacy Practice

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 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

Sandra L. Goines, DO
Assistant Professor of Family Medicine

Stanley A. Golanty, MD
Professor of Internal Medicine

Ellice K. Goldberg, DO
Assistant Professor of Family Medicine

Allan P. Goldman, DO
Associate Professor of Family Medicine

Jack Goldman, MD
Assistant Professor of Internal Medicine

Mitchell R. Goldstein, MD
Assistant Professor of Pediatrics

Myron J. Gomez, MD
Assistant Professor of Surgery/Vascular Surgery

Carmen Gonzales-Nate, MD
Assistant Professor of Pharmacy Practice

Paul N. Gordon-Ross, DVM, MS
Associate Professor of Veterinary Medicine

Alan 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

James B. Graber, DO
Assistant Professor of Family Medicine

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

William A. Grant II, DVM
Associate Professor of Veterinary Medicine

Jarid D. Gray, MD
Assistant Professor of Family Medicine

Catou Greenberg, MD
Assistant Professor of Physician Assistant
Education

David Greenberg, PA-C
Instructor of Physician Assistant Education

Tia Beth Greenberg, DVM
Associate Professor of Veterinary Medicine

Gerald R. Greene, MD
Professor of Pediatrics/Infectious Diseases

Roger Greenham, PharmD
Assistant Professor of Pharmacy Practice

Sylvia L. Greenman, DVM
Associate Professor of Veterinary Medicine

Leah L. Greer, DVM
Associate Professor of Veterinary Medicine

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

Jesus Alfonso Guajardo, DVM
Assistant Professor of Veterinary Medicine

Edward Guerrero, PharmD
Assistant Professor of Pharmacy Practice

Richard P. Guess, MD
Assistant Professor of Family Medicine

Gary W. Gulizia, DO
Assistant Professor of Family Medicine

Sisira K.P. Gunawardane, MD
Assistant Professor of Physician Assistant
Education

Mahesh C. Gupta, MD
Assistant Professor of Internal Medicine

Suresh Gurbani, MD, PhD
Assistant Professor of Pediatrics

A Nikos Gurfield, DVM
Assistant Professor of Veterinary Medicine

Thomas C. Gustafson, DO
Assistant Professor of Family Medicine

Marc S. Gutin, MD
Assistant Professor of Internal 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

MaryAnn Hall, PA-C
Assistant Professor of Physician Assistant
Education

Roger Hall, DO
Assistant Professor of Family Medicine

Issa Y. Hallaq, DO
Associate Professor of Internal Medicine

Jeffrey M. Haller, DO
Assistant Professor of Internal Medicine

Joan E. Halley, DO
Assistant Professor of Family Medicine

Norman Hamada, PharmD
Assistant Professor of Pharmacy Practice

Khan J. Hameed, MD
Assistant Professor of Surgery

Robert C. Hamilton, MD
Assistant Professor of Pediatrics

Michael S. Han, MD
Assistant Professor of Surgery

Curtis R. Handler, MD
Assistant Professor of Internal 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

Jimmy H. Hara, MD
Assistant Professor of Family Medicine

W. Benson Harer, MD
Professor of Obstetrics/Gynecology

Pamela J. Harford, DO
Assistant Professor of Family Medicine

Jon Frederic Harrell, DO
Assistant Professor of Surgery

Clyde O. Harris III, MD
Assistant Professor of Surgery/Orthopedics

Elliot A. Harris, MD
Professor of Psychiatry

Imran Hasnain, MD
Assistant Professor of Internal Medicine

Kristen T. Haughland, MD
Assistant Professor of Pediatrics

Richard P. Hausman, DO
Instructor of Emergency Medicine

John R. Hawes, Jr., DO
Associate Professor of Family Medicine

Lee Headley, PharmD
Assistant Professor of Pharmacy Practice

Allan A. Hedges, MD
Assistant Professor of Obstetrics/Gynecology

Todd Hee, MD
Associate Professor of Internal Medicine

Ole A. Heggeness, DO
Assistant Professor of Family Medicine

Paul Heiderscheidt, MD
Instructor of Family Medicine

Thomas D. Heiman, MD
Assistant Professor of Surgery

Joseph J. Helak, DO
Professor of Surgery

Wendy Hendricks, PharmD
Assistant Professor of Pharmacy Practice

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

Jesus N. Hernandez, MD
Assistant Professor of Obstetrics/Gynecology

Toni L. Hero, DO
Assistant Professor of Family Medicine

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

Jerry W. Hizon, MD
Assistant Professor of Physician Assistant
Education

Phoebe F. Ho, MD
Assistant Professor of Obstetrics/Gynecology

Robert W.-H. Ho, DO
Assistant Professor of Orthopedics

George L. Hobeich, MD
Associate Professor of Pediatrics

Frederick H. Hodell, MD
Professor of Pathology

Timothy P. Hodges, DO
Adjunct Assistant Professor of Family Medicine

Steven M. Hoefflin, MD
Assistant Professor of Surgery

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

Jesse Y Hong, PharmD, MBA
Assistant Professor of Pharmacy Practice

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 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 Dermatology

Joseph Hourany, MD
Assistant Professor of Internal Medicine/
Pulmonology

Allen Houshiar, DO
Assistant Professor of Family Medicine

John E. Howard, PharmD
Assistant Professor of Pharmacy Practice

Virginia E. Hoyle, PharmD
Assistant Professor of Pharmacy Practice

Jennifer J. Hsieh, DO
Assistant Professor of Internal Medicine

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

C. T. Hung, MD
Assistant Professor of Physician Assistant
Education

Catherine Ann Hunter, DO
Assistant Professor of Obstetrics/Gynecology

Asghar Husain, MD
Assistant Professor of Surgery

Nga N. Huynh, PharmD
Assistant Professor of Pharmacy Practice

Phuc Huynh, DO
Assistant Professor of Family Medicine

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

Manuel G. Iregui, MD
Assistant Professor of Internal Medicine

Harold W Jackson, DO
Assistant Professor of Family Medicine

J. Carvel Jackson, DO
Assistant Professor of Family Medicine/Physical
Medicine and Rehabilitation

Marianne B. Jacobs, DO
Assistant Professor of Internal Medicine/
Neurology

Michael S. Jaffe, DO
Assistant Professor of Physical Medicine &
Rehabilitation

Arthur J. Jaffee, JD
Adjunct Professor of Medical Jurisprudence

David S. James, DO
Assistant Professor of Family Medicine

Michael P. James, BVSc, PhD
Adjunct Professor of Veterinary Medicine

Wen-Feng Jan, MD
Assistant Professor of Pediatrics/Endocrinology

Carl Jansen, MD
Professor of Radiology

Kedy Ying Jao, DO
Assistant Professor of Family Medicine

Farid Javedanfar, MD
Instructor of Internal 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

Kevin Jenkins, DO
Professor of Internal Medicine

Kraig K. Jenson, MD
Assistant Professor of Dermatology

Norman B. Jetton, MD
Assistant Professor of Physician Assistant
Education

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

Stephen R. Jones, MD
Professor of Internal Medicine

Walter Jones III, MD
Assistant Professor of Physician Assistant
Education

Christopher Jordan, MD
Associate Professor of Orthopedics

Layne S. Jorgensen, DO
Assistant Professor of Family Medicine

James S. Joy, PharmD
Assistant Professor of Pharmacy Practice

Debra R. Judelson, MD
Assistant Professor of Internal
Medicine/Cardiology

Randal Carl Juengel, MD
Assistant Professor of Internal Medicine/
Pathology

Anthony A. Juguilon, MD
Assistant Professor of Internal Medicine/
Pathology

Andrew Jun, PharmD
Assistant Professor of Pharmacy Practice

Nami Jun, PharmD
Assistant Professor of Pharmacy Practice

Nancy R. Kahaner, DO
Assistant Professor of Obstetrics/Gynecology

Otto Kahn, MD
Associate Professor of Internal Medicine/
Cardiology

June Isaacson Kailes, MSW
Adjunct Associate Professor of Health Professions
Education

Stanley A. Kaller, DO
Assistant Professor of Family Medicine

Stuart Kalmanowitz, MD
Assistant Professor of Obstetrics/Gynecology

Megha R. Kalthia, PharmD
Assistant Professor of Pharmacy Practice

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

Theodore J. Kapanhie, DO
Assistant 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 Obstetrics/Gynecology

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

Aaron B. Kaufman, DO
Assistant Professor of Family Medicine/OMM

Steven R. Kaufman, DO
Assistant Professor of Pediatrics

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

Sheila Z. Kennedy, DO
Assistant Professor of Family Medicine

Darlina M. Keseg-Manthei, DO
Assistant Professor of Family Medicine

Stephen E. Kessler, DO
Assistant Professor of Dermatology

Saqib Khan, MD
Assistant Professor of Anesthesiology

Rosita Z. Kheibari, PharmD
Assistant Professor of Pharmacy Practice

Moez Khorsandi, DO
Assistant Professor of Surgery

Abdallah Khourdaji, MD
Assistant Professor of Dermatology

Karen S. Kiefer, DO
Assistant Professor of Psychiatry

Monica A. Kieffer, DO
Assistant Professor of OMM

Ronald H. Kienitz, DO
Assistant Professor of Family Medicine

Peter V. Kilburn, DO
Professor of Surgery

Bill H. Kim, MD
Assistant Professor of Internal Medicine

Janet C. Kim, PharmD
Assistant Professor of Pharmacy Practice

Jeong J. Kim, MD
Assistant Professor of Internal Medicine

Karine Kim, PharmD
Assistant Professor of Pharmacy Practice

Lauren Kim, PharmD
Assistant Professor of Pharmacy Practice

Mark C. Kim, PharmD
Assistant Professor of Pharmacy Practice

Wayne W. Kim, DO
Assistant Professor of Family Practice

Emily A. King, PharmD
Assistant Professor of Pharmacy Practice

Hollis King, DO
Assistant Professor of Family Medicine/OMM

Hwa-Kou King, MD
Professor of Anesthesiology

Edwin C. Kingsley, MD
Assistant Professor of Internal Medicine

Anita G. Kinser, EdD, RN
Adjunct Assistant Professor of Graduate Nursing

Dan Kiss, MD
Assistant Professor of Emergency Medicine

Neil E. Klein, MD
Assistant Professor of Surgery/Plastic &
Reconstructive

Phyllis H. Klein, MD
Assistant Professor of Internal Medicine

Andreas Klohn, DVM
Associate Professor of Veterinary Medicine

Steven Klompus, AS, PA-C
Instructor of Physician Assistant Education

Brian G. Knight, DO
Associate Professor of OMM

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

Karen S. Kolba, MD
Assistant Professor of Internal Medicine

Michael S. Kolodney, MD, PhD
Associate Professor of Dermatology

Janet Lea Konecne, DPT
Adjunct Assistant Professor of Physical Therapy
Education

Jiri Konecny, DO
Assistant Professor of Surgery

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 Orthopedics

Razmig Krumian, DO
Assistant Professor of Family Medicine

Ellen B. Kruusmagi, MD
Assistant Professor of Family Medicine

Archana P. Kulkarni, MD
Assistant Professor of Physician Assistant
Education

Vanessa J. Kumpf, PharmD
Assistant Professor of Pharmacy Practice

Debra J. Kuracina, MD
Instructor of Emergency Medicine

Donald J. Kurth, MD
Assistant Professor of 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 Emergency Medicine

Janice K. Lacey, DVM
Adjunct Assistant Professor of Veterinary
Medicine

Grant Lackey, PharmD
Assistant Professor of Pharmacy Practice

Jennifer Lackey, PharmD
Assistant Professor of Pharmacy Practice

Normal A. La Faunce, DVM, MS
Professor of Veterinary Medicine

Linda D. Lafferty, DO, MS
Associate Professor of Family Medicine

James M. Lally, DO, MS
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 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

Frank W. Lavac, Jr., DVM, MS
Professor of Veterinary Medicine

Alfred Lavi, DO
Assistant Professor of Family Medicine

Lawrence Lavine, DO, MPH
Associate Professor of OMM/Neurology

Phillip T. Lawson, DVM
Professor of Veterinary Medicine

Mary Anne Laxa, MD
Instructor of Pediatrics

John Marcus Lay, DO
Assistant Professor of Family Medicine

Ronald E. Lazar, MD
Assistant Professor of Anesthesiology

Arthur J. Lazik, MD, PhD
Assistant Professor of Internal Medicine/
Cardiology

Marc A. Lazzara, DO
Assistant Professor of Family Medicine

Anne Van Le, PharmD
Assistant Professor of Pharmacy Practice

Ha M. Le, MD
Assistant Professor of Radiology

Brian J. le Berthon, MD, MS
Assistant Professor of Internal Medicine/Oncology

Erol J. le Blanc, DO
Assistant Professor of Family Medicine

Peter C. le Port, MD
Assistant Professor of Surgery

Scott C. Lederhaus, MD
Assistant Professor of Surgery

Carol Hyeun Lee, MD
Assistant Professor of Emergency Medicine

Donald T. Lee, DO, MPH
Associate Professor of Family Medicine

Eun Hee Lee, PharmD
Assistant Professor of Pharmacy Practice

Grace J. Lee, PharmD
Assistant Professor of Pharmacy Practice

James T. Lee, DO
Associate Professor of Family Medicine

John Lee, DVM
Professor of Veterinary Medicine

Jongmi Lee, PharmD Assistant Professor of Pharmacy Practice	William R. Letendre Sr, MS, MBA Adjunct Professor of Pharmaceutical Sciences
Laura E. Lee, PharmD Assistant Professor of Pharmacy Practice	David Z. Levine, DO Assistant Professor of Family Medicine
Linda Y. Lee, PharmD Assistant Professor of Pharmacy Practice	Rebecca Levine, MD Instructor of Family Medicine
Norman Lee, BS, RPh Assistant Professor of Pharmacy Practice	M. Richard Levinson, DO Assistant Professor of Pediatrics
Raymond Lee, PharmD Assistant Professor of Pharmacy Practice	Gwen A. Levitt, DO Assistant Professor of Psychiatry
Steve S. Lee, DO Instructor of Internal Medicine	Elaine Levy, BS Assistant Professor of Pharmacy Practice
Thomas T. Lee, MD Assistant Professor of Obstetrics/Gynecology	David O. Lewis, MD Assistant Professor of Family Medicine
William Y.W. Lee, DO Assistant Professor of Family Medicine	Judith L. Lewis, DO Assistant Professor of Family Medicine
Won Tak Lee, MD Assistant Professor of Psychiatry	Sherman N. Lewis, DO Assistant Professor of Surgery/Plastic & Reconstructive
Edward B. Leeds, DVM Professor of Veterinary Medicine	Lawrence Leyba, DO Professor of Anesthesiology
David P. Leibel, DO Assistant Professor of Surgery/Urology	David Y. Li, DO Assistant Professor of Radiology
Steven Leifheit, DO Assistant Professor of Family Medicine/OMM	Peter J. Licata, DO Assistant Professor of Family Medicine
Blair Ian Lenhoff, PharmD Assistant Professor of Pharmacy Practice	Robert Ligorsky, DO Associate Professor of Internal Medicine/ Hematology and Oncology
John F. Lennox, DO Associate Professor of Obstetrics/Gynecology	Robert Likins, PharmD Assistant Professor of Pharmacy Practice
Robert F Leonard, DO Assistant Professor of Family Medicine	Joseph L. Lillo, DO Assistant Professor of Family Medicine/ Osteopathic Manipulative Medicine
Conrad R. le Prowse, MD Instructor of Pediatrics	Alice Lim, PharmD Assistant Professor of Pharmacy Practice
Catherine J. Lesnick, MS, PT Adjunct Assistant Professor of Physical Therapy	Raymond Limansky, MD Associate Professor of Obstetrics/Gynecology
Michael B. Lesser, DVM Associate Professor of Veterinary Medicine	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 Orthopedics

Cathleen Lindsay, DO
Assistant Professor of Family Medicine/
Osteopathic Manipulative Medicine

Peter D. Lippincott, DVM
Professor of Veterinary Medicine

Ronald Liskanich, DO
Assistant Professor of Dermatology

Patricia Liu, PharmD
Assistant Professor of Pharmacy Practice

Sol Lizerbram, DO
Professor of Family Medicine

Geoffrey K. Lloyd, DO
Assistant Professor of Family Medicine

Susan L. Lloyd, PhD, MSN
Associate Professor of Graduate Nursing

Hedy C. Loa, MD
Assistant Professor of Internal Medicine/ Geriatrics

Paul K. Longmore, PhD
Adjunct Professor of Health Professions Education

William R. Loomis, DO
Associate Professor of OMM

Christopher Lopatosky, PA-C
Assistant Professor of Physician Assistant
Education

J. Antonio G. Lopez, MD
Assistant Professor of Internal
Medicine/Cardiology

Wenee L. Lopez, PharmD
Assistant Professor of Pharmacy Practice

Brian J. Loveless, DO
Assistant Professor of OMM

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

David L. Lukens, DO
Associate Professor of Family Medicine

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

Linh V. Luna-Buu, 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 Emergency Medicine

Zaw Win Lwin, MD
Assistant Professor of Physician Assistant
Education

Marc E. Lynch, DO
Assistant Professor of Surgery/Anesthesiology

Billie Lynes, MSN, FP, RN
Adjunct Assistant Professor of Graduate Nursing

Alfred C. Ma, MD, PhD, MBA
Professor of Anesthesiology

Richard H. Mabie, MD
Assistant Professor of Pediatrics

Daryl K. MacCarter, MD
Assistant Professor of Internal Medicine/
Rheumatology

Lawrence P. MacCree, DO
Assistant Professor of Neurosurgery

Sonja Mack, RN, MSN
Adjunct Assistant Professor of Graduate Nursing

F. Roy MacKintosh, MD, PhD
Professor of Internal Medicine

Martin J. MacNeill, DO
Assistant Professor of Family Medicine

Sally E. MacPhedran, MD
Assistant Professor of Obstetrics/Gynecology

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

Michael Sei Maehara, MD
Assistant Professor of Internal Medicine/
Rheumatology

Andre Maginot, MD
Assistant Professor of Physician Assistant
Education

Harold I. Magoun Jr., DO
Professor of Family Medicine/Osteopathic
Manipulative Medicine

Shakti Mahapatra, MD
Instructor of Obstetrics/Gynecology

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

Steven D. Maness, MD
Assistant Professor of Internal 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 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

Gilbert I. Martin, MD
Assistant Professor of Pediatrics

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

Louis A. Martineck, Jr., MD
Instructor of Pediatrics

Deogracias R. Martinez, MD
Assistant Professor of Internal Medicine

Jesse Martinez, PharmD
Adjunct Professor of Pharmacy Practice

A. David Matian, DO
Assistant Professor of Family Medicine

James D. Matiko, MD
Associate Professor of 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

Kenneth Maxwell, II, DO
Adjunct Assistant Professor of Internal Medicine

Richard A. Mayer, MD
Assistant Professor of Internal Medicine/
Infectious Diseases

C. L. McArthur III, MD, MBA
Associate Professor of Emergency Medicine

Melissa McCourt, BS, RPh
Assistant Professor of Pharmacy Practice

Ruth McCoy, PharmD
Assistant Professor of Pharmacy Practice

Shari F. McDaniel, BS, RPh
Assistant Professor of Pharmacy Practice

Edward P. McDermott, DO
Assistant Professor of Orthopedics

Sharon S. McGarrity, DO
Assistant Professor of Family Medicine

Maj. Thomas A. McGerty, DO
Assistant Professor of Pediatrics

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

Karen L. McLemore, 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

Franklin D. McMillan
Professor of Veterinary Medicine

John M. Medeiros, PhD, PT
Assistant Professor of Surgery/Orthopedics

Arvind Mehta, MD
Assistant Professor of Internal
Medicine/Nephrology

Kenneth J. Meigs, DO
Assistant Professor of Family Medicine

Fred Meister, PharmD
Assistant Professor of Pharmacy Practice

Steven W. Melhorn, DO
Assistant Professor of Family Medicine

Pierre Menard, PharmD
Assistant Professor of Pharmacy Practice

James J. Mendola, DO
Professor of Surgery/Otorhinolaryngology

Max Mener, MD
Assistant Professor of Emergency Medicine

Rosalinda Menoni, MD
Assistant Professor of Surgery/Neurosurgery

Norman S. Merchant, MD
Associate Professor of Obstetrics/Gynecology

Clifford D. Merkel, MD
Associate Professor of 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 Pathology

Constantine A. Michas, MD, MPH
Assistant Professor of Surgery

Lauren Michelson, DO
Assistant Professor of Obstetrics/Gynecology

Mardi Mihranian, MD
Assistant Professor of Physician Assistant
Education

Nalga Mikail, BS, RPh
Assistant Professor of Pharmacy Practice

Alexander Miller, MD
Assistant Professor of Dermatology

James McC. Miller, MD
Assistant Professor of Pediatrics

Howard G. Milstein, MD
Assistant Professor of Dermatology

Thomas Minahan, Jr., DO
Assistant Professor of Emergency Medicine

Yafa Minazad, DO
Assistant Professor of Neurology

Mark S. Minkes, MD
Associate Professor of Surgery

John S. Missanelli, DO
Professor of Obstetrics/Gynecology

David M Mitzner, DO
Assistant Professor of Family Medicine

Daniel E. Miulli, DO
Assistant Professor of Surgery/Neurosurgery

Mike M. Moghadam, MD
Assistant Professor of Internal Medicine

Krishna J. Mohan, MD
Assistant Professor of Internal Medicine

Vishnu Mohan, MD
Assistant Professor of Internal Medicine

Gary S. Mono, DO
Assistant Professor of Surgery

Louis H. Monty, MD
Assistant Professor of Psychiatry

Robert L. Moody, DO
Assistant Professor of Family Medicine

Sylvia Moore, PharmD
Assistant Professor of Pharmacy Practice

Richard E. Moreland, DVM
Adjunct Professor of Veterinary Medicine

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

Prudy D. Morris, PharmD
Assistant Professor of Pharmacy Practice

James A. Morrow, DO
Assistant Professor of Family Medicine

Glynnis M. Morton, MD
Assistant Professor of Obstetrics/Gynecology

Charles Allen Moss, MD
Assistant Professor of Family Medicine

Bassam Mouazzen, MD
Assistant Professor of Internal Medicine

Angela K. Moultrie-Lizana, DO
Assistant Professor of Family Medicine

Myhammad R. Mowjood, MD
Assistant Professor of Family Medicine

M. Kenneth Mudge, MB, ChB
Professor of Orthopedics

Sharon K. Muenchow, MD
Assistant Professor of Surgery/Pediatrics

Talal R. Muhtaseb, MD
Associate Professor of Obstetrics/Gynecology

Moses T. Mukai Jr., DO
Assistant Professor of Obstetrics/Gynecology

Pramod Multani, MD
Assistant Professor of Internal Medicine/
Cardiology

Mauricio Munoz, PharmD
Assistant Professor of Pharmacy Practice

Wadsworth H. Murad, DO
Assistant Professor of Psychiatry

Vellore G. Muraligopal, MD
Associate Professor of Pediatrics

John Lamont Murdoch, MD
Professor of Internal Medicine

Lori A. Musto, DO
Instructor of Family Medicine

Hari Nagaraj, MD
Assistant Professor of Internal Medicine

Ronald E. Nagata Jr, PharmD
Assistant Professor of Pharmacy Practice

Mohan S. Nair, MD
Associate Professor of Psychiatry

Tom Nakatsuchi, PharmD
Assistant Professor of Pharmacy Practice

Arsen Nalbandyan, DO
Assistant Professor of Osteopathic Manipulative
Medicine

G. Nalinajith Nanayakkara, MD
Assistant Professor of Obstetrics/Gynecology

Michael Nathanson, MD
Associate Professor of Surgery/Cardiovascular
Surgery

Gwynneth G. Neace, DO
Assistant Professor of Pediatrics

Christopher Nee, PharmD, MBA
Assistant Professor of Pharmacy Practice

J. Michael Nelson, DO
Assistant Professor of Emergency Medicine

Robert G. Nelson, MD
Assistant Professor of Physician Assistant
Education

Natalie A. Nevins, DO, MS
Assistant Professor of Family Medicine/OMM

William E. Newsome, MD
Associate Professor of Internal Medicine

Kendrick Ng, DO
Instructor of Internal Medicine

Aaron L. Nguyen, MD
Assistant Professor of Surgery

Anh Ngoc Nguyen, MD
Assistant Professor of Emergency Medicine

Brigitte Nguyen, PharmD
Assistant Professor of Pharmacy Practice

Dana Huong Nguyen, PharmD
Assistant Professor of Pharmacy Practice

Diep T. Nguyen, PharmD
Assistant Professor of Pharmacy Practice

Giang C. Nguyen, PharmD
Assistant Professor of Pharmacy Practice

Hieu T. M. Nguyen, DO
Instructor of Family Medicine

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

Nga My Teresa 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

Phuongdung T. Nguyen, PharmD
Assistant Professor of Pharmacy Practice

Thanh 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 Nguyen, MD
Assistant Professor of Internal Medicine

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

Gary W. Nickel, MD
Assistant Professor of Obstetrics/Gynecology

Bijan Nikakhtar, MD
Associate Professor of Internal Medicine

David J. Ninan, DO
Assistant Professor of Anesthesiology

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

Suzanne E. Norman, DO
Assistant Professor of Family Medicine

Jeffrey C. Northup, DO
Associate Professor of Obstetrics/Gynecology

Maureen A. Nuccio, MD
Associate Professor of Internal Medicine

William H. Nuesse, MD
Assistant Professor of Family Medicine

Paul G. Nutter, MD
Assistant Professor of Physical Medicine &
Rehabilitation

Lawrence O'Connor, MD
Assistant Professor of Physician Assistant
Education

Chinyere N. Obasi, MD
Instructor of Surgery/Neurosurgery

Zaida Olivia Obeso, MD
Associate Professor of Family Medicine

Udoh O. Obioha, MD
Assistant Professor of Emergency Medicine

Clark G. Ochikubo, MD
Assistant Professor of Pediatrics

Cynthia Odegard, PharmD
Assistant Professor of Pharmacy Practice

Gary Ogawa, PharmD
Assistant Professor of Pharmacy Practice

Walter L. Ogden, MD
Associate Professor of Physician Assistant
Education

Barbara L. Oglesbee, DVM
Professor of Veterinary Medicine

Anthony Oh, MD
Assistant Professor of Surgery/Oncology

So-Jeong Oh, PharmD
Assistant Professor of Pharmacy Practice

Razmik Ohanian, MD
Assistant Professor of Internal Medicine

Ikechukwu Ohiaeri, MD
Assistant Professor of Psychiatry

Sushil K. Ojha, MD
Assistant Professor of Internal Medicine/
Gastroenterology

Erling J. Oksenholt, DO
Professor of Emergency Medicine

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

Kent G. Osborn, DVM, PhD
Professor of Veterinary Medicine

Stephen Eric Osburn, MD
Assistant Professor of Pediatrics

Honzen Ou, MD
Assistant Professor of Surgery

Mark P. Owens, MD
Associate Professor of Surgery

Kevin M. Owyang, MD
Adjunct Assistant Professor of Physical Therapy
Education

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

Paul J. Padova, DO
Instructor of Anesthesiology

Joseph T. Palermo Jr., DO
Associate Professor of Internal Medicine

Nyda H.C. Pamintuan, MD
Assistant Professor of Emergency 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

James Park, DO
Assistant Professor of Neurology

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

Komal A. Patel, PharmD
Assistant Professor of Pharmacy Practice

Neemish N. Patel, PharmD
Assistant Professor of Pharmacy Practice

Pratima V. Patel, PharmD
Assistant Professor of Pharmacy Practice

Raju Patel, DO
Assistant Professor of Internal Medicine

Vinod Patel, MD
Assistant Professor of Internal Medicine

Ryan C. Patrick, DVM, MPH
Adjunct Professor of Veterinary Medicine

Michael Pavlovich, PharmD
Assistant Professor of Pharmacy Practice

Keith Payne, MS, PA-C
Assistant Professor of Physician Assistant
Education

Nicholas Charles Pazzi, DO
Assistant Professor of Family Medicine

Daniel D. Pearce, DO
Assistant Professor of Internal Medicine

Jeffrey K. Pearson, DO
Assistant Professor of Family Medicine

Renee C. Pearson, DVM
Professor of Veterinary Medicine

Gregory A. Pecchia, DO
Assistant Professor of Family Medicine

David J. Peck, DO
Assistant Professor of Family Medicine

Jorge A. Pena, MD
Instructor of Internal Medicine

Amy H. Peng, PharmD
Assistant Professor of Pharmacy Practice

Troy Pennington, DO, MS
Assistant Professor of Emergency Medicine

Lydia Percy, PharmD
Assistant Professor of Pharmacy Practice

Jorge Perez, MD
Assistant Professor of Emergency Medicine

Luis Jesus Mejia Perez, MD
Assistant Professor of Physician Assistant
Education

Jonathan E. Perley, MD
Assistant Professor of Surgery/Urology

Jamie S. Peter, PharmD
Assistant Professor of Pharmacy Practice

Christian M. Peterson, DO
Assistant Professor of Surgery

Robert G. Peterson, MD
Assistant Professor of Family Medicine

Warren A. Peterson, DO
Assistant Professor of Family Medicine/
Dermatology

Russell S. Petrie, MD
Assistant Professor of Physician Assistant
Education

Sara D. Petry, MD
Assistant Professor of 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

Sheri A. Pham, MD
Assistant Professor of Internal Medicine

Si V. Pham, PharmD
Assistant Professor of Pharmacy Practice

Vanthy B. Pham, PharmD
Assistant Professor of Pharmacy Practice

Hai Phan, MD
Assistant Professor of Internal Medicine/
Nephrology

Craig M. Phelps, DO
Associate Professor of Family Medicine/Sports
Medicine

Ronald J. Philipp, DO
Associate Professor of Family Medicine

Mitchel E. Phillips, DO, MS
Assistant Professor of Family Medicine

Wendell B. Phillips, DO
Assistant Professor of Family Medicine

Theresa Phung, PharmD
Assistant Professor of Pharmacy Practice

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 Emergency Medicine

Elmer B. Pineda, DO
Assistant Professor of Surgery/ Urology

Gary R. Pingrey, DO
Assistant Professor of Family Medicine

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

Donald W. Plance, DO
Assistant Professor of Family Medicine

Yvonne Plowman, PharmD
Assistant Professor of Pharmacy Practice

Robert Lee Poole, 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

Steven C. Posson, DO
Assistant Professor of Family Medicine

Larry Potts, MD
Assistant Professor of 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

James S. Pratty, MD
Assistant Professor of Family Medicine

Janet Prendergast, DO
Assistant Professor of Family Medicine

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

Philip Pumerantz, PhD
Professor of Medical Humanities

Mark Purnell, MD
Assistant Professor of Surgery/Orthopedics

Paul A. Pyka, DO
Associate Professor of Obstetrics/Gynecology

Faisal M. Qazi, DO
Assistant Professor of Neurology

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

Wendy Rashidi, MD
Assistant Professor of Family Medicine

Damon B. Raskin, MD
Assistant Professor of Internal Medicine

Lara Rasmussen, DVM, MS
Associate Professor of Veterinary 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

V. Gopikrishna Reddy, MD
Instructor of Internal Medicine

Paul R. Reiman, MD
Assistant Professor of Physician Assistant
Education

Steven Reiner, MD
Adjunct Assistant Professor of Family Medicine

Debi L. Reissman, PharmD
Assistant Professor of Pharmacy Practice

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

Lon J. Rich, DVM, PhD
Adjunct Associate Professor of Veterinary
Medicine

Randy R. Richardson, MD
Assistant Professor of Radiology

Robin (Rob) L. Richardson, DO
Assistant Professor of Family Medicine

Peter L. Richel, MD
Instructor of Pediatrics

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

James D. Riftenberg, MD
Assistant Professor of Surgery

Donna Rios, BS, PA-C, RN
Instructor of Physician Assistant Education

Susan L. Ritter, BS, RPh
Assistant Professor of Pharmacy Practice

Albert Rizos, PharmD
Assistant Professor of Pharmacy Practice

Syed Arif Ali Rizvi, MD
Assistant Professor of Internal Medicine

Andrea A. Roberson, DO
Assistant Professor of Family Medicine

Natalie Roberts, DO
Assistant Professor of Internal Medicine

Jerome A. Robinson, MD
Instructor of Internal Medicine/Cardiology

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

Ancel J. Rogers, MD
Associate 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 Psychiatry

Marc R. Rose, MD
Assistant Professor of Surgery/Ophthalmology

Michael R. Rose, MD
Assistant Professor of Surgery/Ophthalmology

Michelle Y. Rose, PharmD
Assistant Professor of Pharmacy Practice

Mark E. Rosen, DO
Assistant Professor of Family Medicine

Marvin Rosen, MD
Assistant Professor of Family Medicine

Barry S. Rosenblum, DO
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

Joseph J. Rossini, DO
Assistant Professor of Family Medicine

Julie A. Roth, DO
Assistant Professor of Family Medicine

Timothy J. Roth, DO
Assistant Professor of Family Medicine

Arthur O. Rott, DO
Associate Professor of Internal Medicine

Carl Rowe, PharmD
Assistant Professor of Pharmacy Practice

Frederick Anderson Rowe, MD
Assistant Professor of Internal Medicine

Horst R. Rudrich, DO
Assistant Professor of Family Medicine

Michael Rudolph, MD
Assistant Professor of Emergency Medicine

Paul P. Rudolph, DO
Assistant Professor of Family Medicine

Michael N. Rutman, DO
Assistant Professor of Internal Medicine

David M. Ryan, DO
Assistant Professor of Family Medicine

Richard Ryder, MD
Professor of Family Medicine

Thomas K. Ryu, DO
Assistant Professor of Family Medicine/
Emergency Medicine

Shida Saam, DO
Assistant Professor of Family Medicine

Marcia E. Sablan, MD
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

Habib Sadeghi, DO
Instructor of Family Medicine

Alfredo A. Sadun, MD, PhD
Associate Professor of Surgery/Ophthalmology

Jeffrey M. Sage, DO
Assistant Professor of Surgery/Ophthalmology

Thomas E. Saito, PharmD
Assistant Professor of Pharmacy Practice

Richard I. Sakai, PharmD
Assistant Professor of Pharmacy Practice

Conrad Salinas, MD
Associate Professor of Emergency Medicine

Gail Salter, PharmD
Assistant Professor of Pharmacy Practice

Jesus Sanchez, DO
Instructor of OMM

Christopher James Sando, PharmD
Assistant Professor of Pharmacy Practice

Raynaldo G. Sandoval, MD
Assistant Professor of Internal Medicine

Dilip R. Sanvordeker, PhD
Adjunct Professor of Pharmaceutical Sciences

David Saperia, MD
Assistant Professor of Physician Assistant
Education

David J. Saperstein, DO
Professor of Radiology

Phisit Saphyakhajon, MD
Assistant Professor of Pediatrics

Jan O. Sarkin, MD
Associate Professor of Surgery

Arthur Saroughian, PharmD
Assistant Professor of Pharmacy Practice

Shirow D. Sasaki, PharmD
Assistant Professor of Pharmacy Practice

Marcus Sasiadek, PharmD
Assistant Professor of Pharmacy Practice

Sampat S. Saste, MD
Assistant Professor of Internal Medicine

Ron Sato, PharmD
Assistant Professor of Pharmacy Practice

Matthew Saucedo, PharmD
Assistant Professor of Pharmacy Practice

Christopher J. Saucedo, MD
Assistant Professor of Physician Assistant
Education

Stanley R. Saul, DO
Professor of Surgery/Urology

William Savage III, 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 Emergency Medicine

Patricia A. Schechter, DO
Associate Professor of Family 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 Psychiatry

Steven A. Scheuer, MD
Assistant Professor of Surgery

Chris A. Schiller, DVM
Adjunct Professor of Veterinary Medicine

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 Dermatology

Robert C. Schreiman, MD
Assistant Professor of Family Medicine

Monica A. Schroder, DVM
Adjunct Associate Professor of Veterinary
Medicine

Peter Schultz, MSN, RN
Adjunct Assistant Professor of Graduate Nursing

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

Robert W. Seapy, MD
Assistant Professor of Radiology

David Searle, RPh
Assistant Professor of Pharmacy Practice

Martin T. Sechrist, DO
Associate Professor of Family Medicine

David Sellen, PhD
Adjunct 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 Psychiatry

Turaj T. Shafa, PharmD
Assistant Professor of Pharmacy Practice

Tariq Shah, MD
Assistant Professor of Pharmacy Practice

William S. Shanahan, MD
Assistant Professor of Radiology

Homayoun Sharim, MD
Assistant Professor of Internal Medicine
Baljit K. Sharma, MD
Assistant Professor of Surgery/Cardiothoracic

Surendra K. Sharma, MD
Assistant Professor of Surgery

Robert C. Sharp, MD
Professor of Pediatrics

Sylvia J. Shaw, MD
Assistant Professor of Internal Medicine/
Endocrinology

Samuel Sheldon, PharmD
Assistant Professor of Pharmacy Practice

Frank P. Sheridan, MD
Assistant Professor of 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

Paul K. Shitabata, MD
Assistant Professor of Pathology

William L. Shoemaker, DO
Assistant Professor of Surgery/Orthopedics

Henrietta (Hennie) B. Sholars, DO
Assistant Professor of Family Medicine/
Osteopathic Manipulative Medicine

John Philip Shoner, DO
Assistant Professor of Family Medicine

Victoria Lynn Shook, MD
Assistant Professor of Physician Assistant
Education

Randall G. Shue, DO
Assistant Professor of Family Medicine

James W. Shuffield, DO
Assistant Professor of Family Medicine

Annie Shugarman, PA-C
Assistant Professor of Physician Assistant
Education

David Siambanes, DO
Assistant Professor of Surgery/Orthopedics

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

Armen Simonian, PharmD
Assistant Professor of Pharmacy Practice

David Allan Simonowitz, MD
Assistant Professor of Surgery

Arnold Sin, MD
Assistant Professor of Emergency Medicine

Bruce D Sindel, MD
Assistant Professor of Pediatrics/Neonatology/
Perinatology

Ravinder P. Singh, MD
Assistant Professor of Psychiatry

Tejinder Singh, MD
Assistant Professor of Internal Medicine

Prem Singla, MD
Associate Professor of Family Medicine

Cora L. Singleton, DVM
Assistant Professor of Veterinary 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 Radiology

Carl W. Smith, MD
Assistant Professor of Surgery/Orthopedics

David E. Smith, MD
Professor of Family Medicine/Addiction Medicine

Gregory C. Smith, DVM
Professor of Veterinary Medicine

James E. Smith, PA-C, MS
Assistant Professor of Physician Assistant
Education

Keith U. Smith, DO
Assistant Professor of Anesthesiology

Kenneth R. Smith, DO
Assistant Professor of Family Medicine

Kevin Smith, MD
Assistant Professor of Family Medicine/Geriatrics
Psychiatry

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 Emergency Medicine

Hernani Q. Soberano, MD
Assistant Professor of Pediatrics

Fred Soeprono, MD
Instructor of Internal Medicine/Dermatopathology

Mehrzad M. Soleimani, DO
Assistant Professor of Family Medicine

Andrew Solkovits, DO
Assistant Professor of Family Medicine

Hamilton M. Solomon, PhD
Adjunct Assistant Professor of Physical Therapy
Education

Ransi M. Somaratne, MD
Assistant Professor of Internal Medicine

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

Robert Southmayd, DO
Assistant Professor of Family Medicine

Emily S. Southward, DVM
Associate Professor of Veterinary Medicine

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

Susan Spray, DVM
Associate Professor of Veterinary Medicine

Blayne A. Standage, MD
Associate Professor of Surgery

Kimberly L. Standley, PharmD
Assistant Professor of Pharmacy Practice

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

Craig Steinberg, PharmD
Assistant Professor of Pharmacy Practice

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

Electa Joy Stern, PharmD
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

Michael D. Storey, DO
Associate Professor of Family Medicine/Sports
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

Dana Strome, PA-C
Instructor of Physician Assistant Education

Patrick J. Stuart, DO
Assistant Professor of Family Medicine

Robert E. Stuart, MD
Assistant Professor of Family Medicine

Angela Y. Su, PharmD
Assistant Professor of Pharmacy Practice

Barbara S. Suk, PharmD
Assistant Professor of Pharmacy Practice

Jocelyn L. Sumcad, MD
Assistant Professor of Physician Assistant
Education

Michael J. Suval, DO
Assistant Professor of Internal Medicine

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

John M. Sykes IV, DVM
Assistant Professor of Veterinary Medicine

John L. Sykora, MBA, BS, RPh
Assistant Professor of Pharmacy Practice

Khanh Ta-Le, PharmD
Assistant Professor of Pharmacy Practice

Joanne A. Tabata, PharmD
Assistant Professor of Pharmacy Practice

Gisele Tackoor-Wilcox, JD
Adjunct Assistant Professor of Osteopathic
Manipulative Medicine/Social and Administrative
Sciences

Parvis Taherpour, MD
Assistant Professor of Family Medicine

Daljinder Takhar, DO
Assistant Professor of Family Medicine

Benjamin C. Tam, MD
Assistant Professor of Surgery/Orthopedics

Andrew Tan, PharmD
Assistant Professor of Pharmacy Practice

Mika Tanabe, DVM
Adjunct Assistant Professor of Veterinary
Medicine

Bruce L. M. Tanenbaum, MD
Professor of Psychiatry

Bill W. Tang, MD
Assistant Professor of Obstetrics/Gynecology

Kai-Ning Tang, DVM, PhD
Adjunct Professor of Veterinary Medicine

Phil Tang, PharmD
Assistant Professor of Pharmacy Practice

Mark A. Tapscott, DO
Assistant Professor of Surgery/Proctology

Ronald M. Tarrel, DO
Assistant Professor of Neurology

David B. Tataw, PhD
Associate Professor of Health Sciences

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 Emergency Medicine

Leonard J. Thompson, DO
Assistant Professor of Pediatrics

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

Herbert John Tirjer, DO
Assistant Professor of Surgery/Urology

Alfredo B. Tiu, DO
Assistant Professor of Internal Medicine

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

Paul D. Tortland, DO
Associate Professor of Sports Medicine

Cynthia J. Toy, PharmD
Assistant Professor of Pharmacy Practice

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 Dermatology

Narendra S. Trivedi, MD
Assistant Professor of Anesthesiology

Rohit R. Trivedi, MD
Assistant Professor of Surgery

Lawrence Troxell, PharmD
Assistant Professor of Pharmacy Practice

William Tsai, DO
Assistant Professor of Family Medicine

Ambrose Y. Tsang, MD
Assistant Professor of Internal
Medicine/Nephrology

Jonathan C. Tsao, DO
Assistant Professor of Family Medicine

Cam Tsaowimonsiri, PharmD
Assistant Professor of Pharmacy Practice

K. Edmund Tse, MD
Assistant Professor of Internal Medicine

Stephen B. Turay, DO
Assistant Professor of Family Medicine

Stephen W. Turay, MD
Assistant Professor of Family Medicine

Alfred L. Turner, DO
Assistant Professor of Family Medicine/
Osteopathic Manipulative Medicine

Ty L. Tvedten, DO
Assistant Professor of Family Medicine

Jonathan Tye, MD
Assistant Professor of Internal
Medicine/Cardiology

Kenneth Tye, MD
Assistant Professor of Internal Medicine/
Cardiology

Sheri R. Tysch, DO
Assistant Professor of Pediatrics

Karlis Uliss, MD
Assistant Professor of Pediatrics

Thomas S. Umemoto, MD
Assistant Professor of Emergency Medicine

Paul M. Umof, MD
Assistant Professor of Emergency Medicine &
Occupational Medicine

Jennie Ung, PharmD
Assistant Professor of Pharmacy Practice

Arthur C. Ungerleider, DO
Associate Professor of Family Medicine

Khushro B. Unwalla, MD
Assistant Professor of Psychiatry

Matt C. Upshaw, DO
Assistant Professor of Family Medicine

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

Carl D. Vance, MD
Assistant Professor of Internal Medicine

Olin N. Vance, DO
Assistant Professor of Emergency Medicine

Luis R. Vela, DO
Assistant Professor of Orthopedics

Antero Velez, MD
Assistant Professor of Physician Assistant
Education

Mary Ruth Velicki, MS
Instructor of Physical Therapy Education

Roger Vielbig, MD
Assistant Professor of Internal Medicine/
Cardiology

Rafael Villarosa, MD
Assistant Professor of Internal Medicine

Holly M. Vilorio, MS, RN
Assistant Professor of Graduate Nursing

William Vineyard, PharmD
Assistant Professor of Pharmacy Practice

Norman E. Vinn, DO
Associate Professor of Family Medicine

Zak Vitaliy, MD
Assistant Professor of Internal Medicine

Michael P. Vitullo, DO
Assistant Professor of Emergency Medicine

Huu D. Vo, MD
Assistant Professor of Physician Assistant
Education

Jacqueline H. Vo, PharmD
Assistant Professor of Pharmacy Practice

Monique Ngoc Vo, PharmD
Assistant Professor of Pharmacy Practice

Rosann E. Volmert, DO
Assistant Professor of Family Medicine

Lee E. Vranza, MD
Assistant Professor of Physical Medicine and
Rehabilitation

Liem Cong Vu, MD
Assistant Professor of Pathology

Harish M. Vyas, PhD, RPh
Assistant Professor of Pharmacy Practice

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

Gary B. Walker, MS, PA-C
Assistant Professor of Physician Assistant
Education

Bryan D. Walls, DO
Assistant Professor of Family Medicine/
Osteopathic Manipulative Medicine

Jiangnan Wang, MD
Assistant Professor of Internal Medicine

Daniel Wanwig, MD
Assistant Professor of Internal Medicine/Pediatrics

James P. Warren, MD
Assistant Professor of Internal Medicine/
Radiology

Wignes K. Warren, MD
Associate Professor of Pediatrics

Harry C. Watters, DO
Assistant Professor of Obstetrics/Gynecology

Paul M. Webber, MD, MPH
Assistant Professor of Emergency Medicine

R. Scott Weber, PharmD
Assistant Professor of Pharmacy Practice

Choog Y. Wee, MD
Assistant Professor of Obstetrics/Gynecology

Bruce J. Weimer, MD
Assistant Professor of Neurology

Stewart K. Weinerman, MD
Assistant Professor of Surgery/Orthopedics

Gerald Weingarden, DO
Assistant Professor of Dermatology

Elliot Weinstein, MD
Assistant Professor of Pediatrics

Frederick R. Weiss, MD
Assistant Professor of Internal Medicine

Michael Weiss, DO
Associate Professor of Pediatrics

Wendy E. Weiss, DO
Assistant Professor of Family Medicine

Jill Weissman, PharmD
Assistant Professor of Pharmacy Practice

Robert C. Wesley, Jr., MD
Associate Professor of Physician Assistant
Education

Rachel West, DO
Assistant Professor of Family Medicine

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 Radiology

Peter J. White, MD
Assistant Professor of Anesthesiology

Michael Whiting, MD
Instructor of Pediatrics

Donald D. Wicker, MD
Assistant Professor of Family Medicine

Janette M. Wilcox, DO
Assistant Professor of Family Medicine

Kenneth L. Williams Jr., DO
Assistant Professor of Family Medicine

Richard L. Wilmer, MD, MPH
Assistant Professor of Internal
Medicine/Cardiology

Brian C. Wilson, MD
Assistant Professor of Radiology

Michael E. Wilson, DO
Assistant Professor of Family Medicine

Rochelle L. Wilson, DO
Assistant Professor of Family Medicine

Tien T. Kiat Winarko, PharmD
Assistant Professor of Pharmacy Practice

Heidi A. Winkler, MD
Assistant Professor of Pediatrics

Michael A. Winkler, MD
Assistant Professor of Radiology

Lydia A. Winter, PharmD
Assistant Professor of Pharmacy Practice

Stanley Winters, BS, RPh
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

Paul J. Wolfrom, DO
Assistant Professor of Surgery

Laurie M. Woll, DO
Associate Professor of 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

Webster Wong, MD
Assistant Professor of Pediatrics

William G. Wong, MD
Instructor of Internal Medicine

Dora Woo, PharmD
Assistant Professor of Pharmacy Practice

Kathryn Woo, BS
Assistant Professor of Pharmacy Practice

Thomas A. Woodbury, DO
Assistant Professor of Family Medicine

Cynthia M. Worden, DO
Instructor of OMM

Sandor J. Woren, DO
Associate Professor of Emergency Medicine

R. Bruce Worth, MD
Assistant Professor of Family Medicine

George D. Wright, MD
Assistant Professor of Family Medicine

Palmer P Wright, DO
Assistant Professor of Surgery

Craig J. Wronski, DO
Assistant Professor of Psychiatry

Phillip A. Wunder, DO
Assistant Professor of Internal Medicine

Steven G. Wynder, MD
Assistant Professor of Surgery

Janna Wynne, DVM
Associate Professor of Veterinary Medicine

Brett Wyrick, DO
Associate Professor of Surgery

Karie Yamamoto, PharmD
Assistant Professor of Pharmacy Practice

Anthony P. Yang, MD
Assistant Professor of Orthopedics

Linda Lin-Lee Yang, MD
Assistant Professor of Pediatrics

Edward B. Yankee, DO
Assistant Professor of Obstetrics/Gynecology

Joseph E. Yankee, DO
Assistant Professor of Family Medicine

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

Julie E. Yeggy, MD
Assistant Professor of Internal Medicine

Felix C.-M. Yip, MD
Assistant Professor of Surgery

Brian T. Yost, DO
Assistant Professor of Surgery/Orthopedics

Jeffrey C. Young, DO
Assistant Professor of Family Medicine

David Yousef, PharmD
Assistant Professor of Pharmacy Practice

David Yu, PharmD
Assistant Professor of Pharmacy Practice

John Yuen, PharmD
Assistant Professor of Pharmacy Practice

Jerett A. Zipin, DO
Instructor of Internal Medicine

Ray M. Yutani, DO, PharmD, MS
Assistant Professor of Pharmacy Practice

Ari Seth Zabell, DVM
Associate Professor of Veterinary Medicine

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

Zoltan Zentay, MD
Instructor of Pediatrics

Xiao-Ling Zhang, MD
Instructor of Internal Medicine

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

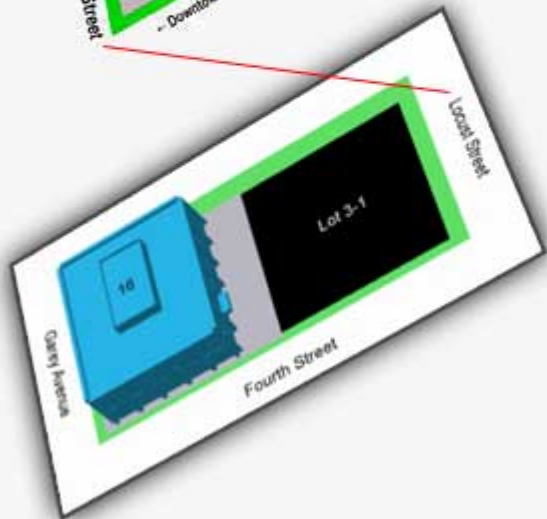
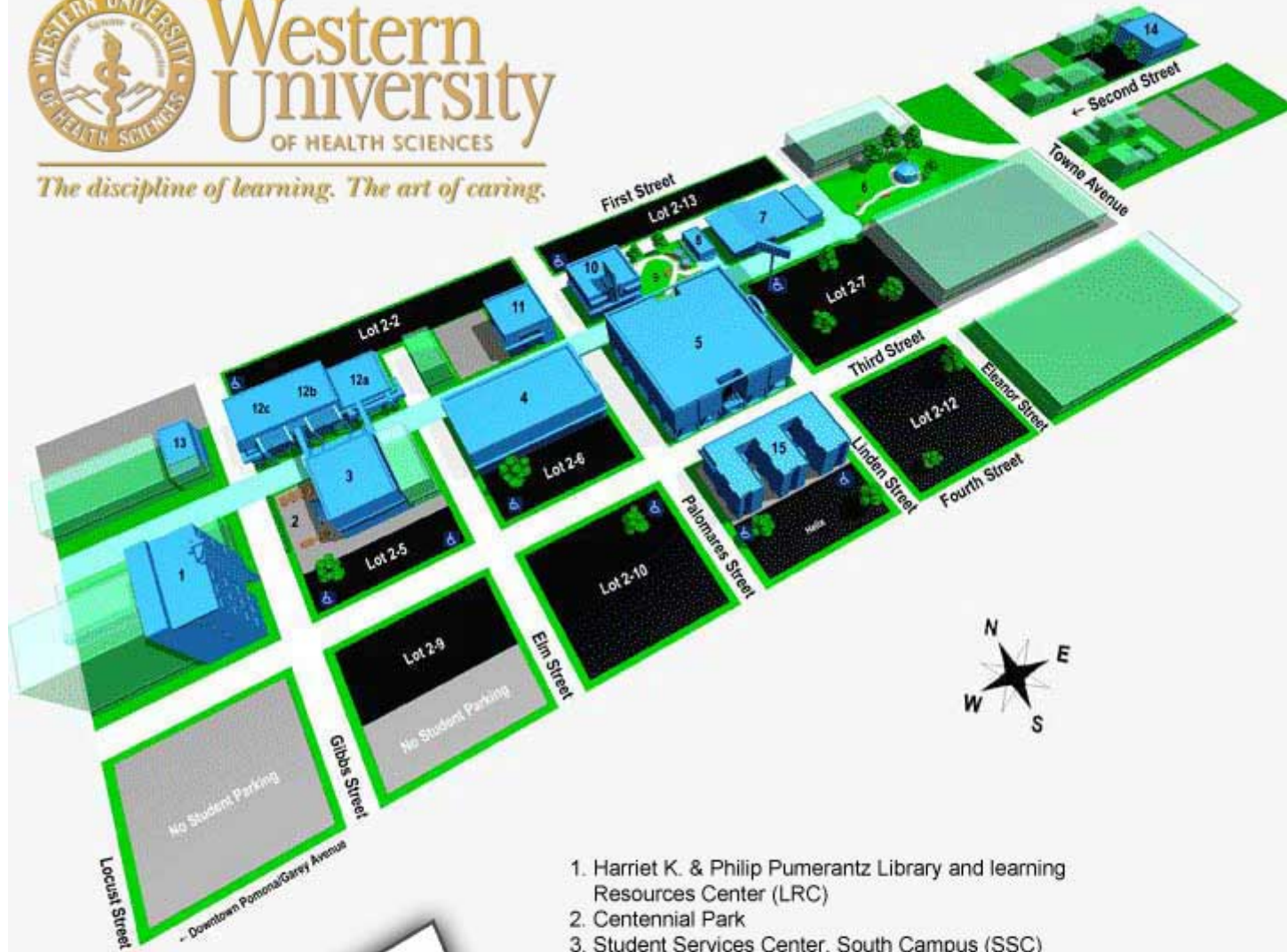
Robert D. Zipser, MD
Associate Professor of Internal Medicine/
Gastroenterology

John P. Zopfi, DO
Assistant Professor of Surgery/Trauma



Western University OF HEALTH SCIENCES

The discipline of learning. The art of caring.



1. Harriet K. & Philip Pumerantz Library and learning Resources Center (LRC)
2. Centennial Park
3. Student Services Center, South Campus (SSC)
4. Health Sciences Center (HSC)
5. Health Professions center (HPC)
6. University park
7. Facilities/Security
8. Banfield Veterinary Center (BVC)
9. Founders Park
10. Veterinary Medicine Center (VMC)
11. Business Center (BC)
- 12a. Booth Book Center (BBC)
- 12b. Administration & Alumni Center (AAC)
- 12c. University Research Center (URC)
13. Student Lounge
14. University medical Center (UMC)
15. The Helix (at University Village)
16. Nursing Sciences Center (NSC)

PARKING

Lot 2-2	Private/Pay/Visitor
Lot 2-5	Private/Pay/Visitor
Lot 2-6	Private
Lot 2-7	Private/Student
Lot 2-9	Student/Pay
Lot 2-10	Student
Lot 2-11	Student
Lot 2-12	Student
Lot 2-13	Private/Student
Lot 3-1	Private

Accessible



**Western
University**
OF HEALTH SCIENCES

The discipline of learning. The art of caring.

**College of
Graduate Nursing
Doctor of Nursing Practice
(DNP)
Student Handbook**

2008

Table of Contents

Purpose	4
Mission	4
Philosophy	4
Outcome Competencies for Graduates	5
Curriculum	6
Accreditation	6
Prerequisite Requirements	6
Admission Requirements	7
Computer Requirements	7
Registration	7
Orientation	7
Medical Information	8
Library Services	8
Health Insurance	8
Criminal Background Check for MSN-E Students	8
Student Release of Information	8
Tuition and Fees	8
Text Books	9
General Academic Policies and Procedures	9
Instructional Design	9
APA Format	10
Academic Year	10
Full-time/Part-time Status	10
Academic Progression	10
Standards of Academic Performance	10
Attendance Policies	10
Electronic Mail Correspondence Policy	11
Essential Skills	11
Residency Requirements	12
Transfer of Credit	12
General Evaluation and Grading Policy	12
DNP Culminating Projects	12
Academic Probation	13
Failed Course Policy	13
Assignment Due Dates	13
Remediation	13

Grade Appeals Process	14
Course Drop/Withdrawal	14
Leave of Absence.....	14
Academic Suspension.....	14
Program Withdrawal.....	14
Dismissal	15
Program Completion	15
Academic Integrity and Professional Ethics.....	15
Plagiarism.....	16
Policy for Students Suspected of Drug, Substance or Alcohol Abuse/Dependency	17
Student Performance Committee	18
General College Clinical Policies	19
Clinical Guides	19
Clinical Training for DNP students	19
Curriculum DNP Charter Class.....	22
Curriculum DNP Fall 2008.....	23
Course Descriptions	24
Academic Calendar 2006-2007	25

COLLEGE OF GRADUATE NURSING

Doctor of Nursing Practice (Completion)

PURPOSE

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 nurses with expertise in providing family-centered culturally sensitive and responsible nursing care. In addition, students will be prepared to successfully work in today's dynamic health care environment.

MISSION

The College of Graduate Nursing's mission advocates a learner-centered environment, a paradigm shift from traditional teacher-centered programs. In this model, students are actively engaged in identifying their personal learning needs and organizing their plan of study, while seeking experiences for learning. Teaching modalities include problem-based, case-based (using exemplar cases), experience based (clinical), group and individual problem solving settings. Faculty supports a learner-centered environment by acting as facilitators and role models through sharing of knowledge, empowerment, caring and mutual respect. In addition, faculty place great importance on being responsive to and maintaining open communication with students.

Nursing education requires students to master a combination of knowledge, skills, and values. Faculty, staff and students develop collaborative learning partnerships to foster commitment to academic excellence, respect for persons, accountability, self reflection, critical thinking, leadership, professional development, and life-long learning. Through the educational process, nursing students undergo role transformation as they undertake the competencies of a professional nurse.

PHILOSOPHY

The Western University philosophy represents the ethos of the institution and states expectations for faculty, staff, and students. Values are portrayed as follows:

The people of Western University are dedicated to caring as they pursue their educational, scholarly, patient care, and public service activities. 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 its network of academic health centers and community partners.

The College of Graduate Nursing (CGN) 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 involves an 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 or Bachelor degree program and its related arts and sciences, as well as information gained from 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 care 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 share accountability for outcomes.

Family is a group consisting of two parents and their children living together as a unit; A group of people related by blood or legally bound by marriage or adoption; All the descendants of a common ancestor; a group united by a significant shared characteristic; an association of people who share common beliefs or activities.

Environment is both the internal and external contexts of the individual. Environment involves reciprocal multidimensional and dynamic forces, which affect the person's health, safety and well being.

Health is a multidimensional, adaptive state of being reflecting internal and external environmental and developmental influences. Health is 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 to practice professional nursing. Nursing education is a flexible process, which 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, which 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 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

Graduates of the Western University of Health Science's College of Graduate Nursing will:

- a. Critically analyze literature for the purpose of evidence-based advanced nursing practice, education and life-long scholarship.
- b. Participate in the development of new nursing knowledge through the application and development of theory and research.
- c. Apply knowledge from the humanities and physical, social, psychological, nursing, medical, and pharmacological sciences to professional decision-making to assess, provide and evaluate quality health care within the professional and legal parameters of the role of the professional nurse.

- d. Provide individualized, client and family-centered health care that demonstrates recognition of environmental interaction and diversity of socio-cultural values and beliefs among members of a dynamic society.
- e. Apply knowledge 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.
- f. Empower clients for collaborative decision-making to achieve 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.
- g. Integrate health promotion, illness prevention, and health maintenance strategies into holistic health care provided for diverse individuals, families, and communities.
- h. Exhibit leadership through participation in professional and community development activities and advocacy of the professional nurse.
- i. Demonstrate mastery of traditional and electronic access to information resources for research, study, and practice.

CURRICULUM DESCRIPTION

- Doctor of Nursing Practice

Web-based learning is used in all programs. Graduate level courses combine on-line learning with campus-based seminars. On-line learning consists of asynchronous discussion boards, group projects, written assignments, assessments, and other learning activities. On-campus sessions include didactic classes, clinical training, simulation experiences, faculty and peer interaction, student presentations, competency assessments and guest lectures. This educational model is designed to meet the needs of adult learners, minimize time on campus, and prepare professional nurses.

The Doctor of Nursing Practice (DNP) curriculum requires the completion of 30 didactic semester units over a two year period. This program requires the completion of a minimum of 400 clinical hours. Students begin clinical work in their second semester of study and average 50 clinical hours for six of the program courses. An additional 100 clinical hours are completed during the last two semesters of the program as an immersion experience in which students complete a final project. Graduates will be prepared for the expanding role functions and needs of future advanced nursing practice. Transforming health care delivery recognizes the critical need for clinicians to design, evaluate, and continuously improve the context within which care is delivered. Nurses prepared at the doctoral level with a blend of clinical, organizational, economic, and leadership skills will be able to significantly impact health care outcomes. Prior to the fall start of the program, students may be required to complete one course and attend one on-campus pre-program session during orientation. The course is CGN 5000 (Communication and Information Management) and takes place during the months of July and August. This course will orient students who are not familiar with using web-based learning to this pedagogy for all subsequent course work.

ACCREDITATION

The programs offered by the College of Graduate Nursing are California Board of Registered Nursing approved and accredited by the Commission on Collegiate Nursing Education (CCNE).

PREREQUISITE REQUIREMENTS

Doctor of Nursing Practice (DNP)

- Master of Science in Nursing from an accredited program. (Professional certification or the completion of a minimum of 60 graduate units.)
- Nursing Theory (3 graduate semester units)
- Nursing Research (3 graduate semester units)
- Biostatistics (3 graduate level semester units)
- Epidemiology (3 semester units)
- Registered Nurse (RN) licensure in the state where clinical hours will be completed

ADMISSION REQUIREMENTS

DNP

- Completed Application
- Three Letters of Recommendation (persons who can attest to capacity for doctoral work)
- Curriculum Vitae/Résumé
- Scholarship Example
 - Publication, unpublished manuscript, academic thesis or paper, work product or report, curriculum, other examples.
- Application Fee of \$60
- Official transcripts from BSN program, MSN program, and all other graduate colleges/universities attended
- Copies of all applicable licenses and certifications

COMPUTER REQUIREMENTS

The following is a list of the MINIMUM computer equipment necessary for the Web-based programs:

- PC System – Minimum of 2 GHz processor (CPU) or equivalent with Windows XP Home or better (3.2 GHz CPU or better with Windows XP Professional is optimal)
- Minimum of 256 MB RAM (512 MB or more recommended)
- 15" or larger CRT or Flat Panel Monitor with video display card capable of displaying at least 65,000 colors at 800x600 resolution with minimum 75 MHz flicker-free refresh rate
- 10 GB or more of free hard disk space (20 GB or more recommended)
- 16X CD-ROM drive (24X or faster highly recommended; combo CD/DVD player/burner for backups also recommended)
- Newest version of Microsoft Internet Explorer browser
- Microsoft Office 2003 Standard Suite or higher with Word, Excel and PowerPoint (Microsoft Works is NOT acceptable)
- Newest version of Virus Protection program with subscription that supports automatic weekly updates (such as McAfee Virus Scan or Norton AntiVirus)
- Newest version of Microsoft Outlook or Outlook Express
- Newest version of RealPlayer and/or Windows Media Player plug-in
- Newest version of Adobe Acrobat Reader plug-in
- 24 bit Sound Card and speakers
- Printer
- Dedicated Internet Connection and Internet Service Provider (Minimum: 56 kbps or higher modem with dedicated telephone line) (Optimum: DSL, wireless, or cable modem, with router-based firewall protection)

These requirements are based on a PC system. Students who choose to work on Macintosh may have difficulties as our IT department may not be able to help you. Many programs do not translate.

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. The University Registrar will send accepted students information about the registration process and dates. All students will complete registration for each semester and any pre-program courses on-line.

ORIENTATION

All students enrolled in the College of Graduate Nursing will be required to attend the University campus orientation prior to beginning classes their first year. During the orientation, students will participate in both college and university sessions. Students will be provided with packets, schedules, and dates for the university

orientation program. For students in the charter DNP class who begin in January 2008 University campus orientation will be held in December prior to beginning classes in January.

Pre-Program (Orientation and CGN 5000)

During Orientation, students will be required to attend mandatory sessions which 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 the college curriculum. Students will have the opportunity to purchase textbooks and orient to the services of the University at this time. DNP students who are not familiar with web-based pedagogy may also be required to complete CGN 5000 a Communication and Information Management (one unit) course which prepares students for success in Western University of Health Sciences' computer-based courses. All students who are required to complete CGN 5000 must successfully complete the pre-program course in order to continue in the curriculum.

MEDICAL INFORMATION

Immunizations

Please see the Overview section of this catalog for information about required immunizations and history and physical documentation.

CPR Certification

Current CPR certification for health professionals is required throughout all programs of study. All students are required to successfully complete a BLS or CPR (adult and child) course prior to beginning courses. It is the responsibility of the student, not the College of Graduate Nursing to assure that requirements are met. A copy of a current card verifying completion of a course must be on file in the College prior to beginning the program. If not completed, students will be blocked from registration or removed from classes. Students can contact the American Heart Association at www.americanheart.org for dates, times, and location of CPR certification classes.

LIBRARY SERVICES

Students have access to the resources of the Pumerantz Library and Resource Center at the Pomona Campus. The Library is open Monday-Thursday from 7:00 am to 11:00 pm, Friday from 7:00 am to 6:00 pm, and Saturday & Sunday from 11:00 am to 7:00 pm. There will be slightly limited summer semester hours. The Library is closed for all University holidays. Database access is available to distance students following registration through Western University's library which can be accessed from the home page at www.westernu.edu. Books can be checked out from the Pomona campus. It is assumed that 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 internet. Therefore, students are expected to utilize traditional library services for research assignments whether in the students' community or on campus. The inter-library loan office number for the library in Pomona is (909) 469-5323 or fax (909) 469-5486. Allow 10-14 days for interlibrary loan for articles/books.

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.

STUDENT RELEASE OF INFORMATION

All entering students will need to sign a release of information form authorizing the College of Graduate Nursing to release the student's social security number, health and immunization status, CPR verification, and health insurance coverage to any requesting agency that enters into a clinical partnership with the College. Additionally, some facilities may require fingerprinting. This is required for all military health facilities who serve clients 18 years of age or younger.

TUITION AND FEES

Tuition

By action of the Board of Trustees, the tuition and fees for the 2007-2008 year are as follows:

DNP	30 units	@ \$800/unit
-----	----------	--------------

Other Fees and Expenses

Clinical Education Fee (non-refundable)	\$250/ semester for students enrolled in courses with clinical hours.
Application Fee	\$60
Student Body Fee	\$40/year
Required Textbooks	\$1860 (approximate)
Graduation Fee (Assessed on candidates for graduation only)	\$125
Computer	\$1850 (approximate)
Lodging/Meals/Travel	varies, depending on distance and mode of travel.
Lost ID Badge	\$10
Administrative Fee	\$500/semester (applies to students who extend program)

Note: All tuition and fees are subject to change. Fees are non-refundable.

Administrative and Clinical Fees for Additional Terms

Students who are extending their program to complete their required doctoral project must pay the clinical fee (\$250) and the administrative fee (\$500) for each semester that enrollment is continued. This option is only available with the approval of the Program Director and the Dean.

Students extending their course of study for one semester to complete the doctoral project will be assessed the administrative fee of \$500.

TEXTBOOKS

Students are responsible for obtaining all textbooks prior to the beginning of each semester. Students may purchase textbooks through the Western University Bookstore. Students may explore other purchasing options as well (i.e. other medical bookstores, on-line book sellers, etc).

Western University Bookstore hours are 7:30 am to 5:00 p.m. Monday-Friday. Summer hours are reduced to 8:00 am to 4:30 pm. In addition, books can be ordered from the Web by linking to the bookstore from the University's home page. Software and media resources are also available. For students using credit cards, textbooks may be ordered by phone or via the Web and mailed directly to a student's home. The Western University Bookstore phone number is (909) 469-5416.

GENERAL COLLEGE ACADEMIC POLICIES AND PROCEDURES

Instructional Design

Distance Learning

The College of Graduate Nursing program is 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.

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 website 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.

Integrated Courses

For the clinical programs 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.

APA Format

Scholarly writing is the cornerstone and capstone of critical thinking and evidence-based knowledge in graduate education. Students are expected to conduct professional nursing and interdisciplinary health literature reviews and analyze their findings in scholarly formal papers and designated discussion boards throughout their course of study. Students are expected to follow the scholarly guidelines of APA in all of the requirements for a scholarly submission.

The College of Graduate Nursing requires the most recent edition of the American Psychological Association (APA) formatting style in all scholarly papers. The *Publication Manual of the American Psychological Association* may be purchased at the University Bookstore.

Academic Year

The College of Graduate Nursing has a twelve-month academic calendar which begins in September and includes three 15-week semesters with breaks between each semester. Approximate times for semesters are:

Fall: September – December Spring: January – April Summer: May – August
The first semester of the MSN-E program is 17 weeks beginning in August and ending in December.

Full-time/Part-Time Status

Graduate nursing students enrolled in 5 or more units are considered full-time students. Graduate nursing students enrolled in 4 or fewer units are considered part-time students.

Academic Progression

Standard admission and matriculation to the CGN program is intended for full-time enrollment. Each of the programs offered is built around a sequence of courses that builds on knowledge and skills attained in 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.

Standards of Academic Performance

For successful progression through the curriculum, the College of Graduate Nursing has a standard of academic performance which is higher than that for undergraduate education. An overall grade point average of 3.0 is required for graduation. Each student's progress is based on successful attainment of the Outcome Competencies (as outlined in the curriculum) and through demonstration of critical thinking skills and competency in written and oral communication. The faculty determines if the student has demonstrated the knowledge, skills and attitudes necessary to be eligible to progress to the next semester.

Attendance Policies

Seminar Weekend Attendance

Two campus-based seminar weekends are held each semester for students in the DNP program. These seminars provide valuable time for faculty and peer interaction, student presentations, lectures, clinical and didactic testing, skills laboratories, and selected clinical practice with faculty. The first seminar weekend usually occurs by week 2 in the fall semester and by week 5 in the spring and summer semesters, and the second seminar weekend usually occurs during week 10 of all semesters. Seminar weekends generally begin at 8 a.m. on Friday and conclude on Sunday. The seminar weekend may need to be lengthened or changed so that all coursework can be completed or to accommodate a major University event.

Dates of the weekend seminars are published on the CGN academic calendar. **Attendance is mandatory for all seminars.** Any student missing all or part of a Seminar weekend is required to inform the Program Director of his/her absence at the earliest possible time, but no later than 24 hours before the start of the weekend. If reasonable notice is not given before the start of Seminar weekend, the absence is considered an unexcused absence. Students who do not comply with this policy must make an appointment with the Program Director immediately to avoid termination of their enrollment for the semester in question. Students who extend their program beyond the normal expected date of completion may be required to attend seminar sessions during that extension.

Attendance is required at all scheduled instructional periods, be they on-line or during a Seminar weekend. Absence or tardiness from instructional periods for any reason does not relieve the student from responsibility for the material covered during these periods. Absence problems will be viewed as violations of the Standards of Professional Conduct.

Should the student miss the Seminar weekend, the student is required to contact each individual instructor who will decide if the work can be made up. If an instructor decides that missed assignments cannot be made up, the student will receive a score of zero (0%) for the missed work.

DNP Clinical Attendance

Clinical hours are integrated into six of the program courses. In addition the last course, CGN 8090 Clinical Project, serves as a clinical immersion experience. During clinical courses the course faculty will serve as a mentor for the clinical work of the course. During the completion of the clinical project the student's project committee will serve as mentors for the student. In addition each student will have a clinical resource person at each agency in which they complete clinical hours. As a clinically-based program, it is expected that students complete all clinical requirements of each clinical course and the clinical project. Unexcused absences from planned clinical experiences are not acceptable. Students are responsible for notifying the clinical agency and/or clinical resource person before the scheduled clinical time if he/she is unable to attend a planned clinical experience.

Electronic Mail Correspondence Policy

The CGN recognizes the necessity of providing its students, faculty and staff with guidelines and policies concerning the use of electronic mail for University purposes. Faculty, staff and students of the CGN are expected to respond to electronic communication within 72 hours of receipt. All CGN e-mail users must adhere to the following guidelines, in addition to the University's Appropriate Use policies.

1. Every student, faculty and staff member of the CGN must have a current version of AntiVirus software installed on any computer used to send and receive files or correspondence with other members of WesternU.
2. Only forward appropriate e-mail content. Carefully review all parts of an e-mail, including wording written by another person prior to forwarding an e-mail.
3. E-mail is not a completely secure communication medium. Faculty, staff and students must take responsibility for e-mail content and be sensitive to confidential information.
4. The CGN discourages the mass forwarding of jokes and humorous messages. Use discretion and courtesy when choosing recipients of such messages.
5. Hoaxes, urban legends and unsubstantiated virus warnings perpetuate fear and waste time. Prior to forwarding such messages, the sender must first substantiate it to the best of his/her ability.

Essential Skills

Computer Literacy

Students are expected to have basic computer literacy skills prior to enrollment. Students should demonstrate skill in basic word processing, Microsoft applications (Word, PowerPoint, Excel), use of the internet, e-mail, and on-line literature searches.

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.

Reasonable Accommodation for Candidates/Students with Disabilities

Students must be able to perform all the essential functions of the program with or without accommodation. A student who discloses a disability and requests accommodation will be referred to the CDIHP. The student may be asked to provide documentation of the disability for the purposes of determining appropriate accommodations. The College of Graduate Nursing will provide reasonable accommodations, but is not required to make modifications that would substantially alter the nature or requirements of the program. A student with questions regarding reasonable accommodation can contact the CDIHP Office.

Residency Requirement

A minimum of 18 units must be taken in residence at Western University of Health Sciences to receive a Doctor of Nursing Practice degree from the University.

Transfer of Credit

The College of Graduate Nursing does not accept (non-doctoral) level course work for doctoral level credit. Doctoral level courses taken at accredited institutions can be transferred for credit provided that the course work meets the corresponding requirements of the CGN course. No more than 12 units will be allowed to be transferred. Prior to matriculation, any student who would like to transfer credit must submit appropriate documentation showing the course to be transferred is an equivalent course taken at another accredited academic institution, within the last five years, with a minimum grade of B- earned in that course, as documented on the official transcript. Equivalent course is defined as a course that covers a significant portion of the Western University course content at the doctoral level (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. Appropriate documentation to show equivalency can include course syllabus, textbook information, completed coursework, etc. It is the responsibility of the student to provide sufficient documentation to show equivalency. The Admissions Committee, in conjunction with the faculty of record for the course, will decide which courses will be accepted for transfer credit. After the review of transcripts and supporting documentation, 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.

General Evaluation and Grading Policy

Competency-based learning is the underlying principle for the instructional design of the CGN program and the evaluation of student achievement. To this end, each course has specific learning objectives, evaluative criteria and expected outcomes. Assessment methods are stated in each course syllabus.

DNP Courses Grading Policy

The grade for each graded assignment for certain courses must be at least 70% with a cumulative grade of 80% (B-) or better to demonstrate an acceptable level of performance and enable the student to progress in the curriculum (CGN 8010, 8020, 8030, 8040, 8050, 8060, 8070, 8080, 8090). Graded assignments for each course are included in the course syllabus. Students may be given the opportunity to remediate one learning component within a course to meet the cumulative letter grade requirement.

The grading scale for the doctoral level courses will be as follows:

Letter Grade	Percentage	Grade Points
A	100-94	4.0
A-	93-90	3.7
B+	89-87	3.3
B	86-83	3.0
B-	82-80	2.7
U	Below 80	0.0
I	Incomplete	N/A
W	Withdrawal	N/A

DNP Culminating Projects

The culminating project will be an independent individual student demonstration of program outcome competencies facilitated by a three member (minimum) project committee. The committee Chair and one other member of the committee will be faculty from the College of Graduate Nursing. The third committee member will be a person from the project's targeted community or institution who can provide support and guidance during the project. The third committee member may be a person that has served as a preceptor or mentor to the student during clinical coursework in the program, so someone who is familiar with the student's work. The

community member will be asked to assess the project for relevance and contribution to the community or institution from which it has originated. Final approval of all project committee members will be made by the College of Graduate Nursing DNP Director.

Academic Probation

Students must maintain a cumulative GPA of at least 3.0 each semester. If a student's GPA is below 3.0 for a semester, the student will be placed on academic probation. Students may only be on academic probation for a maximum of two semesters. Students who are subject to academic probation for a third semester will be reviewed by the Student Performance Committee and may be at risk for dismissal. A student who receives two grades of "I" in the same semester will be placed on academic probation.

Failed Course Policy

If a student fails a course, they may not take an equivalent course at another institution and transfer the course to Western University. Students who fail a CGN course must retake and pass the course through the College of Graduate Nursing.

Assignment Due Dates

Assignments for all classes will be submitted to the instructor on the date listed in the syllabus. Each instructor will clarify these dates at the beginning of each semester. It is the student's responsibility to contact the instructor if any due date is unclear. If an assignment is submitted on-line, the student is responsible for ensuring that the assignment was received or posted in a timely manner. It is each individual instructor's discretion whether to accept late work. The instructor has the right to refuse to accept an assignment turned in after the due date. Late assignments will, at a minimum, receive point deductions. The instructor will notify the student at the beginning of each semester of the number of points that will be deducted for late assignments. Postings after the closing of an on-line discussion board will receive a grade of zero.

Remediation

Remediation of a Specific Learning Assignment

Remediation of learning activities within a course is at the discretion of the faculty of record. Remediation within a course is a privilege and not a right. Students are allowed to remediate one learning activity within a course to meet the grading policy for the course. The instructor will outline required remediation and work with the student to establish a mutually agreed upon time frame to complete. A grade of B- is the highest possible grade that can be achieved through remediation.

If a student does not comply with the remediation contract, a grade of "U" will be received.

Remediation of a Course

A student who does not achieve a grade of B- or higher in theory or clinical courses will receive a grade of "U". The College will provide each student with the 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 demonstrate the potential for remediation will be placed on academic probation by the Student Performance Committee with a formal remediation contract. 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. The student may not enroll in any other CGN courses until a remediation contract has been approved by the SPC. In an effort to ensure a timely process, the Committee will strive to have a decision within ten business days of receipt of all relevant materials.

Students who receive a grade of U or NCr in a course must submit a formal petition to the SPC 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, the SPC will review the student's petition and either recommend dismissal or 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. If a student wishes to appeal any portion of the remediation contract they may do so directly to the Dean who will make a final decision.

Students are allowed to remediate only two courses in the program. Options for remediation include successfully:

- Taking a comprehensive examination on the course content,
- Completing special projects or studies in the area(s) of deficiency,
- Repeating a specific learning objective, and/or
- Repeating the course.

Upon completion of the remediation contract, the instructor will submit a recommendation to the Student Performance Committee and the Dean. A grade of B- is the highest possible grade that can be achieved through remediation.

Grade Appeals 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 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 Dean. The Dean will review the course curriculum and revise the grade, retain it as originally assigned or send the matter forward to the Student Performance Committee (See SPC section of this handbook for process). All grade appeals must be submitted in writing to the faculty member of record within ten business days of when the grade was posted.

Course Drop/Withdrawal

Students may voluntarily drop a class by obtaining a class drop/withdrawal form from the CGN office, completing the form and returning it to the office. A drop from a class is not recorded on the student's transcript if the effective date is within the first 2 weeks of the semester. A "W" entry is recorded from the 3rd week through the 9th week when a class is dropped. The final date to drop a class, whether initiated by student or instructor, is Friday of the 9th week of the semester. After the 9th week, the student receives the grade earned at the end of the semester

Leave of Absence

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. 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 are granted for personal and medical reasons only. Leaves for academic reasons will be recorded as an Academic Suspensions and can only be granted by the Dean in conjunction with the Student Performance Committee. Leaves may be granted for one academic year and may be extended for one additional year if the student seeks approval from the Dean at least three months prior to the start of the subsequent academic year. Students pursuing clinical tracks taking a leave of absence may be subject to clinical skills evaluation prior to returning to the clinical setting. See the **University Leave of Absence Policy** in the Overview section of the catalog for more information.

Academic Suspension

Students who have dropped below a 3.0 or who have failed a course may be placed on academic suspension by the Dean or Student Performance Committee as an alternative to withdrawal from the program. Students have the right to meet with the Committee to present points of clarification prior to the committee vote. See SPC section of this catalog for complete process. Students pursuing clinical tracks taking a leave of absence may be subject to clinical skills evaluation prior to returning to the clinical setting. See the **University Leave of Absence Policy** in the Overview section of the catalog for more information.

Program Withdrawal

After considering all the options, if it is the student's intent to withdraw from the CGN, the student must complete all necessary university documents. At the time of withdrawal, the student will be required to

surrender their Western University ID badge. Any student who withdraws from the program must contact the Financial Aid Office and the Bursar's Office to discuss any issues related to tuition and fees, and must immediately return his/her student ID badge to the Dean of Student Affairs. If a student withdraws from the program after the 9th week of the semester, the student will receive the grades earned at the end of the semester. Any student wishing to appeal a grade must do so within ten business days of receiving the grade. Refer to the grade appeals process for further information

Dismissal

All information related to academic dismissal from the programs of the College of Graduate Nursing will be reviewed by the Dean and subsequently the Student Performance Committee. Dismissal decisions are presented in writing to the Dean. The Dean has the authority to accept or reject the decision or refer it to the Student Performance Committee for further consideration. The student has the right to meet with the Committee to present points of clarification prior to the committee vote. See SPC section of this catalog for complete process.

Dismissal criteria include:

- a. Failure to meet required minimum grade for a course(s) 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).
- e. Failure to meet standards for professional conduct as stated in the University catalog, and any breach of professional behavior in the clinical setting which could jeopardize patient care or relationships at clinical agencies used for training.

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. Any dismissed student must immediately return his/her student ID badge to the Dean of Student Affairs.

Program Completion

DNP:

Students who have met the following requirements will be considered candidates for the degree of Doctor of Nursing Practice:

- Completion of all course requirements with a minimum overall GPA of 3.0.
- Completion of a minimum of 500 clinical practice hours. Students must satisfactorily demonstrate all program competencies.
- Satisfactory completion and defense of the Clinical Project.
- Compliance with all the legal and financial requirements of the University as stated in the University Catalog.
- Demonstrated no serious deficiencies in ethical, professional or personal conduct as outlined in the universities Standards of Professional Conduct.

Attended and participated in the Commencement ceremony. Unless the President of the University has granted special permission, all students must attend and participate in the Commencement program. If the President grants special permission to be excused from the Commencement ceremony, the graduate may be required to present himself or herself to the Chief Academic Officer or appropriate Dean at another time to receive his or her diploma.

Academic Integrity and Professional Ethics

Professional nurses were again rated number one in honesty and ethical standards by the American populous (Gallup Poll News Service, 2006). Honesty and ethical standards are dimensions of integrity. The CGN faculty and administration believe that professional integrity begins with the student nurse and the nurse as student. Academic integrity is essential to scientific knowledge and competent skill acquisition required for successful completion of all CGN programs and safe patient care. Integrity is supported by three domains of the American Nurses Association Code of Ethics for Nurses. These are:

- The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
- The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
- The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

American Nurses Association (2001) *Code of Ethics for Nurses with Interpretive Statements*, Silver Spring, MD: American Nurses Publishing.

Therefore, the CGN maintains a *No Tolerance* policy on cheating, plagiarism and fabrication. Students charged with a violation will be entered into a discipline process. The following definitions of cheating, plagiarism and fabrication are presented as examples and are not inclusive.

Cheating is defined as: “intentionally using or attempting to use unauthorized materials, information or study aids in any academic exercise. Examples of cheating include:

1. Unauthorized use of notes, text, or other aids during an examination.
2. Copying from another student’s examination, research paper, case write-up, lab report, course assignment, computer disc, etc.
3. Talking during an examination.
4. Handing in the same paper for more than one course without the explicit permission of the instructor.
5. Perusing a test or faculty notes/handouts before it is given.
6. Collaboration on a test, quiz, assignment, or project with others without course faculty authorization
7. Using unauthorized materials to complete an exam or assignment.
8. Using a communication device such as a cell phone, page, PDA, or electronic translator to obtain unauthorized information during an exam
9. Using online resources such as Web sites or e-mail while completing an online exam without the permission of the course faculty
10. Copying computer files from another person and representing the work as you own
11. Taking an exam for another student or permitting someone else to take a test for you
12. Allowing others to do research or writing of an assignment (including application), e.g.
 - using the services of a commercial term paper company
 - using the services of another person (family member, tutor, etc) inappropriately, without acknowledgement
13. Sharing a take-home examination, course assignment, case write-up, lab report, etc., with another without expressed permission from the faculty.”

(Brady, 2005; *Office of Student Conduct and Conflict Resolution, Northeastern University, 2006*).

Plagiarism

The University does not tolerate plagiarism in any form. Plagiarism involves the use of another’s work without properly giving credit for that work. This includes not properly citing information from another person’s work when stating facts or statistics or when paraphrasing. Plagiarism is grounds for dismissal from the College. To assure that students understand CGN’s policy on academic honesty, students are required to sign this policy during orientation.

Plagiarism is defined as:

“Presenting as one’s own work the work of another person (for example, the words, ideas, information, data, evidence, organizing principles, or style of presentation of someone else). Plagiarism includes paraphrasing or summarizing without acknowledgment, submission of another student’s work as one’s own, the purchase of prepared research or completed papers or projects, and the unacknowledged use of research sources gathered by someone else. Failure to indicate accurately the extent and precise nature of one’s reliance on other sources is also a form of plagiarism. The student is responsible for understanding the legitimate use of sources, the appropriate ways of acknowledging academic,

scholarly, or creative indebtedness, and the consequences for violating University regulations. Examples of plagiarism include:

1. Failure to acknowledge the source(s) of even a few phrases, sentences, or paragraphs
2. Quotation or paraphrase of paragraph-length sections of a paper
3. Failure to acknowledge the source(s) of a major idea or the source(s) for an ordering principle central to the paper's or project's structure
4. Failure to acknowledge the source (quoted, paraphrased, or summarized) of major sections or passages in the paper or project
5. The unacknowledged use of several major ideas or extensive reliance on another person's data, evidence, or critical method
6. Submitting as one's own work, work borrowed, stolen, or purchased from someone else."

(State University of New York, Albany , 2007)

Fabrication is defined as: "Intentional and unauthorized falsification, misrepresentation, or invention of any information, data, or citation in an academic exercise. Examples of fabrication include:

1. Making up the data for a research paper.
2. Altering the results of an experiment or survey.
3. Listing a citation for a source not used.
4. Stating an opinion as a scientifically proven fact."
5. Falsely recording attendance at clinical and/or completion of required clinical hours.

(Northeastern University, 2006).

Policy for Students Suspected of Drug, Substance or Alcohol Abuse/Dependency

Drug, substance, and alcohol abuse and dependency are prevalent in American society, including nursing students. Nursing students who are impaired or abusing drugs, substances, or alcohol pose a risk for themselves, their peers, patients under their care, and others. Drug, substance, and alcohol abuse and dependency have been determined to be treatable illnesses. Nursing faculty, preceptors, institutional staff, and fellow students have an obligation to act when drug, substance, or alcohol abuse or dependency is suspected as required by the California Board of Registered Nursing and outlined in this policy and procedure.

The College of Graduate Nursing adheres to zero tolerance regarding drug, substance, and alcohol abuse and dependence.

1. Students may not have in their possession for their use at any time on campus or at sites where they are completing clinical hours any medications which have not been prescribed for them, illegal drugs, substances, or alcohol.
2. Students may not be under the influence of any illegal drugs, substances, or alcohol at any time on campus or at sites where they are completing clinical hours.
3. Students may not be under the influence of prescribed medications which impair the student's ability to learn or safely perform nursing care at any time on campus or at sites where they are completing clinical hours.
4. Consistent with the University's Drug Free Schools and Campus policy, nursing students may not be involved in or associated with the illegal possession, distribution, purchase, sale, or diversion of drugs, substances, or alcohol.

Procedure

If students are suspected of any of the above, through direct observation or report, nursing faculty are obligated to take the following action.

1. If a student exhibits or has been reported to exhibit behaviors where impairment, or drug, substance, or alcohol abuse or dependency is suspected, the student will be immediately referred for testing which

may include a blood alcohol level, urine toxicity screen, or other test as appropriate, at the most convenient facility as determined by faculty.

2. Refusal of immediate testing may result in dismissal from the College.
3. If testing results in the discovery of illegal drugs, substances, and/or alcohol the student will be placed on summary suspension and will not be allowed to continue in the program, effective immediately. A written contract will be developed which will specifically outline a timeline and all conditions the student must complete before the student is considered for reinstatement in the program. For RN students the contract will be written in accordance with Board of Registered Nursing (BRN) policy. The contract may include the following:
 - a. Referral to the student's medical provider.
 - b. Referral to University counseling resources.
 - c. Referral for treatment through the Substance Abuse Treatment Faculty Locator (http://findtreatment.samhsa.gov/ufds/detailedsearch_more).
 - d. Required psychological or rehabilitative counseling.
 - e. Episodic body fluid screening for drugs, substances, or alcohol.
 - f. Other conditions.
4. All costs incurred by testing and/or being placed on a contract are the responsibility of the student.
5. Violation of the terms of a contract may result in permanent dismissal from the program.
6. If a student has fulfilled the contract and wishes to re-enter the program the student must petition the Student Performance (SPC) Committee for re-entry and provide documentation that all of the conditions of the contract have been fulfilled, and any other relevant documentation per SPC policy.
7. The SPC Committee may allow the student to re-enter the program if and when space permits, or may deny the petition.
8. If the petition is denied the student will be permanently dismissed from the program.

Guidelines Governing Re-entry of Students after Contract Fulfillment

1. Students allowed to re-enter the program will receive a written contract which specifically outlines expectations for student behavior and required conditions for continuation in the program. For RN students the contract will be written in accordance with Board of Registered Nursing (BRN) policy. The contract will be kept by the Dean. The contract may include the following:
 - a. Notification of all nursing faculty involved with the student of the need for the contract and conditions of the contract.
 - b. Behavioral expectations.
 - c. Restricted participation in clinical.
 - d. Restricted or supervised access to medications and/or controlled substances in the clinical setting.

Student Performance Committee

The Student Performance Committee (SPC) is composed of the Chair, a minimum of four faculty members representing the CGN diverse programs, and one CGN staff member as an ex-officio member for record keeping. The Chair and two of the faculty members shall have a minimum of three fulltime years graduate level teaching experience and the other faculty members shall have a minimum of one fulltime year graduate level teaching experience. Members are approved by the CGN faculty and serve a two-year term. The responsibilities of the Committee include:

1. Student performance and progression review for determination of student academic probationary status.
2. Student professional conduct review, including but not limited to alleged dishonesty, plagiarism, cheating, and/or other forms of misconduct.
3. Consultation for the development of academic performance and professional conduct policies.
4. Review of grade appeals.
5. Review of course remediation due to failure or the inability to complete course requirements.
6. Review of application for readmission to the College.
7. Review of other academic disputes or grievances.

When a matter is referred to the committee from the Dean and the committee has received all relevant documentation the committee will notify the student that all documentation has been submitted and the review process has begun. A review will be completed within 10 business days. The procedure for Committee review is as follows:

1. To initiate a review, a petition requesting the review is forwarded to the Chair from the Dean including a detailed description of the course failure or incident to be reviewed.
2. Once the request has been forwarded from the Dean to the Committee the student will be requested to submit a response (petition).
3. The Committee may perform additional fact finding which may include requesting additional documentation from the faculty of record, student, or other persons with knowledge of the incident.
4. If a Committee decision involves the potential academic dismissal of a student, the student has the right to meet with the Committee for the purpose of discussion and clarification prior to the Committee vote. The student will be notified of the SPC meeting date and time
5. All recommendations of the Student Performance Committee shall be made in writing to the Dean of the College of Graduate Nursing, who will make a final decision and inform the student in writing within 5 business days.

SPC decisions are the result of a majority vote. A Committee Member who is the advisor or instructor of record for a student whose progress is being evaluated by the Committee may recuse him- or herself from voting. If a quorum cannot be established for the purpose of a vote the Dean may appoint a temporary member from the CGN faculty to establish a quorum for that vote. The Chair will be responsible for communicating all committee recommendations to the Dean. The Dean will make all final decisions. Recommendations of the committee and/or action of the Dean may include, but are not limited to:

- A. Clearance from alleged violation
- B. Remediation
- C. Requirement of psychological and/or educational assessment and intervention with documentation that student is able to meet all CGN program requirements
- D. Requirement of physical examination and/or diagnostic evaluation by a physician or nurse practitioner with documentation that student is able to meet all CGN program requirements
- E. Academic and/or Conduct probation
- F. Academic and/or Conduct suspension
- G. Dismissal

If the student wishes to appeal the final decision they will need to refer to the University appeals process in the Overview section of the university catalog for more information.

GENERAL COLLEGE CLINICAL POLICIES

Clinical Guides

In addition to the information contained in this catalog, each student enrolled in a clinical program in the College of Graduate Nursing will receive a clinical handbook specific to that program. Students will be responsible for having knowledge of and following all clinical policies contained in the clinical handbook for their program of study.

Clinical Training for DNP students

Clinical training begins in the second semester of the program after the student has completed CGN 8010 and 8050 and after the student has complied with all the University health, safety and immunization documentation requirements.

Mentors

Clinical hours are integrated into six of the program courses. In addition the last course, CGN 8090 Clinical Project, serves as a clinical immersion experience. During clinical courses the course faculty will serve as a mentor for the clinical work of the course. During the completion of the clinical project the student's project committee will serve as mentors for the student. In addition each student will have a clinical resource person at each agency in which they complete clinical hours. As a clinically-based program, it is expected that students complete all clinical requirements within each course and the clinical project. Unexcused absences from

planned clinical experiences are not acceptable. Students are responsible for notifying the clinical agency and/or clinical resource person before the scheduled clinical time if he/she is unable to attend a planned clinical experience.

A student's clinical mentor will be the course faculty from the course in which the clinical assignment is required. In addition for each clinical site that is used to complete clinical assignments a clinical resource person will be identified who will serve as a liaison and support person for the student. The clinical resource person could be an advanced practice nurse from the agency, an intraprofessional colleague, or a manager or leader from the agency. The College encourages multiple sites for specific experiences if needed to optimize student learning. A student's clinical mentor and/or clinical resource person may suggest or assist with identifying and coordinating these experiences. Due to the distance delivery of the program, students are encouraged to identify qualified clinical resource persons in their community prior to starting the program. If students have not been able to identify clinical resource persons the DNP Clinical Coordinator will assist students with securing a qualified clinical resource person/s.

Clinical resources persons working within specific guidelines established by the program will be responsible for assuring appropriate and adequate learning experiences. Clinical resource persons and clinical sites must be approved by the Western University faculty. A *Clinical Resource Guide* will be provided to all clinical resource persons.

As expected with professional practice, all data gathered about an agency or individual patient and his/her health/illness, including all items within the medical record, are privileged information. Agency and client confidentiality must be maintained.

Students are encouraged to wear student identification and lab coats when appropriate 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.

Notification of Clinical Work

The College encourages students to notify the clinical site and clinical resource person of all times the student will be at the clinical site.

Clinical Hours

The minimum numbers of hours for clinical work and clinical assignments per course will be described in the course syllabi. A minimum of 300 hours of clinical will be required to complete the clinical assignment in the six clinical courses. In addition a minimum of 100 hours will be required to complete the clinical immersion experience during the two quarters of CGN 8090 Clinical Project. If students need more than two semesters to complete the Clinical Project administrative and clinical fees will be charged for the additional semester(s).

Record Keeping and Clinical E-Portfolios

Students will maintain and document the hours and work they have completed in clinical experiences for their course faculty and in their e-portfolios using de-identified data to ensure HIPAA compliance. Students will receive an orientation to e-portfolio use prior to any clinical assignments. E-portfolio documentation of clinical hours and work will be submitted at the completion of the course in which the clinical experience was completed. In addition, students may be required to submit other documentation (i.e. Clinical Resource Evaluation, Student Evaluation of the Clinical Resource) at the end of the semester. Failure to do so may result in an incomplete grade and/or failure to progress in the curriculum.

Clinical Site Visits:

Faculty visits to the clinical site will be a major key to the success of this program. Efforts will be made for faculty to visit each clinical site used by each student.

Student Injuries and illnesses in the Clinical Setting:

If a student is injured or is exposed to potentially infectious (includes blood borne pathogens) or hazardous substances during a clinical experience the student is required to notify the course faculty and clinical resource person immediately and seek assessment and/or treatment per facility policy. Follow-up care should be continued at the contracted clinical facility as needed and ordered by the evaluating health care professional. Expenses incurred are to be submitted to the university, for the reported incident only.

The Incident Report Form can be found in the Clinical Handbook and must be completed by the student and the faculty and submitted to CGN. The Risk Management Office at the University must be notified as soon as possible at (909) 469-5254.

CURRICULUM

**College of Graduate Nursing
Doctor of Nursing Practice
Charter Class January 2008**

YEAR 1		YEAR 2	
SEMESTER 1 Fall		SEMESTER 4 Fall	
		*CGN 8030 – Clinical Scholarship, Research, and Evidence-Based Practice	3
		*CGN 8070 - Population Based Prevention in Vulnerable Populations	3
	_____	Total	_____
			6
SEMESTER 2 Spring		SEMESTER 5 Spring	
CGN 8010 – Philosophy and Science for Nursing Practice	3	*CGN 8080 – Care Delivery Improvement: Models and Strategies	3
CGN 8050 – Social Justice, Health Care Advocacy, and Policy in Nursing Practice	3	*CGN 8090 – Clinical Project	3
Total	_____	Total	_____
	6		6
SEMESTER 3 Summer		SEMESTER 6 Summer	
*CGN 8040 – Transformational Information Systems for Health Care	3	*CGN 8060 – Outcome Based Collaboration and Collaborative Models	3
*CGN 8020 – Quality and Leadership in the 21 st Century Health Care System	3	*CGN 8090 – Clinical Project Completion	3
Total	_____	Total	_____
	6		6
Total Year 1 Units	12	Total Year 2 Units	18
Total Program Units	30		

**Indicates didactic courses that contain a clinical element. A \$250 clinical fee will be accessed for any semester requiring clinical hours.*

**College of Graduate Nursing
Doctor of Nursing Practice
Students starting in Fall 2008**

	YEAR 1		YEAR 2	
Pre-program	CGN 5000 – Communication and Information Management (may be required)	1		
	SEMESTER 1 Fall		SEMESTER 4 Fall	
	CGN 8010 – Philosophy and Science for Nursing Practice	3	*CGN 8030 – Clinical Scholarship, Research, and Evidence-Based Practice	3
	CGN 8050 – Social Justice, Health Care Advocacy, and Policy in Nursing Practice	3	*CGN 8070 - Population Based Prevention in Vulnerable Populations	3
	Total	<u>6</u>	Total	<u>6</u>
	SEMESTER 2 Spring		SEMESTER 5 Spring	
	*CGN 8020 – Quality and Leadership in the 21 st Century Health Care System	3	*CGN 8090 – Clinical Project	3
	*CGN 8080 – Care Delivery Improvement: Models and Strategies	3		
	Total	<u>6</u>	Total	<u>3</u>
	SEMESTER 3 Summer		SEMESTER 6 Summer	
	*CGN 8040 – Transformational Information Systems for Health Care	3	*CGN 8090 – Clinical Project	3
	*CGN 8060 – Outcome Based Collaboration and Collaborative Models	3		
	Total	<u>6</u>	Total	<u>3</u>
	Total Year 1 Units	18	Total Year 2 Units	12
	Total Program Units	30		

**Indicates didactic courses that contain a clinical element. A \$250 clinical fee will be accessed for any semester requiring clinical hours.*

COURSE DESCRIPTIONS

CGN 8010 – Philosophy and Science for Nursing Practice (3 units)

This course focuses on an examination of the philosophical and scientific foundations which reflect the complexity of practice at the doctoral level including the development of nursing science and the phenomenon of concern to nursing practice; the principals of the biology of human structure, function and disease; behavioral and population science, including vulnerable populations; and middle range theories which support practice.

CGN 8020 –Quality and Leadership in the 21st Century Health Care System (3 units) (with clinical hours)

This course focuses on an examination of quality improvement and cost effectiveness for clinical initiatives. Includes principals of business planning, business finance, health law, organizational theory, care delivery models, risk management, negotiation, and leadership especially with the care of vulnerable populations. Examines nursing's leadership role in shaping the health care system of the future.

CGN 8030 –Clinical Scholarship, Research, and Evidence-Based Practice (3 units) (with clinical hours)

This course focuses on an examination and strategies for clinical scholarship and research methods for critique and literacy focusing on epidemiology and evidence-based practice. Includes data base and policy development, databases evaluation, and quality and practice improvement. Includes population based research methods, outcome analysis techniques, and participative research.

CGN 8040 –Transformational Information Systems for Health Care (3 units) (with clinical hours)

This course focuses on an examination of information and technology systems which support research for evidence-based practice, quality improvement, outcome evaluation, best practices, management, and education. Principals for selecting and evaluating information systems, and the ethical, regulatory, and legal issues which surround information technologies.

CGN 8050 –Social Justice, Health Care Advocacy, and Policy in Nursing Practice (3 units)

This course examines nursing's role in the care of underserved and vulnerable populations. Includes concepts of social justice, health care advocacy, and policy formation and implementation. Examines the structure and function of legislative and regulatory organizations, governance, public relations, and global health care issues.

CGN 8060 –Outcome Based Collaboration and Collaborative Models (3 units) (with clinical hours)

This course examines the role, scope, practice, and culture of different health care professions with a focus on building multidisciplinary collaborative teams. Collaborative communication patterns and synergistic decision making will be examined in the context of the interprofessional dimensions of health care and health care organizations focusing on the care of vulnerable populations.

CGN 8070 –Population Based Prevention in Vulnerable Populations (3 units) (with clinical hours)

Comprehensive surveillance, prevention, and health promotion approach with underserved and vulnerable populations based on community health and vulnerable population theory. Focuses on the use of epidemiological, biostatistical, environmental, geographic, genetic, behavioral, and socioeconomic data to design, develop, and implement interventions to improve health care access and address gaps in care.

CGN 8080 –Care Delivery Improvement: Models and Strategies (3 units) (with clinical hours)

This course focuses on the assessment of individuals, families, populations, including vulnerable populations, and organizations within traditional and innovation care delivery models and settings, using clinical epidemiology and reasoning, systems for leveling evidence, and ethics. Development of strategies and protocols that reflect nursing's accountability and the highest level of nursing care.

CGN 8090– Clinical Project (3 units) (with clinical hours)

This course focuses on the completion of a clinical immersion experience and independent evidence-based project in a vulnerable population which provides an illustration of the essential competencies of the practice doctorate. May be repeated for a total of 6 units.

Academic Calendar

Items in bold require on-campus attendance for students in those programs.

Spring Semester Begins	January 9, 2008
Seminar #1 - DNP Students	February 10, 2008
Seminar #2 - DNP Students	March 16, 2008
Spring Semester Ends	April 18, 2008
Summer Semester Begins	April 28, 2008
Seminar #1 - DNP students	June 1, 2008
Seminar #2 - DNP students	July 13, 2008
Summer Semester Ends - All continuing students	August 8, 2008

Page 192, paragraph 1: **Replace** “The post-licensure curriculum has three emphasis options, which are: Family Nurse Practitioner, Clinical Nurse Leader or Leadership and Management” **with** “The post-licensure curriculum has four emphasis options: Family Nurse Practitioner, Clinical Nurse Leader, Leadership and Management, or Ambulatory Care Nursing.”

Page 205, Grade Appeals Process: **Insert** “All grade appeals must be submitted in writing to the faculty of record within ten business days of the date the grade was posted.” **after** the second sentence.

Page 206, Program Withdrawal: **Insert** “Withdrawal from the Program or University does not bar the student from initiating any grade appeal as long as the appeal request is received in the specified time limit.” **at** the end of the paragraph.

Page 218: Insert the following curriculum grid after page 218:

**College of Graduate Nursing
MSN-E Track – ACN Emphasis**

YEAR 2		YEAR 3	
SEMESTER 4 Fall		SEMESTER 7 Fall	
CGN 6901 – Comm. Health Nursing (theory)	2	CGN 5200 – Nursing Theory	3
CGN 6902 – Comm. Health Nursing (clinical)	2	CGN 5304 – Nursing Research I	3
CGN 6160 – Introduction to Research	2	CGN 5605 – Human Diversity	1
CGN 6801 – Lead. & Mgmt in Nursing	2	CGN 5810 – Mgmt Practice Issues	2
CGN 6802 – Lead. & Mgmt in Nursing Pract	3	Total	9
Total	11		
SEMESTER 5 Spring		SEMESTER 8 Spring	
CGN 5703 – Information Technology	3	CGN 5102 – Health Systems II	2
CGN 7550 – RN Clinical Seminar*	1	CGN 5305 – Nursing Research II	1
CGN 5603 – Societal & Ethnical Issues	1	CGN 5820 – Prof. Practice Issues	2
Total	5	CGN 5602 – Health Promo. & Dis. Prev.	1
		Total	6
SEMESTER 6 Summer		SEMESTER 9 Summer	
CGN 5101 – Health Systems I	2	CGN 5830 – Business Practice Issues	2
CGN 5610 – Professional Role	3	CGN 5999 – Senior Project	3
CGN 5606 – Comp. & Alternative Med.	1	Total	5
CGN 7550 – RN Clinical Seminar*	1	Total Year 3 Units	20
Total	7		
Total Year 2 Units	23		

Total Program Units

Prerequisites	29
Pre-Licensure Didactic	36
Pre-Licensure Clinical	22
Post-Licensure Didactic	30
Post-Licensure RN Clinical*	2

Page 225: Replace **CGN 5304 – Nursing Research I (1 unit)** with **CGN 5304 – Nursing Research I (3 units)**.

Page 45, **ACCREDITATION**: Insert the following text at the end of the section.

COMPLAINTS REGARDING ACCREDITATION STANDARDS

The College of Osteopathic Medicine of the Pacific (COMP) is committed to meeting and exceeding the standards for accreditation of colleges of osteopathic medicine as described by the American Osteopathic Association Commission on Osteopathic College Accreditation. A copy of the standards is available upon request from the Office of the dean.

Procedure:

Student who believes that COMP may not be in compliance with a standard of accreditation has the right to file a complaint through the following procedure:

1. A written, dated and signed complaint must be filed with the Office of Student Affairs.
2. The assistant dean of Student Affairs will consult with the dean and form an ad hoc committee of faculty and students to investigate the complaint.
3. The results of the investigation shall include findings of fact, a determination of standard compliance or non-compliance, and recommended corrective actions. The results will be communicated in writing to the dean, Student Affairs and the student complainant.
4. If corrective action is indicated, the dean will respond with a description/plan for such action within 30 days of receipt of the ad hoc committee results.
5. Records of all proceedings regarding complaints will be maintained by the Office of Student Affairs.
6. In the event that the student complainant is not satisfied with the ad hoc committee determination and/or corrective action, the student may communicate his/her complaint to:

Chairperson, Commission on Osteopathic College Accreditation
American Osteopathic Association
142 East Ontario Street
Chicago, Illinois 60611-2864

Page 45, **COLLEGE MISSION**, paragraph 1: **Replace** with the following paragraph “The mission of the College of Osteopathic Medicine of the Pacific (COMP) is to prepare students to become technically competent, culturally sensitive, professional and compassionate physicians who are lifelong learners and will serve society by providing comprehensive, patient-centered healthcare with a distinctive osteopathic philosophy.”

Page iii, **Notice of Non-discrimination Policy**, paragraph 1, line 4: Insert “sex,” between “of” and “race.”

Page 21, **NON-DISCRIMINATION**, paragraph 1, line 4: Insert “sex,” between “of” and “race.”