Conditions of Accuracy
The Kaiser Permanente Bernard J. Tyson School of Medicine reserves the right, through its established procedures, to modify the requirements for admission and graduation and to change other rules, regulations, and provisions, including those stated in this catalog and other publications.

The information contained in this catalog applies to the 2020-2021 academic year (July 27, 2020 to July 2, 2021).

Notice to Prospective Students
As a prospective student, you are encouraged to review this catalog prior to signing an enrollment agreement. You are also encouraged to review the School Performance Fact Sheet, which must be provided to you prior to signing an enrollment agreement.

The Doctor of Medicine (MD) program at the Kaiser Permanente Bernard J. Tyson School of Medicine prepares students for the following job classifications as defined by the following United States Department of Labor’s Standard Occupational Classification codes: 29-1210, 29-1211, 29-1212, 29-1213, 29-1214, 29-1215, 29-1216, 29-1217, 29-1218, 29-1221, 29-1222, 29-1223, 29-1224, 29-1229, 29-1240, 29-1241, 29-1242, 29-1243, 29-1249.

The Kaiser Permanente Bernard J. Tyson School of Medicine is also required, per section 94909(a)(12) of the California Education Code, to disclose that it does not have a pending petition in bankruptcy, is not operating as a debtor in possession, nor has it filed a petition within the preceding five years. The school has not had a petition of bankruptcy filed against it within the preceding five years that resulted in reorganization under Chapter 11 of the United States Bankruptcy Code (11 U.S.C. § 1101).
Contents

School of Medicine Calendar 2020-2021 ........................................................................ 1
Mission, Vision, and Values .................................................................................................. 2
  Mission ................................................................................................................................ 2
  Vision .................................................................................................................................. 2
  Values ................................................................................................................................. 2
  Context ............................................................................................................................... 2
  Strategic Goals .................................................................................................................. 3
  Professionalism .................................................................................................................. 3
Background and History ......................................................................................................... 4
  History of Kaiser Permanente ............................................................................................ 4
  History of Kaiser Permanente Bernard J. Tyson School of Medicine .............................. 5
Accreditation and Regulatory Approvals ............................................................................. 7
  California Bureau for Private Postsecondary Education .................................................. 7
    Notice to Prospective Degree Program Students ............................................................ 7
    Questions .......................................................................................................................... 7
    Complaints ....................................................................................................................... 8
  Institutional Accreditation Status of the WASC Senior College and University
  Commission (WSCUC) .................................................................................................... 8
  Status of Programmatic Accreditation by the Liaison Committee on Medical Education
  (LCME) .......................................................................................................................... 8
Instructional Facilities ........................................................................................................... 9
  Primary Campus .................................................................................................................. 9
    Information Commons (Library) .................................................................................... 9
    Simulation Center and Clinical Skills/Standardized Patient Area............................... 10
    Anatomy Resource Center (ARC) .................................................................................. 11
Clinical Training Sites ......................................................................................................... 11
  Longitudinal Integrated Clerkships .................................................................................. 11
  Other Clinical Experiences ............................................................................................... 13
Security, Student Safety, and Disaster Preparedness ............................................................. 13
  Security Notices ............................................................................................................... 13
  Disaster Preparedness Training ......................................................................................... 14
  Emergency Notification System ....................................................................................... 14
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Policies and Procedures</td>
<td>15</td>
</tr>
<tr>
<td>Non-Discrimination, Anti-Harassment, and Anti-Retaliation Policy</td>
<td>15</td>
</tr>
<tr>
<td>Positive Learning Environment/Student Mistreatment</td>
<td>15</td>
</tr>
<tr>
<td>Guidelines for Conduct in Educator/Student/Professional Relationships</td>
<td>16</td>
</tr>
<tr>
<td>Academic Freedom</td>
<td>16</td>
</tr>
<tr>
<td>Purpose</td>
<td>16</td>
</tr>
<tr>
<td>Scope</td>
<td>17</td>
</tr>
<tr>
<td>Provisions</td>
<td>17</td>
</tr>
<tr>
<td>Behaviors Unacceptable in a Professional and Positive Learning Environment</td>
<td>17</td>
</tr>
<tr>
<td>Addressing Inappropriate Behavior in the Educator/Student Context</td>
<td>18</td>
</tr>
<tr>
<td>Student Grievance Policy</td>
<td>19</td>
</tr>
<tr>
<td>Exclusions</td>
<td>19</td>
</tr>
<tr>
<td>Informal Resolution</td>
<td>20</td>
</tr>
<tr>
<td>Filing a Hearing Request</td>
<td>20</td>
</tr>
<tr>
<td>Hearing Procedure</td>
<td>20</td>
</tr>
<tr>
<td>Committee Decision</td>
<td>21</td>
</tr>
<tr>
<td>Student Records (Family Educational Rights and Privacy Act)</td>
<td>21</td>
</tr>
<tr>
<td>Kaiser Permanente Bernard J. Tyson School of Medicine Directory</td>
<td>24</td>
</tr>
<tr>
<td>Limits of Confidentiality</td>
<td>24</td>
</tr>
<tr>
<td>Recordkeeping</td>
<td>24</td>
</tr>
<tr>
<td>Notice Concerning Transferability of Credits and Credentials Earned at Our Institution</td>
<td>26</td>
</tr>
<tr>
<td>Student Services</td>
<td>27</td>
</tr>
<tr>
<td>Office of Student Affairs</td>
<td>27</td>
</tr>
<tr>
<td>Academic Support and Advising</td>
<td>27</td>
</tr>
<tr>
<td>Disability Services</td>
<td>28</td>
</tr>
<tr>
<td>Career Advising and Development</td>
<td>28</td>
</tr>
<tr>
<td>Personal Counseling and Well-Being</td>
<td>29</td>
</tr>
<tr>
<td>Student Health and Disability Insurance</td>
<td>30</td>
</tr>
<tr>
<td>Health Screening and Immunization Requirements</td>
<td>31</td>
</tr>
<tr>
<td>Housing</td>
<td>32</td>
</tr>
<tr>
<td>Tuition, Fees, and Financial Aid</td>
<td>33</td>
</tr>
<tr>
<td>Tuition Waiver</td>
<td>33</td>
</tr>
<tr>
<td>Domain: LLL (Life-Long Learning)</td>
<td>48</td>
</tr>
<tr>
<td>Domain: SBP (Systems-based Practice)</td>
<td>48</td>
</tr>
<tr>
<td>Domain: PCH (Population and Community Health)</td>
<td>49</td>
</tr>
<tr>
<td>Domain: IPCT (Interprofessional Collaboration and Teamwork)</td>
<td>49</td>
</tr>
<tr>
<td>Domain: PR (Professionalism)</td>
<td>49</td>
</tr>
<tr>
<td>Domain: MK (Medical Knowledge)</td>
<td>50</td>
</tr>
<tr>
<td>Admissions</td>
<td>51</td>
</tr>
<tr>
<td>Technical Standards</td>
<td>51</td>
</tr>
<tr>
<td>Equal Access to the School of Medicine’s Educational Program</td>
<td>53</td>
</tr>
<tr>
<td>Academic Requirements for Admission</td>
<td>53</td>
</tr>
<tr>
<td>Baccalaureate Degree Requirement</td>
<td>53</td>
</tr>
<tr>
<td>Required and Recommended Premedical Courses</td>
<td>53</td>
</tr>
<tr>
<td>Medical College Admissions Test (MCAT) Requirement</td>
<td>54</td>
</tr>
<tr>
<td>CASPer Requirement</td>
<td>54</td>
</tr>
<tr>
<td>Language of Instruction/English Proficiency</td>
<td>55</td>
</tr>
<tr>
<td>Admissions Process</td>
<td>55</td>
</tr>
<tr>
<td>Admissions Application</td>
<td>55</td>
</tr>
<tr>
<td>Additional Requirements for Admission</td>
<td>57</td>
</tr>
<tr>
<td>International Students</td>
<td>58</td>
</tr>
<tr>
<td>Transfer Students</td>
<td>58</td>
</tr>
<tr>
<td>The Offer of Admission</td>
<td>58</td>
</tr>
<tr>
<td>Accepted Student Registration Deposit</td>
<td>58</td>
</tr>
<tr>
<td>Delayed Matriculation</td>
<td>59</td>
</tr>
<tr>
<td>Timetable for Admission</td>
<td>59</td>
</tr>
<tr>
<td>Registration</td>
<td>60</td>
</tr>
<tr>
<td>Credit Hour Policy</td>
<td>60</td>
</tr>
<tr>
<td>Full-Time Enrollment Status</td>
<td>60</td>
</tr>
<tr>
<td>Time Frame/Pace of Completion</td>
<td>60</td>
</tr>
<tr>
<td>Student Initiated Changes in Enrollment Status</td>
<td>61</td>
</tr>
<tr>
<td>Leave of Absence</td>
<td>61</td>
</tr>
<tr>
<td>Voluntary Withdrawal</td>
<td>62</td>
</tr>
<tr>
<td>Re-admission</td>
<td>63</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Curriculum</td>
<td>82</td>
</tr>
<tr>
<td>Phase 1, Year 1</td>
<td>82</td>
</tr>
<tr>
<td>Phase 2, Year 2</td>
<td>83</td>
</tr>
<tr>
<td>Phase 3, Years 3 and 4</td>
<td>84</td>
</tr>
<tr>
<td>Course Descriptions</td>
<td>86</td>
</tr>
<tr>
<td>Phase 1, Year 1</td>
<td>86</td>
</tr>
<tr>
<td>Phase 2, Year 2</td>
<td>87</td>
</tr>
<tr>
<td>Phase 3, Years 3 and 4</td>
<td>89</td>
</tr>
<tr>
<td>Board of Directors</td>
<td>92</td>
</tr>
<tr>
<td>Directors</td>
<td>92</td>
</tr>
<tr>
<td>Administration</td>
<td>93</td>
</tr>
<tr>
<td>Faculty</td>
<td>94</td>
</tr>
<tr>
<td>Biomedical Science</td>
<td>94</td>
</tr>
<tr>
<td>Clinical Science</td>
<td>94</td>
</tr>
<tr>
<td>Health Systems Science</td>
<td>98</td>
</tr>
</tbody>
</table>
School of Medicine Calendar 2020-2021

Fall 2020 Semester

- July 26, 2020: White coat ceremony
- July 27, 2020: Fall semester begins
- August 3, 2020: Cancellation deadline (fall 2020)
- September 7, 2020: Labor Day holiday (no classes)
- November 25-27, 2020: Thanksgiving holiday (no classes)
- December 18, 2020: Fall semester ends
- December 19, 2020 to January 3, 2021: Winter break

Spring 2021 Semester

- January 4, 2021: Spring semester begins
- January 18, 2021: Martin Luther King Jr. Day (no classes)
- April 26 to May 2, 2021: Spring break
- May 3, 2021: Spring classes resume
- May 31, 2021: Memorial Day (no classes)
- July 2, 2021: Spring semester ends
- July 3 to August 8, 2021: Summer vacation
- July 5, 2021: Independence Day observed (no classes)
Mission, Vision, and Values

Mission
To provide a world-class medical education that ignites a passion for learning, a desire to serve, and an unwavering commitment to improve the health and well-being of patients and communities.

Vision
Our graduates will be a diverse community of compassionate healers, lifelong learners, and courageous leaders of change within the profession and in society. They will have the skills, capabilities, and resilience to lead the transformation of healthcare delivery in the nation, and a lifelong commitment to the highest values of the profession.

Values
We are committed to:

- Teaching the delivery of person-centered, evidence-informed healthcare in true partnership with patients
- Assuring accountability for the quality, safety, and appropriateness of care and the ethical stewardship of patients’ and families’ health and resources
- Achieving health equity for all and the elimination of health disparities wherever they exist
- Promoting inclusiveness and diversity in medical education and the health professions
- Developing courageous leaders who challenge the status quo with inquiry and innovation
- Advocating for change in medical education, the profession, and the healthcare system
- Creating and promulgating new knowledge in service to patients and communities
- Establishing a learning environment that supports the health, well-being, and resilience of our graduates and enables them to serve as exemplars for patients and the profession

Context
We will leverage the values and capabilities of our integrated health system, and the unique relationship between the independent Permanente Medical Groups and Kaiser
Foundation Health Plan and Hospitals organization, to prepare students for future-facing clinical practice and health system leadership.

**Strategic Goals**

The strategic goals and defining attributes of the medical school are:

**Goal 1** – Future-facing curriculum: Redefine the essentials of physician education to improve the health and health equity of individuals and communities.

**Goal 2** – Innovative pedagogy: Reimagine the approach and methods for learning medicine to develop patient- and population-focused lifelong learners.

**Goal 3** – Intentional culture: Reinvent the medical school environment to foster an inclusive culture and the total health of students.

**Goal 4** – Catalyst for change: Reflect learnings and drive change in medical education, the profession, the community, and the healthcare system.

**Professionalism**

Kaiser Permanente Bernard J. Tyson School of Medicine holds all its officers, directors, administrators, faculty, staff, and students to the highest standards of academic practices and ethics.

The school places equally high expectations on its governance and administrative structure responsible for development and oversight of sound practices of policy development and implementation; its academic structure responsible for development of curriculum and delivery, meeting the needs of enrolled students and the community to be served by graduates; and its staff responsible for the documentation of effective practices demonstrating the highest order of ethics, integrity, and business application.
Background and History

History of Kaiser Permanente

Kaiser Permanente is one of the country’s largest private nonprofit health plans, with approximately $78 billion in annual revenues. Founded in 1945 by industrialist Henry J. Kaiser and Dr. Sidney Garfield, the organization has grown into a leading integrated healthcare delivery system that serves more than 12 million members in eight states and the District of Columbia. Today, Kaiser Permanente is recognized for providing high-quality, evidence-based healthcare through the advantages of its integrated health plan and care delivery model.

The Kaiser Permanente Medical Care Program refers to the integrated health system. Kaiser Permanente is not a legal entity, but rather encompasses the integration of three separate entities that work in collaboration to ensure the delivery of high-quality, patient-centered care to members and their communities. It should be noted that although Kaiser Foundation Health Plan Inc. and Kaiser Foundation Hospitals are separate entities, they share a common board of directors and are often referred to as Kaiser Foundation Health Plan and Hospitals. The three entities comprising the Kaiser Permanente Medical Care Program are:

- **Kaiser Foundation Health Plan, Inc.**: A nonprofit, public-benefit corporation that contracts with individuals and groups to provide healthcare coverage. Kaiser Foundation Health Plan contracts with Kaiser Foundation Hospitals and the Permanente Medical Groups to provide healthcare services to its members. Kaiser Foundation Health Plan collects premiums and distributes funds to Kaiser Foundation Hospitals and Permanente Medical Groups to provide all necessary hospital and professional services.

- **Kaiser Foundation Hospitals**: A nonprofit, public-benefit corporation that owns and operates hospitals in California, Oregon, and Hawaii; owns outpatient facilities in all states where Kaiser Foundation Health Plan does business; provides or arranges hospital services; and sponsors charitable, educational, and research activities. Kaiser Foundation Hospitals provides or arranges for all hospital services for Kaiser Foundation Health Plan members. Each hospital is a community hospital that also cares for non-Health Plan members, especially those who arrive through the emergency department. Kaiser Foundation Hospitals is the parent organization (also called the sole corporate member) and primary funder for the Kaiser Permanente Bernard J. Tyson School of Medicine.

- **The Permanente Medical Groups**: Partnerships or professional corporations of physicians, with an independent legal entity in each of the eight Kaiser Permanente regions. The Permanente Medical Groups are responsible for providing and arranging all medical care and services in each of the regions. The Permanente Federation was formed in 1997 to represent the shared interests of the Permanente Medical Groups.
The contractual relationship between Kaiser Foundation Health Plan and Permanente Medical Groups is mutually exclusive, i.e., Kaiser Foundation Health Plan contracts exclusively with the Permanente Medical Groups for all professional services for members, and Permanente Medical Groups contract only with Kaiser Foundation Health Plan for payment; they do not accept other insurers. However, as needed to augment coverage, some services are provided through contracted networks of community hospitals, physicians, and other providers.

More than 22,000 physicians, 59,000 nurses, and 215,000 staff serve members and communities in eight Kaiser Permanente Regions: Northern California, Southern California, Colorado, Georgia, Hawaii, Northwest (Oregon and parts of Washington), Washington, and Mid-Atlantic (Maryland, Virginia, and the District of Columbia).

Kaiser Permanente Bernard J. Tyson School of Medicine is funded through the Community Benefit Program of Kaiser Foundation Health Plan and Hospitals. The Community Benefit Office supports programs and services dedicated to providing medical care and other benefits to vulnerable populations; benefits to the broader community; and health research, education, and training programs.

**History of Kaiser Permanente Bernard J. Tyson School of Medicine**

Kaiser Permanente has a long history of engaging in education with residents, fellows, and medical students visiting from other institutions, as well as supporting rotations and other experiences in the clinical setting. Over the years, Kaiser Permanente physicians and leadership explored the possibility of creating a medical school, building on the organization’s decades-long commitment to medical education through these respected and successful residency and fellowship programs.

In 2009, a team of leaders from the Permanente Medical Groups and its Community Benefit (CB) program began to explore the feasibility of a medical school. A core planning team conducted an in-depth exploration and prepared a school strategy.

In alignment with the Permanente Medical Groups, the combined Kaiser Foundation Health Plan and Hospitals Board of Directors (acting for Kaiser Foundation Hospitals) approved establishment of the medical school in late 2015, as well as basic parameters for overall governance, financing, and operations. Kaiser Foundation Hospitals formed a new California not-for-profit public benefit corporation—Kaiser Permanente School of Medicine, Inc.—that operates the Kaiser Permanente Bernard J. Tyson School of Medicine. Kaiser Foundation Hospitals is its sole corporate member (i.e., the entity that established the school of medicine and has the authority to approve school bylaws changes, approve selected school board members, and take other high-level actions). This model establishes a school with a medical education program possessing sufficient institutional autonomy, while integrating the school with, and leveraging the assets of, Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and the Permanente
Medical Groups.

Consistent with the standards and policies of the Western Association of Schools and Colleges Senior College and University Commission (WSCUC), the Kaiser Permanente Bernard J. Tyson School of Medicine Board of Directors is composed of 11 external (independent) directors and seven internal directors from Kaiser Foundation Health Plan, Kaiser Foundation Hospitals, and the Permanente Medical Groups. The Board of Directors was established in September 2016, governing the school by establishing policy and exercising fiduciary responsibility for the long-term well-being of the institution.

Kaiser Permanente Bernard J. Tyson School of Medicine appointed Dr. Mark A. Schuster, MD, PhD, as founding Dean and CEO in October 2017. The school of medicine underwent its preliminary accreditation visit with the Liaison Committee on Medical Education (LCME) in October 2018 and received preliminary accreditation on February 12, 2019.

The school of medicine will leverage Kaiser Permanente’s position as a prevention-focused, population-based organization with a social mission, capable of world-class specialty care for its members. Its most important differentiator is that it will be embedded in the Kaiser Permanente Medical Care Program, an integrated model of care and financing focused on the total health of populations. Students will learn to be physician leaders and advocates for health.
Accreditation and Regulatory Approvals

Updates regarding the Kaiser Permanente Bernard J. Tyson School of Medicine’s accreditation status can be found at: medschool.kp.org/about/accreditation.

California Bureau for Private Postsecondary Education

The Bureau for Private Postsecondary Education (BPPE) recognizes the Kaiser Permanente School of Medicine (KPSOM) with conditional approval. The institution is eligible for provisional approval once the proposed facilities are completed.

Notice to Prospective Degree Program Students

The Kaiser Permanente Bernard J. Tyson School of Medicine is conditionally approved by the California Bureau for Private Post-Secondary Education to offer degree programs. To continue to offer the Doctor of Medicine (MD) program, this institution must meet the following requirements:

- Become institutionally accredited by an accrediting agency recognized by the United States Department of Education, with the scope of the accreditation covering at least one degree program.
- Achieve accreditation candidacy or pre-accreditation, as defined in regulations, by February 25, 2022, and full accreditation by February 25, 2025.

If the institution stops pursuing accreditation, the following will happen:

- The institution must stop all enrollment in its degree programs.
- Provide a teach-out to finish the educational program or provide a refund.

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

Questions

Any questions a student may have regarding this catalog that have not been satisfactorily answered by the institution may be directed to the California Bureau for Private Postsecondary Education at:

Address:
1747 North Market, Suite 225, Sacramento, CA 95834
P.O. Box 980818, West Sacramento, CA 95798-0818

Telephone and fax:
Tel. 888-370-7589; fax 916-263-1897
Tel. 916-574-8900; fax 916-263-1897

Website:
bppe.ca.gov
Complaints
A student or any member of the public may file a complaint about this institution with the California Bureau for Private Postsecondary Education by calling 888-370-7589 (toll-free) or by completing a complaint form, which can be obtained on the bureau’s website: bppe.ca.gov.

Institutional Accreditation Status of the WASC Senior College and University Commission (WSCUC)
The Kaiser Permanente Bernard J. Tyson School of Medicine received eligibility for initial accreditation from WSCUC in 2018. WSCUC is one of six regional associations that accredit public and private schools, colleges, and universities in the United States. Eligibility is the first step in the process. The school will be undergoing additional accreditation activities following the official schedule for the next four years, to achieve institutional accreditation.

WSCAS Senior College and University Commission (WSCUC)
985 Atlantic Avenue, Suite 100
Alameda CA 94501
Phone: 510-748-9001 x300
Web: wscuc.org
Email: wscuc@wscuc.org

Status of Programmatic Accreditation by the Liaison Committee on Medical Education (LCME)
The Kaiser Permanente Bernard J. Tyson School of Medicine has achieved preliminary accreditation and is listed in the LCME accredited directory.

Preliminary accreditation allows the school to begin recruiting students and accepting applications for admission.

The LCME is not an accrediting agency recognized by the United States Department of Education; however, students enrolled at the Kaiser Permanente Bernard J. Tyson School of Medicine will be eligible to sit for appropriate licensure examinations (USMLE) and apply for residency and fellowships both pre-and post-graduation. Graduates will be eligible to apply for licensure in their state of practice.
Instructional Facilities

Primary Campus

98 South Los Robles Ave., Pasadena, CA 91101

The school’s Medical Education Building is located at the intersection of Green Street and Los Robles Avenue. This 83,000-square-foot, four-story structure contains state-of-the-art educational and simulation space; relaxation, study, and leisure space; student support services; and other key medical school administrative services.

Flexible classroom/learning studio spaces can accommodate from 48 to a maximum of 112 students, while 12 small group rooms can accommodate 8 to 10 learners (and two faculty members). Students in Phase 1 and 2 of the curriculum can hold simultaneous learning sessions/activities in the building, and the flexible nature of the space enables the combining of both phases of students when desired. The space also accommodates the engagement of students from other healthcare disciplines for Interprofessional Collaboration (IPC) activities.

Information Commons (Library)

Located in the Medical Education Building, the Kaiser Permanente Bernard J Tyson School of Medicine Information Commons provides access to electronic and print books and journals, online databases, clinical information sources, and public workstations for students and faculty. Online access to resources will be provided through a web-based tool called Kaiser Permanente Bernard J. Tyson School of Medicine Clinical Library. This links to 17,000 KP-developed clinical resources (guidelines, member education, and other point-of-care resources), more than 12,000 subscribed and open-access full text journals, more than 9,000 subscribed and open-access online books, and a wealth of other resources.

Library Hours

The librarian will be available either in-person in the Information Commons or remotely during regular business hours, Monday through Friday, from 8 a.m. to 5 p.m. Updated hours will be provided as needed during high-demand times such as exams. Students and faculty may access the Information Commons at any time using their student or employee identification badge.

Library Services

The librarian delivers an annual orientation for students and faculty which provides an overview of services, resources, and information literacy. Throughout the year, the librarian will present updates on new services and resources to students and faculty. Medical students and faculty may also request refresher classes, one-on-one instructional sessions, and course-based instruction as needed. The librarian will also work with the Office of Research and Scholarship to support faculty research projects.
The school of medicine Clinical Library can be accessed on or off-campus via the internet. Students and faculty may also use a variety of online communication tools to request literature searches, as well as articles, books, and other resources not available from the Information Commons.

The school of medicine Information Commons participates in multiple document delivery systems, including DOCLINE, the National Library of Medicine’s automated interlibrary loan (ILL) request, routing, and referral system. The school of medicine is also a part of the FreeShare cross-regional DOCLINE Library Group, whose members agree to fill DOCLINE requests for affiliated users free of charge on a reciprocal basis.

**Curricular Support**

The librarian and library resources support the school’s small-group clinical problem-solving activities and case-based learning, which emphasize the use of information resources and evidence-based decision making. The librarian actively participates in the day-to-day academic activities of the school and serves on the Curriculum and Educational Policy (CEP) Committee. The librarian also collaborates with the Office of Research and Scholarship to support the students’ Required Scholarly Project.

**Simulation Center and Clinical Skills/Standardized Patient Area**

The Kaiser Permanente Bernard J. Tyson School of Medicine Simulation Center, located on the first floor of the Medical Education Building, allows students to fully engage in practicing the foundational skills required to care for patients. Students will learn multiple real-world skills in the 8,800-square-foot simulation center, combined with a 6,337-square-foot Clinical Skills/Standardized Patient Area, including:

- Patient interviewing and advanced communication skills with actors trained as standardized patients
- Physical examination with actors trained as standardized patients and anatomical models
- Documentation, note-taking, and ordering labs and imaging studies in the electronic medical record
- Management of urgent medical situations with life-like mannequins
- Clinical procedures with trainers that model portions of the body
- Communication skills required to practice in interprofessional teams

Resources in this space include ten standardized patient examination rooms, three debriefing rooms, one pre-briefing classroom, four hospital simulation environment rooms, a nurse’s station, three simulation control rooms, an interprofessional practice environment, and one procedural skills center.
In addition to having simulation mannequins for high-fidelity scenarios, the Simulation Center will also support additional state-of-the-art medical equipment for physician training. The Clinical Skills/Standardized Patient Area and Simulation Center are modeled after the Kaiser Foundation Health Plan and Hospitals’ and clinics’ template design so that students may train in environments that closely resemble their primary clinical and clerkship settings.

**Anatomy Resource Center (ARC)**

In the Anatomy Resource Center (ARC) students will engage in case-based, medium-sized group learning that provides opportunities for mastery of all of the anatomical sciences: surface, regional, and cross-sectional anatomy as well as embryology, histology, and diagnostic imaging.

Case-based sessions include problem-solving activities using a robust array of advanced resources, including:

- A comprehensive collection of pre-dissected human cadavers and prosections preserved by plastination
- A unique set of hand-crafted reproductions of human bones and pathological and trauma elements
- State-of-the art augmented reality (AR)
- Advanced digital two and three-dimensional anatomy
- Functional anatomy and virtual microscopy interfaces
- Ultrasound devices and ultrasound machines
- Multi-user touch-interface anatomy workstations that allow students to visualize and interact with thousands of actual human structures in three dimensional and cross-sectional views of the body

**Clinical Training Sites**

**Longitudinal Integrated Clerkships**

The Longitudinal Integrated Clerkship (LIC) model restructures the student’s and patient’s experience of caregiving in each of the core clerkship specialties other than emergency medicine (family medicine/internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery), by eliminating traditional block rotations. Instead, students learn core skills by following panels of patients over time, while maintaining a one-on-one relationship with a preceptor and the preceptor’s clinical team of nurses, pharmacists, and other clinical professionals. Students observe patients through the entire care continuum, including diagnosis, treatment, and follow-up.
LIC’s at the school of medicine will start early on, with first- and second-year students hosted at one of Kaiser Permanente’s six medical centers and/or their associated outlying medical offices located in communities across the greater Los Angeles area: Downey, Los Angeles, Panorama City, San Bernardino County, South Bay, and West Los Angeles (see figure 1 below). A detailed map depicting each medical center is also available on Google Maps. Associated medical office addresses are not listed below.

**Primary Clinical Training Sites:**

<table>
<thead>
<tr>
<th>Downey Medical Center</th>
<th>Panorama City Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>9333 Imperial Highway</td>
<td>13651 Willard St.</td>
</tr>
<tr>
<td>Downey, CA 90242</td>
<td>Panorama City, CA 91402</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fontana Medical Center</th>
<th>South Bay Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>9961 Sierra Ave.</td>
<td>25825 S. Vermont Ave.</td>
</tr>
<tr>
<td>Fontana, CA 92335</td>
<td>Harbor City, CA 90710</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Los Angeles Medical Center</th>
<th>West Los Angeles Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>4867 W. Sunset Blvd.</td>
<td>6041 Cadillac Ave.</td>
</tr>
<tr>
<td>Los Angeles, CA 90027</td>
<td>Los Angeles, CA 90034</td>
</tr>
</tbody>
</table>

**FIGURE 1 - PRIMARY CLINICAL TRAINING SITES**
Other Clinical Experiences

Students in their third and fourth years will be able to work in select additional medical centers within the Kaiser Permanente system, as well as approved sites outside of Kaiser Permanente.

Security, Student Safety, and Disaster Preparedness

The Medical Education Building has 71 cameras, located at entrances to the building and the parking garage directly below the building. The cameras function at all times of day and night, with minimum operating range below one foot-candle, and are a combination of pan, tilt, zoom, and fixed cameras. A uniformed security officer will be stationed on campus 24 hours a day, seven days a week. The guard will have secure video access to all security cameras, will conduct regular walk-throughs of the building, and will be available to escort students to their cars upon request.

The campus security system also includes emergency call boxes located at pedestrian walkways and parking lots. Badge access will be required for entrance to all facilities. Emergency call boxes may be activated to notify security dispatch and will trigger immediate camera call-up for situation assessment. Alarms will be monitored 24 hours a day, seven days a week at the security dispatch center at Walnut Center Kaiser Facilities, approximately four blocks away; it utilizes a comprehensive Alert Notification Network for communication in the event of an emergency. Parking decks will have license plate-reading cameras that allow law enforcement to identify owners of vehicles. The video systems will use a robust recording process that allows security and law enforcement personnel to review more than 20 days of video, and randomly monitor video for suspicious activity.

After normal business hours, all street entrances will be locked and select entrances will be accessed only with a school of medicine identification badge. The card reader/identification badge system will allow students access to all floors, including classrooms and student areas of the Medical Education Building. The campus will be patrolled each night by certified security personnel.

Security Notices

In compliance with the U.S. Department of Education and the Jeanne Clery Act, security notices are issued to provide timely warning information concerning a potentially dangerous situation on or near the Kaiser Permanente Bernard J. Tyson School of Medicine. This information is provided to empower our students and employees with the information necessary to make decisions or take appropriate actions concerning their own personal safety. Security notices are distributed throughout the Kaiser Permanente Bernard J. Tyson School of Medicine to make community members aware of significant crimes that occur at the school. These notices are distributed through the school of medicine email.
**Disaster Preparedness Training**

All Kaiser Permanente Bernard J. Tyson School of Medicine students are required to complete active shooter and threat recognition and response training on an annual basis. These training sessions are available online via KP Learn. In addition, the school will periodically hold earthquake, fire, and/or other safety drills to ensure student awareness of school of medicine safety and security policies and building evacuation procedures.

**Emergency Notification System**

All students are required to sign up to receive emergency notifications from Kaiser Permanente Bernard J. Tyson School of Medicine’s emergency notification system. This system allows the school of medicine to quickly distribute critical information to students, wherever they are located, during an emergency. The system allows students to stay informed in the event of an emergency by sending alerts to students' personal electronic devices (mobile phone, laptop computer, etc.) through text messaging, voicemail, and/or email.
General Policies and Procedures

Non-Discrimination, Anti-Harassment, and Anti-Retaliation Policy

Kaiser Permanente Bernard J. Tyson School of Medicine prohibits unlawful or otherwise prohibited discrimination in educational programs and opportunities on the basis of race, color, religion, religious creed, sex (including pregnancy, childbirth, or related medical conditions, and breastfeeding or medical conditions related to breastfeeding), gender, gender identity, gender expression, transgender status, sex stereotyping, national origin, age, physical or mental disability, military or veteran status, sexual orientation, genetic information, ancestry, marital status, medical condition, a request to accommodate a disability or religious belief or other status protected by applicable federal, state or local laws or by corporate policy.

The school of medicine also prohibits unlawful or otherwise prohibited harassment, including sexual harassment and sexual violence.

This policy applies to all educational programs, activities, and opportunities. Any violation of this policy by a student towards another student (including an applicant for admission) may result in corrective/disciplinary action up to and including dismissal as a student in accordance with applicable policies and procedures as described in the Student Disciplinary Action and Due Process Policy.

School of medicine policy, as well as applicable federal and state laws, prohibit retaliation, intimidation, or reprisal against students (including applicants for admission) who file complaints and/or who cooperate with or participate in any procedures or investigations related to complaints of discrimination and/or harassment. Therefore, those covered by this policy should object to discrimination and harassment prohibited by this policy and report violations without fear of reprisal or retaliation.

Positive Learning Environment/Student Mistreatment

The Kaiser Permanente Bernard J. Tyson School of Medicine embraces and is committed to the American Associate of Medical Colleges (AAMC) position on a positive learning environment that specifically states, “having a respectful, inclusive and robust learning environment plays a critical role in developing and sustaining a professional, capable, compassionate and diverse healthcare workforce that will meet the healthcare needs of all.”

To that end, the school of medicine has adopted the following AAMC Statement on the Learning Environment:

“We believe that the learning environment for medical education shapes the patient care environment. The highest quality of safe and effective care for patients and the highest quality of effective and appropriate education are rooted in human dignity.

We embrace our responsibility to create, support, and facilitate the learning environment
shared by our patients, students, and educators. In this environment, our patients witness, experience, and expect a pervasive sense of respect, collegiality, kindness, and cooperation among healthcare team members. This includes all professionals, administrators, staff, and beginning and advanced students from all health professions. This includes research as well as patient-care environments.

We affirm our responsibility to create, support, and facilitate a learning environment that fosters resilience in all participants. It is our responsibility to create an atmosphere in which our students and educators are willing to engage with learning processes that can be inherently uncomfortable and challenging.

We affirm our commitment to shaping a culture of teaching and learning that is rooted in respect for all. Fostering resilience, excellence, compassion, and integrity allows us to create patient care, research, and a learning environment that are built upon constructive collaboration, mutual respect, and human dignity."

Guidelines for Conduct in Educator/Student/Professional Relationships

The achievement of an environment that promotes academic and professional success in educators and students is dependent on an environment free of behaviors that can undermine the important mission of our institution. An atmosphere of mutual respect, inclusiveness, collegiality, fairness, and trust is essential. Although both educators and students bear significant responsibility in creating and maintaining this atmosphere, educators bear particular responsibility with respect to their evaluative roles relative to student work and with respect to modeling appropriate professional behaviors. Educators must be ever mindful of this responsibility in their interactions with their students, colleagues, and their patients.

Students and educators annually review and sign the student-educator learning compact.

Academic Freedom

In support of the effective creation and transmission of new knowledge in academic medicine, the Kaiser Permanente Bernard J. Tyson School of Medicine is committed to the fundamental principle of academic freedom. For students and faculty, this includes the freedom to conduct scholarly activities, such as research; disseminate findings; and, for faculty this also includes the freedom to teach. These freedoms may be exercised within the parameters defined below.

Purpose

The purpose of the Academic Freedom Policy is to ensure that students and faculty are supported in their efforts to conduct scholarly activities, such as research; disseminate and publish their findings; and, for faculty, to teach, provided that such activities are 1) consistent with their specific, designated role at the school; 2) in furtherance of, and entirely consistent with, the school’s Mission, Vision, and Values; and, 3) guided by professional integrity to seek and convey truth in accordance with all federal, state, and local laws; the school of medicine Code of Conduct; established ethical standards in the
conduct of research; and the curriculum and program of study adopted by the school of medicine’s Curriculum and Educational Policy (CEP) Committee and Dean.

Scope
This policy applies to all school of medicine students and employed faculty at all ranks, full-time and part-time, during the term(s) of their appointment. Those faculty who are partners or employed by other entities, e.g., any Permanente Medical Group, will continue to be subject to the policies of that entity.

Provisions
1. Teaching: Faculty are entitled to express freedom in the educational setting as long as the content, manner, and style of presentation of course content is consistent with the guidelines outlined in the purpose section of this policy.

2. Curriculum Design: Curriculum design within a medical school requires a high level of coordination and collaboration across multiple faculty members who have overlapping teaching responsibilities. It will often be necessary for an individual faculty member to compromise on course content in deference to the decisions of the school. Such deference is necessary and consistent with this policy.

3. Scholarship: Faculty and students are free to pursue scholarly activities such as research and disseminate and publish their findings consistent with the guidelines outlined in the Purpose section of this policy.

4. Participation in the School Community: Faculty and students are free to dissent, express unpopular opinions, question, and criticize in their roles as members of the school of medicine community, without risk of reprisal, as long as such communications are consistent with the guidelines outlined in the Purpose section of this policy and are transmitted with respect.

5. Association: School of medicine faculty and students are free to associate through membership in professional, political, religious, and social organizations of their choosing, provided they clearly indicate that they do not speak for, or on behalf of, the school, unless explicitly designated to represent the school.

6. Remedies: Grievances regarding possible violation of the principles espoused in this policy can be brought to the attention of the Dean, any member of the Dean’s Senior Executive Cabinet, the Faculty Advisory Committee, the designated Ombud, or the Learning Environment and Professionalism (LEAP) Committee. All grievances related to this policy will be referred to and investigated by the LEAP Committee according to its procedures.

Behaviors Unacceptable in a Professional and Positive Learning Environment
Inappropriate and unacceptable behaviors are those that demonstrate disrespect for the inherent worth and dignity of others and unreasonably interfere with the learning
process or care of patients. Although there is inevitably a subjective element in the witnessing or experiencing of such behaviors, certain actions are unacceptable, and will not be tolerated by the school of medicine.

These unacceptable behaviors include, but are not limited to, the following:

- Committing an act of physical abuse or violence of any kind (e.g., hitting, slapping, kicking, pushing, inappropriate/unwelcome touching, throwing objects) or the threat of the same

- Sexual harassment, including romantic relationships between educators and students in which the educator has authority over the student’s academic progress. (Please refer to the Non-Discrimination, Anti-Harassment, and Anti-Retaliation policy for detailed definitions of all forms of harassment and sexual harassment, and procedures to follow if sexual harassment occurs)

- Loss of civility, including personal attacks or bullying, or the use of culturally insensitive language; regardless of means of communication including but not limited to speech, email, or text

- Discrimination of any form (please refer to the Non-Discrimination, Anti-Harassment, and Anti-Retaliation policy for details, protected classes, and procedures to follow if discrimination should occur)

- Grading and evaluation on factors unrelated to performance, effort, or level of achievement

Addressing Inappropriate Behavior in the Educator/Student Context

Students’ Concerns

Students who feel they have been mistreated are encouraged to resolve the matter directly and non-confrontationally, if appropriate to the situation. Students are expected to report the incident so that future students do not have similar experiences, and to achieve resolution if informal efforts fail or are inappropriate. Students can contact the Student Honor Council and/or the Office of Student Affairs to debrief any episode about which they are concerned, and to receive guidance about next steps. Either the Student Honor Council or the Senior Associate Dean for Student Affairs can refer the matter to the Learning Environment and Professionalism (LEAP) Committee for further investigation.

Educators’ Concerns

If an educator feels that a student has engaged in inappropriate behavior, it is likewise most effective to address the situation immediately and non-confrontationally, if appropriate to the situation. If the matter is not resolved satisfactorily, the educator has several options:

- If the alleged inappropriate behavior occurs in the context of a didactic or clinical
course, it may impact the grade and/or summative comments for the course, and the matter should be discussed with the course/clerkship director to determine next steps.

- If the alleged inappropriate behavior occurs in the context of an assessment that may affect student promotion, the matter should be discussed with the faculty overseeing the assessment.
- If the alleged inappropriate behavior occurs outside the context of a graded course, or is of an egregious nature, the matter should be reported to the Senior Associate Dean for Student Affairs.
- If the educator wishes to make a formal allegation of misconduct of a medical student, they should contact the Senior Associate Dean for Student Affairs.

Confidentiality
The school of medicine is committed to the fair treatment of all individuals involved in this process. All reports of violations of this policy will be promptly and objectively investigated by the LEAP Committee. To the maximum extent possible, investigations will be conducted so as to protect the confidentiality and privacy of the parties involved.

No Retaliation
The school of medicine prohibits retaliation, intimidation, or reprisal against anyone who files a complaint and/or who cooperates with or participates in any procedures or investigations related to complaints of mistreatment.

Good Faith Reporting
If it is determined that the allegations were not made in good faith, the complainant will be referred for potential disciplinary action, as appropriate.

Student Grievance Policy
This policy establishes and describes procedures that are to be used for resolving student complaints and grievances arising from a student’s claim that a member of the faculty, staff, or administration has in some way adversely impacted the student by an alleged unauthorized or unjustified act or decision.

Exclusions
The procedures specified herein are to be followed when no other specific school of medicine policy or procedure exists that would more appropriately and effectively bring about a resolution of a student’s complaint or grievance. Assessment and grade appeals must be pursued per the Student Challenge of Course Clerkship Data and Grades Policy. Students concerned with matters of discrimination, harassment, retaliation; compliance with disability related laws; or any similar matter should contact the Office of Student Affairs for assistance. This grievance policy cannot be used as a method of rebuttal to any student disciplinary action, nor as a means to establish or change school of medicine policy.
Informal Resolution

Prior to filing a formal grievance with the Office of Student Affairs, the student may attempt to resolve the issue with the individual(s) involved with assistance from the Senior Associate Dean for Student Affairs. If the student does not feel comfortable talking to the person involved, the Senior Associate Dean for Student Affairs will investigate the complaint, attempt to reconcile differences, and propose a solution. The Senior Associate Dean for Student Affairs will provide a written statement of their recommendation to all involved parties within 10 working days following the initial receipt of the student’s report of the complaint. All involved parties will then have 10 business days to respond. Every effort should be made to resolve the issue without going beyond this level. The Senior Associate Dean for Student Affairs will attempt to facilitate a resolution before proceeding with a hearing, as described below.

If the complaint is against the Senior Associate Dean for Student Affairs or a staff member within the Office of Student Affairs, the student should meet with the Senior Associate Dean for Medical Education, who will follow the procedures outlined here.

Filing a Hearing Request

If the matter does not reach satisfactory resolution through the informal process, the student may file a request for a hearing by submitting a hearing request form to the Senior Associate Dean for Student Affairs. The hearing request must include a specific statement of the student’s complaint, and explanation of what remedy the student seeks, and a copy of the Senior Associate Dean for Student Affairs’ recommended resolution.

If the student files a request for a hearing, an ad hoc Student Grievance Committee as defined below must convene within 10 business days.

Hearing Procedure

Upon receipt of a written request for a hearing, the Senior Associate Dean for Student Affairs will appoint an ad hoc Student Grievance Committee according to the following:

- Two representatives of the Dean’s Senior Executive Cabinet
- Two representatives of the faculty from two different departments, one of whom is a member of the Faculty Advisory Committee
- One Dean or Director from the Office of Student Affairs and Admissions

As soon as the hearing is scheduled, the chair of the ad hoc Student Grievance Committee will send a written notice to all involved parties. The notice will specify the time, place, and nature of the hearing, plus a brief description of the complaint. The notice will also confirm the right of all involved parties to present witnesses and evidence. The student may have a faculty member present who is not part of the proceedings.
At least three days prior to the hearing, all parties will provide to the chair of the ad hoc Student Grievance Committee and the Senior Associate Dean for Student Affairs a list of names of any witnesses who will attend the hearing. The student and the involved individual(s) shall have access to all information to be considered by the ad hoc Student Grievance Committee, including the names of all persons giving evidence.

The student and the involved parties shall attend the hearing and be offered an opportunity to state their positions and present testimony and other evidence relevant to the case. The responsibility of establishing the validity of the complaint rests with the student.

The ad hoc Student Grievance Committee Chair shall keep a recording of the hearing, which shall include date, time, and location of the hearing, names of those present, and any evidence introduced (e.g., records, written testimony, duplicated materials).

Committee Decision

After completion of the hearing, the ad hoc Student Grievance Committee shall meet in a closed session and prepare a written recommendation. Copies of the ad hoc Student Grievance Committee Chair’s report shall be forwarded to the involved parties within 10 business days.

The student may request a reconsideration of the case in instances where they are dissatisfied with the decision of the ad hoc Student Grievance Committee. The appeal must be made in writing, within five business days, to the Dean of the school of medicine.

The Dean will review the complaint resolution and render a decision within five business days. The decision of the Dean is final.

If the Dean is a party to the complaint, the appeal will be made to the Chair of the Board of Directors of the school of medicine. The Chair of the Board of Directors will review the complaint resolution and render a decision within five business days. The decision of the Chair of the Board of Directors is final.

Student Records (Family Educational Rights and Privacy Act)

The Kaiser Permanente Bernard J. Tyson School of Medicine is subject to the provisions of federal law known as the Family Educational Rights and Privacy Act (also referred to as FERPA). This act affords matriculated students certain rights with respect to their educational records. These rights include:

1. The right to inspect and review their education records within 45 days of the day the school of medicine receives a request for access. Students should submit to the Registrar written requests that identify the record(s) they wish to inspect. The Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected. If the Registrar does not maintain the records, the student will be directed to the school official to whom
the request should be addressed.

2. The right to request the amendment of any part of their education records that a student believes is inaccurate or misleading. Students who wish to request an amendment to their educational record should write the official responsible for the record, clearly identify the part of the record they want changed and specify why it is inaccurate or misleading. If the school decides not to amend the record as requested by the student, the student will be notified of the decision and advised of his or her right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student’s education records to third parties, except in situations that FERPA allows disclosure without the student’s consent. These exceptions include:

   a. Disclosure to school officials with legitimate educational interests. A “school official” is a person employed by the school in an administrative, supervisory, academic or research, or support-staff position (including school security personnel and health staff); contractors, consultants, and other outside service providers with whom the school has contracted; a member of the Board of Directors; or a student serving on an official committee or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

   b. Disclosure to parents if the student is a dependent for tax purposes.

   c. Disclosure to appropriate individuals (e.g., parents/guardians, spouses, housing staff, healthcare personnel, police, etc.) where disclosure is in connection with a health or safety emergency and knowledge of such information is necessary to protect the health or safety of the student or other individuals.

   d. Disclosure to a parent or legal guardian of a student, information regarding the student’s violation of any federal, state, or local law, or of any rule or policy of the institution, governing the use or possession of alcohol or a controlled substance if the school has determined that the student has committed a disciplinary violation with respect to the use or possession and the student is under the age of 21 at the time of the disclosure to the parent/guardian.

   e. Disclosure to various authorized representatives of government entities (such as compliance with Student and Exchange Visitors Information System [SEVIS], Solomon Amendment, etc.).

FERPA provides the school of medicine the ability to designate certain student information as “directory information.” Directory information may be made available to
any person without the student’s consent unless the student gives notice as provided for, below. The Kaiser Permanente Bernard J. Tyson School of Medicine has designated the following as directory information: the student’s name, address, telephone number, email address, student ID photos, major field of study, school, classification, participation in officially recognized activities, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended by the student, and other information that would not generally be considered harmful or an invasion of privacy if disclosed. Any student who does not wish disclosure of directory information should notify the Registrar in writing. No element of directory information as defined above is released for students who request nondisclosure except as required by statute.

The request for nondisclosure does not apply to class rosters in online class management applications, rosters of groups a student may join voluntarily in online co-curricular engagement applications, or rosters of other information on the websites of student organizations that a student may join. Neither class rosters in online class management applications, nor residential rosters in online co-curricular engagement applications, are available to the public.

As of January 3, 2012, the U.S. Department of Education’s FERPA regulations expand the circumstances under which students’ education records and personally identifiable information (PII) contained in such records—including Social Security Numbers, grades, or other private information—may be accessed without consent. First, the U.S. Comptroller General, the U.S. Attorney General, the U.S. Secretary of Education, or state and local education authorities (“Federal and State Authorities”) may allow access to student records and PII without consent to any third party designated by a Federal or State Authority to evaluate a federal- or state-supported education program. The evaluation may relate to any program that is “principally engaged in the provision of education,” such as early childhood education and job training, as well as any program that is administered by an education agency or institution.

Second, Federal and State Authorities may allow access to education records and PII without consent, to researchers performing certain types of studies, in certain cases even when the school objects to or does not request such research. Federal and State Authorities must obtain certain use-restriction and data security promises from the third parties that they authorize to receive PII, but the authorities need not maintain direct control over the third parties.

In addition, in connection with Statewide Longitudinal Data Systems, State Authorities may collect, compile, permanently retain, and share without student consent, PII from education records, and may track student participation in education and other programs by linking such PII to other personal information that they obtain from other Federal or State data sources, including workforce development, unemployment insurance, child welfare, juvenile justice, military service, and migrant student records systems.

If a student believes the school of medicine has failed to comply with FERPA, he or she may file a complaint using the procedures outlined in the Student Grievance Policy.
section of this catalog. If dissatisfied with the outcome of this procedure, students may file a written complaint with the Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington, DC 20202-5920.

Questions about the application of the provisions of the Family Educational Rights and Privacy Act should be directed to the Registrar.

Kaiser Permanente Bernard J. Tyson School of Medicine Directory

Individual listings in the online student directory consist of the student’s full name, photo, and school of medicine email address. Student listings in the directory are available to the school of medicine community via login ID and password. Students may choose to block individual directory items. Students who have placed a directory hold with the Registrar will not be listed in the online directory.

Directory information should be kept current. Students may report address changes, emergency contact information, and missing person contact information via the online Student Portal.

Limits of Confidentiality

Imminent Harm to Self or Others. Consistent with federal law and Kaiser Permanente Bernard J. Tyson School of Medicine policy, the school of medicine may release student information normally considered confidential to appropriate individuals (e.g., healthcare personnel, police, etc.) if such information is necessary to protect the health or safety of the student or other individuals.

Policy on Sexual Harassment and Sexual Misconduct. Students who experience violations of this policy are encouraged to report such incidents. It should be noted that all school of medicine faculty members as well as all school of medicine administrators, are not confidential resources (they are known as “mandatory reporters”). As outlined in the policy, mandatory reporters are required to report possible violations of this policy to the Title IX Coordinator so the school can take steps to address the matter promptly and resolve it fairly.

Recordkeeping

In accordance with section 94900 of the California Educational Code, the Kaiser Permanente Bernard J. Tyson School of Medicine retains the following records:

- The name, address, email address, and telephone number of each student who is enrolled in an educational program in the institution
- The degrees or certificates granted, the date the degree or certificate was granted, the courses and units on which the degree or certificate was based, and the grades earned by the student in each course

The school maintains a file for each student who enrolls, regardless if they complete the MD degree. In additional to the requirements outlined in section 94900, the school of
medicine includes the following student records in each student file:

- Written records and transcripts of any formal education or training, testing, or experience that are relevant to the student's qualifications for admission to the institution or the institution's award of credit or acceptance of transfer credits including the following:
  - Verification of high school completion or equivalency or other documentation establishing the student's ability to do college-level work, such as successful completion of an ability-to-benefit test
  - Records documenting units of credit earned at other institutions that have been accepted and applied by the institution as transfer credits toward the student's completion of an educational program
  - Grades or findings from any examination of academic ability or educational achievement used for admission or college placement purposes
  - All of the documents evidencing a student's prior experiential learning upon which the institution and the faculty base the award of any credit

- Personal information regarding a student's age, gender, and ethnicity if that information has been voluntarily supplied by the student

- Copies of all documents signed by the student, including contracts, instruments of indebtedness, and documents relating to financial aid

- Records of the dates of enrollment and, if applicable, withdrawal from the institution, leaves of absence, and graduation

- In addition to the requirements of section 94900(b) of the code, a transcript showing all of the following:
  - The courses or other educational programs that were completed, or were attempted but not completed, and the dates of completion or withdrawal
  - Credit awarded for prior experiential learning, including the course title for which credit was awarded and the amount of credit
  - Credit for courses earned at other institutions
  - Credit based on any examination of academic ability or educational achievement used for admission or college placement purposes
  - The name, address, website address, and telephone number of the institution
• For independent study courses, course outlines or learning contracts signed by the faculty and administrators who approved the course

• The dissertations, theses, and other student projects submitted by graduate students

• A copy of documents relating to student financial aid that are required to be maintained by law or by a loan guarantee agency

• A document showing the total amount of money received from, or on behalf of, the student and the date or dates on which the money was received

• A document specifying the amount of a refund, including the amount refunded for tuition and the amount for other itemized charges, the method of calculating the refund, the date the refund was made, and the name and address of the person or entity to which the refund was sent

• Copies of any official advisory notices or warnings regarding the student's progress

• Complaints received from the student

Notice Concerning Transferability of Credits and Credentials Earned at Our Institution

The transferability of credits students earn at the Kaiser Permanente Bernard J. Tyson School of Medicine is at the complete discretion of an institution to which they may seek to transfer. Acceptance of the credits students earn in the Doctor of Medicine (MD) program is also at the complete discretion of the institution to which they may seek to transfer. If the credits that students earn at this institution are not accepted at the institution to which they seek to transfer, they may be required to repeat some or all of their coursework at that institution. For this reason, students should make certain that their attendance at this institution will meet their educational goals. This may include contacting an institution to which they may seek to transfer after attending the Kaiser Permanente Bernard J. Tyson School of Medicine to determine if their credits will transfer.
Student Services
The Kaiser Permanente Bernard J. Tyson School of Medicine places a high priority on supporting student well-being and resilience, so that students can thrive throughout their enrollment. Students will have access to a comprehensive network of support and resources to ensure they find the help they need, when they need it.

Office of Student Affairs
The Office of Student Affairs provides services, programs, and resources to support students’ personal and professional development and well-being throughout their medical education. It is responsible for:

- Comprehensive student support services, including academic advising and support, physician coaching through REACH (Reflection, Education, Assessment, Coaching, Health, and Well-Being) course, personal counseling, and career advising
- Assistance with registration and scheduling, including oversight and approval of elective scheduling
- Provision of financial aid, including emergency loans, financial counseling, and receipt of payments as needed
- Oversight of student compliance, including immunizations, tuberculosis screening, HIPAA compliance, bloodborne pathogen training, and pathogen exposure management
- Support and oversight of student interest groups, affinity groups, and peer tutoring
- Provision of medical specialty and residency selection advising, and oversight of the residency application and selection process
- Delivery of extracurricular student well-being programs, such as mindfulness courses, yoga classes, and lectures or lecture series on health, well-being, and resilience topics.

The Office of Student Affairs also provides support for extracurricular community involvement, social events, and ceremonies (e.g., white coat ceremony, commencement, Match Day).

Academic Support and Advising
Academic advising and support will be provided by the Academic Support and Advising Team within Student Affairs. Each student will work one-on-one with a member of this team longitudinally during medical school. Students will have required in-person meetings during each REACH week and will have access to academic support and
advising whenever it is needed. This contact can be in person, by web conference, or by email at a time mutually acceptable to the student and the learning specialist, generally during typical work hours. If a student requires assistance or special tutoring, the assigned learning specialist can assist with the referral process.

The Academic Support and Advising Team has access to the academic records of their advisees in order to have an informed discussion with them about their performance and ways to improve. Academic advising and support is confidential and follows the provisions of the Family Educational Rights and Privacy Act (FERPA).

Students with a disability, prior history of accommodations, or concern about a possible disability can confer with the Director of Academic Support and Advising at any time to pursue accommodations. Students should contact the director as soon as they are aware they might need accommodations. Students will need to provide appropriate documentation from an appropriate evaluator about the condition leading to the accommodation request. Accommodations cannot be granted retroactively and may take some time to put in place, depending on what is needed.

Students who encounter academic problems that could be associated with a previously undetected disability can contact the Director of Academic Support and Advising. The director can refer the student for further confidential educational testing and evaluation, at no cost to the student, if indicated through an outside service.

The Director of Academic Support and Advising, and staff, will have no role in the assessment of students. If a student feels that their academic needs are not being met with their learning specialist, they may discuss the issue with the Director of Academic Support and Advising or with the Senior Associate Dean for Student Affairs.

Disability Services
Prospective students who wish to explore possible accommodations upon admission, or accommodations needed for interview day, should contact the Office of Admissions. Newly admitted students should initiate the accommodations process as soon as they have confirmed admission to the school.

All information and documentation submitted concerning possible need for accommodations is kept separate from any academic records and is considered private under the Family Education Rights and Privacy Act (FERPA). HIPAA privacy and confidentiality guidelines do not apply to documents submitted for consideration of accommodations since the records are not being used for treatment. Under FERPA guidelines, Kaiser Permanente Bernard J. Tyson School of Medicine cannot guarantee complete confidentiality, as there may be times when sharing some information with faculty and/or staff is necessary to facilitate the accommodation process.

Career Advising and Development
The school of medicine has developed a career advising program and timeline modeled upon the Association of American Medical Colleges (AAMC) Careers in Medicine (CiM)
Required career exploration activities will also occur in the REACH course, which is a week-long required course occurring three to four times each year across all four years of the curriculum. Additional general career advising will be available from various resources, including the Career Advising Program Manager in the Office of Student Affairs, and other staff in the Office of Student Affairs, including the Director of Student Affairs, and the Senior Associate Dean for Student Affairs.

Specialty Advisors are clinical faculty members who have knowledge of their specific field of medicine and can advise students who express an interest in their specialty, or who have chosen to pursue that field for residency training and as a future career path. Students will be provided a list of Specialty Advisors in Phase 2 and can be assisted by the Career Advising Program Manager in the Office of Student Affairs in setting up meetings with Specialty Advisors. The Career Advising Program Manager, the Director of Student Affairs, the Senior Associate Dean for Student Affairs, and appropriate Specialty Advisors may answer student questions related to The Match, residency training, away rotations, and other topics related to planning for a career in a specific specialty. Students may engage with one or more Specialty Advisors, depending upon the career options they are considering.

In addition to the CiM-recommended activities, career advising for students will include the opportunity to attend student interest groups for various specialties, with input and resources from residents and faculty with experience in the specialty. In addition to their Specialty Advisors, students may also seek the advice of the Director of Community Engagement in the Office of Academic and Community Affairs to identify volunteer and community service opportunities to obtain additional exposure and experience that may guide and support them in their career choice.

Personal Counseling and Well-Being

Kaiser Permanente Bernard J. Tyson School of Medicine believes that every student should graduate with a professional identity formed through self-awareness, self-reflection, and self-care; and that students should be empowered with resources and support that enable them to develop resilience to rigorous and stressful events, and to maintain their own wellness and well-being.

Every student will be assigned to a physician REACH coach, who will partner with their students to help them achieve their academic and personal potential.

The coaching component of REACH will provide students with time each REACH week to meet with their coaches to reflect on progress, identify areas of desired change, and develop actionable, individualized learning, and health and well-being plans. Students can also connect with their coaches on an ad hoc basis at any time.

Regular counseling sessions with the counseling staff, are expected of all students for three visits in the first three months of medical school. Subsequently students can opt out of these visits, but they can opt in at any point. Students may schedule an appointment with a counselor, and walk-in hours will be available as well.
These initial visits will give students an opportunity to understand the counseling process, to discuss the transition to medical school, and to optimize their performance and well-being. Like all healthcare, counseling is protected by the Health Insurance Portability and Accountability Act (HIPAA), and the content of counseling visits cannot be shared with anyone without the student’s written permission.

In addition to the regular counseling sessions available through the school, students also have access to confidential services of Kaiser Permanente’s Employee Assistance Program (EAP) at no charge, Kaiser Permanente Behavioral Health Services through their Kaiser Permanente health plan, and PMG Psychiatrists (ComPsych), which operates 24 hours a day, seven days a week, and provides concierge services.

**Student Health and Disability Insurance**

Medical students are required to maintain active health insurance coverage during all periods of enrollment, whether through the school or through another provider. Students are automatically enrolled in the Kaiser Permanente student health insurance plan at the start of each academic year unless documentation of an equivalent health insurance plan is submitted to the Registrar by the posted deadline.

*Kaiser Permanente Student Health Insurance Plan*

The Kaiser Permanente student health insurance plan provides coverage for the entire academic year (July 1, 2020 to June 30, 2021). Students may elect, at their own expense, to enroll their spouse, domestic partner, and/or dependents in the Kaiser Permanente student health plan at the start of each academic year or after a qualifying event.

Students on a leave of absence may continue their enrollment in the Kaiser Permanente student health insurance plan for the remainder of the current policy period. Students who remain enrolled in the plan will be personally responsible for payment of the premium for the remainder of the policy period. Students who are dismissed or who withdraw from the school of medicine may continue their Kaiser Permanente student health insurance plan for the remainder of the current policy period. Students who remain enrolled in the plan will be personally responsible for payment of the premium for the remainder of the policy period.

Students whose enrollment in the Kaiser Permanente student health insurance plan has lapsed during their leave will be automatically re-enrolled in the plan. Alternatively, students who wish to opt out of the Kaiser Permanente student health insurance plan are required to submit documentation of active, equivalent coverage within 30 calendar days of their return to active enrollment.

Students enrolled in the Kaiser Permanente student health insurance plan may access healthcare in close proximity to their location, as healthcare services from Kaiser Permanente are available at all of the Longitudinal Integrated Clerkship (LIC) sites and at the Pasadena Medical Offices, located at: 3280 E. Foothill Boulevard, Pasadena,
CA 91107. Additional services available at the Pasadena Medical Offices include urgent care, family medicine, internal medicine, psychiatry and behavioral health, and optometry. Additional services are also available at the Los Angeles Medical Center, which is 13 miles away, and accessible by car, bus, and light rail. Students may also make use of Kaiser Permanente’s Employee Assistance Plan (EAP), which offers assessment, short-term counseling, referrals, and other resources. All EAP services are free and strictly confidential.

Disability Insurance

At the time of matriculation, all students are enrolled in a required disability insurance plan. The disability coverage will pay a monthly benefit if a student becomes disabled due to sickness or injury. Students will have the option to continue coverage during their residency. At the completion of their residency program, covered residents will be eligible to convert to an individual, non-cancelable disability income policy without medical underwriting.

Health Screening and Immunization Requirements

Documentation of immunization compliance is required of all medical students prior to matriculation. All medical students must maintain compliance with these requirements throughout their tenure in the medical school program, even while in a non-clinical segment of the curriculum. Students are encouraged to obtain the required vaccinations from their primary healthcare provider or other provider prior to matriculation.

Once accepted to the school of medicine, students will be required to provide to Kaiser Permanente Employee Health Services (EHS) a completed health screening questionnaire. They will also be required to demonstrate immunity to the following by serological testing, or proof of adequate vaccination or current immunization: (See the Immunizations and Health Screenings policy).

- Rubella
- Rubeola
- Mumps
- Varicella zoster (chicken pox)
- Hepatitis B
- Tetanus, diphtheria, and pertussis (Tdap)
- Tuberculosis (TB): Students must be free of active infectious tuberculosis. Students must submit to TB screening by way of a TB screening symptom questionnaire and a tuberculosis skin test (TST) which may involve a two-step process, if indicated. Documentation of a TB blood test result (IGRA) is acceptable as part of the tuberculosis screening process and may be used to determine if further TST is required. An individual with a documented history
of positive TST responses, or documentation of prior completion of latent TB treatment, will be exempt from repeat TST testing, but will be required to undergo a chest X-ray. The local Employee Health Service provider may accept a documented negative chest X-ray performed within the past 12 months with a current negative symptomatology survey as required by the authorized Public Health Agency.

In addition, students will be required to annually obtain influenza vaccine and undergo annual screening for the absence of tuberculosis; the appropriate testing is dependent on their TST status as noted above. Influenza vaccine will be administered free of charge in the appropriate Kaiser Permanente clinical setting or at Employee Health Services. Influenza vaccination is required for all medical students, unless a medical waiver is obtained. If a student has a medical waiver, they will be required to wear a face mask at all times in clinical settings during influenza season. Annual TB screening or chest radiograph if indicated can also be obtained via Employee Health Services at Kaiser Permanente.

Housing

The Kaiser Permanente Bernard J. Tyson School of Medicine does not provide on-campus housing for students. Housing is, however, available near the primary campus and its six primary clinical training sites. Based on an analysis of the region, the average cost of monthly room and board, including utilities, for a one-bedroom apartment is $2,156.00.

While the Kaiser Permanente Bernard J. Tyson School of Medicine has no responsibility for finding students housing, our Housing Coordinator can assist in providing resources (housing listings, etc.) for those seeking housing while enrolled. For additional information, please contact Natalie Cardenas, Housing Coordinator, at 626-564-7817 or via email at natalie.a.cardenas@kp.org.
Tuition, Fees, and Financial Aid

Tuition Waiver

The Kaiser Permanente Bernard J. Tyson School of Medicine will waive all tuition and fees for classes entering in the fall of 2020 through 2024. This waiver will be available for each class for all four years of enrollment. Medical school is expensive, and debt can impact students’ future career choices as well as the type or location of their clinical practice. The school of medicine has granted this waiver to minimize those concerns for its students. Students admitted to these cohorts will only be responsible for payment of the $100 accepted student registration deposit and any living expenses incurred while enrolled at the school.

Cost of Attendance, Fall 2020 to Spring 2024

Table 1 provides an overview of the cost of attendance for the entire Doctor of Medicine (MD) program. Direct costs are charges that are billed to a student’s account and paid directly to the school.

Indirect costs provide an estimate of personal and educational expenses that are not directly billed by the school. Indirect costs include books, transportation, and other living expenses (e.g., rent and food). Although institutional grant aid may cover some of these indirect costs, students are responsible for paying them.

<p>| TABLE 1 - COST OF ATTENDANCE, 2020-2021 AY THROUGH 2023-2024 AY |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|----------------|</p>
<table>
<thead>
<tr>
<th>Cost of Attendance(^1)</th>
<th>2020-2021 AY</th>
<th>2021-2022 AY</th>
<th>2022-2023 AY</th>
<th>2023-2024 AY</th>
<th>Estimated Total</th>
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<tbody>
<tr>
<td><strong>Direct Costs</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Acceptance Deposit(^2)</td>
<td>$100.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<td>$100.00</td>
</tr>
<tr>
<td>Tuition(^3)</td>
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<td>$0.00</td>
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<tr>
<td>Student Tuition Recovery Fund (Non-Refundable)</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td><strong>Indirect Costs</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Disability insurance</td>
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<tr>
<td>Health insurance</td>
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<td>$0.00</td>
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<tr>
<td>Room and board, incl. utilities</td>
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<td>$26,652.00</td>
<td>$27,451.00</td>
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<td>Transportation</td>
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<tr>
<td>USMLE Registration Fees</td>
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<tr>
<td>Misc. Educational Expenses</td>
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<td>$2,569.00</td>
<td>$9,834.00</td>
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<tr>
<td>Total Cost of Attendance:</td>
<td>$34,500.00</td>
<td>$36,181.00</td>
<td>$38,547.00</td>
<td>$37,700.00</td>
<td>$146,928.00</td>
</tr>
</tbody>
</table>

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1 Includes estimated 3% cost of living increase per academic year.
2 Non-refundable if applicant withdraws acceptance after April 30, 2020.
3 Equipment and textbooks are included in tuition.
Equipment and Technology Requirements

Students will be provided a computing device issued by Kaiser Permanente Bernard J. Tyson School of Medicine in order to allow for secure access to Kaiser Permanente proprietary systems such as HealthConnect, as well as direct access to the school of medicine’s Student Information System (SIS) and Learning Management System (LMS). A mobile device will also be provided with secure access to Kaiser Permanente and school systems for use during clinical rotations and other school events. All equipment issued by Kaiser Permanente Bernard J. Tyson School of Medicine is the property of the school and is subject to appropriate use policies that will be provided upon issuance of the equipment.

Estimated Total Tuition and Fees for Degree Completion

The Kaiser Permanente Bernard J. Tyson School of Medicine has waived all tuition and fees for classes entering in the fall of 2020 through 2024. This waiver is available for all four years of students’ enrollment. Of the charges listed in the previous section, students will be responsible for all indirect costs and USMLE licensing exam fees. The anticipated total cost of attendance for the entire Doctor of Medicine (MD) program is $146,928.00.

Required Licensing Examinations

Students attending the Kaiser Permanente Bernard J. Tyson School of Medicine are required to successfully complete Step 1, Step 2 CK, and Step 2 CS of the United States Medical Licensing Exam (USMLE) in order to fulfill graduation requirements for the Doctor of Medicine (MD) program. Exams are taken at the start of the third year and fourth year of the program, as shown below. The fees listed below are subject to change. Current fee information can also be accessed at nbme.org/students/examfees.html.

<table>
<thead>
<tr>
<th>United States Medical Licensing Exam (USMLE) Fees</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1 (Beginning of Year 3)</td>
<td>$645.00</td>
</tr>
<tr>
<td>Step 2 Clinical Knowledge (CK) (Beginning of Year 4)</td>
<td>$645.00</td>
</tr>
<tr>
<td>Step 2 Clinical Skills (CS) (Beginning of Year 4)</td>
<td>$1,300.00</td>
</tr>
</tbody>
</table>

Student Tuition Recovery Fund

The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency
program.

It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 North Market, Suite 225, Sacramento, CA 95834, telephone 916-574-8900 or 888-370-7589 (toll-free).

To be eligible for STRF, you must be a California resident or enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.

2. You were enrolled at an institution or a location of the institution within the 120-day period before the closure of the institution or location of the institution or were enrolled in an educational program within the 120-day period before the program was discontinued.

3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.

4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.

5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.

6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.

7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four years from the date of the action or event that made the student eligible for recovery from STRF.
A student whose loan is revived by a loan holder or debt collector after a period of noncollection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four-year period, unless the period has been extended by another act of law. However, no claim can be paid to any student without a social security number or a taxpayer identification number.

**Refund Policy**

**Student’s Right to Cancel**

Students have the right to cancel their enrollment agreement for the Doctor of Medicine (MD) program, without any penalty or obligation, through attendance at the first class session or the seventh calendar day after enrollment, whichever is later. After the end of the cancellation period, students also have the right to cease enrollment at any time; and they have the right to receive a pro rata refund if they have completed 60 percent or less of the scheduled days in the current payment period in the MD program through their last date of attendance.

**Cancellation Procedure**

Cancellation may occur when students provide written notice of cancellation at the address below. This can be done by mail or hand delivery.

Office of the Registrar  
Kaiser Permanente Bernard J. Tyson School of Medicine  
98 S. Los Robles Ave  
Pasadena, CA 91101

The written notice of cancellation, if sent by mail, is effective when deposited in the mail properly address with proper postage. The written notification of cancellation need not take any form and, however expressed, is effective if it shows that the student no longer wishes to be bound by the enrollment agreement. If the enrollment agreement is cancelled, the school will refund the student any money they have paid to the school, less their $100.00 accepted student registration deposit, and less any deduction for equipment not returned in good condition, within 30 days after the notice of cancellation is received.

**Withdrawal from the Program**

Students may withdraw from the school at any time after the cancellation period (described above) and receive a pro rata refund of any tuition paid to the school if they have completed 60 percent or less of the scheduled days in the current payment period in their program through the last day of attendance. Any refund received will be less the $100 non-refundable accepted student registration deposit, and less any deduction for equipment not returned in good condition. The refund will be sent within 30 days after the notice of cancellation is received. If the student has completed more than 60 percent
of the payment period for which they were charged, all tuition assessed will be considered earned and they will receive no refund.

For the purpose of determining a refund under this section, a student shall be deemed to have withdrawn from the Doctor of Medicine (MD) program when any of the following occurs:

- The student notifies the Kaiser Permanente Bernard J. Tyson School of Medicine of their withdrawal in writing or the date of their withdrawal, whichever is later.
- The Kaiser Permanente Bernard J. Tyson School of Medicine terminates the student’s enrollment for failure to maintain satisfactory academic progress; failure to abide by the rules and regulations of the school; absences in excess of the maximum set forth by the school; and/or failure to meet financial obligations to the school.
- The student has failed to attend classes for 30 calendar days.
- The student fails to return from a leave of absence.

For the purpose of determining the amount of the refund, the date of the withdrawal shall be deemed the last date of recorded attendance. The amount owed equals the daily charge for the program (total institutional charge, minus non-refundable fees, divided by the number of days in the program), multiplied by the number of days scheduled to attend, prior to withdrawal. For the purpose of determining when the refund must be paid, the student shall be deemed to have withdrawn at the end of 30 calendar days. If the student has completed more than 60 percent of the payment period, any tuition assessed is considered earned and they will receive no refund.

**Financing Your Education**

The Senior Financial Aid Officer (SFAO) is responsible for administering institutional and federal student aid, scholarships, Veterans Affairs benefits, Vocational Rehabilitation benefits, private student loans, and all other financial aid resources. The SFAO manages financial aid student services, the application process, distribution, and reconciliation of aid and provides annual one-on-one entrance and exit counseling sessions to incoming and graduating students. In addition, the SFAO collaborates with different teams within the Kaiser Permanente Bernard J. Tyson School of Medicine in service to the students.

**Mission**

Our mission is to provide students with excellent customer service, counseling, and resources to fund their medical education. Our commitment is to graduate all students with minimal debt and to support their financial well-being throughout their enrollment.
Goals

1. Establish efficient processes aligned with institutional and federal rules and regulations to achieve excellent student services and award financial aid promptly.

2. Uphold a flexible open-door operation with students and their families to ensure the best financial aid outcomes are reached in compliance with institutional and federal policies and procedures.

3. Maintain accurate, accessible, and transparent communication to all stakeholders.

Federal Financial Aid (Title IV) Status

The school is currently in the preliminary stages of WASC Senior College and University Commission accreditation. Until the school achieves initial accreditation status, the school is ineligible to participate in Title IV of the Higher Education Act of 1965 (HEA) which encompasses the administration of federal student financial aid programs and Title VII programs of the Department of Health and Human Services. The school will be assigned its federal school code (OPEID) once it gains eligibility to participate in Title IV federal student aid programs, which is anticipated to occur during the 2023-2024 academic year.

Financial Aid Programs

Institutional Grant Aid

The Kaiser Permanente Bernard J. Tyson School of Medicine has set aside institutional funds to help students fund their medical education. The school of medicine offers three distinct types of institutional grant aid: need-based, merit-based, and stipend.

Need-based institutional grant aid is awarded based on students demonstrated financial need. Students are required to submit an institutional grant aid application along with supporting financial documents for both the student and their parents. Upon receipt of a completed application, the SFAO will calculate the student’s Expected Family Contribution (EFC), determine their financial need, and award need-based aid determined by institutional methodologies.

Merit-based institutional grant aid awards may be based on students’ admissions qualifications, prior and current academic performance, extracurricular activities, and/or as an incentive to recruit students who can contribute to the vision, mission, and goals of the school of medicine.

Students who matriculate to the MD/PhD program will automatically be awarded the MD/PhD stipend, which covers the cost of attendance for the MD portion of the program.

Institutional grant aid awards are contingent on continued full-time enrollment in the
Kaiser Permanente Bernard J. Tyson School of Medicine. Students must immediately report any changes in their enrollment status to the Registrar.

Institutional grant aid for living expenses, as well as the cost of the waived health insurance coverage, may be considered taxable income by the Internal Revenue Service. **Students are strongly encouraged to consult a qualified tax professional to determine any tax implications.**

**External Scholarships**

Students are encouraged to apply for scholarships awarded by external providers. Websites such as FastWeb and the U.S. Department of Education list scholarship databases that can help students locate opportunities. The Association of American Medical Colleges (AAMC) maintains a loan repayment and scholarship database organized by state, and students are eligible for many of the opportunities listed. In addition, the American Medical Association provides several fellowships and scholarships for medical students.

Several scholarship apps are also available, some of which include features that will match students with potential funding opportunities based on their needs and background. Students are cautioned; however, to avoid companies or organizations that require a fee or make guarantees to help them identify a specific amount of money in scholarship aid.

Students receiving external scholarships should report these funds to the SFAO immediately as they may reduce the student’s eligibility for institutional grant aid or private student loans.

**Private Student Loans**

Private student loans are credit-based loans offered by a private lender. The terms and conditions of the loan differ by lender. Sallie Mae, a private lending institution, has agreed to work with school of medicine students in the event a private loan is needed by students to cover the cost of their attendance. Please note, effective February 14, 2010, lenders of private education loans are required to collect from all borrowers a completed and signed Private Education Loan Applicant Self-Certification Form before disbursing the loan. Students who obtain private student loans to offset the cost of attendance are required to repay the full amount of the loan, plus interest, less the amount of any refund.

**Expected Family Contribution (EFC)**

The Department of Education Expected Family Contribution (EFC) is a federal methodology calculation formula established by law. The EFC is used to identify the amount of money a student and family are expected to contribute towards the student’s education. The family’s taxed and untaxed income, assets, and benefits (such as unemployment or Social Security) all could be considered in the formula. Also considered are the student’s family size and the number of family members who will attend college or career school during the year.
Financial Aid Packaging

The packaging process begins when a student’s EFC and financial aid eligibility has been determined by the SFAO. The school’s financial aid package is developed by utilizing financial resources such as institutional grant aid, scholarships, and private student loans, if applicable. The general rule in packaging is that the student’s total financial aid and other resources must not exceed the student’s financial need (Need = Cost of Attendance [COA] minus Expected Family Contribution [EFC]). Upon completion of the packaging process, students are sent their financial aid offer letter for review. Students gain access to the student portal prior to matriculation where they may physically accept, modify, or decline their financial aid offer.

Financial Aid Offer Letter Components

- Financial Aid eligibility factors
- Cost of attendance
- Institutional grant aid, scholarships, and loan options
- Next steps
- Student responsibilities and disclosures
- Contact information

Disbursement of Financial Aid

Disbursement of any awarded institutional grant aid or private loan funds for which students are eligible will be applied to students accounts twice per year, in two equal payments. Students who have completed all registration and financial aid requirements, and who are in good academic standing, will receive a disbursement of any credit balance on their student account at the start of the fall and spring terms. Spring financial aid funds will disburse when a student has completed the first half of the academic year, both in terms of instructional weeks and credit hours.

All financial aid funds are disbursed via electronic funds transfer (EFT). Students are required to complete or update a credit balance authorization form at the time of registration, which includes submission of their bank account information.

Satisfactory Academic Progress (SAP)

Students who receive Federal Financial Aid must, in accordance with federal regulations, be in good standing and maintain Satisfactory Academic Progress (SAP) toward their degree. Under Federal Title IV law, the school’s SAP policies must meet certain minimum requirements and be at least as strict as the institution’s established standards for Good Academic Standing. The standards used to evaluate academic progress are cumulative and, therefore, include all periods of the student’s enrollment, including periods during which the student did not receive federal financial aid funds.

To continue receiving institutional and federal financial aid at the school of medicine, students must demonstrate satisfactory progress towards graduation. Federal regulations require three measurements to determine SAP: qualitative, quantitative, and timeframe.
Qualitative – In determining students’ academic progress, the Senior Financial Aid Officer (SFAO) follows the school’s Student Progress and Promotion (SPP) Committee academic review policy, which is established for all students regardless of financial aid eligibility and meets the minimum Title IV academic policy requirements.

The school of medicine does not compute grade point averages using letter grades; therefore, students must achieve the minimum grade of Pass (“P”) in all required courses and/or clerkships as means of progress. Final course grades may appear as Pass/Fail or Honors/Pass/Fail in accordance with the grading scale outlined in the course syllabus.

Quantitative – Students must have an academic standing consistent with the school of medicine’s curriculum and graduation requirements to maintain continued financial aid assistance. To meet graduation requirements, students must successfully complete the prescribed course of study in all three phases of the MD curriculum.

To make satisfactory academic progress, students must have completed the first two years of the curriculum by the end of the third year of their initial enrollment. A semester end review of all courses attempted and completed will be conducted to determine if a student has met the criteria required to progress to the next phase of the curriculum.

Time Frame and Pace of Completion – Maximum time frame is the maximum number of years after first enrollment that a student may complete the school of medicine’s courses/clerkships in full-time pursuit of a degree. The maximum time frames for completion of programs are:

<table>
<thead>
<tr>
<th>School of Medicine Program</th>
<th>MD Component</th>
<th>Additional Component</th>
<th>Maximum Time to Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td>4 years</td>
<td>N/A</td>
<td>6 years</td>
</tr>
<tr>
<td>MD/Master’s Degree</td>
<td>4 years</td>
<td>1 year</td>
<td>7 years</td>
</tr>
<tr>
<td>Approved Year-Long Research</td>
<td>4 years</td>
<td>1 year</td>
<td>7 years</td>
</tr>
<tr>
<td>MD/PhD (Caltech)</td>
<td>4 years</td>
<td>4 years</td>
<td>10 years</td>
</tr>
</tbody>
</table>

The period for which a student was on an approved leave of absence will be excluded from the maximum time frame required to complete their program.

Treatment of Repeated Coursework or Academic Year

Students may receive financial aid for the repeat of a failing grade or withdrawal of any class or classes. Repeat of the same course may only be funded one additional time. Under current financial aid guidelines, students who failed a course(s) and are required to repeat an entire year of the curriculum, including successfully completed courses, will be eligible for federal financial aid for the repeat of the required academic year. Funding will be provided only once for the repeat of the same academic year.
**Leave of Absence**

Students on a leave of absence from the MD program are not eligible to receive financial aid while on leave.

**Dismissal or Withdrawal**

Students who are dismissed or who withdraw from the school of medicine are not making academic progress and will no longer qualify for financial aid.

**Appeal Process**

Students not making satisfactory academic progress as determined by the Student Progress and Promotion (SPP) Committee may petition for review and appeal of their academic status by following the school of medicine’s policy for review as outlined in this catalog. Students who successfully petition for reinstatement may regain eligibility for financial aid funding; however, the SFAO will review student progress before aid is reinstated.

Students not meeting financial aid SAP requirements (qualitative and/or time frame) may appeal to the SFAO for review. The SFAO will notify the student if they must complete the appeal process for reinstatement of aid. The appeal must state the reasons for failing to meet SAP requirements, such as special circumstances that contributed to the student’s failure to make satisfactory academic progress (e.g., the death of a relative, an injury or illness of the student, or other special circumstances).

**Financial Aid Probation**

Students who have appealed for reinstatement of financial aid funding, and who have had their appeal approved, will be placed on financial aid probation, and allowed one additional payment of financial aid during the subsequent payment period. Student must show satisfactory improvement in coursework and progression in their program in order to continue receiving institutional and federal financial aid. Progress will be based upon the terms outlined by the SPP Committee’s requirements for continued academic progress.

**Notification**

Students in academic difficulty will be notified in writing by the SFAO of their status for continued financial aid funding.

**Return of Financial Aid**

Institutional, federal, and private financial aid funds are awarded to students under the assumption that students will attend school for the entire period for which the assistance is awarded. When a student withdraws prior to the end of a payment period, the student may no longer be eligible for the full amount of financial aid funds the student was originally scheduled to receive.

If a recipient of financial aid funds withdraws from school after beginning attendance, the Bursar will calculate the amount of funds required for student(s) to return to the school and or to a private lender(s).
Deferment of Student Loans

This institution does not meet the U.S. Department of Education criteria that will allow its students to participate in federal student aid programs; therefore, students are not able to participate in federal student loan programs. Because the school does not participate in federal student aid programs, outstanding student loan balances accrued prior to a student’s enrollment at the school are not eligible for In-School Deferment. **Students are strongly encouraged to contact their loan servicer to discuss their deferment, forbearance, or repayment options.**

Student Financial Services

The Bursar is here to serve all students who attend Kaiser Permanente Bernard J. Tyson School of Medicine. Upon enrollment, each student is assigned a student account. The Bursar is dedicated to assisting students by maintaining accurate student account records and communicating regarding student account changes or services. The Bursar is responsible for managing all aspects of the student accounts such as, but not limited to, the following services:

- Disbursement of institutional grant aid and private loans
- Processing of credit balance refunds
- Return of financial aid calculations
- Repayment notifications
- Payment processing

Disbursement of Institutional Grant Aid or Private Loans

Students who are awarded institutional grant aid, or who apply for private student loans, will receive a credit balance on their account once the disbursement has posted. Credit balances will be refunded to the student no later than 14 days after the disbursement has posted to their account.

**Direct Deposit**

All credit balance refunds are sent to students via direct deposit. Students will be required to submit their banking information upon matriculation for use in processing the refund. Students are responsible for maintaining their direct deposit information and should contact the Bursar immediately should any changes occur.
Doctor of Medicine (MD)

The school of medicine leverages the values and capabilities of Kaiser Permanente, one of the nation’s largest integrated healthcare systems and one of the world’s highest performing healthcare organizations, to prepare students for future-facing clinical practice and health system leadership. The educational program for the MD degree at the school of medicine lays the foundation for advancement across the continuum from undergraduate medical education to graduate residency training. The school has a competency-based approach with a curriculum that integrates the biomedical, clinical, and health systems sciences across all four years of training in a spiral fashion, allowing content to be revisited in increasing complexity.

Our innovative curriculum begins with an Early Immersive Experience in Year 1 and ends with Residency Preparation in Year 4 that bookend courses, including required didactic courses, required clinical courses such as Longitudinal Integrated Clerkships (LIC’s), as well as opportunities for service-learning and project-based work that is associated with the Scholarly Project.

The Four Threads

Woven across the four-year curriculum are four longitudinal threads emphasizing approaches and values that the school considers essential for meaningful participation in high-functioning healthcare systems.

The four threads are: Equity, Inclusion, and Diversity; Health Promotion; Interprofessional Collaboration; and Advocacy and Leadership.

The Degree

The Doctor of Medicine (MD) degree is earned through the completion of four years of professional study subsequent to completion of undergraduate, pre-professional prerequisites at an accredited college or university located in the United States or Canada.

Other Degrees

The Kaiser Permanente Bernard J. Tyson School of Medicine provides opportunities for students to apply to degree programs that may be completed in addition to the Doctor of Medicine (MD) degree. Students wishing to enroll in these programs must apply separately to the school of medicine and the additional degree program and must be admitted to both. Programs may have varying application timelines.

Doctoral Program

A MD-PhD program provides training in both medicine and research and is specifically designed for those who want to become research physicians. Students must apply separately to the school of medicine and the additional degree program and must be
admitted to both. Please contact the Office of Admissions at mdadmissions@kp.org for additional information on the MD-PhD application process.

**California Institute of Technology (Caltech): Doctor of Philosophy (PhD)**

The Kaiser Permanente Bernard J. Tyson School of Medicine's MD-PhD program is designed for students interested in pursuing in-depth research to identify and bridge gaps to advance health. Students will typically perform summer research rotations at the California Institute of Technology (Caltech) before, during, and after the first two years of medical school at the Kaiser Permanente Bernard J. Tyson School of Medicine. Subsequently, they will carry out their doctoral degree work in any of the multiple areas of research offered at Caltech, ranging from bioengineering and biochemistry to computational and neural systems.

Upon completion of their PhD dissertation, students return to the Kaiser Permanente Bernard J. Tyson School of Medicine to finish the last two years of their MD studies. Students accepted to and enrolled in the MD-PhD program are subject to the policies and procedures of this catalog while participating in the MD portion of the MD-PhD program.

**Master’s Programs**

A master’s degree program typically involves an extra year of study after the third year of medical school, depending on the program. Students will have ample time to complete their clinical rotations and residency applications. Students must apply for these programs, typically in their second or third year of medical school, and financial aid may be available from the external institution.

**Loyola Marymount University (LMU): Master of Healthcare Systems Engineering (MS)**

Building off LMU’s renowned Systems Engineering graduate program, the Healthcare Systems Engineering program (the only one of its kind in Southern California) offers Kaiser Permanente Bernard J. Tyson School of Medicine students an opportunity to apply for a unique educational experience. Developed in collaboration with Kaiser Permanente, this program applies Lean methodology, project management, and systems engineering principles to patient safety, integrated healthcare, healthcare technology, and population health, to help doctors improve the complex healthcare systems in which they work.

**University of California Los Angeles Fielding School of Public Health: Master of Public Health (MPH)**

As one of the top 10 public health schools and the number one public university in the country, the Fielding School of Public Health at the University of California Los Angeles has five academic departments: Biostatistics, Community Health Sciences, Environmental Health Sciences, Epidemiology, and Health Policy and Management. Kaiser Permanente Bernard J. Tyson School of Medicine students may apply for a Master of Public Health degree.
University of Southern California Sol Price School of Public Policy: Master of Health Administration (MHA)

University of Southern California’s Sol Price School of Public Policy, one of the nation’s top public policy schools, offers Kaiser Permanente Bernard J. Tyson School of Medicine students a chance to earn a Master of Health Administration. This degree program is designed for those interested in a career in healthcare leadership. The program offers training in healthcare management and policy to address ongoing issues in technology, behavioral science, economics, healthcare law, and finance, essential to doctors who want to become leaders within hospitals, health plans, medical practices, and community health organizations.

Transferability of Credits

Acceptance of the credits students earn in the Doctor of Medicine (MD) program to one of the external degree programs listed above is at the complete discretion of the receiving institution. For this reason, students are advised to contact the external institution to determine if any of their earned school of medicine credit hours are eligible for transfer.

Graduate Medical Education

Graduation from the Kaiser Permanente Bernard J. Tyson School of Medicine with a MD degree does not guarantee placement in a residency or eventual licensure. Obtaining a graduate medical education (GME) position, commonly known as internship or residency, is dependent upon many factors. GME programs evaluate candidates on areas that include but are not limited to curricular performance, licensing examination attempts and scores, interpersonal skills, and demonstration of leadership. Candidates participate in a competitive process known as “The Match” to secure a GME position. This primarily occurs through the National Resident Matching Program (NRMP) for positions offered by the Accreditation Council for Graduate Medical Education (ACGME) but may also include other “matches” for specific specialties or military GME positions. Students are required to be familiar and comply with all policies and requirements of the Match in which they are participating. A “Match” offer is a legal contractual obligation between the student and the program. Failure to abide by a “Match” obligation is a “Match” violation.

Some matching programs, namely the National Resident Matching Program (NRMP), require the school to certify that students will be able to begin their residency program on July 1 in the year of their graduation. To be certified, students must pass the USMLE Step 1 exam and be on a trajectory to meet all other graduation requirements prior to the NRMP certification deadline. Students who are certified and subsequently obtain placement, but who are then unable to start their program on July 1, will be required to contact the NRMP for a match waiver. Failure to request a match waiver could result in a match violation as outlined in the NRMP’s match participation agreement.
Licensure Requirements

Graduates of this program are eligible to participate in accredited postgraduate training programs across the United States. Specific requirements for initial medical licensure for all 70 states and U.S. territories can be found on the Federation of State Medical Boards website at: fsmb.org/step-3/state-licensure/.

Effective January 1, 2020, a Postgraduate Training License (PTL) must be obtained within 180 days after enrollment in an Accreditation Council for Graduate Medical Education (ACGME) accredited postgraduate training program in California. To obtain a California Physician’s and Surgeon’s License, graduates of approved medical schools must complete 36 months of board-approved postgraduate training with 24 months of continuous training in a single program to be eligible for licensure. Board-approved training programs include the Accreditation Council for Graduate Medical Education (ACGME) in the U.S. or the Royal College of Physicians and Surgeons of Canada/College of Family Physicians of Canada (RCPSC/CFPC).

Additional information on the California licensure requirements, application process, and associated fees can be found at mbc.ca.gov/Applicants/Physicians_and_Surgeons/.

Educational Program Outcomes

Domain: PC (Patient Care)

**Title: Info Gathering**
**Description:** Gathers essential and accurate information about patients and their conditions through history-taking, which includes relevant interpersonal and structural factors that affect health, physical examination, clinical data, imaging, and other diagnostic tests, appropriately using technology and leveraging panel or population-level data.

**Title: Dx and Plan**
**Description:** Organizes, synthesizes, and interprets information from patients’ records, history, diagnostic testing, and physical examination to construct a relevant differential diagnosis, a logical working diagnosis, and an effective management plan that includes attention to interpersonal and structural factors that affect health as appropriate.

**Title: Documentation**
**Description:** Demonstrates timely, accurate, comprehensive, and concise documentation of the clinical encounter that respects patient safety, confidentiality, and privacy.

**Title: Team Management**
**Description:** Manages patients as part of a team, including prioritizing responsibilities to provide care that is safe, effective, and efficient.
Title: Patient Collaboration
Description: Collaborates with patients on their health promotion, disease prevention, and/or treatment by recognizing uncertainty; prioritizing patients’ wishes; acknowledging structural biases, incentives, and inequities; and respecting patients’ concerns and expectations.

Title: Procedures
Description: Describes safe and reliable performance of common procedures (IV insertion, venipuncture, bag and mask ventilation, CPR).

Title: Urgent/Emergent Care (systematic assessment through simulation only)
Description: Recognizes patients requiring urgent or emergent care and initiates evaluation and management.

Title: Transitions
Description: Works to ensure continuity of care during transitions between providers or settings, including handoffs and following up on patients’ progress and outcomes.

Domain: LLL (Life-Long Learning)

Title: Uncertainty
Description: Recognizes uncertainty as a core principle of medicine, science, and systems by engaging in processes to assess, manage, and maintain uncertainty, including the judicious identification, appraisal, and use of evidence.

Title: Self-Directed Learning
Description: Performs informed self-assessment to identify gaps and strengths, sets goals, and performs activities to further knowledge, skills, and professional behaviors.

Title: Well-Being
Description: Identifies and utilizes evidence-informed practices to further one’s own health and well-being.

Domain: SBP (Systems-based Practice)

Title: Resource Use
Description: Demonstrates appropriate sensitivity to patients, healthcare, and societal resources.

Title: Quality Improvement
Description: Applies concepts of quality and performance improvement aimed at improving patient and population health outcomes.

Title: Patient Safety
Description: Initiates safety interventions aimed at reducing patient harm.
**Title: Leadership Change**  
**Description:** Applies leadership skill sets with the aim of creating innovation and change within healthcare systems.

**Domain: PCH (Population and Community Health)**

**Title: Advocacy**  
**Description:** Applies knowledge of structural factors affecting health to advocate with and for community partners toward implementation of evidence-based, community-level health interventions.

**Title: Inequity Reduction**  
**Description:** Participates in activities and proposes projects aimed at helping healthcare systems reduce health-related inequities of a population of patients.

**Domain: IPCT (Interprofessional Collaboration and Teamwork)**

**Title: Roles and Teamwork**  
**Description:** Uses knowledge of one’s own role and the roles of other health professionals and community agents to appropriately assess and address the healthcare needs of patients and populations.

**Title: Collegial Communication**  
**Description:** Communicates and interacts with colleagues and team members, including other health professionals and community agents, in a responsive manner that creates a climate of mutual respect, inclusion, and ethical integrity.

**Title: Person-Centered Communication**  
**Description:** Demonstrates person-centered communication that incorporates humility, recognition of uncertainty, honesty, and empathy when interacting with patients, families, and communities, with attention to values, health-literacy levels, and cultural and socioeconomic factors.

**Title: Digital Communication**  
**Description:** Demonstrates appropriate use of digital technologies to effectively communicate and optimize clinical decision-making and treatment with patients, families, communities, and the healthcare team.

**Title: Teaching**  
**Description:** Demonstrates effective teaching skills in presentations, group learning activities, and discussions with faculty and peers.

**Domain: PR (Professionalism)**

**Title: Trustworthiness**  
**Description:** Demonstrates accountability, conscientiousness, truthfulness, and discernment in the care of patients, their families, and communities.
Title: Diversity
Description: Engages in behaviors that exemplify humility, value diversity, and foster an inclusive and equitable environment.

Title: Standards
Description: Demonstrates a commitment to ethical, legal, and professional standards, including conduct of human subjects encountered in clinical care, research, and interaction with communities.

Title: Ethical Reasoning
Description: Recognizes, analyzes, and proposes solutions to ethical issues and challenges encountered in clinical care, interaction with communities, and/or research.

Domain: MK (Medical Knowledge)

Title: Deep Knowledge
Description: Demonstrates deep knowledge of the sciences (biomedical science, clinical science, and health systems science) and applies it to advance the health of patients and communities.

Title: Scholarly Project
Description: Engages in a mentored scholarly project to deepen curiosity and foster participation in a community of scholars.
Admissions

Technical Standards

The curriculum of the Kaiser Permanente Bernard J. Tyson School of Medicine has been designed to provide a general professional education leading to the MD degree, and to prepare students to enter graduate medical training in a wide variety of medical specialties and subspecialties. The following technical standards, in conjunction with the academic standards, are requirements for admission, promotion, and graduation. The term “candidate” refers to candidates for admission to medical school as well as current medical students who are candidates for retention, promotion, or graduation. These requirements may be achieved with or without reasonable accommodations.

Fulfillment of the technical standards for graduation from medical school does not guarantee that a graduate will be able to fulfill the technical requirements of any specific residency program.

a. **COMMUNICATION:** Candidates must be able to comprehend, communicate, and document information in the English language, and to communicate accurately and effectively with patients, family members, healthcare workers, and other professionals in healthcare settings, as well as with instructors, supervisors, classmates, and various health or educational team members in both clinical and classroom settings. This includes the ability to elicit, receive, and accurately interpret information from others; to collect, document, and convey relevant information to others; to understand and use healthcare terminology; and to comprehend and follow directions and instructions. In addition, candidates must be able to accurately document patient records, present information in a professional and logical manner, and appropriately provide patient counseling and instructions to effectively care for patients or clients and their families.

b. **COGNITIVE ABILITY:** Candidates must have the capacity to develop and refine critical thinking and problem-solving skills that are crucial for safe and effective medical practice. These processes involve capabilities to measure, quantify, calculate, question, analyze, conceptualize, reason, integrate, and synthesize information in order to make timely decisions reflecting sound clinical judgment, and to determine appropriate clinical actions. Candidates must additionally be able to find and use research-based evidence; to learn from other individuals; to comprehend, integrate, and apply new information; to make sound clinical decisions; and to communicate outcomes verbally and in writing. Candidates must be able to make measurements, calculate, and reason; and to analyze, integrate, and synthesize data rapidly, consistently, and accurately to problem-solve and ultimately make sound diagnostic and therapeutic judgments.

c. **OBSERVATION:** Candidates must be able to collect, use, and interpret information from demonstrations, from diagnostic and assessment procedures
and tools, and from all other modes of patient assessment in the context of laboratory studies, medication administration, radiologic studies, and all other patient care activities. In addition, candidates must be able to document these observations and maintain accurate records.

d. **MOTOR:** Candidates must be able to perform physical examinations and diagnostic and therapeutic maneuvers necessary and required in the curriculum and of a future physician. Candidates must be able to respond to emergency situations in a timely manner and provide or direct general and emergency care. Candidates must possess the physical endurance necessary for extended periods of activity that are required for safe and successful performance in classroom and clinical settings. Candidates must possess the ability to comply with all safety standards in all clinical settings, including but not limited to universal precautions. Candidates must be capable of moving within and between clinical treatment environments without compromising the safety of patients, members of the healthcare team, or others.

e. **BEHAVIORAL AND SOCIAL ATTRIBUTES:** Candidates must possess the capacity to communicate effectively, respectfully, and with cultural humility to all individuals whom they encounter; and to demonstrate behaviors associated with compassion, respect and concern for others, integrity and ethical comportment, sound clinical judgment, and accountability for their responsibilities and actions. Candidates must be able to accept the supervision of an instructor and/or preceptor, to accept constructive criticism or feedback, and to modify behavior based on feedback. Candidates must demonstrate critical thinking in making sound clinical judgments and the ability to adapt quickly to rapidly changing situations and environments and to uncertain circumstances. Candidates must have the capacity to correctly judge when assistance is required and seek appropriate assistance in a timely manner. Candidates must be able to function cooperatively and efficiently with others. Candidates must possess the personal qualities of integrity, empathy, concern for the welfare of others, curiosity, and motivation. Candidates must possess the emotional maturity required for the full use of their intellectual abilities; the exercise of good judgment; and the prompt completion of all responsibilities associated with the diagnosis and care of patients. As medical education involves exposure to a wide variety of situations, candidates must be able to demonstrate resilience in both classroom and clinical settings and participate in self-help and interventions as appropriate.

f. **LEGAL AND ETHICAL STANDARDS:** Candidates are expected to consistently exhibit professionalism, personal accountability, compassion, integrity, concern for others, and care for all individuals in a respectful and effective manner regardless of gender, gender identity, age, race, sexual orientation, religion, disability, or any other protected status. Candidates must understand and be able to comply with the legal and ethical aspects of the practice of medicine and maintain and display ethical and moral behaviors commensurate with the role of a physician in all interactions with patients, their families, faculty, staff, students,
and the public. Individuals whose performance is impaired by abuse of alcohol or other substances are not suitable candidates for admission, promotion, or graduation. Candidates must be able to meet the legal standards to be licensed to practice medicine in the State of California. As such, candidates must detail in writing at the time of application any felony offense or disciplinary action to the school. If a conviction occurs after matriculation, students are required to inform the Senior Associate Dean for Student Affairs of any actions which might impair candidates’ ability to obtain a medical license. Failure to notify the school may result in disciplinary action by the Student Progress and Promotion (SPP) Committee.

**Equal Access to the School of Medicine’s Educational Program**

The school of medicine welcomes candidates with disabilities who may need accommodations, and consistent with Section 504 of the Rehabilitation Act of 1973, Title III of the Americans with Disabilities Act as Amended 2010, and California law, the school of medicine does not discriminate on the basis of disability. Candidates with questions about the technical standards, reasonable accommodations, or the accommodations process may send an email to SOMdisability@kp.org. After matriculation, students can contact the Director of Academic Support and Advising to pursue accommodations. Prior to consideration for admission, a candidate must attest that they have read the school’s technical standards and can meet them with or without reasonable accommodation. In addition, students will review and sign the technical standards at the start of each academic year, and when they return from a leave of absence.

**Academic Requirements for Admission**

**Baccalaureate Degree Requirement**

Kaiser Permanente Bernard J. Tyson School of Medicine requires all applicants to have obtained a bachelor’s degree from a regionally accredited college or university in the United States or Canada in any area of study at the time of matriculation. Because a bachelor’s degree is required to matriculate, “ability to benefit” students (students who do not have a high school diploma or certificate of high school equivalency) are not eligible for admission.

**Required and Recommended Premedical Courses**

The required and recommended premedical courses were selected to align with the Mission, Vision, and Values of the school of medicine. The requirements are based on consideration of expected knowledge of life and physical sciences, social sciences, and humanities, as well as reading and writing skills, problem-solving skills, and communication skills. The recommended courses are intended to prepare students to become culturally sensitive practitioners.

Examples of courses are listed within each category. The examples listed may not
represent what is required, or the options available through every applicant’s college/university/institution.

**Required Prerequisites for Admission to the School of Medicine:**

- Behavioral/social science (e.g., psychology, sociology, ethnic studies, economics, anthropology): one-half academic year
- Humanities (e.g., history, English, literature, art, philosophy): one-half academic year
- General biology with laboratory: one academic year
- General inorganic chemistry or equivalent with laboratory: one academic year
- General physics with laboratory: one academic year

**Recommended Courses and Subjects for Admission to the School of Medicine:**

- Biochemistry
- Calculus
- Organic chemistry
- Statistics
- Introduction to public/population health and/or epidemiology
- Language other than English (e.g., Spanish, Mandarin, American Sign Language, etc.)

The school of medicine will accept Advanced Placement (AP) credit if the undergraduate institution awarded the student credit towards graduation and those credits appear on the student’s official transcript. Credits earned at a prior institution through challenge examinations, achievement tests, and/or experiential learning credit will not be accepted to fulfill prerequisites.

**Medical College Admissions Test (MCAT) Requirement**

The Medical College Admission Test (MCAT) is required of all applicants. All applicants must present scores from tests taken no later than September 30 of the year before matriculation, and no earlier than three years before matriculation into medical school.

**CASPer Requirement**

The CASPer test is required of all applicants. All applicants must have taken the CASPer test by the final dates posted on the CASPer test dates and fees site to be considered for the current admissions cycle. CASPer is a tool designed to assess applicants for non-academic attributes. The test is comprised of 12 sections and
typically takes 60 to 90 minutes to complete, with an optional 15-minute break. The test is scored by human raters. After completion, the test score is sent automatically to the school.

Language of Instruction/English Proficiency

The language of instruction at the Kaiser Permanente Bernard J. Tyson School of Medicine is English. Candidates must be able to comprehend, communicate, and document information in the English language. Applicants whose native language is not English automatically demonstrate proficiency through their completion of a baccalaureate degree at a regionally accredited college or university in the United States or Canada.

Admissions Process

The Admissions Committee establishes the criteria and procedures for the admission of medical students based upon the Mission, Vision, and Values of the school of medicine. From the applicant pool, the committee will review and select qualified students for admission. The process will stress a holistic review that provides a comprehensive consideration of a candidate’s attributes and likely indicators for success.

Steps in the admissions process are:

1. AMCAS application received by the Office of Admissions
2. Secondary application sent to all qualified applicants
3. File reviewed for interview recommendation and forwarded to Review Chair
4. Candidates for interview selected
5. Interview conducted and assessments submitted to the Admissions Committee
6. Final admissions decisions made by the Admissions Committee
7. Candidates notified

Admissions Application

Applications must be submitted through the American Medical College Application Service (AMCAS).

Documentation of every aspect of an applicant’s qualifications will begin with review of the AMCAS application, which includes information regarding personal attributes and experiences in addition to academic data. The letters of recommendation/evaluation will also be received through AMCAS and reviewed by the Admissions Committee.

Personal attributes that are important to the committee’s ability to best evaluate mission alignment, and not found in the AMCAS data, will be obtained through a secondary
application, Multiple Mini Interviews (MMIs), and a traditional one-on-one interview. Assessment of candidates’ personal attributes, along with their experiences and academic metrics, will occur through review of all application materials and the interview. Committee members, file reviewers, and interviewers will be trained to assess the extent to which an applicant demonstrates the qualities sought for successful students.

All admissions decisions about an applicant, made by Kaiser Permanente Bernard J. Tyson School of Medicine and all other AMCAS medical schools, are updated regularly by AMCAS, which maintains a database on all applicants for the current year’s entering class. Relevant national, state, and school-specific data are maintained by AMCAS and made available to all medical schools on a periodic basis. MCAT scores from all test administrations are also reported.

Application requirements through AMCAS include:

1. Personal statement/essay
2. Letters of recommendation, which should address one or more of the following desirable candidate attributes:
   - Collaborative teamwork skills
   - Creativity and innovativeness
   - Critical thinking and problem-solving skills
   - Cultural sensitivity
   - Demonstrated leadership potential
   - Excellent communications skills
   - Integrity and high moral standards
   - Intellectual curiosity
   - Passion for medicine and healthcare motivation
   - Persistence and resilience
   - Receptivity to feedback
   - Reliability and accountability
   - Self-awareness

Candidates must choose one of these options to satisfy the school’s letters of recommendation requirements:

- Committee letter: A committee letter contains input from multiple recommenders, authored by a pre-health committee or by a pre-health advisor, which may include individual letters as attachments.

- Three individual letters: An individual letter refers to a letter written by one writer; at least one of the three letters must be from the following:
  - faculty member
  - pre-health or academic advisor, post-baccalaureate or graduate
program advisor, research mentor, or healthcare worker with whom the student has studied or worked
  o supervisor, manager, commanding officer, or equivalent from previous or current position of employment

**Note**: Letters of recommendations that are not acceptable include those from a teaching assistant, government or political official, a friend or family friend, a family member, a coworker, or other similar peers. All letters should be signed and on official letterhead.

3. Student activities and experiences: A description of activities and experiences contributing to an understanding of the applicant, including but not limited to:

- Athletics
- Community service (e.g., AmeriCorps or other domestic community service)
- Creative or other pursuits that made a difference for others
- Employment outside of student life
- Experiences that contributed to community
- Exposure to healthcare
- Faith-based or other institutional work
- Leadership
- Military service
- Peace Corps, or other international service-related activity
- Personal experiences that motivated entering healthcare
- Research
- Teaching assistantships
- Volunteerism
- Distance traveled, which includes personal experiences, obstacles, hardships, and challenges the applicant has overcome to reach this point in their education

**Additional Requirements for Admission**

**Travel**: To fulfill their educational requirements, students may be required to travel throughout the Southern California region to Kaiser Permanente medical centers, office buildings, and affiliated and community clinics. A candidate must possess the ability to
travel, either with their own vehicle or public transportation.

**Background checks and drug testing:** Criminal background checks and drug screening may be conducted as part of the process of admission, participation, promotion, and/or graduation.

**International Students**

At this time, the school of medicine is able to accept applications only from U.S. citizens, permanent residents, and Deferred Action for Childhood Arrival (DACA) recipients. Applicants must have a bachelor’s degree from an accredited college or university in the U.S. or Canada. The school is currently unable to accept applications from international students.

**Transfer Students**

Due to the complex and integrated nature of its curriculum, the Kaiser Permanente Bernard J. Tyson School of Medicine does not accept transfer or advanced standing students. At this time, the school of medicine has not entered into an articulation or transfer agreement with any other college or university.

**The Offer of Admission**

The Associate Dean for Admissions, in collaboration with the Admissions Committee, will have final responsibility for the number of offers of admission and the qualifications of accepted candidates. Offers will be made on a rolling basis, with additional qualified applicants placed on a wait list.

Offers of admission will be made by email, with an attached statement of conditions, followed by a letter and telephone call from the Associate Dean for Admissions. Candidates will be notified of their acceptance on a rolling basis. In keeping with the Association of American Medical Colleges (AAMC) “Traffic Rules,” accepted candidates must respond within two weeks of receiving an offer of admission with their intent to accept or decline the offer. On or before April 30, all candidates can hold acceptance offers or waitlist positions from other schools or programs without penalty. For offers extended after April 30, each candidate has a maximum of five business days to respond to the offer, which may be reduced to two business days within 30 days of the start of orientation.

**Accepted Student Registration Deposit**

An accepted student registration deposit of $100 is required to hold a position in the class. The deposit may be waived if the candidate received a fee waiver from AMCAS. It can be refunded prior to April 30 if the student chooses not to attend Kaiser Permanente Bernard J. Tyson School of Medicine. All offers of admission are conditional upon receiving final transcripts and all other required information, including a satisfactory criminal background check.
Delayed Matriculation

Requests for delayed matriculation are considered on an individual basis.

**Timetable for Admission**

<table>
<thead>
<tr>
<th>Admissions Task</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AMCAS application opens</td>
<td>May, 15 months prior to matriculation</td>
</tr>
<tr>
<td>Interviews begin</td>
<td>August</td>
</tr>
<tr>
<td>AMCAS application deadline</td>
<td>October 1</td>
</tr>
<tr>
<td>Rolling admissions offers begin</td>
<td>October 15</td>
</tr>
<tr>
<td>Secondary application/materials deadline</td>
<td>November 1</td>
</tr>
<tr>
<td>Student commitment deadline</td>
<td>April 30</td>
</tr>
<tr>
<td>Matriculation</td>
<td>July</td>
</tr>
</tbody>
</table>
Registration

All Kaiser Permanente Bernard J. Tyson School of Medicine students are required to register for classes by the deadlines specified by the Registrar. Registration dates are posted on the student portal. Failure to register by the first day of classes in a given term may lead to delays in the disbursement of financial aid, inability to attend classes, or withdrawal from the school.

Incoming students must satisfactorily complete all admissions requirements prior to registration and matriculation. This includes the successful completion of prerequisite coursework, receipt of final official transcripts from all colleges/universities attended, required immunizations and health clearances, and a criminal background check.

Credit Hour Policy

The school of medicine defines one credit hour as 30 contact hours, plus an average of 30 hours out-of-class independent student work. Given that the pace of learning and studying is not identical for everyone, it is understood that actual time on task will vary from student to student.

This formula will be applied to instructional terms of any duration. An equivalent amount of time on task (i.e., contact time plus out-of-class student work) per credit hour is required for non-classroom-based activities such as laboratory or small group practicum, clinical clerkships/rotations, asynchronous or distance instruction, and other non-classroom modalities and delivery methods.

Calculation of credit hours will be rounded down to the nearest 0.5 credit hour per course. Calculations apply whether the course is delivered in person or online.

For courses taught via traditional lecture, laboratories, small group activities, team-based learning, independent study, and/or workshops, one credit hour is assigned for 30 hours of contact time.

For experiential education, one credit hour is assigned for 40 hours of clinical experiences.

Full-Time Enrollment Status

A student enrolled in at least one course or clinical experience, either required or elective, is considered a full-time student.

Time Frame/Pace of Completion

Maximum time frame is the maximum number of years after first enrollment that a student may complete the school of medicine’s courses/clerkships in full-time pursuit of a degree.
The maximum time frames for completion of programs are:

<table>
<thead>
<tr>
<th>School of Medicine Program</th>
<th>MD Component</th>
<th>Additional Component</th>
<th>Maximum Time to Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td>4 years</td>
<td>N/A</td>
<td>6 years</td>
</tr>
<tr>
<td>MD/Master’s Degree</td>
<td>4 years</td>
<td>1 year</td>
<td>7 years</td>
</tr>
<tr>
<td>Approved Year-Long Research</td>
<td>4 years</td>
<td>1 year</td>
<td>7 years</td>
</tr>
<tr>
<td>MD/PhD (Caltech)</td>
<td>4 years</td>
<td>4 years</td>
<td>10 years</td>
</tr>
</tbody>
</table>

The period for which a student was on an approved leave of absence will be excluded from the maximum time frame required to complete their program.

**Student Initiated Changes in Enrollment Status**

**Leave of Absence**

A student may request a leave of absence (LOA) from the Doctor of Medicine (MD) program with the occurrence of a medical emergency or illness, personal or financial hardships, or military service. Students may also request a LOA if they wish to pursue an approved research or dual degree program in the midst of their studies at the Kaiser Permanente Bernard J. Tyson School of Medicine. Students must be in good academic standing to be eligible for a leave of absence.

Students requesting a LOA must submit the appropriate request form to the Senior Associate Dean for Student Affairs (or designee). If the LOA is approved, the change in enrollment status will be reported to the Registrar and the student’s registration will be modified as follows:

<table>
<thead>
<tr>
<th>Percentage of Course Completed</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–20%</td>
<td>Course is removed from student’s registration and will not appear on transcript.</td>
</tr>
<tr>
<td>21–99%</td>
<td>Course is assigned a withdrawal (W) grade to indicate that the student withdrew from the course. Withdrawal grades will appear on the transcript and will be counted towards the total credit hours attempted by the student.</td>
</tr>
<tr>
<td>100%</td>
<td>Course is assigned the grade earned.</td>
</tr>
</tbody>
</table>

All students approved for a leave of absence greater than 30 calendar days in duration are strongly encouraged to meet with the Senior Financial Aid Officer prior to the start of their LOA to determine the impact of the change to their enrollment status on their financial aid eligibility and student loan repayment status.

The Bursar will perform a calculation to determine if any institutional grant aid or private student loan funds received by the student must be returned to the Kaiser Permanente
Bernard J. Tyson School of Medicine. See the Return of Financial Aid section of this catalog for additional information.

Students may request a LOA of up to two years in length, provided the LOA does not cause the student to exceed their program’s time to completion policy. While on LOA, students retain limited access to student resources, including the library, email, and computer systems. Students on leave of absence are ineligible to run for or hold student organization/club/class offices or participate in any school sponsored extracurricular activities.

The term and conditions of any leave will be determined by the Senior Associate Dean for Student Affairs (or designee). Depending on the duration of the LOA, changes in the curriculum or academic policies may occur that could have an impact on academic requirements affecting a student's matriculation upon return from a LOA. 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 Senior Associate Dean for Student Affairs (or designee).

At a minimum of 45 calendar days prior to the end of the leave of absence period (or as directed by the Senior Associate Dean for Student Affairs), the student is required to submit written notification to the Registrar of their intention to return to the school. If an individual fails to submit their intent to return or request for an extension at the agreed-upon date, or if the student fails to return to the Kaiser Permanente Bernard J. Tyson School of Medicine on the date directed by the Senior Associate Dean for Student Affairs, the student will be withdrawn from the school and required to reapply for admission.

Voluntary Withdrawal

Students wishing to withdraw from the Doctor of Medicine (MD) program should submit a withdrawal request form via the student portal. Unless there are special circumstances, the requestor will be required to meet with the Senior Associate Dean for Student Affairs (or designee) to discuss the reason for the withdrawal and the exit process.

Once approved, the change in enrollment status will be reported to the Registrar and the student’s registration will be modified as follows:

<table>
<thead>
<tr>
<th>Percentage of Course Completed</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–20%</td>
<td>Course is removed from student’s registration and will not appear on transcript.</td>
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<tr>
<td>21–99%</td>
<td>Course is assigned a withdrawal (W) grade to indicate that the</td>
</tr>
<tr>
<td>Percentage of Course Completed</td>
<td>Action Taken</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>student withdrew from the course. Withdrawal grades will appear on the transcript and will be counted towards the total credit hours attempted by the student.</td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>Course is assigned the grade earned.</td>
</tr>
</tbody>
</table>

All students withdrawing from the MD program are strongly encouraged to meet with the Senior Financial Aid Officer to determine the impact of the change to their enrollment status on their student loan repayment status.

The Bursar will perform a calculation to determine if any institutional grant aid or private student loan funds received by the student must be returned to the Kaiser Permanente Bernard J. Tyson School of Medicine. See the Return of Financial Aid section of this catalog for additional information.

Re-admission

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 Senior Associate Dean for Student Affairs, the Admissions Dean, the 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 Kaiser Permanente Bernard J. Tyson School of Medicine’s regular admissions process unless otherwise stipulated.
Academic Policies

Academic Honesty

Academic honesty is vital to the proper assessment of the level of knowledge and understanding a student acquires in a course. This assessment may be based on quizzes, exams, reports, homework, projects, assessments of performance in simulation and clinical environments, and any other assignments or activities used by the faculty to ascertain the student’s command of the course material. Any willful act that invalidates the process of assessment is an act of academic dishonesty.

The following activities are examples of academic dishonesty. The list is not comprehensive; any act that satisfies the above definition is to be considered academic dishonesty.

- Alteration of grades or official records
- Use of unauthorized materials or sources of information on examinations
- Changing already-graded documents
- Fabricating or changing laboratory or other data
- Use of purchased or acquired papers
- Submission of homework, take-home examinations, reports, or projects mostly or entirely prepared by another person
- Representation of the work of others as one’s own
- Facilitation or assistance in any act of academic dishonesty
- Providing or obtaining information about the contents and answers for any examination prior to its administration
- Altering another student’s work or academic records
- Signing in for mandatory learning and/or assessment events for another student
- Asking and/or having another student attend a mandatory learning and/or assessment event on one’s behalf
- Viewing or copying from another student’s examination
- Allowing any student to view or copy from another student’s examination
- Unauthorized collaboration with any person during an examination
• Falsifying citations

At matriculation, all students are required to review, discuss, and sign the Student Honor Code. The Student Honor Code includes the requirement for academic honesty. Students, faculty, and staff should report possible conduct violations, including academic honesty concerns, to the Learning Environment and Professionalism (LEAP) Committee, which will be responsible for investigating them further.

Students who have concerns about academic honesty and whether academic dishonesty has occurred may engage with the Student Honor Council to explore their concerns further. The Student Honor Council shall take appropriate actions to investigate the matter further, when warranted. If the Student Honor Council determines, as a result of the investigation, that academic dishonesty has occurred, it shall report this infraction to the LEAP Committee for further investigation.

**Academic Workload and Duty Hours**

**Phase 1 Academic Workload**

The maximum time students spend in required in-person activities per week is 26 hours per Phase 1 academic week, averaged over four weeks, with an additional 44 hours for required outside preparation.

**Phase 2 and 3 Duty Hours**

Duty hours must be limited to 80 hours per Phase 2 and 3 clinical week, averaged over four weeks, inclusive of all in-house call activities. Medical students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over four weeks, inclusive of call.

Adequate time for rest and personal activities must be provided. This must be no less than an eight-hour time period between all daily duty periods and after in-house, overnight call. These requirements are consistent with current ACGME Duty Hours.

**On-Call Activities**

The objective of on-call activities is to provide medical students with a continuity of patient evaluation and management experiences throughout a 24-hour period. In-house call must occur no more frequently than every fourth night.

Continuous on-site duty hours, including in-house call, must not exceed 24 consecutive hours. Medical students may remain on duty for up to four additional hours to participate in didactic activities and maintain the continuity of medical and surgical care (hospital rounds).

The frequency of at-home call is not subject to every fourth night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each medical student. Medical students taking at-home call must be provided with one day in seven completely free of all educational and clinical responsibilities, including
at-home call responsibilities.

When medical students are called into the hospital from home, the hours the medical student spends in-house are counted toward the 80-hour limit. The clerkship director, site director, and faculty must monitor the demands of remote call in their clerkships and make scheduling adjustments as necessary.

**Monitoring**

It is the responsibility of the course/clerkship director, faculty, and Chair of the Clinical Science Department to monitor and ensure that medical students do not exceed the limitations of their academic workload and duty hours.

Infractions will be investigated by the Clinical Science Department and the Clinical Experience Subcommittee of the CEP Committee and reported to the CEP Committee. Appropriate action will be taken to ensure infractions do not continue.

**Exceptions to Policy**

Limited and carefully justified exceptions to this policy may be permissible. Maximizing students’ ability to experience some clinical or educational opportunities may, from time to time, justify exceeding the normal Academic Workload and Duty Hours policy. It is anticipated that exceeding the Academic Workload and Duty Hour Policy will occur infrequently, and it is the responsibility of the course or clerkship director to approve and provide notice and justification to the CEP Committee of any exceptions.

**Attendance**

Students enrolled in the school of medicine are being educated in all aspects essential to becoming a physician, including the importance placed on attendance at all learning sessions and assessments, both clinical and non-clinical. Students are required to be prepared to fully and consistently contribute to both learning teams in the classroom and healthcare teams in providing care to patients. Absences, whether excused or unexcused, do not absolve the student of these responsibilities.

Students in the school of medicine are expected to behave professionally, which includes demonstration of conscientiousness through punctual and regular attendance for all academic and clinical responsibilities. The following governs circumstances under which absences may be excused, including from scheduled assessments: (1) to ensure that students can access personal healthcare and support, (2) to allow students to participate in religious observances, including religious holidays, which are important to them, (3) to allow students to manage unplanned emergent events, such as acute illness, death in the family, and/or family illness or childcare conflict, and (4) to educate students about how to manage other important events.

**Retrospective Excused Absence for an Emergency**

Students may have emergent serious issues that they must attend to, which require an absence to be excused retrospectively. Any student who finds it necessary to be absent
due to an emergency situation is required to notify the Office of Student Affairs as soon as possible, which will notify the appropriate curricular experience director or chair.

The request to be excused retrospectively should be made as soon as is reasonable, but at least within seven days of the absence. Not all assessments may be able to be rescheduled. The following are examples of circumstances appropriate to the retrospective request for an excused absence retrospectively for a missed assessment or curricular experience:

- Acute illness of self, significant other, immediate family member, or dependent
- Occupational exposure or illness of student, such as blood-borne pathogen exposure or infectious illness acquired from a patient
- Birth or adoption of a student’s child
- Death of significant other
- Death of an immediate family member or dependent
- Natural disaster such as fire, earthquake, or weather emergency
- Circumstances of an extreme, unanticipated, and compelling nature, which should be reviewed with the Senior Associate Dean for Student Affairs on a case-by-case basis with the student

Anticipated Excused Absence from an Assessment

Students at the school of medicine should not plan to be absent during scheduled assessments. Not all assessments may be able to be rescheduled. The following reasons are appropriate to request an excused absence from an assessment. The request and any appropriate documentation must be provided in a timely manner in advance of the assessment.

- Religious holiday or practice – request should be made during the first week of the curricular experience
- Memorial service or significant event of a family member – request should be made as soon as date is known to student
- Jury duty – request should be made as soon as date is known to student
- Court date – request should be made as soon as date is known to student

Anticipated Excused Absence, not from an Assessment

Anticipated excused absences during two-week clinical experiences or four-week sub-internships are not permissible, unless the request is for observance of a religious
holiday or a religious practice. Whenever possible, students should aim to request clinical schedules that minimize these conflicts. With those exceptions, the following can be considered circumstances justifying the request for an excused absence from a curricular experience, that is not an assessment. The request and any appropriate documentation must be provided in a timely manner in advance of the absence:

- Anticipated health issue (such as elective surgery, or an appointment that is not able to be scheduled during non-curricular time) – request should be made as soon as date is known to student
- Religious holiday or practice – request should be made during the first week of the curricular experience
- Memorial service or significant event of a family member – request should be made as soon as date is known to student
- Jury duty – request should be made as soon as date is known to student
- Court date – request should be made as soon as date is known to student
- Presentation at a regional or national meeting related to their medical education – request should be made as soon as date is known to student
- Residency interviews that cannot be scheduled during required residency interview block – request should be made as soon as date is known to student

Healthcare and Well-Being Needs

Students should be able to access healthcare when needed, with protection of their privacy about the nature of their health concerns. Students should endeavor to schedule healthcare during times when they are not required to be in the didactic or clinical courses. Students must not schedule routine healthcare during any assessments.

To accommodate students’ healthcare and well-being needs, students can (1) schedule a well-being block as outlined below, (2) request an excused absence in advance, or (3) request an excused absence retrospectively if a health emergency.

Well-being blocks: Each student will have the opportunity to be excused from didactic or clinical courses for four individual half-day well-being blocks during each year of the curriculum. These well-being blocks should be used prior to requesting any anticipated excused absences for healthcare needs from the curriculum. The blocks can be used for any well-being activity of the student’s choosing. The student is not required or expected to disclose the reason for taking the well-being block. The blocks are not available during assessments, sub-internships, or away rotations, and must be scheduled at least one week in advance.
Unexcused Absence

Students are expected to communicate any need for an absence as soon as possible. Any student who does not provide appropriate notification to the Office of Student Affairs and/or who does not provide written verification of the reason for the absence when requested to do so may forfeit the opportunity to make up missed assessments and/or other curricular experiences, and the absence will be considered an unexcused absence, regardless of the reason.

The following is a non-exhaustive list of impermissible absences, which will be considered unexcused absences:

- Missed ride or public transportation
- Oversleeping or forgetting to set alarm
- Out of town
- Daylight savings
- Wrong date on personal calendar
- Booked travel/scheduled an event before knowing assessment date
- Request for excusal was previously denied
- Needed to study for an exam
- Information about the need for an excused absence was not provided in a timely fashion, as noted above

There may be other impermissible absences not noted above.

Religious Holidays

Students should be able to participate in their religion and religious practices, and the school of medicine takes major religious holidays into consideration when planning the school calendar and assessment schedules. Students may be required to make up curricular experiences which are missed due to religious holidays or religious practices.

Recording Absence

All absences excused and unexcused, and well-being blocks taken, will be documented in the student’s academic record.

Consequences of Unexcused and/or Multiple Absences

Unprofessional behavior, which includes unexcused and multiple absences, is assessed in course and clinical experience grades and in the Educational Program Outcomes (EPO). Not meeting the appropriate professionalism milestone(s) may impact a
student’s progress through the curriculum.

Multiple absences, even if excused, may be grounds for repeating a curricular experience, or segment/phase of the curriculum, or for consideration of dismissal.

**Holidays for School of Medicine Students**

The [academic calendar](#) details scheduled breaks that apply to each year of instruction. In addition, the following holidays will be observed by students within the school of medicine:

- Labor Day
- Thanksgiving (Wednesday through Friday)
- Christmas
- New Year’s Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day

In general, students assigned to inpatient responsibilities will be expected to participate in patient care activities on all holidays during inpatient portions of Phase 2, and all of Phase 3. Students assigned to outpatient experiences will follow the holiday schedules of those clinics and practices during Phase 3.

**Inclement Weather and Natural Disasters**

If the school of medicine is closed for inclement weather or natural disaster such as fire or earthquake, students are not expected to attend class. No absence for non-clinical coursework is tabulated when the school of medicine is closed.

The clinical experiences in Phase 2 and Phase 3 require students to be present to assume care for patients and to assist the healthcare team. During times of inclement weather or natural disaster, students’ clinical responsibilities must be balanced by concerns for safety. The final decision about travel to these inpatient and outpatient facilities should be made by students based upon their assessment of current travel conditions and safety due to inclement weather or natural disaster. When a student determines that safety concerns preclude their travel to the facility to which they have been assigned, the student should inform the director of the curricular experience. This will be noted as an excused absence.
Assessment and Grading

Assessment Methods

Consistent with the principles of programmatic assessment, which rest on the validity derived from multiple and multisource assessment data, obtained over time, and the integrated use of both quantitative and qualitative data, the school of medicine’s system of assessment aggregates a robust variety of assessment data types. The following list includes the required assessment methods that will contribute to course grades, and/or promotional and graduation decisions.

1. Examinations from the National Board of Medical Examiners (NBME)
   a. Customized Assessment Services (CAS): School of medicine faculty will construct these examinations to align with content in the Integrated Sciences courses, using multiple-choice questions developed by the NBME and made available for this purpose. The performance of individual examinees is reported with two sets of metrics:
      i. Percent Correct Scores for the total examination, and for content areas
      ii. Scaled scores for the total examination and for content areas within the examination set by the NBME and by the school (Scaled scores are set to a mean of 70 and a standard deviation of 8)
   b. Subject/shelf examinations: School of medicine students will take the Comprehensive Basic Sciences Examination (CBSE) at least once prior to sitting for Step 1. The CBSE is constructed by the NBME to have equivalent content and difficulty as Step 1 examinations, and therefore student performance on this examination can be correlated to subsequent Step 1 performance. While performance on the CBSE will not constitute any portion of a course grade, students will be required to sit for it as a requirement for promotion from Phase 2 to Phase 3.

2. Objective Structured Clinical Examinations (OSCE’s)
   a. End-of-course OSCE’s: Integrated Sciences courses will use end-of-course OSCE’s to assess knowledge and skills relevant from all three components/sciences, especially from Clinical Sciences/Doctoring. Simulated encounters may include, but are not limited to, use of standardized patients and/or mannequin-based scenarios. Some encounters will be followed by post-encounter tasks consisting of written work (e.g., note writing, ethical reasoning, explanations of management or other follow-up), oral presentations, and/or discussion with an assessor.
b. Progress OSCE’s: The school of medicine uses a series of OSCE’s (i.e., patient encounters) that are designed to test development of knowledge and skills over time. The same exam, at the same level of difficulty, will be administered one to two times each year to test equivalent knowledge and skills. Performance standards will progressively increase, with the final standards consistent with those of a graduating student ready for the first year of residency.

3. Open-ended questions/essay examinations:
   a. These will be used in the Integrated Sciences and REACH courses. They may also be used in other courses. Rubrics for assessment will be available on Elentra.

4. Writing for reflection and perspective-taking:
   a. This approach to assessment will be used in REACH, the service-learning segment of Health Systems Science, and the LIC. Rubrics for assessment will be available on Elentra.

5. Clinical quarterly/end-of-clerkship assessments:
   a. Faculty supervising students over time in the care of patients will provide both ratings of specific skills (e.g., history-taking, documentation) and comments derived from their observations, obtained through written forms and/or interviews with clerkship directors, other clinical course directors, or their designees. These will be obtained every quarter for year-long clerkships. All data will be represented on common forms available on Elentra.

6. Brief Structured Clinical Observations: Faculty who directly observe a student performing any discrete clinical task/skill or an Entrustable Professional Activity (EPA) (e.g., data gathering, physical examination, patient education, a procedure) may produce an assessment, including written feedback to the student and a rating of how much the faculty member helped the student to safely complete the task/skill.

7. Comprehensive Clinical Observation: The school of medicine’s faculty includes Expert Clinical Assessors of Student Performance (ECASP), a small group with dedicated time to periodically observe student performance of multiple clinical skills in single encounters, provide ratings and feedback on the different components required to perform each skill, and offer targeted feedback and teaching. ECASP faculty will undergo dedicated and continued training in assessment of clinical performance. The rating forms used for Comprehensive Clinical Observations are available on Elentra.

8. Clinical documentation: Students will complete clinical documentation, such as history and physical exam documents, progress notes, discharge
summaries, prescriptions, and post-encounter summaries, in real and simulated clinical settings. Documents will be assessed using a pre-established rubric available on Elentra.

9. Multisource feedback: Feedback on student performance will be solicited from others working in clinical and didactic settings with students, including other health professionals, peers and/or patients, and interpreted using pre-established rubrics available on Elentra by supervising faculty and/or clerkship directors or other clinical course directors. These include small group participation assessments in Integrated Sciences.

10. Self-assessments: Students will be required to complete a self-assessment prior to each promotional decision on their progress by the SPP Committee. While these will not contribute to a course grade, this information will inform their consideration of the many factors that determine a student's progress through the curriculum.

11. Licensing examinations: Students will be required to complete the United States Medical Licensing Examination (USMLE) Step 1, Step 2 CK, and Step 2 CS.

12. Peer assessments: Students will provide assessments of their peers in teams-based learning and possible other courses. While the completion of the assessment will be a requirement to pass the course, whether the assessment data will be used toward the course grade of the student being assessed will be included in the course syllabi.

Course Grades

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>Honors</td>
</tr>
<tr>
<td>P</td>
<td>Pass</td>
</tr>
<tr>
<td>CP</td>
<td>Conditional Pass</td>
</tr>
<tr>
<td>F</td>
<td>Fail</td>
</tr>
</tbody>
</table>
**Administrative Grades**

“Administrative grades” refer to circumstances where students were either not registered for the entirety of the course for credit or did not attempt all mandatory course work and assessments.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AU</td>
<td>Audit</td>
</tr>
<tr>
<td></td>
<td>Student completed course without benefit of assessment or final grade. Audited courses cannot count towards graduation requirements. Once enrolled in a course for credit, a student may not request change in enrollment status to allow for auditing.</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
</tr>
<tr>
<td></td>
<td>A grade of incomplete is assigned when course work has not been completed by the end of the term (for example, if the student was ill and did not attempt the final exam). An incomplete grade must not be assigned when work has been completed but at an unsatisfactory level, instead a grade of “CP” or “F” should be given. The “I” grade will be replaced with the final grade received upon completion of remaining coursework. Faculty must consult with the Senior Associate Dean for Student Affairs to receive permission to give an “I” grade.</td>
</tr>
<tr>
<td>IP</td>
<td>In-Progress</td>
</tr>
<tr>
<td></td>
<td>An in-progress grade is assigned at the end of the first semester for courses spanning two semesters. The “IP” grade will be replaced with the final grade received upon completion of the course.</td>
</tr>
<tr>
<td>W</td>
<td>Withdrawal</td>
</tr>
<tr>
<td></td>
<td>Withdrawal from a block/clerkship may be permitted in the event of illness or personal/family situations or when the student is placed on a leave of absence prior to completing a course. Students must consult with the Senior Associate Dean for Student Affairs for approval, who will review the request with the course chair and the Registrar. If a withdrawal is approved, this is recorded on the transcript by the Registrar. A student is not permitted to withdraw to avoid failing a block or clerkship.</td>
</tr>
</tbody>
</table>

**Grade Reports**

Official final grades are submitted to the Registrar by course directors at which time the student portal is updated. Official grade reports and unofficial transcripts are available on the student portal throughout the academic year.
Grade Changes
Grades submitted by course directors at the end of the term are final and are not subject to change by reason of revision of judgment on the part of the instructor. Grades cannot be changed on the basis of a second trial, such as a new examination or additional work undertaken or completed after the grade report has been recorded, or by retaking the course. Grades may only be changed due to a correction of an error made during the grading process, by grade appeal, as a result of remediation, or if a student was assigned an incomplete grade and has since fulfilled the requirements of the course.

The course director is the only individual who can change a grade. Any correction or appeal of a grade must take place in the term following the one in which the grade was assigned.

Student Challenge of Course and Clerkship Data and Grades
Although every attempt is made to ensure that assessment data and grades are accurate, truthful, and appropriate, discrepancies may occur. Students have the ability to review and challenge assessment data related to their performance and grades.

Review and Challenge of Assessment Data Used to Determine Progress towards Educational Program Outcomes
A student may review and/or challenge their assessment data within 10 business days of it becoming available if they feel that the data recorded are inaccurate, misleading, inappropriate, and/or not in accordance with the course syllabus.

A student may initiate a request to review and challenge assessment data through the didactic or clinical course director who oversees the course in which those data were recorded. The didactic or clinical course director should render and communicate a decision to the student in writing within five business days.

A final challenge can be made to an ad hoc Appeals and Grievance Subcommittee of the SPP Committee. The appeal by the student must be submitted to the Chair of the SPP Committee within five business days of the didactic or clinical course director communicating in writing to the student that their initial challenge was denied. The subcommittee should render and communicate a decision to the student in writing within five business days.

Review and Challenge of Didactic and Clinical Course Final Grades
A student may review and/or challenge their didactic and clinical course final grade within 10 business days of it becoming available if they feel that the grade is inaccurate, misleading, or inappropriate and/or not in accordance with the course syllabus.

A student may initiate a request to review and challenge a didactic or clinical course final grade through the didactic or clinical course director who oversees the course in
which the grade was recorded. The didactic or clinical course director should render and communicate a decision to the student in writing within five business days.

A final challenge can be made to an ad hoc Appeals and Grievance Subcommittee of the SPP Committee. The appeal by the student must be submitted to the Chair of the SPP Committee within five business days of the didactic or clinical course director communicating in writing to the student that their initial challenge was denied. The subcommittee should render and communicate a decision to the student in writing within five business days.

Review and Challenge of Medical Student Performance Evaluation (MSPE)

Students who feel that the contents of the MSPE are inaccurate or misleading may challenge this information within three business days of MSPE availability by contacting the Office of Assessment and Evaluation.

Assessment data and didactic and clinical course grades, including narrative comments previously available to be challenged, cannot be challenged when reviewing the MSPE, only new content can be challenged.

A final challenge can be made to the Dean. The appeal by the student must be submitted to the Dean within three days of the Office of Assessment and Evaluation communicating in writing to the student that their initial challenge was denied. The Dean may convene an ad hoc Appeals Committee, which will render a final decision before the MSPE must be uploaded to the student’s residency application or within five days, whichever comes first.

Review Timeline

Every attempt will be made by the school to uphold the timelines referenced above. If timelines need to be extended, an updated timeline will be communicated to the student in writing.

Licensing Examinations

The United States Medical Licensing Examination (USMLE) is a three-step examination for medical licensure in the United States. It is sponsored by the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME). The USMLE program supports medical licensing authorities and physicians in the United States through development, delivery, and continual improvement of high-quality assessments across the continuum of physicians’ preparation for practice.

The USMLE assesses an examinee’s ability to apply knowledge, concepts, and principles and to demonstrate fundamental patient-centered skills. These skills constitute the basis of safe and effective patient care. Healthcare consumers throughout the nation enjoy a high degree of confidence that doctors who have passed all three Steps of the USMLE have met a common standard.

Successful completion of the USMLE Step 1, Step 2 Clinical Knowledge (CK), and Step
Clinical Skills (CS) examinations are requirements for graduation from the school of medicine.

**USMLE Step 1**

Students must take the USMLE Step 1 by September of Year 2 (Phase 2). It is strongly recommended that students pass USMLE Step 1 prior to progress to Year 3 (Phase 3). If students receive notification that they did not pass USMLE Step 1 during clinical experience, they may be allowed to complete their current didactic or clinical experience. After one unsuccessful attempt, a remediation plan must be developed. After three unsuccessful attempts to pass any one Step exam, students will be considered for dismissal.

**USMLE Step 2 (CK and CS)**

Students must take the USMLE Step 2 (CK and CS) by July of Year 3 (Phase 3). After one unsuccessful attempt, a remediation plan must be developed. After three unsuccessful attempts to pass any one Step exam, students will be considered for dismissal.

**Standards for Promotion and Graduation**

Each student’s progress towards achievement of the Kaiser Permanente Bernard J. Tyson School of Medicine’s educational goals is evaluated through both formative and summative assessments. A comprehensive evaluation of each student's performance will be conducted at the conclusion of each curricular phase.

Criteria for promotion, advancement, and graduation will include adherence to the Student Code of Conduct; passage of all didactic and clinical courses, required and elective, in each curricular phase; institution-specific, cross-curricular examinations; USMLE Step 1, Step 2CK, and Step 2 CS licensure examinations; and achievement of each of the school of medicine educational program outcomes or its developmentally appropriate milestone determined through a synthesis of learning data across courses and clerkships; and adherence to the standards of professionalism as described in the school of medicine’s competencies.

Evaluation of student performance and approval for academic promotion will be determined by the Student Progress and Promotion (SPP) Committee.

**Promotional Decisions**

**Competency Committee**

The Competency Committee is an advisory committee to the SPP Committee, consisting of at least 12 faculty members, charged with making determinations of attainment of the school of medicine’s Educational Program Outcomes (EPO) to inform the promotional and graduation decisions of the SPP Committee. Members of this committee will undergo unconscious bias training as well as in-depth reviewer training sponsored by the Office of Assessment and Evaluation on programmatic and holistic assessment, the school of medicine’s Educational Program Outcomes and milestones,
the sources and types of assessment data produced within the curriculum, and the categories of possible decisions. The Competency Committee meets and makes its determinations two weeks before the promotional meeting of the SPP Committee. In preparation for the meeting of the Competency Committee, the portfolio of each student is independently reviewed by two members of the Competency Committee, who decide based on holistic review of all relevant and available evidence whether the student has attained the appropriate milestone for each outcome. Holistic review shall integrate both narrative and quantitative data and consider the following in arriving at a final determination: the amount and specificity of data, multiplicity of data sources, the experience and training of raters, and the trajectory of learning over time. For each EPO, the reviewer will assign one of the following ratings:

1. Progressing at advanced level toward competence (1): The evidence indicates that the student has attained a more advanced milestone than expected for their level of training.

2. Progressing toward competence (2): The evidence indicates that the student has attained the expected milestone for their level of training.

3. Progressing toward competence with concern (3): The evidence indicates that the student has attained most but not all elements of the expected milestone for their level of training. The student is capable of and responsible for collaborating with their REACH coach and/or other individuals to develop an individual learning plan to fully meet the expected milestone.

4. Insufficient progress towards competence (4): The evidence indicates that the student has made insufficient progress and will require a structured and monitored remediation plan requiring involvement from individuals in addition to their coach that must be successfully completed with return to expected progression.

Where both reviewers agree that the portfolio supports a 1 or 2 rating, that decision stands without further discussion. Where one or both reviewers assign either a 3 or 4 rating, the reviewers will meet to further discuss. If their final determination is a 1 or 2, that decision will be noted with an explanation of the discrepancy and the basis for the final determination and stand without further discussion.

The full Competency Committee will review all ratings of 3 or 4 that, after discussion within the reviewer pair, remain as 3 or 4. The Competency Committee will also provide recommendations for the focus of the individualized learning plan or the components of the structured remediation plan. In situations where the Competency Committee cannot reconcile rating discrepancies, the determination shall be left to the SPP Committee.

All ratings and recommendations will then be communicated to the SPP Committee. As part of the promotional decision-making process, the SPP Committee will be responsible for affirming recommendations for individualized learning plans or
structured remediation plans, set the expectations and timelines for these plans, and monitor for appropriate completion.

**Student Progress and Promotion (SPP) Committee**

The SPP Committee reviews and monitors the development and performance of each school of medicine student on an on-going and as-needed basis. The SPP Committee considers the determinations of the Competency Committee, findings from the LEAP Committee, as well as data on grades, licensure examinations, and promotional examinations provided by the Office of Assessment and Evaluation. Its promotional decisions derive from evaluation of the fulfillment of the technical standards, the attainment of Educational Program Outcomes and milestones, adherence to standards of professionalism and conduct, as well as course grades, licensure and dedicated promotional examinations.

The SPP Committee assigns one of four decisions:

1. **Promotion:** The student moves into the next phase of training with usual supervision and expectations.
2. **Promotion with concern:** The student moves into the next phase of training with remediation plans and/or supervision beyond that usually provided at their level of training.
3. **Promotion withheld:** The student does not move into the next phase of training and must repeat specific courses or entire curricular phases.
4. **Dismissal:** Student’s enrollment in the Doctor of Medicine (MD) program is terminated.

Students who have met or exceeded the milestones for each EPO, who have no record of behavior resulting in a corrective response from the Learning Environment and Professionalism (LEAP) Committee, who continue to meet the technical standards, and who have at least passed all clinical and didactic courses, licensure examinations and promotional examinations will be automatically promoted. All other students will be individually reviewed by the SPP Committee.

**Decisions Affecting Advancement in the Curriculum Outside of Scheduled Promotional Decisions**

The SPP Committee may conduct “as-needed reviews” at any time when information on student performance within the curriculum reasonably suggests or demonstrates the need for academic remediation or disciplinary action. The Office of Assessment and Evaluation will bring to the attention of the SPP Committee all students who have received grades according to the patterns identified below.

Matters related to adherence to the standards of professionalism and student conduct are first heard by the LEAP Committee, which will determine the need for as-needed review by the SPP Committee.
As-needed SPP Committee review of individual student performance will be triggered in the following circumstances:

- Failure to meet the criteria for passing a course within the specified time frame after a grade of Conditional Pass
- Two Conditional Pass grades in the same academic year
- A single Fail grade
- Failure to meet the criteria within the specified time frame for remediation of a determination of Promotion with Concern

**Probation**

The SPP Committee will strongly consider placing a student on probation when they meet the following criteria:

1. A minimum of two Conditional Pass grades in the same academic year
2. A minimum of one Fail grade, including a licensing exam failure
3. One finding of Promotion with Concern

Students will be removed from probation when they have satisfactorily remediated the grade or promotion finding and also have achieved one additional semester beyond the remediation time frame with no additional academic difficulties.

Students will be required to remediate all required clinical and didactic courses prior to taking the Step 1 licensing exam.

**Repeat**

The SPP Committee will strongly consider requiring the student to repeat the academic semester or year when they:

- Fail two Integrated Sciences courses in Phase 1 or Phase 2
- Fail one or more REACH courses in Phase 1 or Phase 2
- Fail one clerkship in Phase 1 or Phase 2
- Fail to remediate a failed IS course in a timely fashion in Phase 1 or Phase 2
- Earn a Conditional Pass in three Integrated Sciences courses in Phase 1 or Phase 2
Fail two courses in Year 3 or fail two courses in Year 4

Fail one sub-internship or required advanced clinical course

Fail to meet the criteria within a specified time frame for remediation of a determination of Promotion with Concern

**Dismissal**

The SPP Committee will strongly consider dismissal when a student:

- Fails three Integrated Sciences courses in the first two years of the curriculum
- Fails two clerkships in the first two years of the curriculum
- Fails a course that they have previously failed
- Fails to meet the criteria within a specified time frame for remediation of a determination of Promotion with Concern two times
- Fails the same licensing exam three times

The SPP Committee will also strongly consider requiring the student to repeat the academic semester or year and/or dismissing the student when recommended as a sanction by the LEAP Committee.

**Graduation Requirements**

To qualify for graduation, by the time of the final SPP Committee review, students must meet graduation level milestones for each Educational Program Outcome, demonstrate continued adherence to the technical standards and Student Code of Conduct, earned at least a grade of Pass in all didactic and clinical courses, pass the USMLE Step 1, Step 2 CK, and Step 2 CS examinations. If at any time it is determined to be impossible for a student to complete these requirements for reasons other than an approved leave of absence, the student will be suspended pending dismissal.
Curriculum

Phase 1, Year 1

Required credit hours: 34
Phase 2, Year 2

Required credit hours: 38
Phase 3, Years 3 and 4

Required credit hours: 49
Total Required Credit Hours for Graduation: 121
Course Descriptions

Phase 1, Year 1

EIE 100, Early Immersive Experience (3.0 credit hours)
Students will be oriented to the school of medicine as well as introduced to the integrated sciences curriculum, including biomedical science, health systems science, and clinical science. In addition, students will begin to develop skills in meta-cognition and team-building, and begin their professional identity formation, including acquiring early clinical skills. Students will have their first Longitudinal Integrated Clerkship (LIC) visit as well as their first service-learning visit. Grading scale: P/CP/F.

IS 110, Integrated Sciences 1: Fundamentals (5.0 credit hours)
Students will gain fundamental knowledge and acquire skills relevant to the biomedical, clinical, and health systems sciences. In the service-learning component, students will learn to collaborate with community partners to help address community needs at the service-learning site. Grading scale: P/CP/F.

IS 120, Integrated Sciences 2: Gastrointestinal, Endocrinologic, Metabolic, Genitourinary, Reproduction (5.0 credit hours)
Students will gain knowledge and acquire skills relevant to the biomedical, clinical, and health systems sciences in the following organ systems and areas: gastrointestinal, endocrinologic, metabolic, genitourinary, and reproductive. In the service-learning component, students will learn to collaborate with community partners to help address community needs at the service-learning site. Grading scale: P/CP/F.

IS 130, Integrated Sciences 3: Cardiovascular, Pulmonary, Renal (5.0 credit hours)
Students will gain knowledge and acquire skills relevant to the biomedical, clinical, and health systems sciences in the following organ systems: cardiovascular, pulmonary, and renal. In the service-learning component, students will learn to collaborate with community partners to help address community needs at the service-learning site. Grading scale: P/CP/F.

IS 140, Integrated Sciences 4: Hematology, Immunology, Infectious Disease (4.5 credit hours)
Students will gain knowledge and acquire skills relevant to the biomedical, clinical, and health systems sciences in the following areas: hematology, immunology, and infectious disease. In the service-learning component, students will learn to collaborate with community partners to help address community needs at the service-learning site. Grading scale: P/CP/F.

IS 150, Integrated Sciences 5: Musculoskeletal, Dermatologic, Brain, Behavior (5.0 credit hours)
Students will gain knowledge and acquire skills relevant to the biomedical, clinical, and health systems sciences in the following organ systems and areas: musculoskeletal, dermatologic, brain, and behavior. In the service-learning component, students will learn
to collaborate with community partners to help address community needs at the service-
learning site. Grading scale: P/CP/F.

LIC 101A, Longitudinal Integrated Clerkship 1A: Family Medicine/Internal Medicine (1.5 credit hours)
Students will learn core skills by following panels of patients over time, while maintaining one-on-one relationships with a preceptor. Students will observe patients through the entire care continuum, including diagnosis, treatment, and follow-up. Students will also apply health systems science concepts through experiential activities at the clinical site. Grading scale: P/CP/F.

LIC 101B, Longitudinal Integrated Clerkship 1B: Family Medicine/Internal Medicine (1.5 credit hours)
Continuation of LIC 101A. Grading scale: P/CP/F.

REACH 101A, Reflection, Education, Assessment, Coaching, Health, and Well-Being 1A (1.5 credit hours)
Students will reflect on their academic portfolio with their physician-coaches, identify strengths and gaps, set personal and professional goals assessing their progress over time, focus on professional identity formation, and learn techniques to maintain their well-being and strengthen their resilience skills. Grading scale: P/CP/F.

REACH 101B, Reflection, Education, Assessment, Coaching, Health, and Well-Being 1B (2.0 credit hours)
Continuation of REACH 101A. Grading scale: P/CP/F.

**Phase 2, Year 2**

IS 200, Board Preparation (Step 1) Elective (0.5 credit hour)
Students will integrate and apply their knowledge across the first two years of curriculum towards mastery of content tested on the United States Medical Licensing Exam (USMLE) Step 1 Exam. Grading scale: P/CP/F.

IS 210, Integrated Sciences 6: Fundamentals (3.0 credit hours)
Students will expand their fundamental knowledge and gain additional skills relevant to the biomedical, clinical, and health systems sciences. Continuation of IS 110. Grading scale: P/CP/F.

IS 220, Integrated Sciences 7: Gastrointestinal, Endocrinologic, Metabolic, Genitourinary, Reproduction (3.0 credit hours)
Students will expand their fundamental knowledge and gain additional skills relevant to the biomedical, clinical, and health systems sciences in the following organ systems and areas: gastrointestinal, endocrinologic, metabolic, genitourinary, and reproductive. Continuation of IS 120. Grading scale: P/CP/F.
IS 230, Integrated Sciences 8: Cardiovascular, Pulmonary, Renal (3.0 credit hours)
Students will expand their fundamental knowledge and gain additional skills relevant to the biomedical, clinical, and health systems sciences in the following organ systems: cardiovascular, pulmonary, and renal. Continuation of IS 130. Grading scale: P/CP/F.

IS 240, Integrated Sciences 9: Hematology, Immunology, Infectious Disease (3.0 credit hours)
Students will expand their fundamental knowledge and gain additional skills relevant to the biomedical, clinical, and health systems sciences in the following areas: hematology, immunology, and infectious disease. Continuation of IS 140. Grading scale: P/CP/F.

IS 250, Integrated Sciences 10: Musculoskeletal, Dermatologic, Brain, Behavior (3.0 credit hours)
Students will expand their fundamental knowledge and gain additional skills relevant to the biomedical, clinical, and health systems sciences in the following organ systems and areas: musculoskeletal, dermatologic, brain, and behavior. Continuation of IS 150. Grading scale: P/CP/F.

LIC 210, Longitudinal Integrated Core Clerkship: Family Medicine/Internal Medicine (4.0 credit hours)
This course provides supervised clinical education in family medicine/internal medicine, including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and interprofessional communication. Grading scale: H/P/F.

LIC 220, Longitudinal Integrated Core Clerkship: Obstetrics/Gynecology (4.0 credit hours)
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 interprofessional communication. Grading scale: H/P/F.

LIC 230, Longitudinal Integrated Core Clerkship: Pediatrics (4.0 credit hours)
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 interprofessional communication. Grading scale: H/P/F.

LIC 240, Longitudinal Integrated Core19. Clerkship: Surgery (4.0 credit hours)
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 interprofessional communication. Grading scale: H/P/F.
LIC 250, Longitudinal Integrated Core Clerkship: Psychiatry (1.5 credit hours)
This course provides supervised clinical education in psychiatry, including clinical management, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and interprofessional communication. Grading scale: H/P/F.

LIC 260, Emergency Medicine Core Clerkship (2.0 credit hours)
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 interprofessional communication. Grading scale: H/P/F.

REACH 201A, Reflection, Education, Assessment, Coaching, Health, and Well-Being 2A (1.5 credit hours)
Students will reflect on their academic portfolio with their physician-coaches, identify strengths and gaps, set personal and professional goals assessing their progress over time, focus on professional identity formation, and learn techniques to maintain their well-being and strengthen their resilience skills. Grading scale: P/CP/F.

REACH 201B, Reflection, Education, Assessment, Coaching, Health, and Well-Being 2B (2.0 credit hours)
Continuation of REACH 201A. Grading scale: P/CP/F.

Phase 3, Years 3 and 4

CS 300, Sub-Internship, Internal Medicine (6.5 credit hours)
This course is an opportunity for students to function as an integral member of the internal medicine inpatient team with responsibilities commensurate of a first-year resident (intern). Grading scale: H/P/F.

CS 310, Sub-Internship (6.5 credit hours)
This course is an opportunity for students to function as an integral member of the inpatient team with responsibilities commensurate of a first-year resident (intern) in a medical specialty of their choice. Grading scale: H/P/F.

CS 330, Under-Resourced Clinical Rotation (5.0 credit hours)
This course is an opportunity for students to learn and provide clinical care in an under-resourced setting. Grading scale: H/P/F.

CS 340, Academic Medical Center Rotation (6.5 credit hours)
This course is an opportunity for students to learn and provide clinical care in an academic medical center setting. Grading scale: H/P/F.

CS 350, Advanced Clinical Rotation (6.5 credit hours)
This course is an opportunity for students to learn and apply advanced clinical skills in a medical specialty of their choice. Grading scale: H/P/F.
CS 400, Residency Immersive (2.5 credit hours)
This course provides students the opportunity for concentrated practice of the skills required of their selected specialty, preparing them to confidently provide safe, excellent patient care on day one of residency. Grading scale: H/P/F.

HSS 300, Elective I (1.5 credit hours)
Students will advance their knowledge and skills in health systems science. Grading scale: P/F.

HSS 350, Elective II (1.5 credit hours)
Students will advance their knowledge and skills in health systems science. Grading scale: P/F.

HSS 400, Scholarly Project (1.5 credit hours)
Students will have the opportunity to meaningfully explore an area of individual interest as they complete a scholarly project under the close guidance of a faculty member. Grading scale: P/F.

IS 300, Board Preparation (Step 2) Elective (0.5 credit hour)
This course will provide an opportunity for students to integrate and apply their knowledge across the first two to three years of the curriculum towards mastery of clinical content tested on the United States Medical Licensing Exam (USMLE) Step 2 Clinical Knowledge (CK) and Clinical Skills (CS) Exams. Grading scale: P/F.

IS 310A, Integrated Sciences 11A (1.0 credit hour)
Students will analyze cases, hone clinical skills, and learn advanced biomedical, clinical, and health systems science content relevant to both the USMLE Step 2 Exam and becoming an excellent physician. Grading scale: P/CP/F.

IS 310B, Integrated Sciences 11B (1.0 credit hour)
Continuation of IS 310A. Grading scale: P/CP/F.

IS 410A, Integrated Sciences 12A (1.0 credit hour)
Students will analyze cases, hone clinical skills, and learn advanced biomedical, clinical, and health systems science content relevant to both the USMLE Step 2 Exam and becoming an excellent physician. Grading scale: P/CP/F.

IS 410B, Integrated Sciences 12B (1.0 credit hour)
Continuation of IS 410A. Grading scale: P/CP/F.

REACH 301A, Reflection, Education, Assessment, Coaching, Health, and Well-Being 3A (1.5 credit hours)
Students will reflect on their academic portfolio with their physician-coaches, identify strengths and gaps, set personal and professional goals assessing their progress over time, focus on professional identity formation, and learn techniques to maintain their well-being and strengthen their resilience skills. Grading scale: P/CP/F.
REACH 301B, Reflection, Education, Assessment, Coaching, Health, and Well-Being 3B (2.0 credit hours)
Continuation of REACH 301A. Grading scale: P/CP/F.

REACH 401A, Reflection, Education, Assessment, Coaching, Health, and Well-Being 4A (1.5 credit hours)
Students will reflect on their academic portfolio with their physician-coaches, identify strengths and gaps, set personal and professional goals assessing their progress over time, focus on professional identity formation, and learn techniques to maintain their resilience skills. Grading scale: P/CP/F.

REACH 401B, Reflection, Education, Assessment, Coaching, Health, and Well-Being 4B (2.0 credit hours)
Continuation of REACH 401A. Grading scale: P/CP/F.
Board of Directors

Additional information on the Kaiser Permanente Bernard J. Tyson School of Medicine Board of Directors can be found at: medschool.kp.org/about/board-of-directors

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Founding Dean and CEO
Kaiser Permanente Bernard J. Tyson School of Medicine

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Executive Vice President for Institutional Advancement, University of Texas Southwestern Medical Center; Former Chief Diversity Officer, Association of American Medical Colleges

Carol Raphael
Senior Advisor, Manatt Health Solutions
Gilbert Salinas, MPA
Chief Clinical Officer, Rancho Los Amigos National Rehabilitation Center

Anne Wojcicki
Cofounder, 23andMe

Maria S. Salinas
President and CEO, Los Angeles Chamber of Commerce; former financial consultant

Administration

Additional information regarding the Kaiser Permanente Bernard J. Tyson School of Medicine’s leadership team can be found at: medschool.kp.org/about/leadership.

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Founding Dean and CEO

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Associate Dean for Assessment and Evaluation

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Senior Vice President for Administration and Finance

Marc Klau, MD, MBA
Associate Dean for Clinical Integration

Heidi Kato, MPA
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Walter D. Conwell, MD, MBA
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Elizabeth McGlynn, PhD
Interim Senior Associate Dean for Research and Scholarship

Paul Chung, MD, MS
Chair of Health Systems Science

Lindia J. Willies-Jacob, MD
Associate Dean for Admissions

Michael Kanter, MD
Chair of Clinical Science
Faculty

Faculty listed below were employed as of the publication of this catalog. Faculty profiles for all current Kaiser Permanente Bernard J. Tyson School of Medicine faculty can be viewed at: medschool.kp.org/faculty/members.

Biomedical Science

Dolgor Baatar, Professor. MD, First Moscow Medical University; PhD, Oita University Graduate School of Medicine

José M. Barral, Professor. MD, Escuela de Medicina Ignacio A. Santos, Instituto Tecnológico y de Estudios Superiores de Monterrey (ITESM); PhD, Baylor College of Medicine

Adrienne P. Bratcher, Assistant Professor. BS, Tennessee State University; MS, University of Louisville; PhD, University of Louisville

Stephen Garrett, Associate Professor. BS, University of Western Ontario; PhD, Johns Hopkins University

Ryan S. Lee, Assistant Professor. BA, Washington University; PhD, Harvard University

Wilfredo López-Ojeda, Associate Professor. BSRT, University of Puerto Rico, San Juan; MS, University of Puerto Rico School of Medicine; PhD, Clayton College

Suzanne Porszasz-Reisz, Associate Professor. MS, Jozsef Attila University; MSCR, National Institutes of Health, Charles R. Drew University of Medicine and Science; PhD, Jozsef Attila University; PhD, National Academic of Sciences

Saumya M. Sankaran, Assistant Professor. BA, Brandeis University; MS, Brandeis University; PhD, Stanford University

Clinical Science

Sumam M. Abraham, Lecturer. BA, University of Washington; MMBS, Kasturba Medical College

José Avalos, Instructor. BA, University of California, Berkeley; MD, University of California, Los Angeles School of Medicine

Aaron L. Berkowitz, Professor. MD, Johns Hopkins University School of Medicine; PhD, Harvard University

Bruce D. Blumberg, Professor. BA, Dartmouth College; MD, Yale School of Medicine

Brian Patrick Bost, Instructor. BS, University of Colorado at Denver; MB, BCh, BAO, LRCP&SI, The Royal College of Surgeons in Ireland; MPH, University of Massachusetts
David E. Bronstein, Assistant Professor. BA, University of California, San Diego; BS, University of California, San Diego; MS, University of California, Los Angeles; MD, University of California, San Diego School of Medicine

Uyioghosa Evelyn Brown, Instructor. BS, University of California, Los Angeles; MS, California State University, Los Angeles; MD, University of California, Los Angeles/Charles R. Drew University of Medicine and Science

Amber Burnette, Assistant Professor. BS, University of Arizona at Tucson; MD, University of Michigan Medical School

Resa R. Caivano, Instructor. BS, University of Massachusetts at Amherst; MD, Howard University College of Medicine

Maria Carrasco, Assistant Professor. BS, University of California, Irvine; BA, California State University, Fullerton; MD, University of California, Irvine School of Medicine; MPH, University of California, Los Angeles

Consuelo B. Casillas, Instructor. BA, University of California, Berkeley; MD, Harvard Medical School

Jason R. Castillo, Instructor. BS, University of California, Merced; MD, University of California, San Francisco School of Medicine

Chester Ho-Yin Chan, Instructor. BS, University of Washington; MST, Pace University; MD, University of Michigan Medical School

Kevin Chang, Instructor. BA, University of Southern California; MD, University of Washington School of Medicine

Neil Chawla, Assistant Professor. BA, University of Southern California; MD, University of Southern California

Shari G. Chevez, Instructor. BS, Arizona State University; MD, Stanford University School of Medicine

Stephanie Chu, Instructor. BS, Cornell University; MD, Weill Cornell Medical College

Andre M. Cipta, Assistant Professor. BS, University of California, Berkeley; MD, Loma Linda University

Walter D. Conwell, Assistant Professor. BS, Florida Agricultural and Mechanical University; MD, University of Chicago Pritzker School of Medicine; MBA, University of Colorado

Moises I. Cruz, Instructor. BA, Pomona College; MPH, University of California, Berkeley; MD, University of California, San Diego School of Medicine

Patricia L. De La Riva, Instructor. BS, California State University, Northridge; MD, University of California, Irvine School of Medicine
Rebecca M. Deans, Instructor. BS, Lake Superior State University; MD, Albany Medical College

Edward J. Durant, Assistant Professor. BA, University of California, Berkeley; MPH, University of California, Berkeley; MD, University of California, San Francisco School of Medicine

Anne Eacker, Associate Professor. BA, Whitman College; MD, University of Washington School of Medicine

Ali Ghobadi, Assistant Professor. MD, University of California, San Diego School of Medicine

Depthiman Gowda, Associate Professor. BA, University of North Carolina; MD, University of North Carolina School of Medicine; MPH, Harvard University; MS, Columbia University

Juan Guerra, Assistant Professor. BA, Pomona College; MD, University of Illinois College of Medicine

Rulin C. Hechter, Assistant Professor. MD, Suzhou Medical College; MS, Fudan University; PhD, University of California, Los Angeles

LaTanya R. Hines, Assistant Professor. BS, University of California, Los Angeles; MD, University of California, Irvine School of Medicine

Abbas Hyderi, Professor. BA, Harvard University; MD, University of Illinois College of Medicine at Chicago; MPH, Portland State University

Michael Kanter, Professor. BS, University of California, Los Angeles; MD, University of California, San Francisco School of Medicine

Marc Klau, Assistant Professor. BA, University of Rochester; MD, University of Connecticut School of Medicine; MBA, California State University, Fullerton

Anissa LaCount, Instructor. BS, Oakwood University; MD, Loma Linda University

Keith Emil Lewis, Assistant Professor. BA, University of California, Los Angeles; MD, University of California, San Diego School of Medicine

Jennifer A. Loh, Assistant Professor. BA, University of Pennsylvania; MD, George Washington University School of Medicine and Health Sciences

Gabriel E. López, Instructor. BS, University of California, Los Angeles; MD, University of California, Los Angeles School of Medicine

Carla Lupi, Professor. BA, Stanford University; MD, University of California, San Francisco School of Medicine
Lindsay Mazotti, Associate Professor. BA, Stanford University; MD, University of California, San Francisco School of Medicine

Philip Donat Mercado, Assistant Professor. BS, University of Wisconsin, Parkside; MD, University of Wisconsin School of Medicine and Public Health

Lisa M. Montes, Instructor. BS, University of California, Los Angeles; MD, University of California, San Diego School of Medicine

Nur-Ain Nadir, Associate Professor. BS, University of Toronto; MD, Chicago Medical School; MEHP, Johns Hopkins University

Sharon Okonkwo-Holmes, Instructor. BS, University of California, San Diego; MD, University of California, Los Angeles/Charles R. Drew University of Medicine and Science

Amanda Perez, Instructor. BA, University of California, Berkeley; MD, University of California, Los Angeles School of Medicine

Aide Perez-Soto, Instructor. BS, University of California, Los Angeles; MD, University of Illinois College of Medicine

Emile C. Pinera, Instructor. BS, University of California, Irvine; MD, St. George’s University

Michelle S. Quiogue, Assistant Professor. BA, Brown University; MD, Warren Alpert Medical School of Brown University

Sudhir S. Rajan, Assistant Professor. BA, University of California, Berkeley; MD, Ross University School of Medicine

Shelby Resnick, Assistant Professor. BS, University of California, Santa Barbara; MD, Keck School of Medicine of University of Southern California; MSEd, University of Pennsylvania

Hilary A. Roeder, Assistant Professor. BS, University of Michigan; MD, University of Michigan Medical School; MAS, University of California, San Diego

Danny L. Sam, Associate Professor. BS, University of Maryland at College Park; MD, Howard University College of Medicine

Morali D. Sharma, Associate Professor. MS, University of Baroda, India; MBBS, Baroda Medical College, India; MD, Baroda Medical College, India

May S. Shung, Instructor. BA, Cornell University; MD, University of California, Los Angeles School of Medicine

Rafael Silva, Instructor. BS, University of California, Santa Barbara; MD, University of California, Davis School of Medicine
Matthew A. Silver, Assistant Professor. BS, Binghamton University; MD, Albert Einstein College of Medicine

Nancy H. Spiegel, Lecturer. BA, Vassar College; MA, University of Rochester

Nathan D. Stuempfig, Assistant Professor. BS, University of California, San Diego; DO, Chicago College of Osteopathic Medicine

John K. Su, Assistant Professor. BA, University of California, Berkeley; MD, Boston University School of Medicine; MPH, Boston University

Tina Suneja, Assistant Professor. BLA/MD, University of Missouri, Kansas City School of Medicine

William J. Towner, Associate Professor. BS, University of California, Los Angeles; MS, University of California, Los Angeles; MD, Keck School of Medicine of University of Southern California

Christopher A.J. Webb, Associate Professor. BS, University of Wisconsin, Madison; MD, University of Wisconsin School of Medicine and Public Health

Edan Wernik, Instructor. BS, University of California, San Diego; MD, University of California, Irvine School of Medicine

Paul David Weyker, Associate Professor. BS, University of Wisconsin – Madison; MD, University of Wisconsin School of Medicine

Calvin Wheeler, Assistant Professor. BS Pharm, University of Michigan; MD, University of California, Irvine School of Medicine

Cicely W. White, Assistant Professor. BA, Texas A&M University; MD, University of Texas Medical Branch

Madalynne Wilkes-Grundy, Instructor. BS, University of California, Irvine; MD, Keck School of Medicine of University of Southern California

La Shawna Clark Williams, Instructor. BA, Ottawa University; MD, University of Illinois College of Medicine

Lindia J. Willies-Jacobo, Professor. BA, University of California, San Diego; MD, University of California, San Diego School of Medicine

Juan-Carlos Zuberbuhler, Assistant Professor. BS, Andrews University; MD, Ponce Health Sciences University; MS, Lake Erie College of Osteopathic Medicine

**Health Systems Science**

John Lloyd Adams, Professor. BS, University of Minnesota; MS, University of Minnesota; PhD, University of Minnesota


Andrew S. Bradlyn, Professor. BA, Emory University; MA, University of Mississippi; PhD, University of Mississippi

Isabel L. Chen, Instructor. BA, Yale College; MPH, Yale University; MD, University of British Columbia Faculty of Medicine

Paul Chung, Professor. BA, Harvard University; MD, Harvard Medical School; MS, University of Chicago

Maureen T. Connelly, Professor. BA, Yale College; MD, Cornell University Medical College; MPH, Harvard School of Public Health

Francis J. Crosson, Senior Lecturer. BA, Georgetown University; MD, Georgetown University School of Medicine

James DeFontes III, Lecturer. BS, University of Texas, Austin; MD, University of Texas Southwestern Medical School

Michael K. Gould, Professor. BA, Cornell University; MS, Stanford University; MD, State University of New York Health Science Center at Syracuse

Erin E. Hahn, Associate Professor. BA, University of California at Santa Cruz; MPH, University of California, Los Angeles; PhD, University of California, Los Angeles

Michael A. Horberg, Professor. BA, Boston University; MD, Boston University School of Medicine; MAS, University of California, San Francisco

Steven J. Jacobsen, Professor. BS, University of Wisconsin, Whitewater; MS, Medical College of Wisconsin; PhD, University of Illinois at Chicago; MD, Medical College of Wisconsin

Jung G. Kim, Lecturer. BS, University of Washington; MPH, University of California, Berkeley; PhD, University of California, Berkeley

Eric B. Larson, Professor. BA, Stanford University; MD, Harvard Medical School; MPH, University of Washington

Tracy Lieu, Professor. BA, University of California, Los Angeles; MD, University of California, San Francisco School of Medicine; MPH, University of California, Berkeley

Elizabeth McGlynn, Professor. BA, The Colorado College; MPP, University of Michigan; PhD, Pardee RAND Graduate School

Quyen Ngo-Metzger, Professor. BA, Illinois Wesleyan University; MD, University of Chicago College of Medicine; MPH, Harvard School of Public Health

Huong Que Nguyen, Professor. BS, California State University, Long Beach; MS, University of California, San Francisco; PhD, University of California, San Francisco; MS, University of Washington, Seattle
Kristi Reynolds, Professor. BS, Boise State University; MPH, Tulane University; PhD, Tulane University

Nardine Saad Riegels, Associate Professor. BS, University of California, Los Angeles; MD, University of California, San Francisco School of Medicine

Craig W. Robbins, Associate Professor. BS, University of Michigan; MD, University of Michigan; MPH, University of Pittsburgh

Murray N. Ross, Senior Lecturer. BS, Arizona State University; MA, University of Maryland, College Park; PhD, University of Maryland, College Park

Lucy A. Savitz, Professor. BS/BA, University of Denver; MBA, University of Denver; PhD, University of North Carolina at Chapel Hill

Joanne E. Schottinger, Associate Professor. BA, Boston University; MD, Boston University

Mark A. Schuster, Professor. BA, Yale University; MD, Harvard Medical School; MPP, Harvard University; PhD, Pardee RAND Graduate School

Adam L. Sharp, Assistant Professor. BA, University of Utah; MD, University of Utah; MSc, University of Michigan Medical School

Claudia A. Steiner, Professor. BA, Creighton University; MD, University of Colorado School of Medicine; MPH, Johns Hopkins University

Anne T. Vo, Assistant Professor. BA, University of California, Los Angeles; MA, University of California, Los Angeles; PhD, University of California, Los Angeles

Anny Hui Xiang, Professor. BA, Shanghai University; MS, Shanghai University; MS, University of Southern California; PhD, University of Southern California

Deborah Rohm Young, Professor. BS, University of California, Los Angeles; MBS, Texas Christian University; PhD, University of Texas at Austin