Conditions of Accuracy
Kaiser Permanente Bernard J. Tyson School of Medicine (KPSOM) 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 2022-2023 academic year:

Phase 1, Year 1 (July 25, 2022 – June 23, 2023)
Phase 2, Year 2 (August 8, 2022 – August 4, 2023)
Phase 3, Year 3 (October 3, 2022 – October 1, 2023)

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

The Doctor of Medicine (MD) program at the Kaiser Permanente Bernard J. Tyson School of Medicine (KPSOM) 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.

Kaiser Permanente Bernard J. Tyson School of Medicine (KPSOM) 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, which resulted in reorganization under Chapter 11 of the United States Bankruptcy Code (11 U.S.C. § 1101).
# Contents

School of Medicine Calendar 2022-2023 ........................................................................ 1  
Class of 2026 (First-Year Students) ........................................................................... 1  
Class of 2025 (Second-Year Students) ....................................................................... 2  
Class of 2024 (Third-Year Students) ......................................................................... 3  
Mission, Vision, and Values ........................................................................................ 4  
  Mission ......................................................................................................................... 4  
  Vision ........................................................................................................................... 4  
  Values .......................................................................................................................... 4  
  Our Context ................................................................................................................. 5  
Background and History ............................................................................................ 5  
  History of Kaiser Permanente ...................................................................................... 5  
  History of Kaiser Permanente Bernard J. Tyson School of Medicine ....................... 6  
Accreditation and Regulatory Approvals ................................................................... 8  
  California Bureau for Private Postsecondary Education ........................................... 8  
    Notice to Prospective Degree Program Students .................................................... 8  
    Questions .................................................................................................................. 8  
    Complaints .............................................................................................................. 8  
  Institutional Accreditation Status of the WASC Senior College and University  
  Commission (WSCUC) .............................................................................................. 9  
  Status of Programmatic Accreditation by the Liaison Committee on Medical Education (LCME) ................................................................. 9  
Instructional Facilities ............................................................................................... 10  
  Primary Campus ....................................................................................................... 10  
    Library .................................................................................................................... 10  
    Simulation Center and Clinical Skills/Standardized Patient Area ............................ 11  
    Anatomy Resource Center (ARC) ........................................................................ 12  
  Clinical Training Sites ............................................................................................... 12  
    Longitudinal Integrated Clerkships ........................................................................ 12  
    Other Clinical Experiences ..................................................................................... 13  
Security, Student Safety, and Disaster Preparedness ................................................. 14  
  Disaster Preparedness Training ................................................................................ 14  
  Emergency Notification System ............................................................................... 14
Security Notices .......................................................................................................................... 15
General Policies ........................................................................................................................ 16
Compliance ................................................................................................................................ 16
  Internal Reporting of Ethics and Compliance Concerns .................................................. 16
  Non-Retaliation ............................................................................................................... 16
Information Technology .............................................................................................................. 16
  Acceptable Use ............................................................................................................. 16
  Computer Viruses and Malware ................................................................................ 16
  Electronic Asset Usage ................................................................................................ 17
  Information Security Governance and Organization .................................................. 17
  Mobile Device Access to Campus Networks .......................................................... 17
  User Access Management .......................................................................................... 17
Learning Environment .............................................................................................................. 17
  Academic Freedom .................................................................................................... 17
  Equity, Inclusion, and Diversity ............................................................................... 18
  Non-Discrimination, Harassment-Free Environment, and Non-Retaliation ............ 18
  Positive Learning Environment and Student Mistreatment ...................................... 18
  Prohibition of Firearms ............................................................................................. 19
  Restricted Relationships ........................................................................................... 19
  Service Animals ........................................................................................................ 19
  Smoke and Tobacco-Free Campus .......................................................................... 19
  Student Code of Conduct ......................................................................................... 19
  Student Grievances .................................................................................................. 20
  Prohibition of Sexual Misconduct, Sex Discrimination, Sexual Harassment, and
  Retaliation ................................................................................................................ 20
  Threats and Violence in the Workplace: Prevention and Management .................... 20
Student Services ......................................................................................................................... 21
  Office of Student Affairs .......................................................................................... 21
  Academic Support and Advising ............................................................................ 21
  Career Advising and Development ....................................................................... 22
  Disability Access ....................................................................................................... 23
  Health and Well-Being .............................................................................................. 23
  Immunization Requirements ...................................................................................... 23
Faculty........................................................................................................................................... 163
Biomedical Science...................................................................................................................... 163
Clinical Science......................................................................................................................... 164
Health Systems Science .......................................................................................................... 207
Post-Publication Catalog Modifications .................................................................................. 215
    July 22, 2022 ....................................................................................................................... 215
# School of Medicine Calendar 2022-2023

## Class of 2026 (First-Year Students)

### Fall 2022 Semester

- July 24, 2022: Incoming student welcome event
- July 25, 2022: Fall semester begins
- August 1, 2022: Cancellation deadline
- September 5, 2022: Labor Day holiday (no classes)
- September 9, 2022: White Coat Ceremony
- November 23-25, 2022: Fall break (no classes)
- December 9, 2022: Fall semester ends

### Spring 2023 Semester

- December 12, 2022: Spring semester begins
- December 19, 2022 – January 2, 2023: Winter break (no classes)
- January 3, 2023: Spring semester resumes
- January 16, 2023: Martin Luther King Jr. Day (no classes)
- April 24-28, 2023: Spring break
- May 1, 2023: Spring classes resume
- May 29, 2023: Memorial Day (no classes)
- June 23, 2023: Spring semester ends
- June 26, 2023 – August 4, 2023: Summer break (no classes)
# Class of 2025 (Second-Year Students)

## Fall 2022 Semester

- **August 8, 2022**: Fall semester begins
- **September 5, 2022**: Labor Day holiday (no classes)
- **November 23-25, 2022**: Fall break (no classes)
- **December 19, 2022 – January 2, 2023**: Winter break (no classes)
- **January 3, 2023**: Fall semester resumes
- **January 16, 2023**: Martin Luther King Jr. Day (no classes)
- **February 10, 2023**: Fall semester ends

## Spring 2023 Semester

- **February 13, 2023**: Spring semester begins
- **April 24-28, 2023**: Spring break
- **May 1, 2023**: Spring classes resume
- **May 29, 2023**: Memorial Day (no classes)
- **July 3, 2023**: Independence Day (no classes)
- **August 4, 2023**: Spring semester ends
- **August 8, 2023 – September 16, 2023**: Step 1 Board Prep (no classes)
- **September 19-30, 2023**: Vacation (no classes)
# Class of 2024 (Third-Year Students)

## Fall 2022 Semester

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 3, 2022</td>
<td>Fall semester begins</td>
</tr>
<tr>
<td>November 23-25, 2022</td>
<td>Fall break (no classes)</td>
</tr>
<tr>
<td>December 26, 2022, to January 6, 2023</td>
<td>Winter break (no classes)</td>
</tr>
<tr>
<td>January 9, 2023</td>
<td>Fall semester resumes</td>
</tr>
<tr>
<td>January 16, 2023</td>
<td>Martin Luther King Jr. Day (no classes)</td>
</tr>
<tr>
<td>April 7, 2023</td>
<td>Fall semester ends</td>
</tr>
</tbody>
</table>

## Spring 2023 Semester

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 10, 2023</td>
<td>Spring semester begins</td>
</tr>
<tr>
<td>May 29, 2023</td>
<td>Memorial Day (no classes)</td>
</tr>
<tr>
<td>July 3, 2023</td>
<td>Independence Day (no classes)</td>
</tr>
<tr>
<td>September 4, 2023</td>
<td>Labor Day (no classes)</td>
</tr>
<tr>
<td>September 27, 2023</td>
<td>Spring semester ends</td>
</tr>
</tbody>
</table>
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
Our 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.

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 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 (KPSOM) 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 the 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 inaugural class of 50 medical students began their studies on July 27, 2020.

The school of medicine leverages 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 the school is embedded in the Kaiser Permanente Medical Care Program, an integrated model of care and financing focused on the total health of populations. Students 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

Notice to Prospective Degree Program Students

The Kaiser Permanente Bernard J. Tyson School of Medicine is a private institution provisionally approved to operate by the California Bureau for Private Postsecondary Education (BPPE). Provisional approval to operate means the institution is compliant with the minimum standards contained in the California Private Postsecondary Education Act of 2009 (as amended) and Division 7.5 of Title 5 of the California Code of Regulations.

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 June 30, 2023, and full accreditation by June 30, 2026.

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.

Please note that a degree program that is unaccredited or a degree from an unaccredited institution is not recognized for some employment positions, including, but not limited to, positions within the State of California.

Questions

Any questions a student may have regarding this catalog that the institution has not satisfactorily answered 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 has been recognized as a Candidate for Accreditation by WASC Senior College and University Commission (WSCUC). This status is a preliminary affiliation with the Commission awarded for a maximum period of five years. Candidacy is an indication that the institution is progressing towards Accreditation. Candidacy is not Accreditation and does not ensure eventual Accreditation.

WSCASC Senior College and University Commission (WSCUC)
1001 Marina Village Parkway, Suite 402
Alameda CA 94501
Phone: 510-748-9001
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 critical medical school administrative services.

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

Library

Located in the Medical Education Building, KPSOM’s Library provides access to electronic and print books and journals, online databases, and clinical information sources. The school offers online access to resources through a web-based tool called KPSOM 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, and over 9,000 subscribed and open-access online books, and a wealth of other resources.

Library Hours

The librarian will be available either in-person or remotely during the following hours: Monday through Friday, from 10 am to 7 pm. In addition, the librarian will offer additional hours as needed during high-demand times, such as exams.

Library Services

The librarian delivers an annual orientation for students and faculty, providing an overview of services, resources, and information literacy. The librarian will present updates on new services and resources to students and faculty throughout the year. 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.

School of medicine library resources 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 library.

The school of medicine library participates in multiple document delivery systems,
including DOCLINE, the National Library of Medicine’s automated interlibrary loan (ILL) request, routing, and referral system, and Get It Now, a document retrieval service from the Copyright Clearance Center. 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, emphasizing 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 as an ex-officio member of the Curriculum and Educational Policy (CEP) Committee. The librarian also collaborates with the Office of Research and Scholarship to support the students' required Scholarly Projects.

Simulation Center and Clinical Skills/Standardized Patient Area

The Simulation Center, located on the first floor of the Medical Education Building, allows students to practice the foundational skills required to care for patients fully. Students will learn multiple real-world skills in the 8,800 square-foot simulation center, including a 6,337 square-foot Clinical Skills/Standardized Patient Area. Skills practiced in the Simulation Center include:

- Patient interviewing and advanced communication skills with actors trained as standardized patients (SPs)
- Physical examination with actors trained as physical examination teaching associates (PETAs), SPs, and anatomical models
- Documentation, note-taking, and ordering and review of 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 simulated hospital 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 also supports additional state-of-the-art medical equipment for physician training, including ultrasound machines. The Clinical Skills/Standardized Patient Area and Simulation Center are modeled after the template design of clinical spaces in Kaiser Permanente medical centers allowing students to train in environments that
closely resemble their primary 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 anatomical sciences: surface, regional, and cross-sectional anatomy and 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.

LICs 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 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](https://www.google.com/maps). Associated medical office addresses are not listed below.

**Primary Clinical Training Sites:**

Downey Medical Center  
9333 Imperial Highway  
Downey, CA 90242  
Panorama City Medical Center  
13651 Willard St.  
Panorama City, CA 91402

Fontana Medical Center  
9961 Sierra Ave.  
Fontana, CA 92335  
South Bay Medical Center  
25825 S. Vermont Ave.  
Harbor City, CA 90710

Los Angeles Medical Center  
4867 W. Sunset Blvd.  
Los Angeles, CA 90027  
West Los Angeles Medical Center  
6041 Cadillac Ave.  
Los Angeles, CA 90034

**FIGURE 1 - PRIMARY CLINICAL TRAINING SITES**

Other Clinical Experiences

Students in Phase 3 of the curriculum (years three and four) will be able to work in select additional medical centers within the Kaiser Permanente system and 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 a 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, seven days a week. The guard will have secure video access to all security cameras, conduct regular walk-throughs of the building, and be available to escort students to their cars upon request.

The campus security system includes emergency call boxes on pedestrian walkways and parking lots. KPSOM and KP require the display of student ID badges for entrance to all facilities. Students and employees may activate emergency call boxes to notify security dispatch and trigger immediate camera call-ups for situation assessment. KPSOM security monitors the alarms 24 hours a day, seven days a week, at the security dispatch center at Walnut Center Kaiser Facilities, approximately four blocks away, and utilizes a comprehensive Alert Notification Network for communication in an emergency. KPSOM video systems 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 regular business hours, the school locks all street entrances. Only select entries are accessible with a school of medicine identification badge. The card reader/identification badge system allows students access to all floors, including classrooms and student areas of the Medical Education Building. The campus is patrolled each night by certified security personnel.

Disaster Preparedness Training

All KPSOM students must complete active shooter and threat recognition and response training annually. These training sessions are available online via KP Learn. Also, the school periodically holds earthquake, fire, and other safety drills to ensure student awareness of the school of medicine safety and security policies and building evacuation procedures.

Emergency Notification System

The Registrar enrolls all students to receive emergency notifications from KPSOM’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 enables students to stay informed in an emergency by sending alerts via electronic devices (mobile phones, laptop computers, etc.) through text messaging, voicemail, and email.
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 KPSOM campus. The information provided empowers our students and employees to make decisions or take appropriate actions concerning their safety. Security notices are distributed throughout KPSOM to make community members aware of significant crimes that occur at the school. The school distributes this information via the KPSOM email system.
General Policies

Compliance

Internal Reporting of Ethics and Compliance Concerns

KPSOM is committed to a culture of ethics and compliance and acts on reported ethics and compliance concerns. KPSOM students and employees are required to report ethics and compliance concerns internally. As a student, to report a concern, you may contact a professor, any senior administrator, or the school’s Chief Compliance Officer. In addition, you may report openly or anonymously report any concerns with a call to 1-888-774-9100 or via reportlineweb.com/kp. To view the full content of this policy and instructions for reporting an ethics or compliance concern, please visit Internal Reporting of Ethics and Compliance Concerns.

Non-Retaliation

KPSOM is committed to creating and maintaining an environment where students are empowered to speak up and report ethics and compliance concerns. Retaliation or intimidation of any kind against individuals who, in good faith, report illegal, unethical, or otherwise inappropriate acts or who refuse to participate in wrongdoing is strictly prohibited. Furthermore, KPSOM does not permit retaliation against students, employees, members, patients, physicians, or any other person or entity for reporting ethics issues or suspected violations of laws and regulatory requirements. To view the full content of this policy, please visit Non-Retaliation.

Information Technology

Acceptable Use

Technology owned or managed by KPSOM should be used for authorized academic activities or purposes related to school functions and operations. The KPSOM Acceptable Use policy establishes and describes the acceptable use of all technology and information resources owned or managed by the school or Kaiser Permanente, including but not limited to the rights and responsibilities of faculty, staff, students, and other members of the school community as they pertain to the use of these resources. To view the entire content of this policy, please visit Acceptable Use Policy.

Computer Viruses and Malware

KPSOM and KP safeguard their computing environments and data from malicious software (e.g., viruses, worms, Trojans) and other electronic attacks. The requirements contained within this policy were established for the protection of data and Technology Resources (e.g., medical and computing systems/devices) that reside on or connect to the KPSOM or KP networks from 1) loss of data integrity, destruction of data, or unauthorized modification of data; 2) breach of confidentiality as a result of
Unauthorized data disclosure; and 3) interruptions of service or loss of network availability resulting from malicious software and other electronic attacks. To view the entire content of this policy, please visit Computer Viruses and Malware.

Electronic Asset Usage

KPSOM and KP electronic assets are educational tools and business assets. KPSOM provides students access to electronic assets to assist them in their education. The KPSOM Electronic Asset Usage policy defines and describes permissible uses of these electronic assets. To view the entire content of this policy, please visit Electronic Asset Usage.

Information Security Governance and Organization

KPSOM and KP Information Technology departments direct information security activities to ensure comprehensive protection against technology threats and risks. Due to its highly cooperative relationships with Kaiser Permanente, the school leverages KPIT resources to manage and maintain detailed information security policies. It aligns with objectives and provisions for securing KPSOM and KP information and technology resources. To view the entire content of this policy, please visit Information Security Governance and Organization.

Mobile Device Access to Campus Networks

KPSOM provides mobile devices to students to aid them in their educational program. This policy ensures adequate controls for the efficient use of KPSOM mobile devices and compliance with federal and state tax regulations. To view the full content of this policy, please visit Mobile Device Access to Campus Networks.

User Access Management

Access to Kaiser Permanente and KPSOM applications is centralized through the Kaiser Permanente Identity Management (KPIM) and AccessNow systems. To align the use of this centralized service, KPIM/AccessNow requires several provisions for each user account. For example, each account is assigned a National User ID (NUID). Users agree to enroll in Multifactor Authentication (e.g., PingID) when logging into applications and comply with password security requirements. This policy standardizes the provisions, corrective actions, governing bodies, and processes involved in creating and using KPIM/AccessNow accounts. To view the entire content of this policy, please visit User Access Management.

Learning Environment

Academic Freedom

In support of the effective creation and transmission of new knowledge in academic medicine, KPSOM is committed to the fundamental principle of academic freedom. For students and faculty, this includes the freedom to conduct scholarly activities, such as
engaging in research, publishing, and disseminating findings, and for faculty, teaching, in all cases, consistent with the principles outlined in the Academic Freedom policy. To view the full content of this policy, please visit Academic Freedom.

Equity, Inclusion, and Diversity
The Kaiser Permanente Bernard J. Tyson School of Medicine, Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, and its subsidiaries (KFHP/H) have a deep and abiding commitment to practice equity, inclusion, and diversity. Please visit the following links for additional information:

Equity, Inclusion, and Diversity Policy
Creating an Inclusive, Supportive Community

Non-Discrimination, Harassment-Free Environment, and Non-Retaliation
KPSOM is committed to maintaining an environment that is free from discrimination and harassment for all students, applicants for admission, faculty, employees, applicants for faculty appointments or employment, and third parties such as contractors, vendors, volunteers, and visitors (collectively, “members of the school’s community”).

The school also prohibits retaliation against any individual who in good faith reports or opposes discrimination or harassment or assists, cooperates with, or participates in any procedures or investigations related to reports of discrimination or harassment or is perceived as having done so. Therefore, all members of the school’s community should object to discrimination and harassment prohibited by this policy when they experience or witness it and report violations without fear of retaliation.

Any violation of this policy may result in corrective/disciplinary action up to and including dismissal as a student or termination of faculty appointment or employment status or other relationship, as applicable.

Students and applicants for admission may make reports regarding any violation of this policy to the Office of Student Affairs or the school’s Chief Compliance Officer.

To view the full content of this policy, please visit Non-Discrimination, Harassment-Free Environment, and Non-Retaliation.

Positive Learning Environment and Student Mistreatment
KPSOM promotes a positive learning environment. Unprofessional behavior and mistreatment of others are unacceptable and are not tolerated. The Positive Learning Environment and Student Mistreatment policy outlines expectations of behaviors that promote a positive learning environment for educators, students, and others who are a part of the educational experience. This policy also identifies, reports, and addresses unprofessional behavior and mistreatment. For this policy’s full content, please visit the Positive Learning Environment and Student Mistreatment. Learning environment
observations may be reported confidentially or anonymously via the Learning Environment Reporting website.

Students can also make reports directly to the Office of Student Affairs.

Prohibition of Firearms

Firearms are prohibited on KPSOM premises and in Kaiser Permanente working environments unless an exception applies (e.g., law enforcement). To view the entire content of this policy, please visit Prohibition of Firearms.

Restricted Relationships

KPSOM prohibits faculty and staff from holding reporting or oversight responsibility, whether direct or indirect, for any person (e.g., a student, trainee, or another faculty or staff member) with whom they have, or have had, a romantic or sexual relationship, a family relationship, or a clinical relationship. Such relationships in this context are inherently unequal and create risk for all parties, including the school. Relationships in this context may create or suggest to others the possibility of conflict of interest, coercion, favoritism, or fundamental unfairness. Even when such relationships do not involve individuals for whom one has reporting or oversight responsibility, but are between individuals of different levels of authority within the school hierarchy (e.g., a faculty member and any student, or a manager and a staff member in another department), they can create similar risks, particularly in the case of romantic or sexual relationships, and the individuals involved are expected to take special care to avoid those risks. To view the entire content of this policy, please visit Restricted Relationships.

Service Animals

KPSOM and Kaiser Permanente are committed to providing education and healthcare services, programs, and activities free from discrimination, including individuals with disabilities. To view the entire content of this policy, please visit Service Animals.

Smoke and Tobacco-Free Campus

KPSOM and KP recognize the health hazards of smoking and tobacco use. As educators of future physicians, KPSOM is obligated to assert these activities’ demonstrable risks strongly. To this end, KPSOM and KP prohibit all smoking and tobacco use at all KPSOM and KP facilities and campuses, interior and exterior. To view the entire content of this policy, please visit Smoke and Tobacco Free.

Student Code of Conduct

Students must always meet standards of professional behavior. At matriculation, all students will review the Student Code of Conduct and attest that they will abide by the requirements. The Registrar maintains documentation of this attestation in the student information system. Potential violations of the Student Code of Conduct are referred to the Senior Associate Dean for Student Affairs for review. They may be forwarded to the Learning Environment and Professionalism (LEAP) Committee for further investigation.
If the LEAP Committee determines a violation occurred, the matter is referred to the Student Progress and Promotion (SPP) Committee to determine sanctions. To view the full content of this policy, the Professionalism Attributes, and the Student Code of Conduct, please visit the Student Code of Conduct.

Student Grievances

KPSOM established procedures for resolving student complaints or grievances that arise from a student’s claim that a member of the faculty, staff, or administration has adversely impacted the student by an act or decision. Students should refer to the Student Grievances policy when no other policy or procedure exists to appropriately address and effectively resolve a student’s complaint or grievance. To view the full content of this policy, please visit Student Grievances.

Prohibition of Sexual Misconduct, Sex Discrimination, Sexual Harassment, and Retaliation

KPSOM is committed to maintaining an environment free from all forms of sex discrimination, sexual harassment, and other forms of sexual misconduct, including sexual assault, domestic violence, dating violence, sexual exploitation, and stalking. Discrimination, harassment, and other misconduct based on sex (including pregnancy, childbirth or related medical conditions, and breastfeeding or related medical conditions), gender, gender identity, gender expression, transgender status, sex stereotyping, and sexual orientation, which may include being perceived to have any of the preceding statuses or being associated with someone who has, or is perceived to have, any of these statuses, is prohibited.

The school also prohibits retaliation against any individual who in good faith reports or opposes conduct contrary to this policy or assists, cooperates with, or participates in any procedures or investigations related to such reports or is perceived as having done so. The school is committed to stopping prohibited conduct, preventing its recurrence, addressing its effects, and eliminating hostile environments.

Any alleged violation of this policy will result in an investigation and may result in corrective or disciplinary action up to and including dismissal of a student or termination of a faculty, employment, or other relationships as appropriate. To view the full content of this policy, including when and how to report, resources and assistance, and review, investigations, and corrective or disciplinary action, please visit Prohibition of Sexual Misconduct, Sex Discrimination, Sexual Harassment, and Retaliation and the Title IX Program website.

Threats and Violence in the Workplace: Prevention and Management

KPSOM and Kaiser Permanente take reasonable preventive measures to provide a safe environment for everyone on KPSOM, KP premises, and KP working environments. KPSOM and KP have zero tolerance for acts or threats of violence and intimidation that involve or affect KPSOM or KP operations. Please visit Threats and Violence in the Workplace: Prevention and Management to view the full content of this policy.
Student Services

KPSOM places a high priority on supporting student well-being and resilience to ensure students thrive throughout their enrollment. Students 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 KPSOM 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 the REACH (Reflection, Education, Assessment, Coaching, Health, and Well-Being) course, well-being programming, student psychological services, 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 supports extracurricular community involvement, social events, and ceremonies (e.g., white coat ceremony, commencement, Match Day).

Academic Support and Advising

KPSOM recognizes that every student needs support to succeed in medical school. Our team supports student learning and academic development throughout medical school. We encourage students to meet with the Academic Support and Advising staff to develop effective study plans that address time management, learning and testing skills,
and other concerns. Students are encouraged to set and accomplish goals using school resources, individualized advisement, and action planning.

Appointment topics may include, but are not limited to:

- Understanding what tools are available for increasing studying efficiency
- Learning to manage your time better
- Preparing for an upcoming exam in a course that has been a challenge
- Developing a Step 1 study schedule.

Please visit Academic Support and Advising for additional information on the services offered through Academic Support and Advising or make an individual appointment.

**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) program. Required career exploration activities will occur in the REACH course, a week-long required course occurring three to four times each year across all four years of the curriculum. Additional activities include co-curricular workshops and events related to choosing a specialty, resume/CV writing, interviewing skills, and preparing for the residency match. For further information, please visit Career Advising and Development.

**Affinity Mentor Program**

The Office of Student Affairs and the Office of Equity, Inclusion, and Diversity are committed to facilitating a positive and affirming environment where all your identities are acknowledged and supported. Initiatives such as our affinity mentor match program are one way in which we work towards this goal.

**Specialty Chat Program**

Specialty chats are an excellent opportunity to connect with a KPSOM clinical faculty member to learn more about the specialty of your choice. We designed these sessions to be casual in nature and facilitate career exploration and networking. For additional information, please visit Career Advising and Development.

**Shadowing**

Shadowing physicians allows students to get first-hand experience exploring different medical specialties outside of the formal medical curriculum. Over 250 KP Physicians in diverse specialties and subspecialties have signed up to host KPSOM students. If desired, students can reach out to Career Advising and Development to learn about local shadowing opportunities.

**Specialty Career Interest Groups**

Students can further explore specific medical specialties through Specialty Interest Groups at KPSOM. Specialty Interest groups are advised by faculty Clerkship Directors,
Specialty Directors, and the Office of Student Engagement. These groups provide students with the opportunity to:

- Use educational resources to explore shared interests
- Facilitate networking with relevant specialty & faculty physicians
- Plan informative and engaging initiatives & programming
- Learn from one another
- Build communities of peer-support

For additional information on current Specialty Career Interest Groups, please visit Career Advising and Development.

Disability Access

Our Director of Academic Support and Advising is available to answer your questions and discuss how to support your educational experience.

KPSOM determines disability accommodations through an interactive process that requires the engagement of both the student and the Disability Access Office. We advise newly admitted students to begin this process once they have confirmed their intent to enroll in the school. Current students should engage with the Disability Access Office once they have identified a need.

If you require an educational accommodation based on a permanent or temporary disability, please visit the Disability Access Office website to schedule an appointment. You may also view the full text of our disability policy at Disability Support Services and Educational Accommodations.

Health and Well-Being

Medical school can be a high-stress environment. Improving the well-being of our medical students is essential to our mission. Our holistic approach to student health and well-being acknowledges many facets that contribute to your experiences of self, others, and the world. These well-being dimensions interact to contribute to your quality of life.

We support you, provide resources, opportunities, and strategies for learning and engagement, and enhance your overall well-being. Please visit the Health and Well-Being website for additional information or to schedule an appointment.

Immunization Requirements

KPSOM requires documentation of immunization compliance from all medical students before matriculation. All medical students must maintain compliance with these requirements throughout their tenure in the medical school program, even in non-clinical segments of the curriculum. Students are encouraged to obtain documentation of required vaccinations (see list below) from their primary healthcare provider or another provider before matriculation.
**Tuberculosis (TB) Screening**
If negative TB skin test (TST) or blood test (IGRA) history, provide documentation of:
1) Either 1 TST within two years AND another TST within three months of start; **OR**
2) One negative IGRA within three months of start

If positive TST/IGRA history, provide documentation of:
1) Positive TST/IGRA test result **OR** history of INH or other TB therapy, **AND**
2) A negative chest X-ray within one year

**Measles, Mumps, Rubella, Varicella Immunity Screening**
Demonstrate immunity to measles, mumps, rubella, and varicella by one of the following:
1) Documentation of two MMR vaccines and two varicella vaccines **OR**
2) Positive titers **OR**
3) Documented laboratory confirmation of disease (MMRV), or diagnosis of a history of varicella infection by a healthcare provider

**Hepatitis B Immunity Screening**
1) Demonstrated immunity by a positive hepatitis B antibody (accepted only with a completed documented hepatitis B vaccine series) **OR**
2) Present proof of past infection (i.e., positive HBcAb or HBsAg), **OR**
3) Begin/complete a hepatitis B vaccine series followed by an antibody test (For those with documentation of a completed Hepatitis B vaccine series, a post-vaccination titer should be completed) **OR**
4) Sign a Hepatitis B Vaccine Declination

**Tetanus, Diphtheria, and Acellular Pertussis (Tdap) Immunization**
1) Provide proof of a Tdap vaccine received within the past ten years **OR**
2) Obtain updated Tdap vaccine **OR**
3) Sign a Tdap Declination

**ADDITIONAL RECORDS**
Documentation of COVID-19 Vaccination and Boosters
Documentation of Seasonal Influenza Vaccination (between September – March)

**Health Screening**
Students assigned to specific Service-Learning sites may be required to complete a health screening form at the request of the site.

**Annual Requirements**
The school also requires students to obtain influenza vaccines annually and undergo annual screening for the absence of tuberculosis. The appropriate testing is dependent on their TST status, as noted above. The influenza vaccine will be administered free in
the appropriate Kaiser Permanente clinical setting or at Employee Health Services. Influenza vaccination is required for all medical students unless they obtain a medical waiver. If a student has a medical waiver, they must always wear a face mask in clinical settings during influenza season. If indicated, students can obtain an annual TB screening or chest radiograph via Employee Health Services at Kaiser Permanente. For additional information, please visit the Immunizations and Health Screenings for Medical Students Policy.

**Housing Resources**

KPSOM does not provide on-campus housing for students. Please note, KPSOM is not responsible for finding or assisting students to locate housing. However, a full range of off-campus housing is available for KPSOM students, from studio apartments to single-family homes. The average cost of a studio apartment in the Pasadena area is $2,094 per month. For available listings, please visit our Housing Resources website.

**Learning Communities**

Learning Communities are intentionally designed, longitudinal groups of students and faculty. At KPSOM, they serve as a vehicle for co and extra-curricular student engagement initiatives. Through Learning Communities, we strive to support students in becoming their best selves through mentorship, belonging, leadership, and well-being while creating an inclusive community that allows them to thrive. Some Learning Community initiatives include our Student Council and Peer Mentoring program. For additional information, please visit our Learning Communities website.

**Learning Environment**

All members of the KPSOM community have a responsibility to maintain a welcoming and inclusive learning environment. We are committed to fostering a safe and positive culture that promotes student success and well-being, following the Association of American Medical Colleges (AAMC) guidelines and “adheres to human dignity.”

The Office of Student Affairs invites your feedback on the KPSOM learning environment. You may report concerns about any mistreatment, bias, or other unacceptable conduct experienced or witnessed or share your compliments and commendations, recognizing the supportive contributions of students, faculty, and staff. To learn more about your rights and responsibilities, identify mistreatment/bias incidents, or report mistreatment or commendations, please visit our Learning Environment website.

**Rideshare Programs**

KPSOM provides rideshare vouchers to facilitate student travel to and from their Longitudinal Integrated Clerkship (LIC) and Service-Learning sites. Once registered with the program, students will automatically receive vouchers monthly while enrolled in Phases 1 and 2 of the MD curricula. For additional information, please visit Rideshare Services.
Student Council

The KPSOM Student Council allows students to develop their leadership skills while learning about aspects of medical education and advocating for themselves and their peers. The Student Council is also embedded in our Learning Communities structure to ensure that the interests of all students are represented. All students are considered members of the Student Council, but those interested in serving on one of the following six committees must apply for election or appointment:

- Admissions Ambassadors
- Class Board
- Equity, Inclusion, and Diversity Committee
- Honor Council
- Student Curricular Board
- Student Well-Being Committee

For additional information, please visit our [Student Council](#) website.

Student Health and Disability Insurance

All KPSOM students must have comprehensive health insurance coverage while enrolled. Students matriculating into the first five cohorts are eligible to receive a free Kaiser Permanente student health insurance plan.

Students wishing to remain in their existing health insurance plan must submit a waiver request by June 30. The waiver request must include documentation that their current health insurance plan is active and provides coverage comparable to the student health insurance plan. For additional information on waiving out or enrolling in the student health insurance plan, please visit [Student Healthcare Resources](#). For the full text of this policy, please see [Student Access to Healthcare Services](#).

*Kaiser Permanente Student Health Insurance Coverage*

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

The KPSOM student health insurance plan provides a comprehensive array of medical, prescription, mental health, dental, and vision coverage. With our EPO plan, you can obtain care from any Kaiser Permanente health care professional within our integrated care delivery system across eight states. When you are in the United States but not near a Kaiser Permanente facility, you can see any doctor in the PHCS Network and pick up your prescriptions in the OptumRx pharmacy network. Please visit our [Student Healthcare Resources](#) website to view the Summary of Benefits and Coverage and the New Member Handbook.

*Insurance Benefits and Leave of Absence*

Students on a leave of absence may continue their enrollment in the KPSOM student
health insurance plan for the remainder of the current policy period. Students who remain enrolled in the insurance plan will be personally responsible for paying the premium for the rest of the policy period. Dismissed or withdrawn students may continue their KPSOM student health insurance plan for the remainder of the current policy period. Students who remain enrolled in the insurance plan will be personally responsible for paying the premium for the rest of the policy period.

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

Disability Insurance

Upon matriculation, KPSOM enrolls all students 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. After completing their residency, covered residents will be eligible to convert to an individual, non-cancelable disability income policy without medical underwriting. For additional information on disability insurance benefits, please visit our Student Healthcare Resources website.

Student Organizations

Participation in a student organization provides students with opportunities to enhance their leadership skills, build community amongst peers, and develop professional connections with faculty and staff advisors. At KPSOM, Student Organizations are categorized as Affinity-Based, Specialty Based, and Student Interest groups. KPSOM provides all students with a membership in the American Medical Student Association (AMSA) and another affinity-based medical school organization.

For a complete listing of registered student organizations and to learn how to become involved, please visit Student Organizations.

Student Privacy Rights

The Kaiser Permanente Bernard J. Tyson School of Medicine (KPSOM) affords matriculated students certain rights concerning their educational records in accordance with applicable state and federal laws and regulations. These rights include:

1. The right to inspect and review their education records within 45 days of the day the school of medicine receives an access request. Students should submit to the Registrar written requests that identify the document(s) they wish to inspect. The Registrar will make access arrangements and notify the student of the time and place for inspection. Should the Registrar not maintain the records requested, the Registrar will direct the student to the applicable school official.

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 to be changed, and specify why it is inaccurate or misleading. Should the school decide not to amend the record, the Registrar will notify the student of the decision and their right to appeal.

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

   a. Disclosure to school officials with legitimate educational interests
      
         i. 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 their tasks. School officials have a legitimate educational interest if they need to review an education record to fulfill their professional responsibility.

   b. Disclosure to parents if the student appears as a dependent on their most recent tax return.

   c. Disclosure to appropriate individuals (e.g., parents/guardians, spouses, healthcare personnel, police) if the disclosure is connected with a health or safety emergency. The knowledge of such information must be 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 concerning 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)

KPSOM policy 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. KPSOM has designated the following as directory information:
• student’s name
• address
• telephone number
• email address
• student ID photo
• 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

Any student who does not wish to permit disclosure of their directory information should notify the Registrar in writing. Once received, the Registrar cannot release any element of the directory information listed above except as authorized by statute. However, 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 regulations expanded 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 “principally engaged in the provision of education,” such as early childhood education and job training, and any program that an education agency or institution administers.

Second, Federal and State Authorities may allow access to education records and PII without consent, including researchers performing certain types of studies, 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; however, the authorities need not maintain direct control over the third parties.

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

Should a student believe that the school of medicine failed to comply with student privacy policies, they may file a complaint using the procedures outlined in the Student Grievance Policy section of this catalog.

Students, faculty, or staff with questions about student privacy rights should contact 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 KPSOM 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. The Registrar will omit students who requested non-disclosure of their directory information from 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 KPSOM policy, the school of medicine may release student information typically considered confidential to appropriate individuals (e.g., healthcare personnel, police) 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. However, students are advised that all school of medicine faculty, staff, or administrators are not confidential resources unless specifically designated (see Prohibition of Sexual Misconduct, Sex Discrimination, Sexual Harassment, and Retaliation).

**Recordkeeping**

Per 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 enrolled in an educational program in the institution

- The degrees or certificates granted by the institution, their conferral date, the courses and units on which the school awarded the degree or certificate, 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 addition 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 the student has voluntarily supplied that information

- 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 all student financial aid related documents as required by law or by a loan guarantee agency

• Documentation of all money received from, or on behalf of, the student and the date or dates on which the institution received the funds

• 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 school processed the refund, and the name and address of the person or entity to which the school remitted the refund

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

• Complaints received from the student

**Student Psychological Services (SPS)**

All of us are susceptible to difficult life events or challenges that may affect our mental health. Student Psychological Services believes in providing confidential, individualized services based on your unique identity, experiences, and needs. Students have access to individual psychotherapy, 24/7 crisis services (during business hours through SPS and after-hours crisis services available through EAP), informal 20-minute problem-solving check-ins, and referral services. Students can schedule most services as in-person or video visits. Students may also participate in SPS outreach workshops that occur throughout the year. For additional information or to schedule an appointment, please visit [Student Psychological Services](#).
**Student Affairs Policies**

**Academic Honesty**

Student academic honesty is a fundamental requirement of the educational process. Acts of academic dishonesty should be reported and are subject to investigation and sanctions. To view the full content of this policy, please visit [Academic Honesty](#).

**Access to Medical Student Educational Records**

Students have the right to physically review their educational records in the presence of a designated school representative. The school prescribes and enforces guidelines for educational record access and storage. For additional information, please visit the [Access to Medical Education Records](#) policy.

**Attendance and Excused Absence**

Students enrolled in the KPSOM are expected to exhibit professional behavior, including punctual and regular attendance for all academic and clinical responsibilities at all learning sessions and assessments, both clinical and non-clinical. Students must be prepared to fully and consistently contribute to learning teams in the classroom and healthcare teams providing care to patients. Absences do not absolve the student of these responsibilities, whether excused or unexcused.

The Attendance and Excused Absence policy 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, and 3) to allow students to manage unplanned emergent events, such as acute illness, a death in the family, family illness, or childcare conflict. Please view the full text of the [Attendance and Excused Absence](#) policy for information on requesting excused absences, well-being blocks, or retroactive excused absences,

**Disability Support Services**

See [Disability Access Office](#).

**Drug Abuse and Alcohol Prevention**

KPSOM policy is to provide an environment free from the abuse of alcohol and drugs. The school adopts and puts into effect programs to prevent the unlawful manufacture, distribution, dispensation, possession, or use of illegal drugs or alcohol by students on school property, clinical sites, or school-sponsored activities or events. The school also offers anti-drug and alcohol abuse programming. For the entire content of this policy, please visit [Drug Abuse and Alcohol Prevention](#).
Drug Testing and Prohibited Alcohol Use

KPSOM is committed to providing the highest level of educational activity and professional conduct through its programs. The school is responsible for ensuring that students are functioning free from the influence of illicit or illegal substances. The use of illegal substances is prohibited. Controlled substances are also prohibited unless appropriately prescribed by a clinician.

The Drug Testing and Prohibited Alcohol Use policy aims to ensure that students supporting the health, safety, and welfare of patients in clinical settings can use good judgment and engage in ethical behavior. The school must promote safe and high-quality patient care, protect student privacy, and identify students who need support, treatment, and intervention. KPSOM students must submit to drug testing or evaluation when there is reasonable suspicion of prohibited alcohol or drug use or evidence of possible impairment. For the entire content of this policy, please visit Drug Testing and Prohibited Alcohol Use.

Enrollment Agreement

See Registration.

Exposure to Body Fluids, Blood Borne Pathogens, or Environmental Hazards

All KPSOM students must complete online training annually through KPLearn, including training on universal precautions. A student exposed to blood-borne pathogens or body fluids through a needle stick, laceration, or environmental exposure must:

1. Stop patient care activity as soon as it is safe for the patient.
2. Thoroughly cleanse the exposed area as quickly as possible.
3. Seek immediate medical attention, ideally within one to two hours, at the treatment site designated by the facility where the exposure occurred.
   a. Students may choose to use an outside healthcare provider for post-exposure evaluation and associated follow-up; however, the student may be responsible for the related costs.
4. Follow the requirements outlined in the facility’s protocol where the exposure occurred.
5. Notify your clinical experience supervisor.
6. Notify the Office of Student Affairs.

The Blood Borne Pathogen ID badge attachment distributed during the Early Immersive Experience course provides specific instructions for your assigned LIC site. Please visit Bloodborne Pathogens, Body Fluid, or Environmental Hazard Exposure to view the full content of this policy.

Leave of Absence

See Student-Initiated Changes in Enrollment Status.
LIC and Service-Learning Site Assignment
KPSOM assigns students to clinical instructional sites that provide appropriate learning opportunities and patient populations to ensure students obtain the clinical experiences required for graduation. Students with appropriate rationale can request an alternative site assignment if circumstances allow. For the full text of this policy, please view the LIC and Service-Learning Site Assignment.

Missing Student Notification
KPSOM is committed to creating and preserving a safe environment for its students. In support of this commitment and to align with the standards and requirements set forth by the Higher Education Opportunity Act of 2008, the school established rules and procedures if a student is reported missing. Upon receiving a missing student report, the school will contact school security and the appropriate local authorities to investigate the situation. If the school cannot locate the student within 24 hours, it reserves the right to contact local law enforcement and the registered confidential contact person. For the full text of this policy, please visit Missing Student Notification.

Social Media
Students are responsible for demonstrating professional, ethical, and legally appropriate behavior while using social media. This policy provides students with information about the school's behavioral expectations for student social media use. Please visit the Social Media policy for more information about complying with legal obligations, adhering to the Student Code of Conduct, and prohibited conduct on social media.

Standards of Appearance in Clinical Settings
Students must maintain an appearance that demonstrates respect for all and meets professional standards. While interacting with patients, including during simulation experiences, the appearance of students should be clean and neat and aligned with the professional appearance of a physician caring for the ill. For more information about attire and grooming requirements, please visit the Student Appearance in Clinical Settings policy.

Student Access to Healthcare Services
See Student Health and Disability Insurance.

Student ID Badges
All KPSOM enrolled or visiting students must wear a school-issued ID badge while on campus or while attending a clinical experience, clerkship, or service-learning site. All ID badges must be worn on the front upper torso and be visible to observers, including patients. See the Student ID Badge policy for additional information.
**Student Lactation**

KPSOM promotes and supports the option for its students to breastfeed or chest feed their children. In line with this commitment, the school has established requirements to support and encourage students who are breastfeeding or chestfeeding. All students are permitted to breastfeed, chest feed, express, or store milk at the school. The Lactation Room is located in room 30R12, on the 3rd floor of the Medical Education Building. For questions regarding the Lactation Room, please contact the Director of Academic Support and Advising. To view the full content of this policy, please visit the [Student Lactation Support](#) policy.

**Tuition Refund**

See [Refund Policy](#).

**Withdrawal**

See [Student-Initiated Status Changes](#).
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 and 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 paying the $100 accepted student registration deposit and any living expenses incurred while enrolled at the school.

Estimated Cost of Attendance, Fall 2022 to Spring 2026
Table 1 provides an overview of the estimated 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 estimate personal and educational expenses that the school does not directly bill. 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.

Equipment and Technology Requirements
KPSOM issues all students a computing device to secure access to Kaiser Permanente’s proprietary systems, such as HealthConnect and the school of medicine’s Student Information System (SIS) and Learning Management System (LMS). The school also provides students with a mobile device for use during clinical rotations and other school events. All KPSOM-issued equipment is the school's property and subject to the school's acceptable use policies (see Information Technology).

Estimated Total Tuition and Fees for Degree Completion
KPSOM 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 $154,897.00.
### Table 1 – Estimated Cost of Attendance, 2022-2023 AY through 2025-2026 AY

<table>
<thead>
<tr>
<th>Cost of Attendance ¹</th>
<th>2022-2023 AY</th>
<th>2023-2024 AY</th>
<th>2024-2025 AY</th>
<th>2025-2026 AY</th>
<th>Estimated Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks of Instruction</td>
<td>45</td>
<td>49</td>
<td>42</td>
<td>38</td>
<td>174</td>
</tr>
<tr>
<td>Direct Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptance Deposit ²</td>
<td>$100.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>Tuition ³</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Student Tuition Recovery Fund (Non-Refundable) ⁴</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability insurance</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Health insurance</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Room and board, incl. utilities</td>
<td>$30,297.00</td>
<td>$34,042.00</td>
<td>$32,077.00</td>
<td>$31,634.00</td>
<td>$128,050.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>$3,412.00</td>
<td>$1,730.00</td>
<td>$5,233.00</td>
<td>$5,161.00</td>
<td>$15,536.00</td>
</tr>
<tr>
<td>USMLE Registration Fees</td>
<td>$0.00</td>
<td>$665.00</td>
<td>$685.00</td>
<td>$0.00</td>
<td>$1,350.00</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>$2,468.00</td>
<td>$2,657.00</td>
<td>$2,435.00</td>
<td>$2,401.00</td>
<td>$9,961.00</td>
</tr>
<tr>
<td><strong>Total Cost of Attendance:</strong></td>
<td><strong>$36,177.00</strong></td>
<td><strong>$39,094.00</strong></td>
<td><strong>$40,430.00</strong></td>
<td><strong>$39,196.00</strong></td>
<td><strong>$154,897.00</strong></td>
</tr>
</tbody>
</table>

**Required Licensing Examinations**

Students attending KPSOM must pass Step 1 and Step 2 CK of the United States Medical Licensing Exam (USMLE) to fulfill graduation requirements for the Doctor of Medicine (MD) program. Exams are taken during the program’s third year, as shown below. The fees listed below are subject to change and are available 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>$665.00</td>
</tr>
<tr>
<td>Step 2 Clinical Knowledge (CK) (Mid-point of Year 3)</td>
<td>$685.00</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

---

¹ Includes estimated 3% cost of living increase per academic year for room and board, registration fees, and miscellaneous educational expenses. Transportation is calculated using the standard IRS mileage rate.

² Non-refundable if applicant withdraws acceptance after April 30, 2022.

³ Equipment and textbooks are included in tuition.

⁴ As of April 1, 2022, the Student Tuition Recovery assessment is $2.50 per $1,000 in institutional charges. KPSOM does not currently assess institutional charges; therefore, this amount is $0.00 for the class entering in fall 2026.
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 non-collection 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 receive a pro-rata refund (see Tuition Refund, Withdrawal policies).

Cancellation Procedure

Cancellation may occur when students provide written notice of cancellation at the address below. Students can submit their cancellations via mail or hand-deliver them to the Office of the Registrar.

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 addressed 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 student cancels their enrollment agreement, 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 (see Withdrawal Policy). Should a student withdraw before completing 60 percent of the scheduled payment period, they are eligible for a pro-rata refund of any tuition paid to the school (see Tuition Refund policy). 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 KPSOM will process the refund no later than 30 days after receiving the cancellation notice.

When determining a refund under this section, the school deems a student 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 above the maximum set forth by the school, or inability to meet financial obligations to the school.
- The student fails to attend classes for 30 calendar days.
- The student fails to return from a leave of absence.

If the student completed less than 60 percent of the payment period, the Bursar uses the following three-step calculation to determine the refund due to the student.

1. \[ \frac{(\text{Total of Institutional Charges (Tuition, Required Fees)} - \text{Non-Refundable Fees})}{\text{Number of Days in Payment Period}} = \text{Daily Rate} \]

2. \[ \text{Daily Rate} \times \text{Number of Days Attended} = \text{Amount of Tuition Earned} \]

3. \[ \text{Institutional Charges} - \text{Non-Fundable Fees} - \text{Amount of Tuition Earned} = \text{Refund Due Student} \]

If the student completed more than 60 percent of the payment period, the KPSOM considers any tuition assessed earned in full, and the student is not eligible for a tuition refund.
Financing Your Education

The Senior Financial Aid Officer (SFAO) is responsible for administering institutional and federal student aid, scholarships, student loans, and other financial aid resources. The SFAO manages student financial aid services, which includes but is not limited to individual entrance and exit counseling sessions for incoming and graduating students.

Goal

Our goal is to provide students with excellent service, counseling, and resources to fund their medical education. We intend to graduate all students with minimal to no debt and support their financial well-being throughout their enrollment.

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 includes administering federal student financial aid programs and Title VII programs of the Department of Health and Human Services. The Department of Education will assign the school a federal school code (OPEID) once it obtains eligibility to participate in Title IV federal student aid programs.

Financial Aid Programs

Institutional Grant Aid

KPSOM sets aside institutional funds to help students fund their medical education. Students must submit a CSS Profile application and supporting financial documents for themselves and their parents to be eligible. Upon receiving a completed application, the SFAO processes the application and provides each student with an estimated aid offer.

Students matriculated into the school’s MD/PhD program are automatically awarded an MD/PhD stipend, which covers the cost of attendance for the MD portion of the program.

All 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 and 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 provide access to scholarship databases to help students locate opportunities. The Association of American Medical Colleges (AAMC) maintains a loan repayment and scholarship...
Students may be eligible for many of the options listed. Also, the American Medical Association provides several fellowships and scholarships for medical students.

Several scholarship applications are also available and include features that match students with potential funding opportunities based on their needs and background. However, the school cautions students to avoid companies or organizations requiring a fee or making guarantees to help them identify a specific amount of money in scholarship aid.

Students receiving external scholarships should immediately report these funds to the SFAO as they may reduce their 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, agreed to work with KPSOM students. Students who obtain private student loans to offset the cost of attendance must repay the loan amount in full, plus interest, less the amount of any refund. **Note:** Effective February 14, 2010, lenders of private education loans must collect from all borrowers a completed and signed *Private Education Loan Applicant Self-Certification Form* before disbursing a loan.

*KPSOM Emergency Loan Program*

KPSOM provides funds for short-term emergency loans, up to a maximum of $2,000 per academic year, to assist students with temporary cash flow problems. Short-term loans are available only to students currently enrolled at the school of medicine; however, students cannot obtain emergency loans between semesters. Also, students enrolled but not earning credits (e.g., auditing coursework) are not eligible for short-term loans. Once an application is complete and approved, emergency loan funds are typically available to the student within 3-5 business days.

Students must repay emergency loans by the start of the next semester or when the school receives additional funds (e.g., institutional aid, scholarship, or private loan). The KPSOM does not assess interest on emergency loans.

Students interested in obtaining a short-term emergency loan should first contact the Senior Financial Aid Officer (SFAO). The SFAO can assess your financial situation and determine if a short-term emergency loan is your best option. If, after meeting with the SFAO, you wish to move forward with an emergency loan, you may apply online via the [student portal](#).  

*Expected Family Contribution (EFC)*

The Department of Education’s 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) may be included in the calculation. Also considered are the size of the student’s family and the number of family members attending college or career school during the year.

Financial Aid Packaging

The packaging process begins when the SFAO determines a student’s EFC and financial aid eligibility. If applicable, the school’s financial aid package is developed by utilizing financial resources such as institutional grant aid, scholarships, and private student loans. 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]). After completing the packaging process, students are issued a financial aid offer letter for review. Students gain access to the student portal before matriculation. They may physically accept, modify, or decline their offer of financial assistance within the student portal.

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 is applied to student financial accounts twice per year, in two equal payments. Eligible students receive a refund of any credit balance on their student accounts at the start of the fall semester and the mid-point of the academic year. Spring financial aid funds disburse when a student has completed the first half of the academic year, both in instructional weeks and credit hours.

KPSOM refunds all credit balances to students via electronic funds transfer (EFT). Students must enroll in direct deposit during the summer before the first term of classes.

Satisfactory Academic Progress (SAP)

Under federal regulations, students receiving Federal Financial Aid must be in good standing and maintain Satisfactory Academic Progress (SAP) toward their degree. The standards used to evaluate academic progress are cumulative. They include all periods of the student’s enrollment, including periods during which they 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 – When evaluating satisfactory academic progress, the Senior Financial Aid Officer (SFAO) follows procedures established by the Student Progress and Promotion (SPP) Committee.

The school of medicine does not compute grade point averages using letter grades; therefore, students must achieve a minimum grade of Pass ("P") in all required courses and clerkships to demonstrate satisfactory academic progress. Final course grades may appear as Pass/Fail or Honors/Pass/Fail per the grading scale outlined in the course syllabus.

For additional information on the treatment of grades and courses, please view the Satisfactory Academic Progress policy.

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 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 is 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 – The maximum time frame is the maximum number of years after initial enrollment 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>Four years</td>
<td>N/A</td>
<td>Six years</td>
</tr>
<tr>
<td>MD/Master’s Degree</td>
<td>Four years</td>
<td>One year</td>
<td>Seven years</td>
</tr>
<tr>
<td>Approved Year-Long Research</td>
<td>Four years</td>
<td>One year</td>
<td>Seven years</td>
</tr>
<tr>
<td>MD/PhD (Caltech)</td>
<td>Four years</td>
<td>Four years</td>
<td>Ten years</td>
</tr>
</tbody>
</table>

Approved leaves of absence are excluded from the maximum time frame calculation.

Treatment of Repeated Coursework or Academic Year

Students may receive financial aid to repeat a course where they earned a failing grade or withdrew from any class or classes. Students can only use Financial aid funds to cover the first attempt to repeat a course. Under current financial aid guidelines, students who failed a course(s) and are required to repeat an entire year of the curriculum, including courses already passed, will be eligible for federal financial aid for the repeat of the required academic year. Students are only eligible to receive funding for the first repeat of an academic year.
**Leave of Absence**

Students on a leave of absence from the MD program cannot receive financial aid while on leave.

**Dismissal or Withdrawal**

Dismissed or withdrawn students no longer qualify for financial aid.

**Appeal Process**

Students not meeting financial aid SAP requirements (qualitative 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 the particular 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 exceptional circumstances).

**Financial Aid Probation**

If an appeal for reinstatement of financial aid funding is approved, the SFAO places the student on financial aid probation. Students may receive one additional financial aid payment during the subsequent payment period. The student must demonstrate satisfactory coursework or progression to continue receiving financial assistance, as mandated by the SPP Committee.

**Notification**

The SFAO will notify students in academic difficulty of their continued financial aid funding status.

To view the full content of this policy, please visit [Satisfactory Academic Progress](#).

**Return of Financial Aid**

When a student withdraws before the end of a payment period, the student may no longer be eligible for the financial aid funds awarded at the start of the academic year. Students withdrawing before completing 60 percent or more of a payment period may be required to return funds to the school.

**Deferment of Student Loans**

This institution does not meet the U.S. Department of Education criteria for participation in federal student aid programs; therefore, students cannot receive federal financial aid funds at the KPSOM. Because the school does not participate in federal student aid programs, outstanding student loan balances accrued before enrollment are not eligible for In-School Deferment. **Students are strongly encouraged to contact their loan servicer to discuss deferment, forbearance, or repayment options.**
Student Financial Services

The Office of Enrollment Support Services (ESS) provides financial services to all students who enroll in the KPSOM. ESS assists students by maintaining accurate student account records and communicating account charges, payments, and balances. In addition, ESS is responsible for managing all aspects of the student accounts, such as, but not limited to, the following services:

- Posting of institutional grant aid and private loans to students’ accounts
- Processing of credit balance refunds
- Tuition refund calculations
- Repayment notifications
- Payment processing

Institutional Grant Aid, Scholarship, or Private Loans Funds

ESS posts institutional aid, scholarship, or private loan transactions on students’ accounts in compliance with the schedule developed by the Office of Financial Aid. Should a credit balance exist on an account after all applicable charges are processed, ESS will refund the credit balance within 14 days.

Direct Deposit

KPSOM issues all credit balance refunds via direct deposit. Students must submit their banking information upon matriculation and update their direct deposit information 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. Our curriculum uses a competency-based approach that integrates biomedical, clinical, and health systems sciences across all four years of training in a spiral fashion, revisiting content 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 (LICs), as well as opportunities for service-learning and project-based work that is associated with the Scholarly Project.

The Four Threads

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

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

The Degree

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

Other Degrees

KPSOM provides opportunities for students to apply to degree programs that they can complete 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 receive admission to both. Programs may have varying application timelines.

Doctoral Program

An MD-PhD program provides training in medicine and research. It 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 be admitted
to both programs. Please contact the Office of Admissions at mdadmissions@kp.org for further information on the MD-PhD application process.

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

KPSOM’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 research areas at Caltech, ranging from bioengineering and biochemistry to computational and neural systems.

Upon completing their PhD dissertation, students return to KPSOM 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

Depending on the program, a master’s degree typically involves an extra year of study after the third year of medical school. 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. Financial aid may be available from the external institution.

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. KPSOM 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 KPSOM 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 healthcare management and policy training to address ongoing technology, behavioral science, economics, healthcare law, and finance issues. It is essential for 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, KPSOM encourages students 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 an MD degree does not guarantee placement in a residency or eventual licensure. Obtaining a graduate medical education (GME) position, commonly known as an internship or residency, depends on many factors. GME programs evaluate candidates in 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 process 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 must be familiar with 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 (e.g., NRMP) require the school to certify that students can begin their residency program on July 1 in their graduation year. To be certified, students must pass the USMLE Step 1 exam and be on a trajectory to meet all other graduation requirements before the NRMP certification deadline. Students who are certified and subsequently obtain placement but cannot 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 are located on the Federation of State Medical Boards website at [fsmb.org/step-3/state-licensure/](http://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: Patient Care (PC)

**Title: Information 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: Diagnosis 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: Verbal and Written Communication Within Healthcare Systems**
**Description:** Filters, prioritizes, and conveys verified/accurate information regarding the clinical encounter in an organized and comprehensive manner, presenting a cogent narrative in support of clinical reasoning, with attention to patient privacy/confidentiality and patient preferences, and tailoring to the context and audience.

**Title: Patient Collaboration**
**Description:** Collaborates with patients in their health promotion, disease prevention, and treatment by recognizing uncertainty; prioritizing patients’ wishes; acknowledging structural biases, incentives, and inequities; and respecting patients’ concerns and expectations.

**Title: Urgent/Emergent Care**
**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.

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

Domain: Life-Long Learning (LLL)

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, set goals, and perform activities to further knowledge, skills, and professional behaviors.

Title: Well-Being
Description: Integrates personal, community, and evidence-informed practices with one’s own beliefs and values to further support health and well-being in self and others.

Domain: Systems-based Practice (SBP)

Title: Systems Thinking and Design
Description: Applies systems thinking to develop and assess activities aimed at improving health and healthcare at the individual, organizational, community and population health levels.

Title: Population Care Management
Description: Recognizes the need to use the triple aim (experience of care, health, and cost) to manage populations within a health system or practice in addition to managing individual patients, demonstrating 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: Engages with 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: Population and Community Health (PCH)

Title: Critical Consciousness  
Description: Applies reflection and capacity-building with and for community partners to address health inequities through evidence-based, community-level interventions.

Title: Social Accountability  
Description: Participates in activities aimed at addressing social and structural factors to reduce health-related inequities and affirm physician accountability to communities and populations.

Domain: Interprofessional Collaboration and Teamwork (IPC)

Title: Roles and Teamwork  
Description: Uses knowledge of one's own role and roles of other health professionals and community agents as well as effective teamwork to collaboratively assess and address the health care needs of patients and populations in interprofessional teams.

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

Domain: Interpersonal and Communication Skills (ICS)

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

Domain: Professionalism (PR)

Title: Trustworthiness  
Description: Demonstrates accountability, conscientiousness, truthfulness, and discernment in the care of patients, their families, and communities, as well as with colleagues and members of the healthcare team.
Title: Inclusion
Description: Engages in behaviors that demonstrate a commitment to inclusive communication and relationships by mitigating bias and affirming difference.

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

Domain: Medical Knowledge (MK)

Title: Deep Knowledge
Description: Demonstrates deep knowledge of the health sciences as they apply to advancement of 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 Kaiser Permanente Bernard J. Tyson School of Medicine designed its curriculum to provide a general professional education leading to the MD degree and prepare students to enter graduate medical training in various specialties or subspecialties. The following technical standards are requirements for admission, promotion, and graduation in conjunction with the academic standards. The term “candidate” refers to candidates for admission to medical school and current medical students who are candidates for retention, promotion, or graduation. Candidates and current medical students must be able to achieve these standards with or without reasonable accommodations.

Fulfilling 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 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. 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 email 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 high school equivalency certificate) are not eligible for admission.

**Required and Recommended Premedical Courses**

The KPSOM selected required and recommended premedical courses that align with the school of medicine's Mission, Vision, and Values. 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 accepts Advanced Placement (AP) credit if the credits appear on the student’s official transcript and the undergraduate institution awarded the student credit towards graduation. The KPSOM cannot accept credits earned at a prior institution through challenge examinations, achievement tests, and/or experiential learning credit 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.

**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. The Kaiser Permanente Bernard J. Tyson School of Medicine does not offer English as a Second Language (ESL) courses.
Admissions Process

The Admissions Committee establishes the criteria and procedures for the admission of medical students based upon the school of medicine's Mission, Vision, and Values. From the applicant pool, the committee will review and select qualified students for admission. The process will stress a holistic review that comprehensively considers 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 a 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 a 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 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
  - supervisor, manager, commanding officer, or equivalent from previous or current position of employment

Note: Letters of recommendation 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 services)
• Creative or other pursuits that made a difference for others
• Employment outside of student life
• Experiences that contributed to the 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: Students may be required to travel throughout the Southern California region to Kaiser Permanente medical centers, office buildings, and affiliated and community clinics to fulfill their educational requirements. 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 can only accept applications 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 its curriculum's complex and integrated nature, the Kaiser Permanente Bernard J. Tyson School of Medicine does not accept transfer or advanced standing students. The school of medicine has not entered into an articulation or transfer agreement with any other college or university.

The Offer of Admission

In collaboration with the Admissions Committee, the Senior Associate Dean for Admissions and Equity, Inclusion, and Diversity has final responsibility for the number of offers of admission and the qualifications of accepted candidates. Admissions offers are extended on a rolling basis, with additional qualified applicants placed on a waitlist.

Offers of admission will be made by email, with an attached statement of conditions, followed by a letter and telephone call from the Senior Associate Dean for Admissions and Equity, Inclusion, and Diversity. 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 before 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

The Office of Admissions considers requests for delayed matriculation on an individual basis.

Timetable for Admission

<table>
<thead>
<tr>
<th>Admissions Task</th>
<th>Date Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMCAS application opens</td>
<td>May, 15 months before 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 KPSOM students must register for classes by the deadlines posted by the Registrar. 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 before registration and matriculation. These requirements include completing prerequisite coursework, receiving final official transcripts from all colleges/universities attended, required immunizations and health clearances, and a criminal background check.

Enrollment Agreement

All students must sign an enrollment agreement at the start of each academic year. This enrollment agreement provides incoming and continuing students information on critical policies, tuition and fees, etc. For additional information, please visit the Enrollment Agreement policy.

Notice Concerning Transferability of Credits and Credentials Earned at Our Institution

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

Transfer Credit

KPSOM does not award transfer credit for coursework completed at another graduate medical or health professions school or credit for prior learning experience.

Credit Hour Policy

For courses taught via traditional lectures, laboratories, small group activities, team-based learning, independent study, 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.

Given that the pace of learning and studying is not identical for everyone, the KPSOM understands that actual time on task will vary from student to student.

The KPSOM applies this formula 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.

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

**Full-Time Enrollment Status**

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

**Time Frame/Pace of Completion**

The maximum time frame is the maximum number of years after initial enrollment 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>Four years</td>
<td>N/A</td>
<td>Six years</td>
</tr>
<tr>
<td>MD/Master’s Degree</td>
<td>Four years</td>
<td>One year</td>
<td>Seven years</td>
</tr>
<tr>
<td>Approved Year-Long Research</td>
<td>Four years</td>
<td>One year</td>
<td>Seven years</td>
</tr>
<tr>
<td>MD/PhD (Caltech)</td>
<td>Four years</td>
<td>Four years</td>
<td>Ten 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 an LOA if they wish to pursue approved research or another degree program during their studies. Students must be in good academic standing to be eligible for a leave of absence.

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

<table>
<thead>
<tr>
<th>Percentage of Course Completed</th>
<th>Action Taken</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0–20%</td>
<td>The course is removed from the student’s registration and will</td>
<td></td>
</tr>
<tr>
<td>Percentage of Course Completed</td>
<td>Action Taken</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>not appear on the transcript.</td>
<td></td>
</tr>
<tr>
<td>21–99%</td>
<td>The course is assigned a withdrawal (W) grade to indicate that the student withdrew from the course. Withdrawal grades appear on the transcript and count towards the total credit hours attempted by the student.</td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>The course is assigned the grade earned.</td>
<td></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 before starting their LOA to determine the impact of the change to their enrollment status on their financial aid eligibility and student loan repayment status.

The Senior Financial Aid Officer will calculate 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 an 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 school-sponsored extracurricular activities.

The Senior Associate Dean for Student Affairs (or designee) determines the term and conditions of any leave. Depending on the duration of the LOA, changes in the curriculum or academic policies may occur that could impact academic requirements and affect a student’s matriculation upon return from an LOA. The KPSOM makes every reasonable attempt to minimize the impact of such changes. If changes are known when the LOA is granted, the Senior Associate Dean for Student Affairs will include these revised requirements as part of the terms and conditions in the letter granting a leave of absence. Should these changes occur after leave has been granted, the student on leave will be informed of these changes and how they may affect their future matriculation in writing from the Senior Associate Dean for Student Affairs (or designee).

At a minimum of 45 calendar days before the end of the leave of absence period (or as directed by the Senior Associate Dean for Student Affairs), the student must 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 a request for an extension by 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. The entire content of this policy can be viewed in the Leave of Absence section.
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 exceptional circumstances, the requestor must 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 is 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>The course is removed from the student’s registration and will not appear on the transcript.</td>
</tr>
<tr>
<td>21–99%</td>
<td>The course is assigned a withdrawal (W) grade to indicate that the student withdrew from the course. Withdrawal grades appear on the transcript and count towards the student's total attempted credit hours.</td>
</tr>
<tr>
<td>100%</td>
<td>The 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. For additional information, please visit the Withdrawal policy.

Upon withdrawal, the Senior Financial Aid Officer performs 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 withdrawing "in good academic standing" are not assured of re-admission unless it is a part of the final decision or agreement between the Senior Associate Dean for Student Affairs, the Admissions Dean, the Dean, and the withdrawing student. This final decision or agreement must be in writing so that it is clear to all parties involved. Students 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.
Retention of Student Records

In accordance with the California Code of Regulations, Title 5, Section 71920, the Kaiser Permanente Bernard J. Tyson School of Medicine maintains the following items in a permanent file regardless of a student’s enrollment or completion status.

1. 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:
   a. 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;
   b. 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;
   c. Grades or findings from any examination of academic ability or educational achievement used for admission or college placement purposes;
   d. All of the documents evidencing a student's prior experiential learning upon which the institution and the faculty base the award of any credit;

2. Personal information regarding a student's age, gender, and ethnicity if the student has voluntarily supplied that information;

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

4. Records of the dates of enrollment and, if applicable, withdrawal from the institution, leaves of absence, and graduation; and

5. In addition to the requirements of section 94900(b) of the Code, a transcript showing all of the following:
   a. The courses or other educational programs that were completed, or were attempted but not completed, and the dates of completion or withdrawal;
   b. Credit awarded for prior experiential learning, including the course title for which credit was awarded and the amount of credit;
   c. Credit for courses earned at other institutions;
   d. Credit based on any examination of academic ability or educational achievement used for admission or college placement purposes;
e. The name, address, website address, and telephone number of the institution.

6. For independent study courses, course outlines or learning contracts signed by the faculty and administrators who approved the course;

7. The dissertations, theses, and other student projects submitted by graduate students;

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

9. 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;

10. 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;

11. Copies of any official advisory notices or warnings regarding the student's progress; and

12. Complaints received from the student.
Curriculum Policies

Academic Honesty
See Academic Honesty.

Academic Workload and Duty Hours

Phase 1 Academic Workload

Required activities will be designed to not exceed 68 hours per week in total, including adequate time for self-directed learning and independent learning. The maximum time students may spend in required in-class activities per week is 26 hours per Phase 1 academic week, averaged over four weeks. Weekend activities or clinical experiences generally are not required in Phase 1 academic weeks.

Phase 2 and 3 Duty Hours

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

Adequate time for rest and personal activities must be provided. This must be no less than eight hours between all daily duty periods.

On-Call Activities

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

Continuous on-site duty hours, including in-house and overnight calls, must not exceed 24 consecutive hours. Students may remain on duty for up to four additional hours to participate in supplemental learning activities and maintain the continuity of medical and surgical care (i.e., hospital rounds) per the decision of their supervisor.

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

Adequate time for rest and personal activities must be provided. This must be no less than fourteen hours after in-house, overnight call.

Please visit the Academic Workload and Duty Hours policy for additional information on monitoring and exceptions to this policy,
Clinical Supervision
Medical students in clinical learning situations involving patient care are appropriately supervised at all times to ensure patient and student safety; the level of responsibility delegated to students is appropriate to their level of training, and the activities supervised are within the scope of practice of the supervising health professional. To view the entire content of this policy, please visit Clinical Supervision.

Credit Hours
See Credit Hour Policy.

Electives
KPSOM supports students' participation in elective opportunities to supplement required learning experiences, facilitate exposure to a broad range of interests, and permit students to expand their learning of medical specialties that reflect their career and academic interests. To view the entire content of this policy, please visit Electives.

Formative Assessment and Feedback
The school of medicine’s Curriculum and Education Policy (CEP) committee ensures the assessment of each student and the provision of formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of a course or clerkship. A course or clerkship shorter than four weeks provides alternate means by which students can measure their progress in learning. KPSOM delivers a range of formative assessments to improve student progress and assist in developing personalized self-improvement plans for achieving educational objectives and competencies. For the entire content of this policy, please visit Formative Assessment and Feedback.

Narrative Assessment
Students will receive formative and summative narrative assessments, including their non-cognitive achievement, in required courses and clerkships when direct and focused educator-learner interaction occurs. Students will receive narrative feedback when educator-learner contact is consistent and sustained. For the entire content of this policy, please visit Narrative Assessment.

Non-Involvement of Providers of Student Health Services in Assessment and Promotion
KPSOM prohibits faculty members or post-graduate trainees responsible for medical student assessment or promotion from providing healthcare to medical students except in emergencies. Any provider of healthcare services to a medical student will not be involved in the academic or performance assessment or promotion of that medical student. To view the entire content of this policy, please visit Non-Involvement of Providers of Student Health Services in Assessment and Promotion.
Recording of Educational Sessions and Events
When appropriate, KPSOM may record educational sessions and events and make them available to faculty, staff, and students for various reasons, including, without limitation, for educational purposes, quality improvement, and assessment. KPSOM prohibits students from recording audio or video from educational sessions and events, with limited exceptions. Students with disabilities should contact the Disability Access Office to request accommodations, which may include, but are not limited to, recording and captioning of educational sessions by the school. To view the entire content of this policy, please visit Recording of Educational Sessions and Events.

Satisfactory Academic Progress
See Satisfactory Academic Progress.

Single Standard for Promotion and Graduation
KPSOM has a single standard for the promotion and graduation of all students enrolled in the Doctor of Medicine (MD) program. To view the full content of this policy, please visit Single Standard for Promotion and Graduation. See also Standards for Promotion and Graduation.

Student Challenge of Assessment Data and Grades
See Student Challenge of Assessment Data and Grades.

Student Corrective Action and Due Process
KPSOM facilitates the regular and comprehensive review of student performance data to inform and validate decisions regarding the fulfillment of academic and technical standards and adherence to standards of professionalism and conduct. These processes ensure due process for students facing adverse decisions. For additional information, please visit the Student Corrective Action and Due Process policy. See also Promotional Decisions, Student Code of Conduct.

Technical Standards
See Admissions, Technical Standards.

Timely Submission of Grades
It is critically essential that KPSOM informs medical students about their final performance in courses and clerkships to facilitate 1) student self-assessment of their progress towards becoming a physician, 2) institutional monitoring of student development and progress, and 3) student assistance programs.

Course directors must submit their final grades to the Registrar's Office no later than two weeks (10 business days) following the last day of the course. Clerkship directors must submit their final grades no later than four weeks (20 business days) following the
final day of the clerkship. For additional details on this policy, please access the Timely Submission of Grades policy.

Transfer Credit

See Admissions, Transfer Students, or the Transfer Credit policy.

Transfer Students

See Admissions, Transfer Students, or the Transfer Students policy.

Use of Library and Electronic Learning Resources

The Kaiser Permanente Bernard J. Tyson School of Medicine Library provides services and educational resources to support teaching, learning, and scholarship.

The library must foster an environment of inquiry, intellectual development, and access to information from all perspectives, even when topics are controversial. Library and electronic resources are purchased, created, and made available solely for members of the school's community. Library and electronic resources include both licensed and non-licensed materials. The library negotiates license agreements that stipulate terms that control access and usage of materials. Should members of the KPSOM community violate these licensing terms, the licensors can temporarily suspend access for the entire school community or permanently revoke the license.

For additional details on the library services available, please see the Library section of this catalog. For the full content of this policy, see the Use of Library and Electronic Learning Resources.
Assessment and Grading

Assessment Methods

KPSOM believes that the validity of programmatic assessment is premised on multiple and multisource assessment data obtained over time and on the integrated use of both quantitative and qualitative data. Therefore, the KPSOM system of assessment is intended to aggregate a robust variety of assessment data types across the curriculum. The following list includes 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):** KPSOM faculty will construct examinations to align with content in the Integrated Sciences courses, using multiple-choice questions developed by the NBME for this purpose.
   
   b. **Comprehensive Basic Sciences Examination (CBSE):** This examination will be administered to KPSOM students at least once prior to their sitting for USMLE Step 1. The CBSE examination is constructed by the NBME with content and difficulty that is consistent with USMLE Step 1 examinations, allowing student performance on this examination to be correlated to subsequent USMLE 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.
   
   c. **Comprehensive Clinical Sciences Examination (CCSE):** This examination will be taken by KPSOM students at least once before sitting for USMLE Step 2.

2. Objective Structured Clinical Examinations (OSCEs)
   a. **End-of-course OSCEs:** Integrated Sciences courses will use end-of-course OSCEs to assess knowledge and skills from basic science, clinical science, and health systems science content, and will serve as the primary assessment method for assessment of clinical science learning. Simulated encounters may include, but are not limited to, use of standardized patients and/or mannequin-based scenarios. Certain encounters will be followed in each case by peri-encounter tasks consisting of written work (e.g., note writing, ethical reasoning, explanations of management, other follow-up), oral presentations, and/or discussion with an assessor. Those portions of OSCE checklists representing generic behaviors within a common skill set will be made available on Elentra (the learning management system used by the school to maintain documents relevant to each course) to
students for learning. Portions specific to the case scenario will not. By way of example only, students will be provided with a checklist for the behaviors of person-centered communication and questions appropriate for presentations of pain in general; they will not be provided with a checklist of symptom questions for acute lower abdominal pain in a reproductive-aged woman.

b. Progress OSCEs: KPSOM uses a series of OSCEs designed to test the development of knowledge and skills over time. The same exam, at the same level of difficulty, will be administered to a class one or 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: The Integrated Sciences and REACH courses will use open-ended question and/or essay examinations. This type of examination also may be used in other courses at the school’s discretion. Rubrics for assessment will be available on Elentra.

4. Writing for reflection and perspective-taking: The REACH program, the service-learning segment of Health Systems Science, and the LIC will include, as part of student assessment, a writing for reflection and perspective approach to assessment. Rubrics for assessment will be available on Elentra. Within REACH, coaches will not be able to assess materials or performance of the students they are assigned to coach, but they will be able to assess materials and/or performance of other students who are not assigned to them for coaching.

5. Clinical quarterly/end-of-clerkship assessments: 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 or 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 recorded on common forms available on Elentra.

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

7. Comprehensive Clinical Observation: KPSOM faculty include Expert Clinical Assessors of Student Performance (ECASP), a small group that will periodically observe student performance of multiple clinical skills in single
encounters, provide ratings and written and/or verbal feedback on the different components required to perform each skill, and offer targeted feedback and teaching. ECASP faculty undergo dedicated and continued training in assessment of clinical performance. The rating forms used for Comprehensive Clinical Observations are available on and recorded in 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. Document assessments will be made using rubrics available on and recorded in 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 and REACH.

10. **Self-assessments:** Students will be required to complete a written self-assessment prior to each promotional decision on their progress by the SPP Committee. While the self-assessments will not contribute to a course grade, they may be used to inform the SPP Committee’s consideration of the many factors that can determine a student’s progress through the curriculum.

11. **Licensing examinations:** Students will be required to pass the USMLE Step 1 and Step 2 CK examinations.

   - **USMLE Step 1:** Students who demonstrate readiness are encouraged to sit for USMLE Step 1 at the end of or shortly after the dedicated preparation period at the beginning of phase 3. Students will be required to sit for USMLE Step 1 no later than December 31 of the third year/the first year of phase 3. Students must pass USMLE Step 1 before sitting for USMLE Step 2. Students are encouraged to sit for the USMLE Step 1 exam before the first day of the Advanced Clinical Knowledge Training (ACKT) course.

   - **USMLE Step 2:** Students who demonstrate readiness, based on Comprehensive Clinical Sciences Examination performance and shelf performance during the ACKT Course, are encouraged to sit for USMLE Step 2 at the end of or shortly after completion of the ACKT. Students will be required to sit for USMLE Step 2 no later than March 31 of the third year/the first year of phase 3.

12. **Peer assessments:** Students will provide assessments of their peers in
team-based learning and other activities as determined by the school. Completion of peer assessments may be a requirement for course passage.

13. Projects: The KPSOM curriculum includes various projects in specific required and elective courses. These will be assessed by course faculty according to rubrics aligned with the learning objectives of the project.

Examinations for Remediation or Conditional Pass Grades

Examinations may be included in structured remediation plans put forth by the SPP Committee in response to one or more grades of Fail, or two or more grades of Conditional Pass.

If a student receives a single grade of Conditional Pass, the Strategic Academic Success (SAS) Team and the Course Director will collaborate to develop a structured plan that may include examinations. The SAS Team will communicate to the student and to the chair of the SPP Committee in writing the plans for satisfactory achievement of course expectations after a single grade of Conditional Pass.

Content:

- Remediation examinations will assess course-level learning objectives with similar breadth and rigor as the initial examination.
- A draft of the remediation examination, if institutionally developed (or its blueprint in the case of the NBME Customized Assessment Services examination), will be submitted by the course director to the Office of Assessment and Evaluation for review and approval prior to administration.

Timing and scheduling:

- Examination(s) taken to address a single CP grade will be scheduled in consultation with the course director, SAS Team and the Office of Assessment and Evaluation, and no later than the start of the subsequent phase of the curriculum.
- The timing of remediation examinations that are included in remediation plans from the SPP Committee will be specified in the plan.
- Whenever possible, designated time within REACH weeks (Fridays) should be used to administer remediation examinations.

Failure of a remediation examination:

- Failure of any remediation examination or of any examination administered to address a Conditional Pass grade will automatically be elevated for review by the SPP Committee.
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>I</td>
<td>Incomplete</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
|       | • Required work may reasonably be completed in an agreed-upon time frame and does not require the student to re-take any portion of the course;  
|       | • The incomplete grade is not given as a substitute for a failing grade;  
|       | • The incomplete grade is not based solely on a student's failure to complete work or as a means of raising their grade by doing additional work after the grade deadline. |
| IP    | In-Progress |
|       | An In-Progress grade is assigned at the end of the first semester for courses spanning two semesters. The In-Progress grade is replaced with the final grade earned upon completion of both semesters of the course. |
| M     | Missing     |
|       | A missing “M” grade is a temporary grade that the Registrar inputs if a student’s grade is not available by the deadline for grade submission. An “M” grade is replaced by the grade earned in the course once submitted by the course director. “M” grades should not be used in place of an Incomplete “I” grade. |
| W     | Withdrawal  |
|       | A withdrawal from a course or clerkship may be permitted in the event of illness or other personal circumstances or when a student is placed on a leave of absence prior to completing a course. Students must request approval from the Senior Associate Dean for Student Affairs, who will review the request with the course chair and the Registrar. If a withdrawal is approved, the withdrawal is recorded on the transcript by the Registrar. A student is not permitted to withdraw to avoid failing a course or clerkship. |

**Grade Reports**

When course or clerkship directors submit official final grades, the Registrar posts the grades on the student portal. 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. Grades will not be modified because of a revision of judgment by the instructor or a second trial (e.g., a new examination or additional work undertaken or completed after submission of the final grade or repeat of the course). Grades may only be changed due to 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 course requirements.

The course director is the only individual who can change a grade. Grade corrections or appeals must occur by the end of the subsequent term.
Student Challenge of Assessment Data and Grades

The KPSOM makes every attempt to ensure that assessment data and grades are accurate, truthful, and appropriate; however, discrepancies may occur. Students can 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 challenge their assessment data within ten business days of it becoming available if they feel that the recorded data are inaccurate, misleading, inappropriate, or not according to the course syllabus.

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

Should the course director deny the challenge, the student can submit a final appeal to the SPP Committee. Students must submit their appeal to the Chair of the SPP Committee within five business days of notification that the initial challenge was denied. An ad hoc subcommittee of the SPP Committee will be convened to 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 challenge a didactic or clinical course final grade within ten business days of it becoming available if they feel that the grade is inaccurate, misleading, inappropriate, or not in accordance with the course syllabus.

A student may initiate a request to review and challenge a course’s final grade through the course director. The course director should render and communicate a decision to the student in writing within five business days.

Should the course director deny the challenge, the student can submit a final appeal to the SPP Committee. Students must submit their appeal to the Chair of the SPP Committee within five business days of notification that the initial challenge was denied. An ad hoc subcommittee of the SPP Committee will be convened to 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 by contacting the Office of Assessment and Evaluation. All challenges must be received within three business days once the MSPE becomes available.

Assessment data, final course grades, and narrative comments previously eligible for a challenge cannot be challenged or appealed when reviewing the MSPE; only new content can be challenged.
The student may submit an appeal to the Dean if the Office of Assessment and Evaluation upholds the contested contents within the MSPE. This final appeal must be submitted to the Dean within three business days of notification from the Office of Assessment and Evaluation that the initial challenge was denied. The Dean may convene an ad hoc Appeals Committee to review the appeal. The Appeals Committee will render a final decision before the MSPE must be uploaded to the student’s residency application or within five business days, whichever comes first.

Review Timeline

The school makes every attempt to uphold the timelines referenced in the sections above. Should an extension to the timeline be required, the KPSOM will notify the student in writing.

See also Student Challenge of Assessment Data and Grades policy.

Licensing Examinations

The United States Medical Licensing Examination (USMLE) is a two-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 the 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 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 both steps of the USMLE have met a common standard.

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

**USMLE Step 1**

Students who demonstrate readiness are encouraged to sit for USMLE Step 1 at the end of or shortly after the dedicated preparation period at the beginning of phase 3. Students will be required to sit for USMLE Step 1 no later than December 31 of the third year/first year of phase 3. Students must pass USMLE Step 1 before sitting for USMLE Step 2. Students are encouraged to sit for the USMLE Step 1 exam before the first day of the Advanced Clinical Knowledge Training (ACKT) course.

**USMLE Step 2 (CK)**

Students who demonstrate readiness, based on Comprehensive Clinical Sciences Examination performance and shelf performance during the ACKT course, are encouraged to sit for USMLE Step 2 at the end of or shortly after completion of the
ACKT. Students will be required to sit for USMLE Step 2 no later than March 31 of the third year/the first year of phase 3.

Standards for Promotion and Graduation

KPSOM evaluates each student’s progress towards achieving educational goals through formative and summative assessments. The KPSOM Competency, Learning Environment and Professionalism (LEAP) and Student Promotion and Progress (SPP) Committees conduct comprehensive evaluations of each student’s performance at the conclusion of each curricular phase.

The KPSOM criteria for promotion and graduation 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,
- passage of the USMLE Step 1 and Step 2 CK licensure examinations,
- achievement of each of the school of medicine educational program outcomes or its developmentally appropriate milestone as 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.

Promotional Decisions

Assessment and performance data used in promotional decisions

To ensure appropriate consideration of relevant information on the performance of each student, the following data are used in determinations of readiness for promotion and graduation.

- Didactic and clinical course grades, required and elective (recipient: SPP Committee)
- Results of licensure examinations (recipient: SPP Committee)
- Other curricular data on student learning and performance (recipient: Competency Committee)
- Findings and recommendations from the Learning Environment and Professionalism Committee (recipient: SPP Committee)
- Determinations by Competency Committee regarding student progress with respect to KPSOM educational program outcomes and relevant documentation within the student’s electronic portfolio (recipient: SPP Committee)
- Student selected self-assessments and individualized learning plans (ILP) (recipient: Competency Committee)

The Assessment and Evaluation Office oversees input and reporting of student performance data in the Student E-Portfolio in accordance with the KPSOM Data Governance Policy. The E-Portfolio centralizes and meaningfully aggregates
performance data. It also includes learning artifacts generated by individual students. The E-Portfolio facilitates self-regulated and self-directed learning as supported through the coaching relationship, and aids in determinations of progress toward achievement of educational program outcomes.

Students are required to reflect upon formative and summative assessments on an ongoing basis to create and maintain ILPs that address areas of strength, areas for improvement, goals, and resources to help attain their goals. The ILPs are real-time, formative documents. The full ILP is not part of the academic record and is not reviewed by the Competency Committee or the SPP Committee. However, students may submit portions of their ILPs to demonstrate their ability to self-reflect, respond to feedback, and develop learning goals, as pertinent to relevant KPSOM educational program outcomes and Professionalism Attributes.

**Promotion determination process**

**A. Goals of the promotion process and responsibility and preparation of the SPP Committee**

Students’ promotion within the KPSOM curriculum is based upon satisfactory progress toward attainment of the KPSOM educational program outcomes, adherence to standards of professionalism and student conduct, passing required didactic and clinical courses, and passing promotional and licensure examinations. Continued fulfillment of the technical standards is also required throughout the curriculum. See the following policies and documents for additional information:

- Single Standard for Promotion and Graduation
- Student Corrective Action and Due Process
- Faculty Handbook

**B. Timing of the promotion process by SPP Committee**

Each student will be reviewed for determination of fitness for promotion or graduation on the following schedule:

1. End of Year 1/beginning of Year 2
2. End of Year 2/beginning of Year 3
3. End of Year 3/beginning of Year 4
4. Midway through the fourth year (no later than January 15; provisional decision on graduation)

All students who are determined to be on track for graduation at the fourth review will be certified for the Match, the automated national process for pairing medical residents with residency programs (if they have entered it). This does not include students applying to early match programs; those students will be reviewed at the third meeting for Match certification, if possible.
C. **Steps of the promotion process**

Judgments from the LEAP and Competency Committees, along with data from promotional and licensure exams and grades provided by the Office of Assessment and Evaluation, are used to inform the decision of the SPP Committee. Prior to the regularly scheduled meetings of the SPP Committee, the Competency Committee, and the LEAP Committee prepare and submit their recommendations to the SPP Committee.

**Step 1—Competency Committee: determinations of attainment of milestones for KPSOM educational program outcomes**

The Competency Committee is an advisory committee to the SPP Committee, charged with making determinations of attainment of KPSOM educational program outcomes to inform the promotional and graduation determinations of the SPP Committee. Members of the Competency Committee undergo training on unconscious bias, programmatic and holistic assessment, KPSOM educational program outcomes and milestones, the sources and types of assessment data produced within the curriculum, best practices in group decision-making, and categories of possible decisions, among others. The Competency Committee meets and makes its determinations at least two weeks before the promotional meeting of the SPP Committee. In preparation for meetings of the Competency Committee, the portfolio of each student is independently reviewed by two members of the Competency Committee, who determine 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, experience and training of raters and assessors, and trajectory of learning over time.

For each educational program outcome, each reviewer will assign one of the following ratings:

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

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

3. **Progressing toward competence with concern**: 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 toward competence:** The evidence indicates that the student has made insufficient progress and will require a structured and monitored remediation plan requiring involvement of individuals in addition to their coach that must be successfully completed with return to expected progression.

Where both reviewers assign the portfolio either a #1 or #2 rating, their decision will stand without further discussion and is provided to the SPP Committee. Where one or both reviewers assign either a #3 or #4 rating, the reviewers will meet to further discuss, with the following outcomes:

If the reviewer pair’s final determination is that the student’s performance merits a rating of #1 or #2, that decision will be noted with an explanation of the discrepancy and the basis for the final determination. The chair of the Competency Committee will review these decisions and explanations and determine whether full committee review is warranted.

If the reviewer pair’s final determination is that the student’s performance merits a rating of #3 or #4, the full Competency Committee will review the rating. The Competency Committee will also provide recommendations for the focus of an individualized learning plan or the components of a structured remediation plan.

In circumstances where the Competency Committee cannot reconcile rating discrepancies, the determination shall be escalated to the SPP Committee for final determination.

Once finalized, all ratings and recommendations will be communicated to the SPP Committee. As part of the promotional decision-making process for students receiving a rating of #3 or #4, the SPP Committee will be responsible for affirming recommendations for ILPs or structured remediation plans, set the expectations and timelines for these plans, and monitor for appropriate completion. Determinations regarding remediation are conducted by the SPP Committee.

**Step 2—The Learning Environment and Professionalism Committee (LEAP): promotional decisions and communication**

The LEAP Committee addresses all issues of student conduct and professionalism and will communicate findings relevant to promotional decisions to the SPP Committee. For additional information about processes, see the Faculty Bylaws for a description and charge of the LEAP Committee Faculty Bylaws (Section 1).
Step 3—The Student Progress and Promotion (SPP) Committee: promotional decisions and communication
The SPP Committee reviews and monitors the development and performance of each KPSOM student on an ongoing and as-needed basis, considering determinations of the Competency Committee, findings from the LEAP Committee, grades and licensure examinations provided by the Office of Assessment and Evaluation. Its promotional decisions are based on evaluation of the fulfillment of technical standards, the attainment of educational program outcomes and milestones, and adherence to standards of professionalism and conduct, as well as course grades, and licensure examinations.

The SPP Committee assigns one of four determinations:

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**.

As part of the promotional decision-making process for students receiving a rating of #2 or #3, the SPP Committee will be responsible for determining next steps, up to and including mandatory leave of absence. The SPP Committee is responsible for developing structured remediation plans, setting the expectations and timelines for these plans, and monitoring for appropriate completion.

Students who have met or exceeded the milestones for each educational program outcome, who have no record of behavior resulting in corrective response or dismissal by LEAP, who continue to meet the technical standards, and who have earned at least a grade of Pass or Conditional Pass/Pass in all clinical and didactic courses and who have sat for required licensure examinations to date will be automatically promoted to the next phase of training.

All other students will be individually reviewed by the SPP Committee. See the following policies and documents for additional information:

- Single Standard for Promotion and Graduation Policy
- Student Corrective Action and Due Process Policy
- Faculty Bylaws (Section 1)
- Student Manual for Assessment and Promotion
Decisions Affecting Advancement in the Curriculum Outside of Scheduled Promotional Decisions

As-needed reviews

The SPP Committee may conduct as-needed reviews of a student at any time, to the extent information on student performance reasonably suggests or demonstrates the need for academic remediation or disciplinary action or addressing other concerns.

The Office of Assessment and Evaluation will bring to the attention of the SPP Committee any student who has received grades consistent with one or more of the patterns identified below. Matters related to 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 required in any of the following circumstances:

- Failure to meet the criteria for passing a course within the specified time frame after a grade of Conditional Pass
- One or more Conditional Pass grade
- One or more Fail grades
- Failure to meet the criteria within the specified time frame for remediation of a determination of Promotion with Concern
- Upon recommendation from the LEAP Committee

Guidelines for probation, repeat of academic semester or year, or dismissal

The SPP Committee will place a student on probation when they meet any of the following criteria:

- One or more Conditional Pass grades
- A minimum of one Fail grade
- A finding of Promotion with Concern
- Failure of a licensing examination
- Other circumstances presenting material concern in the assessment of the SPP Committee

Students will remain on probation until they have satisfactorily corrected the grade or promotion finding and have completed one additional semester without additional difficulties. Students will be required to earn a grade of Pass or Conditional Pass/Pass in all required clinical and didactic courses prior to taking the Step 1 licensing exam. Probation does not have to be administered in the last semester of medical school.

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

- Fail one or more Integrated Sciences Courses
• Fail the REACH Course in Phase 1 or Phase 2
• Fail one clerkship in Phase 1 or Phase 2
• Fail to remediate a failed Integrated Science Course within the required timeframe in Phase 1 or Phase 2
• Receive a Conditional Pass in two or more 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 timeframe for remediation of a determination of Promotion with Concern

The SPP Committee will strongly consider dismissal when a student:

• Fails two or more Integrated Sciences Courses in the first two years of the curriculum
• Fails two or more clerkships in the first two years of the curriculum
• Fails a course that they have previously failed
• Fails two times to meet the criteria within a specified timeframe for remediation of a determination of Promotion with Concern
• 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 by the LEAP Committee.

**Interruptions of and Non-Linear Progression in the Curriculum**

From time to time, students may experience interruptions of their curriculum due to personal circumstances (e.g., illness, life events), the requirements of external degree programs (e.g., MD-PhD; MD-MHA; MD-MHSE; MD-MPH), disciplinary actions, failure to meet criteria for promotion or graduation, or something similar. The school’s Office of Student Affairs’ options for addressing such interruptions depend on several factors, including the semester(s) involved and the total duration of the absence, whether continuous or intermittent. Grade decisions of I or W will be assigned, based on the standard course criteria.

See the following policies and documents for additional information:

• [Leave of Absence Policy](#)
• [External Degree Program](#)

**Graduation Requirements**

To qualify for graduation, students must meet graduation-level milestones for each EPO, demonstrate continued adherence to the technical standards and Student Code of Conduct, have earned at least a grade of Pass or Conditional Pass/Pass (meaning that
the student has resolved the conditional pass to a pass for the course) in all courses, and pass the USMLE Step 1 and Step 2 Clinical Knowledge examinations. All aspects of the medical education program listed as required for graduation from KPSOM must be completed within a six-year time period, unless granted an extension at the discretion of the SPP Committee.

To qualify for graduation, by the time of the scheduled SPP Committee review midway through the student’s fourth year, students must meet graduation level milestones for each KPSOM educational program outcome, demonstrate continued adherence to the technical standards and Student Code of Conduct, earn at least a grade of Pass in all didactic and clinical courses, and pass the USMLE Step 1 and Step 2 CK examinations. If at any time it is determined to be impossible for a student to complete these requirements for reasons other than the interruptions described in Section 6 above, the student will be suspended pending dismissal in accordance with SPP Committee procedure.

See the Single Standard for Promotion and Graduation for additional information.

Requirements for Certification for the National Residency Match Program

Students must pass USMLE Step 1, USMLE Step 2 CK, and examinations and be on trajectory to meet all other graduation requirements prior to the National Residency Match Program deadline to be certified for Match participation.

Appeals and Grievances of Grades and Promotional Decisions

The following additional policies and documents provide information regarding appeals and grievances of grade and promotional decisions:

- Student Challenge of Assessment Data and Grades
- Student Correction Action and Due Process Policy
## MD Curriculum, Students Entering in Fall 2022

### Required Courses, Phase 1, Year 1

<table>
<thead>
<tr>
<th>Fall 2022 Semester</th>
<th>Subject/Course Number</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EIE 100</td>
<td>Early Immersive Experience</td>
<td>P/CP/F</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>HSS 101A</td>
<td>Service-Learning 1A</td>
<td>P/CP/F</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>IS 100</td>
<td>Integrated Sciences 1</td>
<td>P/CP/F</td>
<td>8.5</td>
<td></td>
</tr>
<tr>
<td>LIC 101A</td>
<td>Longitudinal Integrated Clerkship 1A</td>
<td>P/CP/F</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>REACH 101A</td>
<td>REACH 1A</td>
<td>P/CP/F</td>
<td>1.0</td>
<td></td>
</tr>
</tbody>
</table>

**Fall Semester, Phase 1 Total:** 13.0

<table>
<thead>
<tr>
<th>Spring 2023 Semester</th>
<th>Subject/Course Number</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSS 101B</td>
<td>Service-Learning 1B</td>
<td>P/CP/F</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>IS 160</td>
<td>Integrated Sciences 2</td>
<td>P/CP/F</td>
<td>13.5</td>
<td></td>
</tr>
<tr>
<td>LIC 101B</td>
<td>Longitudinal Integrated Clerkship 1B</td>
<td>P/CP/F</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>REACH 101B</td>
<td>REACH 1B</td>
<td>P/CP/F</td>
<td>1.0</td>
<td></td>
</tr>
</tbody>
</table>

**Spring Semester, Phase 1 Total:** 16.5

**Phase 1 Total:** 29.5
# Required Courses, Phase 2, Year 2

## Fall 2023 Semester

<table>
<thead>
<tr>
<th>Subject/Course Number</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSS 201A</td>
<td>Service-Learning 2A</td>
<td>P/CP/F</td>
<td>0.5</td>
</tr>
<tr>
<td>IS 200</td>
<td>Integrated Sciences 3</td>
<td>P/CP/F</td>
<td>7.5</td>
</tr>
<tr>
<td>LIC 210A</td>
<td>LIC: Family Medicine/Internal Medicine 2A</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 220A</td>
<td>LIC: Obstetrics/Gynecology 2A</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 230A</td>
<td>LIC: Pediatrics 2A</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 240A</td>
<td>LIC: Surgery 2A</td>
<td>H/P/F</td>
<td>2.5</td>
</tr>
<tr>
<td>LIC 250A</td>
<td>LIC: Psychiatry 2A</td>
<td>H/P/F</td>
<td>1.5</td>
</tr>
<tr>
<td>LIC 260A</td>
<td>Emergency Medicine Core Clerkship 2A</td>
<td>H/P/F</td>
<td>1.5</td>
</tr>
<tr>
<td>REACH 201A</td>
<td>REACH 2A</td>
<td>P/CP/F</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**Fall Semester, Phase 2 Total:** 20.5

## Spring 2024 Semester

<table>
<thead>
<tr>
<th>Subject/Course Number</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSS 201B</td>
<td>Service-Learning 2B</td>
<td>P/CP/F</td>
<td>1.0</td>
</tr>
<tr>
<td>IS 250</td>
<td>Integrated Sciences 4</td>
<td>P/CP/F</td>
<td>6.5</td>
</tr>
<tr>
<td>LIC 210B</td>
<td>LIC: Family Medicine/Internal Medicine 2B</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 220B</td>
<td>LIC: Obstetrics/Gynecology 2B</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 230B</td>
<td>LIC: Pediatrics 2B</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 240B</td>
<td>LIC: Surgery 2B</td>
<td>H/P/F</td>
<td>2.5</td>
</tr>
<tr>
<td>LIC 250B</td>
<td>LIC: Psychiatry 2B</td>
<td>H/P/F</td>
<td>1.5</td>
</tr>
<tr>
<td>LIC 260B</td>
<td>Emergency Medicine Core Clerkship 2B</td>
<td>H/P/F</td>
<td>1.5</td>
</tr>
<tr>
<td>REACH 201B</td>
<td>REACH 2B</td>
<td>P/CP/F</td>
<td>1.5</td>
</tr>
</tbody>
</table>

**Spring Semester, Phase 2 Total:** 20.5

**Phase 2 Total:** 41.0
## Required Courses, Phase 3

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>ACKT 300: Advanced Clinical Knowledge Training</td>
<td>P/F</td>
<td>0.5</td>
<td>4</td>
</tr>
<tr>
<td>Fall</td>
<td>IS 300A: Integrated Sciences 5A</td>
<td>P/F</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Fall</td>
<td>REACH 300A: REACH 3A</td>
<td>P/F</td>
<td>1.0</td>
<td>1</td>
</tr>
<tr>
<td>Spring</td>
<td>IS 300B: Integrated Sciences 5B</td>
<td>P/F</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td>Spring</td>
<td>REACH 300B: REACH 3B</td>
<td>P/F</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 300.1 – 300.2: Advanced Clinical Selective (FM or IM)</td>
<td>H/P/F</td>
<td>5.0</td>
<td>4</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 305.1 – 305.21: Advanced Clinical Selective (Student’s Choice)</td>
<td>H/P/F</td>
<td>4.0 – 5.0</td>
<td>4</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 310.1 – 301.5: Critical Care Selective</td>
<td>H/P/F</td>
<td>5.0</td>
<td>4</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 315.1: Neurology Rotation (Two-Week Required)</td>
<td>P/F</td>
<td>2.0</td>
<td>2</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>HSS 300.1 – 350.8: Health Systems Science Selective</td>
<td>P/F</td>
<td>2.5</td>
<td>4</td>
</tr>
</tbody>
</table>

**Phase 3, Year 3 Total:** 23.5 - 24.5  
**Phase 3 Total:** 67.0 - 68.0

### Years 3 or 4

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall or Spring</td>
<td>CS 400.1 – 400.9: Community Medicine Rotation</td>
<td>P/F</td>
<td>4.0</td>
<td>4</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 305.1 – 305.21, 320.1 – 390.1: CS Selectives or Electives</td>
<td>P/F</td>
<td>16.0</td>
<td>16</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 305.1 – 305.21, 320.1 – 390.1: CS Selectives or Electives or HSS 300.1 – 350.8: Health Systems Science Selective</td>
<td>P/F</td>
<td>8.0</td>
<td>8</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>RS 400: Scholarly Project⁵</td>
<td>P/F</td>
<td>6.0</td>
<td>4</td>
</tr>
</tbody>
</table>

**Phase 3, Years 3 or 4 Total:** 34.0  
**Phase 3 Total:** 67.0 - 68.0

### Year 4 (Fall 2025, Spring 2026)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>IS 400A: Integrated Sciences 6A</td>
<td>P/F</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Fall</td>
<td>REACH 400A: REACH 4A</td>
<td>P/F</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Spring</td>
<td>IS 400B: Integrated Sciences 6B</td>
<td>P/F</td>
<td>1.0</td>
<td>1</td>
</tr>
<tr>
<td>Spring</td>
<td>REACH 400B: REACH 4B</td>
<td>P/F</td>
<td>1.0</td>
<td>1</td>
</tr>
<tr>
<td>Spring</td>
<td>CS 499: Residency Immersive</td>
<td>P/F</td>
<td>2.0</td>
<td>2</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>HSS 300.1 – 350.8: Health Systems Science Selective</td>
<td>P/F</td>
<td>2.5</td>
<td>4</td>
</tr>
</tbody>
</table>

**Phase 3, Year 4 Total:** 10.0  
**Phase 3 Total:** 67.0 - 68.0

⁵ Students enrolled in the MD/PhD program are not required to complete RS 400 – Scholarly Project since they will be completing a dissertation as part of their PhD degree requirements at Cal-Tech.
### Required Credit Hours for the MD Degree

<table>
<thead>
<tr>
<th>Curricular Phase</th>
<th>Total Credit Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 (Year 1)</td>
<td>29.5</td>
</tr>
<tr>
<td>Phase 2 (Year 2)</td>
<td>41.0</td>
</tr>
<tr>
<td>Phase 3 (Years 3 and 4)</td>
<td>67.0 – 68.0</td>
</tr>
<tr>
<td><strong>Total Required for Degree:</strong></td>
<td><strong>137.5 – 138.5</strong></td>
</tr>
</tbody>
</table>

### Required Credit Hours for the MD/PhD Degree

<table>
<thead>
<tr>
<th>Curricular Phase</th>
<th>Total Credit Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 (Year 1)</td>
<td>29.5</td>
</tr>
<tr>
<td>Phase 2 (Year 2)</td>
<td>41.0</td>
</tr>
<tr>
<td>Clinical Continuation⁶</td>
<td>6.0</td>
</tr>
<tr>
<td>Phase 3 (Years 3 and 4)</td>
<td>61.0 – 67.0</td>
</tr>
<tr>
<td><strong>Total Required for Degree:</strong></td>
<td><strong>137.5 – 138.5</strong></td>
</tr>
</tbody>
</table>

⁶ MD/PhD students are required to complete LIC 270 – MD/PhD LIC Continuation during each year of their PhD program at Cal-Tech.
## MD Curriculum, Students Entering in Fall 2021

### Required Courses, Phase 1, Year 1

<table>
<thead>
<tr>
<th>Fall 2021 Semester</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject/Course Number</td>
<td>EIE 100  Early Immersive Experience</td>
<td>P/CP/F</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>HSS 101A  Service-Learning 1A</td>
<td>P/CP/F</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>IS 100  Integrated Sciences 1</td>
<td>P/CP/F</td>
<td>8.5</td>
</tr>
<tr>
<td></td>
<td>LIC 101A  Longitudinal Integrated Clerkship 1A</td>
<td>P/CP/F</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>REACH 101A  REACH 1A</td>
<td>P/CP/F</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**Fall Semester, Phase 1 Total:** 14.0

<table>
<thead>
<tr>
<th>Spring 2022 Semester</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject/Course Number</td>
<td>HSS 101B  Service-Learning 1B</td>
<td>P/CP/F</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>IS 160  Integrated Sciences 2</td>
<td>P/CP/F</td>
<td>13.5</td>
</tr>
<tr>
<td></td>
<td>LIC 101B  Longitudinal Integrated Clerkship 1B</td>
<td>P/CP/F</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>REACH 101B  REACH 1B</td>
<td>P/CP/F</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**Spring Semester, Phase 1 Total:** 16.5

**Phase 1 Total:** 30.5
## Required Courses, Phase 2, Year 2

### Fall 2022 Semester

<table>
<thead>
<tr>
<th>Subject/Course Number</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSS 201A</td>
<td>Service-Learning 2A</td>
<td>P/CP/F</td>
<td>0.5</td>
</tr>
<tr>
<td>IS 200</td>
<td>Integrated Sciences 3</td>
<td>P/CP/F</td>
<td>7.5</td>
</tr>
<tr>
<td>LIC 210A</td>
<td>LIC: Family Medicine/Internal Medicine 2A</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 220A</td>
<td>LIC: Obstetrics/Gynecology 2A</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 230A</td>
<td>LIC: Pediatrics 2A</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 240A</td>
<td>LIC: Surgery 2A</td>
<td>H/P/F</td>
<td>2.5</td>
</tr>
<tr>
<td>LIC 250A</td>
<td>LIC: Psychiatry 2A</td>
<td>H/P/F</td>
<td>1.5</td>
</tr>
<tr>
<td>LIC 260A</td>
<td>Emergency Medicine Core Clerkship 2A</td>
<td>H/P/F</td>
<td>1.5</td>
</tr>
<tr>
<td>REACH 201A</td>
<td>REACH 2A</td>
<td>P/CP/F</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**Fall Semester, Phase 2 Total:** 20.5

### Spring 2023 Semester

<table>
<thead>
<tr>
<th>Subject/Course Number</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSS 201B</td>
<td>Service-Learning 2B</td>
<td>P/CP/F</td>
<td>1.0</td>
</tr>
<tr>
<td>IS 250</td>
<td>Integrated Sciences 4</td>
<td>P/CP/F</td>
<td>6.5</td>
</tr>
<tr>
<td>LIC 210B</td>
<td>LIC: Family Medicine/Internal Medicine 2B</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 220B</td>
<td>LIC: Obstetrics/Gynecology 2B</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 230B</td>
<td>LIC: Pediatrics 2B</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 240B</td>
<td>LIC: Surgery 2B</td>
<td>H/P/F</td>
<td>2.5</td>
</tr>
<tr>
<td>LIC 250B</td>
<td>LIC: Psychiatry 2B</td>
<td>H/P/F</td>
<td>1.5</td>
</tr>
<tr>
<td>LIC 260B</td>
<td>Emergency Medicine Core Clerkship 2B</td>
<td>H/P/F</td>
<td>1.5</td>
</tr>
<tr>
<td>REACH 201B</td>
<td>REACH 2B</td>
<td>P/CP/F</td>
<td>1.5</td>
</tr>
</tbody>
</table>

**Spring Semester, Phase 2 Total:** 20.5

**Phase 2 Total:** 41.0
# Required Courses, Phase 3

## Year 3 (Fall 2023, Spring 2024)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>ACKT 300: Advanced Clinical Knowledge Training</td>
<td>P/F</td>
<td>0.5</td>
<td>4</td>
</tr>
<tr>
<td>Fall</td>
<td>IS 300A: Integrated Sciences 5A</td>
<td>P/F</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Fall</td>
<td>REACH 300A: REACH 3A</td>
<td>P/F</td>
<td>1.0</td>
<td>1</td>
</tr>
<tr>
<td>Spring</td>
<td>IS 300B: Integrated Sciences 5B</td>
<td>P/F</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td>Spring</td>
<td>REACH 300B: REACH 3B</td>
<td>P/F</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 300.1 – 300.2: Advanced Clinical Selective (FM or IM)</td>
<td>H/P/F</td>
<td>5.0</td>
<td>4</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 305.1 – 305.21: Advanced Clinical Selective (Student’s Choice)</td>
<td>H/P/F</td>
<td>4.0 – 5.0</td>
<td>4</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 310.1 – 301.5: Critical Care Selective</td>
<td>H/P/F</td>
<td>5.0</td>
<td>4</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 315.1: Neurology Rotation (Two-Week Required)</td>
<td>P/F</td>
<td>2.0</td>
<td>2</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>HSS 300.1 – 350.8: Health Systems Science Selective</td>
<td>P/F</td>
<td>2.5</td>
<td>4</td>
</tr>
</tbody>
</table>

**Phase 3, Year 3 Total:** 23.5 - 24.5 28

## Years 3 or 4

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall or Spring</td>
<td>CS 400.1 – 400.9: Community Medicine Rotation</td>
<td>P/F</td>
<td>4.0</td>
<td>4</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 305.1 – 305.21, 320.1 – 390.1: CS Selectives or Electives</td>
<td>P/F</td>
<td>16.0</td>
<td>16</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 305.1 – 305.21, 320.1 – 390.1: CS Selectives or Electives or HSS 300.1 – 350.8: Health Systems Science Selective</td>
<td>P/F</td>
<td>8.0</td>
<td>8</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>RS 400: Scholarly Project</td>
<td>P/F</td>
<td>6.0</td>
<td>4</td>
</tr>
</tbody>
</table>

**Phase 3, Years 3 or 4 Total:** 34.0 32

## Year 4 (Fall 2024, Spring 2025)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>IS 400A: Integrated Sciences 6A</td>
<td>P/F</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Fall</td>
<td>REACH 400A: REACH 4A</td>
<td>P/F</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Spring</td>
<td>IS 400B: Integrated Sciences 6B</td>
<td>P/F</td>
<td>1.0</td>
<td>1</td>
</tr>
<tr>
<td>Spring</td>
<td>REACH 400B: REACH 4B</td>
<td>P/F</td>
<td>1.0</td>
<td>1</td>
</tr>
<tr>
<td>Spring</td>
<td>CS 499: Residency Immersive</td>
<td>P/F</td>
<td>2.0</td>
<td>2</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>HSS 300.1 – 350.8: Health Systems Science Selective</td>
<td>P/F</td>
<td>2.5</td>
<td>4</td>
</tr>
</tbody>
</table>

**Phase 3, Year 4 Total:** 10.0 12

**Phase 3 Total:** 67.0 - 68.0 72
## Required Credit Hours for the MD Degree

<table>
<thead>
<tr>
<th>Curricular Phase</th>
<th>Total Credit Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 (Year 1)</td>
<td>30.5</td>
</tr>
<tr>
<td>Phase 2 (Year 2)</td>
<td>41.0</td>
</tr>
<tr>
<td>Phase 3 (Years 3 and 4)</td>
<td>67.0 – 68.0</td>
</tr>
<tr>
<td><strong>Total Required for Degree:</strong></td>
<td><strong>138.5 – 139.5</strong></td>
</tr>
</tbody>
</table>
## MD Curriculum, Students Entering in Fall 2020

### Required Courses, Phase 1, Year 1

#### Fall 2020 Semester

<table>
<thead>
<tr>
<th>Subject/Course Number</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EIE 100</td>
<td>Early Immersive Experience</td>
<td>P/CP/F</td>
<td>3.0</td>
</tr>
<tr>
<td>HSS 101A</td>
<td>Service-Learning 1A</td>
<td>P/CP/F</td>
<td>0.5</td>
</tr>
<tr>
<td>IS 110</td>
<td>Integrated Sciences 1: Fundamentals</td>
<td>P/CP/F</td>
<td>5.0</td>
</tr>
<tr>
<td>IS 120</td>
<td>Integrated Sciences 2: GEM/GUR</td>
<td>P/CP/F</td>
<td>5.0</td>
</tr>
<tr>
<td>LIC 101A</td>
<td>Longitudinal Integrated Clerkship 1A</td>
<td>P/CP/F</td>
<td>1.5</td>
</tr>
<tr>
<td>REACH 101A</td>
<td>REACH 1A</td>
<td>P/CP/F</td>
<td>1.5</td>
</tr>
</tbody>
</table>

**Fall Semester, Phase 1 Total:** 16.5

#### Spring 2021 Semester

<table>
<thead>
<tr>
<th>Subject/Course Number</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSS 101B</td>
<td>Service-Learning 1B</td>
<td>P/CP/F</td>
<td>0.5</td>
</tr>
<tr>
<td>IS 130</td>
<td>Integrated Sciences 3: RENAL/CVP</td>
<td>P/CP/F</td>
<td>5.0</td>
</tr>
<tr>
<td>IS 140</td>
<td>Integrated Sciences 4: HOI/ID</td>
<td>P/CP/F</td>
<td>4.5</td>
</tr>
<tr>
<td>IS 150</td>
<td>Integrated Sciences 5: MSK/MNS</td>
<td>P/CP/F</td>
<td>5.0</td>
</tr>
<tr>
<td>LIC 101B</td>
<td>Longitudinal Integrated Clerkship 1B</td>
<td>P/CP/F</td>
<td>1.5</td>
</tr>
<tr>
<td>REACH 101B</td>
<td>REACH 1B</td>
<td>P/CP/F</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**Spring Semester, Phase 1 Total:** 17.5

**Phase 1 Total:** 34.0
### Fall 2022 Semester

<table>
<thead>
<tr>
<th>Subject/Course Number</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSS 201A</td>
<td>Service-Learning 2A</td>
<td>P/CP/F</td>
<td>0.5</td>
</tr>
<tr>
<td>IS 200</td>
<td>Integrated Sciences 6</td>
<td>P/CP/F</td>
<td>7.5</td>
</tr>
<tr>
<td>LIC 210A</td>
<td>LIC: Family Medicine/Internal Medicine 2A</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 220A</td>
<td>LIC: Obstetrics/Gynecology 2A</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 230A</td>
<td>LIC: Pediatrics 2A</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 240A</td>
<td>LIC: Surgery 2A</td>
<td>H/P/F</td>
<td>2.5</td>
</tr>
<tr>
<td>LIC 250A</td>
<td>LIC: Psychiatry 2A</td>
<td>H/P/F</td>
<td>1.5</td>
</tr>
<tr>
<td>LIC 260A</td>
<td>Emergency Medicine Core Clerkship 2A</td>
<td>H/P/F</td>
<td>1.5</td>
</tr>
<tr>
<td>REACH 201A</td>
<td>REACH 2A</td>
<td>P/CP/F</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**Fall Semester, Phase 2 Total:** 20.5

### Spring 2023 Semester

<table>
<thead>
<tr>
<th>Subject/Course Number</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSS 201B</td>
<td>Service-Learning 2B</td>
<td>P/CP/F</td>
<td>1.0</td>
</tr>
<tr>
<td>IS 250</td>
<td>Integrated Sciences 7</td>
<td>P/CP/F</td>
<td>6.5</td>
</tr>
<tr>
<td>LIC 210B</td>
<td>LIC: Family Medicine/Internal Medicine 2B</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 220B</td>
<td>LIC: Obstetrics/Gynecology 2B</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 230B</td>
<td>LIC: Pediatrics 2B</td>
<td>H/P/F</td>
<td>2.0</td>
</tr>
<tr>
<td>LIC 240B</td>
<td>LIC: Surgery 2B</td>
<td>H/P/F</td>
<td>2.5</td>
</tr>
<tr>
<td>LIC 250B</td>
<td>LIC: Psychiatry 2B</td>
<td>H/P/F</td>
<td>1.5</td>
</tr>
<tr>
<td>LIC 260B</td>
<td>Emergency Medicine Core Clerkship 2B</td>
<td>H/P/F</td>
<td>1.5</td>
</tr>
<tr>
<td>REACH 201B</td>
<td>REACH 2B</td>
<td>P/CP/F</td>
<td>1.5</td>
</tr>
</tbody>
</table>

**Spring Semester, Phase 2 Total:** 20.5

**Phase 2 Total:** 41.0
# Required Courses, Phase 3

## Year 3 (Fall 2023, Spring 2024)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>ACKT 300: Advanced Clinical Knowledge Training</td>
<td>P/F</td>
<td>0.5</td>
<td>4</td>
</tr>
<tr>
<td>Fall</td>
<td>IS 300A: Integrated Sciences 8A</td>
<td>P/F</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Fall</td>
<td>REACH 300A: REACH 3A</td>
<td>P/F</td>
<td>1.0</td>
<td>1</td>
</tr>
<tr>
<td>Spring</td>
<td>IS 300B: Integrated Sciences 8B</td>
<td>P/F</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td>Spring</td>
<td>REACH 300B: REACH 3B</td>
<td>P/F</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 300.1 – 300.2: Advanced Clinical Selective (FM or IM)</td>
<td>H/P/F</td>
<td>5.0</td>
<td>4</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 305.1 – 305.21: Advanced Clinical Selective (Student’s Choice)</td>
<td>H/P/F</td>
<td>4.0 - 5.0</td>
<td>4</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 310.1 – 301.5: Critical Care Selective</td>
<td>H/P/F</td>
<td>5.0</td>
<td>4</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 315.1: Neurology Rotation (Two-Week Required)</td>
<td>P/F</td>
<td>2.0</td>
<td>2</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>HSS 300.1 – 350.8: Health Systems Science Selective</td>
<td>P/F</td>
<td>2.5</td>
<td>4</td>
</tr>
</tbody>
</table>

Phase 3, Year 3 Total: **23.5 - 24.5** 28

## Years 3 or 4

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall or Spring</td>
<td>CS 400.1 – 400.9: Community Medicine Rotation</td>
<td>P/F</td>
<td>4.0</td>
<td>4</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 305.1 – 305.21, 320.1 – 390.1: CS Selectives or Electives</td>
<td>P/F</td>
<td>16.0</td>
<td>16</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>CS 305.1 – 305.21, 320.1 – 390.1: CS Selectives or Electives or HSS 300.1 – 350.8: Health Systems Science Selective</td>
<td>P/F</td>
<td>8.0</td>
<td>8</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>RS 400: Scholarly Project&lt;sup&gt;7&lt;/sup&gt;</td>
<td>P/F</td>
<td>6.0</td>
<td>4</td>
</tr>
</tbody>
</table>

Phase 3, Years 3 or 4 Total: **34.0** 32

## Year 4 (Fall 2024, Spring 2025)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Title</th>
<th>Scale</th>
<th>Credits</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>IS 400A: Integrated Sciences 9A</td>
<td>P/F</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Fall</td>
<td>REACH 400A: REACH 4A</td>
<td>P/F</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Spring</td>
<td>IS 400B: Integrated Sciences 9B</td>
<td>P/F</td>
<td>1.0</td>
<td>1</td>
</tr>
<tr>
<td>Spring</td>
<td>REACH 400B: REACH 4B</td>
<td>P/F</td>
<td>1.0</td>
<td>1</td>
</tr>
<tr>
<td>Spring</td>
<td>CS 499: Residency Immersive</td>
<td>P/F</td>
<td>2.0</td>
<td>2</td>
</tr>
<tr>
<td>Fall or Spring</td>
<td>HSS 300.1 – 350.8: Health Systems Science Selective</td>
<td>P/F</td>
<td>2.5</td>
<td>4</td>
</tr>
</tbody>
</table>

Phase 3, Year 4 Total: **10.0** 12

Phase 3 Total: **67.0 - 68.0** 72

<sup>7</sup> Students enrolled in the MD/PhD program are not required to complete RS 400 – Scholarly Project since they will be completing a dissertation as part of their PhD degree requirements at Cal-Tech.
### Required Credit Hours for the MD Degree

<table>
<thead>
<tr>
<th>Curricular Phase</th>
<th>Total Credit Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 (Year 1)</td>
<td>34.0</td>
</tr>
<tr>
<td>Phase 2 (Year 2)</td>
<td>41.0</td>
</tr>
<tr>
<td>Phase 3 (Years 3 and 4)</td>
<td>67.0 – 68.0</td>
</tr>
<tr>
<td><strong>Total Required for Degree:</strong></td>
<td><strong>142.0 – 143.0</strong></td>
</tr>
</tbody>
</table>

### Required Credit Hours for the MD/PhD Degree

<table>
<thead>
<tr>
<th>Curricular Phase</th>
<th>Total Credit Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 (Year 1)</td>
<td>34.0</td>
</tr>
<tr>
<td>Phase 2 (Year 2)</td>
<td>41.0</td>
</tr>
<tr>
<td>Clinical Continuation(^8)</td>
<td>6.0</td>
</tr>
<tr>
<td>Phase 3 (Years 3 and 4)</td>
<td>61.0 – 62.0</td>
</tr>
<tr>
<td><strong>Total Required for Degree:</strong></td>
<td><strong>142.0 – 143.0</strong></td>
</tr>
</tbody>
</table>

\(^8\) MD/PhD students are required to complete LIC 270 – MD/PhD LIC Continuation during each year of their PhD program at Cal-Tech.
Course Descriptions

Phase 1, Year 1

EIE 100, Early Immersive Experience (2.0 credit hours) Grading scale: P/CP/F
Students are orientated to the school of medicine and introduced to the integrated sciences curriculum, including biomedical science, clinical science, and HSS. In addition, students begin to develop skills in meta-cognition and begin their professional identity formation, including acquiring early clinical skills. Students have their first LIC visit as well as their first Service-learning visit.

HSS 101A, Service-Learning 1A (0.5 credit hours) Grading Scale: P/CP/F
Based at a Federally Qualified Health Center in the same geographic region as students assigned Kaiser Permanente (KP) LIC clinical site, students learn about the social factors that influence health and how to collaborate with community partners to help address the needs of the clinic, its patient population, and the communities it serves.

HSS 101B, Service-Learning 1B (0.5 credit hours) Grading Scale: P/CP/F
Continuation of HSS 101A.

IS 100, Integrated Sciences 1 (8.5 credit hours) Grading scale: P/CP/F
All Integrated Sciences (IS) courses consist of three components: Scientific Basis of Healthcare (SBH), Doctoring, and HSS. In IS1, students learn in the context of clinical presentations from the following units: 1) fundamentals; 2) gastrointestinal, endocrinologic, metabolic; and 3) genitourinary, reproduction. This course primarily employs facilitated small group discussions and simulation experiences to achieve these goals. Current course numbering applies to classes entering in the fall of 2021 and beyond.

IS 110, Integrated Sciences 1: Fundamentals (5.0 credit hours) Grading scale: P/CP/F
Students will gain fundamental knowledge and acquire skills relevant to the biomedical, clinical, and health systems sciences. Only applicable to students who matriculated in the fall of 2020.

IS 120, Integrated Sciences 2: Gastrointestinal, Endocrinologic, Metabolic, Genitourinary, Reproduction (5.0 credit hours) Grading scale: P/CP/F
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. Only applicable to students who matriculated in the fall of 2020.
IS 130, Integrated Sciences 3: Cardiovascular, Pulmonary, Renal (5.0 credit hours) Grading scale: P/CP/F
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. Only applicable to students who matriculated in the fall of 2020.

IS 140, Integrated Sciences 4: Hematology, Immunology, Infectious Disease (4.5 credit hours) Grading scale: P/CP/F
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. Only applicable to students who matriculated in the fall of 2020.

IS 150, Integrated Sciences 5: Musculoskeletal, Dermatologic, Mind, Nervous System (5.0 credit hours) Grading scale: P/CP/F
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, mind, and nervous systems. Only applicable to students who matriculated in the fall of 2020.

IS 160, Integrated Sciences 2 (13.5 credit hours) Grading scale: P/CP/F
All IS courses consist of SBH, Doctoring, and HSS. Students learn in an integrated manner in the context of clinical presentations from the following units: 1) renal; 2) cardiovascular, pulmonary; 3) hematology, oncology, immunology; 4) infectious disease; 5) musculoskeletal, dermatologic; and 6) mind, nervous system. Current course numbering applies to classes entering in the summer of 2021 and beyond.

LIC 101A, Longitudinal Integrated Clerkship 1A: Family Medicine/Internal Medicine (1.0 credit hour) Grading scale: P/CP/F
The LIC serves as the first component of a two-year clerkship experience at one of six KP Medical Centers (Downey, Los Angeles, Panorama City, San Bernardino, South Bay, and West Los Angeles). Each student spends one half-day per week in a clinic with a Family Medicine or Internal Medicine preceptor during the first year.

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

REACH 101A, Reflection, Education, Assessment, Coaching, Health, and Well-Being 1A (1.0 credit hour) Grading scale: P/CP/F
Reflection, Education, Assessment, Coaching, and Health and well-being (REACH) courses constitute a four-year longitudinal curriculum led primarily by physician-coaches, designed to foster the skills of informed self-assessment, professional identity formation, self-directed learning, and personal and professional goal-setting. The course is uniquely designed to further learning frameworks and practices for student and physician health and well-being.
REACH 101B, Reflection, Education, Assessment, Coaching, Health, and Well-Being 1B (1.0 credit hour) Grading scale: P/CP/F
Continuation of REACH 101A.

**Phase 2, Year 2**

**HSS 201A, Service-Learning 2A (0.5 credit hours) Grading Scale: P/CP/F**
Based at a federally qualified health center in the same geographic region as the Longitudinal Integrated Curriculum Kaiser Permanente site, students will learn about the social factors that influence health and collaborate with community partners to help address the clinic's needs and its patient population and the communities it serves.

**HSS 201B, Service-Learning 2B (1.0 credit hour) Grading Scale: P/CP/F**
Continuation of HSS 201A.

**IS 200, Integrated Sciences 3 (7.5 credit hours) Grading scale: P/CP/F**
Continuing from the IS courses of Phase 1, the three components of SBH, Doctoring, and HSS are learned at a higher level of integration, primarily using facilitated small group case discussions and simulation. Rather than a unit structure defined by cases of the same organ system, cases rotate organ systems from week to week. (Previously Integrated Sciences 6)

**IS 250, Integrated Sciences 4 (6.5 credit hours) Grading scale: P/CP/F**
Continuation of IS 200. (Previously Integrated Sciences 7)

**LIC 210A, Longitudinal Integrated Core Clerkship: Family Medicine/Internal Medicine (2.0 credit hours) Grading scale: H/P/F**
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 collaboration.

**LIC 210B, Longitudinal Integrated Core Clerkship: Family Medicine/Internal Medicine (2.0 credit hours) Grading scale: H/P/F**
Continuation of LIC210A.

**LIC 220A, Longitudinal Integrated Core Clerkship: Obstetrics/Gynecology (2.0 credit hours) Grading scale: H/P/F**
This course provides supervised clinical education in obstetrics/gynecology, including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and interprofessional collaboration.

**LIC 220B, Longitudinal Integrated Core Clerkship: Obstetrics/Gynecology (2.0 credit hours) Grading scale: H/P/F**
Continuation of LIC 220A.
LIC 230A, Longitudinal Integrated Core Clerkship: Pediatrics (2.0 credit hours)  
Grading scale: H/P/F  
This course provides supervised clinical education in pediatrics, including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and interprofessional collaboration.

LIC 230B, Longitudinal Integrated Core Clerkship: Pediatrics (2.0 credit hours)  
Grading scale: H/P/F  
Continuation of LIC230A.

LIC 240A, Longitudinal Integrated Core Clerkship: Surgery (2.5 credit hours)  
Grading scale: H/P/F  
This course provides supervised clinical education in general surgery, including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and interprofessional collaboration.

LIC 240B, Longitudinal Integrated Core Clerkship: Surgery (2.5 credit hours)  
Grading scale: H/P/F  
Continuation of LIC 240A.

LIC 250A, Longitudinal Integrated Core Clerkship: Psychiatry (1.5 credit hours)  
Grading scale: H/P/F  
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 collaboration.

LIC 250B, Longitudinal Integrated Core Clerkship: Psychiatry (1.5 credit hours)  
Grading scale: H/P/F  
Continuation of LIC 250A.

LIC 260A, Emergency Medicine Core Clerkship (1.5 credit hours)  
Grading scale: H/P/F  
This course provides supervised clinical education in emergency medicine, including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and interprofessional collaboration.

LIC 260B, Emergency Medicine Core Clerkship (1.5 credit hours)  
Grading scale: H/P/F  
Continuation of LIC 260A.
LIC 270, MD/Ph.D. LIC Continuation, (1.5 credit hours) Grading scale: P/F
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 for MD/PhD students.

REACH 201A, Reflection, Education, Assessment, Coaching, Health, and Well-Being 2A (1.0 credit hour) Grading scale: P/CP/F
REACH courses constitute a four-year longitudinal curriculum led primarily by physician coaches. The continuation of REACH in Phase 2 adds the Healer’s Art Course session as an expansion of the well-being curriculum.

REACH 201B, Reflection, Education, Assessment, Coaching, Health, and Well-Being 2B (1.5 credit hours) Grading scale: P/CP/F
Continuation of REACH 201A.
Phase 3, Years 3 and 4

ACKT 300, Advanced Clinical Knowledge Training (0.5 credit hours)
Grading scale: P/F
The Advanced Clinical Knowledge Training Course (ACKT) provides four weeks of structured and independent learning opportunities to allow students to consolidate their clinical knowledge and skills in preparation for advanced clinical rotations and the USMLE Step 2.

Advanced Clinical Selectives (FM/IM)

CS 300.1 Advanced Clinical Selective (Family Medicine) (5.0 credit hours)
Grading scale: H/P/F, Locations: LAMC, SBC, Woodland Hills.
This selective is a four-week clerkship where medical students are assigned to the inpatient family medicine service at one of three different Kaiser Permanente Family Medicine Residency programs. Medical students will be expected to participate in the care of hospitalized adult medicine patients actively and provide patient-centered, team-based, evidence-informed care for a broad range of conditions. Medical students will perform initial evaluations for patients being considered for admission to the family medicine inpatient service and round with residents and hospital teaching faculty. There is no overnight call. Medical students will be expected to spend 1-2 evenings per week doing admissions and finish no later than 9 pm. Medical students will be expected to participate in morning reports, lunch conferences, and other educational offerings.

CS 300.2 Advanced Clinical Selective (Internal Medicine) (5.0 credit hours)
Grading scale: H/P/F, Locations: LAMC, Riverside Medical Center, SBC
This selective will allow medical students to learn about and manage adults admitted to the general medicine wards. Medical students will function as one of the primary caregivers for their patients. Medical students will participate in admission evaluations, diagnostic and therapeutic orders, and daily progress notes for the patients under their care. The student will be part of the medicine ward team consisting of an attending physician, senior resident, and interns. Medical students will be expected to take on increased responsibility in patient care, increase their experience in independently developing a care plan for their patients, and serve as the primary communicator with patients, families, and other members of the care teams. They will also attend lectures such as Morning Report and Noon Conferences.

Advanced Clinical Selectives (Student’s Choice)

CS 305.1 Advanced Clinical Selective (Anesthesiology) (4.0 credit hours)
Grading scale: H/P/F, Location(s): West Los Angeles
This selective will help Phase 3 medical students to become well-prepared Anesthesiology residents. Medical students will develop and enhance their skills and knowledge of perioperative medicine, including the preoperative, intraoperative, and postoperative evaluation and anesthetic management of a full range of patients in various specialties.
CS 305.2 Advanced Clinical Selective (Dermatology) (4.0 credit hours)
Grading scale: H/P/F, Location(s): LAMC and South Bay
This selective is for medical students who have a strong interest in pursuing a
dermatology residency. Medical students will participate in ambulatory dermatology
clinics, either with residents or one-on-one with faculty. They will be exposed to 1) a
wide range of common skin conditions, 2) skin disorders associated with multisystem
disease, and 3) the breadth of skin presentations that may be observed in different
ethnic populations. Medical students will be expected to recognize and describe skin
morphologies, perform a thorough skin examination, and participate in basic skin
procedures. They may also have the opportunity to participate in in-hospital
consultations. At the end of the rotation, medical students will give a case-based
presentation.

CS 305.3 Advanced Clinical Selective (Diagnostic Radiology/Nuclear Medicine)
(4.0 credit hours) Grading scale: H/P/F, Location(s): LAMC
This selective has considerable breadth and depth; medical students will see much of
medicine reflected in all types of radiology studies. Medical students will work with a
resident and an attending daily and will never be alone on the rotation. Medical students
will work with many different attendings and residents throughout the month and see
inpatients, STAT/ER patients, and outpatients. Medical students will sit with the resident
while they prelim cases and then sit with the resident and attending for the readouts that
occur in the am and once in the pm. The one-month rotation will consist of four separate
one-week “blocks.” The four one-week blocks are divided into Inpatient/ER body, neuro,
plain films, fluoroscopy, and ultrasound; outpatient body, neuro, plain films, fluoroscopy,
ultrasound, nuclear medicine; mammography; and flexible/ mixed schedule.

CS 305.4 Advanced Clinical Selective (Emergency Medicine) (5.0 credit hours)
Grading scale: H/P/F, Location(s): San Diego
Under the direct supervision of Board-Certified Emergency Medicine faculty and
residents, medical students will rotate in the largest and busiest Emergency Department
in San Diego County for four weeks. The student will function as an integral member of
the treatment team. Medical students will have the opportunity to rotate through our
state-of-the-art simulation center. Medical students will practice ACLS) and PALS)
protocols at the San Diego Simulation Center of Excellence and fine-tune their airway,
ultrasound, and vascular management skills. Medical students will also participate in the
weekly didactics and conferences run by faculty and residents.

CS 305.5 Advanced Clinical Selective (Genetics) (4.0 credit hours) Grading scale:
H/P/F, Location(s): LAMC and Panorama City
Third or fourth-year medical students will assess, plan diagnostic workups, and return
results for patients referred to the medical genetics clinic. This will include the patients
referred for many distinct aspects of medical genetics, including prenatal, cancer
genetics, neurogenetics, dysmorphology, and metabolic genetics. This selective will
reinforce the dysmorphology exam, documenting a thorough yet focused family history
and disclosing difficult results necessary for medical genetics patient care competency.
Additionally, medical students will learn variant interpretation, which is important for
implementing precision medicine in many other medical specialties that use genetic
testing extensively. Medical students will also spend time learning about several
different methodologies in the molecular genetics laboratory. Medical students will
spend three days per week with a single faculty member in a general genetics clinic and
two days per week with other faculty members in subspecialty clinics and the genetics
laboratory. There is no call during this selective, but occasional consults in the NICU are
typically done during the clinic day. There will also be case conferences and some self-
directed learning modules. This rotation would be ideal for medical students going into
many specialties, including pediatrics, OB/GYN, internal medicine (especially
cardiology, GI, and Heme/Onc), and family medicine.

CS 305.6 Advanced Clinical Selective (Lab Medicine/Pathology) (4.0 credit hours)
Grading scale: H/P/F, Location(s): LAMC, Regional Reference Laboratories (Chino
Hills, North Hollywood), Molecular Genetics Pathology Laboratory
This selective exposes medical students to essential aspects of pathology and
laboratory medicine. Medical students will participate in gross prosections, frozen
section interpretation, and microscopic evaluation of surgical pathology specimens with
histologic diagnosis and correlate with the patient’s history and physical and laboratory
findings. Medical students will also rotate in significant areas of the clinical laboratory,
including chemistry, hematology, flow cytometry, blood bank, immunology, and
microbiology. There will be opportunities to participate in multi-disciplinary conferences
and learn about emerging technologies, clinical test performance, quality assurance,
and laboratory stewardship. The faculty will vary from day to day. There will be no call
or weekends. Medical students will be responsible for presenting a topic of choice at a
department meeting at the end of their rotation.

CS 305.7 Advanced Clinical Selective (Neurological Surgery) (5.0 credit hours)
Grading scale: H/P/F, Location(s): LAMC
The neurosurgery selective in Phase 3 is designed to give medical students an
overview of neurosurgery regardless of their future specialty. Medical students become
an integral part of the neurosurgery service, assisting neurosurgery staff, mid-level
providers, and residents in multiple subspecialty fields within neurosurgery. Activities
include ward and ICU rounds, observing and assisting in the OR, taking call, and
attending teaching conferences. This rotation exposes medical students to sub-specialty
areas within neurosurgery, including week-long rotations within general, pediatric, spine,
functional, and vascular neurosurgery. The rotation can be further tailored to the
student’s interests if requested ahead of time.

CS 305.8 Advanced Clinical Selective (Neurology) (5.0 credit hours) Grading
scale: H/P/F, Location(s): LAMC
The neurology selective will serve as a sub-internship for medical students considering
pursuing a career in neurology. It may also interest medical students considering
neurosurgery, psychiatry, internal medicine, or family medicine who seek to gain greater
exposure to the diagnosis and treatment of patients with neurologic conditions. Medical
students will spend four weeks participating in a combination of inpatient and outpatient
neurology experiences. They will be expected to demonstrate emerging independence
in developing an assessment and plan for patients presenting with neurologic symptoms. Overnight call may be taken 1-2 times per week.

**CS 305.9 Advanced Clinical Selective (Obstetrics and Gynecology) (5.0 credit hours) Grading scale: H/P/F, Location(s): LAMC**

This selective will be a four-week immersive experience on Labor and Delivery at LAMC. During this rotation, medical students will be an integral part of the Obstetrics and Gynecology Team. Medical students will work with OBGYN residents as sub-intern and participate in all aspects of the inpatient OB service. Medical students will assess and admit patients in triage, follow patients during their labor course, participate in vaginal deliveries and cesarean sections, care for high-risk antepartum patients, and follow patients throughout their postpartum course until discharge. Medical students will be expected to take overnight call and/or be assigned to the night float service. Additionally, medical students will be expected to participate in resident educational activities and present a case at the conclusion of the selective.

**CS 305.10 Advanced Clinical Selective (Occupational Medicine) (4.0 credit hours) Grading scale: H/P/F, Location(s): South Bay**

Third or fourth-year medical students will assess, diagnose, and plan for restoring health in injured workers through the application of systems-based practice. This will include the principles of preventive medicine, medical care, rehabilitation, and environmental health as part of a team in the clinical care setting. This selective will reinforce musculoskeletal physical exam skills necessary for occupational medicine patient care competency. Additionally, medical students will learn how to perform and build confidence in administering therapeutic injections for patient care. Practice-based learning and improvement, emphasizing time management skills within a busy clinical practice, are always supported. The faculty will vary from day to day. During this selective, there is no call as it is 100% outpatient, Monday through Friday.

**CS 305.11 Advanced Clinical Selective (Ophthalmology) (5.0 credit hours) Grading scale: H/P/F, Location(s): Baldwin Park and West Los Angeles**

The ophthalmology selective will be an in-depth four-week rotation in clinical ophthalmology that includes general ophthalmology and the principal/core subspecialties, including cornea/refractive, glaucoma, retina, and pediatric ophthalmology. Medical students will rotate through each subspecialty and work with attending physicians in the clinic and operating room to learn about managing and treating a wide range of ophthalmology conditions. Medical students will learn core ophthalmology examination techniques and how to interpret ophthalmology images such as retinal photographs and optical coherence tomography. Additional emphasis will be placed on learning about new care delivery models such as tele-ophthalmology programs and integrating up-to-date, evidence-based medicine into practice and ophthalmology public health initiatives. Limited home call may be taken on Saturdays.
CS 305.12 Advanced Clinical Selective (Orthopedic Surgery) (5.0 credit hours)  
Grading scale: H/P/F, Location(s): LAMC  
This selective is a four-week hands-on rotation to understand orthopedic surgery better. The student will work one-on-one with different attendings during this rotation doing orthopedic trauma, joint replacement surgery, and sports medicine. During the rotation, the goal is to learn how to manage basic fractures, arthritis of the knee and shoulder, and sports injuries such as anterior cruciate ligament tears, meniscus tears, and labrum tears. Our goal is for the student to be directly involved in inpatient care and learn splinting techniques, basic suturing, and closed reductions. The rotation is Monday through Friday and has two weekend call days per month.

CS 305.13 Advanced Clinical Selective (Otolaryngology) (5.0 credit hours)  
Grading scale: H/P/F, Location(s): LAMC  
This selective is a four-week course providing an overview of disorders of the otolaryngology specialty. This course will include inpatient and outpatient components. In the outpatient setting, medical students will evaluate patients in the clinic and learn a comprehensive physical exam of the head and neck. The goal is for medical students to learn to diagnose disorders of the ear, nose, throat, and other related structures. Skills acquired will include otoscopic exam, laryngoscopic exam, nasal endoscopy, cranial nerve exam, comprehensive oral exam, and examination of the head and neck lymph nodes. Time will be spent with different faculty in each subspecialty of otolaryngology, including otology, laryngology, rhinology, head and neck oncology, facial plastics, pediatrics, and maxillofacial surgery. Clinical knowledge will then be transferred to the operating room, where medical students will learn and participate in the surgical correction of clinical disorders. Medical students will be intimately engaged in the operative field in the operating room, learn operative techniques, and participate by assisting in surgery. Skills learned will include making incisions, tying knots, and suture techniques. Complete immersion in the otolaryngology experience will consist of overnight home call where medical students will learn about ENT emergencies and how to evaluate patients in the emergency room. Medical students will learn how to assess and treat basic ENT disorders. Participation in daily inpatient rounds will provide medical students with experience in continuity of care and inpatient post-surgical care of patients.

CS 305.14 Advanced Clinical Selective (Pediatrics) (5.0 credit hours)  
Grading scale: H/P/F, Location(s): LAMC  
This selective will be a four-week rotation that will approximate an intern’s experience in the pediatric ward. Medical students will see a combination of general pediatrics and more complex patients that one would expect at a tertiary referral center and take on primary responsibility for their patients. Two weeks of the rotation will be on the “acute” service taking care of children with more short-term hospital needs; one week will be on the “chronic” service taking care of the more complicated children with longer-term hospital needs. One week will be spent as the “swing” intern, where students will primarily admit and initiate work-ups on new patients. No call will be taken, although the swing shift will extend into the evening hours to expose medical students to the
differences between “day medicine” and “night medicine.” Medical students will have the opportunity to attend and partake in morning and evening sign-outs, participate in daily family-centered rounds, attend morning and afternoon didactics, provide education to families, coordinate care in the inpatient and outpatient spaces, and place consults with sub-specialists. Medical students will work with our attendings regularly and spend considerable time with our pediatrics house staff. By the end of the rotation, medical students should be able to perform a history and physical on a patient admitted to the pediatric ward, be able to recognize indications of admission, formulate differential diagnoses for common pediatric concerns, effectively communicate pertinent patient information and plans during sign-outs, recognize the impacts of social determinants of health on pediatric populations, and perform developmentally appropriate physical exams.

CS 305.15 Advanced Clinical Selective (Physical Medicine and Rehabilitation) (4.0 credit hours) Grading scale: H/P/F, Location(s): LAMC, Keck Medicine of USC
This selective will offer broad exposure to Physical Medicine and Rehabilitation (PM&R) through various inpatient and outpatient experiences with multiple faculty members. Medical students will refine their neurological and musculoskeletal physical exam skills and learn how to perform musculoskeletal ultrasound (both for diagnosis and ultrasound-guided treatments), electrodiagnostic testing, and interventional procedures. Medical students will learn the roles of a PM&R specialist and those of physical therapy, occupational therapy, speech therapy, and other clinicians in the multi-disciplinary approach to managing patients with disabling diseases and injuries. During this four-week selective students will spend two weeks in the inpatient Acute Rehabilitation Unit (ARU) at Keck Medicine of USC and two weeks in the ambulatory clinic at Kaiser Permanente Medical Centers: LAMC. No call will be taken.

CS 305.16 Advanced Clinical Selective (Plastic Surgery) (5.0 credit hours) Grading scale: H/P/F, Location(s): LAMC and West Los Angeles
This selective is a four-week clinical experience encompassing all aspects of plastic & reconstructive surgery, including general plastic surgery, reconstructive microsurgery, hand surgery, craniofacial surgery, gender affirmation surgery, and aesthetic surgery. Medical students will learn the fundamental principles of surgical reconstruction through didactic education, outpatient clinical experiences, and hands-on intraoperative participation. There will also be opportunities to learn and practice surgical skills such as suturing and knot tying. The course will be taught by expert faculty from all subspecialties of plastic surgery. Medical students will also work alongside and learn from plastic surgery and general surgery resident physicians. At-home night or weekend call may be taken with the resident and attending supervision. The selective is designed for all medical students interested in learning more about the fundamentals of surgery, developing basic surgical skills, exploring the field of plastic surgery, or applying to a surgical residency program.
CS 305.17 Advanced Clinical Selective (Psychiatry) (5.0 credit hours)
Grading scale: H/P/F, Location(s): SBC (Canyon Ridge)
Medical students have the opportunity to work in a multi-disciplinary team composed of social workers, nurses, and physicians. They will focus on learning culturally competent interviewing, formulation, differential diagnosis, and psychopharmacology in a fast-paced environment where most patients stay 3-5 days. The selective provides intensive exposure to a broad spectrum of conditions encountered in the practice of inpatient public psychiatry. The most prevalent disorders include schizophrenia, substance dependence, PTSD, mood disorders, panic disorder, and personality disorders. Medical illnesses often complicate psychiatric disorders. Treatments include psychopharmacology, supportive therapy, milieu therapy, group therapy, and occupational therapy.

CS 305.18 Advanced Clinical Selective (Radiation Oncology) (4.0 credit hours)
Grading scale: H/P/F, Location(s): LAMC
Medical students will participate in a four-week outpatient rotation in the Radiation Oncology Department, where they will develop an understanding of the role of radiation therapy in multi-disciplinary oncologic care. Medical students will be directly involved in patient care under the supervision of an attending physician and/or resident and learn how to obtain an oncologic history and physical and use relevant literature to make evidence-based treatment recommendations. Medical students will participate in multi-disciplinary clinics, biweekly case conferences, and didactic conferences. Medical students will be exposed to the various modalities of radiation delivery, including external beam radiotherapy, stereotactic body radiotherapy, LINAC-based stereotactic radiosurgery, and interstitial and intracavitary brachytherapy. Medical students will participate in radiation planning and learn how to delineate target volumes and determine plan-specific normal tissue constraints. Finally, medical students will present a relevant radiation oncology topic to the department at the conclusion of their rotation. Interested medical students may also inquire about clinical investigation opportunities within the department.

CS 305.19 Advanced Clinical Selective (Surgery) (5.0 credit hours)
Grading scale: H/P/F, Location(s): LAMC
This selective is designed for medical students who wish to achieve an in-depth understanding and practical application of the principles of general surgery and its components. Medical students are integrated into a high-volume surgical residency program. Each team consists of faculty members, residents (or fellows), and a 4th-year medical student. This small team approach promotes efficient learning, shared responsibility, and interaction with attending surgeons. Patients present with both common problems and tertiary referrals. Medical students participate in operating room cases, inpatient rounds, outpatient clinics, and didactic conferences. Medical students will take an in-house overnight call on the weekend. Continuity of care is emphasized; medical students participate in pre/postoperative care. This selective is designed for medical students considering a career in surgery. The selective will last for four weeks; the student will rotate in two different services for two weeks each. Rotations are in general surgery/minimally invasive surgery; breast, colon, and rectal surgery; pediatric
surgery; surgical oncology; thoracic surgery; and vascular surgery. An interested student may rotate in specific services or one service alone for four weeks when schedules allow.

**CS 305.20 Advanced Clinical Selective (Urology) (5.0 credit hours)**
**Grading scale: H/P/F, Location(s): LAMC**
Medical students rotating with the Department of Urology will have an immersive experience encompassing all aspects of urology, including urologic oncology and robotics, endourology, pediatric urology, female pelvic and reconstructive urology, neuro-urology, men’s health & infertility, and interventional radiology. Medical students will rotate in the clinic and operating room with eight fellowship-trained attendings and a stellar cadre of resident physicians. A wide array of urologic pathology is encountered. Medical students will spend 3/4 of their time in the OR and 1/4 in the clinic.

The mission of the KP urology program is to provide the best urological exposure to guide and inform a career in urology. Our program offers a maximal educational experience in operative, procedural, and office urology. In addition, medical students will have opportunities to perform clinical and epidemiological research. Medical students are expected to take call for at least one week during rotation.

Medical students will participate in educational conferences in the form of clinical presentations, lectures, reviews of recent literature, discussions of research projects, and imaging and pathology review. Patient rounds are made daily, and grand rounds are held weekly, during which medical students, residents, and attending physicians are free from all clinical duties. Medical students will craft a presentation on a topic of their choice and present at an educational conference during the last week of their rotation.

**CS 305.21 Advanced Clinical Selective (Vascular and Interventional Radiology) (5.0 credit hours) Grading scale: H/P/F, Location(s): LAMC**
This selective will provide a robust, hands-on, four-week experience in a busy Interventional Radiology (IR) practice. The VIR section at LAMC consists of nine peripheral vascular interventional radiologists and three neuro-interventional radiologists. The primary experience will be on the peripheral side, with an option to spend time with neuro IR colleagues.

During the rotation, most of the time will be spent performing a variety of image-guided interventions. Medical students will serve as the primary operator on several “minor” image-guided interventions such as paracenteses, thoracenteses, ultrasound-guided vascular access, superficial biopsies, etc. Medical students will be first-assist on complex vascular (peripheral arterial and venous interventions, embolizations, TIPS, BRTO, radioembolizations, etc.) and non-vascular interventions (tumor ablations, solid organ interventions including percutaneous biliary and renal interventions, spine interventions, etc.). Graduated autonomy will be provided at the discretion of the VIR attending based on medical students’ clinical and technical development. Motivated medical students have served as primary operators in complex interventions under the direct supervision of a VIR attending.
In addition to performing procedures, medical students will spend time in a busy outpatient VIR clinic where they will encounter patients with head-to-toe pathology, including patients with chronic liver disease, a multitude of malignancies including hepatocellular carcinoma, renal cell carcinoma, cholangiocarcinoma, primary lung cancer, peripheral arterial disease, deep venous thrombosis, inferior vena cava filter-associated complications, gynecologic disease, congenital vascular diseases, chronic pain, osteoporotic compression fractures, and a host of other clinical issues. Additional blocks of time will be spent in the Vascular Birthmark Clinic, liver tumor board, and multi-disciplinary vascular conference.

Medical students will also perform inpatient interventional radiology consultations and staff these consultations each day with an IR attending. This will facilitate understanding of the hospitalized interventional radiology patient’s workup, evaluation, and management.

Medical students will be expected to take a one-weekend call during their four-week rotation. Medical students will be off for the remaining three weekends.

Medical students will also be expected to summarize and present a pivotal trial pertinent to VIR in a journal club setting during the rotation. At the end of the rotation, medical students will create a PowerPoint presentation that discusses a complex case encountered and treated during the rotation.

Critical Care Selectives

**CS 310.1 Cardiac Care Unit (CCU) (5.0 credit hours)**
**Grading Scale: H/P/F, Location(s): LAMC**
This selective will allow medical students to learn about and manage critically ill adults with underlying cardiac disease, rotating for four weeks in a cardiac intensive care unit. Many of these patients will have multiorgan system dysfunction. Medical students will learn about multi-disciplinary, psychosocial, ethical, moral, and legal dimensions of critical care. The student will be responsible for initial primary workups, evaluations, and continued management of CCU patients under resident and attending supervision. The student will be part of the CCU team, consisting of a critical care attending, senior resident, and interns. Medical students will develop skills in ventilator management and weaning protocols; interpret tests such as ABGs, EKGs, and CXR; and learn effective communication skills with patients and families.

**CS 310.2 Emergency Medicine (5.0 credit hours)**
**Grading Scale: H/P/F, Location(s): LAMC and West Los Angeles or SBC**
Medical students will rotate in a busy, urban KP emergency department during a four-week rotation. Medical students will perform at a sub intern level, working closely with attending physicians in various clinical shifts/times. This selective is designed to be an immersive clinical experience in emergency medicine, focusing on developing diagnostic reasoning and management approach, critical care, and medical resuscitation skills. Medical students will have opportunities to perform various medical
procedures, including basic laceration repair, incision and drainage of abscesses, fracture reduction, central lines, airway management, and POCUS (point of care ultrasound). The emergency department provides a unique exposure experience to patients from all backgrounds. Opportunities for basic didactics will also be provided during the rotation. However, most of the learning will be in the clinical space working one-on-one with an attending.

CS 310.3 Intensive Care Unit (ICU) (5.0 credit hours)
Grading Scale: H/P/F, Location(s): LAMC or SBC
This selective will allow medical students to learn about and manage critically ill adults in the intensive care unit, rotating four weeks in a medical intensive care unit. Many of these patients will have multiorgan system dysfunction. Medical students will learn about multi-disciplinary, psychosocial, ethical, moral, and legal dimensions of critical care. The student will be responsible for initial primary work-ups, evaluations, and continued management of ICU patients under resident and attending supervision. The student will be part of the ICU team, consisting of a critical care attending, senior resident, and interns. Medical students will develop skills in ventilator management and weaning protocols, interpret tests such as ABGs, EKGs, and CXR, and learn effective communication skills with patients and families.

CS 310.4 Neonatal Intensive Care Unit (NICU) (5.0 credit hours)
Grading Scale: H/P/F, Location(s): SBC
This selective will be a four-week selective that will approximate an intern’s experience in the neonatal ICU. Medical students will be expected to take on primary responsibility for their patients. Medical students will have the opportunity to attend and partake in morning and evening sign-outs; participate in daily rounds; attend didactics; attend deliveries; gain experience with high-risk, full-term, and preterm neonates; provide education to families; coordinate care; and place consults with sub-specialists. No call will be taken on this rotation. However, several shifts a week will extend into the evening hours to expose medical students to the differences between “day medicine” and “night medicine.” By the end of the rotation, medical students should be able to perform a history and physical on a patient admitted to the neonatal ICU, recognize critical illness in the neonatal population, work on a multi-disciplinary team, understand resuscitation and life-support measures for neonatology, understand and manage basic ventilator settings, and have experience with end-of-life and goals-of-care discussions.

CS 310.5 Pediatric Intensive Care Unit (PICU) (5.0 credit hours)
Grading Scale: H/P/F, Location(s): LAMC or SBC
The PICU critical care selective will be a four-week selective that will approximate an intern’s experience in the pediatric ICU. Medical students will be expected to take on primary responsibility for their patients. Medical students will see a combination of critically ill patients and postoperative patients requiring close monitoring and care and patients requiring sedation for procedures and diagnostics. No call will be taken on this rotation. Medical students will have the opportunity to attend and partake in morning and evening sign-outs, participate in daily family-centered rounds, attend didactics, provide education to families, coordinate care, and place consults with sub-specialists.
By the end of the rotation, medical students should be able to perform a history and physical on a patient admitted to the pediatric ICU, recognize critical illness in the pediatric population, work on a multi-disciplinary team, understand resuscitation and life-support measures for pediatrics, and have experience with end-of-life and goals-of-care discussions.

**Neurology Rotation (Two-Week Required)**

**CS 315.1 Neurology Rotation (2.0 credit hours) Grading Scale: P/F, Location(s): Downey, LAMC, Panorama City, South Bay, or West Los Angeles**  
The two-week required neurology rotation will expose medical students to inpatient and outpatient neurology. Medical students will work with neurology attendings (and residents at one site) to evaluate hospitalized patients or patients who present to the neurology clinic. In the inpatient setting, medical students will work with teams to assess and care for patients with conditions such as stroke, seizure, brain tumor, and neurologic symptoms related to systemic disease. In the outpatient setting, medical students will be precepted in the evaluation and treatment of patients with headaches, seizures, movement disorders, cognitive symptoms, and neurologic symptoms related to systemic disease.

**Clinical Science Electives**

**CS 320.1 Addiction Medicine (2.0 or 4.0 credit hours) Grading Scale: P/F Location(s): KP Orange County**  
This elective rotation is an outpatient experience at KP Orange County with the Addiction Medicine department located in Orange, CA. Students will rotate with Addiction Medicine Physicians to gain expertise in detoxifying and treating common Substance Use Disorders (SUDs) in the outpatient setting. Encounters will be a combination of in-person and telemedicine visits. This rotation will focus on SUD screening and history taking, diagnostic testing, treatment options for ordinary SUDs, and triaging for emergency management if required. Students will learn to apply standard screening tests such as the Alcohol Use Disorders Identification Test (AUDIT) or the Drug Abuse Screening Test (DAST-10). Students will learn the principles of Medication Assisted Therapy (MAT) in treating Alcohol and Opioid Use Disorders and gain clinical experience with MAT. Students will learn to interpret standard urine drug tests and their nuances. Students will gain an appreciation for common psychiatric comorbidities and Adverse Childhood Events often associated with SUDs. Students will learn about 42 CFR Part II and its implications for patient care in the primary care setting. The student will be expected to demonstrate respect, compassion, and integrity in caring for this vulnerable population. Students are also expected to acquire basic knowledge about the nuances of substance use risk assessment, prevention, and treatment for diverse populations, including pregnant women, children, adolescents, family members, elderly, health care professionals, employees, and persons in the criminal justice system.
CS 320.2 Allergy or Immunology (4.0 credit hours) Grading Scale: P/F
Location(s): Panorama City and South Bay
Medical students will directly participate in ambulatory allergy clinics and inpatient consultation with faculty who love to teach. They will be exposed to 1) a wide range of common allergic conditions, 2) rare primary immunodeficiency disorders, and 3) diagnostic procedures specific to allergy and immunology.

Because of the high frequency of allergic disorders in the general population, this is an excellent elective for a student planning a career in primary care (medicine, pediatrics, family practice) and select specialties (e.g., dermatology and otolaryngology). This would be a good course for those wanting to pursue a career in allergy and immunology. The patient population is 50% adult and 50% pediatric.

CS 320.3 Anatomical Pathology (2.0 credit hours) Grading Scale: P/F
Location(s): LAMC
This elective enables medical students to understand the role of microscopic examination, immunohistochemistry, and molecular analysis in diagnosing human disease. Medical students will attend daily "sign-out" sessions, participating in frozen section intraoperative diagnosis and fine-needle aspiration immediate evaluations. The pathology division handles a diverse variety of neoplastic and non-neoplastic human diseases. Medical students will learn about special techniques like immunohistochemistry, fluorescent microscopy, flow cytometry, and tissue processing. Upon completing this rotation, medical students will appreciate the implications of various diagnoses on patient management.

CS 320.4 Anesthesiology, Introductory (2.0 credit hours) Grading Scale: P/F
Location(s): Baldwin Park or West Los Angeles
This two-week elective in anesthesiology is for all Phase 3 medical students. This course is for any student interested in anesthesiology to help learn more about the field or supplement their medical knowledge and procedural skills for use in their future non-anesthesiology career. In this Basic Elective course, medical students will explore the breadth of perioperative medicine (i.e., preoperative assessment, intraoperative management, and postoperative care). Medical students will develop the foundational knowledge and skills to provide basic perioperative care.

During the 2-week course, medical students will work with anesthesiologists one-on-one to manage various operating room cases approximately five days a week, from 6:45 am to 3:00 pm. If there are interesting cases, medical students are highly encouraged to finish those cases to maximize their learning experience.

CS 320.5 Anesthesiology, Advanced (2.0 credit hours) Grading Scale: P/F
Location(s): Baldwin Park or West Los Angeles
This elective enables medical students to understand the role of microscopic examination, immunohistochemistry, and molecular analysis in diagnosing human disease. Medical students will attend daily "sign-out" sessions, participating in frozen section intraoperative diagnosis and fine-needle aspiration immediate evaluations. The
pathology division handles a diverse variety of neoplastic and non-neoplastic human diseases. Medical students will learn about special techniques like immunohistochemistry, fluorescent microscopy, flow cytometry, and tissue processing. Upon completing this rotation, medical students will appreciate the implications of various diagnoses on patient management.

**CS 320.6 Cardiac Care (2.0 credit hours) Grading Scale: P/F**  
**Location(s): KP Oakland, KP San Francisco, and KP Santa Clara**  
The elective in cardiac care may include various areas of cardiology, including echo, cardiac MRI, treadmill stress testing, cardiopulmonary exercise testing, and inpatient and outpatient services. Third-year medical students will receive exposure to many areas of cardiology, including time rotating through echo, cardiac MRI, treadmill stress testing, cardiopulmonary exercise testing, inpatient cardiology consult service, and the cath lab.

Fourth-year medical students will spend one week in the coronary care unit and one week in the inpatient cardiology consult service.

Other skills include cardiovascular history taking and CV-focused exam, interpretation of EKGs, using hand-held echocardiogram and interpretation, experiencing cardiac catheterization by scrubbing in on a case and learning coronary anatomy and right heart catheterization hemodynamics. No call is required for this elective.

**CS 320.7 Cardiology (2.0 or 4.0 credit hours) Grading Scale: P/F**  
**Location(s): LAMC**  
Medical students will have the opportunity to participate in all activities of a busy cardiac referral center, including observing diagnostic and interventional catheterization procedures, observing non-invasive studies (such as echocardiography, cardiac MRI and CT, and stress testing), and consulting on inpatients and outpatients under the supervision of a cardiology fellow and attending. Medical students will learn how common and important cardiac conditions are diagnosed and treated in adults.

**CS 320.8 Cardiothoracic Surgery (2.0 or 4.0 credit hours) Grading Scale: P/F**  
**Location(s): LAMC**  
Medical students in these electives will be part of an active cardiac surgery service, the largest one on the West Coast. This elective aims to provide medical students with an overview of cardiac surgical care and dispel some of the myths associated with heart surgery. The medical students will participate in the operating room, clinic, inpatient rounds, and potentially take call. Medical students will work as part of a team consisting of attending surgeons and support staff. Since there are no residents on the service, medical students will have the opportunity to work with attendings one-on-one. There are two electives: a two-week rotation designed for medical students not interested in a surgical career but curious about heart surgery and a four-week rotation intended for medical students interested in surgery and would like more exposure to the surgical subspecialty.
The complex care program is a focused healthcare delivery “Concierge” program for the sickest, most vulnerable patients in Mid-Atlantic states. Complex care physicians care for their patients with a team of case managers and nurses using the integrated model to support patients’ every need. Complex care physicians hold office hours, make courtesy visits to the hospital, skilled nursing facilities, long-term care units, assisted living facilities, and make home visits to see patients if needed.

The complex care program is an IRB research program that started in 2016 as a pilot. In 2017, after showing an 80% reduction in utilization for hospitalized patients, the program was regionalized and funded by nine full-time FTE positions for physicians covering the District of Columbia/suburban Maryland, Virginia, and Baltimore. Each complex care physician panels up to 200 patients. Since the beginning of the program, the complex care program has had 3,500 patients enrolled and currently has 1,500 living patients.

The culinary medicine (CM) elective introduces medical students to this field, which combines the art of cooking with evidence-based science and nutrition to maintain and improve health. Medical students are expected to watch videos and read assigned literature on culinary techniques and nutrition topics before each session to be prepared for hands-on learning. This elective is based on several practical, hands-on components, including 1) Healthy Cooking Laboratory, 2) Nutrition Lectures, 3) Health Education Internship, 4) Health Behavior Change Techniques, 5) Clinical Log, and 6) Mindfulness/Mindful Eating Workshop.

The dermatology elective is a two or four-week rotation. Medical students will work with residents and faculty in ambulatory clinics. They will develop clinical skills in recognizing and describing skin morphologies, performing skin exams, and diagnosing and managing common skin conditions. This rotation offers experience in general dermatology, pediatric dermatology, procedural dermatology, and dermatopathology. At the end of the rotation, medical students will give a case-based presentation.

This two or four-week elective introduces third-year medical students to emergency medicine. It builds on the foundations of emergency medicine.

This elective is meant for medical students looking to specialize in emergency medicine. Medical students will be seeing patients in the Modesto and Manteca emergency rooms, focusing on critical and trauma patients. There will be focused procedural,
simulation, and ultrasound training during the rotation, and medical students will participate in weekly didactics. There will be an end-of-rotation exam.

CS 320.14 Emergency Medicine, Point-of-Care-Ultrasound (2.0 or 4.0 credit hours)
Grading Scale: P/F Location(s): KP Manteca and KP Modesto
This elective introduces learners to the foundational tenets of bedside sonography and its application to clinical medicine. Learners will learn knobology followed by hands-on scanning in the KP Modesto and Manteca emergency departments. Obtained images will be reviewed by faculty, and feedback will be provided.

CS 320.15 Emergency Medicine, Point-of-Care-Ultrasound (2.0 or 4.0 credit hours)
Grading Scale: P/F Location(s): KP San Diego
Medical students will perform scanning shifts with KP EM faculty, fellows, and residents. They will also participate in independent scanning shifts to further hone their skills. All scanning will be conducted in the KP Emergency Department. Patients will range from low acuity to the critically ill and span all age ranges. There will be dedicated student workshops to reinforce the core POCUS applications. Medical students will have the opportunity to practice POCUS-guided procedures on task trainers, including paracentesis, thoracentesis, peripheral IV, and central line insertion. Medical students will join the weekly 5-hour residency didactic series and have the opportunity to participate in simulation, workshops, and journal clubs attended by our emergency medicine residents and faculty. At the conclusion of their elective, they will present an ultrasound case of their choosing during our weekly didactic series. There is no call or mandatory night shifts. However, the student may choose to do their independent scanning shifts in the evening when the ED has higher volumes.

CS 320.16 Emergency Medicine Services (EMS) (2.0 credit hours)
Grading Scale: P/F Location(s): KP Modesto
This two-week elective introduces learners to the basic tenets of pre-hospital care, triage, and principles of disaster management. It is currently offered in a hybrid format (virtual/in-person). Learners will also get to observe EMS operations through ride-along.

CS 320.17 Endocrinology (4.0 credit hours)
Grading Scale: P/F Location(s): LAMC
Medical students will have the opportunity to learn about the evaluation and management of endocrine conditions such as hypothalamic, pituitary, adrenal, thyroid, parathyroid, and gonadal disease. Medical students will have the opportunity to participate in diabetes mellitus management in inpatient and outpatient settings. Medical students will also have the opportunity to care for patients undergoing gender-affirming care and hormone therapy. Medical students will provide consultative services in the inpatient and outpatient settings.
CS 320.18 Family Medicine (Orange County) (4.0 credit hours) Grading Scale: P/F
Location(s): KP Santa Ana Medical Offices, KP Anaheim Medical Center, Other Affiliated Sites
This four-week elective, located at the KP Family Medicine Residency program in Orange County, will be an elective rotation designed for medical students with a career interest in family medicine or other primary care specialties. Medical students will rotate through the primary care clinic at Santa Ana Medical Offices and the family medicine specialty clinics (OB, Gynecology, Pediatrics, Dermatology, Minor Surgery, Sports Medicine, Behavioral Medicine, Palliative Care) at the residency program.

Medical students will spend three weeks doing outpatient primary care under the supervision of program faculty, volunteer attendings, and family medicine residents. The clinic will be scheduled for eight half days during those outpatient weeks with a different attending physician each half day. Medical students will be exposed to a range of procedures, including Point-of-Care Ultrasound, minor skin surgeries, joint injections, and Long-Acting Reversible Contraception placement/removal.

Medical students will also spend one week rounding with our family medicine residents on our family medicine inpatient service at Anaheim Medical Center. Medical students may also be scheduled for at least one half-day at the Latinx Health Access (Lestonnac) Clinic with our community medicine fellow. If interested, medical students can spend a day at one of our urgent care centers with our teaching faculty. At the end of the rotation, the student will be expected to give a presentation (10 minutes, ten slides) about an interesting case to program faculty and residents.

CS 320.19 Family Medicine (San Diego) (4.0 credit hours) Grading Scale: P/F
Location(s): KP Clairemont Mesa MOB, KP Zion Medical Center
This elective is a four-week rotation at the KP Family Medicine Residency program in San Diego. It will be an elective designed for medical students with a career interest in family medicine or other primary care specialties. Medical students will rotate through the primary care clinic at the Clairemont Mesa Medical Office Building, a NextGen facility, and the family medicine specialty clinics (OB Centering, Gynecology, Dermatology, Minor Surgery, Sports Medicine) residency program.

Medical students will spend three weeks doing outpatient primary care under the supervision of program faculty, adjunct faculty, and family medicine residents. The clinic will be scheduled for eight half days in those outpatient weeks. There will be a different attending physician on each half-day during the outpatient weeks. Medical students will be exposed to various procedures, including Point of Care Ultrasound, minor skin surgeries, joint injections, and Long-Acting Reversible Contraception placement/removal.

Medical students will also spend one week rounding with the family medicine residents on the adult medicine inpatient service at KP Zion Medical Center. We plan to schedule medical students to attend one half-day of Asylum Seeker Clinic with our community medicine fellow and one half-day at our primary care clinic at La Maestra, our Federally
Qualified Health Center partner. If interested, they can also spend a day at one of the urgent care centers with our teaching faculty. Medical students will also complete a population health (quality improvement) project during their rotation and be supported to present their project at future family medicine conferences, if interested. Wednesday afternoons will be dedicated time for the population health project, and Friday afternoons will be for residency didactics. At the end of the rotation, the student will be expected to give a presentation (10 minutes, ten slides) about an interesting case from their elective and present their quality improvement project to faculty and residents.

**CS 320.20 Gastroenterology (4.0 credit hours) Grading Scale: P/F Location(s): LAMC**

Medical students will have the opportunity to gain an overview of gastrointestinal tract and liver diseases, including pathophysiology, diagnosis, and management. Medical students will consult on patients in the inpatient and outpatient settings and have the opportunity to attend multidisciplinary subspecialty clinics and endoscopies. As a tertiary referral center, medical students will also have exposure to specialized procedures such as endoscopic ultrasound and endoscopic retrograde cholangiopancreatography.

**CS 320.21 General Surgery – MIS, Breast, Surgical Oncology, Colorectal Surgery (2.0 or 4.0 credit hours) Grading Scale: P/F Location(s): SBC**

This elective is designed for medical students wishing for a more profound experience and practical application of the principles of general surgery. Medical students will participate in two- or four-week rotations in a general surgery that sees both complex tertiary referrals and more common pathology. Other team members will include the faculty members and, very likely, residents. This small team based on an apprenticeship model will promote efficient learning and interaction with the surgeons. Medical students will participate in operating room cases, inpatient rounding, outpatient clinics, and didactic conferences. Within this elective, medical students may participate in general surgery/minimally invasive surgery, breast surgery, surgical oncology, or colorectal surgery. When schedules allow, a student may rotate in a specific rotation of their choosing. Medical students will not be required to take overnight call.

**CS 320.22 Genetics (Adult and Hereditary Cancer Focused) (2.0 credit hours) Grading Scale: P/F Location(s): Glendale (MGPL), LAMC, and Panorama City**

This elective is designed for future internal medicine or family medicine physicians or geneticists. Third- or fourth-year medical students will evaluate, diagnose, and disclose results in a two-week cancer genetics elective. This elective will focus on assessing patients with a personal or family history of cancer. This elective will reinforce the importance of taking a detailed family history, which is essential for all clinicians but particularly clinicians in primary care who need to recognize red flags in the family history concerning a hereditary cancer syndrome. Other specialties that care for patients with hereditary cancer syndromes and may benefit from this elective include hematology/oncology, gastroenterology, gynecology, general surgery, radiation oncology, and dermatology. Medical students will learn how to draw a pedigree, assess genetic risk, and interpret genetic test results. Medical students will also spend one to
two days learning about test methodology in the molecular genetics laboratory. Medical students will work primarily with one MD for the duration of the elective and genetic counselors. There will be no call on nights or weekends.

**CS 320.23 Genetics (Prenatal) (2.0 credit hours) Grading Scale: P/F**
**Location(s): Glendale (MGPL), LAMC, and Panorama City**
Third or fourth-year medical students will evaluate, diagnose, and disclose results in a two-week prenatal genetics elective. This elective will focus on assessing prenatal patients for genetic conditions in the fetus, including a family history of genetic conditions, positive carrier screening, and positive screening for Trisomy 21 or other fetal anomalies. This elective will reinforce the importance of taking a detailed family history, essential for all clinicians, particularly clinicians caring for patients during pregnancy. Medical students will learn how to draw a pedigree, assess genetic risk, and interpret genetic test results. Medical students will also spend one to two days in the molecular genetics laboratory learning about test methodology for karyotype, FISH, microarray, and NIPT. Medical students will work with MDs in genetics, OB/GYN, and genetic counselors. There will be no call on nights or weekends.

**CS 320.24 Geriatric Medicine (2.0 or 4.0 credit hours) Grading Scale: P/F**
**Location(s): LAMC and West Los Angeles**
Medical students, regardless of specialty, will gain experience in critical concepts in the care of older adults across the care continuum. Expanding on the American Geriatrics Society Medical Student competencies (see below), this experience will focus on the 5 M’s of geriatric medicine (mind, mobility, mentation, medications, multicomplexity, and what matters). In addition, the assessment, diagnosis, and treatment of prevalent and impactful geriatric syndromes such as cognitive impairment, gait, and balance issues, incontinence, malnutrition, life care planning and value-based shared decision making, and polypharmacy will be a focus. Furthermore, medical students will be exposed to the variety of care transitions that older adults face, including exposure to serious illness and palliative medicine.

Medical students will learn to perform and leverage geriatric assessments for patients from diverse educational, ethnic, and socioeconomic backgrounds and understand the importance of functional age. This rotation takes place in a multi-setting environment, including nursing facilities, hospital consultation, home-based care, and outpatient geriatric clinics. There will be a strong emphasis on providing evidence-based care through an interdisciplinary team-based care approach.

**CS 320.25 Hematology/Oncology (2.0 credit hours) Grading Scale: P/F**
**Location(s): Downey**
Medical students will have the opportunity to gain an overview of benign and malignant hematologic disorders and develop an understanding of the diagnostic work-up, evaluation, and treatment of patients with common malignancies such as breast cancer, lung cancer, and colon cancer. Medical students will participate in the consultation and care of patients in the inpatient and outpatient settings. They will also attend multidisciplinary oncology conferences covering specialty areas such as breast cancer.
Medical students will learn about the research programs in hematology/oncology and how patients are evaluated for and managed while on clinical trial protocols.

CS 320.26 Infectious Disease (2.0 or 4.0 credit hours) Grading Scale: P/F Location(s): South Bay
Medical students will have an opportunity to provide consultative care to patients with suspected or proven infectious diseases in the inpatient and outpatient settings. Medical students will learn about the evaluation of unexplained fevers, failures of common infections to respond to therapy, uncommon or severe infections, treatment of multidrug-resistant organisms, and management of travel-related infections.

CS 320.27 Internal Medicine (Health Equity and Disparities) (2.0 or 4.0 credit hours) Grading Scale: P/F, Location(s): KP Oakland
This elective includes learning experiences that focus on the existing disparities in our community and on care that is provided through an equity lens to eliminate them. Student experiences may consist of time at our specialty blood pressure clinic, AA Diabetes and HTN group visits, Salud en Espanol module (for Spanish-speaking medical students), and Chinese language module (for Cantonese and Mandarin-speaking medical students), Disparities curriculum sessions, and time at our community sites. Our community partnerships include Lifelong with sites such as the Trust clinic, which cares for homeless and marginally housed populations and provides street medicine opportunities.

CS 320.28 La Salud Permanente Latinx Health (2.0 or 4.0 credit hours) Grading Scale: P/F, Location(s): KP Antioch, KP Fresno, KP Napa, KP Santa Rosa
The La Salud Permanente Latinx Health Elective offers Spanish-speaking fourth-year U.S. medical school medical students and residents (PGY2 and above) passionate about Latino health a unique opportunity in several Northern California locations.

Throughout the highly personalized two or four-week program, medical students will use Spanish to work with primary care physicians and care for patients. Medical students will experience our integrated system, use the latest health technology, and learn from physicians committed to providing high-quality patient care. We will tailor medical students’ experiences to suit their areas of interest. For example, medical students may participate in community health events, work within our Division of Research, help create cutting-edge patient resources or pilot a performance improvement project in a specific area.

The program is offered in the following medical centers in Northern California: Antioch, Fresno, Napa, and Santa Rosa.
CS 320.29 Laboratory Medicine (2.0 credit hours) Grading Scale: P/F
Location(s): LAMC and Regional Reference Laboratories (Chino Hills, Glendale, North Hollywood)
This elective is designed to provide medical students with hands-on exposure to all major areas of the clinical laboratory, rotating through chemistry, hematology, immunology, microbiology, flow cytometry, blood bank, molecular oncology, molecular and biochemical genetics, and cytogenomics. The medical students will attend daily laboratory operations briefings and participate in relevant departmental technical meetings. There will be opportunities to participate in bi-monthly regional laboratory and infectious diseases (RLID) meetings and learn about emerging technologies (i.e., next-genome sequencing/NGS), clinical test performance and development, quality assurance, and laboratory stewardship. The faculty will vary from day to day. There will be no call or weekends.

CS 320.31 LGBTQ+ (4.0 credit hours) Grading Scale: P/F
Location(s): LAMC and West Los Angeles
This four-week elective offers medical students the opportunity to learn how to provide comprehensive healthcare to the LGBTQ+ population across multiple medical and surgical specialties. Medical students will work with multidisciplinary teams and providers in different clinical settings related to LGBTQ+ health, including but not limited to psychiatry/behavioral health, adolescent/young adult medicine, pediatrics, family medicine, internal medicine, endocrinology, plastic surgery, HIV/PrEP clinic, and work with the team at KP’s Adult Transition Pathways Clinic/Pediatric GenderCare Clinic. Themes woven through the elective include: person-centered and trauma-informed care, evidence-based practice, sex positivity, effective advocacy, systemic issues (e.g., access and barriers to care), intersectionality, and ethical issues. The objective of this elective is to empower future physicians to be sensitive, comfortable, affirming, clinically knowledgeable, and culturally humble in providing health care to LGBTQ+ populations, with a particular emphasis on the TGNB (transgender/non-binary) community.

CS 320.32 Medical Education (4.0 credit hours) Grading Scale: P/F
Location(s): KPSOM
This four-week elective offers medical students the opportunity to study the theory and practice of medical education. The elective has two components. The first component is a series of seminars and workshops that introduce medical students to the fundamental principles of medical education, focusing on educational theory and evidence derived from medical education literature. The second component is a structured independent study model that will require medical students to develop and apply skills in one of the following areas: assessment, course administration, curriculum design, equity, inclusion and diversity, faculty development, or simulation. Medical students will have the opportunity to observe and learn from role models in medical education and explore how they can integrate their roles as clinicians and educators regardless of their career goals. Assessment will be built into the elective through self-reflection activities. Medical students will receive verbal and written feedback on their work products from peers and faculty.
CS 320.33 Native Hawaiian Health KP Clinic Elective (Rural and Underserved Populations (2.0 credit hours) Grading Scale: P/F, Location(s): KP Hawaii
The primary objective of this elective is for learners to work with local faculty and staff in applying evidence-based knowledge about the social determinants of health in the formation of care delivery, research, policy, and/or program development for improving individual and population health and reducing health disparities for underserved populations.

Didactics, research, and community engagement activities are tailored to the learner's background and educational interests to support a better understanding of medicine in the local, underserved population. Clinic days with a physician introduce students to the application of evidence-based medicine in the local population.

CS 320.34 Nephrology (4.0 credit hours) Grading Scale: P/F Location(s): LAMC
Medical students will have an opportunity to provide consultative services to patients with kidney, electrolytes, and hypertensive diseases. Medical students will manage patients with acute or chronic kidney failure. Medical students will be taught the interpretation of blood tests, urine analysis, various imaging modalities, and biopsies used in the workup of kidney disease. Medical students will be introduced to dialysis and transplant and their role in managing advanced kidney failure.

CS 320.35 Neurology (Inpatient) (2.0 or 4.0 credit hours) Grading Scale: P/F Location(s): KP Modesto
This two or four-week elective introduces third-year medical students to inpatient/hospital neurology. The rotation will involve rounding the neurologic consulted patient, including common conditions such as acute stroke, encephalopathy, status epilepsy, GBS, and other complicated cases. Medical students will develop skills in advanced in-patient neurologic diseases, consults for their symptoms, workup, diagnosis, and management. Medical students will also be exposed to and understand EEG, EMG, Botox, and occipital nerve block procedures.

CS 320.36 Neurology (Outpatient) (2.0 or 4.0 credit hours) Grading Scale: P/F Location(s): KP Modesto
This two or four-week elective introduces third-year medical students to outpatient/clinic neurology. The rotation will involve teaching common neurologic diseases, developing advanced neurologic examination skills, and developing familiarity with neurologic disease symptoms, workup, diagnosis, and management. This rotation also exposes medical students to neurology procedures, including EEG, EMG, Botox, and occipital nerve block.

CS 320.37 Neurology and Movement Disorders (4.0 credit hours) Grading Scale: P/F, Location(s): East Bay (Oakland, WCR, Antioch); SF, Peninsula (RWC), and SRF; Sacramento Movement Disorders
This elective includes a combination of inpatient and outpatient neurology. Medical students are paired with movement disorder subspecialists and neuromuscular
specialists for outpatient. We offer memory disorder clinics, movement disorders, and inpatient and outpatient neurology. During two weeks of outpatient neurology and two weeks of inpatient, the experience includes inpatient hospital consults and follow-ups with neuro hospitalists. The outpatient experience consists of two weeks of clinic, emphasizing neuromuscular (with neuromuscular subspecialist) and movement disorders (with movement disorder subspecialist). Medical students will be watching EMGs and NCVs, Botox injections, and DBS programming and will see a mix of new and follow-up consultations.

**CS 320.38 Neurosurgery (4.0 credit hours) Grading Scale: P/F**
**Location(s): LAMC**
This neurosurgery elective is designed to give medical students interested in neurosurgery, otolaryngology, or neurology in-depth knowledge of the neurosurgery service. Medical students become an integral part of the neurosurgery service, assisting neurosurgery staff, mid-level providers, and residents in multiple subspecialty fields within neurosurgery. Activities include ward and ICU rounds, observing and assisting in the OR, taking call, and attending teaching conferences. The rotation will be tailored to the student's interests and includes one to two-week blocks for a four-week rotation.

**CS 320.39 Neurosurgery (Functional) (2.0 credit hours) Grading Scale: P/F**
**Location(s): LAMC and Woodland Hills**
This neurosurgery elective in functional neurosurgery is designed to give medical students going into neurology and neurosurgery an opportunity to work with multidisciplinary teams to develop surgical solutions to neurological problems.

Medical students become an integral part of the neurosurgery service, assisting neurosurgery staff, mid-level providers, and residents in multiple subspecialty fields within neurosurgery. Activities include ward and ICU rounds, observing and assisting in the OR, taking call, and attending teaching conferences. The focus will be on deep brain stimulation and epilepsy surgery.

**CS 320.40 Nuclear Medicine (2.0 or 4.0 credit hours) Grading Scale: P/F**
**Location(s): SBC**
In this two or four-week elective for medical students interested in nuclear medicine, medical students will rotate on clinical nuclear medicine services, including general nuclear medicine, nuclear cardiology, and PET/CT, for focused instruction from the nuclear medicine faculty. Medical students will participate in the technical performance and diagnostic interpretation of a broad range of imaging studies covering various disorders, including cancer, cardiovascular disease, neurologic disorders, pulmonary, GI, GU, osseous, and endocrine diseases. Medical students will become familiar with the array of therapeutic nuclear medicine procedures to treat bone pain, metastatic bone disease, hyperthyroidism, thyroid cancer, metastatic neuroendocrine tumors, and certain hematologic malignancies. The objective of this elective is to acquaint the medical students with the basic principles of nuclear medicine, the techniques used, the gamut of procedures available, and the decision-making used to select specific diagnostic or therapeutic procedures and interpret results. Medical students who wish to
pursue a career in nuclear medicine are encouraged to take a four-week elective for a more profound, immersive experience. This elective does not have any on-call responsibilities.

**CS 320.41 Obstetrics and Gynecology (Inpatient) (2.0 or 4.0 credit hours)**
Grading Scale: P/F, Location(s): SBC
Medical students will participate in the direct inpatient management of pregnant patients admitted to the antepartum service and care for patients admitted to labor and delivery. Medical students will be responsible for following patients postpartum until they are discharged home. Medical students will work with attending perinatologists and OB/GYNs. The second half of the elective will focus on the surgical aspects of gynecology. The student will assist in minor and significant gynecologic surgical procedures and following patients post-operatively. Medical students will be responsible for presenting a topic of choice at the department meeting at the end of their rotation.

**CS 320.42 Occupational Medicine (2.0 or 4.0 credit hours)**
Grading Scale: P/F
Location(s): LAMC and South Bay
Third or fourth-year medical students will assess, diagnose, and plan for restoring health in injured workers by applying systems-based practice in this two or four-week elective course. This elective will focus on the information that a non-occupational medicine physician will need to know for practice. This elective will reinforce musculoskeletal physical exam skills necessary for occupational medicine patient care competency. Medical students will learn how to take an occupational history, assess physical function, and write meaningful activity prescriptions for injured workers.

Additionally, two and four-week medical students learn to perform practice-based learning and improvement, emphasizing time management skills within a busy clinical practice. The faculty will vary from day to day. This elective is outpatient, Monday through Friday.

**CS 320.43 Ophthalmology (General) (2.0 credit hours)**
Grading Scale: P/F
Location(s): Baldwin Park, LAMC, and West Los Angeles
This rotation will be a two-week elective in ophthalmology for medical students interested in learning core ophthalmology examination and management techniques (such as those going into primary care or emergency medicine). Medical students will rotate with attending physicians in general ophthalmology, cornea, glaucoma, retina, and pediatric ophthalmology clinics and operating rooms. Medical students will learn ophthalmology examination techniques (such as slit lamp examination) and the triaging, management, and treatment of common ophthalmology conditions. Some home call may be taken.

**CS 320.44 Ophthalmology (Pediatric and Adult Strabismus) (2.0 credit hours)**
Grading Scale: P/F, Location(s): Orange County or South Bay
This rotation is a two-week elective in ophthalmology for those medical students interested in pediatric ophthalmology (such as those intending to pursue family medicine or pediatric residencies as well as those going into ophthalmology residency...
who wish for a more in-depth experience in this sub-specialty) and strabismus/extraocular movements (including those medical students with interest in neurologic disorders). Medical students will spend time with pediatric ophthalmology and adult strabismus attending physicians in the clinic and operating room. Emphasis will be placed on learning examination and management skills for all pediatric ophthalmology patients and adults with ocular motility conditions. Some home call may be taken.

**CS 320.45 Orthopedic Surgery/Sports Medicine (4.0 credit hours)**
*Grading Scale: P/F, Location(s): LAMC*

This elective will be a four-week rotation to allow medical students interested in becoming orthopedic surgeons to understand better the foundation of orthopedics: trauma, sports medicine, and joint replacement surgery.

Medical students will work directly one-on-one with different attendings while doing orthopedic trauma, joint replacement surgery, and sports medicine. The goal is to understand better how to manage basic fractures, arthritis of the knee and shoulder, and sports injuries such as anterior cruciate ligament tears, meniscus tears, and labrum tears. Our goal is for the student to be directly involved in patient care and learn splinting techniques, basic suturing, and closed reductions.

The rotation is Monday through Friday and two weekend call days a month.

**CS 320.46 Orthopedic Surgery/Sports Medicine (Nonoperative) (2.0 credit hours)**
*Grading Scale: P/F, Location(s): LAMC*

This two-week elective is for medical students interested in the nonoperative side of orthopedics. This rotation is ideal for medical students who want to understand fracture management, arthritis, and sports medicine. This elective would be particularly applicable for medical students seeking to gain musculoskeletal knowledge for their future in fields like primary care and emergency medicine.

The medical student will work directly one-on-one with different attendings during this rotation doing orthopedic trauma, joint replacement surgery, and sports medicine. The goal is to understand better how to manage basic fractures, arthritis of the knee and shoulder, and sports injuries such as anterior cruciate ligament tears, meniscus tears, and labrum tears. Our goal is for the student to be directly involved in patient care and learn splinting techniques, basic suturing, and closed reductions.

The rotation is Monday through Friday and two weekend call days a month.

**CS 320.47 Otolaryngology (Head and Neck Surgery) (4.0 credit hours)**
*Grading Scale: P/F, Location(s): KP Oakland*

Within the East Bay Head and Neck Surgery department, we offer the full breadth of Otolaryngologic clinical and surgical care with an outstanding educational curriculum for our residents and medical student rotators. Some of the surgeries we offer include oncologic surgery with microvascular reconstruction, craniofacial surgery, advanced
otologic and sinus surgery, facial plastic and reconstructive surgery, including facial feminization surgery, advanced voice and swallowing surgery, and sleep apnea, and endocrine surgery. Our educational offerings include weekly protected education time led by our outstanding faculty, temporal bone dissection lab, journal clubs, cadaver labs, book clubs, airway simulation sessions, head and neck tumor board, and many multidisciplinary clinics (e.g., craniofacial clinic, skeletal dysplasia clinic, voice disorders clinic, sleep apnea clinic, cystic fibrosis clinic).

**CS 320.48 Otolaryngology, Introductory (Head and Neck Surgery) (2.0 credit hours)**
**Grading Scale: P/F, Location(s): LAMC**
The otolaryngology elective will be a two-week course for medical students wishing for an introduction to otolaryngology and exposure to its breadth or medical students who have previously taken the selective and want to further solidify their learning or interest in the specialty. The elective will include both the outpatient clinic setting and operating room setting. For de novo medical students, the experience will be with different attendings in different subspecialties daily, including time with the day call attending learning about otolaryngologic emergencies and consults. Medical students will also participate in daily rounds with the otolaryngology service.

**CS 320.49 Otolaryngology, Advanced (Head and Neck Surgery) (2.0 credit hours)**
**Grading Scale: P/F, Location(s): LAMC**
The advanced otolaryngology elective is for medical students who have completed the otolaryngology selective and will provide additional clinical and operative experiences to medical students within the various subspecialties of otolaryngology. Medical students will be taking overnight home call during the rotation.

**CS 320.50 Palliative Care (2.0 or 4.0 credit hours)**
**Grading Scale: P/F, Location(s): LAMC and West Los Angeles**
Medical students will complete their clinical experience at various locations, including the Los Angeles and West Los Angeles Medical Centers, and home visits throughout the Los Angeles area. Students will be exposed to multiple clinical settings across the care continuum, including inpatient palliative medicine consults, outpatient palliative medicine clinics, post-acute facilities, home-based palliative care, and hospice. There will be an emphasis on providing evidence-based palliative care through an interdisciplinary team-based approach. Students will gain knowledge and skills in conducting treatment goals discussions and managing complex symptoms within the context of serious illness.

**CS 320.51 Pediatric Cardiology (2.0 or 4.0 credit hours)**
**Grading Scale: P/F, Location(s): LAMC**
During this elective, medical students will see various pediatric cardiology patients, ranging from new referrals from general pediatricians, continuity of care for established patients, new inpatient cardiology consults, and interventional cardiac procedures. Medical students should expect to gain an understanding of how to evaluate common topics such as, but not limited to, syncope, chest pain, and palpitations. Medical
students should expect to see patients with diagnoses such as but not limited to myocarditis, congenital cardiac disease, and arrhythmias. Medical students will gain preliminary skills in echocardiograms and EKG reading. The faculty will be from the division of pediatric cardiology. Medical students may also be working with a resident if there is also one on rotation at the time of the student's rotation. There will be no call or weekends.

CS 320.52 Pediatric Endocrinology (2.0 or 4.0 credit hours) Grading Scale: P/F Location(s): South Bay
During this rotation, medical students will see pediatric endocrinology patients, ranging from new referrals from general pediatricians, continuity of care for established patients, and new inpatient consults. Medical students should expect to gain an understanding of how to evaluate common topics such as, but not limited to, early/late puberty, short/tall stature, hypo/hyperglycemia, and early/late menarche. Medical students should expect to see patients with diagnoses such as, but not limited to, diabetes mellitus, thyroid disorders, adrenal axis disorders, and transgender care. Medical students will also gain preliminary skills in diabetes education, insulin administration, and blood glucose testing. The faculty will be from the division of pediatric endocrinology. Medical students may also be working with a resident if there is also one on rotation at the time of the student’s rotation. There will be no call or weekends.

CS 320.53 Pediatric Hematology/Oncology (2.0 or 4.0 credit hours) Grading Scale: P/F, Location(s): LAMC
During this elective, medical students will see pediatric hematology/oncology patients, ranging from new referrals from general pediatricians, continuity of care for established patients, and new inpatient consults. Medical students should expect to gain an understanding of how to evaluate common topics such as, but not limited to, anemia, leukopenia/neutropenia, and thrombocytopenia. Medical students should expect to see patients with diagnoses such as, but not limited to, sickle cell anemia, liquid and solid tumors, and thalassemia. There will also be opportunities to participate in new cancer diagnosis talks and end-of-life/palliative care discussions. Medical students will also gain exposure to the techniques of bone marrow aspirates and lumbar punctures. There may also be opportunities to work in pathology, laboratory medicine, and radiology as adjunctive specialties. Faculty will be from the division of pediatric hematology/oncology. Medical students may also be working with a resident if there is also one on rotation at the time of the student’s rotation. There will be no call or weekends.

CS 320.54 Pediatric Nephrology (2.0 or 4.0 credit hours) Grading Scale: P/F Location(s): Downey
During this elective, medical students will see pediatric nephrology patients, including new referrals from general pediatricians, continuity of care for established patients, and new inpatient consults. Medical students should expect to gain an understanding of how to evaluate common topics such as, but not limited to, hematuria, hypertension, and proteinuria. Medical students should expect to see patients with diagnoses such as, but not limited to, nephrotic syndrome, nephritic syndrome, end-stage renal disease/chronic
kidney disease, and congenital kidney disease. Medical students should also gain a preliminary understanding of dialysis. The faculty will be from the division of pediatric nephrology. Medical students may also work with a resident if one is on rotation during the student’s rotation. There will be no call or weekends.

**CS 320.55 Pediatric Neurosurgery (2.0 credit hours) Grading Scale: P/F**
**Location(s): LAMC**
This elective is designed for medical students interested in neurosurgery, pediatrics, or family medicine. Medical students will primarily work with two pediatric neurosurgeons at LAMC. Medical students become an integral part of the pediatric neurosurgery service, assisting neurosurgery staff, mid-level providers, and residents in multiple subspecialty fields within neurosurgery. Activities include ward and ICU rounds, observing and assisting in the OR, taking calls, and attending teaching conferences.

**CS 320.56 Pediatric Pulmonology (2.0 or 4.0 credit hours) Grading Scale: P/F**
**Location(s): SBC**
During this elective, medical students will see pediatric pulmonology patients, including new referrals from general pediatricians, continuity of care for established patients, and new inpatient consults. Medical students should expect to gain an understanding of how to evaluate common topics such as, but not limited to, hemoptysis, chronic wheezing, and apnea. Medical students should expect to see patients with diagnoses such as, but not limited to, bronchopulmonary dysplasia, cystic fibrosis, asthma, and interstitial lung disease. Medical students should also gain preliminary skills in performing and interpreting pulmonary function tests and bronchoscopy. The faculty will be from the division of pediatric pulmonology. Medical students may also work with a resident if one is on rotation during the student’s rotation. There will be no call or weekends.

**CS 320.57 Pediatric Rheumatology (2.0 or 4.0 credit hours) Grading Scale: P/F**
**Location(s): LAMC**
During this elective, medical students will see pediatric rheumatology patients, including new referrals from general pediatricians, continuity of care for established patients, and new inpatient consults. Medical students should expect to gain an understanding of how to evaluate common topics such as, but not limited to, arthritis, rashes, and prolonged fever. Medical students should expect to see patients with diagnoses such as, but not limited to, Lupus, JIA, and vasculitis. Medical students should also gain preliminary skills in thorough and specific physical exam skills and findings unique to rheumatology. The faculty will be from the division of pediatric rheumatology. Medical students may also work with a resident if one is on rotation during the student’s rotation. There will be no call or weekends.

**CS 320.58 Physical Medicine and Rehabilitation (Northern California) (2.0 or 4.0 credit hours) Grading Scale: P/F**
**Location(s): Vallejo Regional Rehab Center**
This two or four-week elective introduces medical students to managing traumatic brain injuries, spinal cord injuries, stroke, polytrauma, amputation, and other neurologic disorders in the acute inpatient rehabilitation setting. Medical students will become part
of an inpatient interdisciplinary rehabilitation team and participate in the daily care of patients admitted to the acute rehabilitation hospital (including new admissions), nursing rounds, interdisciplinary team conferences, outpatient and consultative care, and journal club and grand rounds (when schedules allow). Medical students can also observe and assist in chemodenervation procedures, intrathecal baclofen pump management, and electrodiagnostic studies.

**CS 320.59 Physical Medicine and Rehabilitation (Advanced Outpatient Musculoskeletal Clinic) (2.0 credit hours) Grading Scale: P/F**

*Location(s): LAMC*

This two-week elective will offer a more in-depth experience in physical medicine and rehabilitation (PM&R), focusing on outpatient musculoskeletal care. Medical students will rotate with multiple PM&R faculty members. They will refine their history and physical examination skills, learn when and how to order and interpret musculoskeletal imaging studies, and practice point-of-care musculoskeletal ultrasound and interventional procedures. No call will be taken.

**CS 320.60 Plastic and Reconstructive Surgery (Fundamentals) (4.0 credit hours) Grading Scale: P/F, Location(s): LAMC and West Los Angeles**

This rotation is a four-week clinical experience encompassing all aspects of plastic and reconstructive surgery, including general plastic surgery, reconstructive microsurgery, hand surgery, craniofacial surgery, gender affirmation surgery, and aesthetic surgery. Medical students will learn the fundamental principles of surgical reconstruction through didactic education, outpatient clinical experiences, and hands-on intraoperative participation. There will also be opportunities to learn and practice surgical skills such as suturing and knot tying. Expert faculty will teach the course from all subspecialties of plastic surgery. Medical students will also learn from plastic surgery and general surgery resident physicians. At-home night or weekend call may be taken with a resident and attending supervision. The elective is designed for medical students entering any field interested in learning more about surgery fundamentals, developing basic surgical skills, or exploring the surgical specialties.

**CS 320.61 Plastic and Reconstructive Surgery (Advanced) (4.0 credit hours) Grading Scale: P/F, Location(s): LAMC and West Los Angeles**

This elective is a four-week clinical experience encompassing all aspects of plastic and reconstructive surgery, including general plastic surgery, reconstructive microsurgery, hand surgery, craniofacial surgery, gender affirmation surgery, and aesthetic surgery. Medical students will learn the fundamental principles of surgical reconstruction through didactic education, outpatient clinical experiences, and hands-on intraoperative participation. Medical students will also have the opportunity to focus on specific subspecialties of plastic and reconstructive surgery of their choosing. There will be opportunities to learn and practice surgical skills such as suturing and knot tying. Expert faculty will teach the course from all subspecialties of plastic surgery. Medical students will also learn from plastic surgery and general surgery resident physicians. At-home night or weekend call may be taken with a resident and attending supervision. The
elective is designed for medical students interested in entering the field of plastic
surgery or applying to a surgical residency program.

**CS 320.62 Precision/Personalized Medicine (Toward a Cure) (4.0 credit hours)**
Grading Scale: P/F, Location(s): Glendale, KPSOM, LAMC, Panorama City, South Bay,
The rapidly evolving and transformative potential of precision medicine is transforming
healthcare from a one-size-fits-all approach to a more tailored approach through a
better understanding of individual variability and its effect on disease onset,
progression, prevention, and treatment. In doing so, we are overcoming the limitations
of traditional medicine rooted in chronic disease management and moving toward a
more precise, predictable, and powerful health care that is patient-focused and
personalized.

Medical students will be exposed to disruptive technologies in precision medicine,
including artificial intelligence, gene editing/engineering for curative intent, microbiome
and disease, advances in drug development (i.e., immunotherapy, psychedelics,
targeted therapies), biomarkers, gene expression profiling, proteomics, metabolomics,
and pharmacogenomics, all as they relate to the biology of diseases such as cancer,
cardiovascular disease, infectious diseases, stroke, or diabetes. Medical students will
be exposed to counseling and communication skills and ethical, legal, and social issues
encountered in the practice of personalized medicine.

The course will include seminars, interactive teaching with a discussion of theoretical
and clinical cases, and independent learning modules. Clinical rotations (no-call)
through outpatient medical genetics, cancer medicine, and the regional molecular
pathology lab will use a hands-on approach to learning. Medical students will
understand what it means to approach clinical care with a precision medicine approach.
Internal faculty will be from cancer medicine, medical genetics, laboratory medicine,
pathology, national pharmacy, and basic science departments. There will be outside
guest lectures from the pharmaceutical/biotechnology sectors.

This course is highly impactful for medical students interested in internal medicine,
pediatrics, neurology/neuropsychiatry, pathology, oncology, medical genetics,
obstetrics, academic medicine, and clinical research.

**CS 320.63 Psychiatry (Child) (4.0 credit hours) Grading Scale: P/F**
Location(s): SBC
This course has been designed to expose the student to an inpatient, consult liaison
(CL), and outpatient settings in which child psychiatrists function. Medical students will
gain exposure to the psychiatric assessment and treatment of children and adolescents
and learn how to function as part of an interdisciplinary team.
CS 320.64 Psychiatry (Consult Liaison) (2.0 or 4.0 credit hours)
Grading Scale: P/F, Location(s): SBC
This elective allows medical students to experience psychiatry in a general hospital setting by interviewing patients in inpatient medical-surgical wards and emergency rooms. They will be formulating differential diagnoses, assessments, and treatment recommendations with a psychopharmacologic and behavioral focus. Common diagnoses include delirium, dementia, mood disorders, substance use, and personality disorders.

CS 320.65 Psychiatry (Inpatient) (4.0 credit hours) Grading Scale: P/F
Location(s): Kaiser Mental Health Center
Medical students will have the opportunity to work in a multidisciplinary team composed of social workers, nurses, and physicians. They will carry four patients during their elective and be responsible for their initial and follow-up treatment plans. This elective provides intensive exposure to a broad spectrum of conditions encountered in the practice of inpatient public psychiatry. The most prevalent disorders seen include schizophrenia, substance dependence, PTSD, mood disorders, panic disorders, eating disorders, and personality disorders. Medical illnesses often complicate psychiatric disorders. Treatment: psychopharmacology, supportive therapy, milieu therapy, group therapy.

CS 320.66 Psychiatry (Interventional) (2.0 or 4.0 credit hours) Grading Scale: P/F
Location(s): Northern Virginia and DC/Southern Maryland (Mid-Atlantic)
The two-week or the extended four-week outpatient career exploration elective introduces the procedural branch of psychiatry using the neurostimulation device therapies of Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (rTMS). Brain stimulation treatments have a long history of being some of the most effective interventions in psychiatry. This elective offers an exploration of the theory, practical clinical knowledge, and the application of neuromodulation and device-based interventions. It is designed as a unique opportunity modified for medical student learners. Patient conditions range from major depression, schizophrenia, bipolar disorder, and co-occurring addictions. This experience is open to all curious learners, including those interested in psychiatry/neurology. Medical students should possess basic clinical knowledge to identify and evaluate relevant psychiatric conditions, familiarity with the Mental Status Exam, and competency with basic interviewing of psychiatric patients.

Medical students will work closely with one faculty educator for the duration of their elective at two proximally located sites. They will be given didactic instructional sessions on the theory and practical application, followed by direct observation of patients receiving treatment at the Ambulatory Surgical Center (ECT) and the nearby Outpatient Clinic (rTMS). Learners will also engage with the anesthesiology team to understand key elements of specific anesthetic induction agents used in ECT procedures. There is no call assigned for this elective.
CS 320.67 Pulmonology (2.0 or 4.0 credit hours) Grading Scale: P/F
Location(s): South Bay
Medical students will provide consultative services to patients with a broad spectrum of pulmonary diseases in the inpatient and outpatient settings. Medical students will be exposed to lung diseases, including COPD, lung cancer, interstitial lung disease, sarcoidosis, and pulmonary embolism. Medical students will have the opportunity to participate in multidisciplinary conferences and observe pulmonary procedures, including bronchoscopy, thoracentesis, and transthoracic lung biopsy. Medical students will also have the chance to rotate in the pulmonary physiology laboratory.

CS 320.68 Radiation Oncology, Introductory (2.0 credit hours) Grading Scale: P/F
Location(s): LAMC
Medical students will participate in a two-week outpatient rotation in the Radiation Oncology Department, where they will develop an understanding of the role of radiation therapy in multidisciplinary oncologic care. This elective is an ideal rotation for medical students who plan to practice in fields adjacent to radiation oncology, including but not limited to medical oncology and surgical oncology. Medical students will be directly involved in patient care under the supervision of an attending physician and/or resident and learn how to obtain an oncologic history and physical and use relevant literature to make evidence-based treatment recommendations. Medical students will participate in multidisciplinary clinics, biweekly case conferences, and didactic conferences. Medical students will be exposed to the various modalities of radiation delivery, including external beam radiotherapy, stereotactic body radiotherapy, LINAC-based stereotactic radiosurgery, and interstitial and intracavitary brachytherapy. Medical students will participate in radiation planning and learn how to delineate target volumes and determine plan-specific normal tissue constraints.

CS 320.69 Radiation Oncology, Advanced (2.0 credit hours) Grading Scale: P/F
Location(s): LAMC
Medical students will participate in a two-week outpatient rotation in the Radiation Oncology Department. Eligible medical students must intend to apply to radiation oncology residency and have completed the four-week radiation oncology selective before enrolling in this elective. Medical students will further their understanding of specialized radiation technologies by participating in a two-week rotation with our stereotactic radiosurgery or brachytherapy groups.

Medical students electing to enroll in the stereotactic radiosurgery elective will further their understanding of the indications of applying this advanced technology in various malignant and benign conditions. Medical students will participate in new patient consultations in the weekly Radiosurgery Multidisciplinary Clinic and formulate assessments and treatment recommendations. Medical students will work with our physicians and physicists during the planning and treatment of stereotactic radiosurgery and fractionated stereotactic radiotherapy cases. Medical students will also participate in post-treatment follow-up and imaging surveillance in our Radiosurgery Follow-up Clinic.
Medical students electing to enroll in the brachytherapy elective will develop an understanding of the indications for brachytherapy in the management of various genitourinary and gynecologic malignancies. Medical students will participate in new patient consultations in the weekly Genitourinary and Gynecologic Malignancy Multidisciplinary Clinics and formulate assessments and treatment recommendations. Medical students will participate in brachytherapy planning and observe intracavitary and interstitial brachytherapy procedures.

**CS 320.70 Radiology, Basic (2.0 credit hours) Grading Scale: P/F**

Location(s): LAMC

This elective is a two-week general introduction to radiology for medical students planning to pursue specialties other than radiology but who would like a basic understanding of the breadth of radiologic imaging to help them in their preferred field.

Medical students in all radiology electives will observe and shadow radiologists and radiology residents as they work in real-time critical in-patient settings, stat outpatient settings, and other non-emergent outpatient settings. This may include medical students sitting at their PACS workstation, working alongside staff to give real-time, prospective readings and differential diagnoses. Medical students will be exposed daily to numerous staff radiologists in all specialty fields and radiology residents. Medical students may observe different radiology procedures such as breast biopsies, fluoroscopy procedures, and pediatric fluoroscopy procedures. They may perform small tasks during mammography and fluoroscopy procedures.

**CS 320.71 Radiology, Advanced (2.0 or 4.0 credit hours) Grading Scale: P/F**

Location(s): LAMC

This elective is a two or four-week advanced route for medical students planning a specialty route other than radiology and who want to bolster their knowledge of their preferred specialty with more advanced radiologic imaging.

Medical students in the four-week elective must present a 10-minute, 10-slide PowerPoint presentation on a topic of their choice (images provided by staff). This will be presented to staff and radiologists during a noontime lecture in their 3rd or 4th weeks.

Medical students in all radiology electives will observe and shadow radiologists and radiology residents as they work in real-time critical in-patient settings, stat outpatient settings, and other non-emergent outpatient settings. This may include medical students sitting at their PACS workstation, working alongside staff to give real-time, prospective readings and differential diagnoses. Medical students will be exposed daily to numerous staff radiologists in all specialty fields and different radiology residents. Medical students may observe different radiology procedures such as breast biopsies, fluoroscopy procedures, and pediatric fluoroscopy procedures. They may perform small tasks during mammography and fluoroscopy procedures.
CS 320.72 Rheumatology (4.0 credit hours) Grading Scale: P/F
Location(s): Orange County
Medical students will have the opportunity to provide consultative services to patients with connective tissue diseases and arthritis in the inpatient and outpatient settings. Medical students will learn how to evaluate patients, interpret common rheumatologic serologies, improve their diagnostic acumen of rheumatologic disease, and become proficient in the physical exams of the musculoskeletal system. Medical students will learn about the mechanisms of actions and indications of commonly used medications to treat rheumatic and musculoskeletal diseases. Medical students will learn the techniques of joint and soft tissue injections and special skills such as reading x-ray joints, examining joint fluid, and aspiration of joint effusions.

CS 320.73 Sports Medicine (2.0 or 4.0 credit hours) Grading Scale: P/F
Location(s): SBC
This elective is a two or four-week sports medicine rotation at KP San Bernardino County and affiliated sites of the KP Sports Medicine Fellowship program based in Fontana. Medical students will become familiar with the assessment and management of both medical and musculoskeletal conditions of athletes of all ages and proficient in examining and treating a wide variety of musculoskeletal conditions of the athlete. Medical students will be exposed to various procedures, including diagnostic and therapeutic point of care ultrasound, joint aspirations and injections, dry needling tenotomy, trigger point injections, and fracture management, including bracing and casting. Medical students will rotate through a sports medicine clinic with teaching faculty and fellows, attend training rooms at high school and collegiate athletic departments, participate in pre-participation screenings/physicals, and attend live sporting events to learn sideline management of common acute sports injuries such as concussions and joint trauma. Medical students will also participate in Journal Club and Radiology Rounds, with the opportunity to learn how to read x-ray and MRI studies.

CS 320.74 Urgent Care (4.0 credit hours) Grading Scale: P/F
Location(s): Riverside Medical Center and SBC
Medical students will rotate through our urgent care centers with different attending physicians. Medical students will learn to identify and treat urgent medical cases in a fast-paced environment and document findings efficiently in the electronic health record. Medical students will be exposed to various procedures, including incision and drainage of abscesses, suturing, wound debridement, joint injection, and aspiration, anoscopy, slit-lamp examinations of the eye, and fracture management. Medical students will learn to take problem-focused histories, formulate a differential diagnosis, order and interpret lab work and imaging studies, and rule out red flags that would require a higher level of care. There will be some overlap between outpatient primary care and urgent care cases.

CS 320.75 Urology (2.0 or 4.0 credit hours) Grading Scale: P/F
Location(s): LAMC
Medical students rotating with the Department of Urology will have an immersive experience encompassing all aspects of urology, including urologic oncology and...
robotics, endourology, pediatric urology, female pelvic and reconstructive urology, neuro-urology, men’s health and infertility, and interventional radiology. Medical students will rotate in the clinic and operating room with ten fellowship-trained attendings and a stellar cadre of resident physicians. A wide array of urologic pathology will be encountered. Medical students will spend 3/4 of their time in the OR and 1/4 in the clinic.

The mission of the KP urology program is to provide the best urological exposure to guide and inform a potential career in urology. Our program will give medical students a robust educational experience in operative, procedural, and office urology. Medical students will have first-hand experience with diverse patients and disease processes. Medical students will be introduced to important topics and concepts, including medico-legal considerations, leadership, teamwork, compassion, and grit. In addition, interested medical students will have opportunities to perform clinical and epidemiological research.

Medical students will participate in educational conferences in the form of clinical presentations, lectures, reviews of recent literature, discussions of research projects, and imaging and pathology review. Patient rounds are made daily, and grand rounds are held weekly, during which medical students, residents, and attending physicians are free from all clinical duties. Medical students participating in four-week rotations will craft a presentation on a topic of their choice and present at an educational conference during the last week of their rotation. In addition, four-week rotators are expected to take call for at least one week during rotation.

**CS 320.76 Vascular and Interventional Radiology (Two-Week) (2.0 credit hours)**
*Grading Scale: P/F, Location(s): LAMC*
This elective will be a two-week rotation at LAMC primarily focused on introducing VIR to medical students planning to pursue non-procedural medical specialties (e.g., family medicine, outpatient internal medicine, hospitalist medicine).

**CS 320.77 Vascular and Interventional Radiology (Four-Week) (4.0 credit hours)**
*Grading Scale: P/F, Location(s): LAMC*
This elective will be a four-week rotation at LAMC, allowing medical students to experience the entire breadth and depth of vascular and interventional radiology. Key components will include hands-on experience with image-guided interventions, including as primary operator on select procedures by the end of the rotation. There will also be robust experience on the inpatient VIR consult service and experience working in an outpatient VIR clinic.

Medical students will spend time in some manner with all VIR faculty. However, they will spend relatively more time engaging with core faculty members (KP-SOM faculty, VIR residency program director, and VIR residency associate program director) in dedicated VIR didactic sessions, outpatient clinics, and scrubbed in on image-guided interventions. They will be responsible for seeing patients, evaluating imaging, and determining an assessment and plan for those patients, after which they will present to
the VIR faculty. On the inpatient side, they will be responsible for primarily seeing consultations (integrating clinical, exam, and advanced imaging findings) and developing independent assessments and plans. They will also be responsible for following patients that require it and all patients on whom they have intervened.

Each week will require 0.5-1 day in the VIR clinic with two different faculty members. There will be additional outpatient clinic experiences in vein and vascular birthmark clinics. Daily procedure time will be split between outpatient and inpatient procedures.

**CS 320.78 Vascular Surgery (2.0 or 4.0 credit hours) Grading Scale: P/F**
*Location(s): SBC*

Medical students in this elective will be part of a busy vascular surgery service, participating in the care of complex disease processes and common pathology. The rotation can be two or four weeks in length, taking place in an office-based clinic, the operating room, and inpatient rounds. Call is optional but encouraged. Medical students will be introduced to all aspects of vascular surgery, including peripheral vascular disease, abdominal aortic aneurysms, and venous disorders. Medical students will also participate in educational conferences and be encouraged to learn about pre-operative workups, including imaging studies. They will be part of a team of attending surgeons, residents, and support staff.

**CS 320.79 Virtual Medicine Center (2.0 credit hours) Grading Scale: P/F**
*Location(s): Mira Loma Call Center*

The two-week elective at the Virtual Medical Center in KP SCAL is designed for medical students who want to understand virtual care at a much deeper level. The student will spend focused days in adult primary care, pediatrics, psych, dermatology, and home health. The student will also obtain a better understanding of the legal issues involved in offering virtual care across the continuum. Lastly, the student will have the opportunity to work with the leadership at the VMC and understand the KP strategy of setting up an entire environment around virtual care which includes the intake, the visit itself, the follow-up, and the use of artificial intelligence to improve the health of our members.

**CS 320.80 Women’s Health (Ambulatory-Based) (2.0 credit hours)**
*Grading Scale: P/F, Location(s): SBC*

This elective is designed for medical students interested in pursuing a career in obstetrics and gynecology. During this ambulatory-based elective, medical students will receive a multidisciplinary experience throughout various subspecialties in OB/GYN. Medical students will participate in procedural-based clinics that will give them further exposure to women’s health and the different common procedures in OB/GYN. Medical students will learn about and participate in prenatal ultrasounds, LARCs, endometrial biopsies, colposcopies, LEEPs, and obtaining cervical cytology specimens. Medical students will also participate in initial consultations and see prenatal patients as part of this immersive ambulatory experience.
CS 320.81 Women’s Health (Ambulatory-Based, Exploratory) (2.0 credit hours)  
Grading Scale: P/F, Location(s): SBC
This course is designed for medical students interested in expanding their exposure and knowledge in women’s health. Medical students will receive a multidisciplinary educational experience throughout various subspecialties in OB/GYN during this ambulatory-based elective. Medical students will participate in procedural-based clinics that will give them further experience in the multiple procedures that are common in OB/GYN. Medical students will learn and participate in prenatal ultrasounds, LARC placements, endometrial biopsies, colposcopies, LEEPs, and obtaining cervical cytology specimens. Medical students will also participate in initial consultations and see prenatal patients as part of this immersive ambulatory experience.

CS 330.1 Anesthesiology (4.0 credit hours) Grading Scale: P/F  
Location: Cedars-Sinai
This course is an elective designed to introduce the basic concepts of the practice of Anesthesiology. Students are expected to perform at an intern level under the supervision of a resident and/or faculty. Students will learn the basics of preoperative evaluations of surgical patients, intraoperative management, including monitoring and fluid replacement, and postoperative care. Students will also learn about basic airway management and invasive line placement. Students will also be introduced to basic pharmacological principles of commonly used anesthetic drugs and inhalation agents. Students will be introduced to regional anesthesia, pediatric anesthesia, OB anesthesia, and acute and chronic pain management. Most teaching will be patient care in the clinical setting, supplemented by faculty lectures and workshop/simulation sessions.

CS 330.2 Heart Failure and Transplantation (4.0 credit hours) Grading Scale: P/F  
Location: Cedars-Sinai
Students will gain an understanding of the physical examination, diagnosis, and management of patients with advanced heart failure, including the role of evidence-based therapies, pulmonary artery catheterization, and heart transplantation. They will also learn to manage the long-term complications of patients post-heart transplantation.

CS 330.3 Clinical Informatics (4.0 credit hours) Grading Scale: P/F  
Location: Cedars-Sinai
Clinical informatics is a subspecialty of medicine that supports health care by analyzing, designing, implementing, and evaluating information and communication systems to improve patient care, enhance access to care, advance individual and population health outcomes, and strengthen the clinician-patient relationship. During this rotation, students will learn 1) electronic health record adoption and usage, 2) electronic health record user inpatient generated data, 3) clinical decision support, 4) how information systems and processes enhance or compromise the decision-making and actions of the healthcare team members, 5) workflow analysis, 6) strategies to support clinician users and promote clinician adoption of systems, 7) how to utilize informatics tools and principles and application to optimize the provision of healthcare, 8) exposure to research informatics, and 9) exposure to informatics governance.
CS 330.4 Emergency Medicine (4.0 credit hours) Grading Scale: P/F
Location: Cedars-Sinai
The elective is intended to provide the student with exposure to the emergency department evaluation and care of patients with a broad spectrum of diseases, acuity, complexity, and age. The experience covers pediatric, geriatric, gynecology, surgical, transplant, stroke, cardiac and pulmonary conditions, and emergencies. The student will be working with Attending Emergency Physicians and discussing the diagnostic workup and management of complex patients at a Level-1 Trauma Center and Comprehensive Stroke Center with an annual census of 90,000 patients. The student will attend Grand Rounds and weekly didactic sessions with PA students, residents, and attendings and may be asked to present cases.

CS 330.5 Palliative Care and Cancer Rehabilitation (4.0 credit hours)
Grading Scale: P/F, Location: Cedars-Sinai
This course is designed to help medical students develop the essential competencies required to provide quality care to patients with serious diseases. By the end of this rotation, students will perform a basic symptom assessment, describe the difference between palliative care and hospice, and initiate goals of care conversations. The role of the rehabilitation team throughout the cancer trajectory will also be highlighted. Students will spend 80% of their time with the inpatient palliative care team at Cedars-Sinai Medical Center.

CS 330.6 Women’s Heart Center (4.0 credit hours) Grading Scale: P/F
Location: Cedars-Sinai
Daily activities include twice/week all-day clinic, once/week diagnostic invasive and noninvasive testing, and weekly and daily research team activities and meetings.

CS 340.1 Endocrinology, Diabetes, and Metabolism (4.0 credit hours)
Grading Scale: P/F, Location(s): City of Hope
This four-week elective will provide clinical exposure to managing patients with diabetes and endocrinology disorders. Medical students will have the option of selecting interesting cases based on their specific interests.

In addition to participation in various clinical activities, medical students will also participate in a series of interactive learner-centered lectures. Medical students will also have the opportunity to join Didactic Lectures, Cytology Review, Surgical Pathology Review, Nuclear Medicine Review, Clinical Conference, Case Reviews, Journal Clubs, Tumor Boards, and monthly staff meetings.

Medical Students do not receive admitting or clinical privileges; they cannot manage patients or write orders independently; they function only under the direct supervision of a City of Hope medical staff member.
CS 340.2 Interventional Radiology/Oncology (4.0 credit hours)
Grading Scale: P/F, Location(s): City of Hope
This four-week interventional radiology elective will introduce medical students to interventional oncology and how it is performed at a cancer center. The majority of this elective will involve direct patient care under the supervision of a board-certified Interventional Radiologist. Medical students will be exposed to a wide range of patients, disease states, and procedures performed in this setting. Medical students will observe and participate in a wide array of image-guided interventions. Medical students will also learn the differences between the imaging modalities used for these procedures and acquire basic skills in performing these procedures.

In addition to direct patient care activities, medical students will participate in interactive learner-centered lectures that will focus on how interventional radiology fits into the multidisciplinary approach to cancer care. Medical students will learn the pre and post-procedure management of these patients and how to determine if a particular patient is a candidate for image-guided intervention. Medical students will also have the opportunity to participate in the Morbidity and Mortality Conference, Grand Rounds, Tumor Boards, and IR case reviews.

CS 340.3 Neurology (4.0 credit hours)
Grading Scale: P/F, Location(s): City of Hope
This four-week neurology elective will introduce medical students to inpatient and outpatient clinical settings and provide exposure to the neurological management of cancer and diabetic patients. Medical students will be exposed to various neurological conditions in this unique set of patients, such as neuropathy, encephalopathy, epilepsy, headaches/migraines, and brain cancer. In addition to direct patient care activities, medical students can also observe electrodiagnostic studies in the neurophysiology lab, such as nerve conduction studies, electromyography, and electroencephalography. Medical students will also have the opportunity to participate in the Friday morning Neurotumor boards and Tuesday Grand Rounds.

CS 340.4 Psychiatry (4.0 credit hours) Grading Scale: P/F
Location(s): City of Hope
This four-week psychiatric elective will introduce medical students to the daily clinical practice of consultation and liaison psychiatry in a cancer setting. Medical students will work closely with an attending physician to evaluate and manage patients in inpatient and outpatient settings. Medical students will participate in regular multidisciplinary rounds involving social work and nursing. They will have an opportunity to learn about the most common psychiatric issues in medically ill patients, such as depression, anxiety, delirium, capacity, and substance use disorders. If interested, medical students will be able to rotate for part of their time with our Palliative Care/Interventional Pain Service.
CS 340.5 Surgery/Gynecologic Oncology (4.0 credit hours) Grading Scale: P/F
Location(s): City of Hope
This four-week gynecologic oncology elective will expose medical students to the comprehensive care of women with gynecologic cancers. Medical student education will occur in the operating room, clinics, and the surgical ward. Medical students will be expected to see patients in the clinic, present a history and physical, and a diagnosis plan to the fellow and staff. Medical students will be expected to participate in the operative intervention of the patient. They will follow the patient in the hospital until discharged. Medical students will participate in weekly multidisciplinary Tumor Boards, Morbidity and Mortality Conference, and Grand Rounds. Medical Students do not receive admitting or clinical privileges; they cannot manage patients or write orders independently; they function only under the direct supervision of a City of Hope medical staff member.

CS 340.6 Surgery/Neurosurgery (4.0 credit hours) Grading Scale: P/F
Location(s): City of Hope
The four-week neurosurgery elective aims to educate medical students on the operative and pre and post-operative management of neurosurgical conditions, especially those of an oncologic nature. Medical students will be exposed to care in inpatient and outpatient settings. Those interested in advanced cranial and spinal operations are particularly encouraged to apply. Basic surgical aptitude (i.e., tying knots) will significantly enrich the experience.

CS 340.7 Surgery/Surgical Oncology (4.0 credit hours) Grading Scale: P/F
Location(s): City of Hope
This four-week surgical oncology elective will introduce medical students to the pre-operative work-up of malignancy, the operative interventions of these malignancies, and the patients’ post-operative care. Medical students will have the opportunity to rotate on one of the four primary surgical services – breast, HPB, mixed tumor, and colorectal.

Medical students will be exposed to the surgical treatment of gastrointestinal, liver, pancreas, biliary, endocrine, and breast cancer.

Medical student education will occur in the operating room, clinics, and the surgical ward. Medical students will be expected to see patients in the clinic, present a history and physical, and a diagnosis plan to the fellow and staff. The medical student will be expected to participate in the operative intervention of the patient and will follow the patient in the hospital until discharged.

Medical students will participate in the pre-operative conferences held on Mondays. Decisions regarding the treatment plan for each operative case in the following week will be discussed among the attending and fellows. They will also participate in weekly multidisciplinary Tumor Boards, Morbidity and Mortality Conference, and Grand Rounds.
CS 350.1 Dermatology (4.0 credit hours) Grading Scale: P/F
Location(s): LAC+USC Medical Center, Keck School of Medicine, Rand Shrader Clinic
An experienced dermatology resident will be assigned to tutor each student. Under the tutor’s supervision, the student will evaluate assigned patients, take histories, do physicals, formulate differential diagnoses, select further studies, and propose a therapeutic program. The student will go to wherever the tutor may be assigned. Attendance at relevant lectures is mandatory, but didactic sessions designed for the residents are considered elective for the student.

CS 350.2 Emergency Medicine (4.0 credit hours) Grading Scale: P/F
Location(s): LAC+USC Medical Center
Under direct supervision by the staff and residents, patients are evaluated in the emergency department (major and minor medical and trauma areas). Experience is gained in the diagnosis, treatment, and disposition of many patients with undifferentiated complaints. Students must work between 12 to 16 twelve-hour shifts/month, of which 50% will be nightshifts. The student is also expected to participate in weekly departmental conferences (Thursday mornings), weekly medical student lectures, workshops on suturing and EM Ultrasound, and give a short presentation for those applying to EM. In addition, a 50-question multiple-choice final exam will be given during the last week of the rotation.

CS 350.3 Gastroenterology (4.0 credit hours) Grading Scale: P/F
Location(s): LAC+USC Medical Center
The rotation will teach the student to obtain a history and perform a competent physical examination to diagnose common GI disorders with well-chosen investigative procedures. The student will participate as an observer in the performance of some procedures and will be given the opportunity of performing specific investigations themselves. Also, they will participate in clinical discussions with staff.

CS 350.4 Gastrointestinal Surgery (4.0 credit hours) Grading Scale: P/F
Location(s): Keck Medicine of USC
The clerkship will introduce medical students to the diagnosis, preoperative preparation, operative treatment, postoperative care, and follow-up of cases referred to USC University Hospital, a tertiary care facility. The patient population includes a wide range of general surgery patients, bariatric, splenic, adrenal, hernia cases, and revisional surgery of all kinds. Students on this clerkship will participate in daily rounds, assist in surgery, and attend surgical conferences and outpatient care (at the USC Healthcare Consultation Center). They will present topics at the weekly divisional conference and may have the opportunity to contribute to a research project—no night call.

CS 350.5 Interventional Radiology (4.0 credit hours) Grading Scale: P/F
Location(s): LAC+USC Medical Center, Norris Cancer Center, and Keck Medicine of USC
The purpose of this elective is to expose students to vascular interventional radiology. Students will participate in daily information gathering, screening, and post-procedural
care. Students will also participate in attending approved cases by observing or assisting and will be expected to prepare a case discussion and relevant literature review to present to the team.

**CS 350.6 Physical Medicine and Rehabilitation (4.0 credit hours)**
**Grading Scale: P/F, Location(s): Keck Medicine of USC**
Medical students in this four-week elective in the Acute Rehabilitation Unit (ARU) will receive in-depth exposure to the major disabling conditions encountered in an acute inpatient rehabilitation setting. They will learn about the diagnosis and comprehensive medical and rehabilitation management of complex patients with multiple co-morbidities and suffering from conditions such as stroke, spinal cord injury, Parkinson's disease, multiple sclerosis, rheumatoid arthritis, amputation, chronic pain syndrome, or other neuropathic and myopathic conditions, in addition to patients with solid organ transplants and left ventricular assist devices (LVADs). Medical students are expected to participate in daily rounds with the attending physician and nurse practitioners; participate in the physical exam and assessment of patients, and learn how to establish a comprehensive care plan. Medical students will see consultations with the attending physicians and nurse practitioners and learn how to communicate PM&R specific recommendations to referring teams and case managers. Medical students will also participate in departmental and divisional team conferences and seminars. They will learn to work with and lead a multidisciplinary team of other physicians, physical therapists, occupational therapists, speech therapists, social workers, and nurses to optimize medical conditions and improve the functionality and quality of life of our patients with complex diseases and injuries. Medical students will have the opportunity to research and present a rehabilitation topic to the rest of the team. No call will be taken.

**CS 350.7 Pulmonary Disease (4.0 credit hours) Grading Scale: P/F**
**Location(s): LAC+USC Medical Center**
The pulmonary disease elective will provide advanced clinical experience in pulmonary disease and offer the student an opportunity for active participation at the internship level in delivering care to sick inpatients and outpatients. In addition, the student will consolidate their knowledge in the basic sciences pertaining to respiratory disease. The student will participate in clinical conferences (Tuesday and Thursday) and Journal Club (Wednesday).

**CS 390.1 Away Rotation Placeholder (4.0 credit hours) Grading Scale: P/F**
**Location(s): TBD**
TBD

**Community Medicine Rotations**

**CS 400.1 Free Clinic of Simi Valley (4.0 credit hours) Grading Scale: P/F**
The Free Clinic of Simi Valley opened its doors in 1971. The Clinic has been an asset in the community, providing medical care, in some cases lifesaving care, for those in need. Thanks to the commitment and help of hundreds of volunteer professionals, the Clinic
has administered care for more than 400,000 patients over the last fifty years. The medical services offered at the Free Clinic include – family medicine, dental, family counseling, legal aid, and ophthalmology examinations.

With its recent move into a new state-of-the-art 7,500 square feet OSHPD3 facility, the Clinic can care for even more patients every week. The medical section of the facility houses one nurse's station, pharmacy, laboratory, four exam rooms, five dental stations, seven family counseling rooms – including two play therapy rooms for children, and an ophthalmology exam room. In 2020, the Free Clinic was named California Nonprofit of the Year and received the GuideStar Gold Seal of Transparency and the National Association of Free and Charitable Clinics Standards Gold status.

The Free Clinic is especially proud of its partnership with Kaiser Permanente Woodland Hills Medical Center—Family Medicine Residency Program. Since 2007, the Clinic has served as a training facility for resident physicians in the program. The training involves practical hands-on experience in an actual setting, with Kaiser Fellows supervising third-year family practice resident physicians. Sixty-nine resident physicians have participated in this training: transitioning to successful medical careers. The Clinic’s training program has become one of the most popular training sites in the Community Medicine Program.

Coming full circle, Dr. Tracey Young, the medical director for the Free Clinic of Simi Valley, was a former Kaiser Fellow in Kaiser's Residency Program and participated in training at the Free Clinic.

**CS 400.2 Healthcare in Action (Mobile Clinic – Street Medicine) (4.0 credit hours)**
**Grading Scale: P/F**
Healthcare in Action is a medical group that provides care for patients experiencing homelessness. Often called "Street Medicine," we see patients where they reside, which sometimes means in their tent, shelter, or the streets. Medical students will have the opportunity to work alongside one of two teams for the month, seeing patients under the supervision of one of the providers in one of Healthcare in Action's medical mobile vans.

Healthcare in Action occasionally partners with hospitals to care for patients upon discharge; however, most of the care we provide is on an outpatient basis. We function as a patient's primary care provider but focus on urgent and higher acuity chronic conditions that might destabilize a patient or cause acute harm. A large portion of our team’s work focuses on providing social services with the ultimate aim of helping patients find stable housing.

**CS 400.3 JWCH Institute (4.0 credit hours)**
**Grading Scale: P/F**
The CCH Community Medicine rotation will expose students to underserved/homeless health care in a multidisciplinary setting. Through the rotation, students will interface with patients living with chronic co-morbid conditions who have experienced or are
currently experiencing homelessness and will better understand the intersection of the Social Determinants of Health and patient outcomes.

**CS 400.4 Lestonnac Free Clinic (4.0 credit hours) Grading Scale: P/F**
Lestonnac Free Clinic's mission is to provide free health care services to low-income and uninsured residents in Southern California through the support of generous volunteers and donors. Their vision is to expand the health care safety net to marginalized communities through collaboration and partnerships. This rotation will additionally serve as a unique opportunity to understand specialty care in a Free Clinic Model.

**CS 400.5 Northeastern Valley Health Corporation (4.0 credit hours) Grading Scale: P/F**
The Mission of Northeast Valley Health Corporation is to provide quality, safe and comprehensive primary healthcare to medically underserved residents of Los Angeles County, particularly in the San Fernando and Santa Clarita Valleys, in a manner that is sensitive to the economic, social, cultural, and linguistic needs of the community.

**CS 400.6 Parktree Community Health Center (4.0 credit hours) Grading Scale: P/F**
Parktree Community Health Center is a Federally Qualified Health Center providing comprehensive primary healthcare to adults and children living in the communities surrounding Pomona and Ontario, California.

Parktree was founded in 1995 as the "Pomona Clinic Coalition" by Pomona Valley Hospital Medical Center and other local healthcare providers in response to the burgeoning indigent and working poor population in the eastern end of Los Angeles County and to address the region's lack of adequate public health infrastructure.

The range of services at Parktree includes: Primary Medical Care (Adults and Pediatrics), Women's Health, Behavioral Health, Dental Care, Behavioral Health, Diabetes Care, Podiatry, Optometry, and Telehealth

**CS 400.7 South Bay Family Health Care (4.0 credit hours) Grading Scale: P/F**
Since 1969, South Bay Family Health Care (SBFHC) has provided much-needed, evidence-based, outcome-driven, and culturally competent health services to more than 20,000 residents within the Greater South Bay community of Los Angeles County via the provision of more than 67,000 medical, dental, and behavioral health visits annually. Through these efforts, SBFHC mitigates the barriers to care commonly experienced by our service population, thereby establishing and strengthening the patient-centered relationships that improve the health and wellness of our patients and our community.

**CS 400.8 Twin Towers (4.0 credit hours) Grading Scale: P/F**
Jail-based medical care working with a mix of medical, nursing, mental health, social work, case management, and custody colleagues.
CS 400.9 Valley Community Healthcare (4.0 credit hours) Grading Scale: P/F
Established in 1970, Valley Community Healthcare has committed to the well-being of low-income, medically underserved residents in North Hollywood, North Hills, and the surrounding communities. Our doctors and healthcare specialists serve an estimated 22,300 men, women, children, teens, and seniors annually. Our goal is to provide easily accessible, comprehensive, and affordable medical care to every family member while reducing visits to emergency rooms and urgent care facilities.

Residency Immersive

CS 499 Residency Immersive (2.0 credit hours) Grading Scale: P/F
This capstone course allows students to consolidate knowledge and skills from across the entirety of their undergraduate medical education training. It prepares them for internship via longitudinal, specialty-specific, immersive simulation-based activities that replicate aspects of the residency experience. This course will prepare students to provide high-quality, safe, and patient-centered health care.

Health System Sciences Selectives

HSS 300.1 How to Excel at Diagnosis and Avoid Diagnostic Error (2.5 credit hours) Grading Scale: P/F, Location(s): KPSOM and Affiliated Clinical Sites
Roughly 10% of diagnoses in frontline care are wrong or delayed. More than 100,000 individuals die from a diagnostic error annually, making diagnostic error the #1 patient safety problem in the US today. It is also a key barrier to delivering equitable health care. These statistics suggest that medical schools could do a better job of teaching about the diagnostic process. This selective will take a deeper dive into the diagnostic process to better understand diagnosis, optimize the process, and avoid diagnostic errors. This selective will focus on guided but self-directed learning using a flipped-classroom approach. It will be invaluable to all medical students regardless of what specialty they may eventually select.

In this selective, medical students will examine critical issues at both the “sharp” end of medicine (e.g., the psychology of cognition, cognitive and emotional bias, critical thinking) and the “blunt” end (e.g., the safety culture, communication, coordination, and the role of teamwork). Medical students will learn steps they can take individually to improve their diagnostic performance; how errors may occur in radiology, pathology, and clinical laboratories; and the highly-trained specialists they may refer patients to. It will prepare medical students to be involved in system-level efforts to improve diagnosis. Equity in diagnosis will be reviewed, emphasizing cognitive bias and systems issues that create disparities.

Each week, this selective will focus on a different theme, with assigned readings and activities. Week 1 will provide an introduction and include two interviews, one with a patient who has experienced a diagnostic error and the second with a provider about their diagnostic error. Week 2 will focus on clinical reasoning, cognitive error, and decision support tools. Week 3 will focus on system issues: communication, teamwork, and human factors. Week 4 will focus on improvement strategies: how a system can measure diagnostic errors, use performance improvement tools such as root cause analysis, and take corrective actions to improve diagnostic accuracy.
analysis to understand the etiologies of diagnostic error, and how to improve the diagnostic process and/or reduce diagnostic errors.

HSS 300.2 Key Elements of American Health Policy (2.5 credit hours)
Grading Scale: P/F, Location(s): KPSOM
This selective will engage medical students in exploring three key policy elements that will determine the future of American health care—the world in which medical students will practice—and in considering how the founding principles and the current strengths and weaknesses of the Kaiser Permanente Health Care Program (KPHCP) can inform healthcare reform options for the future. Medical students will analyze three principal elements of healthcare policy and practice, each integral to the future of health care in the U.S., in the context of Kaiser Permanente’s and other integrated systems’ original design, history, and current execution. Medical students will also assess the extent to which current performance matches the organization’s aspiration to provide high-quality care and service to its members and improve the health of the communities in which it operates.

- Coverage: Examination of public programs such as Medicaid and Medicare (including Medicare Advantage), commercial insurance, and employer-based self-insurance, all in the context of proposed models for expanding coverage, including expansion of the Affordable Care Act, with or without a “public option,” Medicare-For-All, and other coverage expansion proposals.

- Delivery System Structure and Payment: Examination of the multispecialty group practice model vs. other models, the importance of physician leadership in medical practices and hospitals, the pros and cons of fee-for-service payment vs. “global payment” methodologies (both for physicians and hospitals), and the emergence of new models of delivery system structure and payment, including Accountable Care Organizations (ACOs) and Medicare Advanced Alternative Payment Models (AAPMs).

- Cost Management: Examination of the reasons why American health care is more expensive than it is in other Organization for Economic Cooperation and Development (OECD) countries, including the impact of U.S. federal debt levels on future generations; the concept of “social insurance” as a tool for achieving health equity; examination of proposed solutions, including, for example, federal price-setting (beyond Medicare and Medicaid), benchmarking with OECD payment levels, legalizing multi-payer collaboration on prices and mandatory multi-payer “value-based payment” models, and the role of the health system and physician leadership in creating incentives for physicians, clinicians, and hospitals to manage health care costs and value.

The course will include periodic didactic sessions providing medical students with a basic understanding of the three principal areas of health care policy and practice described above. These sessions will be augmented by group discussions of how the KPHCP has successfully or unsuccessfully tried to address each area. Arranged
interviews with key healthcare leaders and policymakers, inside and outside of the KPHCP, typically one hour in length, will help medical students explore their evolving ideas about specific topics. The course will also include at least one visit to the Kaiser Permanente Institute for Health Policy in Oakland, CA, to meet with researchers and attend discussion groups. At the end of the selective, each student will be asked to write a brief (2000-3000 word) paper in the style of a Steve Lohr New York Times article, describing in what ways the Kaiser Permanente and other integrated health systems are or are not a “model” for American health care in the future.

HSS 300.3 Social Health Practice (2.5 credit hours) Grading Scale: P/F
Location(s): KPSOM and Various Los Angeles Locations

Propelled by the march of value-based payment systems and mounting evidence of the impact of unmet social needs on individuals’ health and overall wellbeing, an increasing number of health systems are starting to screen patients for unmet social needs, integrate healthcare and social services into their approaches to patient-centered, whole-person care, and adopt a range of other efforts to address the social drivers of health. These developments raise important questions about the appropriate role, function, and capability of the health system to address social needs. They also compel individual healthcare providers and their teams to cultivate new competencies to effectively address health-related social needs—competencies that comprise the core of an emergent field we call “Social Health Practice.”

Using the National Academy of Medicine’s recent consensus report on key features of integrated health and social care systems (NASEM, 2018) as a starting point, this course will support medical students in skillfully undertaking key social health practices and activities, including the following: 1) social needs screening, 2) adjusting care based on social risk, 3) social prescribing, 4) working with social workers, CHWs, and other members of diverse interprofessional teams, and 5) advocacy and partnership to address upstream drivers of health. The course will provide didactic instruction and skill-building workshops to allow medical students to build competencies in these areas.

Concurrently, medical students will work with regional or medical center-based social health teams to observe this work in practice and support various efforts to improve the effectiveness of Kaiser Permanente’s social health programs. Such projects will likely include testing and improving clinic-to-community workflows, identifying population-level trends in social needs, developing social risk-adjusted care management practices, and other priorities identified by local social health teams.

The course will conclude with a project allowing medical students to reflect on the appropriate role of healthcare professionals and the systems they work in to address the social drivers of health and the changes in payment, organization, and medical education required to support such changes.

Course faculty will include a range of social health leaders from KP and other organizations. In addition to members of the KPSOM faculty, the teaching faculty for this
course will consist of KP social work leaders, front-line staff from KP’s community-based partner organizations, and individuals at the cutting-edge of research in this field.

HSS 300.4 Using Lean and Systems Engineering to Improve Healthcare Delivery Operations (2.5 credit hours) Grading Scale: P/F
Location(s): Online, with one all-day in-person simulation
This elective will teach medical students highly practical knowledge on how to initiate, manage and participate in projects improving complex care processes into well-integrated, efficient, effective, and safe workflows. It will exploit powerful tools from Lean and Systems Engineering methodologies adapted into healthcare settings. All healthcare environments—clinics, hospitals, emergency departments, operating rooms, clinical and imaging labs, pharmacies, and population care—benefit from lean and systems engineering knowledge. Lean is a management approach designed to improve processes by eliminating wasted time and resources, smoothing and standardizing workflows, and empowering employee teams. Lean has been spectacularly successful in many applications and is now a common paradigm in all healthcare environments.

Systems engineering is a logically rigorous process that is now well proven in healthcare and powerful in its ability to integrate fragmented care elements; it is used as a historical term and does not require knowledge of engineering or mathematics.

Part I -- Lean Healthcare (45 hours of class time): Beginning with a review of basic lean concepts and tools (understanding value, identifying and eliminating waste, workplace organization, kitting, and error-proofing), the class will advance to complex tools (process mapping, standardizing and balancing work, safety, and quality tools, empowering teams). We will address the challenges in applying lean methodologies to healthcare, such as variation and cultural issues, and the modifications required to make an effective healthcare environment. Finally, we will cover implementation and sustainment. The elective will mix traditional lecture-based instruction with active learning exercises, including a day-long clinic simulation that allows students to improve the operations of a clinic serving Lego® patients.

Part II -- Lean Healthcare Systems Engineering Process for Clinical Environments (20 hours of class time): We will focus on a logically rigorous (but non-mathematical and non-engineering) step-by-step process for executing healthcare projects ideal for integrating fragmented healthcare elements into a continuum of quality care. The process includes analysis of the current state (rigorous identification of imperfections and broken interactions between stakeholders and a well-informed problem statement), along with the design of a future state (goals, requirements, analysis of alternative solution candidates, solution architecting, risk management; verification & validation; ethics). These steps make healthcare projects robust, rigorous and eliminate wasteful iterations.
HSS 350.1 Practicum: KP Northern California Division of Research (2.5 credit hours) Grading Scale: P/F, Location(s): KP Northern California Division of Research (virtual or in-person)
Medical students will participate in a summer session (four weeks in June), learning about the American Diabetes Association standards of medical care for patients living with diabetes and methods for diabetes research within a learning health system. Methods will include approaches to delivery science, pragmatic clinical trial design, and stakeholder engagement. Medical students will work as part of a Kaiser Permanente Northern California Division of Research scientific mentor's research team during the placement and complete a small-scale research project that includes a literature review, evidence summary, and presentation of results.

HSS 350.2 Practicum: KP Social Health Practice Team (2.5 credit hours) Grading Scale: P/F, Location(s): TBD
One in four Americans and more than half of Kaiser Permanente members report needing help with at least one social risk or need influencing their health. These challenges have been made more drastic by the COVID-19 pandemic. As new and existing inequities prevent good health, health systems like Kaiser Permanente must address the broader social factors impacting patients to improve health care quality and achieve equitable outcomes. Screening patients for gaps in basic needs and connecting them to resources is more critical than ever.

Kaiser Permanente’s Social Health Practice Team is working to make it standard practice to ask patients about the social factors that affect their health, connect them to resources, and adjust care plans to fit their circumstances. Social health practice elevates patients’ social health to the same level as their physical and mental health by establishing scalable and sustainable systems, tools, and interventions to support Kaiser Permanente members with social supports, including housing, healthy meals, transportation, and other essentials.

In this placement, medical students will deepen their understanding of how social factors impact patients’ health. They will also participate in the development of Kaiser Permanente’s strategy to systematically and proactively identify social needs, connect patients to resources and establish support and follow-up to provide whole-person care that considers patients’ life circumstances. The placement will focus on the supporting efforts to design, test, and scale Social Health Member Initiatives, a portfolio of Kaiser Permanente-funded programs to help members in five specific domains: food security, housing insecurity, social isolation, financial wellbeing, and digital equity.

HSS 350.3 Practicum: KP SCAL Resource Stewardship (2.5 credit hours) Grading Scale: P/F, Location(s): KP Regional Offices and Panorama City, Regional Reference Laboratories (Chino Hills and North Hollywood), Pharmacy Regional Headquarters (Downey), and LAMC
Medicine is changing rapidly, not just in the science of medicine but also in the interactions between medical care systems and patients. The complexity of practice has dramatically increased, both on the primary care and specialty level. There are many
medication treatment options, and the average older patient is taking four or more medications every day, with the cost of those medications continually increasing. In addition, imaging modalities have increased dramatically along with utilization, with a many-fold increase in scans patients receive. We have ever-increasing laboratory testing options both for screening and monitoring patients. Concomitantly, we see “cost-shifting” wherein patients are paying an increasing amount for all of these treatments, and “medical financial stress” is a significant factor for many people in the U.S.

It is increasingly critical to focus on providing comprehensive care that selects optimal choices regarding testing and treatments to provide the highest quality of care while also considering affordability for patients. This rotation will focus on evaluating specific condition(s) and creating protocols to drive quality of care by determining the best evaluation and treatment choices and then creating systems to implement these choices with respect to imaging, laboratory testing, and medication treatments.

The student will spend time with regional physicians and pharmacy leaders for appropriate medication utilization, imaging utilization, and laboratory utilization. These leaders are responsible for implementing diagnosis and treatment plans at the KPSC regional level. The student will also spend time at a local medical center with the pharmacist accountable for implementing proposals. Medical students will see how quality/utilization proposals are initiated, implemented, and tracked at the regional and local levels. The medical student will pick an individual quality project, create practice recommendations and implementation plans, and then review data to gauge effectiveness. Recent project examples have addressed screening and treatments for dementia, screening and treatments for COVID-19, and driving safe and effective treatments for pain management.

Kaiser Permanente’s Social Health Practice Team is working to make it standard practice to ask patients about the social factors that affect their health, connect them to resources, and adjust care plans to fit their circumstances. Social health practice elevates patients’ social health to the same level as their physical and mental health by establishing scalable and sustainable systems, tools, and interventions to support Kaiser Permanente members with social supports, including housing, healthy meals, transportation, and other essentials.

In this placement, medical students will deepen their understanding of how social factors impact patients’ health. They will also participate in the development of Kaiser Permanente’s strategy to systematically and proactively identify social needs, connect patients to resources and establish support and follow-up to provide whole-person care that considers patients’ life circumstances. The placement will focus on the supporting efforts to design, test, and scale Social Health Member Initiatives, a portfolio of Kaiser Permanente-funded programs to help members in five specific domains: food security, housing insecurity, social isolation, financial wellbeing, and digital equity.
HSS 350.4 Practicum: KPSOM Department of Health Systems Science (2.5 credit hours) Grading Scale: P/F, Location(s): KPSOM and KP Department of Research and Evaluation (Pasadena)

Medical students will work collaboratively as part of an existing multidisciplinary research team designing and/or executing an observational or experimental cancer screening or prevention study. Current studies include an observational study of comorbid conditions and lung cancer screening outcomes, a trial of tailored implementation strategies for cervical cancer screening, and a pragmatic clinical trial of a behavioral economics intervention for smoking cessation. Selectives will be individualized based on the interests of the student and the needs of the participating investigators and their research teams. Placement options will include research teams in KPSOM’s Department of Health Systems Science and the Department of Research and Evaluation at Kaiser Permanente Southern California, where several investigators are conducting relevant studies on cancer screening and prevention. Medical students will attend team meetings and one-on-one sessions with their preceptor, participate in weekly research seminars, engage with team members to execute study-specific operational tasks, and complete a small-scale project that contributes to a particular study.

The project will be co-developed by the student and the preceptor. It will include a deliverable such as a data collection instrument, an IRB protocol, an analytic plan, a qualitative interview guide, a study abstract, or a set of tables or figures for a manuscript or report. For example, an observational study in the planning phase might provide an opportunity for a student to create a data collection instrument or develop and validate a novel computed phenotype to enable efficient searching of electronic health records. Similarly, an ongoing randomized trial could provide a student with an opportunity to draft a protocol modification and rationale. The overarching goal is to provide an immersive experience in multidisciplinary research that enables the student to make a meaningful contribution to ongoing research.

HSS 350.5 Practicum: KP Housing for Health Team (2.5 credit hours) Grading Scale: P/F, Location(s): Virtual, with some Site-Visits

Housing and health are inextricably linked. At Kaiser Permanente, we understand that it’s nearly impossible for our patients to focus on their basic health and medical needs without a safe place to call home. Working to solve homelessness is not only a health issue but also a health equity and racial justice issue. This understanding is integral to KP’s commitment to equity by improving social conditions for vulnerable populations and closing disparity gaps, particularly among communities of color. Further, we cannot solve the affordable housing and homelessness crisis alone. Only through innovative partnerships, strategic investments, and impactful storytelling can we move the needle for our most vulnerable communities. Please visit this link for an overview of recent Housing for Health work.

Medical students placed with the National Housing for Health team will work on key initiatives at the intersection of housing and health. Medical students will work
collaboratively with Housing for Health internal partners such as the KP Colorado Partners in Evaluation and Research (PiER) Center and the KP Washington Center for Community Health Evaluation (CCHE) to translate research findings into actionable insights that will inform the broader field on evidence-based interventions to address housing insecurity and homelessness. Medical students will also explore the role of physicians in supporting initiatives that address the social needs of KP members and patients. These insights and learnings will inform KP’s national strategy for addressing the housing needs of our members, patients, and the broader community.

Potential selective activities may include: 1) engaging with research and evaluation partners on mixed-methods research looking at health and utilization outcomes related to housing interventions, or 2) developing tools and collateral to increase physician engagement in housing for health-related programs and interventions.

**HSS 350.6 Practicum: SCPMG Evidence-Based Medicine Services (2.5 credit hours) Grading Scale: P/F, Location(s): Virtual, with some on-site meetings at KP Walnut Center (Pasadena)**

SCPMG’s Evidence-Based Medicine (EBM) Services Unit supports KP Southern California’s clinical and operational leaders in making evidence-based decisions to improve the quality, effectiveness, safety, timeliness, and efficiency of clinical care provided to our members. The EBM Services Unit systematically reviews and critically appraises scientific evidence in support of KPSC’s organizational initiatives, including clinical practice guidelines, medical technology assessment, and health system implementation programs.

In this selective, the student will receive high-level training on the research methods, statistics, and critical appraisal skills involved in the evidence-based evaluation of the medical literature related to new medical technologies and other clinical interventions. The student will also receive broad, practical instruction on formulating a targeted clinical question, conducting a comprehensive literature search, screening and selecting relevant studies, and critically appraising and summarizing a body of literature. The student will be assigned to complete an evidence review for a specific new medical technology as part of this training.

During the selective, the student will also meet with several KPSC EBM Services staff to understand the methods and processes involved in clinical practice guideline development, new medical technology assessment, and identification and implementation of clinical practices with a strong evidence base. The student will attend meetings of the KPSC Medical Technology Assessment Team (MTAT), KP Interregional New Technologies Committee (INTC), KPSC Evidence Scanning for Clinical, Operational and Practice Efficiencies (E-SCOPE), and the KP National Guideline Committee and Guideline Quality Committee, depending on their regular meeting schedules.
HSS 350.7 Practicum: SCPMG Health Innovations Department (2.5 credit hours)  
Grading Scale: P/F, Location(s): Virtual or In-Person at the Innovation Design Studio (Tustin)  
The Southern California Permanente Medical Group (SCPMG) Health Innovation Department is on a mission to envision and build the healthcare delivery system of the future. The team of physicians, consultants, data scientists, and designers partner with organizational and industry experts to create care systems that leverage technologies, clinical expertise, and human-centered design.

This selective will provide an immersive experience across various areas of innovation in KP’s healthcare system, specifically: virtual care, design & user research, and big data & artificial intelligence. Throughout the placement, medical students will learn how to play a critical role in one of the following areas: enabling and integrating virtual care solutions, leveraging artificial intelligence/machine learning, or human-centered design thinking. Core instruction will introduce medical students to innovation cycles from ideation, proof of concept to deployment, and the key strategies from industry experts. This course will encourage medical students to practice systems-based thinking and leverage creativity, analytics, and research to redesign and transform how care is delivered at Kaiser Permanente.

HSS 350.8 Practicum: United Way of Greater Los Angeles (2.5 credit hours)  
Grading Scale: P/F, Location(s): Virtual or In-Person at the United Way of Greater Los Angeles Offices  
Housing and health are inextricably linked. At Kaiser Permanente, we understand that it’s nearly impossible for our patients to focus on their basic health and medical needs without a safe place to call home. Working to solve homelessness is not only a health issue but also a health equity and racial justice issue. This understanding is integral to KP's commitment to equity by improving social conditions for vulnerable populations and closing disparity gaps, particularly among communities of color. Further, we cannot solve the affordable housing and homelessness crisis alone. Only through innovative partnerships, strategic investments, and impactful storytelling can we move the needle for our most vulnerable communities.

One of our key Los Angeles-based partners in our work on housing and homelessness is the United Way of Greater Los Angeles (UWGLA), which serves as the “hub” of the homeless response system throughout Greater Los Angeles. UWGLA is on a mission to permanently break the cycle of poverty for their most vulnerable neighbors: low-income families, medical students, veterans, and people experiencing homelessness. To do this, UWGLA works with leaders across sectors to unite and design groundbreaking solutions to our biggest problems, including affordable housing and homelessness.

Medical students placed with the United Way of Greater Los Angeles will gain a systems-level understanding of housing and homelessness and have a unique opportunity to work with an organization at the forefront of addressing one of our country’s most urgent and solvable crises. Potential selective activities may include: 1) piloting an innovative solution to prevent older, disabled adults exiting incarceration from
entering homelessness by ensuring individuals have accelerated access to Supplemental Security Income (SSI) and State Supplementary Payment (SSP), or 2) supporting the linkage to healthcare systems and healthcare data to drive more clinically-informed case-conferencing protocols for unhoused individuals in the Coordinated Entry System.

Integrated Sciences

**IS 300A, Integrated Sciences 8A (1.5 credit hour) Grading scale: P/F**

Students analyze cases, hone clinical skills, and learn advanced biomedical, clinical, and health systems science content relevant to the USMLE Step 2 Clinical Knowledge (CK) exam and becoming excellent physicians.

**IS 300B, Integrated Sciences 8B (1.0 credit hour) Grading scale: P/F**

Continuation of IS 300A.

**IS 400A, Integrated Sciences 9A (1.5 credit hour) Grading scale: P/F**

Students will analyze cases, hone clinical skills, and learn advanced biomedical, clinical, and health systems science content relevant to becoming an excellent physician.

**IS 400B, Integrated Sciences 9B (1.0 credit hour) Grading scale: P/F**

Continuation of IS 400B.

REACH

**REACH 301A, Reflection, Education, Assessment, Coaching, Health, and Well-Being 3A (1.0 credit hours) Grading scale: P/F**

REACH courses constitute a four-year longitudinal curriculum led primarily by physician coaches. The continuation of REACH in Phase 3 focuses on the themes of 1) cross-cultural health and well-being practices, 2) the hidden curriculum and creating organizational cultures that foster professionalism and well-being, and 3) compassion and forgiveness for self and others.

**REACH 301B, Reflection, Education, Assessment, Coaching, Health, and Well-Being 3B (1.5 credit hours) Grading scale: P/F**

Continuation of REACH 301A.

**REACH 401A, Reflection, Education, Assessment, Coaching, Health, and Well-Being 4A (1.5 credit hours) Grading scale: P/F**

REACH courses constitute a four-year longitudinal curriculum led primarily by physician coaches. The continuation of REACH in the second half of Phase 3 focuses on the themes of 1) immunity to change and regulating peers and profession, 2) boundary issues and confidentiality, and 3) transitioning to residency and maintaining well-being practices.
REACH 401B, Reflection, Education, Assessment, Coaching, Health, and Well-Being 4B (1.0 credit hours) Grading scale: P/F
Continuation of REACH 401A.

Research and Scholarship
RS 400 Scholarly Project (6.0 credit hours) Grading Scale: P/F
The Scholarly Project (SP) is required for graduation for all MD students, except those completing the MD/PhD program. The SP course is a longitudinal experience during Phase 3 of the curriculum (with preparatory work in Phases 1 and 2). The SP allows students to deeply explore an area of particular interest, learn skills to ask and answer a question using rigorous methods, and contribute to the available evidence regarding health or health care. Project types may include quantitative or qualitative research studies, scholarly work in quality improvement or implementation science, projects using methods of inquiry from social sciences, and other approved projects. Many projects will include analysis of data previously collected for research or in the conduct of clinical care. Other projects may consist of prospective data collection in health care or community settings. Students will work on their projects longitudinally. In addition, a dedicated four-week block during Phase 3 has been reserved for concerted “block time” without other responsibilities so that students can make substantial progress on their projects. Specific activities during the block time will vary by project type and individual student progress before the scheduled block. Some students may have already completed (or be close to completing) their required scholarly project. Such students may request exemption from participation in either 2 or 4 weeks of the block experience. Exemption requests (submitted through the Office of Research and Scholarship) must be approved by the Scholarly Project Oversight Panel (SPOP) based on a student’s progress to date.
Board of Directors

Further information on the Kaiser Permanente Bernard J. Tyson School of Medicine Board of Directors is located at: medschool.kp.org/about/board-of-directors

Holly J. Humphrey, MD, Board Chair
President, the Josiah Macy Foundation; former Dean for Medical Education, The University of Chicago Pritzker School of Medicine

Directors

Andrew Bindman, MD
Executive Vice President and Chief Medical Officer, Kaiser Foundation Health Plan Inc., and Hospitals

Ronald L. Copeland, MD, FACS
Senior Vice President of National Diversity and Inclusion Strategy and Policy; Chief Equity, Inclusion, and Diversity Officer, Kaiser Foundation Health Plan and Hospitals

Ramin Davidoff, MD
Co-CEO, The Permanente Federation, LLC; Executive Medical Director and Chairman of the Board, Southern California Permanente Medical Group; Chairman of the Board and CEO, The Southeast Permanente Medical Group; Chairman and CEO, Hawaii Permanente Medical Group

Glenn M. Hackbarth, JD, MPP
Former Chairman, Medicare Payment Advisory Commission; Cofounder and Former CEO, Harvard Vanguard Medical Associates; Former Chairman, Foundation of the American Board of Internal Medicine

Mary Hentges
Independent Board Member, Upstart Holdings; Advisor, Relola, Jiko Group, and Lendstreet

Richard S. Isaacs, MD, FACS
CEO and Executive Director, The Permanente Medical Group; President and CEO, Mid-Atlantic Permanente Medical Group; Co-CEO, The Permanente Federation

Anthony Iton, MD, JD, MPH
Senior Vice President of Healthy Communities, The California Endowment

Peter Lee, PhD
Computer Scientist and Corporate Vice President, Microsoft Research and Incubations
Julie Miller-Phipps
President, Kaiser Permanente Southern California and Hawaii Health Plan and Hospitals

David G. Nichols, MD, MBA
Emeritus President and Chief Executive Officer, The American Board of Pediatrics; Emeritus President, The American Board of Pediatrics Foundation; Emeritus Professor of Anesthesiology/Critical Care Medicine and Pediatrics, The Johns Hopkins University School of Medicine

Marc A. Nivet, EdD, MBA
Executive Vice President for Institutional Advancement, University of Texas Southwestern Medical Center

Carol Raphael, MPA, MEd
Senior Advisor, Manatt Health

Gilbert Salinas, MPA
Assistant Director and Chief Equity Officer, Health Services for Contra Costa County

Maria S. Salinas
President and CEO, Los Angeles Chamber of Commerce

Mark A. Schuster, MD, PhD
Founding Dean and CEO
Kaiser Permanente Bernard J. Tyson School of Medicine

Anne Wojcicki
Cofounder and CEO, 23andMe

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.

Mark A. Schuster, MD, PhD
Founding Dean and CEO; Professor

José M. Barral, MD, PhD
Chair of Biomedical Science; Professor

Lori Carter Edwards, PhD, PMH
Assistant Dean for Community Engagement
Paul Chung, MD, MS
Chair of Health Systems Science; Professor

Maureen T. Connelly, MD, MPH
Senior Associate Dean for Academic and Community Affairs; Professor

Anne Eacker, MD
Senior Associate Dean for Student Affairs; Associate Professor

Jon Finkelstein, MD, MPH
Senior Associate Dean for Research and Scholarship; Professor

Deepthiman Gowda, MD, MPH, MS
Assistant Dean for Medical Education; Associate Professor

Sean-Hennessey-Hsieh, MBA
Senior Vice President and Senior Associate Dean for Administration and Finance

Abbas Hyderi, MD, MPH
Senior Associate Dean for Medical Education; Professor

Michael Kanter, MD
Chair of Clinical Science; Professor

Carla Lupi, MD
Associate Dean for Assessment and Evaluation; Professor

Lindsay Mazotti, MD
Assistant Dean for Clinical Education; Associate Professor

Lindia J. Willies-Jacobo, MD
Senior Associate Dean for Admissions and Equity, Inclusion, and Diversity; Professor
Faculty
The 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

Mostafa Belghasem, Associate Professor. MBChB, Tripoli University; MA, Boston University; MD, Tripoli University; PhD, Boston University

Boris Boyanovsky, Associate Professor. MD, Medical University of Sofia, College of Medicine; PhD, Medical University of Sofia

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

Ka-Man (Ivy) Law, Instructor. PhD, University of Hong Kong

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

Kirsten Ludwig, Assistant Professor. PhD, University of Virginia

Jordan Moberg Parker, Associate Professor. PhD, University of California, Los Angeles

Rosaysela (Rosie) Santos, Assistant Professor. PhD, University of California, Irvine

Kaihong Su, Professor. BS, Nankai University; MS, Nankai University; PhD, University of Alabama at Birmingham

Katerina Venderova, Associate Professor. MS, Pharmacy, Charles University, Prague; PharmD, Charles University, Prague; PhD, Charles University, Prague

Stefan G. Walter, Assistant Professor. MS, University of Bayreuth; PhD, University of Bayreuth
Clinical Science

Rebecca C. Aaronson, Clinical Assistant Professor. MD, University of Miami Leonard M. Miller School of Medicine

Danish Abbas, Clinical Instructor. MD, St. George’s University School of Medicine

Afshan R. Abbasi, Clinical Assistant Professor. MBBS, Sindh Medical College, University of Karachi

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

Marla Law Abrolat, Instructor. BS, University of California, Los Angeles; MD, University of California, Los Angeles David Geffen School of Medicine

Olga Acosta, Clinical Instructor. MD, University of Illinois Medical School

Michael Adair, Clinical Instructor. BS, University of California, Riverside; MD, University of California, Los Angeles David Geffen School of Medicine

Negean Afifi, Clinical Assistant Professor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Jennifer Aguayo, Clinical Instructor. MD, University of California, San Diego School of Medicine

Steven Aguilar, Clinical Instructor. MD, Rush Medical College of Rush University Medical Center

Sameer Ahmed, Clinical Assistant Professor. BS, Johns Hopkins University; MD, University of California, Los Angeles David Geffen School of Medicine

Dean Ahn, Clinical Instructor. MD, Northwestern University Medical School

Nima Akhavan, Clinical Instructor. MD, Ross University School of Medicine

Sina Akhavan, Clinical Instructor. MD, University of California, San Francisco, School of Medicine

Alvera A. Akrrouch, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Ryan Alanzalon, Clinical Instructor. MD, New York University Grossman School of Medicine

Rebecca S. Alleyne, Clinical Instructor. MHA, University of Southern California; MD, Howard University College of Medicine

Reynaldo Alonso, Clinical Instructor. BS, Fordham University; MD, Albert Einstein College of Medicine
Florcita Alvarez-Galoosian, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Hamid R. Amanatkar, Clinical Instructor. MD, Isfahan University School of Medicine

Chetan Amar, Clinical Instructor. MD, Ohio State University College of Medicine

Cristina Amaya, Clinical Instructor. MD, University of California, San Francisco, School of Medicine

Ma. Teresa C. Ambat, Clinical Assistant Professor. MD, University of Santo Tomas Faculty of Medicine and Surgery

Sowmya Ananthanarayanan, Clinical Instructor. MD, Yerevan State Medical University

Jose P. Anaya, Clinical Instructor. MD, University of Arizona College of Medicine

Iden D. Andacheh, Assistant Professor. MD, Keck School of Medicine of the University of Southern California

David V. Anderson, Clinical Instructor. MD, Michigan State University College of Human Medicine

Margarita M. Aponte, Clinical Instructor. MD, Pontificia Universidad Javeriana

Geoffrey D. Applebaum, Clinical Assistant Professor. MD, University of California, Los Angeles, David Geffen School of Medicine

Mariam Arabyan, Clinical Instructor. BS, University of California, Los Angeles; MD, Ross University School of Medicine

Elizabeth Arnall, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Vasudha N. Arora, Clinical Assistant Professor. MBBS, Government Medical College.

Shelley Arredondo, Clinical Assistant Professor. MD, University of California, San Francisco School of Medicine

Shant Ashdjian, Clinical Instructor. BA, University of Southern California; MS, Georgetown University; MD, Chicago Medical School at Rosalind Franklin University of Medicine and Sciences

Samer (Sam) A. Assaf, Clinical Assistant Professor. BA, University of California, Irvine; MD, Keck School of Medicine of the University of Southern California

Vikram Attaluri, Assistant Professor. BA, Northwestern University; MD, Northwestern University The Feinberg School of Medicine

Rajeev Attam, Clinical Professor. MBBS, University College of Medical Sciences, Delhi
Jose Avalos, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Gulnar Avaz, Clinical Instructor. MD, University of Oklahoma College of Medicine

Elizabeth A. Azinge, Clinical Instructor. MBBS, College of Medicine, University of Nigeria

Maysam Azizi, Clinical Instructor. MD, Islamic Azad University, Tehran Faculty of Medicine

Thomas J. Bahk, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Garo K. Balkian, Assistant Professor. MD, Sidney Kimmel Medical College at Thomas Jefferson University

Sumati Bansal, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Mary Anne Tezheart M. Baquing, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Monique Barbieto, Clinical Assistant Professor. MD, University of California, San Diego School of Medicine

Leah Barlavi, Clinical Instructor. MD, George Washington University School of Medicine

Adrianna Yvonne Barrett, Instructor. BS, University of California, Riverside; MD, Charles R. Drew University School of Medicine and Sciences and University of California, Los Angeles David Geffen School of Medicine

Amanda C. Barrett, Clinical Instructor. MD, University of Florida College of Medicine

Nora Bassiouni, Clinical Instructor. MD, Boston University School of Medicine

Ardalan (Ardy) Bazargan-Lari, Instructor. BS, Columbia University; MD, Columbia University Vagelos College of Physicians and Surgeons

Karine Barseghyan, Clinical Assistant Professor. MD, Yerevan State Medical University

Nora Bassiouni, Clinical Instructor. MD, Boston University School of Medicine

Ardalan (Ardy) Bazargan-Lari, Clinical Instructor. BS, Columbia University; MD, Columbia University

Kevin O. Belgrave, Member of the Faculty. BS, Howard University; MS, Howard University; MD, Howard University College of Medicine

Hilary A. Bennett, Clinical Instructor. MD, University of California, Irvine, School of Medicine
Aaron L. Berkowitz, Professor. MD, John Hopkins University School of Medicine; PhD, Harvard University

Benjamin R. Berry, Clinical Instructor. MD, State University of New York Downstate Medical Center College of Medicine

Melody Besharati, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Simran Bhandari, Clinical Assistant Professor. BA, University of Missouri-Kansas City; MD, University of Missouri-Kansas City School of Medicine

Chetan Bharel, Clinical Instructor. MD, New York Medical College

Dimple Bhasin, Clinical Instructor. BA, Johns Hopkins University; MD, University of California, Los Angeles David Geffen School of Medicine

Alok Bhatt, Clinical Assistant Professor. MD, The Ohio State University College of Medicine

Onita Bhattasali, Clinical Assistant Professor. BS, University of California, Berkeley; MD/MPH, Tulane University School of Medicine/Public Health

Thomas R. Blair, Clinical Assistant Professor. MD, MS, University of California, San Francisco, School of Medicine

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

Madhav R. Boddula, Clinical Instructor. BS, University of California, Los Angeles; MD, Tufts University School of Medicine

Todd F. Bolinger, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Daniel Bonnici, Clinical Assistant Professor. MD, University of South Alabama College of Medicine

Diwata Hope A. Bose, Clinical Assistant Professor. MD, University of the Philippines, College of Medicine

Harminder (Tony) Brar, Instructor. BS, University of California, Riverside; MD, University of California, Los Angeles David Geffen School of Medicine

Somjot Brar, Clinical Associate Professor. MD, Sackler School of Medicine

Michael B. Brewer, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Letitia T. Bridges, Clinical Instructor. BS, Rice University; MBA, University of California, Los Angeles; MD, Washington University School of Medicine
Blake C. Brown, Member of the Faculty. MD, Howard University School of Medicine
Laura E. Brown, Clinical Instructor. MD, Albert Einstein College of Medicine
Uyioghosa (Uyi) Evelyn Brown, Clinical Instructor. BS, University of California, Los Angeles; MD, University of California, Los Angeles David Geffen School of Medicine
Diana Bruno, Clinical Instructor. MD, University of California, San Francisco, School of Medicine
Charles Bui, Clinical Instructor. MD, University of Wisconsin
Kim Chi T. Bui, Clinical Associate Professor. MD, Universite Rene Descartes, Paris V
Phi-Yen Bui, Clinical Instructor. MD, University of Oklahoma College of Medicine
Anthony (Tony) Burgos, Associate Professor. BA, Stanford University; MD, University of California, San Diego School of Medicine; MPH, University of California, Berkeley
Amber M. Burnette, Clinical Assistant Professor. BS, University of Arizona at Tucson; MD, University of Michigan Medical School
Jereme Patricia Butler, Instructor. MD, Wake Forest School of Medicine of Wake Forest Baptist Medical Center
Eleanor Calma, Clinical Instructor. MD, Far Eastern University – Nicanor Reyes Medical Foundation
Kevin Carey, Clinical Instructor. MD, Columbia University Vagelos College of Physicians and Surgeons
Maria Carrasco, Clinical 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
Jacob Casey, Clinical Instructor. MD, Albert Einstein College of Medicine
Consuelo (Connie) B. Casillas, Clinical Instructor. BA, University of California; Berkeley; MD, Harvard Medical School
Joe M. Casillas, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California
Jason R. Castillo, Clinical Assistant Professor. BS, University of California; Merced; MD, University of California, San Francisco, School of Medicine
Hea I. Cha, Clinical Instructor. MD, University of Illinois College of Medicine
Tracy M. Chaffee, Clinical Instructor. MD, Loma Linda University School of Medicine
Odin Chan, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California
Shreya Chandra, Clinical Instructor. MD, University of California, San Francisco School of Medicine

Aravind Chandrashekar, Assistant Professor. BS, Stanford University; MBA, Duke University; MD, Duke University School of Medicine

Eric T. Chang, Clinical Instructor. MD, Northwestern University The Feinberg School of Medicine

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

Kuo Chao, Clinical Instructor. BS, Yale University; MBA, New York University; MD, University of California, Los Angeles David Geffen School of Medicine

Tina Chao, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Neil Chawla, Clinical Assistant Professor. BA, University of Southern California; MD, Keck School of Medicine of the University of Southern California

Fredrick M. Che, Clinical Assistant Professor. BS, University of California, Irvine; MD, University of California, Irvine, School of Medicine

Anita Chekuri, Clinical Assistant Professor. MBBS, The University of the West Indies

Benjamin Chen, Clinical Instructor. MD, New York Medical College

Geraldine Chen, Clinical Instructor. MD, University of the City of Manila

Joseph I. Chen, Clinical Instructor. BS, University of California, Irvine; MD, University of California, Irvine, School of Medicine

Michael Chen, Clinical Instructor. BS, University of California, Irvine; MD, University of California, Los Angeles David Geffen School of Medicine

Raymond H. Chen, Clinical Associate Professor. MD, Stanford University; DPhil, Oxford University

Stephanie M. Chen, Clinical Instructor. MD, University of Illinois College of Medicine

Thomas J. Chen, Clinical Assistant Professor. MD, Loma Linda University School of Medicine

Connie L. Cheng, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Jerry C. Cheng, Clinical Assistant Professor. BS, University of California, Berkeley; MD, University of California, San Diego School of Medicine

Michael W. Cheng, Clinical Instructor. MD, Boston University School of Medicine
Stanley Cheng, Clinical Assistant Professor. MD, New York University Grossman School of Medicine

Kimberly (Kim) K. Cheong, Clinical Instructor. MD, Ohio State University College of Medicine

Edmund W. Cheung, Clinical Instructor. MD/MPH, Boston University School of Medicine

Margaret Chi, Instructor. BA, University of California, Berkeley; MPH, University of Southern California; MD, Michigan State University College of Human Medicine

Brian Ching, Clinical Instructor. BA, Knox College; MD, Rush Medical College of Rush University Medical Center

Blake Chin-Lee, Clinical Instructor. BS, University of California, San Diego; MD, Pennsylvania State University College of Medicine

Christopher (Chris) Chinnici, Clinical Instructor. MD, University of Nevada School of Medicine

Chien-Chi F. (Francis) Chiu, Clinical Instructor. MD, Northwestern University The Feinberg School of Medicine

Christopher Cho, Clinical Instructor. MD, Loma Linda University School of Medicine

Eugene Choi, Clinical Instructor. MD, St. George’s University School of Medicine

In-Kyu Choi, Clinical Instructor. MD, Pennsylvania State University College of Medicine

Mark W. Choi, Clinical Assistant Professor. MD, University of Miami, Miller School of Medicine

Yunsun (Yuni) Choi, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Tamar Nazerian Chorbajdian, Clinical Assistant Professor. BS, University of California, Los Angeles; MPH, University of Southern California; DO, Western University of Health Sciences College of Osteopathic Medicine of the Pacific

Jayant S. Choure, Clinical Assistant Professor. MBBS, University of Amravati

Lori Chow, Instructor. BS, University of California, Davis; MD, University of California, Davis, School of Medicine

Eisha Christian, Clinical Assistant Professor. MD, University of Southern California Keck School of Medicine

Isaac H. Chu, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Michele Chu, Clinical Instructor. MD, Saba University School of Medicine
Linda J. Chun, Clinical Instructor. BS, University of California, Los Angeles; MD, Albert Einstein College of Medicine

Yong B. Chun, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Kevin K. Chung, Clinical Assistant Professor. DO, Lake Erie College of Osteopathic Medicine

Rodrigo K. Cifuentes Teshima, Clinical Instructor. MD, Escuela de Medicina, Universidad del Valle

Irene Ciovica, Clinical Instructor. MD, Loma Linda University School of Medicine

Andre M. Cipta, Clinical Assistant Professor. MD, Loma Linda University School of Medicine

Joseph Colli, Instructor. MD, Ohio State University College of Medicine

J. Craig Collins, Clinical Associate Professor. MD, University of California, San Francisco, School of Medicine

Anthony H. Conciatori, Clinical Instructor. DO, New York Institute of Technology College of Osteopathic Medicine

Kristin Conn, Clinical Instructor. MD, Case Western Reserve University School of Medicine

Jonnel Constantino, Clinical Instructor. MD, University of the East Ramon Magsaysay Medical Center

Robert Cooper, Clinical Assistant Professor. MD, Eastern Virginia Medical School

Raven Copeland, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Michelle I. Corman, Clinical Assistant Professor. MD, University of Southern California, Keck School of Medicine

Hannaize Cruz, Clinical Science Instructor. MD, University of Texas Medical School at San Antonio

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

Thomas C. Cunningham, Clinical Instructor. MD, Medical University of South Carolina College of Medicine

Judith Cymerman, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California
Amsalu Dabela-Biketi, Adjunct Instructor. MD, Harvard Medical School

Chuong D. Dang, Clinical Instructor. MPH, San Diego State University; MD, University of California, San Diego School of Medicine

Rina J. Davé, Clinical Instructor. MD, George Washington University School of Medicine and Health Sciences

Margaret (Meg) David, Instructor. BS, University of California, Los Angeles; MD, Saint Louis University School of Medicine

Thomas F. Day, Clinical Instructor. Jefferson Medical College of Thomas Jefferson University

Grace C. de Guzman, Clinical Instructor. MD, University of California, San Diego School of Medicine

Patricia De La Riva, Clinical Instructor. BS, California State University, Northridge; MD, University of California, Irvine, School of Medicine

Joseph De Sena III, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

Rebecca M. Deans, Instructor. BS, Lake Superior State University; MD, Albany Medical College

Ahmed Dehal, Clinical Associate Professor. MBChB, University of Baghdad, College of Medicine

Stephanie Dekom, Clinical Assistant Professor. MD, The George Washington University School of Medicine

Sibylle Delaloye, Clinical Assistant Professor. MD, Medical University of Innsbruck

Nicole Deppe, Clinical Instructor. MD, University of California, Irvine School of Medicine

Alexandra Diamond, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Matthew Diaz, Clinical Instructor. BS, University of California, Los Angeles; DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Pamela N. Diefenbach, Clinical Assistant Professor. MD, Columbia University Vagelos College of Physicians and Surgeons

Mercie J. DiGangi, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Gouri Diwadkar, Clinical Assistant Professor. MD, Tufts University School of Medicine
Mitra Dixon, Clinical Instructor. BS, California State University, Fullerton; MD, American University of the Caribbean School of Medicine

Tekeema A. Dixon, Clinical Instructor. MD, New York University Grossman School of Medicine

Christopher M. Domush, Clinical Instructor. MD, Hahnemann Medical School

David A. Donson, Clinical Instructor. MD, St. George’s University School of Medicine

Jonathan Doris, Clinical Assistant Professor. MD, Albany Medical College

Roberta Lee Doucet, Clinical Assistant Professor. BS, University of California, Los Angeles; MD, Perelman School of Medicine at the University of Pennsylvania

Jamie S. Drinville, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Lorrie Dubow, Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Elizabeth Duenas, Clinical Instructor. BS, University of California, Los Angeles; MD, University of California, Los Angeles David Geffen School of Medicine

Joanna M. Duquette, Clinical Instructor. MD, Wright State University Boonshoft School of Medicine

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

Sharon Durousseau, Clinical Instructor. MD, University of California, San Francisco, School of Medicine

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

Ann K. Eastman, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

Webster M. Edpao, Clinical Instructor. MD, Northwestern University The Feinberg School of Medicine

William A. Edwards, Member of the Faculty. MD, Washington University School of Medicine

Janeth C. Ejike, Clinical Associate Professor. MBBS, University of Lagos College of Medicine

Donald Eknoyan, Assistant Professor. MD, Baylor College of Medicine
Enrique E. Emel, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

Shakir E. Emel, Assistant Professor. MD, Howard University

Darian R. Esfahani, Assistant Professor. Md, Loyola University, Chicago Stritch School of Medicine

Pooneh Esfahani, Clinical Assistant Professor. DO, Western University of Health Sciences College of Osteopathic Medicine of the Pacific

Ramez Ethnasios, Clinical Instructor. BS, University of California, Los Angeles; MD, Pennsylvania State University College of Medicine

Amilcar A. Exume, Clinical Instructor. MD, University of California, San Diego School of Medicine

Katie Famous, Assistant Professor. BA, Amherst College; MD, Boston University School of Medicine; PhD, Boston University

Amany Farid, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

Michael J. Fassett, Clinical Associate Professor. MD, University of Arizona College of Medicine

Shireen Fatemi, Associate Professor. BS, Immaculate Heart College; MD, Chicago Medical School at Rosalind Franklin University of Medicine and Sciences

Hassan Fathy, Clinical Instructor. MBBCh, Faculty of Medicine, Cairo University

Michael Favazza, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

Nicole Feinberg, Clinical Instructor. MD, University of Arizona College of Medicine

Mohammad Fekrazad, Clinical Assistant Professor. MD, Shiraz University School of Medicine

Robert R. Felder, Member of the Faculty. MD, Cornell University Medical College

Heather R. Fels, Clinical Instructor. MD, University of California, San Francisco, School of Medicine

Dianna P. Ferguson, Clinical Instructor. BA, University of California, San Diego; MD, University of California, San Diego School of Medicine

Aliya S. Ferouz-Colborn, Clinical Assistant Professor. BS, University of Maryland; MD, Perelman School of Medicine at the University of Pennsylvania

Jennifer Ferrer, Clinical Instructor. MD, De La Salle University
David S. Finley, Clinical Associate Professor. BS, University of California, Davis; MS, University of California, Irvine School of Medicine

Brandon M. Firestone, Clinical Instructor. MD, Medical University of South Carolina College of Medicine

Svetlana Fischer, Clinical Instructor. MD, Sackler School of Medicine

Michael A. Flippin, Member of the Faculty. University of California, San Diego School of Medicine

Marisol Flores, Clinical Instructor. MD, Universidad Autonoma de Guadalajara, Facultad de Medicina

Linda Flores, Adjunct Lecturer. MSN, California State University, Dominguez Hills

Caroline Fong, Clinical Instructor. BS, California Institute of Technology; MD, Vanderbilt University School of Medicine

Donald Fong, Clinical Professor. BA, Pomona College; MPH, Harvard University; MD, University of Texas Health Science Center

Raquel Franco Enriquez, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Amanda Freed, Clinical Assistant Professor. MD, University of California, Los Angeles David Geffen School of Medicine

Cynthia Freel, Clinical Instructor. BS, University of Southern California; MD, New York Medical College

Diana J. Friend, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Emily Fu, Clinical Instructor. MD, Ross University School of Medicine

Grace Fu, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Shawn Fu, Clinical Instructor. MD, Warren Alpert Medical School at Brown University

Leslie H. Fung, Clinical Instructor. MD, Loma Linda University School of Medicine

Chetan Gairola, Clinical Instructor. BS, California State University, Fullerton; DO, Touro University College of Osteopathic Medicine - California

George K. Gallardo, Clinical Assistant Professor. BS, University of California, San Diego; MD, Medical College of Wisconsin

Mariela I. Garcia, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine
Mercedes (Mercy) M. Garcia, Clinical Instructor. MD, Universidad Central Del Este
Michael R. Garcia, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine
Amanda Garner, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California
David Garza, Clinical Assistant Professor. MD, University of Illinois at Chicago
Judith Garza, Clinical Instructor. MD, Charles R. Drew University of Medicine and Science/University of California, Los Angeles School of Medicine
Vanessa Gavin-Headen, Clinical Instructor. BS, University of California, Irvine; MPH, University of California, Los Angeles; MD, University of California, Los Angeles David Geffen School of Medicine
Stanford Gertler, Assistant Professor. MD, Northwestern University The Feinberg School of Medicine
Tiffany R. Ghatan, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific
Christian S. Ghattas, Clinical Instructor. MD, Meharry Medical College
Ali Ghobadi, Assistant Professor. MD, University of California, San Diego School of Medicine
Jason Gilbert, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific
Victoria F. Gillis, Clinical Instructor. MD, University of California, Irvine, School of Medicine
Jane L. Gin, Clinical Instructor. MD, University of California, Irvine, School of Medicine
Mahlet D. Girma, Clinical Instructor. MD, Ross University School of Medicine
Denise Louise Glenore-Green, Adjunct Lecturer. MSN, University of Phoenix
Eduardo Godoy, Clinical Instructor. MD, University of California, Davis, School of Medicine
Ritu Goel, Clinical Assistant Professor. MBBS, Doctor Bhimrao Ambedkar University, S N Medical College
Giancarlo Gomez, Clinical Instructor. MD, Mount Sinai School of Medicine via Fifth Pathway/Universidad Autonoma de Guadalajara
Gustavo V. Gonzalez, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California
Francisco J. Gonzalez-Franco, Clinical Instructor. MD, Universidad Iberoamericana
Danielle E. Goodrich, Clinical Instructor. MD, University of Maryland School of Medicine
James Gordon, Clinical Instructor. MD, University of California, San Diego School of Medicine
Yvette Gordon, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine
Rahim S. Govani, Clinical Instructor. MD, St. George’s University School of Medicine
Deepthiman (Deepu) Gowda, Associate Professor. BA, University of North Carolina at Chapel Hill; MD, University of North Carolina at Chapel Hill School of Medicine; MPH, Harvard University; MS, Columbia University
Rebecca C. Graves, Clinical Assistant Professor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific
Shaunte M. Gray, Clinical Instructor. MD, University of Illinois College of Medicine
David Green, Clinical Instructor. BSc, University of London; MD, University of Leeds Medical School
Daniel J. Green, Clinical Assistant Professor. MD, MPH, University of North Carolina, Chapel Hill
Michael M.B. Green, Clinical Instructor. MBA, University of Notre Dame; MD, Howard University College of Medicine
James H. Greene, Clinical Instructor. MD, University of Missouri at Kansas City
Kevin M. Guber, Clinical Assistant Professor. MD, University of California, San Diego School of Medicine
Alexander Guillaume, Clinical Instructor. MD, University of South Florida Morsani College of Medicine
Jonathan Gullet, Clinical Assistant Professor. Md, University of Central Florida College of Medicine
Atul Gupta, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific
Nigel Gupta, Clinical Instructor. MD, University of California, Irvine College of Medicine
Eunice Hagen, Clinical Assistant Professor. Western University of Health Sciences, College of Osteopathic Medicine of the Pacific
Rhoda K. Hahn, Clinical Instructor. MD, University of Nebraska College of Medicine
Philip I. Haigh, Clinical Professor. MD, University of Calgary Medical School
Merita Halilhodzic, Clinical Instructor. MD, University of Sarajevo School of Medicine

Christine B. Hall, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Carol Han, Instructor. DO, Arizona College of Osteopathic Medicine at Midwestern University

Paul Han, Clinical Instructor. MD, Albert Einstein College of Medicine

Priscilla P. Hanudel, Clinical Instructor. MD, Harvard Medical School

Ashley N. Hart, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Paul E. Hartman, Clinical Instructor. MD, University of Western Australia

Roger Hartman, Clinical Instructor. BA, Yale University; MD, University of Medicine and Dentistry of New Jersey Robert Wood Johnson Medical School

Sharon Hartmans, Clinical Assistant Professor. MD, University of Illinois College of Medicine

Vivienne Hau, Clinical Assistant Professor. MD, University of Arizona College of Medicine

Phyllis E. Hayes-Reams, Clinical Instructor. BA, Stanford University; MA, Fuller Theological Seminary School of Theology; MPH, University of California, Los Angeles; MD, Charles R. Drew University of Medicine and Science/University of California, Los Angeles David Geffen School of Medicine

Aaron C. Heffner, Clinical Instructor. DO, Touro University College of Osteopathic Medicine – California

Lisa Heindl, Clinical Instructor. MD, Baylor College of Medicine

Ingrid Hernandez, Clinical Instructor. MD, University of California Los Angeles David Geffen School of Medicine

Irma Hernandez, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Michael L. Hibbard, Clinical Instructor. MD, American University of the Caribbean

Darren Meyer Himeles, Clinical Instructor. MD, University of California, San Diego School of Medicine

Stuart C. Hinds, Clinical Instructor. MD, University of Virginia School of Medicine

La Tanya R. Hines, Assistant Professor. BS, University of California, Los Angeles; MD, University of California, Irvine, School of Medicine
Taylor Ho, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Rafik L. Hodeib, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Kathryn K. Holder, Clinical Assistant Professor. BS, Otterbein College; MD, Ohio State University College of Medicine

James S. Hong, Clinical Instructor. MD, Loma Linda University School of Medicine

Christopher J. Horan, Clinical Instructor. MD, New York Medical College

William Howell, Clinical Instructor. BS, University of Scranton; MS, University of Scranton; MD, Georgetown University School of Medicine

Ben M. Hsu, Clinical Instructor. BA, Johns Hopkins University; MD, University of Maryland School of Medicine

Emily Hsu, Clinical Instructor. MD, St George's University, School of Medicine

Kenneth H. Hu, Member of the Faculty. MD, The Ohio State University School of Medicine

Kevin H. Hu, Clinical Instructor. MD, University of Maryland School of Medicine

Cheng-Wei Huang, Clinical Assistant Professor. University of Vermont College of Medicine

Kenneth Y. Huang, Clinical Instructor. MD, New York Medical College

Hascal O. Humes II, Clinical Instructor. MD, University of California, San Diego School of Medicine

Julia Hutchison, Clinical Assistant Professor. DO, Pacific Northwest University of Health Sciences College of Osteopathic Medicine

Dan Huynh, Clinical Assistant Professor. MD, University of California, Irvine, School of Medicine

Kelly T. Huynh, Clinical Instructor. MD, Robert Larner, M.D., College of Medicine at the University of Vermont

Peter Huynh, Clinical Assistant Professor. MD, New York Medical College

Toai T. Huynh, Clinical Instructor. MD, Medical College of Georgia at Augusta University

Cathy Hwang, Clinical Instructor. MD, Drexel University College of Medicine

Jason S. Hwang, Clinical Instructor. MD, Loma Linda University School of Medicine

Juliet H. Hwang, Clinical Instructor. MD, Icahn School of Medicine at Mount Sinai
Abbas Hyderi, Professor. BA, Harvard University; MD, University of Illinois College of Medicine; MPH, Portland State University

Sung Hyon, Clinical Instructor. MD, Drexel University College of Medicine

Jerrelyn Inocencio-Diaz, Clinical Instructor. MD, University of California, Davis, School of Medicine

Sarah Jacob, Clinical Instructor. MBBS, Jawaharlal Nehru Medical College

Sushil K. Jain, Clinical Assistant Professor. MD, University of Chicago Division of the Biological Sciences The Pritzker School of Medicine

Peter B. Jalbuena, Clinical Instructor. MD, University of Sto. Tomas

Ricardo E. Jimenez-Kimble, Instructor. BA, Harvard University; MD, Boston University School of Medicine

Samir Johna, Clinical Professor. MBChB, University of Baghdad School of Medicine

Megan Jones, Clinical Assistant Professor. MD, University of Rochester School of Medicine and Dentistry

Lauren E. Jordan, Clinical Instructor. MD, The University of Toledo College of Medicine and Life Sciences

Ambrisha Joshi, Clinical Instructor. MD, Charles R. Drew University School of Medicine and Sciences and University of California, Los Angeles David Geffen School of Medicine

Gregory Juarez, Clinical Instructor. BS, University of California, Riverside; MHCM, Harvard University School of Public Health; MPH, University of California, Los Angeles; MD, Harvard Medical School

Daniel Kahsai, Clinical Assistant Professor. MD, University of California, San Francisco, School of Medicine

Keira L. Kamm, Clinical Instructor. MD, Southern Illinois University School of Medicine

Monica P. Kandavel, Clinical Instructor. MD, University of California, Davis, School of Medicine

Celeste Y. Kang, Clinical Instructor. MD, Loma Linda University School of Medicine

Mark Kang, Instructor. MPH, University of California. Los Angeles; MD, Drexel University College of Medicine

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

Mandy C. Kao, Clinical Instructor. MD, Medical College of Wisconsin
Rachel Kaplan, Clinical Instructor. BS, California State University, Fullerton; DO, Touro University Nevada College of Osteopathic Medicine

John A. Kare, Clinical Assistant Professor. MD, University of Illinois College of Medicine

Hamed Kargozaran, Clinical Instructor. MD, Pennsylvania State University College of Medicine

Christopher Katsura, Clinical Instructor. MD, Lewis Katz School of Medicine at Temple University

Sandeep K. Kausha, Clinical Instructor. Lekarz, Medical University of Silesia

Poonam Kaushal, Clinical Instructor. BS, University of California, Irvine; MD, New York Medical College

Janet Keller, Clinical Assistant Professor. MD, Yale School of Medicine

Jeffrey I. Kessler, Member of the Faculty. MD, Case Western Reserve University School of Medicine

Arsineh Khachekian, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Mahmood Khaledy, Clinical Instructor. MD, Albert Einstein College of Medicine

Mohammad Khaledy, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Najeeb Khan, Clinical Assistant Professor. MD, Northwestern University The Feinberg School of Medicine

Vang Kou Khang, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Ary Kian, Clinical Instructor. MD, Ross University School of Medicine

Benjamin B. Kim, Clinical Assistant Professor. MD, Case Western Reserve University School of Medicine

Cynthia Kim, Clinical Instructor. DO, Touro University College of Osteopathic Medicine – California

Dolly Kim, Clinical Instructor. MBA, Johnson and Wales University; MBBS, Dayanand Medical College and Hospital

Michelle Kim, Clinical Assistant Professor. MD, University of California, Los Angeles David Geffen School of Medicine

Philip Kim, Clinical Associate Professor. MPH, Harvard University; MD, Northwestern University The Feinberg School of Medicine
Sandra D. Kim, Clinical Instructor. MD, Wake Forest School of Medicine of Wake Forest Baptist Medical Center

Alicia L. King, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Jennifer R. King, Clinical Instructor. MD, Medical College of Wisconsin

Nikolaos Kiouranakis, Clinical Instructor. MD, Capodistrian University of Athens

Natwalee Kittisarapong, Clinical Assistant Professor. DO, Nova Southeastern University

Dr. Kiran C. Patel College of Osteopathic Medicine

Marc Klau, Assistant Professor. MD, University of Connecticut School of Medicine

Marit Kay Kreidel, Clinical Instructor. MD, New York Medical College

Nicole Kurzbard-Roach, Clinical Assistant Professor. BA, University of California, Berkeley; MD, University of California, Los Angeles David Geffen School of Medicine

Karen W. Kwan, Assistant Professor. BA, University of California, Berkeley; MD, University of California, Davis, School of Medicine

Mei W. Kwan, Clinical Instructor. MD, Lewis Katz School of Medicine at Temple University

Ruben Lachica, Clinical Instructor. MD, University of California, San Francisco, School of Medicine

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

Christy Lai, Clinical Instructor. MD, Loma Linda University School of Medicine

Saien Lai, Assistant Professor. MD, Wayne State University School of Medicine

Annette Langer-Gould, Clinical Professor. MD, University of Pittsburgh School of Medicine; PhD, Stanford University

Elisa D. Lansdowne, Clinical Instructor. MD, Northwestern University The Feinberg School of Medicine

David L. Lau, Clinical Instructor. MD, Wayne State University School of Medicine

Bernadette U. Laxa, Clinical Instructor. University of California, Davis School of Medicine

Margeaux C. Le, Clinical Instructor. MD, Medical College of Wisconsin

Phi-Nga Le, Instructor. MD, Creighton University School of Medicine

Tri T. Le, Clinical Instructor. MD, Creighton University School of Medicine
Brian Lee, Clinical Assistant Professor. MD, University of California, Los Angeles David Geffen School of Medicine

Constance W. Lee, Clinical Instructor. MD, University of Virginia School of Medicine

Eric (Tony) Lee, Clinical Assistant Professor. BS, Stanford University; MD, University of California, Los Angeles David Geffen School of Medicine

James Lee, Clinical Assistant Professor. MD, University of California, Los Angeles David Geffen School of Medicine

Jay Lee, Clinical Instructor. MD, New York Medical College

Jeffrey C. Lee, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

Lauren Lee, Clinical Instructor. MD, George Washington University School of Medicine and Health Sciences

Lloyd M. Lee, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Mimi Lee, Clinical Instructor. MD, Drexel University College of Medicine

Myung-Moo Lee, Instructor. BS, Vanderbilt University; MD, Northwestern University The Feinberg School of Medicine

Sharon Lee, Instructor. BS, Princeton University; MD, Keck School of Medicine of the University of Southern California

Shirley Lee, Clinical Instructor. MD, Chicago Medical School at Rosalind Franklin University of Medicine and Sciences

Sohyun Lee, Clinical Instructor. MD, University of California, San Diego School of Medicine

Stephen P. Lee, Clinical Instructor. MD, University of Maryland

Susan Y. Lee, Clinical Instructor. MD, American University of Caribbean

Te-Ie I. Lee, Clinical Instructor. MD, American University of the Caribbean

Mary Lee-Henderson, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Amy Lee-Kumar, Clinical Instructor. MD, University of California, San Francisco School of Medicine

Catherine Lee-Shin, Clinical Instructor. MD, University of Southern California Keck School of Medicine
Timothy Leifer, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Michael Leonardi, Clinical Assistant Professor. MD, University of California, Los Angeles David Geffen School of Medicine

Anna M. Leung, Clinical Assistant Professor. MD, Virginia Commonwealth University School of Medicine

Peter W. Leung, Clinical Instructor. BS, University of California, San Diego; DO, Touro University Nevada College of Osteopathic Medicine

Bruno Lewin, Clinical Assistant Professor. BA, Stanford University; BS, Stanford University; MD, University of California, Los Angeles David Geffen School of Medicine

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

Roya Lewis, Assistant Professor. BS, University of California, San Diego; MD, St George's University, School of Medicine

Ting Li, Assistant Professor. MD, University of Toledo College of Medicine

Conrad Liang, Clinical Assistant Professor. MD, Oregon Health & Science University School of Medicine

Max E. Liebl, Clinical Instructor. MD, Medical College of Wisconsin

Albert Lim, Clinical Instructor. MD, St. George’s University

Amy M. Lim, Clinical Instructor. MD, St. George’s University School of Medicine

Joanna C. Lim, Clinical Instructor. MD, Eastern Virginia Medical School

Lisa H. Lim, Clinical Instructor. BA, University of California, Berkeley; MD, University of California, Irvine, School of Medicine

Alice Lin, Clinical Instructor. MD, Northwestern University Feinberg School of Medicine

Henry K. Lin, Clinical Instructor. BS, University of California, Los Angeles; MD, University of California, San Diego School of Medicine

Jennifer H. Lin, Clinical Instructor. MD, Columbia University Vagelos College of Physicians and Surgeons

Tammy Lin, Clinical Instructor. MD, University of Michigan Medical School

Samuel H. Lipkin, Clinical Instructor. MD, New York University Grossman School of Medicine

Kerry C. Litman, Assistant Professor. MD, University of California, Los Angeles David Geffen School of Medicine
Anlo Liu, Clinical Instructor. MD, Hahnemann Medical School
Raymond Liu, Clinical Assistant Professor. MD, University of Chicago Pritzker School of Medicine
Jennifer Loh, Assistant Professor. BA, University of Pennsylvania; MD, George Washington University School of Medicine and Health Sciences
Veronica M. Lois, Clinical Instructor. MD, Ross University School of Medicine
Dana K. Loo, Clinical Instructor. MD, Yale University School of Medicine
Gabriel E. López, Instructor. BS, University of California, Los Angeles; MD, University of California, Los Angeles David Geffen School of Medicine
Laurence C. Lopez, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California
Mary M. Lopez, Adjunct Senior Lecturer. PhD, Azusa Pacific University
Kristin M. Louie, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California
Albert S. Low, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California
John Ludlow, Clinical Instructor. MD, University of California, Irvine, School of Medicine
Marisol S. Luna-Pizano, Instructor. MPH, Tufts University; MD, Tufts University School of Medicine
Carla Lupi, Professor. BA, Stanford University; MD, University of California, San Francisco, School of Medicine
Jenna Luu, Clinical Instructor. MD, University of California, Irvine, School of Medicine
Johnny Luu, Clinical Instructor. MD, Medical College of Wisconsin
Randy Luu, Clinical Instructor. MD, Tulane University School of Medicine
Ricky L. Luu, Clinical Instructor. MD, University of California, Irvine, School of Medicine
Kathleen A. Lytal, Clinical Assistant Professor. MD, University of Louisville School of Medicine
Douglas K. Mack, Clinical Instructor. University of California, Irvine School of Medicine
Derek D. Mafong, Clinical Instructor. BS, University of California, Los Angeles; MD, University of California, San Francisco, School of Medicine
Kevin P. Maher, Clinical Instructor. MD, Rush Medical College of Rush University Medical Center
Gregory Maletis, Clinical Associate Professor. MD, University of California, Los Angeles David Geffen School of Medicine

Mohammad Malik, Clinical Instructor. MBBS, Bahauddin Zakariya University, Nishtar Medical College

George Mallouk, Instructor. BS, University of California, Los Angeles; MD, University of California, Los Angeles David Geffen School of Medicine

Ravindhra C. Mamilla, Clinical Instructor. MD, St. George’s University School of Medicine

Sonty Man, Clinical Instructor. MD, New York Medical College

Danielle Manalo, Clinical Instructor. BS, University of Southern California; MD, Loyola University Chicago Stritch School of Medicine

Shiny Mandla, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Premalata Manickam, Clinical Instructor. MBBS, Madras University, Stanley Medical College and Hospital

Steven Mann, Clinical Instructor. MD, Sackler School of Medicine

Jeffrey de Castro Mariano, Assistant Professor. MD, University of California, San Francisco, School of Medicine

Kevin Marsee, Clinical Assistant Professor. MD, University of California, San Francisco College of Medicine

Jeffrey S. Marsh, Clinical Assistant Professor. MD, University of California, Los Angeles David Geffen School of Medicine

Ehrnad J. Marzo, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Mudit Mathur, Associate Professor. MBA, University of California, Irvine; MBBS, University of Delhi, Maulana Azad Medical College

Anne Matich, Clinical Instructor. MD, University of California, San Francisco School of Medicine

Maria R. Maun, Clinical Instructor. MD, University of Santo Tomas, Faculty of Medicine and Surgery

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

Alex McDonald, Instructor. BA, Connecticut College; MD, Robert Larner, M.D., College of Medicine at the University of Vermont
Eric McGary, Associate Professor. MD, Tulane University School of Medicine
Christopher J. McGilmer, Member of the Faculty. MD, University of Washington School of Medicine
Mary-Katherine McGovern, Clinical Instructor. MD, University of Texas, Southwestern
Ann. E. McIntosh, Clinical Instructor. MD, Case Western Reserve University School of Medicine
Ian McLachlan, Member of the Faculty. MPH, University of North Carolina; MD, Duke University School of Medicine
Elisabeth C. McLemore, Clinical Associate Professor. MD, University of Virginia School of Medicine
Yvette Drak McLin, Clinical Assistant Professor. MD, George Washington School of Medicine
Keedra D. McNeill, Member of the Faculty. MD, Meharry Medical College School of Medicine
Carie L. McVay, Clinical Assistant Professor. MD, University of Nevada School of Medicine
Swati Medhekar, Clinical Assistant Professor. MBBS, Topiwala National Medical College
Nima Mehran, Clinical Associate Professor. MD, Chicago Medical School
Dutt C. Mehta, Clinical Instructor. Do, Touro University, Nevada College of Osteopathic Medicine
Sarjak S. Mehta, Clinical Instructor. MBBS, B J Medical College
Jennifer M. Mercado, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine
Tiffany Merrick-Mikhael, Clinical Instructor. DO, Touro University College of Osteopathic Medicine
Jeremy Mighdoll, Clinical Instructor. MD, Albany Medical College
Fady N. Mikhael, Instructor. DO, Lake Erie College of Osteopathic Medicine
Nagib T. Mikhael, Clinical Instructor. MBBS, Mansoura Faculty of Science
Anna Millan, Clinical Instructor. BS, Yale University; MD, University of California, Los Angeles David Geffen School of Medicine
Lourdes P. Minaya, Clinical Instructor. MD, Eastern Virginia Medical School
George S. Mittendorf, Clinical Assistant Professor. MD, University of California, Irvine, School of Medicine

Andrew G. Mitton, Clinical Instructor. MD, Renaissance School of Medicine at Stony Brook University

Glenn Y. Miya, Clinical Assistant Professor. MD, University of California, Irvine, School of Medicine

Justin N. Miyamoto, Clinical Assistant Professor. MD, University of California, San Francisco, School of Medicine

Kent Miyamoto, Assistant Professor. MD, University of California, Irvine, School of Medicine

Bobeck Modjtahedi, Associate Professor. MD, University of California, Davis School of Medicine

Davis Montalvan, Clinical Instructor. BS, University of California, Riverside; MD, University of California, Los Angeles David Geffen School of Medicine

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

Marie Montoya, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Hannah B. Moon, Clinical Instructor. MD, University of California, San Francisco, School of Medicine

Glen M. Moore, Clinical Instructor. MD, CAQSM, University of California, Irvine, College of Medicine

Sarah Morocco, Clinical Assistant Professor. MD, University of Connecticut School of Medicine

Michael E. Morris, Instructor. MD, University of Southern California Keck School of Medicine

Nicole Morris, Instructor. BAS, Stanford University; MD, University of California, San Francisco, School of Medicine

Gino A. Mortillaro, Clinical Assistant Professor. MD, Tulane University School of Medicine

Bahar Moussavian, Clinical Assistant Professor. MD, American University of the Caribbean

Michael J. Muellner, Clinical Instructor. MD, Loma Linda University School of Medicine
Sawrav J. Mukherjee, Clinical Instructor. MD, Chicago Medical School at Rosalind Franklin University of Medicine and Sciences

Michael Muljana, Clinical Instructor. MD, Universidad Autonoma de Guadalajara, Facultad de Medicine

Edward C. Mun, Clinical Assistant Professor. MD, Harvard Medical School

David E. Muñoz, Clinical Instructor. MD, Harvard Medical School

Meenakshi Munshi, Clinical Assistant Professor. MD, St. George’s University School of Medicine

Tikvah M. Myers, Clinical Instructor. MD, Charles R. Drew University School of Medicine and Sciences and University of California, Los Angeles David Geffen School of Medicine

James Mykytenko, Clinical Assistant Professor. MD, State University of New York Upstate Medical University

Nur-Ain Nadir, Clinical Associate Professor. BS, University of Toronto; MD, Chicago Medical School at Rosalind Franklin University of Medicine and Sciences

Robert Namba, Clinical Professor. MD, Chicago Medical School at Rosalind Franklin University of Medicine and Sciences

Mercedes Narez, Clinical Instructor. BS, University of California, Davis; MD, University of California, Los Angeles David Geffen School of Medicine

Natalie Nasser, Instructor. MD, Tufts University School of Medicine

Pouneh Nasseri, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Sathyabama Natarajan, Clinical Assistant Professor. MBBS, Madras Medical College

Christine E. Navarro, Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Ronald A. Navarro, Professor. MD, University of Illinois College of Medicine

Elezer A. Negus, Clinical Instructor. MD, University of Michigan Medical School

Lamar A. Nelson, Member of the Faculty. MD, Stanford University School of Medicine

Shanaeya N. Nelson, Clinical Instructor. MD, University of Nebraska College of Medicine

Carrie Nelson-Vasquez, Instructor. BA, University of California, Irvine; MD, University of California, San Diego School of Medicine
Catherine M. Newton, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Stanley W. Ng, Clinical Instructor. MD, Loma Linda University School of Medicine

Andrew C. Nguyen, Clinical Instructor. DO, Des Moines University College of Osteopathic Medicine

Brian-Linh Nguyen, Instructor. MTOM, Emperor's College; MD, University of California, Los Angeles David Geffen School of Medicine

Harrison B. Nguyen, Clinical Instructor. MD, Texas A&M Health Science Center College of Medicine

Jennifer L. Nguyen, Assistant Professor. MD, Virginia Commonwealth University School of Medicine

Monika Dao Nguyen, Clinical Instructor. MD, Virginia Commonwealth University School of Medicine

Peter T. Nguyen, Clinical Instructor. MS, Albany Medical College; DO, Midwestern University, Arizona College of Osteopathic Medicine

Thien H. Nguyen, Clinical Instructor. MD, Sidney Kimmel Medical College at Thomas Jefferson University

Tin Duc Nguyen, Clinical Instructor. MD, University of Kansas School of Medicine

Tina A. Nguyen, Clinical Instructor. MD, State University of New York Upstate Medical University

Tony Nguyen, Instructor. MD, Virginia Commonwealth University School of Medicine

Danny Nhan, Instructor. MD, Albert Einstein College of Medicine

Sara Noroozkhani, Clinical Instructor. MD, New York Medical College

Le T. Notarfrancesco, Clinical Assistant Professor. MD, Pennsylvania State University College of Medicine

Saba Notghi, Clinical Instructor. MD, George Washington University School of Medicine and Health Sciences

Erik B. Nuckols, Clinical Instructor. MD, University of Southern California Keck School of Medicine

Victoria V. O’Connor, Clinical Instructor. MD, University of Texas Medical Branch School of Medicine

Marisa D. Oh, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific
Sharon K. Okonkwo-Holmes, Instructor. BS, University of California, San Diego; MD, Charles R. Drew University School of Medicine and Sciences and University of California, Los Angeles David Geffen School of Medicine

Amarachi Okoro, Clinical Instructor. MD, MPH, University of California, Los Angeles David Geffen School of Medicine

Rosalynne R. Olshansky, Clinical Instructor. MD, Vanderbilt University School of Medicine

Erwin S. Ong, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Angeline Ong-Su, Clinical Instructor. BA, University of California, Berkeley; MD, Loma Linda University School of Medicine

Dikran Orfali, Clinical Instructor. MD, American University of the Caribbean

Cydney M. Osano, Clinical Instructor. BS, University of California, Los Angeles; MPH, San Diego State University; MD, University of California, Davis, School of Medicine

Jonathan H. Osgood, Clinical Instructor. DO, A.T. Still University School of Osteopathic Medicine

Cynthia Osmanian, Clinical Instructor. MD, Stanford University School of Medicine

Carolyn M. Overman, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

Charles Mark Page, Member of the Faculty. MD, University of Michigan

Elian Paiuk, Clinical Instructor. BS, University of Texas at Austin; MD, Baylor College of Medicine

Rani Pallegadda, Instructor. BA, Johns Hopkins University; MPH, Johns Hopkins University; MD, University of Maryland School of Medicine

Elaine Pan, Clinical Assistant Professor. MD, Keck School of Medicine of the University of Southern California

Ashish Parekh, Clinical Assistant Professor. MD, Albany Medical College

Reshma Parikh, Clinical Instructor. MBBS, Grant Medical College, Mumbai University

Sunita Y. Parikh, Clinical Instructor. MBBS, Government Medical College

Joon S. Park, Clinical Instructor. MD, Loma Linda University School of Medicine

Julie H. Park, Clinical Instructor. MD, Albert Einstein College of Medicine

Michelle G. Park, Instructor. BS, University of California, Los Angeles; MD, University of California, Los Angeles David Geffen School of Medicine
Min Jung Park, Clinical Associate Professor. MD, The Warren Alpert Medical School of Brown University

Raymond Park, Clinical Instructor. DO, Western University of Health Sciences College of Osteopathic Medicine of the Pacific

Sue Park, Clinical Instructor. MD, University of California, San Diego School of Medicine

Yung-Mee Park, Clinical Instructor. BA, Colgate University; MD, State University of New York Downstate Medical Center College of Medicine

James R. Parks, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Karmen A. Parks, Instructor. MD, George Washington University School of Medicine and Health Sciences

David C. Parra, Clinical Instructor. BA, Stanford University; MD, University of California, San Diego School of Medicine

Raymond J. Parungao, Clinical Instructor. MD/MPH, Howard University College of Medicine

Rohit Passi, Clinical Instructor. MBBS, B.D. Sharma Post-Graduate Institute of Medical Sciences

Darpan Patel, Clinical Instructor. DO, A.T. Still University School of Osteopathic Medicine

Kaushal Patel, Clinical Associate Professor. MD, University of California, Los Angeles David Geffen School of Medicine

Meha Patel, Instructor. BS, Loyola University Chicago; MD, Sidney Kimmel Medical College of Thomas Jefferson University

Nilesh J. Patel, Assistant Professor. BS, University of California, Los Angeles; MD, Saint Louis University School of Medicine

Niva Patel, Clinical Instructor. MD, Ross University School of Medicine

Sunal S. Patel, Clinical Assistant Professor. MD, Albany Medical College

Neelam Pathikonda, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Candace Pau, Assistant Professor. BA, Stanford University; MD, Stanford University School of Medicine

Radha Pema, Clinical Instructor. MD, Medical College of Wisconsin
Lauren Peng, Clinical Assistant Professor. MD, Beijing Medical University, Peking University Medical School

Amanda Perez, Clinical Instructor. MD, University of California, Los Angeles, David Geffen School of Medicine

Susan A. Perez, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

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

Shanon T. Peter, Clinical Assistant Professor. MD, Rutgers New Jersey Medical School

Kimberly C. Peterson, Clinical Instructor. MD, Charles R. Drew University School of Medicine and Sciences and University of California, Los Angeles David Geffen School of Medicine

Stephanie L. Pezeshkian, Clinical Instructor. DO, Arizona College of Osteopathic Medicine at Midwestern University

Anna Pham, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Ly-Elaine Pham, Clinical Instructor. MD, The University of Texas Health Science Center at San Antonio Joe R. and Teresa Lozano Long School of Medicine

Nicole Pham-Bailey, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Philip Phan, Clinical Instructor. MD, University of Pittsburgh School of Medicine

Sherese M. Phillips, Clinical Instructor. MD, University of Maryland School of Medicine

Nana A. Pianim, Clinical Instructor. MD, Columbia University Vagelos College of Physicians and Surgeons

Emile C. Pinera, Clinical Instructor. BS, University of California, Irvine; MD, St George's University, School of Medicine

Matthew R. Pirnazar, Clinical Instructor. MD, University of California, San Francisco, School of Medicine

Charles R. Plehn, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Renee M. Polhamus, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Amy Porter, Assistant Professor. BA, University of Pennsylvania; MD, New York University Grossman School of Medicine
Julia M. Pratt-Elkus, Clinical Instructor. BS, University of Michigan; MD, Keck School of Medicine of the University of Southern California

Kimberly M. Preciado, Clinical Instructor. MD, Rush Medical College of Rush University Medical Center

Jateen Prema, Clinical Instructor. MD, Tufts University School of Medicine

Chileshe Nkonde Price, Assistant Professor. BA, University of Cambridge; MBBS, Medicine University College London; MA, University of Cambridge; MRCP, Royal College of Physicians of London; MSHP, University of Pennsylvania

Priti Pun, Clinical Instructor. DO, Western University of Health Sciences College of Osteopathic Medicine of the Pacific

Emmeline S. Qin, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Monica Quezada, Clinical Instructor. MD, University of California, San Francisco, School of Medicine

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

Mitchell M. Rabbi, Clinical Instructor. MD, State University of New York Downstate Medical Center College of Medicine

Regina Ragasa, Clinical Instructor. DO, Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine

Asif Rahman, Clinical Assistant Professor. MD, The University of Toledo College of Medicine and Life Sciences

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

Jorge Ramirez, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Ethan B. Rand, Assistant Professor. BS, Cornell University; MD, Sidney Kimmel Medical College at Thomas Jefferson University

Frank Randall, Clinical Instructor. MD, Loma Linda University School of Medicine

Scott Rasgon, Associate Professor. MD, Keck School of Medicine of the University of Southern California

Zakiyyah J. Rasheed, Clinical Instructor. DO, Philadelphia College of Osteopathic Medicine
Rabia Rafi Razi, Assistant Professor. BS, State University of New York at Stony Brook; MPH, University of Pittsburgh; MD, John Hopkins University School of Medicine

Harini Reddy, Clinical Instructor. MD, Chicago Medical School at Rosalind Franklin University of Medicine and Sciences

Kuruganti A. Reddy, Clinical Instructor. Lekarz, Slaska Akademia Medyczna

Nirupa Reddy, Clinical Assistant Professor. MD, Albany Medical College

Aaron J. Reitman, Clinical Assistant Professor. DO, Chicago College of Osteopathic Medicine

Jamie M. Renslo, Clinical Instructor. BS, College of William and Mary; MS, College of William and Mary; MD, Virginia Commonwealth University School of Medicine

Alex M. Resnick, Clinical Assistant Professor. MD, Keck School of Medicine of the University of Southern California

Liliana Reynoso, Clinical Instructor. MD, Stanford University School of Medicine

Kambiz Rezaie, Clinical Instructor. MD, Medical College of Wisconsin School of Medicine

Aurore Richard, Clinical Assistant Professor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Sarah F. Richina, Clinical Instructor. MD, Drexel University College of Medicine

Gunter Rieg, Clinical Associate Professor. Arzt, Johann Wolfgang Goethe-University

Michelle Fabiola Rios, Instructor. MD, University of California, San Francisco, School of Medicine

Gerin F. River, Clinical Instructor. MD, University of California, San Francisco, School of Medicine

Syed T. Rizvi, Clinical Instructor. MBBS, Dow Medical College

Paul M. Robb, Clinical Assistant Professor. MD, Ross University School of Medicine

Dustin E. Robinson, Clinical Instructor. MD, American University of the Caribbean

Maricela Rodriguez-Gutierrez, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

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

Brian F. Roehmholdt, Assistant Professor. MD/PhD, Keck School of Medicine of the University of Southern California
Jake Rofman, Clinical Instructor. MD, Sidney Kimmel Medical College at Thomas Jefferson University

Brian K. Romias, Clinical Instructor. MD, University of California, San Diego School of Medicine

Rhiana R. Roque, Clinical Instructor. MD, University of the Philippines, College of Medicine

Lisa P. Roy, Clinical Assistant Professor. MD, Yale School of Medicine

Rebecca L. Roy, Clinical Instructor. MD, University of Texas Southwestern Medical School

Joseph H. Ruan, Clinical Assistant Professor. MD, Drexel University College of Medicine

Anne M. Rutkowski, Clinical Associate Professor. MD, University of California, Irvine School of Medicine

Marianne K. Ryan, Clinical Instructor. MD, University of Washington School of Medicine

Randall Ryan, Instructor. MD, Keck School of Medicine of the University of Southern California

Kristopher G. Sabb, Clinical Instructor. MD, University of North Dakota School of Medicine and Health Sciences

Brent A. Safran, Clinical Instructor. MD, Sackler School of Medicine

Neeta C. Saheba, Clinical Assistant Professor. MBBS, Grant Medical School

Mark B. Salzman, Clinical Assistant Professor. MD, Icahn School of Medicine at Mount Sinai

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

Mary Jane San Antonio, Clinical Instructor. MD, Far Eastern University – Nicanor Reyes Medical Foundation

Felipe A. Sanchez, Clinical Instructor. MBA, University of California, Los Angeles; MD, University of California, Los Angeles David Geffen School of Medicine

Michelle L. Sanchez, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

Norma Sanchez, Clinical Instructor. BA, University of California, Berkeley; MPH; University of Southern California; MD, Charles R. Drew University School of Medicine and Sciences and University of California, Los Angeles David Geffen School of Medicine
Lisa M. Sanders, Clinical Instructor. MD, Tulane University School of Medicine
Navdeep Sangha, Clinical Associate Professor. MBBS, Dayanand Medical College and Hospital
Stephen L. Sanoja, Clinical Instructor. MD, Tufts University School of Medicine
Ana D. Saravia, Clinical Instructor. MPH, University of California, Los Angeles; MD, University of California, Los Angeles David Geffen School of Medicine
Grant G. Sarkisyan, Clinical Instructor. MBBS, Yerevan State Medical University
Allison M. Sarmiento, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific
Suleiman Saroia, Clinical Instructor. DO, Tour University College of Osteopathic Medicine
Hege G. Sarpa, Clinical Assistant Professor. MD, University of California, Davis, School of Medicine
Payam Sazegar, Assistant Professor. MD, University of British Columbia
Angel H. Schaffer, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine
Eric E. Schallert, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine
Kai G. Schlingmann, Clinical Instructor. DO, Lake Erie College of Osteopathic Medicine
Paul Schneider, Clinical Assistant Professor. MD, Keck School of Medicine of the University of Southern California
Danielle I. Schneider Williams, Clinical Assistant Professor. MD, Albany Medical College
Michael Schwartzwald, Clinical Instructor. MD, St. George’s University School of Medicine
Thomas C. Scotton, Clinical Assistant Professor. MD, Keck School of Medicine of the University of Southern California
Ashkan E. Sefaradi, Clinical Instructor. MD, University of Wisconsin School of Medicine and Public Health
Ashish Sehgal, Clinical Instructor. MD, Saint Louis University School of Medicine
Todd Seigel, Clinical Assistant Professor. MD, University of Minnesota Medical School
Marshall J. Seligmann, Clinical Instructor. MD, State University of New York Downstate Medical Center College of Medicine
Stanley Setiawan, Clinical Instructor. MD, Loma Linda University School of Medicine
Gaurang Shah, Clinical Associate Professor. MBBS, Gujarat University
Matin Shah, Clinical Instructor. MD, Creighton University School of Medicine
Mona A. Shah, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine
Sunny R. Shah, Clinical Instructor. MD, Ross University School of Medicine
Melineh Shajanian, Clinical Instructor. MD, St. George’s University School of Medicine
Patricia S. Shakhshir, Adjunct Lecturer. MSN, California State University, Dominguez Hills; PhD, Azusa Pacific University
Arlet Shamalian, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific
Marat N. Shamsutdinov, Clinical Instructor. MD, Saba University School of Medicine
Charles Shapiro, Associate Professor. MD, Stanford University School of Medicine
Nima Sharif, Clinical Instructor. MD, Ross University School of Medicine
Asha Sharma, Clinical Instructor. MBBS, Dayanand Medical College, Punjab University
Jasdeep K. Sharma, Clinical Assistant Professor. BS, University of British Columbia; MD, University of British Columbia
Morali D. Sharma, Clinical Associate Professor. MS, University of Baroda; MBBS, University of Baroda
Adam L. Sharp, Adjunct Associate Professor. MD, University of Utah School of Medicine
Victoria Sheen, Clinical Assistant Professor. MD, University of California, San Diego School of Medicine
Manisha Shenava, Clinical Instructor. Lekarz, Medical University of Silesia School of Medicine
Rana S. Shenoy, Clinical Assistant Professor. MBBS, Kasturba Medical College
Stephen L. Shih, Clinical Instructor. MD, Vanderbilt University School of Medicine
May S. Shung, Instructor. BA, Cornell University; MD, University of California, Los Angeles David Geffen School of Medicine
Jeffrey D. Siegel, Clinical Instructor. MD, New York University Grossman School of Medicine
Amila Silva, Clinical Instructor. BS, University of California, Los Angeles; MD/PhD, University of Minnesota Medical School

Matthew A. Silver, Associate Professor. BS, Binghamton University; MD, Albert Einstein College of Medicine

John Sim, Clinical Professor. MD, Chicago Medical School at Rosalind Franklin University of Medicine and Sciences

Mehran Sina, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

Jennifer M. Smith, Clinical Assistant Professor. BS, University of California, Davis; MD, Drexel University College of Medicine

David Sobel, Adjunct Lecturer. MPH, University of California, Berkeley; MD, University of California, San Francisco School of Medicine

Mehrzad Michael Soleimani, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Caroline D. Solomon, Clinical Instructor. MD, University of Washington School of Medicine

Vanessa E. Solomon, Clinical Assistant Professor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Margarita Somova, Clinical Instructor. MBBS, Yaroslavl State Medical Academy

Albert M. Song, Clinical Instructor. MD, Loyola University Chicago Stritch School of Medicine

Rubens J. Song, Clinical Instructor. MD, Faculdade de Medicina, Universidade de São Paulo

Oladimeji Sonuga, Clinical Instructor. MD, Meharry Medical College

Michelle L. Sperry, Clinical Instructor. MD, Sidney Kimmel Medical College at Thomas Jefferson University

Nancy H. Spiegel, Lecturer. MA, University of Rochester

Sena R. St. John, Clinical Instructor. DO, Michigan State University College of Osteopathic Medicine

Karla D. St. Germain, Clinical Instructor. MD, Georgetown University School of Medicine

Helen S. Stafford, Clinical Instructor. MD, University of California, San Diego School of Medicine

Sara T. Stewart, Clinical Assistant Professor. MD, Tufts University School of Medicine
Ellen S. Stolar, Clinical Instructor. MD, Northwestern University The Feinberg School of Medicine

Margaret Stone, Assistant Professor. MD, University of California, Los Angeles David Geffen School of Medicine

Nora Strick, Clinical Instructor. MD, Medical College of Wisconsin

Nathan Stuemppfig, Clinical Assistant Professor. BS, University of California, San Diego; DO, Chicago College of Osteopathic Medicine of Midwestern University

Christie Sun, Assistant Professor. MD, Tufts University School of Medicine

Tina Suneja, Clinical Assistant Professor. BLA, University of Missouri-Kansas City; MD, University of Missouri-Kansas City School of Medicine

Nancy M. Svitek, Clinical Instructor. MD, Indiana University School of Medicine

David K. Swain, Clinical Instructor. MD, New York Medical College

Matthew E. Sweeney, Clinical Instructor. MD, University of Kansas School of Medicine

Roman M. Sydorak, Clinical Professor. MD, Columbia University Vagelos College of Physicians and Surgeons

Emelita B. Talag, Clinical Instructor. MD, Far Eastern University – Nicanor Reyes Medical Foundation

Gim Tan, Clinical Assistant Professor. MBBS, National University of Singapore

Michael Tan, Clinical Assistant Professor. MD, University of California, Los Angeles David Geffen School of Medicine

Roland Tang, Instructor. MD, University of California, San Diego School of Medicine

Michelle A. Tanzil, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Evan Taragano, Clinical Instructor. MD, University at Buffalo School of Medicine and Biomedical Sciences

Alison S. Taur, Clinical Assistant Professor. MD, University of Michigan Medical School

Joyce Wong Taur, Instructor. MD, University of Michigan Medical School

Majid Tayyarah, Clinical Assistant Professor. New York University School of Medicine

Deron J. Tessier, Clinical Associate Professor. MD, University of California, Irvine, School of Medicine

Alexander K. Thayer, Clinical Instructor. MD, Indiana University School of Medicine
Robert M. Theal, Assistant Professor. MD, University of California, Davis School of Medicine

Salima Thobani, Clinical Assistant Professor. MD, St George's University, School of Medicine

Benjamin Thomas, Member of the Faculty. MD, University of California, San Francisco School of Medicine

Natasha M. Thomas, Clinical Instructor. Lekarz, Medical University of Lublin

Nailah A. Thompson, Clinical Assistant Professor. DO, Kansas City University College of Osteopathic Medicine

Katherine E. Tierney, Clinical Assistant Professor. MD, Keck School of Medicine of the University of Southern California

Matthew Stephen Tjajadi, Clinical Assistant Professor. MD, University of California, San Diego School of Medicine

Ian R. Tofler, Clinical Instructor. MBBS, University of Western Australia

Linda Davis Tolbert, Assistant Professor. BS, Barry University; MPH, University of California, Los Angeles; EdD, University of Southern California; JD, Southwestern University School of Law; MD, Howard University College of Medicine

Thomas Y. Tom, Associate Professor. BS, University of Southern California; MD, University of California, Irvine, School of Medicine

Michelle P. Tomassi, Clinical Instructor. MD, Universidad Autonoma de Guadalajara, Facultad de Medicine

Eric Ton, Clinical Instructor. MD, University of California, Irvine School of Medicine

Daniel Tongbai, Clinical Instructor. MD, University of California, Los Angeles David Geffen 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 the University of Southern California

Diem L. Tran, Clinical Instructor. MD, New York Medical College

Kim-Huang Tran, Associate Professor. MD, University of Southern California Keck School of Medicine

Michael V. Tran, Clinical Instructor. MD, New York Medical College

Stephen Treiman, Clinical Instructor. MD, McGovern Medical School at the University of Texas Health Science Center at Houston
Bradford Tropea, Clinical Instructor. MD, Northwestern University School of Medicine

Diane G. Truong, Clinical Instructor. MD, University of California, Davis, School of Medicine

Huy Truong, Clinical Instructor. MD, University of Nevada School of Medicine

James Tse, Clinical Assistant Professor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Nicolae Tudorica, Clinical Instructor. MD, Universidad De Medicina Si Farmacie-Carol Davila

Dora T. Tung, Clinical Instructor. MD, Finch University of Health Sciences

Andrew G. Turner, Clinical Instructor. MD, University of Missouri-Kansas City School of Medicine

Scott S. Um, Clinical Instructor. MD, Albany Medical College

Ricardo Uriostegui, Clinical Instructor. MD, Universidad Autonoma de Guadalajara, Facultad de Medicine

Shariece Marie Vallejo, Clinical Instructor. DO, Arizona College of Osteopathic Medicine at Midwestern University

Patrick Van Winkle, Clinical Assistant Professor. MD, University of California, Irvine, School of Medicine

Juan F. Vargas, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Christopher M. Vaughn, Clinical Instructor. MD, Icahn School of Medicine at Mount Sinai

Alejandro E. Vazquez, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

Cassie E. Ver Steeg, Clinical Instructor. MD, University of New Mexico School of Medicine

Janice Verham, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine

Noel S. Victor, Clinical Instructor. MBBS, Madras Medical College

Sergio Viera, Clinical Instructor. MD, New York Medical College

Teri L. Vieth, Clinical Instructor. MD, University of Chicago Division of the Biological Sciences The Pritzker School of Medicine
Jannette Villalobos, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

Marie Fe Villosis, Clinical Assistant Professor. MD, University of Santo Tomas Faculty of Medicine and Surgery

Quynh Vo-Hanser, Clinical Instructor. MD, University of Missouri-Kansas City School of Medicine

Asit Vora, Clinical Assistant Professor. MD, University of South Carolina School of Medicine

Brian T. Vovan, Clinical Instructor. MD, University of California, Irvine, School of Medicine

Charles M. Vu, Clinical Instructor. MD, University of California, San Diego School of Medicine

Neil Vyas, Clinical Assistant Professor. MD, University of California, Los Angeles David Geffen School of Medicine

John K. Wall, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

Amy K. Walston, Clinical Instructor. MD, The University of Toledo College of Medicine and Life Sciences

Allyson A. Wang, Clinical Instructor. MD, Drexel University College of Medicine

Eugene Y. Wang, Clinical Instructor. MD, Icahn School of Medicine at Mount Sinai

Quincy Wang, Clinical Instructor. MD, Hahnemann Medical School

Ziqing V. Wang, Clinical Instructor. MD, Albert Einstein College of Medicine

Olayinka Kenneth Warrity, Member of the Faculty. MPH, Wayne State University School of Medicine; MD, St. George’s University School of Medicine

James Andrew Washington III, Member of the Faculty. MD, Howard University College of Medicine

Michelle Anne Weaver, Adjunct Lecturer. MSN, California Baptist University

Christopher (Chris) Allen-John Webb, Clinical Associate Professor. BS, University of Wisconsin, Madison; MD, University of Wisconsin School of Medicine and Public Health

Kenneth K. Wei, Clinical Assistant Professor. MD, University of California, Los Angeles David Geffen School of Medicine

Trevor O. Wells, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California
Edan Wernik, Clinical Instructor. BS, University of California, San Diego; MD, University of California, Irvine, School of Medicine

Gerald I. West, Clinical Instructor. MS, University of California, Irvine; MD, Meharry Medical College

Todd A. Westra, Instructor. BA, California State University, Fullerton; MA, Fuller Theological Seminary; MD, Loma Linda University School of Medicine

Paul D. Weyker, Clinical Associate Professor. BS, University of Wisconsin, Madison; MD, University of Wisconsin School of Medicine and Public Health

Cory R. Whale, Clinical Instructor. DO, Arizona College of Osteopathic Medicine at Midwestern University

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

Emily Whitcomb, Clinical Associate Professor. MD, John Hopkins University School of Medicine

Brett White, Associate Professor. BA, University of Southern California; BS, University of Southern California; MD, Keck School of Medicine of the University of Southern California

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

Bryan M. Wick, Clinical Instructor. MD, University of Kansas School of Medicine

Carla V. Wicks, Member of the Faculty. MD, Howard University College of Medicine

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

Jarrett Gavin Williams, Member of the Faculty. MD, Morehouse School of Medicine

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

Latasha N. Williams, Clinical Instructor. MD, Wake Forest University School of Medicine

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

Teshina Wilson, Clinical Instructor. DO, New York Institute of Technology, College of Osteopathic Medicine

Colleen Wittenberg, Instructor. MD, Keck School of Medicine of the University of Southern California
Bradford Wolfram, Clinical Instructor. MD, Albany Medical College
David Wong, Clinical Instructor. MD, Medical College of Wisconsin
Rose Wong, Clinical Instructor. MD, University of California, Los Angeles David Geffen School of Medicine
Valarie Y. Wong, Clinical Assistant Professor. MD, Baylor College of Medicine
Christopher Y. Woo, Clinical Instructor. BS, University of California, Berkeley; MD, Duke University School of Medicine
Dewey L. Woo, Clinical Assistant Professor. BA, University of California, Berkeley; MD, Loyola University Chicago Stritch School of Medicine
Mark T. Wright, Clinical Associate Professor. MD, University of Alabama School of Medicine
Bechien Wu, Professor. MD, New York University Grossman School of Medicine
David Wu, Clinical Instructor. MD, University of California, San Diego School of Medicine
Henry Wu, Clinical Assistant Professor. MD, Keck School of Medicine of the University of Southern California
Hsuyuan Wu, Clinical Instructor. MD, The University of Toledo College of Medicine and Life Sciences
Susana Wu, Clinical Instructor. MD, Medical College of Wisconsin
Thomas Wu, Clinical Assistant Professor. MD, Tufts University School of Medicine
Erin Wycoff, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific
Hui Xue, Clinical Assistant Professor. MD, Duke University School of Medicine
Wael N. Yacoub, Clinical Instructor. MD, George Washington University School of Medicine and Health Sciences
Andrea Yanez, Clinical Instructor. University of California, Davis School of Medicine
Calvin H. Yang, Clinical Instructor. MD, Loma Linda University School of Medicine
Jenny F. Yang, Clinical Instructor. MD, New York Medical College
Alice J. Yau, Clinical Instructor. DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific
Mallika R. Yavatkar, Clinical Instructor. MD, George Washington University School of Medicine and Health Sciences
John Kofi A. Yeboah, Member of the Faculty. MD, Howard University College of Medicine

Garrett M. Yee, Clinical Instructor. MD, Drexel University College of Medicine

Jane J. Yeo, Clinical Instructor. MD, Keck School of Medicine of the University of Southern California

Louise Y. Yeung, Clinical Associate Professor. MD, Washington University in St. Louis School of Medicine

Anson Yew, Clinical Instructor. BS, University of California, Berkeley; MD, Keck School of Medicine of the University of Southern California

Amy X. Yin, Clinical Assistant Professor. MD, Northwestern University The Feinberg School of Medicine

Ki-Young Yoo, Clinical Assistant Professor. MD, Harvard Medical School

Stephen Yoo, Clinical Instructor. MD, Loma Linda University School of Medicine

Daniel Yu, Clinical Instructor. MD, University of Kentucky College of Medicine

Maureen S. Yu, Clinical Instructor. MD, Eastern Virginia Medical School

Michelle M. Yun, Clinical Instructor. MD, George Washington University School of Medicine and Health Sciences

James Zamora, Clinical Instructor. BA, California State University, Fullerton; MD, University of Medicine and Dentistry of New Jersey Robert Wood Johnson Medical School

Robert Zeiger, Professor. MD, State University of New York Downstate Medical Center College of Medicine

Jorge L. Zelada Getty, Clinical Assistant Professor. DMS, Universidad Nacional de Asuncion, Facultad de Ciencias Medicas

Amy W. Zhai, Clinical Instructor. MD, Vanderbilt University School of Medicine

Ying Tao Zhang, Clinical Instructor. MD, George Washington University School of Medicine and Health Sciences

Yosef Zibari, Clinical Instructor. MD, University of Rochester School of Medicine and Dentistry

Milena Zirovich, Clinical Assistant Professor. MD, University of Texas Health Sciences Center at Houston
Juan-Carlos Zuberbuhler, Assistant Professor. BS, Andrews University; MS, Lake Erie College of Osteopathic Medicine; MD, Ponce Health Sciences University School of Medicine

Cynthia Zuniga, Clinical Instructor. BS, University of California, Los Angeles; MD, University of California, Los Angeles David Geffen School of Medicine

Health Systems Science

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

Etsemaye P. Agonafer, Assistant Professor. BS, University of Southern California; MS, University of California, Los Angeles; MPH, University of California, Los Angeles; MD, Charles R. Drew University School of Medicine and Sciences and University of California, Los Angeles David Geffen School of Medicine

Andrew P. Ambrosy, Associate Professor. MD, Northwestern University The Feinberg School of Medicine

Jaejin An, Assistant Professor. PhD, University of Southern California

Lyndsay Avalos, Associate Professor. MPH, Boston University; PhD, University of California, Berkeley

Andrew L. Avins, Professor. AB, University of California, Berkeley; MPH, Harvard University; MD, University of California, Irvine

Ingrid Binswanger, Adjunct Professor. MPH, University of California, Berkeley; MD, University of California, San Francisco, School of Medicine

Rebecca Boxer, Associate Professor. MD, Perelman School of Medicine at the University of Pennsylvania

Jeffrey W. Brettler, Assistant Professor. MD, University of Chicago Pritzker School of Medicine

Benjamin I. Broder, Member of the Faculty. MD/PhD, University of Southern California, Keck School of Medicine

Susan Brown, Adjunct Associate Professor. BA, Duke University; MA, Boston University; PhD, Boston University School of Medicine

Jeffrey Burack, Professor. AB, Harvard University; B.Phil, University of Oxford; MPP, Harvard University; MD, Harvard Medical School

Andrea Burnett-Hartman, Assistant Professor. MPH, University of Michigan; PhD, University of Washington
Bette Caan, Professor. MPH, University of California, Berkeley; DrPH, University of California, Berkeley

Resa R. Caivano, Assistant Professor. BS, University of Massachusetts at Amherst; MPH, Simmons University; MD, Howard University

Cynthia I. Campbell, Associate Professor. BA, University of California, San Diego; MPH, University of California, Los Angeles; PhD, University of Michigan

Lori Carter-Edwards, Professor. BA, University of Notre Dame; MPH, University of California, Los Angeles; PhD, University of North Carolina at Chapel Hill

Nicole Cervantes, Adjunct Lecturer. MD, Michigan State University College of Human Medicine

Chun Chao, Professor. MS, Harvard University; PhD, University of California, Los Angeles

Isabel L. Chen, Assistant Professor. BA, Yale University; MPH, Yale University; MD, University of British Columbia

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

Morgan N. Clennin, Assistant Professor. MPH, Saint Louis University; PhD, University of South Carolina

Karen J. Coleman, Professor. BS, University of Georgia; MS, University of Georgia; PhD, University of Georgia

Diana Concannon, Adjunct Associate Professor. MA, University of Santa Monica; Psy.D, California School of Professional Psychology

Maureen T. Connelly, Professor. BA, Yale University; MPH, Harvard University; MD, Cornell University

Lisa A. Croen, Professor. BA, University of California, Berkeley; MPH, University of California, Berkeley; PhD, University of California, Berkeley

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

Anna C. Davis, Assistant Professor. MPH, Boston University; PhD, University of California, Los Angeles

Sasha Dublin, Associate Professor. MD/PhD, University of Washington School of Medicine

Heather S. Feigelson, Professor. MPH, San Diego State University; PhD, University of California, Los Angeles
Marlaine S. Figueroa Gray, Instructor. BA, Colorado College; MA, University of Maryland; MA, University of Washington; PhD, University of Washington, Seattle

Jonathan A. Finkelstein, Professor. BA, Swarthmore College; MPH, Harvard University; MD, University of Pennsylvania

Stephen Fortmann, Professor. MD, University of California, San Francisco, School of Medicine

Abraham Gallegos, Member of the Faculty. BS, California State University, Dominguez Hills; MS, University of California, Los Angeles; MD, University of California, Los Angeles David Geffen School of Medicine

Darios Getahun, Associate Professor. MPH, University of Medicine and Dentistry of New York; MD, Leipzig University; PhD, Rutgers University

David Glass, Lecturer. BA, Pomona College; MA, University of California, Berkeley; PhD, University of California, Berkeley

Joseph Glass, Assistant Professor. MSW, University of Michigan; PhD, Washington University in St. Louis

Alan S. Go, Professor. MD, University of California, San Francisco, School of Medicine

Ying-Ying Goh, Member of the Faculty. BA, Stanford University; MSHS, University of California, Los Angeles; MD, Stanford University School of Medicine

Anjali Gopalan, Assistant Professor. BA, Rice University; MS, University of Pennsylvania; MD, Washington University in St. Louis School of Medicine

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

Richard W. Grant, Professor. BA, University of California, Berkeley; MPH, Harvard University; MD, University of California, San Francisco, School of Medicine

Beverly Beth Green, Member of the Faculty. BA, University of Michigan; MPH, University of Washington; MD, Medical College of Ohio

Paul Gregerson, Adjunct Instructor. MPH, University of Notre Dame; MD, Medical College of Wisconsin

David Grossman, Professor. MPH, University of Washington; MD, University of California, Los Angeles David Geffen School of Medicine

Erica P. Gunderson, Professor. BS, Stanford University; MS, University of California, Berkeley; MPH, University of California, Berkeley; PhD, University of California, Berkeley
Erin E. Hahn, Associate Professor. BA, University of California at Santa Cruz; MPH, University of California, Los Angeles; PhD, University of California, Los Angeles

Reina Haque, Professor. BS, University of California, Los Angeles; MPH, University of California, Los Angeles; PhD, University of California, Berkeley

Laura B. Harrington, Assistant Professor. BA, Grinnell College; MPH, University of Michigan; PhD, University of Washington

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

Monique Hedderson, Associate Professor. BS, University of California, San Diego; MPH, University of Washington; PhD, University of Washington

Nora Henrikson, Assistant Professor. BA, Lehigh University; MPH, University of North Carolina at Chapel Hill; PhD, University of Washington

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

Aniket A. Kawatkar, Assistant Professor. BS, University of Mumbai, Bandra; MS, University of Houston; PhD, University of Southern California

Cheryl Kelly, Associate Professor. MPH, Saint Louis University; PhD, Saint Louis University

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

Nicola Klein, Professor. MD, New York University Grossman School of Medicine; PhD, New York University

Candyce Kroenke, Associate Professor. BA, University of Minnesota, Minneapolis; MPH, University of Minnesota, Minneapolis; ScD, Harvard University

Gwen Lapham, Assistant Professor. BS, Eastern Washington University; MSW, University of Washington; MPH, University of Washington; PhD, University of Washington

Eric B. Larson, Professor. BA, University of Rochester; MPH, University of Washington; MD, Harvard University

Nicole L. Lawson, Member of the Faculty. PhD, University of California, Los Angeles

Catherine Lee, Assistant Professor. BNA, University of California, Berkeley; MS, University of California, Los Angeles; PhD, Harvard University; PhD, University of California, Los Angeles
Theodore Robert Levin, Associate Professor. BS, Duke University; MS, Georgetown University; MD, Emory University School of Medicine

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

Jennifer S. Lin, Professor. BA, Columbia University; MCR, Oregon Health and Science University; MD, New York University Grossman School of Medicine

Vincent Liu, Associate Professor. BA, University of Pennsylvania; MS, Stanford University; MD, New York University Grossman School of Medicine

Joan Chia-Mei Lo, Professor. MS, University of California, Los Angeles; MD, Harvard Medical School

Alma A. Lopez, Instructor. BS, University of California, Los Angeles; MD, University of California, Los Angeles David Geffen School of Medicine

Wendy S. Madigosky, Associate Professor. BA, Trinity College; MSPH, University of Missouri, Columbia; MD, George Washington University School of Medicine and Health Sciences

Rita M. Mangione-Smith, Professor. BS, University of Michigan; MPH, University of California, Los Angeles; MPH, University of California, Los Angeles; MD, Wayne State University School of Medicine

Jennifer McClure, Professor. AB, Davidson College; MA, Louisiana State University; PhD, Louisiana State University

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

Sarita Mohanty, Adjunct Associate Professor. BA, University of California, Berkeley; MBA, University of California, Los Angeles; MPH, Harvard University; MD, Boston University School of Medicine

Richard Mularski, Professor. MSHS, University of California, Los Angeles; MCR, Oregon Health and Science University; MD, The University of Arizona College of Medicine

Claudia Leonie Nau, Assistant Professor. BA, University of Geneva; MA, The Pennsylvania State University; PhD, The Pennsylvania State University

Sonya L. Negriff, Associate Professor. MA, University of Southern California; PhD, University of Southern California

Heidi Nelson, Professor. BS, University of Minnesota; MPH, University of Minnesota; MD, University of Minnesota Medical School
Jennifer Clark Nelson, Professor. BA, Luther College; MSPH, University of Washington; PhD, University of Washington

Romain Neugebauer, Associate Professor. DEA, École Nationale Supérieure Agronomique de Montpellier; DIA, École Nationale Supérieure Agronomique de Montpellier; PhD, University of California, Berkeley

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

Huong Nguyen, Professor. BS, California State University, Long Beach; MS, University of California, San Francisco; MS, University of Washington, Seattle; PhD, University of California, San Francisco

Robert S. Nocon, Assistant Professor. AB, Harvard College; MHS, Johns Hopkins University; PhD, University of Chicago

Ted E. Palen, Assistant Professor. BA, Bethel College; MSPH, University of Washington; MD, University of Colorado Health Sciences Center; PhD, University of Colorado

Michael Leo Parchman, Associate Professor. BA, Baylor University; MPH, University of Texas School of Public Health; MD, University of Texas Southwestern Medical School

Roger Peeks, Adjunct Lecturer. MD, Stanford University School of Medicine

Robert Penfold, Associate Professor. BA, University of Waterloo; MA, University of Waterloo; PhD, University of Toronto

Tina Raine-Bennett, Professor. BA, Stanford University; MPH, University of Washington; MD, University of California, San Diego School of Medicine

Angelico Razon, Member of the Faculty. BA, Harvard University; MSPH, The University of Pennsylvania; MPH, Harvard University; MD, University of California, Los Angeles David Geffen School of Medicine

Mary Reed, Associate Professor. BA, University of California, Berkeley; MPH, University of California, Berkeley; DrPH, University of California, Berkeley

Kristi Reynolds, Professor. BS, Boise State University; MPH, Tulane University; PhD, Tulane University

Jaclyn Richards, Adjunct Instructor. MD, Boston University School of Medicine

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

Craig W. Robbins, Associate Professor. BS, University of Michigan; MPH, University of Pittsburgh; MD, University of Michigan
James L. Robinson III, Lecturer. AB, University of Georgia; MBA, Concordia University Chicago; PsyD, Virginia Consortium for Professional Psychology

Dori E. Rosenberg, Associate Professor. BA, University of Puget Sound; MPH, San Diego State University; PhD, San Diego State University and University of California, San Diego

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

Gery W. Ryan, Professor. BA, Carleton College; MA, University of Florida; PhD, University of Florida

Lori Sakoda, Assistant Professor. AB, Stanford University; MPH, University of California, Berkeley; PhD, University of Washington

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

Mark A. Schmidt, Assistant Professor. BS, University of Michigan; MPH, University of Michigan; PhD, University of Michigan

Julie Schmittdiel, Professor. BS, Massachusetts Institute of Technology; MA, University of California, Berkeley; PhD, University of California, Berkeley

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

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

Michael Silverberg, Professor. BS, University of California, San Diego; MPH, University of California, Los Angeles; PhD, Johns Hopkins University

Gregory (Greg) Simon, Professor. BA, Rice University; MPH, University of Washington; MD, University of North Carolina at Chapel Hill School of Medicine

Loel S. Solomon, Professor. BA, University of California, Los Angeles; MPP, University of California, Berkeley; PhD, Harvard University

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

Stacy Ann Sterling, Associate Professor. BA, Wesleyan University; MSW, University of California, Berkeley; MPH, University of California, Berkeley; DrPH, University of North Carolina

John K. Su, Assistant Professor. BA, University of California, Berkeley; MPH, Boston University; MD, Boston University
Sara Y. Tartof, Assistant Professor. BS, University of Michigan; MPH, University of California, Berkeley; PhD, University of California, Berkeley

Hung Fu Tseng, Professor. MPH, University of California, Los Angeles; PhD, University of California, Los Angeles

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

Matthew Welzenbach, Adjunct Lecturer. MD, Chicago Medical School at Rosalind Franklin University of Medicine and Sciences

Karen Wernli, Associate Professor. BS, University of California, San Diego; MS, University of Texas; PhD, University of Washington

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

Stanley Xu, Associate Professor. BS, Nankai University; MS, Beijing Agricultural University; MS, University of Colorado; PhD, University of Colorado

Kai Yeung, Assistant Professor. BS, University of California, San Diego; MS, University of California, San Diego; PharmD, University of Southern California; PhD, University of Washington

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

Kelly Young-Wolff (Piazza), Associate Professor. BA, University of California, Berkeley; MPH, University of Southern California; PhD, University of Southern California

Hui Zhou, Assistant Professor. BS, Wuhan University; MS, University of Southern California; PhD, Wuhan University; PhD, University of Southern California
Post-Publication Catalog Modifications
July 22, 2022

- Updated Educational Program Outcomes