

2024



Western Atlantic University
School of Medicine

Academic Catalog

Western Atlantic University School of Medicine

CURRENT EDITION: LAST UPDATED JANUARY 22, 2024

The Western Atlantic University School of Medicine, LTD (“WAUSM”) for WAUSM’s Medical Doctor (MD) Program and Western Atlantic University School of Medicine, LLC (“WAUSM”) for WAUSM’s Medical Advancement Preparatory Program (“MAPP”) catalog is for information purposes only and does not represent a contract. Information contained herein is subject to change at any time by administrative decision or the direction of the Western Atlantic University School of Medicine (WAUSM) Board of Directors.

Nondiscrimination Policy: This policy applies to the recruitment and admission of students, employment of faculty and staff, and scholarship and loan programs. This policy is also followed in the operation of all other programs, activities, and services of Western Atlantic University School of Medicine (WAUSM).

The selection process for all WAUSM employees, faculty and students shall not discriminate on the basis of race, color, religion, creed, age, sex, sexual orientation, gender, gender identity, ethnicity, political affiliation or belief, national origin, veteran status, pregnancy status, or marital status.

Western Atlantic University School of Medicine (WAUSM) is an equal opportunity employer (EEO) and does not discriminate in the student admissions process, the conduct and operations of educational programs and activities, operational activities, and employment practices.

WAUSM embraces and values the richness that diversity contributes to the learning environment and recognizes that diversity enhances the quality of its educational programs, and as such, WAUSM is dedicated to recruiting a diverse student population and ensuring that no discriminatory practices shall exist.

WAUSM is committed to providing a working and learning environment in which students, faculty and staff are treated with courtesy, respect, and dignity.

WAUSM’s policy is that no student, faculty, or staff shall be discriminated in, or denied benefits of, any educational program or activity on the basis of race, color, religion, creed, age, sex, sexual orientation, gender, gender identity, ethnicity, disability, political affiliation or belief, national origin, veteran status, pregnancy status, or marital status.

Anyone that is a witness to a discriminatory action by WAUSM’s students, faculty, staff or any of its affiliates, or anyone who believes they have been the object of discrimination or any discriminatory practices, should notify the appropriate WAUSM office as more particularly set forth in the reporting protocols articulated in WAUSM’s Student Handbook or Colleague Handbook, respectively. Any allegation of discrimination will be investigated. The reporting individual may file a report without fear of retaliation.

The Academic Catalog and any subsequent addendums are housed in Student Hub on Canvas.

Directory Information

Admissions | Registrar | Student Financial Services | Student Correspondence

PO Box 773626

Coral Springs, FL 33077

Freeport Campus

1 Western Drive, East Sunrise Highway

Freeport, Grand Bahama, The Bahamas

PO Box F-42526

Administrative Offices

2 Broad Street - Suite 303

Bloomfield, NJ 07003

Office of Admissions

Email: Admissions@wausm.education

Office of Student Financial Services

Email: SFS@wausm.education

Office of the University Registrar

Email: Registrar@wausm.education

Office of Student Affairs

Email: StudentAffairs@wausm.education

Counseling & Wellness Center Services

Email: CounselingandWellness@wausm.education

STATEMENT OF OWNERSHIP

Western Atlantic University School of Medicine, Limited, is a part of

WAUSM Opco I, LP

2 Broad Street, Suite 303

Bloomfield, N.J. 07003

BOARD OF DIRECTORS

- Bill Colgan
- Dr. Margaret Peterson
- Steven Rosefsky, Esq.
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DISCLAIMER

This catalog supersedes all previous editions and is in effect until a subsequent version is published either in print or online. All contents of this catalog represent the most current information at the time of publication. However, during the period of time covered by this catalog, it is reasonable to expect changes to be made without prior notice. The online version, available on the WAUSM Student Hub Canvas Course is the most current and accurate representation of WAUSM's Academic Catalog. It is updated frequently to give you the most current information, and students are responsible for reviewing the changes.

WAUSM reserves the right to change, modify or alter, without notice, all fees, charges, tuition expenses and costs of any kind. WAUSM further reserves the right to add, modify or delete, without notice, any course offering, or information contained in this catalog. Class and exam schedules published each semester will indicate additions or other changes. Statements regarding tuition and fees, curriculum, course offerings, admissions, and graduation requirements are subject to change at any time and are applicable to all enrolled students unless otherwise stated.

Following a student's entry into the program, the curriculum may undergo modification(s). Students are held responsible for degree requirements in effect at the time of enrollment, plus any changes made during the student's progress toward the degree as long as such changes do not delay graduation.

This catalog describes the educational program and activities available at WAUSM. WAUSM makes no claims that enrolling in a particular class or following the course curriculum will produce a specific achievement, employment, qualification for employment, admission to postgraduate degree programs or licensure. It is understood that the ultimate responsibility for complying with degree requirements rests with the student. This publication is issued by WAUSM as authorized and approved by the president and executive dean.

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About WAUSM

Offering a medical education above, Western Atlantic University School of Medicine (WAUSM) is a Caribbean medical school that provides opportunities for deserving US, Canadian, and international candidates to become outstanding, patient-centered physicians of the future.

COURSE OF STUDY

WAUSM students can expect to experience active, hands-on/self-directed learning, robust simulation, and early exposure to clinical patients in semesters 1 to 5 of our Pre-Clerkship Curriculum. Students will begin the Clerkship Curriculum in semesters 6 to 10. Students must take the United States Medical Licensing Examination (USMLE) Step 1 upon completion of core clerkships and must receive a passing score to remain enrolled. Core Clerkship rotations will take place at our partner hospitals in the US. In the fourth year, students will take elective rotations in target subspecialty areas based on their goals as a physician. Upon completion and successfully passing the USMLE Step 2 Clinical Knowledge (CK), Occupational English Test (OET) Medicine, and receiving ECFMG Certification; students earn their MD degree. The final step for licensing is taken after graduation during the end of residency training, USMLE Step 3. To become fully licensed to practice medicine in the United States, individuals must pass all three USMLE Step examinations.

LOCATION

Freeport, Bahamas: Pre-Clerkship

Remote Learning: Medical Advancement Preparatory Program (MAPP)

Bloomfield, New Jersey: Administrative Offices

United States of America: Core Clerkship and Elective Rotations

FACILITIES

Freeport, Bahamas: WAUSM's 50-acre, Pre-clerkship campus in Freeport, Grand Bahama, features the newest in world-class facilities and technology, creating a learning environment that is equipped to educate the physicians of tomorrow. Just 80 miles from Florida, the location for Western Atlantic University School of Medicine's state-of-the-art Pre-clerkship Campus was specifically chosen to allow easy access to and from the United States and Canada. The Freeport campus is home to a high-tech Simulation Center, standardized patients and virtual anatomy, contemporary examination rooms, lecture halls, classrooms, study and small group collaboration spaces, fully equipped library, student lounge areas, and casual dining facilities.

Remote Learning: WAUSM's MAPP, delivered online, was created to provide additional preparation to be successful in medical school. MAPP faculty email addresses are published in course syllabi and contact information can be found in Canvas and on the Website.

Bloomfield, New Jersey: WAUSM's administrative offices are located in the Northeastern United States.

US PARTNER HOSPITAL

Located in Chicago, Illinois, our clinical teaching partner is Saint Anthony Hospital. An independent, non-profit, faith-based, community hospital facility that is accredited by The Joint Commission, and holds its Gold Seal of Approval.

Message from the Executive Dean and Chief Academic Officer

Welcome to Western Atlantic University School of Medicine (WAUSM)! You have embarked on an exciting, life-changing, and challenging adventure. As a medical student at WAUSM, we are committed to provide students with academic knowledge, clinical skills, and problem-solving techniques through a patient-centered focused curriculum. Through engaging in a collaborative environment, connecting theory to practice, and integrating leadership skills within your community, students will have the tools needed to succeed in a modern clinical setting allowing you to become outstanding future physicians.

Our school's mission is integrated throughout our teaching, practice, and service. Faculty, staff, and students collectively impact communities by applying six core values: excellence, commitment, diversity, integrity, respect, and cooperation. We are invested in each student and focus on preparing you for the future through an extensive and comprehensive educational experience allowing you to lead and positively impact the healthcare landscape.

WAUSM is committed to offering opportunity for qualified and diverse US, Canadian, and international students while promoting professional ethics and values to the global healthcare community. Our diverse network and affiliated hospitals will offer you in-depth clinical experiences to cultivate and enhance your skills and knowledge. We believe in you and are excited to partner with you on your pathway to medicine.

I look forward to observing your professional growth as you begin your exciting journey on becoming a successful practicing physician.

Warm regards,

A handwritten signature in dark ink, reading "Paula S. Wales". The signature is fluid and cursive, with the first name "Paula" being more prominent than the last name "Wales".

Paula S. Wales, EdD

Executive Dean and Chief Academic Officer
Western Atlantic University School of Medicine

Academic Calendar

WAUSM's curriculum is designed to build a solid foundation and positions students for success throughout their medical education careers. With a powerful focus on active, case-based learning; robust simulation; and early exposure to clinical patients; WAUSM students can expect an integrated learning experience with individualized support that will prepare them to excel in Clerkships and beyond.

PRE-CLERKSHIP CURRICULUM

Spring 2024

Welcome Week January 2-5, 2024
First Day of Classes January 8, 2024
Last Day of Classes April 19, 2024

Summer 2024

Welcome Week April 29-May 3, 2024
First Day of Classes May 6, 2024
Last Day of Classes August 16, 2024

Fall 2024

Welcome Week August 26-30, 2024
First Day of Classes September 2, 2024
Last Day of Classes December 13, 2024

Dates are subject to change. Visit the WAUSM Student Hub Canvas Page to view the Academic Calendar.

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
	1	2	3	4	5	6					1	2	3					1	2			1	2	3	4	5	6
7	8	9	10	11	12	13	4	5	6	7	8	9	10	3	4	5	6	7	8	9	7	8	9	10	11	12	13
14	15	16	17	18	19	20	11	12	13	14	15	16	17	10	11	12	13	14	15	16	14	15	16	17	18	19	20
21	22	23	24	25	26	27	18	19	20	21	22	23	24	17	18	19	20	21	22	23	21	22	23	24	25	26	27
28	29	30	31				25	26	27	28	29			24	25	26	27	28	29	30	28	29	30				
														31													

MAY							JUNE							JULY							AUGUST						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
			1	2	3	4							1		1	2	3	4	5	6					1	2	3
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24
26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	31
							30																				

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
1	2	3	4	5	6	7			1	2	3	4	5					1	2		1	2	3	4	5	6	7
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
29	30						27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				

Welcome Week
 Classes Start
 White Coat Ceremony
 Bahamas Holiday - Class in Session
 Break = dates in red

Holiday - No Classes
 Classes End

Modern Hippocratic Oath

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

General Information and Overview

The policies and procedures set forth in this catalog and the student handbook represent the most current information available at the time of publication and can be found on the WAUSM Student Hub Canvas Course. Changes in the content may be expected and can be made without prior notice; however, adequate notice will be given to students, whenever possible.

Students are held responsible for degree requirements from the time of enrollment, inclusive of any changes made during the student's progress toward degree completion. Failure to read this catalog does not excuse students from the rules, policies, or procedures.

OUR MISSION

Western Atlantic University School of Medicine (WAUSM) is committed to providing an opportunity for qualified, diverse and often under-represented US, Canadian, Bahamian, and international medical school students to acquire the knowledge and skills necessary to earn residency positions and to become outstanding patient-centered MDs serving the public.

VISION

Western Atlantic University School of Medicine (WAUSM) will be a premier leader in international medical education delivering an outstanding student experience for aspiring physicians. Boasting a state-of-the-art pre-clerkship campus, leading faculty, best-in-class student services, and respected US clinical partner hospitals. WAUSM will train culturally and medical sophisticated students, ready to serve and positively impact the global healthcare community.

OUR CORE VALUES

- **Excellence** in medical education and student services
- **Service** to patients and local and global communities
- **Integrity** embracing the highest standards of ethical behavior and moral character
- **Collaboration** in pursuit of medical education
- **Diversity** in faculty, staff, and students
- **Respect** for all individuals regardless of affiliation

WAUSM is a nonsectarian, nonpartisan, private institution and curricular programming occurs according to the published academic calendar.

ACCREDITATION

Western Atlantic University School of Medicine (WAUSM) has received Candidacy Status by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP).

Established in 2003 under the aegis of the Caribbean Community (CARICOM), CAAM-HP is a legally constituted body that is empowered to determine and prescribe standards and to accredit programs of

medical, dental, veterinary, and other health professions education on behalf of the contracting parties in CARICOM and is recognized by the World Federation for Medical Education/Foundation for Advancement of International Medical Education and Research (WFME/FAIMER). This is important, because after 2024, the Educational Commission on Foreign Medical Graduates (ECFMG) will issue certification only for degrees from a school accredited by a WFME-recognized agency.

Accreditation by CAAM-HP is a rigorous, peer review process that examines all aspects of a medical program. The CAAM-HP board, an independent and autonomous body of professionals, only certifies medical schools that are operating at the highest levels of industry standards.

The CAAM-HP accreditation process progresses in sequence - from candidacy status to full accreditation. The survey for a full accreditation review is usually conducted early in the fourth year of the program.

Any individual who may have concerns regarding WAUSM's compliance with accreditation standards can share their concerns with the Office of Student Affairs. Any complaint regarding accreditation may be filed anonymously without fear of retaliation through the University's online reporting system. If the complaint cannot be resolved internally or if the complainant prefers, concerns may be directed to CAAM-HP; please contact the [Office of Student Affairs](#) regarding the procedure for such filings. All inquiries and complaints received by the University regarding accreditation will be considered confidential. Any individual or entity making such inquiry or filing a complaint in good faith shall not be subject to retaliation irrespective of final adjudication of the matter. All records of such inquiries or complaints shall be held by the University and subject to review by the CAAM-HP or other regulatory agencies as may be required by law.

STATE LICENSURE

Licensed by the Commission for Independent Education, Florida Department of Education. Additional information regarding this institution may be obtained by contacting the Commission at 325 West Gaines Street, Suite 1414, Tallahassee, FL 32399-0400, toll-free telephone number (888) 224-6684.

Admissions and Matriculation

At Western Atlantic University School of Medicine (WAUSM), we employ a comprehensive and holistic admission process that looks at each applicant's entire achievement history. Applicants for the first-year class must meet the following minimum requirements prior to matriculation:

- Submit a completed application
- Earn a Bachelor's degree or higher
- Completion of the Medical College Admission Test (MCAT) exam, and scores from all attempts
- Personal Statement
- 1 letter of recommendation (1 academic OR 1 professional, 2 preferred)

Academic requirements for admission to the College include adequate preparation in biology, chemistry, physics, English, mathematics, and humanities/social sciences. The following courses are required:

- One year of General Biology or higher
- One year of General Chemistry or higher with lab
- One year of Organic Chemistry with lab
- One semester of Biochemistry may be substituted in lieu of one semester of Organic Chemistry
- One semester of Physics
- One year of English or writing intensive course of verifiable equivalence
- One semester of Math, preferably Calculus or Statistics
- One semester of Humanities/Social Sciences

The Admissions Committee considers each applicant based on a combination of factors, including:

- Undergraduate cumulative GPA
- GPA in required pre-medical course work
- Advanced science courses
- Competitiveness of undergraduate school and curriculum
- Graduate work and records
- Medical College Admission Test (MCAT) score(s) and scores from any additional medical exams taken
- Pre-med committee evaluations
- Letters of recommendation from academic and/or professional references
- Extracurricular activities and accomplishments
- Personal statement
- Personal interview
- Work experience and internships

Selection Criteria

Applicants to WAUSM are selected for admission based on their academic, personal, and extracurricular attributes. Applicants must also have the intellectual, physical, and emotional capabilities to meet the requirements of the University curriculum and of a successful medical career.

WAUSM employs a comprehensive and holistic admission process that looks at each applicant's entire achievement history. This helps us get to know the student by reviewing both academic and personal accomplishments, experiences in healthcare, including research and community involvement; and life experiences.

Advanced Standing and Credit Transfer

The WAUSM Advanced Standing and Credit Transfer Policy describes the circumstances under which WAUSM accepts advanced standing and/or credit transfer, the criteria the student must meet to be considered for advanced standing and/or transfer credit, the review process and academic expectations required of students with advanced standing and/or credit transfer.

Given the potential for curricular differences between the WAUSM curriculum and the school from which the student is transferring, WAUSM does not commonly accept transfer credits or offer advanced standing. The review will also be dependent upon availability of clerkship/rotation sites and adequate educational opportunities. WAUSM typically accepts students at the beginning of the first semester or after the student has passed all equivalent pre-clerkship or foundational courses and has passed USMLE Step 1.

Criteria to request a credit transfer or advanced standing:

A student may be reviewed for credit transfer when a compelling reason exists to request the transfer. All requests for advanced standing or credit transfers will be reviewed by an ad hoc committee on student transfers.

To be eligible for consideration, the student must:

- Complete WAUSM's Application for Transfer form
- Obtain a letter of good standing from the Registrar of the school from which they are transferring
- Submit a copy of medical school transcript from every medical school attended
- Provide a detailed description of the medical school curricula and course descriptions students are seeking transfer credit for
- Provide a compelling letter addressed to the Office of Student Affairs (OSA) notifying the intent and reasons for the transfer a minimum of 90 days in advance of the requested transfer date

The student must also meet the following requirements:

- Be in good academic standing and have current passing grades in all subjects.

- Must have successfully passed USMLE STEP 1 on the first attempt.
- Must not be suspended, dismissed, or on probation.
- Must have a negative background check as to charges and convictions and a negative drug screen.
- If withdrawn, the student must be eligible for re-admission to the medical school from which they are transferring.
- The student is not transferring in the middle of an academic semester.
- Minimally, the student must complete the last two years of instruction at WAUSM to be eligible to receive the M.D. degree from WAUSM.
- The previous coursework must be equivalent to the WAUSM course work and requirements.
- The student must meet WAUSM's health requirements and technical standards.
- The student must be in overall good standing with no behavioral infractions with the institution from which they are transferring.

REVIEW AND TRANSFER OF CREDIT PROCESS

Once an applicant has submitted all required materials and meets all the stated conditions, all documentation provided will be reviewed by the Clerkship Admission Subcommittee of the Admissions Committee.

The Clerkship Admission Subcommittee will determine the curricular equivalency, the exact placement of the student in the curriculum, and ensure that the resources exist to allow the student to join WAUSM's program. If the review by the Clerkship Admission Subcommittee determines the resources exist and the applicant is eligible to transfer, the Subcommittee will contact the Dean from the medical school from which the applicant is transferring to ensure the appropriate plans have been made and that no unidentified negative grades or behavioral problems exist that prohibit the transfer.

All coursework will be evaluated prior to transferring and will be credited to the student only after careful review by the Clerkship Admission Subcommittee on student transfers. Each course will be evaluated as to course content, equivalency, and credit hours prior to being accepted. After evaluation, the Subcommittee will make a recommendation to the Chair of the Admissions Committee who will then inform the Executive Dean to make the final decision.

TRANSFER OF CREDIT

Credits eligible for transfer will be determined by the Clerkship Admission Subcommittee of the Admissions Committee. Students who are transferring between medical schools cannot be given credit for incomplete or failed courses or for courses taken more than two years prior to the time the applicant is accepted for enrollment.

Students applying for transfer should know that WAUSM makes no claim or guarantee that credits earned while enrolled at WAUSM will transfer to other institutions.

Pre-clerkship courses, credits or requirements not satisfied at the previous academic institution must be successfully completed at WAUSM prior to the beginning of third year rotations. Additional courses

required and requirements for completion of these courses will be determined by the Clerkship Admission Subcommittee and will be communicated to the student.

Review and acceptance of any transfer of credit or awarding of advanced standing will not be construed as a promise or guarantee of the student's success in the WAUSM curriculum.

Application Procedures

Western Atlantic University School of Medicine (WAUSM) offers several convenient ways to apply for admission.

- **Application options:** Prospective students can apply with either their downloaded American Medical College Application Service (AMCAS), American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS) application, our online WAUSM application, Ontario Medical School Application Service (OMSAS), or Texas Medical and Dental Schools Application Service (TMDSAS).
- **Application deadlines:** We accept medical students on a rolling basis. Applicants should submit their application and supporting documentation as soon as possible to be considered for the next semester start (January, May and September semester starts available).
- **What you will need:** Visit our [Admission Requirements](#) for a detailed list of admission requirements, as well as an overview of our selection criteria.
- **Questions?** We work with all applicants individually to help them reach their goal of attending medical school. Questions may be addressed by emailing Admissions at: admissions@wausm.education.

All documents should be sent to the following address:

Western Atlantic University School of Medicine
Admissions Department
PO Box 773626
Coral Springs, FL 33077

Admissions Process

INTERVIEW

Once the Office of Admissions is in receipt of your completed application, our Admissions Committee will review it, and a decision will be made concerning your interview eligibility. Qualified applicants who are invited for an interview will receive notification from the Office of Admissions with instructions on how to schedule an interview. The primary purpose of the interview is to confirm that you possess the qualities necessary to become a successful MD.

OFFERS OF ADMISSION

Offers of admission are made on a rolling basis. Accepted applicants must respond within 2 weeks to confirm their acceptance, unless an extension is approved by WAUSM. A non-refundable deposit of \$1,000 is required to accept the offer. Applicants may request a deferral by contacting the [Office of Admissions](#).

Please note that all offers of admission are contingent upon receiving final official transcripts and all other required information, including a satisfactory criminal background check.

WELCOME PACKET

New students will receive a welcome packet with information pertaining to travel, housing, immigration, permit to reside in Grand Bahama, immunizations, financial aid, supplies, registration, and technology. A Permit to Reside is required for any non-Bahamian who is attending school, college, or university with requisite fees. A permit to reside may be required for a dependent of someone who is legally authorized to reside in The Bahamas, Bahamian or non-Bahamian. These requirements are subject to change and students should contact the Office of Student Affairs for questions and/or assistance.

Technical Standards for Medical School Admission

Applicants to WAUSM are selected for admission based on their academic, personal, and extracurricular attributes. Applicants must also have the intellectual, physical, and emotional capabilities to meet the requirements of the University curriculum and of a successful medical career.

WAUSM's mission is to provide its graduates with broad general knowledge in all fields of medicine and the basic skills and competence requisite for the practice of medicine. Therefore, WAUSM's faculty believes that a broad-based and patient-oriented curriculum is necessary for the development of such knowledge and skills and is best suited to the education of future generalists, specialists, physician investigators, and leaders in medicine. The University seeks to graduate students who will have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

The following technical standards are based on standards suggested by the Special Advisory Panel on Technical Standards for Medical School Admissions convened by the AAMC (Memorandum #79-4) in January 1979*. These guidelines will be reviewed annually by the Admissions Committee, and will be updated periodically. These guidelines specify the attributes considered essential for completing medical school training and for enabling each graduate to enter residency and clinical practice. The M.D. degree signifies that the holder is a physician prepared for entry into the practice of medicine within postgraduate training programs. These Technical Standards, along with the academic standards established by the faculty, describe the essential functions that applicants must demonstrate to meet the requirements of a general medical education, and are pre-requisites for admissions, matriculation, promotion, and graduation.

WAUSM will consider for admission and continuation any applicant who meets its academic and nonacademic criteria and who demonstrates the ability to perform skills and meet the standards listed in this document, with or without reasonable accommodations, consistent with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. These standards also conform to the AAMC guidelines for medical schools. The University believes that all applicants must possess the intellectual, physical, and emotional capabilities necessary to undertake the required curriculum in a reasonably independent manner without having to rely on the assistance of others or intermediaries, and that all applicants must be able to achieve the levels of competence required by the faculty. All applicants for admission, both those with and without disabilities, are expected to be competitive with others in the applicant pool in academic, personal and extracurricular attributes. The institutional policy is to make admissions decisions on a case-by-case basis and based on each applicant's qualifications to contribute to the University's educational mission. For purposes of this document and unless otherwise defined, the term "applicant" or "candidate" means applicants for admission to medical school as well as enrolled medical students who are candidates for promotion and graduation.

**Recommendations of the AAMC Special Advisory Panel on Technical Standards for Medical School Admissions, approved by the AAMC Executive Council on January 18, 1979, are reproduced below.*

Technical (Non-Academic) Standards for Medical School Admission

A candidate for the M.D. degree must have abilities and skills in the five functional areas described below and must have the physical and emotional stamina and capacity to function in a competent manner, and consistent with these standards, in the classroom, clinical and laboratory settings—including settings that may involve heavy workloads, long hours, and stressful situations.

- 1. Observation:** The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to anatomic, physiologic, and pharmacologic demonstrations, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision, hearing, and somatic sensation. It is enhanced by the sense of smell.
- 2. Communication:** A candidate must be able to speak, to hear, and to observe patients to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.
- 3. Motor:** Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers that comprise a complete physical examination (including pelvic examination). A candidate must be able to perform the basic and advanced clinical procedures that are requirements of the curriculum. A candidate must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch, vision, and hearing.
- 4. Intellectual:** Conceptual, Integrative and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem-solving, the critical skill demanded of physicians, requires that a candidate be able to learn, retrieve, analyze, sequence, organize, synthesize, and integrate information efficiently, and reason effectively. In addition, the candidate should be able to measure and calculate accurately, and to understand the spatial relationships of structures.
- 5. Behavioral and Social Attributes:** A candidate must possess the emotional health required for full utilization of his intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to work effectively, respectfully, and professionally as part of the healthcare team, and to interact with patients, their families and healthcare personnel in a courteous, professional, and respectful manner. Candidates must

be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are required.

Technological compensation can be made in certain areas, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary, a person trained to perform essential skills on behalf of the candidate, or a person used such that a candidate's judgment must be mediated by someone else's power of selection and observation, is not permitted.

In addition to the abilities and skills set forth above, candidates must possess the general physical health necessary for performing the duties of a medical student and physician in training without endangering the lives of patients and/or employees with whom the student might have contact. Candidates whose performance is impaired by abuse of alcohol or other substances are not suitable candidates for admission, continuation, promotion or graduation.

PROCESS FOR ASSESSING THE APPLICANT'S COMPLIANCE WITH THE TECHNICAL STANDARDS

Applicants are required to attest at the time they accept an offer to matriculate that they meet the University's technical standards. These standards are not intended to deter any student who might be able to complete the requirements of the curriculum with reasonable accommodations. Requests from applicants for reasonable accommodations in meeting the technical standards will be reviewed and considered by the WAUSM Office of Student Affairs Services. Students requesting accommodations must complete WAUSM's "Academic Accommodations" form.

Students with Disabilities

Individuals with disabilities (as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act) may qualify to study and practice medicine with the use of a reasonable accommodation.

To qualify for the study of medicine, individuals must be able to meet WAUSM's academic and technical standards, with or without reasonable accommodation. Accommodation is a means of assisting students with disabilities to meet essential standards by providing them with an equal opportunity to participate in all aspects of each required course or clinical experience in the curriculum.

Requests for accommodation must be made in writing and must be supported by appropriate documentation. Students should review the Accommodations Policy included in the student handbook or contact the Office of Student Affairs for more information on the process to request accommodations.

Registration, Check-in, and Orientation

NEW STUDENT COURSE REGISTRATION

All newly accepted WAUSM students must comply with the contingencies detailed in the Conditions of Acceptance letter issued upon acceptance along with the assigned pre-matriculation preparatory materials and submission of all orientation forms.

Prior to matriculating as a medical student at WAUSM, all admitted applicants must meet the conditions of acceptance as listed on their offer of admission.

If a student believes their documents will be delayed (i.e., final official transcript, test scores, course requirements, etc.), a written exception request must be submitted to the [Office of the University Registrar](#) and the student must receive approval prior to the start of classes. If approval is granted, a hold will be placed on the student record and all outstanding documents must be received within the first semester of classes. If all documentation is not submitted within the first semester of classes, students will be subject to administrative withdrawal and may lose the privilege to register for a subsequent semester.

In addition, students are required to complete pre-matriculation preparatory material prior to beginning medical school. Details of matriculation and enrollment policies will be sent to the student requiring acknowledgement prior to the start of the semester.

Students who pass (P) MAPP academically, and upon MAPP Director recommendation, are accepted into WAUSM.

The Office of the University Registrar will register new students upon confirmation by the Office of Admissions. A student's enrollment is contingent on submission of all documentation required for admission. Any missing documentation specified by the Office of Admissions must be submitted to the Office of the University Registrar prior to the start of classes.

Tuition is billed upon course registration, approximately two weeks prior to the start of each semester or once all documents have been confirmed and received by the Office of Admissions (whichever comes first). Tuition is due, in full, before the start of classes each semester. Students who have submitted all required financial aid forms and have received a loan guarantee and/or approval that covers the balance due, may have their tuition payment deferred until the funds disburse from the lender.

ELECTRONIC COMMUNICATION

WAUSM uses electronic mail (email) for all official communication with enrolled students. Each student will be provided with a unique email address. Students must use this address in all communications with faculty, administration or other students when conducting University business or engaged in online learning activities that require email communication. The University will not recognize or record personal email addresses for communications with enrolled students. It is the student's responsibility to check University email accounts on a regular basis. Students who find it necessary to take a leave of absence from the University or those students who may be temporarily withdrawn from the University for any reason may retain their email address to facilitate communication of re-enrollment requirements and other outstanding

business with the University. All users of the WAUSM's technology, including email accounts, are expected to adhere to the guidelines for proper and professional use. Violations of this policy may result in closure of email accounts, loss of technology access, and disciplinary action including withdrawal from the program. Please see the Information Technology section for more information.

Welcome Week

Welcome week occurs the week before the start of a semester in Grand Bahama. During welcome week, student's check-in to confirm that they are physically in Grand Bahama and provides new students the opportunity to get acclimated with the environment while getting introduced to the curriculum to prepare you for the next four years. It also provides an opportunity for students to complete or deliver any outstanding documentation that is needed by WAUSM before the semester begins.

CONTINUING STUDENT CHECK-IN

Continuing students (semesters 2-10) are expected to attend continuing student check-in prior to the start of the semester, or as scheduled by the Office of Student Affairs and University Registrar.

Financial Aid

Student Financial Services personnel are available to counsel prospective students seeking assistance and will provide information about the types of aid available and debt management strategies for those who qualify. All medical students who receive financial aid are required to complete one-on-one entrance and exit interviews with SFS financial aid staff.

TYPES OF FINANCIAL AID

- **WAUSM Scholarships:** These awards are offered at the time of admission and are not repaid.
- **External Grants and/or Scholarships:** These are grants and scholarships awarded to students by outside agencies. Sallie Mae offers a [Graduate School Scholarship Search](#) tool that utilizes your field of study, skills, and interests to match students with available scholarships. To find other scholarships, search online on sites such as Niche, College Board Scholarship Search, and Scholly, and make sure to network! Reach out to local organizations and hospitals.
- **Private Student Loans:** Private student loans are credit-based and available through multiple lending institutions, including Sallie Mae for U.S. students and CIBC, Scotia Bank, and RBC for Canadian students, which offers loans specifically designed for medical students. US citizens and permanent residents are eligible to apply. Detailed information about the Sallie Mae Medical School Loan can be found [here](#).

Questions? Please contact the Office of Student Financial Services by emailing SFS@wausm.education or calling 954-998-0916.

WAUSM Cost of Attendance Pre-clerkship Effective September 2023		
COA Component	Example Cost: Pre-clerkship Semester (4 months)	SELECT Scholarship Awarded to ALL Students (Covers Full First-Semester Tuition)
Medical School Tuition	\$22,825	
Health Insurance and Miscellaneous External Fees	\$2,200**	
Room and Board	\$8,800	
Books & Supplies	\$550	
Transportation	\$1,650	
Personal Expenses	\$1,100	
Totals	\$37,125	

**Students are required to have comprehensive health coverage and may elect to buy a student health insurance policy provided by Cigna should they require it. Students must apply for a student visa to reside in The Bahamas. The visa is valid for 24 months and the cost is charged by the Bahamas government. External miscellaneous fees may also include immunization tracking, student health insurance, student visa fee, and the background check fee. Please note that there is an allowance in the living expenses for these fees.

WAUSM Cost of Attendance Clerkship Effective September 2023	
COA Component	Example Cost: Clerkship Semester (4 months)
Medical School Tuition	\$25,025
Health Insurance and Miscellaneous External Fees	\$2,200**
Room and Board	\$8,800
Books & Supplies	\$550
Transportation	\$1,650
Personal Expenses	\$1,100
Totals	\$39,325

**Students are required to have comprehensive health coverage and may elect to buy a student health insurance policy provided by Cigna should they require it. External miscellaneous fees may also include immunization tracking, student health insurance, student visa fee, and the background check fee. Please note that there is an allowance in the living expenses for these fees.

Tuition

WAUSM is committed to making our world-class medical school affordable to deserving students who have proven they have what it takes to earn a spot at WAUSM. Following suit with several US medical schools, we offer a premium education that sets you up for success, while not leaving you with overwhelming debt.

For this reason, **WAUSM is proud to offer a full first-semester tuition scholarship for all accepted students in our MD degree program.** This scholarship is awarded entirely on merit, regardless of financial need, and illustrates our belief in your ability and determination to become an MD. Every student attending WAUSM will receive a scholarship of \$22,825, which covers your full tuition for the first semester of medical school.

The following table represents WAUSM’s tuition as of the September 2023 academic year. Tuition increases are expected annually. There are **no additional fees** related with the cost of attendance, apart from living expenses.*

WAUSM TUITION (EFFECTIVE SEPTEMBER 2023)*

Pre-clerkship Semesters 1-5	\$22,825 per semester
Clerkship Semesters 6-10	\$25,025 per semester
Additional Institutional Fees	\$0
Merit-based SELECT Scholarship (Covers First Semester Tuition – Awarded to All Students)	(\$22,825)
Total Tuition	\$216,425

** The total tuition rate represented above represents the total cost including a scholarship for the full tuition in first semester that will be awarded to all WAUSM students. Please note: Tuition is expected to increase annually.*

EXTERNAL FEES

External Fees	Cost	Frequency
Cigna Student Health Insurance	\$1,160	Per semester (applicable for 2024), unless waived
Medical Kit	\$482.15	One-time, purchased by student
Complio Background Check Fee	US \$59 Int'l \$20 Canada \$49	One required upon admission; additional background check needed prior to the start of Clerkships
Complio Immunization Fee	\$35	One-time
Complio Drug Screening Fee	\$40	One-time, needed prior to the start of Clerkships
Transcripts	\$4.50	Per electronic copy
	\$7.00	Per US mail copy
	\$9.90	Per international mail copy

Ancillary Fees (Non-Tuition)

LIVING EXPENSES

Students are responsible for the cost of rent, utilities, food, transportation, and any incidental costs. Should students purchase educational materials not provided by WAUSM, they will do so at their own expense.

HEALTH INSURANCE

All students are required to have a comprehensive health insurance plan. Students may elect to continue coverage on their parents' insurance, secure a policy on their own, or elect to buy the University's health insurance plan. Additional details will be available prior to your semester start.

IMMIGRATION

A student visa is required for any non-Bahamian who is:

- Attending school, college, or university
- Is a dependent of someone who is legally authorized to reside in The Bahamas, Bahamian or non-Bahamian (dependents may be spouse, or children under the age of 18) – this is not required depending on country of citizenship (i.e., Your spouse is in the Bahamas as a visitor and can stay up to 8 months as a US Citizen; therefore, he does not need a permit to reside to live in the Bahamas)

Immigration fees* include, but not limited to, the following items:

- Permit to reside
- Stamp
- Notary
- Collection of Permit to Reside
- Passport Photos

**The fees associated with immigration total \$844.35; however, the fees are subject to change based on changes by the Bahamian Government Officials.*

Enrollment

Enrollment	Credit Hours
Full-time	Eight (8) or more credit hours each semester
Half-time	Four (4) to seven (7) credit hours each semester
Less than half-time	Three (3) credit hours or less each semester

Tuition Refunds

Subject to the following terms and conditions, a student may be eligible to receive a refund of tuition upon their withdrawal or leave of absence from the WAUSM MD program. The terms and condition to determine if a student is eligible to receive a tuition refund are as follows:

- I. Students who withdraw, or have an approved leave of absence, from the University prior to the first day of classes will receive a 100% tuition refund, less any nonrefundable fees.
- II. Students who withdraw, or have an approved leave of absence, from the University before the end of the first week of classes will receive a 75% tuition refund, less nonrefundable fees.
- III. Students who withdraw, or have an approved leave of absence, from the University before the end of the second week of classes will receive a 50% tuition refund, less nonrefundable fees.
- IV. Students who withdraw, or have an approved leave of absence, from the University before the end of the third week of classes will receive a 25% tuition refund, less nonrefundable fees.
- V. Students who withdraw, or have an approved leave of absence, from the University after the third week of classes will not receive a tuition refund.
- VI. The Office of Student Affairs makes the determination of extenuating circumstances such as serious illness, military conscription, or death of a family member.
- VII. The date of withdrawal is determined by the date that a written application for withdrawal for that semester is received by the office for student affairs. Tuition refunds are processed within 30 days of the received date of the written application.

Please Note: Fees originating outside the institution such as visa fees, shuttle pass fees, student health insurance fees, and medical student kit fees, etc. charged to your student account for supplies and services are generally non-refundable once services have begun or supplies have been provided. In instances where a tuition refund is calculated when a full tuition scholarship was utilized, any tuition refund will be returned back to the scholarship program. If a partial scholarship was applied and a refund is due to the student, the refund back to the student would be returned based on the

amount of tuition paid excluding the scholarship. For US students with private loans, any credits that result will be returned to the private loan program first and to the student second.

FINANCIAL RESPONSIBILITIES AND LATE FEES

- I. Students accept financial responsibility for payment of all institutional costs including, but not limited to, tuition and external fees.
- II. A student will not be able to register for future semesters until all outstanding balances have been paid in full.
- III. Tuition bills are available in the online portal, generally, two weeks before classes begin.
- IV. Student account balances are due no later than the first day of the semester. Payments can be made by check mailed to the US payment address, wire, or credit card.
- V. Students choosing to enroll in a payment plan will pay a \$35 processing fee per semester.
- VI. If a student has an outstanding balance after the date in which classes commence for the semester, a hold and a \$100 late fee will be placed on the student account, unless the student has secured funding and approval from the Office of Student Financial Services (SFS).
- VII. Students may be administratively withdrawn for non-payment of tuition.

STUDENT RECORDS HOLDS

- I. A Student Financial Services hold will be placed on a student account to withhold services, records, academic certifications, transcripts, and diplomas from a student whose account is past due.

The Office of the University Registrar may place a hold on the student account for different reasons; therefore, please contact the appropriate office that initiated the hold to discuss what requirements must be met to have the hold removed.

Student Code of Conduct

Western Atlantic University School of Medicine (WAUSM) expect students to exhibit conduct that aligns with the university's mission and core values, as well as [the Ethical Principles of the American Medical Association \(AMA\)](#).

The Student Code of Conduct was developed to uphold the community standards of the university and to investigate and resolve any violations of university policies. The objectives of the resolution process are to foster the developmental and educational needs of our students through reflection of their actions, impacts to our community and ultimately displaying conduct expected of a medical professional.

EXPECTATIONS AND COMMUNITY STANDARDS

1. Academic Integrity - Students are expected to obtain the knowledge and skills required for the profession through honesty and trustworthiness behaviors.
 - a. Prohibited Conduct
 - i. *Cheating*: Creating an unfair advantage for oneself by using unauthorized materials, duplicating another individual's work, or collaborating with others on projects that require independent work
 - ii. *Plagiarism*: Using someone else's work, ideas, and content as one's own without the appropriate attributions/citations. Recycling one's own previously submitted content and representing it as new content in other courses without the instructor's permission.
 - iii. *Unauthorized Support*: Aiding a student(s) on an assignment, exam, or any academic activity when not permitted by the instructor.
 - iv. *Falsification*: Intentionally misrepresenting content by including or excluding information. Other examples of academic misconduct related to falsification include but are not limited to signature forgery, fabrication of data/scholarly sources and dishonesty regarding personal circumstances for personal gain (i.e., for an extension/grade change)
 - v. *Inappropriate Use of Academic Materials*: Disseminating academic content or intellectual property without permission of the owner.
2. Professional Conduct – Students must uphold standards of professionalism that are essential for providing competent medical care to patients.
 - a. Prohibited Conduct
 - i. *Unprofessional behaviors*: Include but are not limited to acts of dishonesty, disrespect, deception, harassment, and lack of integrity, compassion, and empathy.
 - ii. *Misrepresentation*: Providing false information to faculty, staff, and/or administrators. Impersonating university officials, unauthorized alterations of university documents or communications, and forging signatures.
 - iii. *Non-compliance*: Failure to comply with directive(s) of a university official. Examples include, but are not limited to, lack of adherence to interim measures, failing to attend mandatory meetings, refusing to identify oneself, failing to submit and maintain immunization records, violating university policies in the Student Handbook and this Code of Conduct.

3. Conducive Learning Environment - WAUSM is committed to providing and maintaining a positive environment for study and training, in which individuals are judged solely on relevant factors such as ability and performance and can pursue their educational and professional activities in an atmosphere that is humane, respectful, and safe. Students must refrain from conduct that is disruptive to the Learning Environment.
 - a. Prohibited Conduct
 - i. *Class or Curricular Activity Disruption*: Behaviors that interfere with the instructor's authority and ability to deliver the course and prevent other students from engaging in the learning process.
 - ii. *Disruption to Campus Operations*: Actions that negatively impact administrators and staff from performing their duties or work on behalf of the university.
 - iii. *Disruption of University Activities*: Conduct that disrupts or interferes with university events including but not limited to threats of disruption or obstruction, public intoxication, directly or indirectly preventing a speaker from speaking in a public forum or preventing an activity from completion.
 - iv. *Inappropriate Interactions*: Verbal abuse, threats, intimidation, repeated and willful conduct which causes the reasonable person to be fearful or to experience significant emotional distress to continue in the learning environment.
 - v. *Physical Harm to Others*: Intentionally, recklessly, or negligently causing physical injury or harm to any person on campus or at university sponsored activities. This includes engaging in any form of fighting.
4. Authorized Entry/Access - Safeguarding information and information systems is essential to preserving the ability of the university to deliver the academic program while supporting the information-sharing requirements of medical education.
 - a. Prohibited Conduct
 - i. *Unauthorized access or use*: Includes but is not limited to the gaining access/entry to, or use/transfer of another individual's files, virtual space, identification, and credentials of individuals.
 - ii. *Inappropriate use of computer facilities*: Send obscene and abusive messages, interfering with university operations, violate the law and/or any IT policies.
 - iii. *Breaches of Confidentiality*: Disseminating/disclosing information that should be kept confidential by law, rule, or professional ethics.
 - iv. *Unauthorized access to university property*: Forgery, alteration, transferring, unauthorized lending, unauthorized borrowing, altering, unauthorized use, unauthorized possession of, or misuse of university documents, records, identification cards, and equipment.
 - v. *Misuse of communication equipment*: To execute acts of academic dishonesty, to harass or invade an individual's privacy, or in an academic setting where it is prohibited. Types of communication equipment include, but are not limited to, cellular telephones, cameras, computer, computer systems, and drones.
5. Inclusive Learning Environment – In an increasingly diverse society, the university fosters an environment of respect for all members and a commitment to serve the public as outstanding patient- centered

medical professionals.

a. Prohibited Conduct

- i. *Hazing*: Any action that recklessly or deliberately endangers the safety, mental or physical health of any person for the purpose of initiation, admission into, affiliation with, or as a ritual or tradition for continued membership in an organization whose members are, or include, students at the university.
- ii. *Acts of Bias*: Behaviors motivated by bias against or hatred toward individuals or groups of people based on national origin, ethnicity, race, age, religion, gender, sexual orientation, pregnancy, disability, veteran status, color, creed, or marital status.
- iii. *Discrimination*: Conduct that denies an individual the opportunity to participate in or benefit from an activity or experience based on that individual's national origin, ethnicity, race, age, religion, gender, sexual orientation, pregnancy, disability, veteran status, color, creed, or marital status.
- iv. *Harassment*: Unwelcomed or uninvited behaviors toward an individual or group that are abusive, threatening, intimidating, or humiliating. This includes, but is not limited to, behaviors targeting an individual or group based on their national origin, ethnicity, race, age, religion, gender, sexual orientation, pregnancy, disability, veteran status, color, creed, or marital status.
- v. *Sexual Misconduct*: Unwanted sexual behavior, including but not limited to the implied or threatened use of force to engage in any sexual activity against a person's will and/or engaging in such behavior with a person who is unconscious or mentally impaired (including intoxication); intentionally touching another person without the person's consent; indecent exposure; voyeurism.
- vi. *Domestic and Dating Violence*: Any act and/or threat of violence toward a person who is or has been involved in a sexual, dating, domestic, or other intimate relationship with that person, or against a person with whom the respondent has sought to have such a relationship.
- vii. *Stalking*: Conduct that would cause another person to fear bodily harm/injury or emotional distress due to reoccurring instances of unwelcome acts directly, indirectly, or via third parties. Conduct includes but is not limited to, following, monitoring, surveillance of personal property, or constant communication to or about the person.

6. Safety Compliance – All students are required to familiarize themselves with safety and emergency procedures of the university and ensure they adhere to all rules and regulations.

a. Prohibited Conduct

- i. *Failure to Act*: In accordance with general safety regulations, failure to follow the protocols outlined by the university or law enforcement officials. Examples of this include, but are not limited to, false reporting of a bomb, fire, or any other emergency. Failure to evacuate the premises for emergency drills or potential emergencies. Unauthorized possession, use, or alteration of any university owned emergency or safety equipment/materials.
- ii. *Fire*: Possession or ignition of flammable materials and explosives for the purpose of cooking, heating, entertainment, and lighting is prohibited on campus. Examples of these items are candles, incense, oil burning lamps, space heaters, fireworks, and other flammable liquids.
- iii. *Weapons*: Possession, use, or distribution of firearms, explosives, or other weapons on campus or at

university functions. This includes even those who have a license to carry such weapons.

7. Drug and Tobacco-Free Environment - WAUSM is committed to creating a healthy and safe environment that is free of illicit drugs, alcohol use and abuse, and all tobacco products.
 - a. Prohibited Conduct
 - i. *Illegal Use of Alcohol and Drugs*: Possession, use, or distribution of alcoholic beverages except as expressly permitted by law and university policy. Possession, use, delivery, manufacturing, or sale of controlled substances as defined by local law (See WAUSM Policy on Drug-Free Environment).
 - ii. *Smoking*: Smoking is prohibited on campus (See campus definition and WAUSM "Tobacco Free Environment" Policy).
8. Due Process - Students have the right to participate in the conduct process before formal disciplinary sanctions are imposed by the university for violations of the Student Code of Conduct.
 - a. Prohibited Conduct:
 - i. *Abuse of the Conduct Process*: Falsification, distortion, or misrepresentation of information during conduct process
 - ii. *Failure to Complete Sanctions*: Noncompliance with conduct board sanctions under the Student Code of Conduct including failure to complete sanction by the prescribed deadline and failure to comply with imposed interim measures and sanctions.
 - iii. *Intimidation*: Attempting to discourage an individual's proper participation in, or use of, the conduct proceeding
 - iv. *Collusion*: Influencing or attempting to influence another person to violate the conduct proceedings. Attempting to influence the impartiality of a member of a conduct body prior to, and/or during, the conduct proceeding.
 - v. *Retaliation*: Adverse action taken against any person for participation in the conduct proceedings under the Student Code of Conduct
9. Compliance with Laws and Regulations – Students are expected to comply with the directions of Public Safety officers, law enforcement officers, or University officials acting in the performance of their duties.
 - a. Prohibited Conduct
 - i. Violation of any federal, state, or local law, regulation, or ordinance.

RESOLUTION PROCESS

1. Misconduct Report
 - a. Any individual may submit a [Misconduct Report](#) (available [here](#) or from OSA) alleging misconduct against a student.
 - b. Reports should be made to the Office of Student Affairs as soon as possible.
 - c. All reports should be submitted in writing and include details of the incident.
2. Investigation
 - a. The Office of Student Affairs will schedule an initial meeting with the complainant(s) to discuss the report and record any additional details or witnesses.

- b. The Office of Student Affairs will also schedule an initial meeting with the respondent and witnesses to gather information.
 - c. If the report is determined to have enough information and merit to support the allegation of a violation of the Student Code of Conduct, the case will be referred to the student conduct official or a hearing board for further investigation and a notification letter will be sent to the Respondent.
 - d. If the report does not have sufficient information, or the alleged misconduct is not a violation of the Student Code of Conduct, the case will be closed. Cases may be reopened if additional information is reported, and it is determined that the alleged misconduct may be a violation that requires investigation.
3. Notification Letter
- a. The Office of Student Affairs will notify the respondent in writing of the report/complaint and next steps of the resolution process.
 - i. The Office of Student Affairs may choose to resolve the report either through an informal resolution or formal resolution process.
 - ii. The Office of Student Affairs may also impose interim measures due to concerns of safety or to minimize the impacts of the conflict.
4. Informal Resolution Process
- a. In cases where a violation of the Student Code of Conduct can be resolved informally and/or is not grave enough to be reviewed formally, the student conduct official may refer/resolve the case informally.
 - b. The conduct official may choose to participate in the informal resolution or provide campus and/or external resources.
 - c. If it is determined that the alleged misconduct cannot be resolved informally, all parties have the right to pursue formal resolutions.
5. Formal Resolutions
- a. The student conduct official may choose to hold the hearing independently or refer the report to the hearing board.
 - b. The respondent will receive a notice to appear outlining the report and alleged violations of the Student Code of Conduct.
 - c. Although not required, the respondent will have an opportunity to provide a response and any supporting documents within 5 business days of the notice to appear. If no response is received, a hearing will be scheduled following the 5-business day deadline.
 - d. Both the Complainant and Respondent have the right to have an advisor of their choosing present. The advisor is not allowed to participate or advocate on behalf of the student in the proceedings but rather provides support to the student.
 - e. The hearing board shall consist of trained faculty, staff, and administrators to review allegations of misconduct according to the Code of Conduct.
 - f. Hearing Guidelines:

- i. Only the Complainant, Respondent, and Hearing Board will be given access to the information in advance of the hearing. The information provided and information presented in the hearing will be considered by the student conduct official or hearing board.
- ii. The Complainant and Respondent are not required to attend the hearing. If the Complainant and/or Respondent chooses not to attend the hearing, the information available prior to and during the hearing will be considered when rendering a determination. Respondents will not be penalized for not appearing at the hearing.
- iii. The hearing is private and not open to the public.
- iv. There is a record of all formal hearings via the hearing board or student conduct official. The record is the property of the university.
- v. The University, Complainant, and Respondent will have the opportunity to present witnesses to be questioned by the hearing board and cross examined by the other party via the hearing board. A list of witnesses needs to be provided to the student conduct official at least two (2) business days before the hearing.
- vi. Additional evidence and information not provided prior to the hearing may be presented during the hearing at the discretion of the student conduct official and/or hearing board.
- vii. Following the hearing, the student conduct official or hearing board will deliberate to determine if the Respondent has violated the Student Code of Conduct using Preponderance of Evidence standard (more likely than not). Deliberations are done in private.
 - 1. If there is a finding of responsibility, the student conduct official or hearing board is charged with determining the appropriate sanction for the violation (see Sanctions).
- viii. A determination letter will be provided to the Respondent outlining the outcome of the hearing.

6. Appeals

- a. A Respondent may appeal the decision and/or sanction of a formal hearing within 7 business days of the date of the determination letter. The appeal will be addressed to an Appeals Officer as outlined in the determination letter.
- b. The basis for an appeal is limited to the following:
 - i. There were procedural irregularities that affected the outcome of the hearing.
 - ii. The outcome and sanctions imposed was not appropriate for the violation.
 - iii. New relevant information that was not available at the time of the hearing may alter the outcome or sanction.
- c. Decisions of the Appeals Officer are final.
- d. In some cases, new information will be referred to the hearing board for consideration.

INTERIM MEASURES

Interim measures/actions may be imposed to address safety concerns, disruption of university operations, or to deescalate student conflicts in the learning environment. Interim measures may include but are not limited to interim suspension, no contact orders, removal from campus, restrictions to the student's access/

presence on campus, administrative holds on accounts, and modified academic schedules.

INFORMAL MEASURES

1. Reprimand – a written warning that the student has violated the Student Code of Conduct and another violation will result in formal resolutions.
2. Mediation/Guided Dialogue – Meet with all parties to resolve the complaint/conflict through facilitation. May also include indirect conversation or negotiation facilitated by a neutral third party and impacted parties to resolve a conflict or come to an agreement.
3. Restorative Practices – repair harm to impacted individual(s) or community.
4. Educational Sanctions – assignments that provide accountability, reflection, assistance, and a plan to resolve without formal disciplinary action.

FORMAL SANCTIONS

1. Non-Academic Probation – A designated period of time a student is given to demonstrate their ability to abide by the Student Code of Conduct.
2. Suspension - Separation from the university for a designated period of time. A student who has been suspended may not be on campus without written approval from the Office of Student Affairs. A suspended student is prohibited from participating in any university activity or program.
3. Dismissal - Permanent separation of the student from the University. A ban from the campus and from participation in university-related activities and events is included as part of this sanction unless otherwise specified.
4. Loss or Restriction of Privileges - The withdrawal or limitation of the use of services or privileges as a student or member of the community, or the loss of the privilege to participate in an activity or event.
5. Restitution - monetary compensation required of students who have taken, misused, damaged, or destroyed university, public, or private property or services. Amounts charged to students may include the cost to repair, replace, recover, clean, or otherwise account for the property or services affected.
6. Permanent No Contact Order - Directive banning contact with another university community member while one or both are members of the university community.

DISCLOSURE OF STUDENT CONDUCT RECORDS

Student conduct records are part of the educational record. Student conduct records are housed and maintained by the Office of Student Affairs. At times the university may be called upon to report formal hearing outcomes, any sanctions imposed, and changes in student statuses to external stakeholders. These external stakeholders include but are not limited to residency programs via the Medical Student Performance Evaluation (MSPE), State Medical Boards, Government Agencies, ECFMG, and Immigration authorities.

Any student that withdraws during the conduct resolution process will have a notation in their record of their pending status with the university. The resolution process will resume once a withdrawn student returns to the university.

Information Technology (IT) Requirements

The WAUSM Office of Informational Technology (IT) reserves the right to monitor the school's network usage and report any and all unlawful activity performed on personal devices while connected to the university's network. Students should not have an expectation of privacy. Please refer to the Informational Technology (IT) policy section in the Student Handbook located on the WAUSM Student Hub Canvas Course for students.

Students are required to supply the following technologies during their tenure at WAUSM:

OPERATING SYSTEM

Windows 10 (Professional, Education, Enterprise, or Home)

Mac OS X 10.14 (Mojave) or newer

PROCESSOR (CPU)

Windows: Intel Core i5 or AMD Ryzen or better.

Mac: Intel Core i5 or Apple M1 or better.

SCREEN SIZE

13" screen or larger.

STORAGE

256 gigabytes or larger solid state drives.

MEMORY (RAM)

8 gigabytes or more for typical use. 12 gigabytes or more for Adobe Creative Suite applications and other graphic and video intensive applications.

REMOVABLE STORAGE

- External hard drive which meets or exceeds your storage capacity (for backups).
- USB flash drive (requires USB port).

SOFTWARE

- Required: Antivirus Software.
- Windows Defender or most free software (Avast, AVG) are sufficient for Windows 10 computers.
- Most free software such as Avast, AVG, Avira, Bitdefender are sufficient for Mac.
- Recommended: Tool to read PDFs, such as Adobe Reader.
- Microsoft Office will be provided free of charge for up to 5 devices.

NETWORKING

- Ethernet card: for hardwired connection in your home (faster speeds).
- Wireless card: 802.11ac or Wifi 5 recommended for wireless access on campus. (A wireless network card that supports both 2.4Ghz and 5Ghz wireless bands is preferred)

MULTIMEDIA

Built-in or external speakers, microphone, and webcam recommended.

Course of Study/Curriculum Outline

ACADEMIC CALENDAR

The academic calendar is posted on Canvas and the WAUSM website and students should familiarize themselves with the required activities for the medical educational program. Dates are subject to change; therefore, students must check the course syllabus and the university's website for the latest academic schedule.

Students are expected to participate in ALL scheduled orientation activities, as well as required classes, exams, and other performance assessments, and required WAUSM activities, from the first through the last date in each semester that appears on the academic calendar, excluding breaks.

Units, courses and clerkships listed in the academic calendar are organized to begin and end on common dates in each year or semester and generally have a uniform weekly schedule. Course and clinical directors are required to adhere to approved WAUSM academic calendars when scheduling their units and courses. Examination dates and times are coordinated and timed to attempt to ensure a reasonable workload for students.

WAUSM is officially closed on a few national holidays, and during the period that includes Christmas Day and New Year's Day. WAUSM is closed and does not hold classes on university holidays; however, during clerkships, semesters 6-10 students may be expected to work and take call on these days (depending on the patient care activities at their assigned clinical sites), or to attend other scheduled activities.

THE WAUSM CURRICULUM

The WAUSM curriculum is organized by two phases: pre-clerkship (semester 1-5) and clerkship (semesters 6-10), and electives. In the pre-clerkship phase, each semester includes a Foundations of Medicine (FoM) course, which occur concurrent with a Patient Centered Care (PCC) course. The clerkships are organized as a series of six Clerkship courses and 27 weeks of elective clerkship. Student performance is assessed in each unit, course and clerkship. The Student Progress Committee (SPC) has defined standards for Satisfactory Academic Progress, which include the requirement that students must pass each course and clerkship, in the curriculum.

The syllabus for each course and clerkship, contains the course objectives, the WAUSM General Competencies and Educational Program Objectives, the schedule of activities, learning objectives for specific sessions or activities, names and contact information for the faculty involved, a listing of course materials, the student assessment system, and grading policies.

The competency-based grading process at WAUSM ensures that teaching, assessment, and remediation of all competencies are equally prioritized. All WAUSM courses and clerkships are mapped to the WAUSM Competencies and the AAMC Physician Competency Reference Set (PCRS). The grading system is in place to facilitate early identification of at-risk students and to provide a supportive formative remediation process to improve student performance without permanently marking their transcript or MSPE. Should students have unsatisfactory performance in courses or clerkships or have ongoing repeated concern in competency performance and/or failed remediation, they will be referred to the Student Progress Committee (SPC).

WAUSM students experience active, hands-on learning throughout the 10-semester curriculum. Complete 10 semester schematics for the three starts per academic year (September, January, and May) follow.

CURRICULUM SCHEMATIC FOR A SEPTEMBER START



Western Atlantic University
School of Medicine

Curriculum Schematic

SEPTEMBER START



PRECLERKSHIP CURRICULUM

CLERKSHIP CURRICULUM

EXAM

USMLE - United States Medical Licensing Exam

NBME COMP - National Board of Medical Examiners Comprehensive Shelf Exam

OSCE - Objective Structured Clinical Exams

OET - Occupational English Test

wausm.education

For illustrative purposes only. While some students may be able to complete the program in the time allotment shown, the average total length of the program is 45 months, including study breaks. Curriculum is subject to change.

CURRICULUM SCHEMATIC FOR A JANUARY START

For illustrative purposes only. While some students may be able to complete the program in the time allotment shown, the average total length of the program is 45 months, including study breaks.



Western Atlantic University
School of Medicine

Curriculum Schematic

JANUARY START



PRECLERKSHIP CURRICULUM

CLERKSHIP CURRICULUM

EXAM

USMLE - United States Medical Licensing Exam

NBME COMP - National Board of Medical Examiners Comprehensive Shelf Exam

OSCE - Objective Structured Clinical Exams

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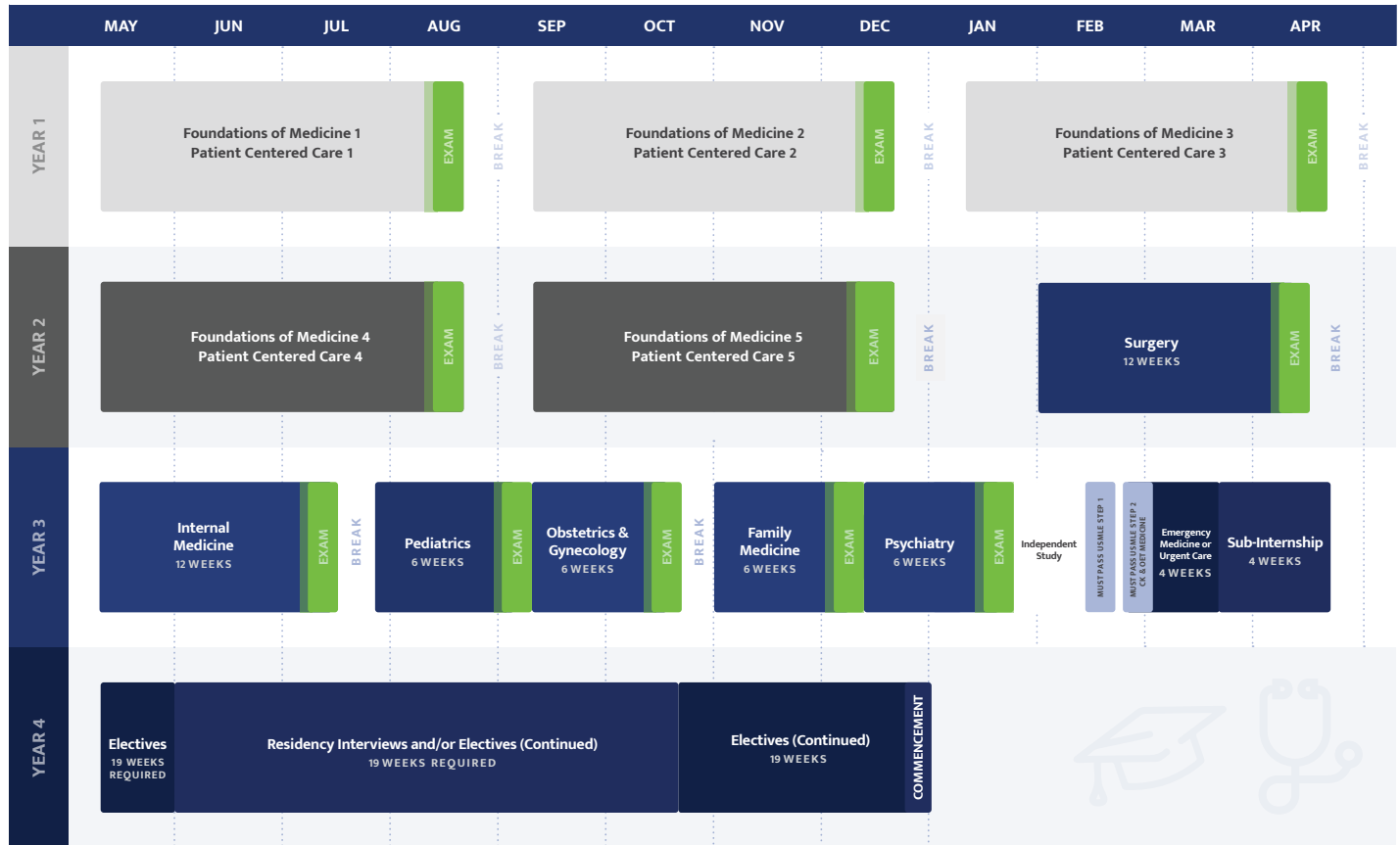
CURRICULUM SCHEMATIC FOR A MAY START



Western Atlantic University
School of Medicine

Curriculum Schematic

MAY START



PRECLERKSHIP CURRICULUM

CLERKSHIP CURRICULUM

EXAM

USMLE - United States Medical Licensing Exam

NBME COMP - National Board of Medical Examiners Comprehensive Shelf Exam

OSCE - Objective Structured Clinical Exams

OET - Occupational English Test

wausm.education

For illustrative purposes only. While some students may be able to complete the program in the time allotment shown, the average total length of the program is 45 months, including study breaks. Curriculum is subject to change.

General Competencies, Program Objectives, and Outcome Measures

Medical Knowledge (MK): Students will apply evidence-based medicine principles of biomedical, clinical, epidemiological, and social-behavioral sciences to guide diagnosis, treatment, and patient care decisions.

Patient Care and Procedural Skills (PCPS): Students will use knowledge and skills during clinical encounters to gather necessary information and apply evidence to develop appropriate diagnostic and therapeutic plans that enhance health and treat disease.

System-Based Practice (SBP): Students will demonstrate an awareness of, and responsiveness to, the larger context and system of health care, utilizing other resources in the system to provide care for patients.

Practice-Based Learning and Improvement (PBLI): Students will be able to actively set and pursue clear learning goals and exploit new opportunities for intellectual growth and development. Students will be able to recognize and thoroughly characterize a problem, develop an informed plan of action, act to resolve the problem, and subsequently assess the result(s) of their action.

Interpersonal and Communication Skills (ICS): Students will listen attentively and communicate clearly with patients, families, peers, faculty, and other members of the health care team: establishing rapport and fostering, forming, and maintaining therapeutic relationships with patients; effectively gathering and providing information during interactions with others and participating in collaborative decision making that is patient focused.

Professionalism (P): Students will carry out professional responsibilities with the highest standards of excellence and integrity.

General Competency	Medical Education Program Objective(s)	Outcome Measure(s) for Objective
Medical Knowledge (MK): Students will apply principles of biomedical, clinical, epidemiological, and social-behavioral sciences to guide diagnosis, treatment, and patient care decisions.	MK1: Apply knowledge of normal human structure, function, and development, from the molecular through whole body levels, to distinguish health from disease and explain how physiologic mechanisms are integrated and regulated in the body. (PCRS 2.2; EPA 2)	Written, lab practical and oral examinations in pre-clerkship blocks and clinical courses and clerkships; narrative evaluations in small group settings; faculty assessments of teaching materials developed by students for cases in pre-clerkship blocks and case reports in clerkships; ratings and narrative assessments based on direct observations in clinical courses and clerkships; performance on USMLE Step 1, 2 CK; performance on OSCEs.
	MK2: Explain the underlying cause (behavioral, degenerative, developmental, environmental, genetic/genomic, immunologic, inflammatory, metabolic, microbiologic, neoplastic, toxic, and traumatic) of diseases, injuries, and functional deficits affecting organ systems. (PCRS 2.2; EPA 2)	Written, lab practical and oral examinations in pre-clerkship and clinical courses and clerkships; narrative evaluations in small group settings; faculty assessments of teaching materials developed by students for cases in pre-clerkship blocks and case reports in clerkships; ratings and narrative assessments based on direct observations in clinical courses and clerkships; performance on USMLE Step 1, 2 CK; performance on OSCEs.
	MK3: Describe the altered structure and function resulting from diseases, injuries, and functional deficits affecting organ systems, with an ability to interpret the clinical, histopathologic, laboratory, and radiographic manifestations commonly seen in practice. (PCRS 1.4, 2.2, 2.3; EPA 2, 3, 5, 7, 10)	Written, lab practical and oral examinations in pre-clerkship blocks and clinical courses and clerkships; narrative evaluations in small group settings; faculty assessments of teaching materials developed by students for cases in pre-clerkship blocks and case reports in clerkships; ratings and narrative assessments based on direct observations in clinical courses and clerkships; performance on USMLE Step 1, 2 CK; performance on OSCEs.

Medical Knowledge (MK), continued	<p>MK4: Explain the principles of and describe the rationale for interventions (behavioral, genetic/genomic, mechanical, nutritional, pharmacologic, surgical, and therapeutic) aimed at the prevention, treatment, and/or management of diseases, injuries, and functional deficits affecting organ systems. (PCRS 2.2; EPA 2)</p>	<p>Written, lab practical and oral examinations in pre-clerkship blocks and clinical courses and clerkships; narrative evaluations in small group settings; faculty assessments of teaching materials developed by students for cases in pre-clerkship blocks and case reports in clerkships; ratings and narrative assessments based on direct observations in clinical courses and clerkships; performance on USMLE Step 1, 2 CK; performance on OSCEs.</p>
	<p>MK5: Explain the role of the scientific method in establishing the cause of disease and use principles of evidence-based medicine, including biostatistics, to evaluate the efficacy of diagnostic and therapeutic options. (PCRS 2.1, 2.3, 2.6; EPA 1, 2, 3, 7, 13)</p>	<p>Written, lab practical and oral examinations in pre-clerkship blocks and clinical courses and clerkships; narrative evaluations in small group settings; faculty assessments of teaching materials developed by students for cases in pre-clerkship blocks and case reports in clerkships; ratings and narrative assessments based on direct observations in clinical courses and clerkships; performance on USMLE Step 1, 2 CK; performance on OSCEs.</p>
	<p>MK6: Describe the epidemiology of common diseases affecting populations, including methods for prevention and early detection of disease and systematic, population-based approaches for reducing the incidence and prevalence of disease. (PCRS 2.4; EPA 2, 3, 7)</p>	<p>Written, lab practical and oral examinations in pre-clerkship blocks and clinical courses and clerkships; narrative evaluations in small group settings; faculty assessments of teaching materials developed by students for cases in pre-clerkship blocks and case reports in clerkships; ratings and narrative assessments based on direct observations in clinical courses and clerkships; performance on USMLE Step 1, 2 CK; performance on OSCEs.</p>
	<p>MK7: Explain how behavioral, cultural, economic, educational, environmental, lifestyle, and psychosocial factors of the patient, community and provider impact and interact with health, disease, care-seeking, care compliance, barriers to care, and attitudes towards care. (PCRS 2.5; EPA)</p>	<p>Written, lab practical and oral examinations in pre-clerkship blocks and clinical courses and clerkships; narrative evaluations in small group settings; faculty assessments of teaching materials developed by students for cases in pre-clerkship blocks and case reports in clerkships; ratings and narrative assessments based on direct observations in clinical courses and clerkships; performance on USMLE Step 1, 2 CK; performance on OSCEs.</p>

<p>Patient Care and Procedural Skills (PCPS):</p> <p>Students will use knowledge and skills during clinical encounters to gather necessary information and apply evidence to develop appropriate diagnostic and therapeutic plans that enhance health and treat disease.</p>	<p>PCPS1: Recognize their role as a health care professional and contribute to the care of a broad spectrum of patients across the life cycle and with differing demographics. (PCRS 1.9, 1.10, 1.11; EPA 3)</p>	<p>Written and oral examinations in clinical courses and clerkships; ratings and narrative assessments based on direct observation during clinical courses and clerkships; performance on OET Medicine; performance on OSCEs.</p>
	<p>PCPS2: Demonstrate knowledge and skills necessary to assume graduated responsibility in providing supervised care for patients including obtaining an appropriate clinical history and physical exam in a variety of patient care settings. (PCRS 1.2, 1.3; EPA 1, 2, 4, 6, 10, 11)</p>	<p>Written and oral examinations in clinical courses and clerkships; ratings and narrative assessments based on direct observation during clinical courses and clerkships; performance on OET Medicine; performance on OSCEs.</p>
	<p>PCPS3: Create a prioritized differential diagnosis in a variety of different clinical situations and formulate a plan of care for the patient. (PCRS 1.5, 1.6; EPA 3, 4, 5, 10, 11)</p>	<p>Written and oral examinations in clinical courses and clerkships; ratings and narrative assessments based on direct observation during clinical courses and clerkships; performance on OET Medicine; performance on OSCEs.</p>
	<p>PCPS4: Interpret data from the patient encounter, the medical record and results of diagnostic testing gathered to make informed decisions based on up- to-date scientific information and sound clinical judgment. (PCRS 1.3, 1.4, 1.5; EPA 2, 3, 4, 5, 10, 11)</p>	<p>Written and oral examinations in clinical courses and clerkships; ratings and narrative assessments based on direct observation during clinical courses and clerkships; performance on OET Medicine; performance on OSCEs.</p>
	<p>PCPS5: Identify opportunities to promote a healthy lifestyle and incorporate patient education into patient care activities as a means to improve individual and population health. (PCRS 1.9; EPA 3)</p>	<p>Written and oral examinations in clinical courses and clerkships; ratings and narrative assessments based on direct observation during clinical courses and clerkships; performance on OET Medicine; performance on OSCEs.</p>

Patient Care and Procedural Skills (PCPS), continued	PCPS6: Perform and document common clinical procedures using appropriate techniques within the limits of the level of training. (PCRS 1.1; EPA 10, 12)	Written and oral examinations in clinical courses and clerkships; ratings and narrative assessments based on direct observation during clinical courses and clerkships; performance on OET Medicine; performance on OSCEs.
	PCPS7: Demonstrate an appropriate transition of care between providers or settings that minimizes the risk to patient safety. (PCRS 1.8, 7.3; EPA 8, 9)	Written and oral examinations in clinical courses and clerkships; ratings and narrative assessments based on direct observation during clinical courses and clerkships; performance on OET Medicine; performance on OSCEs.
Systems-Based Practice (SBP): Students will demonstrate an awareness of, and responsiveness to, the larger context and system of health care, utilizing other resources in the system to provide care for patients.	SBP1: Demonstrate respect for diversity and individual differences that characterize patients, populations, and members of the health care team. (PCRS 5.5, 7.1; EPA 1, 9)	Direct observations in clinical courses and clerkships; narrative evaluations in small group settings; performance on OSCEs.
	SBP2: Demonstrate effective teamwork through collaboration with patients, their supporters, multi-disciplinary healthcare professionals and other staff in the delivery of healthcare. (PCRS 4.1, 4.2, 4.3, 6.2; EPA 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 13)	Direct observations in clinical courses and clerkships; narrative evaluations in small group settings, including on interprofessional teams.
	SBP3: Evaluate the impact of a patient's social context in health and disease and how factors, such as culture, socio-economic status, environment, religion, spirituality, sexuality, education, and health literacy impact patient-physician interactions, health care decision-making, and health outcomes. (PCRS 2.5, 3.9; EPA 3, 7)	Direct observations in clinical courses and clerkships; narrative evaluations in small group settings, including on interprofessional teams.

Systems-Based Practice (SBP), continued	SBP4: Demonstrate an awareness of the roles and responsibilities of the different members of the health care team. (PCRS 4.3, 7.2; EPA 8, 9)	Direct observations in clinical courses and clerkships; narrative evaluations in small group settings, including on interprofessional teams.
Practice Based Learning and Improvement (PBLI): Students will be able to actively set and pursue clear learning goals and exploit new opportunities for intellectual growth and development. Students will be able to recognize and thoroughly characterize a problem, develop an informed plan of action, act to resolve the problem, and subsequently assess the result(s) of their action.	PBLI1: Demonstrate engagement in their professional development through awareness of their learning style and limits and use this knowledge to close gaps and guide participation in continuous professional and inter-professional development such as conferences, classes, seminars, lectures, workshops, and other venues. (PCRS 3.1, 3.2, 3.3; EPA 2, 4, 6, 7)	Participation in the Center for Academic Success (CAS) activities; assessments of reflective essays and other assignments in the Patient Centered Care (PCC) and Foundations of Medicine (FoM) curriculum.
	PBLI2: Generate and analyze a set of potential solutions by applying prior knowledge to a new experience, recognizing the limitations of prior experience and knowledge, and identifying new information required to solve the problem. (PCRS 2.6, 3.1, 3.3; EPA 2, 4, 6, 7)	Narrative evaluations in small groups; participation in Center for Academic Success (CAS) activities, performance on OSCEs.
	PBLI3: Use multiple sources, including, but not limited to: employees; faculty; and the biomedical literature to identify and critically appraise information, which includes managing information volume, discerning quality, and applying findings to advance medical knowledge and patient care. (PCRS 3.6, 3.7, 3.10; EPA 4, 7, 8, 13)	Narrative evaluations in small groups and clinical courses and clerkships; teaching materials developed by students for cases; participation in the Center for Academic Success (CAS) activities.

Practice Based Learning and Improvement (PBLI), continued	PBLI4: Demonstrate and apply an understanding of the systems-based model for quality improvement, identifying and reducing medical error and ensuring patient safety. (PCRS 3.4, 3.9, 3.10; EPA 13)	Written and oral examinations in clinical courses and clerkships; ratings and narrative assessments based on direct observation during clinical courses and clerkships; performance on OET Medicine; performance on OSCEs.
Interpersonal and Communication Skills (ICS): Students will listen attentively and communicate clearly with patients, families, peers, faculty, and other members of the health care team: establishing rapport; fostering, forming, and maintaining therapeutic relationships with patients; effectively gathering and providing information during interaction with others and participating in collaborative decision making that is patient focused.	ICS1: Establish and maintain respectful relationships with members of the health care team (peers, faculty, and inter-professional employees) to facilitate the provision of effective care to patients. (PCRS 4.2, 4.3, 4.4, 7.1, 7.3, 8.7; EPA 2, 5, 6, 7, 8, 9, 10, 11, 12, 13)	Ratings and narrative assessments based on direct observation during pre-clerkship blocks, clinical courses and clerkships, and interdisciplinary learning activities; graded written and oral reports and essay exams in blocks and clerkships; peer- and self-assessments.
	ICS2: Engage in respectful dialogue with patients, demonstrating active listening and the use of verbal and non-verbal skills to establish rapport and an effective physician patient relationship. (PCRS 4.1, 8.7; EPA 1, 4, 5, 6, 11, 12)	Ratings and narrative assessments based on direct observation during clinical courses and clerkships; direct observation during clinical courses and clerkships; performance on OSCEs.
	ICS3: Modify communications demonstrating sensitivity to differences, values, and needs of others, with attention to one's personal communication style and the context and purpose of the conversation. (PCRS 3.5, 4.1, 4.2, 4.6, 4.7; EPA 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13)	Ratings and narrative assessments based on direct observation during clinical courses and clerkships; performance on OSCEs.
	ICS4: Incorporate elements of shared decision making into communication with patients to facilitate their active participation in their health care. (PCRS 1.7, 3.8; EPA 3, 11, 12)	Ratings and narrative assessments based on direct observation during clinical courses and clerkships; performance on OSCEs.

Interpersonal and Communication Skills (ICS), continued	ICS5: Share information accurately in academic and clinical settings both in oral presentations and written documentation including in the medical record (PCRS 4.2, 4.5; EPA 2, 5, 6, 7, 8, 9, 10, 11, 12, 13)	Teaching materials/cases developed by students; direct observation in clinical courses and clerkships; performance on OSCEs.
Professionalism (P): Students will carry out professional responsibilities with the highest standards of excellence and integrity.	P1: Be responsive to the whole patient by respecting the needs, dignity, privacy, and autonomy of the patient, and by employing strategies to reduce the effect of their own beliefs, values, interests, vulnerabilities, conflicts, and biases on patient care (PCRS 5.1, 5.2, 5.3; EPA 1, 6, 8, 9)	Written and oral examinations in pre-clerkship blocks and clinical courses and clerkships; ratings and narrative assessments based on direct observation during pre-clerkship blocks and clinical courses and clerkships; and peer- and self- assessments.
	P2: Behave in a professional manner by demonstrating compassion, honesty, integrity, respect, responsibility, and self-discipline in relationships with all individuals, regardless of gender, age, culture, race, ethnicity, religion, sexual orientation, disability, socioeconomic status, native language, or role. (PCRS 5.1, 5.5, 7.1, 8.4; EPA 1, 6, 9)	Written and oral examinations in pre-clerkship blocks and clinical courses and clerkships; ratings and narrative assessments based on direct observation during pre-clerkship small groups and clinical courses and clerkships; peer- and self- assessments; and performance on OSCEs.
	P3: Apply ethical and legal principles to identify, analyze, and address ethical issues in clinical and research activities, with the ability to discriminate where ethical and legal principles diverge. (PCRS 5.6; EPA 12)	Written and oral examinations in pre-clerkship blocks and clinical courses and clerkships; ratings and narrative assessments based on direct observation during pre-clerkship blocks and clinical courses and clerkships; peer- and self- assessments; and performance on OSCEs.

Professionalism (P), continued	P4: Adhere to ethical principles governing medical practice, including maintaining patient confidentiality, gaining informed consent, identifying, and managing conflicts of interest, complying with human subjects' research protections, identifying, and addressing unethical and unprofessional behaviors, and maintaining appropriate boundaries in relationships with patients. (PCRS 5.6, 8.5; EPA 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13)	Written and oral examinations in pre-clerkship blocks and clinical courses and clerkships; ratings and narrative assessments based on direct observation during pre-clerkship blocks and clinical courses and clerkships; peer- and self- assessments; and performance on OSCEs.
	P5: Practice personal self-care, including developing strategies for stress management, maintaining a healthy balance between personal and professional responsibilities, and engaging the assistance of others when needed. (PCRS 8.1, 8.2, 8.3; EPA 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13)	Written and oral examinations in pre-clerkship blocks and clinical courses and clerkships; ratings and narrative assessments based on direct observation during pre-clerkship blocks and clinical courses and clerkships; peer- and self- assessments; and performance on OSCEs.

PCRS = Physician Competency Reference Set / EPA = Entrustable Professional Activities

Semester Course Credit Hours

Courses are identified alphanumerically and proceed in sequential order by level, from pre-clerkship to clerkship, followed by sub-internship & electives. All courses are measured in credit hours.

Pre-Clerkship	
MDC(6###)	Clinical Skills
MDF(6###)	Foundations of Medicine
Clerkship	
MDFC(7###)	Clerkship
Emergency & Sub-Internship	
MDEC(8###)	Emergency Medicine or Urgent Care
MDSI(8###)	Sub-Internship
Electives	
MDE(9###)	Elective

WAUSM Courses (in sequence)		Semester Credit Hours
MDF 6001	Foundations of Medicine 1: Molecules to Medicine / Musculoskeletal	10
MDC 6011	Patient Centered Care 1	5
MDF 6002	Foundations of Medicine 2: Cardiovascular / Respiratory / Renal	10
MDC 6012	Patient Centered Care 2	5
MDF 6003	Foundations of Medicine 3: Hematologic / GI & Nutrition / Endocrine	10
MDC 6013	Patient Centered Care 3	5
MDF 6004	Foundations of Medicine 4: Reproductive / Brain & Behavior / Integument	10
MDC 6014	Patient Centered Care 4	5
MDF 6005	Foundations of Medicine 5: Foundational & Clinical Integration	7
MDC 6015	Patient Centered Care 5	8
MDFC 7100	Family Medicine Clerkship	6
MDIC 7200	Internal Medicine Clerkship	12
MDGC 7300	Obstetrics and Gynecology Clerkship	6
MDPC 7400	Pediatrics Clerkship	6
MDYC 7500	Psychiatry Clerkship	6
MDSC 7600	Surgery Clerkship	12
MDEC 8000	Emergency Medicine or Urgent Care Elective	4
MDSI 8300	Sub-Internship	4
MDE 9000	Electives	19

Total 150

Descriptions of Required Courses

MDF 6001 FOUNDATIONS OF MEDICINE 1: MOLECULES TO MEDICINE AND MUSCULOSKELETAL

During this course students engage in various modalities of active learning to begin to master medical terminology, develop team- work skills, explore digital anatomy, and establish relationship with peers and academic mentors. The course is designed to provide students with a broad foundation in critical biomedical science subject areas, including biochemistry, cell biology, molecular biology, genetics/genomics, microbiology, immunology, pharmacology, physiology, anatomy, embryology, and histology. Course content focuses on the following learning objectives:

1. Using correct medical-anatomic terminology, describe the anatomy of the back and spinal cord; upper and lower extremities; thoracic cavity, lungs, mediastinum, heart, and great vessels; abdominal wall and abdominal viscera and vessels; head and neck. (MK1)
2. Apply knowledge of the anatomy and physiology of the musculoskeletal system to explain clinical signs and symptoms arising from disease or injury. (MK1, MK2, MK3)
3. Understand the principles of basic and clinical sciences related to the structure and function of the musculoskeletal system including common related pathophysiology. (MK1, MK2)
4. Describe the arterial supply, venous and lymphatic drainage, and innervation of the major organ systems. (MK1)
5. Discuss the basic structure/function relationships that underlie the physical examination of a patient. (MK1)
6. Describe the structure and function of basic tissue components (including epithelial cells, connective tissue cells, muscle cells, nerve cells, blood cells, and extracellular matrix). (MK1)
7. Describe the architecture of a cell as it relates to cell function. (MK1)
8. Describe embryogenesis, including the role of programmed gene expression, developmental regulation of gene expression, and the order of tissue differentiation and morphogenesis. (MK1)
9. Describe the structural features of DNA, RNA, and chromosomes and the methods used to analyze these structures. (MK1)
10. Explain the processes through which a polypeptide chain folds to its active native structure, the interactions that stabilize that structure, and the role of post- translational modifications. (MK1)
11. Summarize and compare the major metabolic pathways for anabolism and catabolism of amino acids, carbohydrates, lipids, and nucleotides including regulatory mechanisms. (MK1)
12. Develop a systematic approach to the study of pharmacology, including pharmacokinetics, pharmacodynamics, indications and contraindications, drug- drug interactions, and most common

- adverse effects of drugs. (MK1, MK4)
13. Describe the basis of microbial classification, structure and function of viruses, bacteria, fungi, and parasites. (MK2)
 14. Describe the reproductive cycles of RNA and DNA viruses, the molecular basis of viral pathogenesis, and the characteristics of latent and persistent viral infections. (MK2)
 15. Explain the general principles of antimicrobial stewardship. (MK4, MK6, MK7, SBP5)
 16. Compare the structure and function of the immune system cells, including granulocytes, natural killer cells, macrophages, T-lymphocytes, and B- lymphocytes. (MK2)
 17. Compare the acute inflammatory response to the chronic inflammatory response, including mediator systems, the vascular response to injury, inflammatory cell recruitment, and clinical manifestations. (MK2, MK3)
 18. Explain the causes, fundamental characteristics, and process of carcinogenesis, and describe the most common biochemical and physiological alterations found in malignant transformation. (MK2, MK3)
 19. Identify and infer the pathophysiological processes in abnormal organ systems. (MK3)
 20. Demonstrate the ability to independently search the literature, assess the quality of resources, and apply evidence-based principles to clinical decision making. (MK5, PBLI2, PBLI3)
 21. Demonstrate ability to synthesize information from multiple sources and provide concise presentations. (PBLI2, PBLI3, ICS5)
 22. Develop the ability to work effectively as part of a team, to develop effective communication, leadership, life-long learning, and problem-solving skills in a small group setting and become skilled at self-assessment as well as assessing the performance of peers and faculty. (PBLI1, ICS1, ICS5, P2)
 23. In the context of ethical principles, social justice, and optimum patient-centered care, define, describe, and recognize issues related to diversity, equity, and inclusion relevant to population health and disease processes presented in this course. (SBP1, SBP3, ICS2, ICS3, P1, P2)

MDC 6011 PATIENT CENTERED CARE 1

During this course students engage in various modalities of active learning and begin to encounter their first patient, learn how to take a patient history, propose likely diagnoses, and begin to recognize anatomical landmarks on routine radiographic imaging as well as begin to correlate pathologic findings. Course content focuses on the following learning objectives:

1. Conduct a hypothesis driven adult and geriatric medical history (PCPS1, PCPS2)
2. Perform a hypothesis driven physical examination with emphasis on correct techniques and normal findings and articulate expected and actual normal and abnormal findings in an accurate manner. (PCPS1, PCPS2)
3. Propose the most likely diagnosis from two or more given diagnoses, based on history and physical exam (PCPS3)

4. Begin to formulate an unranked problem list based on history and physical exam (PCPS2)
5. Predict the most likely clinical findings based on given differential diagnoses. (MK2, PCPS4)
6. Be able to recognize anatomical landmarks on routine radiographic imaging as well as begin to correlate pathologic findings. (PCPS4)
7. In the context of ethical principles, social justice, and optimum patient-centered care, define, describe, and recognize issues related to diversity, equity, and inclusion relevant to population health and disease processes presented in this course. (SBP1, SBP3, ICS2, ICS3, P1, P2)

MDF 6002 FOUNDATIONS OF MEDICINE 2: CARDIOVASCULAR, RESPIRATORY AND RENAL

During this course students continue to engage in various modalities of active learning and hone their team-work skills, master content related to hearts and lungs, continue their exploration of digital anatomy, and strengthen relationships with peers and academic mentors. The course provides basic concepts in normal anatomy, physiology, pathophysiology, clinical diagnosis, and therapeutics of the cardiovascular and respiratory systems. Content includes structures, processes and diseases of the coronary and peripheral vasculature, cardiac muscle, conduction system, cardiac valves, and pericardium; mechanism and significance of abnormal findings on cardiovascular and respiratory exams; role of the cardiovascular systems in regulation of blood pressure; approach to a broad spectrum of respiratory disease categories and diagnosis and treatment of respiratory failure; interpretation of laboratory findings to identify and manage common acid- base disturbances; vascular and interstitial diseases. The block includes laboratory instruction (anatomy, histology and simulation center activities that emphasize correlations with clinical cases). Course content focuses on the following learning objectives and competencies:

1. Understand the principles of basic and clinical sciences related to the structure and function of the cardiovascular, respiratory, and renal systems, including common congenital abnormalities. (MK1)
2. Correlate basic normal and pathological anatomy with radiologic imaging methods of the heart, vasculature, airways, lungs, kidneys, and urinary system utilizing ultrasound, X- ray, CT, MRI, angiography, endoscopy, and other imaging modalities. (MK1, MK2, MK3)
3. Understand the underlying causes of common diseases of the cardiovascular, respiratory, and renal systems including their epidemiology, prevention, detection, and evidence-based treatment. (MK2, MK3, MK4, MK5, MK6)
4. Develop a systematic approach to the pharmacological management of disorders of the cardiovascular, respiratory, and renal systems including indications and contraindications, mechanism of action, drug - drug interactions and common unintended effects. (MK4)
5. Characterize the non-pharmacologic management and prevention of cardiovascular, respiratory, and renal disease. (MK3, MK6)
6. Understand the principles of interpretation of an electrocardiogram and recognize common arrhythmias. (MK1, MK3, MK4)

7. Understand the relationship between the cardiovascular and renal systems in the control of blood pressure and the therapeutic management of hypotension and hypertension. (MK2, MK3, MK4)
8. Understand the physiology and pathophysiology of lung mechanics and gas exchange. (MK2, MK3)
9. Demonstrate an understanding of the tests used to evaluate lung function and gas exchange and the interpretation of these data. (MK3)
10. Recognize the characteristic differences in the physical findings, imaging, and management in patients with restrictive, obstructive, interstitial, and infectious lung disease. (MK2, MK3, MK4)
11. Characterize the different types of respiratory infections and formulate the appropriate antibiotic regimen for each entity. (MK2, MK3, MK4, MK6, MK7)
12. Differentiate the pathologic types of lung cancer, risk factors, presenting symptoms, diagnostic strategies, staging and treatment options. (MK2, MK3, MK4)
13. Understand the relationship between the anatomy and physiology of the kidney, and how the kidney serves to function in electrolyte, fluid, and acid – base regulation and the associated common disorders. (MK1, MK2, MK3)
14. Recognize the pathogenesis of tubulointerstitial and glomerular disease, methods of diagnosis, their clinical impact, and the role of infection, congenital abnormalities, and immune disorders in the genesis of these diseases. (MK1, MK2, MK3)
15. Describe the role of dialysis in the management of acute and chronic renal failure. (MK4)
16. Describe the indications, mechanism of action, effects, and side effects of diuretic drugs. (MK4)
17. Identify the causes, diagnostic procedures and treatment of urinary tract infections, obstruction of the urinary collection system and tumors of the upper and lower urinary tract. (MK2, MK3, MK4)
18. Understand the integrated roles of the cardiovascular, respiratory, and renal systems in maintaining acid-base homeostasis and apply this knowledge to the management of common acid-base derangements. (MK1, MK2, MK3, MK4)
19. Demonstrate the ability to independently search the literature, assess the quality of resources, and apply evidence- based principles to clinical decision making. (MK5, PBLI2, PBLI3)
20. Demonstrate the ability to synthesize information from multiple sources and provide concise presentations. (PBLI2, PBLI3, ICS5)
21. Develop the ability to work effectively as part of a team with effective communication, leadership, life-long learning, and problem-solving skills, and become skilled at self- assessment as well as assessing the performance of peers and faculty. (PBLI1, ICS1, ICS5, P2)
22. In the context of ethical principles, social justice, and optimum patient-centered care, define, describe, and recognize issues related to diversity, equity, and inclusion relevant to population health and disease processes presented in this course. (SBP1, SBP3, ICS2, ICS3, P1, P2)

MDC 6012 PATIENT CENTERED CARE 2

During this course students recognize common health issues and risks, understanding the signs of cardiac distress, and learn to respond to patients' emotions. Course content focuses on the following learning objectives:

1. Recognize the importance of addressing common health issues and risks even when they are not the presenting problem, in non-emergent evaluations of patients with cardiac, respiratory, or renal conditions. (PCPS5)
2. Understand the signs of a patient in distress due to disease states in cardiac, respiratory, or renal organ systems (PCPS3, PCPS4)
3. Conduct respectful and empathic oral communication with patients and their families (PCPS1, ICS2, ICS3, ICS4, ICS5, P1, P2)
4. Respond appropriately to patient's emotions and demonstrates empathy during the encounter. (PCPS5)
5. Begin to provide a summary statement, either written or verbal, of patient's presenting complaint, HPI and problem list. (PCPS7, ICS1)
6. Demonstrate the ability to recognize normal and abnormal heart sounds via auscultation on a simulated patient. (MK1, MK3, PCPS2)
7. Demonstrate the ability to recognize and manage common, basic cardiovascular emergencies on a simulated patient. (MK1, MK3, PCPS2, PCPS3, PCPS4)
8. In the context of ethical principles, social justice, and optimum patient-centered care, define, describe, and recognize issues related to diversity, equity, and inclusion relevant to population health and disease processes presented in this course. (SBP1, SBP3, ICS2, ICS3, P1, P2)

MDF 6003 FOUNDATIONS OF MEDICINE 3: HEMATOLOGIC, GASTROINTESTINAL, NUTRITION AND ENDOCRINE

During this course students master forming and working in teams (utilizing active learning) and continue to integrate content specific to Hematologic, Gastrointestinal and Nutrition and Endocrine systems. The exploration of digital anatomy continues as does the strengthening of relationships with peers and academic mentors. The course provides basic concepts in normal anatomy, physiology, pathophysiology, clinical diagnosis, and therapeutics of the hematologic, endocrine, and gastrointestinal and hepatic systems and human nutrition, including normal nutrition and diagnosis and managements of common nutritional disorders. The block includes laboratory instruction (anatomy, histology, and simulation center activities); TBL cases provide the fundamental knowledge of common gastrointestinal and hepatic disorders (including nutritional implications where appropriate) and are complemented by lectures for specific diseases. The simulation component emphasizes correlations with clinical cases and localization of digestive system lesions. Course content focuses on the following learning objectives:

1. Identify the normal components of blood and the laboratory methods used to assess them. (MK1, PCPS4)

2. Develop a coherent approach to the evaluation of anemia and classify anemic patients based on clinical and laboratory evaluation. (MK2, MK3)
3. Differentiate the major hematopoietic and lymphoid tissues based on their structure and function and identify commonly associated pathologies. (MK1, MK2, MK3)
4. Compare the characteristic pathologic and clinical features of the most common lymphoid and myeloid neoplasms and the clinically important molecular genetics of each. (MK2, MK3, MK4)
5. Categorize the most common immune-mediated hematologic disorders based upon their immunologic features and diagnostic tests. (MK2, MK3)
6. Identify commonly encountered pathogens that produce hematologic manifestations or direct infection of hematopoietic or lymphoid tissues and the clinical manifestations of infection. (MK2, MK3)
7. Distinguish among the mechanisms of action, clinical applications, pharmacokinetics, toxicities, and interactions of drugs used for anemia, hematologic malignancies, and coagulation disorders. (MK4)
8. Schematize the mechanisms that initiate, and limit blood clot formation and the lab tests used to monitor coagulation disorders. (MK1, MK2, MK3)
9. Understand how blood is typed and cross-matched and identify the risks associated with the transfusion of blood and blood components. (MK1, MK2, MK3, MK4)
10. Understand the principles of the basic and clinical sciences related to the structures, processes and diseases of the esophagus, stomach, small and large intestines, gallbladder, liver, and pancreas. (MK1, MK2)
11. Explain normal GI physiology, its relation to nutrition (including nutrient digestion and absorption), and the interaction of GI function and nutritional status. (MK1, MK2)
12. Describe energy metabolism from the level of basic biochemical pathways to whole body energy balance and the impact of imbalance on health. (MK1, MK6, MK7)
13. Describe macronutrients and micronutrients required for human health across the life cycle and the impact of deficiencies and excesses on health. (MK2, MK3)
14. Apply principles and methods of nutrition assessment and analysis of diet and exercise records. (PCPS4, ICS2)
15. Understand the indications for enteral and parenteral nutrition support, the potential delivery sites for each type of support, and potential complications and contraindications. (MK3, MK4)
16. Correlate normal and pathologic anatomy of the gastrointestinal tract with images generated by radiographs, CT and MRI scanning, ultrasound, endoscopic visualization of the digestive system, and other imaging techniques. (MK1, MK3)
17. Describe the basic pathologic processes of common acute and chronic diseases of the hollow and solid organs of the gastrointestinal tract – upper and lower GI, biliary system and gallbladder, and liver. (MK3, PCPS4)

18. Understand basic concepts of the physiology, pathology, epidemiology, and clinical management of disorders of the endocrine system. (MK1, MK2, MK4, MK6)
19. Identify the glands, organs, tissues, and cells that synthesize and secrete hormones, hormone precursors, and associated compounds. (MK1)
20. Demonstrate a basic understanding of the structure and mechanisms of action of homeostatic hormones, as well as the principles of control and regulation of hormone synthesis and release. (MK1)
21. Synthesize the principles and practice of pharmacological and non-pharmacological interventions in the prevention and management of common hematologic, nutritional, gastrointestinal, and endocrine, hematologic disorders. (MK4)
22. Apply basic concepts of differential diagnosis, pathophysiology, and management to clinical scenarios of patients with different forms hematologic, nutritional, gastrointestinal, and endocrine disorders. (MK2, MK4, PCPS3, ICS1)
23. Demonstrate the ability to independently search the literature, assess the quality of resources, and apply principles of evidence-based medicine to clinical decision making. (MK5, PBLI2, PBLI3)
24. Demonstrate ability to synthesize information from multiple sources and provide concise presentations. (PBLI2, PBLI3, ICS5)
25. Demonstrate the ability to work effectively as part of a team, with effective communication, leadership, life-long learning, and problem-solving skills, and skill in self- assessment as well as assessing the performance of peers and faculty. (PBLI1, ICS1, ICS5, P2)
26. In the context of ethical principles, social justice, and optimum patient-centered care, define, describe, and recognize issues related to diversity, equity, and inclusion relevant to population health and disease processes presented in this course. (SBP1, SBP3, ICS2, ICS3, P1, P2)

MDC 6013 PATIENT CENTERED CARE 3

During this course students recognize common health issues and risks; conduct clinical presentations in group settings; reflect on internal motivations and expectations for the medical profession; demonstrate compassion, honesty, integrity, respect, responsibility, and self- discipline in relationship with all individuals, regardless of gender, age, culture, race, religion, sexual orientation, disability, or socioeconomic status. Students also practice prioritizing patient's preferences, comfort, safety, and autonomy in every clinical encounter. Course content focuses on the following learning objectives:

1. Understand the role of consultants in contributing to the care of patients and the need to formulate a clear clinical question to be addressed. (ICS1, ICS3, ICS5)
2. Conduct clinical presentations in group settings. (ICS5)
3. Understand the different and contributing roles of the health care team and recognize the communication strategies that help reduce medical errors. (ICS2, ICS3, ICS4, ICS5, SBP2, PBLI4)
4. Reflect on internal motivations and expectations for the medical profession. (ICS1, P1, PBLI4)

5. Behave in a professional manner by demonstrating compassion, honesty, integrity, respect, responsibility, and self-discipline in relationships with all individuals, regardless of gender, age, culture, race, ethnicity, religion, sexual orientation, disability, socioeconomic status, native language, or role. (P2)
6. Prioritize patient's preferences, comfort, safety, and autonomy in every clinical setting and scenario. (ICS2, ICS4, P1, P5)
7. In the context of ethical principles, social justice, and optimum patient-centered care, define, describe, and recognize issues related to diversity, equity, and inclusion relevant to population health and disease processes presented in this course. (SBP1, SBP3, ICS2, ICS3, P1, P2)

MDF 6004 FOUNDATIONS OF MEDICINE 4: REPRODUCTIVE, BRAIN, BEHAVIOR, AND INTEGUMENT

The reproductive portion of the course covers basic concepts and vocabulary of male and female biology as it relates to pathology, gynecological diseases, and infertility. The human life cycle, focusing on infancy to geriatrics is included in reproductive. The course includes simulated clinical experiences. Students continue to integrate course material related to neuroscience, behavioral medicine, endocrinology, and biostatistics into their knowledge of the human body using team-based learning methodologies and digital anatomy. Relationships with peers and academic mentors continue to strengthen. The brain and behavior aspect of the course addresses basic concepts of normal and abnormal behavior, common psychiatric diseases including clinical diagnosis, therapeutics, and psychopharmacology, and sessions focusing on disease prevention and wellness at each stage of the lifecycle including the role of behavior in prevention. Course content focuses on the following learning objectives:

1. Understand basic concepts of the physiology, pathology, epidemiology, and clinical management of disorders of the reproductive system. (MK1, MK2, MK4, MK6)
2. Describe the physiology of normal pregnancy, labor and delivery, and issues in family planning/contraception. (MK1, MK4, MK7)
3. Explain signs, symptoms, and diagnosis of common disorders for the male and female reproductive systems, including benign and malignant neoplasms, infections, menstrual disorders, sexual dysfunction, disorders of sexual differentiation, abnormal pregnancy, infertility, pubertal disorders, and urinary tract (including prostate) disorders. (MK2, MK3)
4. Relate the anatomical, physiological, and neurochemical features of the brain, brainstem, spinal cord, and cranial and peripheral nerves to both normal and pathologic functions, behaviors, and clinical signs and symptoms. (MK1, MK2, MK3)
5. Describe the embryologic origins of the nervous system and recognize clinically significant errors in neuroembryological development. (MK1, MK2, MK3)
6. Describe the anatomy and function of the meninges, and the origins and flow of cerebrospinal fluid under both normal and pathological conditions. (MK1, MK2)
7. Use an understanding of functional neuroanatomy to localize nervous system lesions based on clinical findings. (MK1, MK2, MK3)

8. Identify the various causes of nervous system damage or dysfunction, the response to injury over time, and to make accurate predictions regarding clinical course and patient prognosis. (MK2, MK3, PCPS4)
9. Illustrate how disruptions in the blood supply to the brain, brainstem and spinal cord lead to nervous system dysfunction and disease. (MK1, MK2, MK3)
10. Demonstrate the ability to develop a prioritized differential diagnosis based on the patient history, neurologic exam, diagnostic testing, and mechanism of injury. (MK3, PCPS2, PCPS3)
11. Propose rational management for diseases of the central nervous system, peripheral nervous system, and psychiatric disorders using evidence-based medicine, including the mechanisms of pharmacologic and non- pharmacologic therapies. (MK4, MK5, PCPS4)
12. Understand how biological and non-biological factors interact in normal behavior and psychopathology across the life cycle including the influence of cognitive, affective, ego and defense mechanisms on reasoning, social development, and emotional development. (MK1, MK2, MK7)
13. Identify the distinguishing features and behaviors relating to different psychiatric disorders including mood disorders, personality disorders, dissociative disorders, psychotic disorders, and cognitive behavioral disorders. (MK1, MK2, MK7)
14. Analyze the interactions of psychology, sociology, biology, and pharmacology in addiction and how to screen and treat patients living with substance addiction and abuse. (MK1, MK2, MK7)
15. Recognize effective strategies for communicating sensitive information to patients and families including those related to culture, sexuality, gender, abuse, death, and grieving. (PCPS2, PCPS3, P1, P2, P4, MK7)
16. Appraise the ethical implications, legal implications, and responsibilities related to the care of susceptible populations including pediatric, geriatric, and mentally ill populations. (MK4, MK7, PCPS1, P1, P2, P3, P4, P5)
17. Evaluate genetic factors in neurocognitive disorders and possible influences of gene therapy on prevalence and management. (MK2, MK3, MK4, MK6)
18. Analyze the biopsychosocial effects of illness on patients and caretakers and propose interventions to address these effects. (MK7, PCPS4, PCPS5)
19. Perform developmentally and age-appropriate risk assessment, screening, and anticipatory guidance over the life cycle. (MK3, MK4, PCPS1)
20. Explain the processes of learning and memory including the neuroanatomical pathways involved. (MK1)
21. Interpret the stages of sleep, causes of sleep disorders, and changes in the sleep cycle with relation to aging. (MK1, MK2)
22. Demonstrate the ability to work effectively as part of a team with effective communication, leadership, life- long learning, and problem-solving skills, and become skilled at self-assessments as well as assessing the performance of peers and faculty (PBL1, ICS1, ICS5, P2)
23. Discuss the structure and function of the integumentary system including common related clinical conditions and their pathophysiology. (MK1, MK2, MK3)

24. In the context of ethical principles, social justice, and optimum patient-centered care, define, describe, and recognize issues related to diversity, equity, and inclusion relevant to population health and disease processes presented in this course. (SBP1, SBP3, ICS2, ICS3, P1, P2)

MDC 6014 PATIENT CENTERED CARE 4

During this course students recognize common health issues and risks; build professional relationships and maintain mutual respect during all interactions, document a clearly elaborated chief complaint, history, and physical exam in a patient progress note; perform a physical examination; propose the most likely diagnosis based on chief complaint, history, and physical exam; generate a problem list; and predict the most likely clinical findings based on the differential. Students learn male and female GU exams using medical models with standardized patients during the concurrent clinical course. Course content focuses on the following learning objectives:

1. Build professional relationships and maintain mutual respect during all inter-professional interactions (ICS1, SBP2)
2. Conduct all inter-personal interactions with respect, inclusive of diversity, empathy, and honesty while adhering to the ethical principles inherent to the medical profession (SBP1)
3. Document a clearly elaborated chief complaint, history, and physical exam in a patient progress note. (ICS5)
4. Conduct both a comprehensive and appropriately targeted adolescent, adult and geriatric medical history that denotes consideration for clinical setting and patient acuity. (PCPS1, PCPS2)
5. Perform a physical examination guided by the principles of hypothesis driven examination and articulating expected and actual normal and abnormal findings in an accurate and sensitive manner. (PCPS1, PCPS2)
6. Propose the most likely diagnosis based on chief complaint, history, and physical exam. (PCPS3)
7. Generate a problem list from a real or simulated patient. (PCPS4)
8. Predict the most likely clinical findings based on the differential. (MK2, PCPS4)
9. In the context of ethical principles, social justice, and optimum patient-centered care, define, describe, and recognize issues related to diversity, equity, and inclusion relevant to population health and disease processes presented in this course. (SBP1, SBP3, ICS2, ICS3, P1, P2)

MDF 6005 FOUNDATIONS OF MEDICINE 5: FOUNDATIONAL AND CLINICAL INTEGRATION

With the completion of the systems sequence, students review the integration of all systems and prepare to take United States Medical Licensing Examination (USMLE) Step 1.

MDC 6015 PATIENT CENTERED CARE 5

During this course students recognize landmarks on routine radiographic imaging and begin to identify best diagnostic imaging to confirm diagnoses on the differential; articulate a basic management plan that considers risk, benefits, and patient preferences; and identifies patient risk factors related to lifestyle. Students also provide a focused summary of the patient's most clinically relevant findings and articulates a clinical question to be answered by a consultant. Students define culture competence, identify social determinants of health in simulated patient encounters as appropriate, and reflect on how personal and social bias may contribute to health disparities. Course content focuses on the following learning objectives:

1. Recognize anatomical landmarks on routine radiographic imaging as well as begin to identify best diagnostic imaging to confirm diagnoses on the differential. (PCPS4)
2. Begin to articulate a basic management plan, considering risk and benefits and incorporating patient preferences. (PCPS4, SBP7)
3. Identify patient risk factors related to their lifestyles and underlying condition. (PCPS5, MK7)
4. Elaborate a clinical question, researches the medical literature, identifies a recent (within 5 years) medical article, and completes an analytical worksheet for one simulated vignette. (PCPS4, PBLI1, PBLI2, PBLI3)
5. Recognize the signs of a patient in distress, recognizes need for help and initiates BLS. (PCPS3, PCPS4)
6. Conduct respectful and empathic oral communication with patients and their families, demonstrating awareness of patient-centered principles, in a variety of settings and situations. (PCPS1, ICS2, ICS3, ICS4, ICS5, P1, P2)
7. Provide education, when prompted, responds appropriately to patient's emotions, and demonstrates empathy during the encounter. (PCPS1, PCPS5, ICS2, ICS3, ICS4)
8. Elaborate a more concise and organized summary statement of patient's presenting complaint, HPI and problem list. (PCPS7, ICS1)
9. Provide a focused summary of patient's most clinically relevant findings and articulate a clinical question to be answered by a consultant. (ICS1, ICS5, ICS3)
10. Present a complete, formal case presentation to community preceptors. (ICS5)
11. Identify the different and contributing roles of the health care team and recognize the communication strategies that help reduce medical errors. (ICS2, ICS3, ICS4, ICS5, SBP2, PBLI4)
12. Observe common clinical procedures using simulation and understands the importance of informed consent in preparing for a procedure. (ICS6, P4)
13. Recognize personal sources of bias and how these may impact quality of care. (PCPS1, P1, MK7)
14. Behave in a professional manner by demonstrating compassion, honesty, integrity, respect, responsibility, and self-discipline in relationships with all individuals, regardless of gender, age, culture, race, ethnicity, religion, sexual orientation, disability, socioeconomic status, native language, or role. (P2)

15. Prioritize patient's preferences, comfort, safety, and autonomy in every clinical encounter. (P1, ICS2, ICS3, ICS4)
16. Build professional relationships by working inter-professionally on a service-learning project. (ICS1, SBP4)
17. Conduct all inter-personal interactions with respect, inclusive of diversity, empathy, and honesty while adhering to the ethical principles inherent to the medical profession. (SBP1)
18. Recognize the prevalence of medical errors, identify factors which contribute to these errors, as well as understand strategies that are in place to improve patient safety. (SBP4, SBP5, PBLI4)
19. Document a complete progress note using the P-SOAP format for 2 patient encounters. (ICS5)
20. Define cultural competence, identify social determinants of health in simulated patient encounters as appropriate, and reflect on how personal and social bias may contribute to health disparities. (SBP3, SBP5, PBLI4)
21. In the context of ethical principles, social justice, and optimum patient-centered care, define, describe, and recognize issues related to diversity, equity, and inclusion relevant to population health and disease processes presented in this course. (SBP1, SBP3, ICS2, ICS3, P1, P2)

MDFC 7100 FAMILY MEDICINE CLERKSHIP (6 WEEKS)

Prerequisite: Pass all foundational science blocks and courses and USMLE Step 1. The clerkship assigns students to clinical experiences in the offices of primary care providers coupled with inpatient experiences for patients from the provider's practice. The goal of this clerkship is for students to build their own panel of patients, develop a relationship over time, and follow patients to different clinical experiences that are part of their medical care. Provides opportunity for students to gain basic knowledge in every aspect of primary care medicine.

MDIC 7200 INTERNAL MEDICINE CLERKSHIP (12 WEEKS)

Prerequisite: Pass all foundational science blocks and courses and USMLE Step 1. Students develop a comprehensive approach to the evaluation and care of the adult medical patient, focusing on improving their ability to obtain, record, analyze and communicate clinical information. Includes both inpatient experience as a member of resident team and outpatient clinics. Each student gains an awareness of the knowledge, skills, values and attitudes that internists strive to acquire and maintain throughout their professional lives. Students have supervised responsibility for patient care, learning to integrate clinical knowledge with practical experience.

MDGC 7300 OBSTETRICS AND GYNECOLOGY CLERKSHIP (6 WEEKS)

Prerequisite: Pass all foundational science blocks and courses and USMLE Step 1. The clerkships include an inpatient labor and delivery experience, an inpatient gynecologic surgery experience, an outpatient preceptor-based experience (including sessions in an outpatient ob/gyn office), and a subspecialty experience (e.g., reproductive endocrinologist, maternal-fetal specialist, uro-gynecologist, gynecologic oncologist). Provides opportunity for students to observe and gain basic knowledge in the care of both obstetrics and gynecology patients in inpatient and outpatient settings. Under supervision by teaching faculty, students are involved in every aspect of the patient's care.

MDPC 7400 PEDIATRICS CLERKSHIP (6 WEEKS)

Prerequisite: Pass all foundational science blocks and courses and USMLE Step 1. Provides medical students with the knowledge and clinical experience necessary to develop basic skills in the evaluation and management of health and disease in infants, children and adolescents. The clerkship provides experiences in the outpatient and inpatient settings, emphasizing those aspects of pediatrics that should be understood and mastered by all physicians, regardless of ultimate career goals.

MDYC 7500 PSYCHIATRY CLERKSHIP (6 WEEKS)

Prerequisite: Pass all foundational science blocks and courses and USMLE Step 1. This clerkship involves a four-week inpatient experience and a two-week integrated outpatient/subspecialty experience. Designed to help students develop clinical skills and a knowledge base in psychiatry. This clerkship includes inpatient, outpatient, consultation-liaison, substance abuse, and experience in a psychiatric emergency room.

MDSC 7600 SURGERY CLERKSHIP (12 WEEKS)

Prerequisite: Pass all foundational science blocks and courses and USMLE Step 1. This is an intense clinical experience that introduces students to the basic principles of surgery, with an inpatient experience as a member of resident team, an experience in surgical subspecialties (e.g., anesthesia, plastics, ENT, etc.) and outpatient clinics to learn about pre-operative and post-operative care. Equips students with the knowledge and skills relevant to surgical management that all physicians should possess. Aims to emphasize patient responsibility and professional behavior as essential qualities for new physicians to develop.

Descriptions of Required Selectives and Electives

Number of Weeks	
Sub-Internship	4
Emergency Medicine or Urgent Care	4
Additional Electives	19

SELECTIVES (EACH IS 4 WEEKS)

- **Emergency Medicine**

This four (4) week selective rotation provides students with an opportunity to examine and treat patients with a wide variety of medical and surgical emergencies at an approved emergency center. Students will learn how to evaluate and stabilize patients of all ages with a host of medical and surgical emergencies. They will learn how to determine whether a patient can be discharged home after treatment or will need additional acute care in a hospital setting. Finally, they will gain experience in splinting, suturing, IV starting, arterial blood gas sampling, participation in trauma resuscitations, and participation in medial resuscitations.

- **Urgent Care**

This four (4) week selective rotation experience is structured to enhance the learner's skills in the area of common urgent conditions or as follow-up after emergency care or inpatient care. Training will emphasize the rapid gathering of a pertinent history, a focused physical exam, and timely decision making. Students will learn to identify patients that need a higher level of care and to manage multiple patients simultaneously. Students will follow patients from initial encounter through appropriate social and medical disposition. Finally, students will be exposed to the performance of procedures necessary to manage conditions commonly seen in Urgent Care.

- **Internal Medicine Sub-internship**

This four (4) week selective rotation provides students with an opportunity to serve as a sub-intern on a general medicine service of an approved hospital. Students are generally responsible for approximately half the patient load of an intern. Students are exposed to the inpatient management of diverse medial problems to facilitate the transition between the role of student and intern.

- **Surgery Sub-internship**

This four (4) week selective rotation provides students with the opportunity to serve as a sub-intern on a general surgery service of an approved hospital and/or at an approved outpatient facility. Students participate in the management of diverse surgical patients from admission to discharge, as well as the care of the surgical patient in the OR and in outpatient facilities. The major purpose of the selective rotation is to facilitate the transition from student to intern.

- **Pediatrics Sub-internship**

This four (4) week selective rotation provides students with the opportunity to serve as a sub-intern on a general pediatrics service of an approved hospital and/or at an approved outpatient setting. Students are generally responsible for approximately half the patient load of an intern. Students are exposed to the inpatient and/or outpatient management of diverse pediatric diseases to facilitate the transition between the role of student and intern.

- **Obstetrics and Gynecology Sub-internship**

This four (4) week selective rotation provides students with the opportunity to serve as an intern on a general Ob/Gyn service of an approved hospital and/or at an approved outpatient facility. Students participate in the management of patients from admission to discharge, as well as the provision of pre-natal care and the management of common gyn conditions in the outpatient setting. The major purpose of the selective rotation is to facilitate the transition from student to intern.

- **Psychiatry Sub-internship**

This four (4) week selective rotation allows students an opportunity to serve as a sub-intern on a general psychiatry service of an approved hospital and/or at an approved outpatient facility. Students participate in the management of diverse psychiatric problems from admission to discharge, as well as the care of chronic conditions in the outpatient setting. Psychiatric and behavioral medicine consultation to medical and surgical services is incorporated. The major purpose of the selective rotation is to facilitate the transition from student to intern.

- **Family Medicine Sub-internship**

This four (4) week selective rotation provides students with an opportunity to serve as a sub-intern on the inpatient and/or outpatient family medicine service of an approved hospital and/or at an approved primary care office. Students are generally responsible for approximately half the patient load of an intern. This selective rotation facilitates the transition between the role of student and intern and is limited to hospitals and facilities that have Family Medicine.

ELECTIVES (EACH IS 4 WEEKS)

INTERNAL MEDICINE ELECTIVES

- **Allergy and Immunology**

This four (4) week elective rotation provides students with an opportunity to work with specialists in the field of allergy/immunology. Students acquire skills in allergy history taking, diagnosis and management of allergy problems (such as seasonal rhinitis and urticaria), asthma, and a variety of immunodeficiency diseases.

- **Cardiology**

This four (4) week elective rotation provides students with an opportunity to develop skills in the comprehensive evaluation of patients with cardiac disorders, including the interpretation of laboratory, procedural, and diagnostic data. Students will gain experience in the management of acute and chronic cardiac problems. Exposure to invasive and non-invasive cardiovascular units is incorporated.

- **Critical Care Medicine**

This four (4) week elective rotation provides students with an opportunity to work in medical critical care units. Students gain experience in the evaluation, management, and performance of procedures common to the critical care unit. Emphasis is on exposure to intensive hemodynamic, cardiovascular, fluid and electrolyte, and respiratory monitoring.

- **Dermatology**

This four (4) week elective rotation provides students with an opportunity to work with dermatologists in an approved office and/or hospital setting. Students gain experience in the comprehensive management of patients in these settings. Emphasis is on the cutaneous manifestations of systemic disease as well as simple surgical techniques in dermatology.

- **Endocrinology**

This four (4) week elective rotation provides students with an opportunity to work with endocrinologists in an office and/or hospital setting. They will gain experience in the diagnosis and treatment of patients with metabolic and endocrine diseases.

- **Gastroenterology**

This four (4) week elective rotation provides students with an opportunity to work with gastroenterologists in a hospital and/or office setting. Emphasis is on the comprehensive evaluation of patient with GI disorders, including the interpretation of laboratory, procedural, and diagnostic data. Students gain experience in the management of acute and chronic GI problems, as well as participate in procedures such as upper and lower endoscopy.

- **Geriatric Medicine**

This four (4) week elective rotation allows students to gain experience with geriatric patients in ambulatory and/or inpatient settings. Emphasis is on primary care geriatrics including sensitivity to psychosocial and systems issues in the healthcare delivery to the frail elderly.

- **Hematology and Medical Oncology**

This four (4) week elective rotation provides students with an opportunity to work on the hematology/oncology service of an approved hospital and/or at an outpatient treatment center. Emphasis is on the evaluation and management of patients with hematologic and malignant disorders, including performance of procedures such as blood smear and bone marrow analysis and the administration of chemotherapy.

- **Hospice and Palliative Care**

This four (4) week elective rotation provides students with learning opportunities in setting which have a formal palliative care service. Focus is on improving the quality of life for patients and their families facing problems associated with a life-threatening illness. This may include prevention, relief of suffering, and treatment of pain and other problems.

- **Infectious Diseases**

This four (4) week elective rotation allows students to gain experience in the diagnosis and management of infectious diseases encountered in hospital and community settings. Emphasis is on culture techniques, identification of pathogens, and testing of sensitivity to pathogens.

- **Nephrology**

This four (4) week elective rotation provides students with an opportunity to gain experience in the evaluation and management of patients with common renal problems. These include acute and chronic renal failure, fluid and electrolyte abnormalities, hypertension, hemodialysis, and transplantation.

- **Neurology**

This four (4) week elective rotation provides students with an opportunity to gain experience in the evaluation and management of patients with common neurological problems. Students will gain familiarity with electromyography, electroencephalography, magnetic resonance imaging, and CT scanning.

- **Pulmonary Disease**

This four (4) week elective rotation provides students with an opportunity to gain experience in the evaluation and management of patients with common pulmonary diseases. Students will develop skills in performing and interpreting arterial blood gas and pulmonary function testing, and may participate in such procedures as Swan-Ganz catheterization, chest tube insertion, central line insertion, and endotracheal intubation.

- **Radiation Oncology**

This four (4) week elective rotation provides students with an opportunity to gain experience in the radiation oncology service of a hospital or outpatient treatment center.

- **Physical Medicine and Rehabilitation**

This four (4) week elective rotation provides students with an opportunity to work on a physical medicine and rehabilitation service of a hospital and/or at an outpatient physical therapy center. They will gain experience with the functional evaluation of the disabled and the planning of an appropriate rehabilitation program. Students will become familiar with the interpretation of EMG, ENG, Evoked Potentials, EEG, and MRI.

- **Rheumatology**

This four (4) week elective rotation allows students an opportunity to work on a rheumatology service of a hospital and/or at an outpatient office. Students gain experience in the evaluation and management of new consultants, as well as chronic patients in both hospital and ambulatory settings.

SURGERY ELECTIVES

- **Anesthesiology**

This four (4) week elective rotation acquaints the student with the specialty of anesthesiology. Emphasis is on pre-operative and post-operative methods of assessment and management of patients undergoing anesthesia for surgery. Students will develop advanced skills in airway management. Risks and complications associated with general and local anesthesia are incorporated.

- **Neurosurgery**

This four (4) week elective rotation provides students with an opportunity to work with hospital and/or office-based neurosurgeons. Students will gain increased understanding of clinical neuroanatomy and the pathophysiology of brain injury. Emphasis is on pre-operative evaluation, surgical evaluation, and post-operative pain management.

- **Ophthalmology**

This four (4) week elective rotation provides students with an opportunity to work with ophthalmologic surgeons. Students will develop the skills necessary to evaluate patients presenting with vision problems, assist in surgical procedures, and provide follow-up care in the inpatient and/or outpatient setting.

- **Orthopedic Surgery**

This four (4) week elective rotation provides students with an opportunity to work with orthopedic surgeons. Students will develop skills necessary to perform pre-operative patient evaluations, assist in surgical procedures, and provide post-operative care in the inpatient and/or outpatient setting.

- **Otolaryngology**

This four (4) week elective rotation allows students to work with otolaryngologic surgeons. Students will develop skills necessary to evaluate patients presenting with problems of the head, ears, nose, neck, and throat. Students will assist in procedures and surgeries and provide follow-up care in the hospital and/or outpatient setting.

- **Pain Management**

This four (4) week elective rotation allows students to work with anesthesiologists and other physicians specializing in pain management. Emphasis is on patient evaluations, participation in procedures, and gaining experience in managing pain from a multidisciplinary perspective.

- **Thoracic and Vascular Surgery**

This four (4) week elective rotation provides students with the opportunity for exposure to the broad range of cardiac, pulmonary, and vascular surgery. Students will gain increased understanding of the cardiopulmonary system and its clinical application. Students participate in the pre-operative evaluation and post-operative management of patients undergoing open heart surgery, as well as thoracic and peripheral vascular surgery. Invasive and non-invasive vascular testing of arterial and venous problems are incorporated.

- **Urology**

This four (4) week elective rotation provides students with an opportunity to work with urologic surgeons. Students will develop skills in patient evaluation, including the use of the intravenous pyelogram, renal scan, and cystoscopy. Students will become familiar with renal failure, cancerous and tumorous conditions, impotence, sexually transmitted diseases, and urologic emergencies. Emphasis is on surgical evaluation and provision of follow-up care.

PEDIATRICS ELECTIVES

- **Neonatology**

This four (4) week elective rotation provides students with an opportunity to work with subspecialists in neonatology. Students will become familiar with the needs of normal infants, as well as problems of high-risk and sick full-term and premature newborns. Clinical learning takes place in the neonatal ICU, nursery, and delivery room.

OBSTETRICS & GYNECOLOGY ELECTIVES

- **Perinatology**
- **Reproductive Endocrinology**
- **Urogynecology**

PSYCHIATRY ELECTIVES

- **Addiction Medicine**
- **Child and Adolescent Psychiatry**

FAMILY MEDICINE ELECTIVES

- **Sports Medicine**

This four (4) week elective rotation provides students with the opportunity to diagnose illnesses and treat common sports injuries and exercise related illnesses and disorders within a primary care office setting. The role of the sports physician in working with athletic teams is incorporated. Emphasis is likewise placed on teaching the principles of fitness testing, exercise prescription, and sports injury prevention.

ADDITIONAL ELECTIVES

- **Pathology**

This four (4) week elective rotation provides students with an opportunity to work with anatomic and clinical pathologists. Students will gain an understanding of principles and patterns of histopathology used in evaluating patient specimens; develop microscopy skills in the areas of cytology, hematology, and urinalysis; assist with autopsies (if available); and interpret clinical laboratory studies for chemistry, immunopathology, and hematology/blood bank. Even though this is not a direct patient care elective, students can participate in autopsies, when available. Students will gain a greater appreciation of pathophysiology as relevant to clinical medicine.

- **Radiology**

This four (4) week elective rotation assigns students to an approved radiology service at a hospital or outpatient site for a structured curriculum. Students acquire skills in diagnostic imaging procedures and interpretation. Emphasis is on indications, contraindications, limitations, and complications of various imaging studies. The primary objective of Radiology is the understanding of what diagnostic imaging is appropriate for different clinical conditions and the basic interpretation of those images. Even though this is not a direct patient care elective, students can participate in interventional radiology procedures, when available. Experiences should prepare the student to be able to

- Understand the indications for different types of radiologic studies and procedures, including but not limited to general radiologic imaging, sonography, mammography, nuclear medicine, cross sectional imaging, and angiography
- Perform basic interpretation of studies and procedures
- Understand the use of interventional radiology in diagnosis and treatment
- Correlate with the foundational knowledge and understanding of anatomy, including thoracic and abdominal anatomy, musculoskeletal anatomy, neuroanatomy, and vascular anatomy

- **Clinical Research**

EXTRAMURAL ELECTIVE

Many fourth-year students are interested in participating in electives at other institutions across the US or internationally. These extramural electives allow students to explore different specialties or sites. Many opportunities exist but a certain amount of research and preparation goes into the process of applying for and securing extramural electives.

Established electives at LCME accredited medical schools, ACGME accredited residency training programs, and military facilities will be approved, if the elective can be accommodated in the student's schedule.

All other extramural electives (i.e., private practices, independent healthcare organizations or hospitals/

clinics not affiliated with an accredited training program, out-of-network VT locations) must be reviewed and approved by the Office of Clerkship Educational Affairs to ensure they meet the appropriate goals and objectives that are expected from a 4th year rotation.

- i. Students pursuing extramural electives must first complete the Extramural Electives Approval Form and submit to the Clerkship Subcommittee of the Curriculum Committee.
- ii. Include with the Extramural Electives Approval Form a letter of acceptance from the program director at the host institution (email, or screenshot from the host institution will be accepted) that identifies the student's name, elective name, and elective dates.
- iii. The student must provide contact information for the individual at the host institution who will facilitate review and signature on behalf of the host institution.
- iv. The Clerkship Subcommittee of the Curriculum Committee oversees the review and approval processes.
- v. To ensure a productive and safe learning environment, students and faculty should discuss the following, particularly for international electives and electives in non-traditional environments:
 - Potential risks to the health and safety of patients, students, and the community
 - The availability of emergency care
 - The possibility of natural disasters, political instability, and exposure to disease
 - The need for preparation prior to, support during, and follow-up after the elective
 - The level and quality of supervision
 - Any potential challenges to the code of medical ethics adopted by WAUSM
- vi. An affiliation agreement is required to participate in any extramural elective. If WAUSM does not have or cannot establish an affiliation agreement with a site, then the student will not be permitted to attend the extramural elective.
- vii. The student should contact the other clinical site to obtain their visiting student application information, fill out the application, and obtain any necessary supporting documents (i.e., transcript, certification of student status letter, processing fees, etc.). Host site application requirements may vary. It is the responsibility of the student to ensure they research each site and have all documentation necessary for their application.
- viii. A final WAUSM assessment/evaluation form must be received for a grade to be recorded and credit to be awarded. It is the student's responsibility to make sure that evaluations are returned.
- ix. Students are responsible for all application fees, travel, food, and housing expenses associated with extramural electives.
- x. Programs must verify that elective experience meets requirements for credit by their specialty board and/or any Accreditation Council for Graduate Medical Education (ACGME) requirements for credit for the elective.

VISITING STUDENTS

WAUSM will consider visiting students after the graduation of the charter class.

WAUSM Assessments

NARRATIVE ASSESSMENTS

In the majority of WAUSM courses and clerkships, a narrative description of student performance will be completed by faculty. Narrative comments will be provided to students for their review in a timely manner and will be a part of the student's permanent file. Clerkship grading narratives are included verbatim in the MSPE/Dean's Letter.

EXAMINATIONS

Most written examinations are conducted as web-based objective examinations, using secure questions; examination questions will not be available for study before or after exams. Examinations are timed and proctored, and students take them using either software from Canvas for local formative and internal summative exams or on laptops/PCs with wired connections linked only to servers at the National Board of Medical Examiners (NBME) for Customized Assessment Service (CAS) final exams (and other exams).

Students have opportunities to raise concerns about exams or ask specific questions by contacting the course, unit, or clerkship director. **The grade manager will notify students of exam results within 24-48 hours of score retrieval.**

Course, unit, and clerkship directors are expected to use a variety of performance measures in addition to the secure, web-administered, objective exams. The performance measures and percentage contribution to the final grade in each unit, course, or clerkship is described in the syllabus.

To the degree possible, exams for concurrent courses will be scheduled so that exams do not compete with other learning activities.

FORMATIVE ASSESSMENTS

Throughout the courses, and clerkships in all 10 semesters of medical school, students are provided with regular, formative feedback on their performance. This feedback takes the form of narrative feedback by faculty and peers and a range of other assessments, such as practice tests on course content. Course, and clerkship directors are expected to ensure structured formative feedback to students early enough to allow sufficient time for remediation.

The NBME Comprehensive Basic Science is administered during the end of the pre-clerkship curriculum (end of semester 5). It is a required exam and will be part of students' 5th semester. Aside from formulating the semester 5 grade, the purpose of this exam is for students to self-assess their preparation and guide their study for the USMLE Step 1 exam.

STUDENT ASSESSMENT AND EVALUATION POLICY FOR CLERKSHIPS AND SELECTIVES / ELECTIVES

In all required clerkships and selectives / electives, each student must be assessed and provided with a

formative assessment allowing students to progress in a learning environment while being monitored. Formative assessments take place at the midpoint and at the end of the clerkship by the attending physician (or the attending physician in collaboration with residents). Students are required to evaluate the program and clinical site once they have taken the final exam.

I. Student Assessment and Evaluation

a. Student Assessment

- i. Mid-Point Assessment: Written formative feedback at or around the mid-point of the clerkship to include a review of the student's progress in completing all required clinical experiences of the clerkship (i.e., case logs).
- ii. Final Assessment: Completed at the end of the clerkship or selective / elective.
 - a. Narrative Assessment: Included on the MSPE, feedback given to summarize the student's overall performance with constructive feedback.
 - b. Summative Assessment: Included on the MSPE, feedback given to indicate grade of Honors, High Pass, Pass, or Fail.

b. Evaluation

- i. Evaluations completed by the student are highly valued and should be completed constructively for purposes of improving the curriculum and are considered in support of promotion of faculty.

II. Competencies for Student Assessment

a. Students are measured by any and/or all of the competencies below:

- i. Medical Knowledge
- ii. Patient Care and Procedural Skills
- iii. Systems Based Practice
- iv. Practice Based Learning and Improvement
- v. Interpersonal and Communication Skills
- vi. Professionalism

III. Rubric for Student Assessment (Mid-Point and Final)

- a. Supervising faculty physicians are responsible for meeting with students at the beginning, middle, and end of the clerkship, or at the beginning and end of the selective / elective, to set expectations and provide feedback by using the below rubric:
 - i. Does Not Meet Expectations
 - ii. Meets Expectations
 - iii. Consistently Meets Expectations and Occasionally Exceeds
 - iv. Consistently Exceeds Expectations

LICENSING EXAMINATION POLICY

To become fully licensed to practice medicine in the United States, individuals must pass all three USMLE Step examinations. This policy describes the required components of the USMLE licensing examinations

during medical school and the implications for the residency match and graduation.

All students must take the USMLE Step 1 exam upon completion of core clerkships and must receive a passing score to remain enrolled. Students must take and pass the USMLE Step 2 CK (Clinical Knowledge) and the appropriate ECFMG Pathway Program, including the Occupational English Test (OET), prior to graduation. Students are expected to take and pass each examination by the deadlines for that examination set forth in the policy below.

USMLE Step 1 Examination

Scheduling of Step 1: Students are required to take the USMLE Step 1 upon completion of core clerkships.

Failure and Retaking of Step 1: Students who fail USMLE Step 1 on their initial attempt are required to take a leave of absence to prepare for and retake Step 1. Students must retake Step 1 within 16 weeks of their 1st attempt. Students who fail their second attempt must complete their third attempt to pass Step 1 within 16 weeks of their 2nd attempt or are subject to dismissal from WAUSM.

Failure to pass Step 1 after the third attempt will result in automatic dismissal from WAUSM.

Academic Year Based on Semester	
Semesters 1, 2, 3 =	First Year
Semesters 4, 5 =	Second Year
Semesters 6, 7, 8 =	Third Year
Semesters 9, 10 =	Fourth Year

USMLE Step 2 CK Examination

Passage of Step 2 Clinical Knowledge (CK) is required for graduation. Initial attempts to pass Step 2 CK must be completed by December 31 in the year preceding graduation.

To ensure that a student who matches to a residency program is ready to start the PGY-1 year on time, any student who will not be able to obtain a passing score on USMLE Step 2 CK before the final date for

submission of the NRMP rank order list will be withdrawn from the residency match by the Office of Student Affairs.

Failure to pass Step 2 CK, after the third attempt, will result in automatic dismissal from WAUSM.

ECFMG Pathway Programs

In response to the suspension and subsequent discontinuation of Step 2 CS by the USMLE, the

[ECFMG|FAIMER](#) offers pathways to allow international medical graduates (IMGs) to meet the clinical and communication skills requirements for ECFMG Certification.

The Pathways allow ECFMG Certification to continue to perform its critical function of providing assurance to the public and U.S. graduate medical education (GME) programs that IMGs are ready to enter supervised training. They also allow qualified IMGs to continue to pursue ECFMG Certification and to compete for positions in U.S. GME.

Applicants who pursue one of the Pathways are required to attain a satisfactory score on the Occupational English Test (OET) Medicine to satisfy the communication skills requirement for ECFMG Certification. All Pathway applicants, regardless of citizenship or native language, must satisfy this requirement.

OET Medicine is only one of the requirements for completing a Pathway. Applicants also must submit an on-line application for the appropriate Pathway.

For a description of the pathways, eligibility information and application procedures, please visit:

[Requirements for ECFMG Certification Pathways.](#)

FAILURE TO PASS, AFTER THE THIRD ATTEMPT, EITHER STEP 1 OR STEP 2 CK WILL RESULT IN AUTOMATIC DISMISSAL FROM WAUSM

Students must be enrolled in WAUSM to be able to register for and take the USMLE Step 1 and USMLE Step 2 CK examinations. Students are required to complete applications for the USMLE examinations in sufficient time to request test dates on or before the deadlines.

Students with circumstances that prevent them from taking or retaking the USMLE Step 1 or Step 2 CK examinations according to the dates in this policy must, as soon as possible, petition in writing to the OSA, who will review the request and make a determination.

Grades and Transcripts

The official WAUSM transcript is organized by academic year, listing all courses and clerkships in the academic year, with the credit hours for each course or rotation, followed by the final grade earned for each course or rotation. The transcript will also record that the student passed the University's internal competency assessments.

MAPP

The final course grade for a student is determined by the percentages and designation indicated below. Several methods of evaluation may be used to make this assessment, including but not limited to, written examinations, team-based activities, direct observation of students, written reports, oral presentations, and evaluations of professional conduct. Students should see the MAPP course syllabus for detailed information about grading. Student achievement of competencies results in either a Pass (P) or Fail (F) final grade.

- a. Each student earning the following percentage scores on the overall course grade will receive the indicated designation, at minimum:
 - i. 70% - 100%: Pass (P)
 - ii. Less than 70%: Fail (F)

PRE-CLERKSHIP

The final course grade for a student is determined by the percentages and designation indicated below. Several methods of evaluation may be used to make this assessment, including but not limited to, written examinations, team-based activities, direct observation of students, written reports, oral presentations, Observed Structured Clinical Examination (OSCE) and evaluations of professional conduct. Students should see the course syllabus for detailed information about grading for an individual course. Student achievement of competencies results in either an Honors (H), High Pass (HP), Pass (P) or Fail (F) final grade.

- a. Each student earning the following percentage scores on the overall course grade will receive the indicated designation, at minimum:
 - i. 90% – 100%: Honors (H)
 - ii. 80% - 89.9%: High Pass (HP)
 - iii. 70% - 79.9%: Pass (P)
 - iv. Less than 70%: Fail (F)

CLERKSHIP

Student achievement of competencies is stratified, based on clinical performance and NBME Subject Examination performance, resulting in either an Honors (H), High Pass (HP), Pass (P), or Fail (F) final grade.

- a. Honors (H): The student has performed consistently in a manner judged as truly outstanding. The performance is worthy as a model.
- b. High Pass (HP): The student has performed consistently in a manner judged to be clearly above average

competency. The performance may occasionally be exemplary but not consistently so.

- c. Pass (P): The student has performed consistently in a manner judged to be at or above the minimum level of competency. The performance may occasionally be superior, but not consistently so. No significant portion of the performance has been below the minimum level of competency.
- d. Fail (F): The student has performed in a manner judged as marginal in relation to the minimal level of competency. In some respects, performance may have been above the minimum level, but in other aspects, or at other times, performance has been below the minimum level. The student has not demonstrated adequate mastery of the pertinent competency. Remediation or repetition of coursework is required.

Each student earning the following percentage scores on the overall course grade will receive the indicated designation, at minimum:

- i. 90% – 100%: Honors (H)
- ii. 80% - 89.9%: High Pass (HP)
- iii. 70% - 79.9%: Pass (P)
- iv. Less than 70%: Fail (F)

ELECTIVES AND SELECTIVES

Student achievement of competencies is based on clinical performance, resulting in either an Honors (H), High Pass (HP), Pass (P), or Fail (F) final grade.

- a. Honors (H): The student has performed consistently in a manner judged as truly outstanding. The performance is worthy as a model.
- b. High Pass (HP): The student has performed consistently in a manner judged to be clearly above average competency. The performance may occasionally be exemplary but not consistently so.
- c. Pass (P): The student has performed consistently in a manner judged to be at or above the minimum level of competency. The performance may occasionally be superior, but not consistently so. No significant portion of the performance has been below the minimum level of competency.
- d. Fail (F): The student has performed in a manner judged as marginal in relation to the minimal level of competency. In some respects, performance may have been above the minimum level, but in other aspects, or at other times, performance has been below the minimum level. The student has not demonstrated adequate mastery of the pertinent competency. Remediation or repetition of coursework is required.

Each student earning the following percentage scores on the elective/selective assessment will receive the indicated designation, at minimum:

- i. 90% – 100%: Honors (H)
- ii. 80% - 89.9%: High Pass (HP)

iii. 70% - 79.9%: Pass (P)

iv. Less than 70%: Fail (F)

IN PROCESS (IP) AND FAIL (F) GRADES IN PERMANENT STUDENT RECORDS

a. In Process (IP):

- i. This temporary grade is used for students who have not completed all required components of a course or clerkship but can do so before a completion date established by the University.
- ii. In Process (IP) grades change to Fail (F) grades if the remediation is not completed in a satisfactory manner within the time limits prescribed by SPC.

a. Fail (F):

- i. Students who receive a Failing (F) grade in a medical school course, clerkship, or rotation will be referred to the Student Progress Committee (SPC) for review of the student's overall academic progress.
- ii. All Fail (F) final grades will be listed on the student's permanent transcript. The transcript will reflect both the initial grade of Fail (F) and the final remediated grade earned in the course or clerkship.
- iii. Failure to complete the plan for remediation (i.e., work not completed or performed at an unsatisfactory level) will be reported to the SPC for action, which can include requiring the student to repeat the course/clerkship, repeat the semester or year, be placed on probation, suspension, or dismissal from WAUSM.

WITHDRAWALS

- a. A withdrawal occurs when a student's enrollment is discontinued with no intention of returning to the program. Withdrawals can be either student-initiated or administratively determined.
- b. Students are subject to a withdrawal based on the following:
 - i. A student electing to withdraw, prior to the first exam, will receive a grade of a "W" on their transcript.
 - ii. A student electing to withdraw after taking one or more examinations will receive a grade of a withdrawal passing (WP) or withdrawal fail (WF) based on their performance on the examination(s) taken on their transcript.
 - iii. A student that is administratively withdrawn will receive a grade of withdrawal administrative (WA) on their transcript.

Please see the "Withdrawal Policy" and "Withdrawal Procedure" for more information.

FACULTY RECUSAL FROM ACADEMIC EVALUATION

Assessments in and promotions through the academic program of WAUSM are expected to be made fairly, impartially, and without bias. To accomplish that goal, both faculty and students have an obligation to alert the Office of Student Affairs (OSA) if they perceive a potential conflict of interest. In addition, Student Progress Committee (SPC) members must identify as early as possible any situation that could reasonably call into question the judgment of the member.

As soon as a conflict of interest or the appearance of a conflict of interest is recognized, faculty members participating in the student assessment process shall recuse themselves from both assessment of the student in courses, units or clerkships and any discussion of and voting on the student.

A conflict of interest is present if the faculty member has or has had a treatment relationship with the student or has, or has had, a close personal or familial relationship with the student.

Faculty members shall bring any conflict to the attention of the OSA as soon as they become aware of the situation.

Students have the obligation to avoid small groups, preceptor assignments, clinical sites, as well as specific clerkships and elective rotations where evaluating faculty members have a close or personal relationship with the student.

Examples of situations where the faculty would be considered to have, or have the future potential for, academic or professional influence include, but are not limited to:

- a. Faculty supervisors and collaborators on a trainee's research or scholarly project
- b. Faculty teaching a course in which the trainee is enrolled, regardless of whether the faculty and trainee are in the same school, department, or program
- c. Faculty serving as the student's mentor
- d. Faculty or staff who would normally be expected to provide regular formal evaluation of a trainee's performance, such as an attending physician in a field closely related to the trainee's

Generally, any conflict is considered resolved by:

- a. recusal of the affected faculty member from an academic assessment role or proceedings involving the student before the SPC, or
- b. if the faculty member is in a position to mentor or assess the student in other WAUSM educational activities, the replacement of the faculty member with an impartial faculty member or reassigning the student to an appropriate alternative experience.
- c. The OSA will determine whether additional steps should be taken to manage the potential conflict.

Procedure for medical students with a prior or ongoing relationship with a faculty member or resident physician:

- a. In the case that a medical student is assigned to work with a faculty member or resident physician with whom they have had a prior or ongoing professional care provider relationship or close personal relationship, either party must request that the student be granted an immediate change of assignment without fear of reprisal for this request.
- b. The medical student should contact the OSA, who will facilitate an immediate reassignment for the student.
- c. The faculty member should contact the OSA, who will alert the course, unit, or clerkship director immediately about the need to change the assignments and to ensure that the faculty member will have no influence on the assessment or determination of the grade of the medical student.

- d. The resident physician should contact the OSA, who will contact the residency program directly to inform them of the relationship.
- e. The OSA shall also alert the clerkship director immediately about the need to change the assignments to ensure that the resident will have no influence on the assessment or determination of the grade of the medical student.

Grade Appeal Policy

Students may appeal a grade or evaluation if there is a concern about a perceived grading error, or perceived procedural irregularities in the process that affected the grade. Students are encouraged to raise any concerns or complaints about a grade as soon as possible to the appropriate authority as indicated in this policy.

The purpose of the grade appeal process is to protect the rights of both the student who earns a grade and the Faculty who assign the grade. Faculty have the right to use their professional judgment, both subjectively and objectively, in determining a student's grade based on academic performance. They also have the responsibility to award grades in a uniform manner based on established expectations and criteria for academic (including clinical) performance. Students have the right to appeal a grade that they feel has been awarded in an arbitrary and capricious manner. They also have the responsibility to accept the faculty member's professional judgment about their performance.

INFORMAL RESOLUTION

- a. Before filing a formal appeal, students are encouraged to try all other routes to resolve differences. For example, speaking to individual faculty members, or the unit or course directors. Students should seek the counsel and help of the Office of Student Affairs and consider such an appeal only after all alternative routes have been explored.
- b. Before the formal appeal process is initiated, any student who believes a final grade is inappropriate should confer with the course, clerkship, or elective director to request a reconsideration. This is considered an informal review of the grade. This discussion should be initiated within two (2) weeks of the posting of the grade. The student is entitled to an explanation of exactly how the final grade was determined and to view the results of component quizzes, examinations, and evaluations that contributed to the final grade, if available.

APPEAL OF A SINGLE EXAMINATION OR EVALUATION

- a. Students may appeal a single examination grade in the MAPP or pre-clerkship program within three (3) business days of the grade being posted if it is believed a grading error has occurred or there is another concern. Students should submit their concern in writing to the Course, Unit, or Program Director to arrange a meeting to discuss the concern/s.
- b. If the student is not satisfied with the outcome of meetings with the Course, Unit, or Program Director, the student may submit their concern in writing to the Office of Student Affairs (OSA). The Office of

Student Affairs (OSA), or their designee, will consult with the appropriate faculty or leadership for review. The student will be notified of the decision within three (3) business days after deliberations and decision.

c. The decision of the OSA is final for single examination or evaluation appeals.

APPEAL OF A FINAL COURSE GRADE OR EVALUATION

- a. Students may appeal a final grade or final evaluation within ten (10) business days of the final grade being posted if it is believed a grading error has occurred or there is another concern. Students should submit their concern in writing to the Office of Student Affairs (OSA).
- b. The Office of Student Affairs (OSA) will review the written appeal and will consult with the appropriate faculty or leadership for review.
- c. If the student is not satisfied with the outcome of the OSA, they may appeal in writing to the Executive Dean within ten (10) business days.
- d. The Executive Dean will review the appeal and respond to the student within ten (10) business days of receiving the appeal.
- e. The decision of the Executive Dean is final for final course grade or evaluation appeals.

If an appeal is not filed by the student in a timely manner, any ramifications related to transcript generation, determination of academic standing, and promotional considerations will be the responsibility of the student and may be irreversibly or negatively impacted.

The burden of proof rests with the student to demonstrate that the final grade was awarded inappropriately.

Falsification or fabrication of information to support an appeal is subject to disciplinary action under the Code of Conduct.

Recognition of Exemplary Academic Performance

DEAN'S LIST

Students will not qualify if they are actively on academic probation or have a code of conduct violation at any time during the entire program towards the degree. Students exhibiting exemplary academic performance are recognized as follows:

Pre-Clerkship: Students who earn an “Honors” in the Foundations of Medicine course and an “Honors” in the Patient Centered Care Course. Students must earn “Honors” in both courses. Students are recognized each semester.

Clerkship: Students are eligible to be recognized on the Clerkship Dean's List for each of the six (6) core clerkships. Review of eligibility will occur at the conclusion of each core clerkship. Students will not qualify if they are actively on academic probation or have a code of conduct violation at any time during the entire program towards the degree. Students must meet the following criteria to qualify:

- I. Must have completed and passed the NBME Subject Clerkship Exam (SCE) on the first attempt.
- II. Students must earn an **“Honors”** in the specific clerkship:
 - a. Internal Medicine
 - b. Surgery
 - c. Family Medicine
 - d. Pediatrics
 - e. OB/GYN
 - f. Psychiatry

HONOR ROLL

Students will not qualify if they are actively on academic probation or have a code of conduct violation at any time during the entire program towards the degree. Students exhibiting honorable academic performance are recognized as follows:

Pre-Clerkship: Students who earn a “High Pass” in the Foundations of Medicine course and a “High Pass” in the Patient Centered Care Course. Students must minimally earn a “High Pass” in both courses. Students with a “High Pass” in one course and an “Honors” in the other course are eligible for the Honor Roll. Students are recognized each semester.

Clerkship: Students are eligible to be recognized on the Clerkship Honor Roll for each of the six (6) core clerkships. Review of eligibility will occur at the conclusion of each core clerkship. Students will not qualify if they are actively on academic probation or have a code of conduct violation at any time during the entire program towards the degree. Students must meet the following criteria to qualify:

- I. Must have completed and passed the NBME Subject Clerkship Exam (SCE) on the first attempt.
- II. Students must earn a “High Pass” in the specific clerkship:
 - a. Internal Medicine
 - b. Surgery
 - c. Family Medicine
 - d. Pediatrics
 - e. OB/GYN
 - f. Psychiatry

GRADUATION DISTINCTIONS

Students will not qualify for the following graduation distinctions if they have ever been on academic probation or had a code of conduct violation at any time during the entire program towards the degree. Transfer students to WAUSM will not be eligible for this distinction.

1. Graduating with Highest Honors: To be eligible for “Highest Honors”, students must achieve an “Honors”

designation throughout all WAUSM pre-clerkship and core clerkship courses (transfer courses / credits are not eligible) and who have passed the United States Medical Licensing Examination® (USMLE®) Step 1 and Step 2 on the first attempt will receive “Highest Honors” printed on transcripts and diplomas.

2. Graduating with High Honors: To be eligible for “High Honors” status, students must achieve a minimum of eight (8), or more, “Honors” designation in all WAUSM pre-clerkship and core clerkship courses (transfer courses / credits are not eligible) and must have completed and passed the United States Medical Licensing Examination® (USMLE®) Step 1 and Step 2 on the first attempt. “High Honors” will be printed on transcripts and diplomas.

3. Graduating with Honors: To be eligible for “Honors” status, students must achieve a minimum of five (5), or more, “Honors” designation in all WAUSM pre-clerkship and core clerkship courses (transfer courses / credits are not eligible) and must have completed and passed the United States Medical Licensing Examination® (USMLE®) Step 1 and Step 2 on the first attempt. “Honors” will be printed on transcripts and diplomas.

Student Advancement, Promotion, and Graduation Standards

The Student Advancement, Promotion and Graduation Standards Policy is intended to inform WAUSM students of their rights and responsibilities as they progress through the WAUSM curriculum.

The Student Progress Committee (SPC) reviews student performance to ensure students are making satisfactory progress toward graduation and meeting WAUSM's general competencies.

STANDARDS

- a. Students must meet all academic requirements, including, but not limited to, passing all required courses or rotations and licensing examinations. Candidates for the MD degree must achieve all competencies, complete the prescribed course of study, and pass USMLE Step 1, Step 2 CK, the Occupational English Test for Medicine (OET), and all other curricular requirements. Students must complete the MD degree program within seven (7) years from the date of matriculation into the program.
- b. In order to maintain Good Standing, a student is required to pass all courses. If a student fails one course in a pre-clerkship semester, the student must repeat the entire semester, regardless of performance in other courses, to advance. Any student who fails two or more courses is subject to dismissal.
- c. A student must meet all academic requirements, including, but not limited to, passing all courses, licensing examinations and/or having fulfilled all terms of an agreement (for example: remediation, Leave of Absence, etc.), to advance.
- d. A student must complete the USMLE Step 1, Step 2 CK, and OET requirements within the specified timelines as outlined in the Licensing Examination Policy.
- e. A student must complete all graduation requirements within seven (7) years of matriculation.
- f. A student fulfills all agreed upon terms of an approved leave of absence.

ADVANCEMENT

- a. A Student in good standing that has passing grades in all courses will advance to the next course/semester of instruction.
- b. A Student who successfully completes a remediation program, if applicable, or a repeated semester with passing grades will advance.
- c. A student who fails a course, or fails to meet academic standards or competency standards, will not advance and will be subject to review and possible disciplinary action.

FORMAL DISCIPLINARY ACTIONS

- a. Formal Disciplinary Actions include Probation, Suspension, and Dismissal.
- b. A Student subject to a Formal Disciplinary Action is not in good standing.
- c. The action will be recorded on the student's record and noted in the medical student performance evaluation.

- d. All formal disciplinary actions will be reported to medical staff committees, specialty boards, medical licensing authorities, and regulatory agencies upon their request.

PROBATION

- a. Probation provides a student that has not satisfactorily met WAUSM's general competencies another opportunity to meet those standards rather than be dismissed. A Student will be placed on probation for academic reasons if any of the following occur:
 - i. Failure to successfully pass a course
 - ii. Withdrawing or taking a leave of absence while failing a course
 - iii. Failure to pass USMLE Step 1, USMLE Step 2 CK, or the OET
- b. A student currently on probation who fails a course or USMLE Examination or a licensing exam may be subject to dismissal.
- c. Before a student can be removed from probation and reinstated to good standing, they must have their academic record reviewed by the SPC to ensure the student has met the required standards and is making satisfactory progress.

DISMISSAL

- a. Dismissal permanently removes the student from active enrollment with no opportunity for reenrollment or re-admission.
- b. Dismissal is recorded on the academic transcript and reported to medical staff committees, specialty boards, medical licensing authorities, and regulatory agencies upon their request. The SPC may dismiss a student for any of the following reasons, including but not limited to, the following:
 - i. Failure of two or more courses or failure of a course while on Probation.
 - ii. Failure to pass USMLE Step 1, Step 2CK, or the OET.
 - iii. Insufficient time remaining to complete the requirements for the MD degree within seven (7) years of matriculation.

DISMISSAL PROCESS

Dismissal is not automatic and requires a review by the SPC. The process for review is as follows:

- a. A student will be notified via their WAUSM email by the Office of the University Registrar (OUR) if they are being considered for dismissal no later than seven (7) business days from the official grade release. The OUR also will notify the SPC of all students to be considered for dismissal.
- b. A student being considered for dismissal may apply for a personal leave of absence while the SPC deliberates.
- c. Students who choose not to take a personal leave of absence will be placed on an administrative leave of absence.
- d. The SPC will review and meet with each student brought before SPC and render a decision on each student no later than thirty-five (35) business days from the official grade release.

- e. The Chair of the SPC will notify the student via their WAUSM email of the time and location of the SPC meeting, as well as the student's rights and responsibilities. The student may present why they should not be dismissed at the meeting and may provide written materials supporting their position to the SPC prior to noon on the last business day before the meeting. The student may not have a guest or advisor at the meeting or remain during SPC deliberations.
- f. After deliberation, the SPC will decide as to whether the student should be dismissed. The Chair of the SPC will notify the student of its decision no later than forty-five (45) business days from the date of the official grade release unless circumstances exist making the forty-five (45) business day timeline impractical.
- g. A student who is dismissed may choose to accept the dismissal, request reconsideration by the SPC, or appeal to the Executive Dean.

RECONSIDERATION & APPEAL

- a. A student dismissed by the SPC may request reconsideration by the SPC if the student has new relevant information that was not previously available and presented to the SPC. Request for reconsideration must be emailed no later than five (5) business days from receipt of the SPC decision.
- b. The SPC will reply to a request for reconsideration no later than ten (10) business days from receipt of the student request. If the student provides no new information, the request for reconsideration will be denied.
- c. A student who is dismissed, or whose request for reconsideration was denied, and believes that policies and procedures were not followed by the SPC, may appeal to the Executive Dean. The student must send their letter of appeal to the Executive Dean no later than five (5) business days from the date of the SPC notice of dismissal.
- d. The Executive Dean will review a student's letter of appeal, the student's academic record, the record from the student's meeting with the SPC, and the SPC decision Letter.
- e. The Executive Dean then will issue a written decision and send it to the student's WAUSM email account no later than twenty (20) business days from the date of the student's letter of appeal. The Executive Dean may deny the student's appeal and accept the SPC recommendation of dismissal, or they may reject the recommendation and refer the matter back to the SPC and the Office of Student Affairs to develop an appropriate remediation program with the student.

Unsatisfactory Performance and Academic Remediation

Students who fail to meet academic performance and professionalism standards during the 5 semesters at WAUSM will be subject to review by the Student Progress Committee (SPC) and could be considered for remediation, disciplinary action and/or dismissal. When deemed appropriate by SPC, remediation opportunities will be allowed.

UNSATISFACTORY PERFORMANCE

- a. Student performance extends beyond medical knowledge and academic performance. Behavior of a medical student reflects on the student's ability to become a competent physician. The University expects all medical students to be professional in their interactions with patients, employees, faculty, and staff and to exhibit caring and compassionate attitudes. These and other qualities will be evaluated during patient contacts and in other relevant settings by both faculty and peers. In addition, students must adhere to WAUSM's Code of Student Conduct.
- b. In conferring the MD degree, WAUSM certifies that the student is prepared to enter the challenges of Graduate Medical Education. The MD degree also certifies that, in addition to competency in medical knowledge and skills, the graduate possesses those traits essential to the profession of medicine as judged by the faculty members, residents, and the student's peers. Attitudes and/or behaviors, including, but not limited to alleged violations of WAUSM's Code of Student Conduct may indicate unsatisfactory performance of professionalism. The SPC may review allegations of conduct that, in its judgment, indicate an academic deficiency and, if a deficiency is found, may dismiss the student. A SPC review of a student's academic progress does not preclude a WAUSM review for student conduct code violations.

ACADEMIC REMEDIATION

- a. Failed Examination within a Course
 - i. The WAUSM curriculum is fast-paced and demands a high level of preparation and participation for student success. Any student who scores below a passing grade on any examination as defined in the missed examination policy must meet with the Center for Academic Success (CAS) to discuss their performance and learning strategies.
 - ii. The Center for Academic Success and the Office of Student Affairs will assist in formulating strategies to assist the student and will meet with the student to discuss correction strategies tailored to the student's individual needs.
 - iii. The goal is to provide prompt and effective intervention to correct academic deficiencies to help prevent failure overall.
- b. Failed Course
 - i. If a student fails a course and requires formal remediation to achieve a passing grade, the student will be presented to SPC for review.
 - 1. Foundations of Medicine (FoM): Students must pass all components of the course to pass the

semester. Students who fail the FoM course may have the opportunity to repeat one (1) semester. All failures will be reviewed by the SPC.

2. Patient Centered Care (PCC): Students failing the PCC 1 practical examination may remediate the examination after week 15 of the semester, within the first week of the semester break. Students successfully remediating the practical examination may not receive a total PCC 1 grade higher than 70%, regardless of remediation exam score or points received for the activity component of the PCC 1 course. Remediating students cannot receive high pass or honors for that semester. The remediation of the course will be noted internally for MSPE purposes.

c. Failed Semester – Pre-clerkship Program

- i. Students must pass all components of the Foundations of Medicine course (FoM) and the Patient Centered Care (PCC) course to pass the semester. Students who fail either the PCC course or the FoM course without successful remediation, may have the opportunity to repeat one (1) semester. All failures will be reviewed by the SPC.

The University strongly encourages students to assume leadership positions in various sanctioned campus organizations and activities (e.g., class officer positions, student interest groups, health outreach missions, and the like). Students who accept such leadership positions should be in “good academic standing,” defined as:

- a passing grade in each course attempted
- successful completion of USMLE Step 1 on the first attempt (if applicable)
- a passing grade in each required clerkship (if applicable)
- passing grades in Step 2 CK (if applicable)
- passing grade in OET (if applicable)
- passing grade in ECFMG Pathway (if applicable)

If students fall below this specified standard of academic performance, they may be required to relinquish their leadership position until their academic performance returns to the acceptable level. They also should seek assistance from appropriate advisers, counselors, and mentors.

MISSED EXAMINATION POLICY

Students are expected to complete all examinations on the dates and times noted on the Canvas calendar. In rare cases, extenuating circumstances may prohibit a student from completing an examination on the original scheduled date and time. In these instances, students may request approval from the Office of Student Affairs (OSA) to sit for a missed examination and must be prepared to sit for a remediation exam. Extenuating circumstances may include, but are not limited to, hospitalization due to serious illness, military conscription, or death of a family member. Extenuating circumstances will be determined by the Office of Student Affairs (OSA).

I. **Summative Examinations (SUM-E’s), Anatomy Practical Exams, Comprehensive Basic Science Self-Assessment (CBSSA)**

- a. Students who miss a summative examination, anatomy practical examination or the Comprehensive Basic Science Self-Assessment (CBSSA) due to extenuating circumstances need to provide

documentation of those circumstances to the Office of Student Affairs (OSA). Documentation must be provided within 24 hours of the missed examination.

- b. Students approved for a remediation examination must be prepared to sit for a remediation exam within seven (7) calendar days from the original exam date.
- c. Following approval, the exact remediation exam date will be scheduled, and this date is final.
- d. In cases where a student is either not approved for remediation or fails to appear for the remediation exam at the scheduled date and time, the student will receive a score of zero (0) for that missed examination.

II. Final Examinations, OSCE's and Comprehensive Basic Science Exam (CBSE)

- a. Students who miss a final examination or OSCE will receive a zero (0) for those examinations.
- b. If a student fails a course because of missing these examinations, the Student Advancement, Promotions and Graduation Standards Policy will apply.

STUDENT WITHDRAWAL POLICY

A withdrawal occurs when a student's enrollment is discontinued with no intention of returning to the program. Withdrawals can be either student-initiated or administratively determined. Students should be aware that a withdrawal decision or determination is final. Please see the "Grades and Transcripts" policy, section V, for transcript designations in the case of a withdrawal.

- a. A withdrawal occurs when a student's enrollment is discontinued with no intention of returning to the program.
- b. The Student Progress Committee (SPC), under certain circumstances, may recommend that a student be administratively withdrawn from the program.
- c. An administrative withdrawal may be recorded if a student takes an unauthorized leave or does not return from an approved leave of absence.
- d. An administrative withdrawal (WA) may also be recorded in cases where a student does not provide missing documentation by the established deadline of being admitted, including but not limited to, official transcripts and test scores.
- e. Students are subject to administrative withdrawal (WA) if they;
 - i. do not return to campus after the start of the semester during the designated check-in period
 - ii. are absent for more than five (5) consecutive days within one semester with no communication or notice to the University
 - iii. fail to submit withdrawal paperwork within five (5) academic days of OSA request
 - iv. fail to report to a clinical rotation on the first day of the rotation
 - v. do not return from an approved leave of absence by the established date or take an unauthorized leave
 - vi. do not sit for the USMLE Step 1, Step 2 CK, or OET Medicine exams by the deadline provided by WAUSM
 - vii. do not provide missing documentation, including but not limited to official transcripts, test scores, immunization records, etc. viii. Please refer to the "Grades and Transcripts Policy" for transcript notations in the event of a withdrawal.

Extended Absence and Leave of Absence Policy

Students are expected to attend class, participate in all educational activities, and complete curricular requirements for their course of study. However, WAUSM recognizes that some students may encounter circumstances that prevent them from fulfilling all requirements for their program of study in the prescribed timeline.

WAUSM has established policies that allow arrangements for students to be able to complete their course of study.

Students should be aware that their return and reintegration into the curriculum may require repeating or auditing of classes or clerkships / electives already taken. Students should also understand that, depending upon the length of the leave of absence, graduation may be delayed.

I. Approved Extended Absence

- a. Students can apply to the Office of Student Affairs for an approved extended absence when an extenuating circumstance may result in missed educational activities that span a minimum of six (6) consecutive business days or a maximum of fifteen (15) consecutive business days within a semester.

II. Extended Absence Contract

- a. Students on an Approved Extended Absence must review and sign an Extended Absence Contract (EAC).
- b. The Extended Absence Contract provides structure, uniformity, and communication between the student, faculty, and administration, and all Student Services departments for these extended absences.
- c. The Extended Absence Contract (EAC) must be signed and approved by all parties at least 14 days prior to the anticipated absence, or within 48 hours of the onset of an emergency or unexpected circumstances.
- d. Any Approved Extended Absence that extends beyond the fifteen (15) consecutive business days will require an official Leave of Absence. If the extended absence converts to a Leave of Absence, students will be required to get counseled by the Office of Student Financial Services for considerations and implications of a LOA.
- e. All appropriate parties affected by the Approved Extended Absence will be required to provide input on the coursework missed and the plan for completion of the missed work, including deadlines for completion.
- f. WAUSM reserves the right to impose an Administrative Leave of Absence if the Approved Extended Absence must be extended and the student does not petition for a personal leave of absence.

III. Leave of Absence (LOA)

- a. For students who anticipate being unable to participate in all course requirements or activities for a period of time beyond fifteen (15) consecutive business days, the student must petition for a Leave of Absence.
- b. A student who requests a leave of absence is responsible for all academic work scheduled until the

request is approved.

- c. Students considering a leave of absence (LOA) must notify the OSA as early as possible to discuss the reason for the leave, the steps to initiate the leave, the conditions of return from leave, potential consequences of taking a leave, and, if pertinent, alternatives to a leave of absence. Students are also required to meet with the Director of Financial Aid prior to submitting the request for LOA to fully understand the impact of leaves on financial aid and scholarships.
- d. After discussion, if the student feels that a leave of absence is the best option, they must complete and submit the Leave of Absence Approval Form to Registrar@WAUSM.education. The LOA Form can be found in Canvas, in the Student Hub under Student Affairs Forms.
- e. If the leave is approved, the student is withdrawn from all courses. A grade of WP (Withdrawal Pass) or WF (Withdrawal Fail) appears on the official transcript.
- f. In emergency situations, the OSA, in the exercise of reasonable judgment, may bypass some or all of the below steps to ensure campus safety or patient safety in the clinical sites, and/or the safety of other students, faculty and staff. Nothing in this or other policies shall be construed to prevent WAUSM from requiring students to always meet the university/program essential eligibility requirements and technical standards, and the policies and procedures that assure campus safety.
- g. A student who is repeatedly absent may be placed on an Administrative Leave of Absence (ALOA) or administratively withdrawn at the discretion of the University without the ability to reapply for admission.
- h. A student may return earlier than the established anticipated return date when the conditions of return are met earlier than anticipated and must be approved by the OSA as appropriate.
- i. If the student goes on leave and incurs a financial balance, all financial obligations to WAUSM must be satisfied prior to their return.
- j. When the leave of absence expires, students that have not yet been in communication with the OSA regarding plans for their return will be contacted. Students that choose not to return may withdraw from WAUSM; if WAUSM is unable to contact the student, then the student will be administratively withdrawn from the program in lieu of a withdrawal.
- k. Students going on leave are reminded that all degree candidates, whether currently registered or not, are expected to maintain a satisfactory standard of conduct.
- l. Students must complete all registered credit hours and associated coursework and requirements by the end of the semester in which the extended absence occurs.
- m. Students may not be on LOA at the time they take a USMLE examination. Being officially enrolled is a prerequisite for a student to be certified as eligible to take Step 1 and 2 CK.

IV. Types of Leave of Absence

a. **Administrative Leave of Absence (ALOA)**

- i. An ALOA is a WAUSM-mandated leave to address a single or multiple academic, professionalism, or other deficiencies.
- ii. Reasons for an Administrative Leave of Absence include, but is not limited to:

1. Failure to abide by WAUSM policies, including, but not limited to, those related to student behavior and conduct, and the WAUSM technical or professional standards.
 2. A student may be placed on an Administrative Leave of Absence, in cases where the student becomes so disruptive as to interfere with the academic pursuits and other activities of the academic and/or clinical community.
 3. If a student is experiencing personal or medical circumstances but refuses to petition for a personal leave of absence and WAUSM's administration believe it is in their best interest to go on a leave. Or, if a student demonstrates inability or unwillingness to carry out substantial self-care obligations such as participation in their own healthcare, compliance with healthcare visits, rehabilitation, or monitoring programs.
 4. Health and safety reasons and/or substance misuse.
 5. Financial reasons.
 6. A student may be required to take an ALOA if it is believed that the student poses a risk to themselves or others.
 7. In severe circumstances that warrant an interruption in the student's education.
 8. WAUSM is concerned for the general safety, health, and well-being of the campus community including students, faculty and staff and the safety and well-being of patients. On occasion, a student may experience circumstances that significantly limit their ability to function safely or successfully as a student, or the student may no longer meet the minimum technical and/or professional standards of the program. In these cases, WAUSM may place such a student on an ALOA.
- iii. For students placed on an ALOA for disciplinary reasons, the result of the adjudication process will determine when a student is allowed to return.
 - iv. The Office of Student Affairs will advise the student to take a personal leave of absence. If the student is unwilling to take a student-initiated Personal Leave of Absence, the Office of Student Affairs will place the student on an Administrative Leave of Absence.

b. Educational Leave of Absence (ELOA)

- i. An Educational Leave of Absence is a voluntary leave to pursue research, an externship, a degree-granting program outside the School of Medicine, or any other career advancing activity. An Educational Leave of Absence is generally not granted for a period beyond one year. The 12-month period begins on the first day of the student's leave of absence. An Educational Leave of Absence may only occur during semesters 6-10.

c. Personal Leave of Absence (PLOA)

- i. The OSA may grant a personal leave of absence. If the leave is due to medical reasons, the student must provide the appropriate medical documentation, including but not limited to, a letter from the treating physician clearly stating the nature of the medical condition and reasons it requires a leave of absence. The OSA may require additional information to determine the appropriate timeframe for return. The OSA reserves the right to require a second opinion if the reason for the medical leave

is not common for the medical condition or to confirm that a medical condition exists or if the OSA believes a second opinion is warranted.

ii. In cases of PLOA for medical / health reasons:

1. The student must provide to the OSA a letter / documentation from the healthcare provider directly involved in the student's care supporting the need for a PLOA.

V. Leave of Absence Extension

- a. Students who feel that they need more than a 12-month LOA may request an extension. The student must provide written documentation to the OSA for the extension, leave length, the rationale for the extension and provide documentation supporting the need for additional time, when appropriate.

VI. Return from LOA

- a. Students must complete and submit the Return from LOA Form to the Office of the University Registrar 30 days prior to their return. The Return from LOA Form can be requested through the Office of the Registrar at Registrar@WAUSM.education.
- b. The OSA, in consultation with appropriate University officials, faculty, and staff will determine the conditions for return from leave, the requirements to remain in active status once the student returns from leave and the system for student monitoring upon return.
- c. Upon return from a leave, the OSA, in consultation with all pertinent parties will determine the student's placement within the curriculum. The return may require repeating, or auditing of classes or clerkships / electives already taken.
- d. In the case of medical / health reasons, students need to provide documentation from the health care provider directly involved in the student's care that they are fit to return to studies. The student may be required to comply with the healthcare provider's prescribed treatment as a condition for returning from PLOA.
- e. In the case of ALOA, the student must provide documentation that the circumstances necessitating the ALOA have been satisfactorily addressed and/or remedied, and they are clear to return.
- f. In the notification letter, students will be advised of the documentation and the required source of that documentation to satisfy WAUSM's requirements to return.
- g. If any changes have been made to the curriculum and/or requirements, the student must adhere to university curriculum and requirement policies in effect at the time of their return.
- h. Upon return, the student must meet financial obligations in effect at the time of their return.

Note: A student who is granted a Leave of Absence for which the effective date for the leave is on or after the first day of the semester and they are enrolled in the WAUSM Healthcare insurance will remain enrolled in the health insurance for the semester when the leave was taken.

Student Privacy Rights

The Family Educational Rights and Privacy Act of 1974 (FERPA) established regulations that govern the access to and the release of student education records. FERPA affords a student certain rights with respect to their education records. More information is available in the Student Handbook located on the WAUSM Student Hub Canvas Course.

Degree Requirements

The Doctor of Medicine (MD) degree is awarded upon successful completion of the following:

1. Pre-Clerkship Curriculum
2. Clinical Clerkship Curriculum
3. USMLE Step 1
4. USMLE Step 2 CK
5. OET Medicine
6. ECFMG Pathway Approval
7. Resolve all student holds

OFFICE OF STUDENT FINANCIAL SERVICES

The Office of Student Financial Services is dedicated to assisting students make informed financial decisions. The office ensures the billing of students, collecting and depositing payments, sending invoices and receipts, distributing tax forms where applicable, issuing refunds, and verifying eligibility for financial aid disbursements.

OFFICE OF THE UNIVERSITY REGISTRAR

The Office of the University Registrar supports the academic mission of WAUSM by ensuring the integrity, accuracy, and confidentiality of academic records. Our services include, but are not limited to, student registration, class and final exam scheduling, grade processing, degree auditing, enrollment and degree verification, personal data record changes, academic record creation and maintenance, course information system operations, academic catalog, transcript and diploma issuance, degree conferral, and commencement exercises. We continuously strive to provide quality services that are efficient and reliable to members of the University and community.

Official transcripts can be requested electronically through [Parchment Transcript Services](#) and are only available from the Office of the University Registrar. Students may view their unofficial transcripts by logging into Canvas. Official transcripts cannot be released until all student holds have been resolved.

WHITE COAT CEREMONY

The White Coat Ceremony is a rite of passage where students take the Hippocratic Oath in front of family members, peers, and school officials, acknowledging the value of humanism and healthcare practice. Ceremony details to follow.

COMMENCEMENT

Commencement exercises are held in the spring of each academic year. See academic calendar for details. Unless otherwise excluded as pursuant to the student handbook, a student may participate in Commencement if the student:

1. Has an eligible graduation date of the current academic year.
2. Did not participate in Commencement for the academic year their degree was conferred, but successfully matched into a residency program in the current academic year.
3. Received a residency position or other employment, which is scheduled to begin at least one month before their scheduled graduation date.
 - a. Submit a written request to registrar@wausm.edu at least 60 days prior to the graduation date and include the following:
 - i. Anticipated date you will complete all graduation requirements;
 - ii. Copy of signed contract; and
 - iii. Copy of offer letter.

DEGREE CONFERRAL

Degree conferral will take place once all degree requirements have been met, outstanding balances are paid in full, student holds are resolved, and any administrative documents, clinical evaluations, and test scores from USMLE Step 1 and 2 and OET Medicine/ECFMG Pathway have been received. **Participation in commencement exercises does not equate to degree completion.**

WAUSM medical students will be considered a graduate after they have completed their degree requirements and their degree has been conferred.

LICENSURE

The ECFMG requires students to take and pass USMLE Step 1 and Step 2 CK exams, OET Medicine exam, and receive ECFMG Pathway Approval. The final step for licensing is taken after graduation during the end of residency training, USMLE Step 3.

Medical Advancement Preparatory Program

WAUSM's Medical Advancement Preparatory Program (MAPP) prepares students to be successful in medical school by providing personalized support and group learning through customized instruction from faculty whose goal is to see them succeed and progress to WAUSM. MAPP will offer academic preparation to enhance student knowledge of the basic sciences, while also carving out dedicated time to develop study skills and self-assessment techniques essential to succeeding in medical school and beyond. Students who successfully complete MAPP with a Pass will gain acceptance to WAUSM and continue their medical school journey with the built-in support system of their MAPP colleagues.

MAPP is a one semester (15-week) program, 240 hours (Equivalent to 2 Carnegie units. Units are not transferable), accepting three classes per year, in late November/early December, April, and August. MAPP students who successfully promote to WAUSM will receive the SELECT Scholarship covering their first semester in medical school. The total tuition cost for MAPP is \$10,225. Attendance at every learning experience is mandatory. Students should consult the MAPP course syllabus for more detailed information about the course structure.

MAPP TUITION (EFFECTIVE SEPTEMBER 2023)*

MAPP Semester (15-week)	\$10,225 per semester
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** Please note: Tuition is expected to increase annually. The figures above reflect current tuition pricing.*

MAPP EXTERNAL FEES (EFFECTIVE JANUARY 2024)*

External Fees	Cost	Frequency
Cigna Student Health Insurance	\$1,336.35	5 months of coverage

**Please note: Student may opt out of WAUSM's Student Health Insurance plan.*

REFUNDS AND WITHDRAWALS

- I. Students who withdraw, or have an approved leave of absence, from the MAPP program prior to the first day of classes will receive a 100% tuition refund, less any nonrefundable fees.
- II. Students who withdraw after the start of classes will be subject to the following refund policy on tuition, less any non-refundable fees.

MAPP Weeks Completed	MAPP Weeks Not Completed	% of Program Completed	% of Tuition to be Refunded
1	14	6.67%	93.33%
2	13	13.33%	86.67%

MAPP Weeks Completed	MAPP Weeks Not Completed	% of Program Completed	% of Tuition to be Refunded
3	12	20.00%	80.00%
4	11	26.67%	73.33%
5	10	33.33%	66.67%
6	9	40.00%	60.00%

Students who withdraw after week 6, will not receive a refund.

- III. The Office of Student Affairs makes the determination of extenuating circumstances such as serious illness, military conscription, or death of a family member.
- IV. The date of withdrawal is determined by the date that a written application for withdrawal for that semester is received by the office for student affairs. Tuition refunds are processed within 30 days of the received date of the written application.

Please note: Fees originating outside the institution such as student health insurance fees, etc. charged to your student account for supplies and services are generally non-refundable once services have begun or supplies have been provided. For US students with private loans, any credits that result will be returned to the private loan program first and to the student second.

FINANCIAL RESPONSIBILITIES AND LATE FEES

- I. Students accept financial responsibility for payment of all institutional costs including, but not limited to, tuition and external fees.
- II. A student will not be able to register for future semesters until all outstanding balances have been paid in full.
- III. Tuition bills are available in the online portal, generally, two weeks before classes begin.
- IV. Student account balances are due no later than the first day of the semester. Payments can be made by check mailed to the US payment address, wire, or credit card.
- V. Students choosing to enroll in a payment plan will pay a \$35 processing fee per semester.
- VI. If a student has an outstanding balance after the date in which classes commence for the semester, a hold and a \$100 late fee will be placed on the student account, unless the student has secured funding and approval from the Office of Student Financial Services (SFS).
- VII. Students may be administratively withdrawn for non-payment of tuition.

STUDENT RECORDS HOLDS

- I. A Student Financial Services hold will be placed on a student account to withhold services, records, academic certifications, transcripts, and diplomas from a student whose account is past due.
- II. The Office of the University Registrar may place a hold on the student account for different reasons; therefore, please contact the appropriate office that initiated the hold to discuss what requirements must be met to have the hold removed.

ACADEMIC CALENDAR FOR DEC 2023 - NOV 2024

NOVEMBER/DECEMBER 2023

S	M	T	W	Th	F	S
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JANUARY 2024

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY 2024

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

MARCH 2024

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL 2024

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY 2024

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE 2024

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

JULY 2024

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST 2024

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER 2024






S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER 2024

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER 2024

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

	MAPP Check-In		WAUSM Classes Start		No MAPP Classes
	MAPP Classes Start		MAPP Classes End		

DRESS CODE

Students will adhere to the WAUSM Professional Personal Appearance policy in line with the pre-clerkship campus dress code (e.g. sections III a., c.) as outlined in the student handbook.

ACADEMIC COUNSELING

The Center for Academic Success (CAS) is the main mechanism for student advising and mentoring. All MAPP Faculty are members of CAS, and each entering MAPP class is divided randomly and evenly between MAPP Faculty Members. This structure results in each student having a dedicated faculty guide throughout the preparatory program, who focuses on the intellectual and professional growth and development of the student over time, and as they transition to WAUSM. For more information on CAS, refer to the section on The Center for Academic Success (CAS) in the Student Handbook.

PERSONAL COUNSELING

WAUSM's qualified mental health providers support MAPP students by providing culturally informed, and affirming individual and group counseling, as well as psychoeducational programming on topics relevant to medical students. Counseling services are free, without session limits, and may be accessed virtually.

Students may engage in counseling for various reasons including but not limited to, performance-based anxiety, academic distress, anxiety, depression, relationship challenges, adjustment difficulties, trauma, racial trauma, identity challenges, and treatment for symptoms of various mental health disorders, including alcohol and other drug use. WAUSM Counseling & Wellness Center services are not part of the academic record and follow local and federal confidentiality laws.

REGISTRATION SERVICES

The Office of the University Registrar will register new students upon confirmation by the Office of Admissions. A student's enrollment is contingent on submission of all documentation required for admission. Any missing documentation specified by the Office of Admissions must be submitted to the Office of the University Registrar prior to the start of classes.

Tuition is billed upon course registration, approximately two weeks prior to the start of each semester or once all documents have been confirmed and received by the Office of Admissions (whichever comes first). Tuition is due, in full, before the start of classes each semester. Students who have submitted all required financial aid forms and have received a loan guarantee and/or approval that cover the balance due, may have their tuition payment deferred until the funds disburse from the lender.

HEALTH INSURANCE

WAUSM requires students to carry health insurance and strongly encourages its students to ensure their health insurance provides sufficient coverage to ensure the student will be able to obtain all necessary diagnostic and treatment goods and services. All WAUSM students are required to obtain and maintain health insurance. The student has exclusive responsibility for his or her own medical bills.

Students who have their own healthcare coverage may opt out of the WAUSM insurance plan and complete the waiver form by contacting the Office of Student Financial Services. Waivers must be submitted by the deadline, which is approximately 30 days from the start of the program.

DISABILITY INSURANCE

Accident and sickness protection is available to all WAUSM students. This is an optional benefit that students

may consider while attending WAUSM. This is a separate coverage from student health insurance.

More information on this optional benefit can be found on the Student Hub in Canvas. General questions can be sent to the Office of Student Financial Services.

IMMUNIZATIONS

The immunizations required for MAPP and WAUSM students are based on the current Center for Disease Control and Prevention (CDC) recommendations for Health Care Personnel. For detailed information on WAUSM's immunization requirements, please refer to the immunization section in the Student Handbook.

COVID-19

All members of the WAUSM medical school community, including faculty, staff, students, visitors, etc., will be required to be fully immunized against Covid-19 prior to their arrival on the Freeport Campus, or any of WAUSM's healthcare partners in the US (except in the case of documented health conditions that preclude vaccination). Students will be required to provide proof of the required doses of the Covid-19 vaccine (depending on which vaccine was administered).

Acceptable vaccines include Pfizer/BioNTech, Moderna, Janssen (Johnson & Johnson), Oxford/AstraZeneca.

Every WAUSM student is required to have an immunization for, or show evidence of immunity to, the following diseases before matriculating:

- a. Hepatitis B*
- b. Current (annual) Influenza Vaccination
- c. Measles, Mumps, and Rubella (MMR)
- d. Purified Protein Derivative (PPD) Skin test (2 Step)
- e. Tetanus Toxoid
- f. Diphtheria Toxoid
- g. Acellular Pertussis Vaccine (Tdap)
- h. Varicella (Chicken Pox)
- i. COVID-19, please see COVID-19 section above

*Students who need to repeat the Hepatitis B series and Titer will have 8 months from the start of matriculation to complete.

Clerkship sites may require other vaccinations that are not listed above. WAUSM students are required to abide by the vaccination policy of each clerkship site.

WAUSM students may be required to upload proof of immunizations to multiple online portals to satisfy the requirements of the affiliated hospital where they rotate.

Failure to comply with this policy may result in a student's inability to satisfy the graduation requirements in his or her program.

CHECK-IN

Check-in is mandatory for all students and occurs the day before the start of the semester. Check-in confirms student attendance in the program and provides an opportunity for you to complete or deliver any documentation that is needed by WAUSM before the semester begins.

MAPP GRADES

Academic achievement is reviewed and compiled by the Director of MAPP, inclusive of Faculty feedback, for academic performance assessment. There is no opportunity to remediate if the student does not successfully pass MAPP.

Students will be able to track their numerical grade performance throughout the semester via the learning management system. Each student earning the following percentage scores on the overall course grade will receive the indicated designation:

- Pass (P): 70% - 100+%
- Fail (F): Less than 70%

COLLEGE CREDIT CERTIFICATE

Students who successfully complete the MAPP program will receive a College Credit Certificate, but no degree or credentials are awarded. The MAPP certificate of completion increases your marketability by enhancing knowledge and setting the foundation of basic medical sciences. This certificate cannot be used as means for admission into any other institution that requires a high school or college degree.

MAPP CURRICULUM

Week #	Session #	Anatomy	Physiology & Cell Biology	Biochemistry	Additional Sessions
1	1	Intro to Clinical Anatomy & Medical Imaging	Introduction to Cell Biology/Physiology & Homeostasis	Introduction to Biochemistry	How to Complete Pre-work
	2	Intro to Histology & Body tissues	Cell structure & Function	Amino Acids, Peptides & Protein Structure	Scheduling; CAS
2	3	Brain & Meninges	Cell Membrane & Membrane Transport	Protein Function	Central & Peripheral Nervous Systems
	4	Ventricular System	Cell signaling	Enzyme Kinetics	Cancer Biology
3	5	Vertebral column & spinal cord anatomy	Endocrine System 1	Nucleic Acids	Skull - Viscerocranium
	6	Skull - Neurocranium & Cranial Fossae	Endocrine System 2	Overview of the Immune System	Endocrine Physiology - Review
	Exam #1 (5%)				

(continued on next page)

4	7	Cranial Nerves I, II, III, IV, VI, VIII, XI, XII	Nervous System 1	Genetics	Cranial Nerves Review
	8	Cranial Nerves V, VII, IX, X	Nervous System 2	Inheritance, Epigenetics & Gene Regulation	Common Genetic Disorders
5	Exam 2	11	10	9	
6	9	Thoracic wall, cavity & mediastinum anatomy	Sensory Physiology	Vitamins & Nutritional Disorders	Coronary Circulation
	10	Heart Anatomy	Skeletal Muscle Physiology	Carbohydrates	Smooth & Cardiac Muscle Physiology
7	11	Embryology of the heart	Cardiovascular Physiology 1	Glycolysis & Gluconeogenesis	Cardiovascular histology & thoracic imaging
7	12	Heart defects	Cardiovascular Physiology 2	Citric Acid Cycle	Biochem Review
8	13	Lung & respiratory anatomy	Cardiovascular Physiology 3	Cori Cycle, Pentose Phosphate Pathway, Oxidative Phosphorylation & Electron Transport	Intro to ECG
	14	Respiratory histology	Cardiovascular Physiology 4	Carbohydrate Metabolism Disorders	Pharynx & Larynx
9	15	Intro to Bacteria	ECG Workshop	Glycogenesis and Glycogenolysis	Respiratory Physiology 2
	16	Intro to Viruses	Respiratory Physiology 1	Glycogen Storage Disorders	Biochem Review
10	Exam 3	8	11	10	
11	17	Abdominal Wall & Peritoneal cavity	GI Physiology 1	Amino Acid Metabolism & Urea Cycle	Liver & pancreas anatomy & histology
	18	Abdominal Viscera & Blood supply	GI Physiology 2	Amino Acid Metabolism Disorders	Renal system anatomy & microanatomy
12	19	Bones & joints of UE	Renal Physiology 1	Fat & Cholesterol Metabolism	Brachial Plexus & Arm
	20	Pectoral, scapular, axillary Anatomy	Renal Physiology 2	Fatty Acid Metabolic Disorders	Metabolism Review
13	21	Forearm & Hand	Acid-base physiology	Pharmacokinetics	
	22	Pelvis, Gluteal Region, Thigh	Renal Physiology - Review	Pharmacodynamics	
14	23	Leg & Foot	Multi-systems Physiology Workshop	Drug & Toxin Workshop	Toxicology
	24	UE & LE MSK Workshop	Final Exam Review	Final Exam Review	Final Exam Review

15	Final Exam	12	7	10	
Total Faculty Sessions		31	28	29	

DESCRIPTIONS OF REQUIRED COURSE

MAPP 1000

During this course, students engage in various modalities of active learning to begin to master medical terminology, develop teamwork skills, explore digital anatomy and medical imaging, and establish relationships with peers and academic mentors. The course is designed to provide students with a broad foundation in critical biomedical science subject areas, including biochemistry, cell biology, molecular biology, genetics/genomics, microbiology, immunology, physiology, anatomy, and histology. Foundational medical knowledge of the nervous, musculoskeletal, cardiovascular, respiratory, renal, and gastrointestinal systems will provide the scaffolding upon which students will layer greater complexity and detail in the preclerkship courses. In addition to foundations of medical knowledge, self-assessment and study-skill building will be central to the active learning modalities. Course content focuses on the following learning objectives:

1. Apply knowledge of the anatomy and physiology of the musculoskeletal system to explain clinical signs and symptoms arising from disease or injury. (MK1, MK2, MK3)
2. Relate the anatomical, physiological, and neurochemical features of the brain, brainstem, spinal cord, and cranial and peripheral nerves to both normal and common pathologic functions, behaviors, and clinical signs and symptoms. (MK1, MK2, MK3)
3. Describe the anatomy and function of the meninges, and the flow of cerebrospinal fluid under both normal and common pathological conditions. (MK1, MK2)
4. Understand the principles of basic science related to the structure and function of the nervous, cardiovascular, respiratory, renal, and gastrointestinal systems, including common congenital abnormalities or pathologies. (MK1)
5. Correlate basic normal and pathological anatomy with radiologic imaging methods of the head, heart, vasculature, airways, lungs, kidneys, urinary, and gastrointestinal system utilizing X-ray, CT, and MRI imaging modalities. (MK1, MK2, MK3)
6. Understand the underlying causes of common diseases of the cardiovascular, respiratory, and renal systems including their epidemiology, prevention, detection, and evidence-based treatment. (MK2, MK3, MK4, MK5, MK6)
7. Describe the histological structure and function of basic tissue components (including epithelial cells, connective tissue cells, muscle cells, nerve cells, blood cells, and extracellular matrix). (MK1)
8. Understand the principles of interpretation of an electrocardiogram and recognize common arrhythmias. (MK1, MK3, MK4)
9. Understand the relationship between the cardiovascular and renal systems in the control of blood pressure and the therapeutic management of hypotension and hypertension. (MK2, MK3, MK4)
10. Understand the physiology and pathophysiology of lung mechanics and gas exchange. (MK2, MK3)
11. Understand the relationship between the anatomy and physiology of the kidney, and how the kidney serves to

- function in electrolyte, fluid, and acid-base regulation and the associated common disorders. (MK1, MK2, MK3)
12. Understand the integrated roles of the cardiovascular, respiratory, and renal systems in maintaining acidbase homeostasis and apply this knowledge to the management of common acid-base derangements. (MK1, MK2, MK3, MK4)
 13. Understand the principles of the basic and clinical sciences related to the structures, processes and diseases of the esophagus, stomach, small and large intestines, gallbladder, liver, and pancreas. (MK1, MK2)
 14. Explain normal GI physiology, its relation to nutrition (including nutrient digestion and absorption), and the interaction of GI function and nutritional status. (MK1, MK2)
 15. Recognize anatomical landmarks on routine radiographic imaging as well as begin to identify the best diagnostic imaging to confirm common diagnoses. (PC4)
 16. Describe the architecture of a cell as it relates to cell function. (MK1)
 17. Describe the structural features of DNA, RNA, and chromosomes and the methods used to analyze these structures. (MK1)
 18. Explain the processes through which a polypeptide chain folds to its active native structure, the interactions that stabilize that structure, and the role of post-translational modifications. (MK1)
 19. Summarize and compare the major metabolic pathways for anabolism and catabolism of amino acids, carbohydrates, lipids, and nucleotides including regulatory mechanisms. (MK1)
 20. Describe the basis of microbial classification, structure and function of viruses, bacteria, fungi, and parasites. (MK2)
 21. Describe the reproductive cycles of RNA and DNA viruses, the molecular basis of viral pathogenesis, and the characteristics of latent and persistent viral infections. (MK2)
 22. Compare the structure and function of the immune system cells, including granulocytes, natural killer cells, macrophages, T-lymphocytes, and B-lymphocytes. (MK2)
 23. Compare the acute inflammatory response to the chronic inflammatory response, including mediator systems, the vascular response to injury, inflammatory cell recruitment, and clinical manifestations. (MK2, MK3)
 24. Explain the causes, fundamental characteristics, and process of carcinogenesis, and describe the most common biochemical and physiological alterations found in malignant transformation. (MK2, MK3)
 25. Demonstrate the ability to independently search the literature, assess the quality of resources, and apply evidence-based principles to clinical decision making. (MK5, PBLI2, PBLI3)
 26. Demonstrate ability to synthesize information from multiple sources and provide concise presentations. (PBLI2, PBLI3, ISC5)
 27. Develop the ability to work effectively as part of a team, to develop effective communication, leadership, life-long learning, and problem-solving skills in a small group setting and become skilled at self assessment as well as assessing the performance of peers and faculty. (PBLI1, ISC1, ISC5, EP2, PPDW4, PPDW6)

Leadership Team

Joseph Flaherty, MD <i>BS, University of Illinois at Urbana - Champaign</i> <i>MD, University of Illinois College of Medicine</i>	President and Chief Medical Officer, Chair, Psychiatry
Paula S. Wales, EdD <i>BA, Franklin College</i> <i>MS, Auburn University</i> <i>EdD, Auburn University</i>	Executive Dean and Chief Academic Officer
Laura Welke, PhD, MHRM <i>BA, Augsburg College</i> <i>MHRM, Keller Graduate School of Management</i> <i>PhD, Boston University School of Medicine</i>	Campus Dean and Professor, Foundational Sciences
James Drucker, MBA	Senior Vice President, Chief Marketing Officer
Scott Ippolito, MD <i>BA, Hofstra University</i> <i>MD, Ross University School of Medicine</i>	Associate Dean, Clinical Sciences, Chair, Family Medicine
Nancy Selfridge, MD <i>BSc, Southern Illinois University</i> <i>MD, Illinois State University</i>	Assistant Dean, Chair and Professor, Clinical Medicine, Department of Medical Education
Shannon Evans, DSW <i>BA, Rutgers, The State of University of New Jersey</i> <i>DSW, Rutgers, The State University of New Jersey</i>	Assistant Dean, Pre-Clerkship Student Affairs, Medical Education, Faculty
Danielle McDonald, MS ED	Associate Dean, Admissions and Student Affairs
Jerome Polk, JD <i>JD, Indiana University</i> <i>BA, Kenyon College</i>	Vice President, Regulatory Affairs and Compliance, Instructor, Medical Education
Jennifer K. Dennis, MA	Senior Associate Dean, Student Operations and Finance

Nicole Reeves, PhD, MBA <i>BA, University of Texas at Austin</i> <i>MA, Texas State University</i> <i>PhD, University of Tennessee</i>	Director and Associate Professor
Yaremis Vega, MBA	Director, Administration

Faculty and Staff Administration

Cesar Barrabi, PhD <i>BA, Florida International University</i> <i>PhD, Wayne State University</i>	Medical Education, Faculty
Cara Bazil	Academic Operations and Colleague Experience Administrator
Julie Burgio, MBA	Director, Student Financial Services
Jenica Chambers, PhD <i>BA, Williams College</i> <i>PhD, Duke University</i>	Medical Education, Faculty
Mark Coleman, PhD <i>BM, University of Tennessee</i> <i>MA, Stony Brook University</i> <i>PhD, Stony Brook University</i>	Medical Education, Faculty
Hayley Derricott, PhD <i>BSc, University of Manchester, UK</i> <i>PhD, University of Manchester, UK</i>	Medical Education, Faculty
Teykia Deveaux, MD <i>BA, Fisk University</i> <i>MD, Howard University</i>	Medical Education, Faculty
Roger Dilts, PhD <i>BS, Virginia Tech</i> <i>PhD, Washington State University</i>	Medical Education, Faculty
Peter Doherty, PhD <i>BA, University of Alberta</i> <i>MSc, Loyola College</i> <i>PhD, United States International University</i>	Medical Education, Faculty
Stephanie Doland, MS	Director, Student Development and Campus Life
Alyssa K. Eason, EdD <i>BA, Florida Atlantic University</i> <i>MS, Nova Southeastern University</i> <i>EdD, Nova Southeastern University</i>	University Registrar, Medical Education, Faculty

<p>Omur Cinar Elci, MD, PhD <i>PhD, Dokuz Eylul University School of Medicine</i> <i>MD, Ege University</i></p>	Medical Education, Faculty
<p>Mark Hardy</p>	Director, Campus Operations - Freeport
<p>Tracy Havlin, MLIS <i>BA, University of Victoria</i> <i>MLIS, University of British Columbia</i></p>	Manager, Library Services, Instructor, Medical Education
<p>Rebekah Herbison</p>	Director, Communications
<p>Ken Jarvis</p>	Simulation Operations Specialist and Program Coordinator
<p>Melanie Jessel, LPC</p>	Director, Counseling and Wellness
<p>Dariano Joseph, CSSGB, CITM</p>	Director, IT
<p>Bassem Khalil, PhD <i>BS, Notre Dame University</i> <i>MS, Lebanese American University</i> <i>PhD, Albert Einstein College of Medicine</i></p>	Medical Advancement Preparatory Program, Faculty
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