

**SAMUEL MERRITT UNIVERSITY**  
**2019-2020 CATALOG AND STUDENT HANDBOOK**

*(updated October 10, 2019)*

Oakland Campus  
3100 Telegraph Avenue  
Oakland, CA 94609  
510-879-9200

Sacramento Campus  
2710N Gateway Oaks Drive, Suite 360  
Sacramento, CA 95833  
916-646-2770

San Francisco Peninsula Campus  
1720 South Amphlett Boulevard, Suite 300  
San Mateo, CA 94402  
650-292-5565

[www.samuelmerritt.edu](http://www.samuelmerritt.edu)

## **Catalog & Handbook Statement**

The provisions of this catalog and student handbook reflects information available as of the date of publication. The provisions of this catalog and student handbook are subject to change and do not constitute an irrevocable contract between any student and Samuel Merritt University. New policies and policy changes are emailed to the University community and posted two weeks prior to implementation on the University website.

## **Affirmation of Nondiscrimination**

Samuel Merritt University does not discriminate on the basis of race, religion, color, sex, pregnancy, ethnicity, national origin (including ancestry), citizenship status, familial status, disability, age, sexual orientation, gender, gender identity, veteran or military status (including special disabled veteran, Vietnam-era veteran, or recently separated veteran), predisposing genetic characteristics or any other protected category under applicable local, state or federal law, including protections for those opposing discrimination or participating in any resolution process within the University or within the Equal Employment Opportunity Commission or other human rights agencies. Nondiscrimination is consonant with the principles and practice of the University and is in compliance with Title VII of The Civil Rights Act of 1964, as amended, Title IX of The Education Amendments of 1972, and section 504 of the Rehabilitation Act of 1973.

## **Accreditation**

Samuel Merritt University is accredited by the regional accrediting association, the WASC Senior College and University Commission (WSCUC). Professional programs of the University are accredited by specialized accrediting agencies. [This Page](#) provides information on each of the agencies by which the University and its programs were accredited at the time of publication of this catalog and student handbook.

## HISTORY OF SAMUEL MERRITT UNIVERSITY

SMU Program History	Degree	Year Established
Nursing*	Diploma	1909
Nursing* (Intercollegiate Nursing Program)	BSN	1981
Nursing* RN-BSN option	BSN	1984
Nursing Program for College Graduates/FastTrack BSN*	BSN	1988
Master of Physical Therapy*	MPT	1990
Nursing (Administration*, High Risk Populations*)	MSN	1992
Nursing (Family Nurse Practitioner)	MSN	1993
Physical Therapy Post-Professional Master of Science*	MS	1993
Nursing (Nurse Anesthesia & Medical Surgical*)	MSN	1994
Master of Occupational Therapy*	MOT	1994
Nursing (Entry-Level Master's for college graduates)	MSN	1996
Nursing (Case Management)	MSN	1997
Nursing (RN-BSN-MS with Saint Mary's College)*	BSN,MSN	1997
Health and Human Sciences*	BS	1998
Master Physician Assistant	MPA	1999
Nursing (On-line Degree Completion for Advanced Practice Nurses)*	MSN	2001
Nursing (Entry-Level Master's for college graduates) – Sacramento Regional Learning Center	MSN	2002
Doctor of Physical Therapy	DPT	2002
Doctor of Podiatric Medicine**	DPM	2002
Nursing (Partnership Programs)*	BSN	2004
Nursing (Accelerated BSN)	BSN	2005
Nursing (Doctor of Nursing Practice)	DNP	2011
Nursing (RN to BSN)	BSN	2016
Doctor of Occupational Therapy	OTD	2016

*\*Program discontinued*

*\*\*Originally established at the California College of Podiatric Medicine in 1914.*

## Mission, Vision, and Values

### **Principles of Community**

We're guided by SMU's principles of community.

- We affirm the value of human diversity, respecting our differences while acknowledging our common humanity
- We affirm the inherent dignity and value of every person and strive to maintain a climate based on mutual respect, fairness, and inclusion, calling for civility and decency in our personal interactions, regardless of position or status in the academy
- We respect the right of freedom of expression within our community and value the different perspectives of others, recognizing and appreciating these differences builds trust and contributes to the excellence of the university
- We challenge all forms of behavior that are prejudicial, discriminatory, and detrimental or contrary to the values expressed in this document; and we take responsibility for increasing our own understanding of these issues through education and our interactions with one another
- As a community, we are committed, individually and collectively, to embodying and safeguarding these principles

## **ACADEMICS**

### **Organization of Academic Programs**

Samuel Merritt University offers baccalaureate, master's and doctoral programs in two professional Schools (Nursing and Podiatric Medicine) and three departments (Occupational Therapy, Physical Therapy, and Physician Assistant).

### **TECHNICAL STANDARDS**

In accord with Institutional Learning Outcomes, specified program outcomes, and licensure requirements for each health science program, enrolled students are expected to complete all academic and clinical requirements of their respective program. Students should refer to the cognitive, affective, and psychomotor skills deemed essential to the completion of their program. Technical standards are published on the University website and are available from the Disability Resource Center (DRC) upon request.

### **PHILOSOPHY OF TEACHING AND LEARNING**

The philosophy of teaching and learning at Samuel Merritt University consists of a system of beliefs and values about the partnership between faculty members and students in the teaching and learning process. Our philosophy is directed toward the preparation of health care practitioners whose practice is planned and coordinated around the unique qualities of each person served. Our philosophy requires that our graduates use sound reasoning that incorporates the current best evidence, their clinical expertise, and the preferences of the people served.

In the partnership between student and faculty, we believe that the responsibility for effective learning ultimately rests with the student. Our partnership honors and respects the varied life experiences students bring to the learning environment. Learning is a social process and takes place within the context of the learner's life style, culture, and readiness to learn. Process, outcomes, and competencies are integral to the educational enterprise.

Faculty members, as the experts in the discipline and in the academy, have the responsibility to establish an environment conducive to learning, exhibit expertise within their discipline, and facilitate learning through the use of current, best practices of effective teaching and learning.

Programs, curricula, and courses are designed to value active, experiential learning and collegial, scholarly, and effective interaction among students and faculty. Faculty members have a fiduciary responsibility for the students who trust us to create an effective learning environment. We believe that clinical and practical applications, grounded in the basic sciences, social sciences, and humanities, provide a critical foundation for learning in the health professions. Ultimately, the responsibility our graduates have for the health of the people they

serve requires that they integrate, apply, and critically evaluate their learning throughout all phases of their health professional education.

### **COURSE CREDITS AND COURSE NUMBERING SYSTEM**

Samuel Merritt University uses the semester unit system for representing course credits. One unit is awarded for each hour of classroom work per week, with the expectation that students will spend an additional three hours per week in study outside of the classroom. A semester normally includes 14-16 weeks of instruction. Thus a class which meets for at least fifty minutes three times per week is credited as three semester units of credit. Undergraduate laboratory work is credited at one unit per three contact hours. One hundred and twenty semester units is the minimum required for a baccalaureate degree and thirty-six semester units of credit is the minimum required for the award of a master's degree at Samuel Merritt University. The course numbering system is as follows:

#### **Undergraduate Courses**

000-099	Assigned to Lower Division Courses
100-199	Assigned to Upper Division Courses
400-499	Assigned to RN to BSN Courses

#### **Graduate Courses**

500-599	Assigned to courses taught at the graduate level in preparation for a graduate degree program
600-699	Assigned to courses at the master's level
700-799	Assigned to courses at the doctoral level

\* The letter **L** is used to denote laboratory courses or sections.

#### **SMU Institutionally Established Equivalency**

A credit hour is defined as an amount of work that reasonably approximates one hour of classroom or direct faculty instruction and a minimum of two hours out-of-class student work each week (Carnegie Unit Definition), for approximately fifteen weeks or the equivalent of one semester.

This policy makes no attempt to award units to clinical or laboratory hours by any standard methodology. The University's expectation is that clinical or laboratory ratios may vary by program.

## Curriculum Overviews

### **BACHELOR OF SCIENCE IN NURSING**

Students looking to earn a Bachelor of Science in Nursing (BSN) may enter the University in one of three ways:

1. Transfer Entry: Samuel Merritt University admits transfer students in the fall and spring semesters.
2. Accelerated Bachelor of Science in Nursing (ABSN): The ABSN is designed for someone who has his/her bachelor's degree in a non-nursing field. The ABSN is completed in 12 months of intensive nursing theory courses and clinical education. The ABSN program is offered in Oakland, San Francisco Peninsula, and Sacramento.
3. RN to BSN Program: The RN to BSN program is designed for working Registered Nurses who want to earn a BSN. Admission is in spring, summer, and fall semesters. The program is part time (6 units per semester) over five semesters (20 months). Students are expected to take all courses in a semester and each semester in sequence.

For more information on any of these programs, please contact the Office of Admission or visit the Samuel Merritt University website ([www.samuelmerritt.edu](http://www.samuelmerritt.edu)).

### **Goals**

The goals of the Baccalaureate Nursing Programs are to:

- Educate professionals who are grounded in the liberal arts and the discipline of nursing and who demonstrate competence in practice, skills in inquiry, and who are guided by ethical and humanistic values.
- Offer baccalaureate education in nursing for learners with varied educational and cultural backgrounds who are capable of providing health care to diverse client populations and exercising leadership in a variety of settings.
- Provide a forum for analysis of issues in nursing and health care that supports the preparation of graduates who are client advocates and who are able to facilitate change in health care environments.
- Provide an environment in which faculty and students engage in scholarly activities in order to contribute to the body of nursing knowledge through practice, education, and research.
- Prepare graduates who are consumers of research with an ability to translate research findings into practice and who are prepared for graduate education.
- Prepare graduates who contribute to the advancement of nursing as a profession and to the improvement of health care through participation in professional organizations.

- Prepare professionals who are capable of exercising citizenship in a world community and have an appreciation for community service, life-long learning, and an enriched human existence.

## **Curriculum**

Education for the professional nurse emphasizes liberal and professional education, skilled nursing practice, values, and attitudes. The curriculum for the preparation of the nurse in the Baccalaureate Nursing Programs is based upon the philosophy of the faculty and student learning outcomes, as well as knowledge and theory from various disciplines and nursing. The liberal learning and science requirements from our partner colleges have been designed to meet both Samuel Merritt University's requirements for liberal learning as well as those required by our accreditation bodies. Four major concepts are used to provide organizational focus in nursing courses. These concepts include person, environment, health, and nursing.

## **Program Learning Outcomes**

The prelicensure nursing programs, built upon a foundation of science and liberal arts education, prepare individuals for beginning professional practice and provide a foundation for graduate study. Based upon the School's philosophy and purposes, upon graduation, the student will:

1. Demonstrate respect for the inherent dignity of individuals and groups in the delivery of nursing care within an appropriate moral, ethical and legal framework.
2. Integrate theory, research and knowledge from nursing, the physical, behavioral sciences, and humanities to improve the quality of care provided to clients.
3. Use effective communication principles in facilitating professional relationships with clients, families, and health care system colleagues.
4. Demonstrate clinical reasoning in planning, delivering and evaluating care directed at disease prevention, health promotion and restoration, across the life span to diverse clients.
5. Critically analyze research findings for application in the provision of therapeutic, evidence-based nursing interventions.
6. Analyze the effects of changing social, cultural, legal, economic, global political and ethical trends on healthcare policy, financing and regulatory environments.
7. Collaborate effectively with multidisciplinary practitioners to promote illness prevention and the health and welfare of individuals, families and communities.
8. Apply standards of practice within an ethical decision making framework in the provision of nursing care that meets clients' health care needs.



9. Use leadership and management principles in the delegation and supervision of nursing care while retaining accountability for the quality of care given to the client.
10. Use emerging health care information technologies to evaluate client care and advance client education.
11. Articulate a philosophy of self-care and professional development.

### **Bachelor of Science in Nursing Degree**

#### **Degree Requirements**

Admission to the Samuel Merritt University BSN program is dependent upon several factors, including completion of all required prerequisites with a grade of C or higher prior to the start of the program. A prerequisite GPA will be considered and it is strongly recommended that this GPA exceed a 3.0. The HESI Admission Assessment (A2) is also used in determining admission and is required for all applicants by the deadline date for applications. While there are no minimum required scores, it is highly suggested that HESI A2 scores meet or exceed the national score averages. Successful completion of a criminal background check, required health forms and BLS for Healthcare Providers are also required prior to matriculation (See "Background Check and Drug Screen Policy").

#### **BSN Graduation Requirements:**

1. Minimum of four (4) semesters of full-time study.
2. Completion of all courses stipulated by the program with a cumulative GPA of no less than 2.0.
3. Completion of all clinical practice hours as stipulated by the program.
4. Satisfactory discharge of all university and program debts.
5. Satisfactory completion of all program outcomes.

#### **BSN Curriculum Overview**

##### **Years Three and Four**

#### **JUNIOR YEAR - 33 UNITS**

##### JUNIOR ONE:

NURSG 111	Pathopharmacology for Nursing Practice I	3.0
NURSG 125/125L	Health Assessment I	4.0
NURSG 129/129L	Psychiatric/Mental Health Nursing	5.0
NURSG 137	Introduction to Professional Nursing	<u>3.0</u>
	<b>Total</b>	<b>15.0</b>

Junior Two:

NURSG 112	Pathopharmacology for Nursing Practice II	3.0
NURSG 127/127L	Managing Care of Adults I-II	10.0
NURSG 128	Healthy Aging	2.0
GENED	General Education	<u>3.0</u>
	Total	18.0

**SENIOR YEAR - 34 UNITS**

Senior One:

NURSG 108	Nursing Research	2.0
NURSG 144/144L	Care of the Childbearing Family	5.0
NURSG 158/158L	Nursing Care of Infants, Children & Youth Pop.	5.0
NURSG 164/164L	Managing Care of Adults III	<u>5.0</u>
	Total	17.0

Senior Two:

NURSG 160	Nursing Leadership, Mgmt, & Health Policy	3.0
NURSG 170/170L	Community Health Nursing	5.0
NURSG 190L	Senior Synthesis	6.0
GENED	General Education	<u>3.0</u>
	Total	17.0

Total Units 67.0

**Accelerated BSN Program (ABSN)**

The School of Nursing offers an accelerated baccalaureate program (ABSN) for candidates with degrees in other fields. The program recognizes each individual's past experiences and academic achievements and builds upon these assets. It provides a mechanism for graduates with non-nursing degrees to change careers efficiently and effectively. Because of these basic premises, the curriculum is different from the traditional BSN.

The program is designed to be completed in 12 months. The curriculum includes three terms of intensive study at a rapid pace. Although the curriculum and format are different from Samuel Merritt's traditional BSN program, the goals, student learning outcomes, and foundational concepts are the same.

The ABSN is offered on the Oakland campus, the Sacramento Campus, and the San Francisco Peninsula Campus in San Mateo.

**Accelerated BSN Graduation Requirements:**

1. Minimum of three (3) semesters of full-time study.
2. Completion of all courses stipulated by the program with a cumulative GPA of no less than 2.0.
3. Completion of all clinical practice hours as stipulated by the program.

4. Satisfactory discharge of all university and program debts.
5. Satisfactory completion of all program outcomes.

### ABSN Curriculum Overview

COURSE	DESCRIPTION	TOTAL UNITS
	<b>Semester I</b>	
NURSG 125/125L	Health Assessment I	2.5
NURSG 138	Introduction to Professional Nursing and the Health Care Delivery System	2.0
NURSG 120/120L	Managing Care of Adults I	5.0
NURSG 126/126L	Health Assessment II	2.5
NURSG 128	Health Aging	2.0
NURSG 136/136L	Managing Care of Adults II	5.0
	<b>Total</b>	<b>19.0</b>
	<b>Semester II</b>	
NURSG 108	Nursing Research	2.0
NURSG 144/144L	Care of the Childbearing Family	5.0
NURSG 158/158L	Nursing Care of Infants, Children and Youth Populations	5.0
NURSG 164/164L	Managing Care of Adults III	5.0
	<b>Total</b>	<b>17.0</b>
	<b>Semester III</b>	
NURSG 129/129L	Psychiatric/Mental Health Nursing	5.0
NURSG 170/170L	Community Health Nursing	5.0
NURSG 160	Leadership/Management/Health Care Policy	3.0
NURSG 181	Senior Synthesis	3.0
	<b>Total</b>	<b>16.0</b>
	<b>Total</b>	<b>52.0</b>

#### [RN to BSN Program](#)

Samuel Merritt University's RN to BSN program is designed to help working RNs gain the attitudes, skills, and knowledge needed to change health care delivery. As an RN to BSN student, you will start the program with a meditation course to

help strengthen your therapeutic presence and enrich your self-care practices. You will deepen your knowledge of the evidence and science that supports expert nursing care. You will hone your communication and teamwork skills. Because much of the health care system is designed for industry rather than patients, we will build your confidence and leadership skills to transform “delivery systems” into healing environments.

### **Program Learning Outcomes**

The RN to BSN nursing program builds on a foundation of science and liberal arts, strengthens professional practice, and provides a foundation for graduate study. Based on the School’s philosophy and purposes, upon graduation, learners will:

1. Demonstrate respect for the inherent dignity of individuals and groups in the delivery of nursing care within an appropriate moral, ethical and legal framework.
2. Integrate theory, research and knowledge from nursing, the physical, behavioral sciences, and humanities to improve the quality of care provided to clients.
3. Use effective communication principles in facilitating professional relationships with clients, families, and health care system colleagues.
4. Demonstrate clinical reasoning in planning, delivering and evaluating care directed at disease prevention, health promotion and restoration, across the life span to diverse clients.
5. Critically analyze research findings for application in the provision of therapeutic, evidence-based nursing interventions.
6. Analyze the effects of changing social, cultural, legal, economic, global political and ethical trends on healthcare policy, financing and regulatory environments.
7. Collaborate effectively with multidisciplinary practitioners to promote illness prevention and the health and welfare of individuals, families and communities.
8. Apply standards of practice within an ethical decision making framework in the provision of nursing care that meets clients’ health care needs.
9. Use leadership and management principles in the delegation and supervision of nursing care while retaining accountability for the quality of care given to the client.
10. Use emerging health care information technologies to evaluate client care and advance client education
11. Articulate a philosophy of self-care and professional development.

## Curriculum

Education for the professional nurse builds on the liberal arts and sciences and skilled nursing practice, values, and attitudes. The RN to BSN curriculum is grounded in Caring Science, and applicable knowledge and theory from nursing and other disciplines. The RN to BSN program is a part-time program with sequential coursework. Students are expected to take all courses in a semester and each semester in sequence. Normally all courses are taken in residence.

### RN to BSN Graduation Requirements

1. Completion of all courses stipulated by the program and the SMU School of Nursing, with a cumulative GPA of no less than 2.0.
2. Satisfaction of the program's residency requirement (30 credits).

### RN TO BSN CURRICULUM OVERVIEW

#### TERM I

GENED 410	Mindfulness Based Stress Reduction	2.0
GENED 431	Applied Research & Statistics I	1.0
GENED 440	Health Policy I	1.0
<u>NURSG 460</u>	<u>Quality, Safety &amp; Leadership I</u>	<u>2.0</u>

#### Cohorts starting Spring 2020

GENED 400	MBSR & Neuroscience of Change	3.0
<u>GENED 435</u>	<u>Applied Research &amp; Statistics I</u>	<u>3.0</u>
<b>Total</b>		<b>6.0</b>

#### TERM II

GENED 432	Applied Research & Statistics II	1.0
GENED 442	Health Policy II	1.0
GENED 456	Genetics & Genomics	2.0
<u>NURSG 470/470L</u>	<u>Community/ Public Health Nursing I</u>	<u>2.0</u>

#### Cohorts starting Spring 2020

GENED 444	Health Policy	2.0
NURSG 436	Applied Research & Statistics II	2.0
<u>NURSG 460</u>	<u>Quality, Safety &amp; Leadership I</u>	<u>2.0</u>
<b>Total</b>		<b>6.0</b>

#### TERM III

GENED 433	Applied Research & Statistics III	1.0
NURSG 450	Nursing Science I	1.0
NURSG 464	Quality, Safety & Leadership II	2.0
<u>NURSG 472/472L</u>	<u>Community/ Public Health Nursing II</u>	<u>2.0</u>

#### Cohorts starting Spring 2020

GENED 490	Humanities and the Human Condition	2.0
NURSG 464	Quality, Safety & Leadership II	2.0
<u>NURSG 475</u>	<u>Community/Public Health Nursing</u>	<u>2.0</u>

**Total 6.0**

**TERM IV**

NURSG 434	Applied Research & Statistics IV	2.0
NURSG 452	Caring Science I	2.0
<u>NURSG 466</u>	<u>Quality, Safety &amp; Leadership III</u>	<u>2.0</u>

**Cohorts starting Spring 2020**

NURSG 452	Caring Science I	2.0
NURSG 466	Quality, Safety & Leadership III	2.0
<u>NURSG 475L</u>	<u>Community/Public Health Nursing Practicum</u>	<u>2.0</u>

**Total 6.0**

**TERM V**

NURSG 454	Caring Science II	2.0
NURSG 468	Quality, Safety & Leadership IV	2.0
<u>GENED 490</u>	<u>Humanities and the Human Condition</u>	<u>2.0</u>

**Cohorts starting Spring 2020**

GENED 456	Genetics & Genomics	2.0
NURSG 454	Caring Science II	2.0
<u>NURSG 468</u>	<u>Quality, Safety &amp; Leadership IV</u>	<u>2.0</u>

**Total 6.0**

**Total Units 32.0 units**

**MASTER OF SCIENCE DEGREE IN NURSING**

The graduate program in nursing prepares nurses for advanced roles. A minimum of 36 semester units of study is required for the master's degree, but specific tracks may require more units of study to provide adequate mastery of theory and clinical skills appropriate for advanced roles. Two types of entry options are offered: the entry-level, first professional degree for college graduates who are seeking to become nurses (ELMSN), and the post-professional master's degree for students who are already registered nurses. In addition, post-master's certificates are offered in advanced practice programs for those nurses who already have a graduate degree in nursing but who are seeking preparation for a new role.

The graduate curriculum is designed to prepare students to meet specific competencies at the completion of the program. Core courses, courses with a research focus, and courses in the specialty area are sequenced in order to

enable students to develop advanced nursing skills progressively as they move through the program. A graduate level synthesis project, which may include a comprehensive exam, directed study special project, or a thesis, is required as a final graduate-level project.

### Graduate Education

We believe that new knowledge and advances in science, philosophy, and technology necessitate advanced preparation to enable the practitioner to make complex decisions in delivering health care to individuals and groups. Graduate education programs for the professional must be conducted in an environment in which scholarship, research, creativity, clinical practice, and professional activity are valued. The development of graduate students' critical inquiry skills and abilities is central to clinical practice and the evolution of the profession. Furthermore, we believe that students admitted to the graduate programs acquire skills in inquiry and scholarship in conjunction with expert faculty who direct study, inspire problem-solving, and promote professional growth.

### Goals

The goals of the Master of Science in Nursing program are to:

- Prepare nurses for advanced nursing roles in case manager, family nurse practitioner, and nurse anesthetist.
- Prepare graduates for leadership roles in the health care system at the regional, state, and national levels.
- Prepare nurses who can identify researchable problems, participate in conducting research, and promote the use of research findings in practice.
- Provide the foundation for doctoral study.

### [Entry-Level Master of Science in Nursing \(ELMSN\) Case Management](#) [Entry-Level Master of Science in Nursing \(ELMSN\) Family Nurse Practitioner](#)

Designed for college graduates seeking a new career in nursing, the entry-level master's degree program (ELMSN), offers preparation for RN licensure and a choice of two graduate tracks on the Oakland campus and the Sacramento Campus. The ELMSN program at the Oakland campus admits students in the fall semester; the program at the Sacramento campus admits students in the spring semester.

The graduate options in the ELMSN program include: case management (CM) and family nurse practitioner (FNP). All options have identical full-time coursework for the first four semesters, after which, students may take the RN licensure examination. The case management track includes an additional three semesters and the FNP track an additional six semesters. Both tracks are designed for either full or part-time study after licensure. In order to progress into

the seventh semester in the CM and FNP programs, ELMSN students are required to have passed the NCLEX examination.

### **Program Learning Outcomes**

The prelicensure nursing programs, built upon a foundation of science and liberal arts education, prepare individuals for beginning professional practice and provide a foundation for graduate study. Based upon the School's philosophy and purposes, upon graduation, the student will:

1. Demonstrate respect for the inherent dignity of individuals and groups in the delivery of nursing care within an appropriate moral, ethical and legal framework.
2. Integrate theory, research and knowledge from nursing, the physical, behavioral sciences, and humanities to improve the quality of care provided to clients.
3. Use effective communication principles in facilitating professional relationships with clients, families, and health care system colleagues.
4. Demonstrate clinical reasoning in planning, delivering and evaluating care directed at disease prevention, health promotion and restoration, across the life span to diverse clients.
5. Critically analyze research findings for application in the provision of therapeutic, evidence-based nursing interventions.
6. Analyze the effects of changing social, cultural, legal, economic, global political and ethical trends on healthcare policy, financing and regulatory environments.
7. Collaborate effectively with multidisciplinary practitioners to promote illness prevention and the health and welfare of individuals, families and communities.
8. Apply standards of practice within an ethical decision making framework in the provision of nursing care that meets clients' health care needs.
9. Use leadership and management principles in the delegation and supervision of nursing care while retaining accountability for the quality of care given to the client.
10. Use emerging health care information technologies to evaluate client care and advance client education.
11. Articulate a philosophy of self-care and professional development.

### **GRADUATION REQUIREMENTS FOR ELMSN – PL, FNP & CM TRACKS**

1. Completion of all courses stipulated by the program and the SMU School of Nursing, with a cumulative GPA of no less than 3.0.
2. Successful passing of the NCLEX at the time stipulated by the CM or FNP track.



3. Completion of all clinical cases and practice hours approved by the BRN of California for pre-licensure, graduate level nursing and advanced practice nursing.
4. Successful completion of N594L Pre licensure Preceptor course; N606 FNP Synthesis; FNP Objective Structured Clinical Examinations and oral examinations; CM Synthesis.
5. Satisfactory discharge of all university and program debts.

### **Curriculum Overview for Pre-licensure Course Work**

Semester I		Units
NURSG 500	Transition to Professional Role of Nursing	2.0
NURSG 520	Integration of Pathophysiology and Pharmacology	5.0
NURSG 524	Health Assessment	3.0
NURSG 534/534L	Psychiatric/Mental Health Nursing	5.0
NURSG 524L/542L	Fundamentals of Nursing Skills	<u>1.0</u>
Total		16.0

Semester II		Units
NURSG 543L	Nursing Skills II	1.0
NURSG 546/546L	Nursing Care of Adults and Older Adults	10.0
NURSG 550	Nurses as Consumers of Research	2.0
NURSG 562	Professional, Legal and Ethical Issues	<u>3.0</u>
Total		16.0

Semester III		Units
NURSG 540/540L	Reproductive Health Care	5.0
NURSG 556/556L	Nursing Care of Pediatric & Youth Populations	5.0
NURSG 566/566L	Advanced Care of the Adult/Older Adult	<u>5.0</u>
Total		15.0

Semester IV*		Units
NURSG 560	Leadership, Mgmt, and Org Behavior in Health Care	3.0
NURSG 570/570L	Community Health	5.0
NURSG 594L	Clinical Internship	<u>5.0</u>
Total		13.0

\*Upon completion of the first four semesters, students are eligible to take the RN licensure examination (NCLEX).

### **Curriculum Overview for the Case Management Track**

Semester V		Units
NURSG 601	Research Methods	3.0

NURSG 602	Analysis of Health Policy Issues	3.0
NURSG 624	Advanced Pathophysiology for Nurse Case Managers	2.0
NURSG 625	Advanced Pharm. Mgmt for Nurse Case Managers	<u>2.0</u>
	Total	10.0

Semester VI		Units
NURSG 603	Epidemiology and Biostatistics	3.0
NURSG 607	Program Evaluation and Quality Improvement	3.0
NURSG 612	Health Care Finance	3.0
NURSG 623/623L	Advanced Health Assess. for Nurse Case Managers	<u>3.0</u>
	Total	12.0

Semester VII		Units
NURSG 605/606	Thesis or Special Project (Synthesis)	3.0
NURSG 620/620L	Case Management	<u>8.0</u>
	Total	11.0

Total Units for ELMSN Case Management = 93.0

### Curriculum Overview for the Family Nurse Practitioner Track

Semester V		Units
NURSG 601	Research Methods	3.0
NURSG 602	Analysis of Health Policy Issues	<u>3.0</u>
	Total	6.0

Semester VI (Summer)		Units
NURSG 626	Theoretical Foundations of Adv. Practice Nursing	3.0
NURSG 670	Family Centered Advanced Practice Nursing	2.0
NURSG 672	Professional Role Dev. for Advanced Practice Nursing	<u>1.0</u>
	Total	6.0

Semester VII		Units
NURSG 619	Advanced Pathophysiology	3.0
NURSG 671/671L	Advanced Physical Assessment	<u>3.0</u>
	Total	6.0

Semester VIII		Units
NURSG 674	Health Protection, Promotion and Screening For Individuals, Families, and Communities	3.0
NURSG 677	Advanced Pharmacology	3.0
NURSG 678L	Clinical Practicum (90)	<u>2.0</u>
	Total	8.0

Semester IX		Units
NURSG 675/675L	Care of Acute and Episodic Conditions	4.0
NURSG 679L	Clinical Practicum (270 hours)	<u>6.0</u>
Total		10.0

Semester X		Units
NURSG 605/606	Thesis/Project/Directed Synthesis	3.0
NURSG 673	Professional Advocacy for Entry to the Advanced Practice Role	1.0
NURSG 676	Care of Chronic and Complex Conditions	3.0
NURSG 680L	Internship (270 hours)	<u>6.0</u>
Total		13.0

Total units for ELMSN FNP = 109.0

## POST-PROFESSIONAL PROGRAMS

### CASE MANAGEMENT MSN PROGRAM

The purpose of this track is to prepare nurses with advanced theory and practice in a systematic case management approach to the delivery of health care to diverse populations. Case management emphasizes collaborative methods of coordination, continuity, and quality of care within a cost-sensitive perspective. Graduates will be prepared to practice in various case-management settings including provider-, client-, and payer-based models.

#### Program Learning Outcomes

Graduates of this program will:

1. Ensure coordination, continuity, and quality of care for a selected population.
2. Assume nursing case management roles in a variety of health care settings.
3. Demonstrate a clinical nursing foundation in the application of case management principles.

### CASE MANAGEMENT GRADUATION REQUIREMENTS

- 1) Completion of all courses stipulated by the program and the SMU School of Nursing, with a cumulative GPA of no less than 3.0.
- 2) Successful completion of all clinical practice hours stipulated by the SMU School of Nursing.
- 3) Satisfactory discharge of all university and program debts.

- 4) Completion of all terminal educational objectives of the program and recommendation by the faculty that such have been met in a satisfactory manner.

Curriculum Overview for the Post-Professional Case Management Program\*\*

Semester I		Units
NURSG 601	Research Methods*	3.0
NURSG 602	Analysis of Health Policy Issues*	3.0
NURSG 624	Advanced Patho for Nurse Case Managers	2.0
NURSG 625	Advanced Pharm Manage. for Nurse Case Managers	<u>2.0</u>
		Total 10.0
Semester II		Units
NURSG 603	Epidemiology/Biostatistics	3.0
NURSG 612	Health Care Finance	3.0
NURSG 623/623L	Advanced Health Assess. for Nurse Case Managers	<u>3.0</u>
		Total 9.0
Semester III		Units
NURSG 607	Program Evaluation and Quality Improvement	3.0
NURSG 620/620L	Case Management	<u>6.0</u>
		Total 9.0
Semester IV		Units
NURSG 560 or 608	Leadership, Mgt, & Organizational Behavior in Health Care	3.0
NURSG 606	Thesis or Special Project Synthesis Requirement*	3.0
NURSG 621L	Practice and Seminar	<u>3.0</u>
		Total 9.0
		Total Units = 37.0

\* These courses may be taken in a different sequence or term.

\*\* Subject to change

**FAMILY NURSE PRACTITIONER MSN ONLINE PROGRAM**

The Family Nurse Practitioner (FNP) program focuses on preparing family-oriented primary care providers for multicultural and underserved populations. FNPs are advanced practitioners of nursing with a specialty in primary health care. They provide ongoing comprehensive care to individuals, families, and communities. FNPs are responsible for health promotion and maintenance, diagnosis, treatment, and management of health problems, consultation with other health care providers, and referral as indicated. FNPs

function independently and interdependently with other providers of healthcare. Practice is based on concepts of family health nursing research and theory, as well as concepts from other related disciplines such as medicine and pharmacy. Students complete 49 graduate units and are awarded a Master of Science degree upon completion and are eligible for state and national certification. Full or part-time study is available for students who are licensed as registered nurses. The online program admits three times per year: Summer, Fall, and Spring semesters.

### **Program Learning Outcomes**

Upon graduation the student will:

1. Provide family-oriented primary health care:
  - a. Elicit a detailed and accurate history, perform the appropriate physical exam, record pertinent data, and develops and implements a plan of care.
  - b. Perform and/or order and interpret relevant diagnostic studies.
  - c. Perform appropriate office procedures.
  - d. Provide health promotion and disease prevention.
  - e. Integrate cultural considerations in the provision of primary care.
2. Consult and refer within an interdisciplinary practice model.
3. Collaborate with patients and families to provide evidence-based primary care that is theoretically sound.
4. Assume a leadership role in the profession at local, state, national and international level.
5. Produce quality work that demonstrates graduate level scholarly work and can withstand peer review.

The FNP curriculum consists of 49 semester units, including interdisciplinary core courses, FNP specialty courses, clinical practica, and internship. A total of 630 clinical hours are required. Clinical placements are available throughout Northern California in a variety of ambulatory settings. Master's prepared, advanced practice nurses serve as most of the primary preceptors. The curriculum and clinical sites reflect the track's emphasis on serving multicultural and underserved populations. The program is offered on a year-round basis with admission in the summer semester for the Oakland campus and for the fall semester for the Sacramento campus. Full-time students complete the program in five semesters, including two summer semesters. Part-time students complete the program in nine semesters. Post-professionals (those who already possess RN licensure) proceed in a hybrid curriculum which is a combination of on-line delivery of didactic material and on-campus sessions. The curriculum is consistent with the highest national standards, including guidelines established by the National Organization of Nurse Practitioner Faculties and the American Association of Colleges of Nursing.

## Full-time Curriculum Overview

<b>Semester I</b>	<b>Units</b>
NURSG 601 Research Methods	3.0
NURSG 626 Theoretical Foundations for APNs	3.0
NURSG 672 Professional Role Development for APNs	1.0
NURSG 670 Family Centered Advanced Practice Nsg	2.0
<b>Total units</b>	<b>9.0</b>

<b>Semester II</b>	
NURSG 671 Advanced Physical Assessment	2.0
NURSG 671L Advanced Physical Assessment Lab	1.0
NURSG 619 Advanced Pathophysiology	3.0
NURSG 674 Health Protection, Promotion & Screening	3.0
<b>Total units</b>	<b>9.0</b>

<b>Semester III</b>	
NURSG 602 Analysis of Health Policy Issues	3.0
NURSG 677 Advanced Pharmacology	3.0
NURSG 678L Clinical Practicum (90 hours)	2.0
<b>Total units</b>	<b>8.0</b>

<b>Semester IV</b>	
NURSG 673 Professional Advocacy for Entry to Adv Pract Role	1.0
NURSG 675 Care of Acute & Episodic Conditions	3.0
NURSG 675L Care of Acute & Episodic Conditions Lab	1.0
NURSG 679L Clinical Practicum (270 hours)	6.0
<b>Total units</b>	<b>11.0</b>

<b>Semester V</b>	
NURSG 606 Synthesis Project	3.0
NURSG 676 Care of Chronic & Complex Conditions	3.0
NURSG 680L Internship (270 hrs)	6.0
<b>Total units</b>	<b>12.0</b>

**Total Units** **49.0**

## Part-time Curriculum Overview

Semester I	Units
NURSG 601 Research Methods	3.0
NURSG 670 Family Centered Advanced Practice Nursing	2.0
NURSG 672 Professional Role Development for	

Advanced Practice Nursing	1.0
<b>Total units</b>	<b>6.0</b>
Semester II	
NURSG 619 Advanced Pathophysiology	3.0
NURSG 626 Theoretical Foundations for APNs	3.0
<b>Total units</b>	<b>6.0</b>
Semester III	
NURSG 671 Advanced Physical Assessment	2.0
NURSG 671L Advanced Physical Assessment Lab	1.0
NURSG 674 Health Protection, Promotion, and Screening for Individuals, Families and Communities	3.0
<b>Total units</b>	<b>6.0</b>
Semester IV	
NURSG 602 Analysis of Health Policy Issues	3.0
NURSG 677 Advanced Pharmacology	3.0
NURSG 678L Clinical Practicum (90hours)	2.0
<b>Total units</b>	<b>8.0</b>
Semester V	
NURSG 675 Care of Acute and Episodic Conditions	3.0
NURSG 675L Care of Acute and Episodic Conditions Lab	1.0
NURSG 679L Clinical Practicum (270 hours)	6.0
<b>Total units</b>	<b>10.0</b>
Semester VI	
NURSG 676 Care of Chronic and Complex Conditions	3.0
NURSG 680L Internship (270 Clinical Hours)	6.0
<b>Total units</b>	<b>9.0</b>
Semester VII	
NURSG 606 Synthesis Project	3.0
NURSG 673 Professional Advocacy for Entry to Adv Pract Role	1.0
<b>Total units</b>	<b>4.0</b>
<b>Total Units = 49.0</b>	

### **FNP Certificate Program (Ends January 2020)**

The Family Nurse Practitioner program welcomes applications from nurses who have already completed a master's degree in nursing who wish to expand or change their specialty focus to become FNPs. Each student is evaluated individually in relation to his/her previous graduate nursing coursework. Most

post-masters students are required to complete only the FNP specialty courses in the curriculum which totals 37 semester units. Students progress through the curriculum over five semesters, including two summers. Hybrid delivery, evening courses, and part-time study make this program accessible to working professionals. Upon completion of the program, students receive a certificate of completion and are eligible for state and national certification.

### **CURRICULUM OVERVIEW FOR THE POST-MSN FAMILY NURSE PRACTITIONER CERTIFICATE PROGRAM**

FULL- TIME: 5 Semesters

SEMESTER I	UNITS
NURSG 672 Professional Role Development for APNs	1.0
NURSG 670 Family Centered Advanced Practice Nursing	2.0
<b>Total</b>	<b>3.0</b>
SEMESTER II	
NURSG 619 Advanced Pathophysiology	3.0
NURSG 671 Advanced Physical Assessment	2.0
NURSG 671L Advanced Physical Assessment Lab	1.0
<b>Total</b>	<b>6.0</b>
SEMESTER III	
NURSG 674 Health Protection, Promotion & Screening	3.0
NURSG 677 Advanced Pharmacology	3.0
NURSG 678L Clinical Practicum (90 hours)	2.0
<b>Total</b>	<b>8.0</b>
SEMESTER IV	
NURSG 675 Care of Acute & Episodic Conditions	3.0
NURSG 675L Care of Acute & Episodic Conditions Lab	1.0
NURSG 679L Clinical Practicum (270 hours)	6.0
<b>Total</b>	<b>10.0</b>
SEMESTER V	
NURSG 673 Professional Advocacy for Entry to Adv Practice Role	1.0
NURSG 676 Care of Chronic & Complex Conditions	3.0
NURSG 680L Internship (270 hours)	6.0
<b>Total</b>	<b>10.0</b>

Total Units                      37.0 Semester units: (includes 630 clinical hours)



## **NURSE ANESTHESIA MSN PROGRAM**

Samuel Merritt University, in partnership with Kaiser Permanente Northern California, offers a graduate program in nurse anesthesia leading to the Master of Science in Nursing. The program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs. Successful completion of graduation requirements qualifies the student to take the national certification examination (NCE) to become a Certified Registered Nurse Anesthetist (CRNA). Clinical practice rights are granted by reciprocity in all states after successful completion of the NCE.

Nurse anesthetists are advanced practice registered nurses who provide the full range of anesthesia and related patient care services. They are responsible for the direct administration of anesthesia care and the provision of services required for patients throughout the perioperative course, in all current anesthetizing locations - surgical and obstetric suites, interventional radiology suites, and other areas in which anesthesia specialty skills are required. CRNAs work in a variety of settings including tertiary care hospitals, outpatient surgical centers, health maintenance organizations, and military and public health service centers. CRNAs nationwide are employed either as independent providers in collaboration with surgeons and dentists or in collaborative team practice with physician anesthesiologists.

### **Program Learning Outcomes**

Graduates of the Program of Nurse Anesthesia will demonstrate knowledge, skills, and attitudes/behaviors in:

- 1. Maintaining patient safety, as evidenced by the ability to:**
  - a. Be vigilant in the delivery of patient care.
  - b. Protect patients from iatrogenic complications.
  - c. Participate in the positioning of patients to prevent injury.
  - d. Conduct a comprehensive and appropriate equipment check.
  - e. Comply with all current patient safety goals outlined by both the Joint Commission and the National Patient Safety Foundation. Utilize standard precautions and appropriate infection control measures.
  - f. Effectively implement skills and principles of Anesthesia Crisis Resource Management.
  - g. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).
  
- 2. Providing individualized perianesthetic management by demonstrating the ability to:**
  - a. Provide care throughout the perianesthetic continuum.
  - b. Use a variety of current anesthesia techniques, agents, adjunctive drugs,

- and equipment while providing anesthesia.
- c. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
  - d. Provide anesthesia services to all patients, including trauma and emergency cases.
  - e. Administer and manage a variety of regional anesthetics.
  - f. Function as a resource person for airway and ventilatory management of patients.
  - g. Possess current advanced cardiac life support (ACLS) recognition.
  - h. Possess current pediatric advanced life support (PALS) recognition.
  - i. Deliver culturally competent perianesthetic care throughout the anesthesia experience.
  - j. Perform a comprehensive history and a physical assessment.
- 3. Critical thinking, by demonstrating the ability to:**
- a. Apply knowledge to practice in decision making and problem solving.
  - b. Provide nurse anesthesia care based on sound principles and research evidence.
  - c. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
  - d. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
  - e. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
  - f. Calculate, initiate and manage fluid and blood component therapy.
  - g. Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.
  - h. Pass the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) certification examination.
- 4. Communication skills, as evidenced by the ability to:**
- a. Effectively communicate with individuals influencing patient care.
  - b. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.
- 5. Professional role, by demonstrating the ability to:**
- a. Participate in activities that improve anesthesia care.
  - b. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
  - c. Interact on a professional level with integrity.
  - d. Teach others.
  - e. Participate in continuing education activities to acquire new knowledge and improve his or her practice.
  - f. Demonstrate knowledge of wellness and chemical dependency in the

anesthesia profession through completion of content in wellness and chemical dependency.

Course Learning Outcomes (CLOs) of all courses in the Program of Nurse Anesthesia (PNA) curriculum are aligned with the above listed outcomes set by the Council on Accreditation of Nurse Anesthesia Educational Programs. Institutional Learning Outcomes (ILOs) are determined by Samuel Merritt University's commitment to performance excellence.

The nurse anesthesia program is 27 months in length. The academic curriculum is composed of basic science coursework, basic and advanced clinical anesthesia applications, and MSN core courses. A significant amount of simulation-based learning (utilizing human patient simulators in high-fidelity environments, screen-based microsimulation, and hybrid simulation techniques) is integrated into the program curriculum.

The 23-month, full-time clinical residency includes rotations at selected health care facilities throughout the greater Bay Area, the Sacramento metropolitan area, and the Central Valley. The degree is awarded upon successful completion of 66 required graduate credit hours. Due to the intensive and rigorous nature of the program, full-time enrollment is required once clinical rotations are initiated and outside employment is strongly discouraged. Students will spend approximately 60 hours per week in study, class, and clinical practice.

#### Post-Master's Certificate Track

The Council on Accreditation of Nurse Anesthesia Educational Programs has approved this program as eligible to accept and graduate qualified registered nurses who already hold an MS degree in nursing. Successful graduates of the post-professional curriculum described in this section, will receive a certificate of completion that qualifies them to sit for the national certification examination in nurse anesthesia. The curriculum for these students is the same in scope, sequence and program length with the exception of required hours in nursing research, health care policy, and theoretical foundations (9 credits maximum), which may be transferred to this institution from another accredited college or university at which the original degree was obtained. Synthesis requirements of the School of Nursing will be required of all post-masters certificate students.

#### Three-Year Track

The Samuel Merritt University Program of Nurse Anesthesia provides the opportunity for students to complete the initial year of enrollment on a part-time basis. During this period, students will complete 9 units of designated course work not specific to anesthesiology, and then enter the program full-time at the next regular fall admission. There is no part-time option available once the student has entered the full-time program. This option is designed for the student seeking early admission to accommodate geographical moves, gain more critical

care experience or prepare in other ways for full-time study. Admission requirements are identical to those for students entering the full-time program immediately upon initial enrollment.

## PNA GRADUATION REQUIREMENTS

- 1) Minimum of twenty-seven (27) months in full-time study.
- 2) Completion of all courses stipulated by the program and the SMU School of Nursing, with a cumulative GPA of no less than 3.0.
- 3) Completion of all clinical cases and practice hours stipulated by the Council on Accreditation of Nurse Anesthesia Educational Programs.
- 4) Successful completion of all of the components of the PNA's Synthesis/Special Project series: a) the Pharmacology Comprehensive Exam (N627) b) the Oral Comprehensive Exam (N628) c) the National Certification Exam Prep Series and ACRM I and ACRM II simulation sessions (N629).
- 5) Satisfactory discharge of all university and program debts.
- 6) Completion of all terminal educational objectives of the program and recommendation by the faculty that such have been met in a satisfactory manner.
- 7) Completion of all mandatory items indicated on the program's Exit Interview Checklist, a process that results in the completion of the student's official National Certification Exam (NCE) transcript and application packet (submitted to the NBCRNA). All graduating students attend a mandatory orientation session to this process in the early fall (September) of the year of graduation so that they are well apprised of all the requisite steps for this graduation requirement.

**NOTE:** Students will not become eligible to take the NCE until all requirements for the degree have been met. Students are responsible for ensuring that they are in compliance with all administrative and academic policies of the Program of Nurse Anesthesia and Samuel Merritt University to ensure timely completion of the program and graduation.

Curriculum Overview for the Post-Professional Nurse Anesthesia Track		
Fall I		Units
NURSG 600	Theoretical Foundations for Health Professionals	3.0
NURSG 649/649L	Advanced Health Assessment-Nurse Anesthesia	3.0
NURSG 651/651L	Principles of Anesthesia I	4.0
NURSG 652	Advanced Pharmacology I	4.0
NURSG 657/657L	Human Anatomy and Physiology	5.0
		Total 19.0

Spring I		Units
NURSG 653	Advanced Pathophysiology	3.0
NURSG 654	Advanced Pharmacology II	3.0
NURSG 655/655L	Principles of Anesthesia II	6.0
NURSG 656L	Clinical Anesthesia I	1.0
		Total 13.0
Summer I		Units
NURSG 601	Research Methods	3.0
NURSG 658L	Clinical Anesthesia II	3.0
NURSG 660	Advanced Principles of Anesthesia I	4.0
		Total 10.0
Fall II		
NURSG 659	Professional Aspects of Practice	3.0
NURSG 661L	Clinical Anesthesia III	2.0
NURSG 662	Advanced Principles of Anesthesia II	3.0
		Total 8.0
Spring II		
NURSG 602	Analysis of Health Policy Issues	3.0
NURSG 627	Pharmacology Comprehensive Exam (PCE)	1.0
NURSG 663L	Clinical Anesthesia IV	3.0
		Total 7.0
Summer II		
NURSG 628	Oral Comprehensive Exam (OCE)	1.0
NURSG 631	Advanced Acute and Chronic Pain Management	2.0
NURSG 664L	Clinical Anesthesia V	3.0
		Total 6.0
Fall III		
NURSG 629	NCE Prep Series and ACRM Simulation Series	2.0
NURSG 665L	Clinical Anesthesia VI	1.0
		Total 3.0
		Total Units = 66.0

### **DOCTOR OF NURSING PRACTICE PROGRAM**

The Doctor of Nursing Practice (DNP) program currently offers two entry options. One is a 24-month post-MSN professional program and the other is a 44-month post-baccalaureate professional program for registered nurses with either a nursing or non-nursing bachelor's degree. Both are designed to prepare graduates to practice at the highest level of advanced nursing practice. A

graduate will demonstrate leadership in a clinical or administrative specialty area and a commitment to improve healthcare outcomes via practice, policy change, or practice leadership.

The post-MSN entry is designed for advanced practice nurses (nurse practitioners, nurse anesthetists, clinical nurse specialists, and nurse midwives) and nurses in organizational leadership positions who have a Master of Science in Nursing degree. Potential applicants with a non-nursing master's degree may undergo a portfolio review to demonstrate competency in the AACN Master's Essentials.

The SMU program curriculum offers a focus on either Organizational Practice or Clinical Practice. Students in either of these areas will register for the same courses. The curricular differentiation for these two practice areas will manifest in the student's DNP project. The curriculum will be offered almost completely through online courses using distributed learning technology and is designed to accommodate the student who must continue to work full- or part-time while undergoing doctoral study. Students are admitted as a cohort and are strongly advised to progress sequentially through the courses designated in each semester.

Students will be required to attend an on-campus orientation session early in the program and once per year as part of the DNP project courses.

The Doctor of Nursing Practice degree offers an alternative to research-focused doctoral programs, providing graduates with the knowledge and skills essential for accountability in advanced practice. The nurse prepared in the SMU DNP program will be a valuable counterpart to the nurse prepared in a PhD nursing program. The DNP graduate will focus on developing systems of care based on research application, while the PhD prepared nurse conducts research to provide new knowledge.

Upon acceptance into the DNP program, and prior to enrollment in the program, the student must complete the on-line orientation course on the Samuel Merritt University Canvas site. Access will be provided upon acceptance into the program.

Admitted students may petition for a maximum of up to nine (9) transfer credits after submitting a formal request and supporting documents from previously completed Master's and/or doctoral courses.

Students must have 1000 clinical practice hours in their academic program completed by the end of the DNP program. These practice hours must have been attained during supervised educational experiences (e.g., the clinical hours

completed during the student's MSN program together with the clinical hours in the DNP program.).

The post-baccalaureate entry is designed for nurses who are also seeking their Family Nurse Practitioner (FNP) certificate in addition to their DNP degree.

Applicants for both entry points must have a current RN license in resident state, successful completion of statistics within the past three years, demonstrate proficiency in computer word processing and internet skills and fulfill all other admissions requirements.

### **Accreditation Statement**

The DNP program is accredited by the WASC Senior College and University Commission (WSCUC) and the Commission on Collegiate Nursing Education (CCNE).

### **Program Learning Outcomes**

Graduates of the DNP program will be prepared to:

- Continue clinical or organizational practice in their area of expertise, demonstrating specialized competencies as defined by the specialty organization, and using defined assessment and decision-making skills, systems thinking, collaborative teamwork models and outcomes evaluations to improve the delivery of care.
- Analyze and utilize scientific knowledge from nursing as well as other scientific disciplines, as the underpinnings for the highest level of nursing practice.
- Use analytic methods to critically appraise existing literature and current research to determine and implement best evidence for nursing practice.
- Support and improve patient care delivery and healthcare systems through the utilization of information systems and technology.
- Design, influence and implement healthcare policies that affect practice regulation, access, safety, quality, efficacy, financing, ethics and social justice.
- Develop and evaluate healthcare delivery methods within an organizational structure to meet current and future needs of diverse patient populations.
- Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in healthcare and complex healthcare delivery systems.

- Analyze epidemiological, biostatistical, environmental and other appropriate scientific data related to individual, aggregate and population health and develop strategies and/or care delivery systems using concepts related to community, environmental, and occupational health as well as the cultural and socioeconomic aspects of health.
- Assume leadership roles in nursing, education, and healthcare.

## DNP GRADUATION REQUIREMENTS

- 1) Completion of all courses stipulated by the DNP program and the SMU School of Nursing, with a cumulative GPA of no less than 3.0.
- 2) Completion of the DNP Project inclusive of 1,000 total hours of clinical practice.
- 3) Satisfactory discharge of all university and program debts.

### **Curriculum Overview Post-MSN Doctor of Nursing Practice Program**

Students must have 1000 practice hours in their academic program completed by the end of the DNP program (this includes hours completed as part of their MSN program).

Semester I	Units
NURSG 703 Epidemiology and Population Health	3.0
NURSG 704 Biostatistics	3.0
Total	6.0
Semester II	
NURSG 700 Evidence Based Research Methods	3.0
NURSG 710 Health Care Economics and Financial Analysis	3.0
Total	6.0
Semester III	
NURSG 706 Info. Systems & Technology for Advanced Practice Nursing	3.0
NURSG 715 Outcomes Management and Evaluation	3.0
NURSG 720 DNP Project Emphasis Seminar	1.0
Total	7.0
Semester IV	
NURSG 705 Leadership, Quality, SAfety & Improvement Science	3.0
NURSG 702 Health Care Policy for Advocacy in Health Care	3.0
Total	6.0



Semester V	
NURSG 714 Educational Innovations	3.0
NURSG 721 Advanced Nursing Practice Project Management	2.0
Total	5.0

Semester VI	
NURSG 723 DNP Project Presentation	1.0
NURSG 730 DNP Project Residency	5.0
Total	6.0

Total units for DNP 36.0

### **FAMILY NURSE PRACTITIONER DNP PROGRAM**

The FNP/DNP program prepares the registered nurse to practice as an advanced practice family nurse practitioner in the primary care setting with multi-cultural and underserved populations. The current role and opportunities for the FNP are expected to expand with health care reform. The need for, and utilization of, FNPs in family practice and primary care will increase significantly. Advanced practice professional organizations and the American Academy of Colleges of Nursing (AACN) are in agreement with DNP as the recommended terminal degree for all advanced practice nurses. The SMU FNP/DNP program length is 3 years (9 semesters) providing 65 semester units and 1000 practice hours. The curriculum is blended, a combination of 3-day on-campus intensives at the Sacramento campus and online/distance learning. Students must have 1000 practice hours in their academic program completed by the end of their FNP/DNP program (this includes the 525 hours completed as part of the FNP coursework). Admissions occur in the Fall and Spring.

#### Post-Baccalaureate RN to FNP/DNP Oakland Campus

<b>FNP/DNP</b>	<b>Oakland</b>	
<u>Spring Semester 1</u>		Units
NURSG 601	Research Methods	3.0
NURSG 626	Theoretical Foundations for APN	3.0
NURSG 672	Professional Role Development for APN	1.0
<u>Summer Semester 1</u>		
NURSG 619	Adv. Pathophysiology	3.0

NURSG 670	Family Centered Advanced Practice Nursing	2.0
NURSG 704	Biostatistics	3.0
<u>Fall Semester 1</u>		
NURSG 702	Health Care Policy for Advocacy in Health Care	3.0
NURSG 703	Epidemiology & Population Health	3.0
NURSG 714	Educational Innovations	3.0
<u>Spring Semester 2</u>		
NURSG 677 HYB	Adv. Pharmacology	3.0
NURSG 700	EB Translation for Advanced Nursing Practice	3.0
NURSG 706	Information Systems & Technology for Advanced Practice Nursing	3.0
<u>Summer Semester 2</u>		
NURSG 671/671L	Adv Physical Assessment	3.0
NURSG 710	HC Economics and Financial Analysis	3.0
NURSG 715	Outcomes Management & Evaluation	3.0
<u>Fall Semester 2</u>		
NURSG 674	Health Protection	3.0
NURSG 678L	Clinical Practicum	2.0
NURSG 720	Advanced Nursing Practice Project Conceptualization and Design	2.0
<u>Spring Semester 3</u>		
NURSG 675/675	Care of Acute & Episodic Conditions/Lab	4.0
NURSG 679L	Clinical Practicum	6.0
NURSG 705	Organizational & Systems Leadership	3.0

<u>Summer Semester 3</u>		
NURSG 676	Care of Chronic & Complex Conditions	3.0
NURSG 680L	Internship	6.0
NURSG 721	Advanced Nursing Practice Project Management	2.0
<u>Fall Semester 3</u>		
NURSG 673	Professional Advocacy	1.0
NURSG 723	DNP Project Presentation	1.0
NURSG 730	DNP Project Residency	5.0
Total		79.0

\*Includes 630 FNP practice hours & (minimum) 370 DNP practice hours

Post-Baccalaureate RN to FNP/DNP  
Sacramento Campus

<b>FNP/DNP</b>	<b>Sacramento</b>	
<u>Fall Semester 1</u>		Units
NURSG 601	Research Methods	3.0
NURSG 626	Theoretical Foundations for APN	3.0
NURSG 672	Professional Role Development for APN	1.0
<u>Spring Semester 1</u>		
NURSG 619	Adv. Pathophysiology	3.0
NURSG 670	Family Centered Advanced Practice Nursing	2.0
NURSG 704	Biostatistics	3.0
<u>Summer Semester 1</u>		
NURSG 702	Health Care Policy for Advocacy in Health Care	3.0
NURSG 703	Epidemiology & Population Health	3.0
NURSG 714	Educational Innovations	3.0

<u>Fall Semester 2</u>		
NURSG 677	Adv. Pharmacology	3.0
NURSG 700	EB Translation for Advanced Nursing Practice	3.0
NURSG 706	Information Systems & Technology for Advanced Practice Nursing	3.0
<u>Spring Semester 2</u>		
NURSG 671/671L	Adv Physical Assessment	3.0
NURSG 710	HC Economics and Financial Analysis	3.0
NURSG 715	Outcomes Management & Evaluation	3.0
<u>Summer Semester 2</u>		
NURSG 674	Health Protection	3.0
NURSG 678L	Clinical Practicum	2.0
NURSG 720	Advanced Nursing Practice Project Conceptualization and Design	2.0
<u>Fall Semester 3</u>		
NURSG 675/675L	Care of Acute & Episodic Conditions/Lab	4.0
NURSG 679L	Clinical Practicum	6.0
NURSG 705	Organizational & Systems Leadership	3.0
<u>Spring Semester 3</u>		
NURSG 676	Care of Chronic & Complex Conditions	3.0
NURSG 680L	Internship	6.0
NURSG 721	Advanced Nursing Practice Project Management	2.0
<u>Summer Semester 3</u>		

NURSG 673	Professional Advocacy	1.0
NURSG 723	DNP Project Presentation	1.0
NURSG 730	DNP Project Residency	5.0
Total		79.0

\*Includes 630 FNP practice hours & (minimum) 370 DNP practice hours

## Course Descriptions

Lower Division (Courses numbered 1-99)

BSCI 015/016 Human Anatomy (4 units)

This is an integrated lecture and laboratory course designed to familiarize the student with the clinically relevant aspects of human anatomy and the language of health sciences. The topics of the integumentary, circulatory, musculoskeletal, nervous and all major organ systems will be covered in both laboratory and lecture settings. Pre-dissected cadavers and other anatomical materials allow the student to reinforce the lecture material and to explore the spatial relationships between structures within systems and distinct anatomical regions. (3 units lecture, 1 unit lab)

BSCI 025/026 Introduction to Human Physiology (4 units)

The Introduction to Human Physiology Lecture (BSCI 025) and Lab (BSCI 026) are on-campus, introductory courses designed to fulfill requirements for health sciences degree programs. The lecture course introduces basic principles of physiology, highlighting homeostatic control mechanisms, through the study of the principal organ systems of the human body. These systems include the nervous, muscular, cardiovascular, respiratory, urinary, digestive, endocrine, reproductive, and immune systems. Additional topics explored include relevant concepts in molecular and cell biology, select signaling mechanisms, and associated pathophysiology. The laboratory course is designed to enhance learning of physiological concepts through problem-solving and hands-on experiments. Lab exercises use a data acquisition and analysis system as well as wet-lab experiments. (3 units lecture, 1 unit lab)

*Upper Division (Courses numbered 100-199)*

GENED 101 Foundations of Death, Dying and Bereavement (3 units)

This general education course will provide a broad, interdisciplinary introduction to the essential topics and core knowledge – both classical and contemporary – that underlie death-related counseling and education. It will provide a basis for the student's personal growth and responsible social participation. It is intended to enhance the students' awareness of their life goals and priorities. Further the course will contribute to the education of those who through their professional

career choice will be closely associated with people who are in the dying process. There will be an emphasis on developing cultural sensitivity related to the topics discussed. The students will examine and assess the following topics: infant deaths, childhood deaths, suicide, homicide, end-of-life legal issues, ethical issues, the funeral industry, bereavement and family considerations.

GENED 102 Drugs and Society (3 units)

This general education course will provide a broad, interdisciplinary introduction to the abuse of drugs in the society. The intent is to help students from a variety of disciplines develop a realistic perspective of drug-related problems. It will provide current information and perspectives on the following critical issues: social and psychological reasons why drug use and abuse occurs; the results of drug use and abuse; how to prevent drug use and abuse. The most current information on drug abuse research, policy making and implementation will be discussed.

GENED 103 Sociological Inquiry (3 units)

This class is designed to enhance students' skills in sociological thinking and analyzing the social world around us. At the end of the semester not only will the students have a clear understanding of what it means to have a sociologically informed world-view, but also they will have developed their own powers of critical reasoning and thinking through a reading schedule that covers a broad array of topics. The hope is that students will leave the class with a renewed appreciation of the discipline of sociology and the transformative potential it holds in the making of a more just and equitable society.

GENED 104 The Global Implications of Genetics and Genomics (3 units)

Advances in genetic and genomic health present both incredible opportunities and significant challenges for healthcare practitioners and society in general. Application of new research discoveries in this area compel individuals to address ethical, legal and social implications (ELSI) as well as health policy concerns for the consumer, the practitioner and those involved in healthcare delivery and allocation of resources. This course will employ lecture, discussion, group discussion, multimedia presentation and written and oral application to explore these issues related to genetics and genomics. Content includes evaluation of knowledge and attitudes about genetics and genomics; educational interventions to enhance genetic literacy; ethical, legal, social and policy issues related to genetics and genomics and emerging technologies (such as direct to consumer marketing of genetic tests, pharmacogenomics and epigenetics). The course content will be enriched by incorporating popular press and media in application assignments.

NURSG 108 Nursing Research: Using Best Practices and Evidence to Improve Clinical Outcomes (2 units)

This course is designed to introduce nursing research and evidence-based practice as it relates to achieving clinical outcomes. The student will learn to use nursing research and the collection of evidence as a systematic process to inform practice and make clinical judgments. Students will learn to critically analyze research and understand how to utilize findings for evidence based practice. ABSN Prerequisites: NURSG 128; NURSG 136. BSN Prerequisite: NURSG 137.

NURSG 111 Pathopharmacology for Nursing Practice I (3 units)

This course introduces the student to essential concepts in pathophysiology among diverse populations across the lifespan and general principles of pharmacology and medication administration for nursing practice. The course explores the relationship between these two foundational sciences to the science of nursing, placing emphasis on the mechanisms by which disease occurs and/or body systems fail and the pharmacological management, as well as other interventions, to address the disease process. Prerequisites: Anatomy, Physiology and Microbiology.

NURSG 112 Pathopharmacology for Nursing Practice II (3 units)

This course integrates general principles of pharmacology with pathophysiological phenomena among diverse populations across the lifespan. This course builds upon previous knowledge of pathophysiology and pharmacology. A continued emphasis is placed on the mechanisms by which disease occurs and/or body systems fail, and the pharmacological management, as well as other interventions to address complex disease processes. Prerequisites: NURSG 111

NURSG 118 Pharmacology (3 units)

This course introduces the student to essential concepts in pharmacology for nursing practice. The course will focus on drug administration, legal issues, the major pharmacologic drug classes, practical information used in assessing patient response, medication side effects, and key patient education components. Offered online only.

NURSG 119 Pathophysiology (3 units)

In this course the student explores the continuum of health from wellness to death. Emphasis is placed on the mechanisms by which disease occurs and/or body systems fail. Students will examine pathophysiologic phenomena occurring in diverse populations across the lifespan. Prerequisites: Physiology, and Microbiology. Offered online only.

NURSG 120/120L Managing Care of the Adult and Clinical Integration Seminar (5 units). Building upon the learner's previous knowledge, this course utilizes the

nursing process to integrate theory with practice in promoting an individual's achievement of optimal health. Particular emphasis is placed upon the concept of wholeness, referring to the constant interactions of an individual's biological, emotional, sociocultural, spiritual, and environmental dimensions. Students will expand their knowledge of core competencies such as critical thinking, effective communication, ethics, diversity, professionalism, leadership, information management and an appreciation for the global environment in which health care is provided. The students will develop nursing psychomotor skills to provide competent and safe care in a variety of settings. Prerequisites: NURSG 137 or NURSG 138; NURSG 119; NURSG 125. Corequisite: NURSG 111, NURSG 112. (2 units theory, 3 units clinical)

NURSG 125/125L Health Assessment I (2.5-4 units)  
Using principles of effective communication and the concepts of nursing, environment, person, and health, the student develops skills in performing health assessment of well individuals throughout the lifespan from infancy to older adults. The course introduces the student to the nursing process, communication and interviewing techniques, health assessment, data collection for the nursing history, and accurate and concise documentation of findings. Prerequisite: Admission to the ABSN or BSN program (BSN: 3 units lecture, 1 unit lab; ABSN: 1.5 units lecture, 1.0 unit lab)

NURSG 126/126L Health Assessment II (2.5 units)  
Introducing principles of health promotion and health teaching and building upon principles of basic health assessment, the students will continue to develop health assessment techniques on individuals within a continuum of healthcare settings. Assessment also includes understanding the family, community, or population and utilizing data from organizations and systems in planning and delivering care. Pre-requisites: NURSG 125, NURSG 138 (1.5 units lecture, 1.0 unit lab)

NURSG 127/127L Managing Care of the Adults I-II (10 units)  
This course focuses upon both caring for and caring about the adult client. Building upon the learner's previous knowledge, the course utilizes the nursing process in providing opportunity to integrate theory with a focus on nursing interventions directed towards protection, promotion, maintenance, and restoration of the health of patients and their human responses to both chronic and acute illness. Particular emphasis is placed upon the concept of wholeness, referring to the constant interactions of an individual's biophysical, emotional, socio-cultural, spiritual, and environmental dimensions. By applying the Nursing Process, the baccalaureate prepared student nurse continues to distinguish the health care needs of the adult patient within the context of the family constellation and the community. Theory content for this nursing course addresses selected areas of health alterations that beginning and intermediate nursing student will likely encounter in the clinical setting. The course content is designed to assist



the learner in knowledge development of core competencies such as critical thinking, effective communication, ethics, diversity, professionalism, leadership, information management, and an appreciation for the global environment in which health care is provided. Prerequisites: NURSG 137; NURSG 119; NURSG 125, NURSG 129. Corequisites: NURSG 112, NURSG 128.

NURSG 128 - Healthy Aging (2 units)

This course builds on prior learning experiences to facilitate caring for the older adult client. This course introduces students to the biopsychosocial, cultural, ethnogeriatric, and political concepts of aging. The student applies knowledge of the nursing process, human development, theories of aging, evidence based practice and environmental factors to promote the client's achievement of an optimal level of health and functioning across a continuum of health care settings. ABSN Prerequisites: NURSG 120; NURSG 126. BSN Prerequisites: NURSG 111, NURSG 125, NURSG 129, NURSG 137. Must be taken concurrently with NURSG 112, NURSG 120, and NURSG 136.

NURSG 129/129L Psychiatric/Mental Health Nursing (5 units)

This course focuses on the application of psychiatric/mental health nursing concepts to the care of individuals, families, groups and communities. Within a therapeutic, interactive relationship the student assesses the client's mental health needs. Emphasis is placed on the application of concepts of communication. Theories of mental health will be explored. These theories are selectively integrated with concepts of mental health nursing in the care of clients in a variety of settings from the most restrictive to the least restrictive. Intensive experience will be offered in one clinical setting and in various community settings. Prerequisite: Admission to the BSN program. (2 units lecture, 3 units clinical)

NURSG 136/136L Managing Care of Adults II and Clinical Integration Seminar (5 units) The course builds on prior knowledge and learning experiences of the students. It focuses on nursing interventions directed towards, protection, promotion, maintenance, and restoration of the health of patients and their human responses to both acute and chronic illness. Through application of the Nursing Process, the baccalaureate prepared student nurse continues to distinguish the health care needs of the adult patient within the context of the family constellation and the community. ABSN Prerequisites: NURSG 120; NURSG 126. (2 units lecture, 3 units clinical)

NURSG 137 Introduction to Professional Nursing (3 units)

This course is an introduction to the role of the professional Registered Nurse, and the concepts of person, health, and environment. Students will consider aspects of professional practice including legal scope of practice, concepts of decision making, evidence-base for practice; and transfer of knowledge. The student will develop a beginning appreciation of how culture influences the

expectations of persons and their rights and responsibilities in the healthcare system. This course introduces students to critical thinking and bioethics, and provides opportunity to examine the ethical issues facing professional nurses and the health care delivery system.

**NURSG 138 Introduction to Professional Nursing and the Health Care Delivery System (2 units)**

Introduction to the health care system, nursing as a profession, and the concepts of health, illness and environment. Cultural sensitivity, patient's rights and responsibilities, critical thinking, and ethical foundations are discussed. Students examine nursing history, paradigm, ethical cases, nursing as a caring science, holistic and allopathic approaches to healing, and values and ethical decision making models. Prerequisite: Admission to the ABSN program.

**NURSG 144/144L Care of the Childbearing Family (5 units)**

Students examine and practice the nursing role with diverse families in all phases of the childbearing process with an emphasis on the changes occurring in the biological, personal and social systems. The health needs of the childbearing family are studied from the perspective of the concepts of health promotion and disease prevention. Clinical experiences are provided in hospital and community settings. ABSN Prerequisite: NURSG 136. BSN Prerequisite: NURSG 127 (2 units lecture, 3 units clinical)

**NURSG 158/158L Nursing Care of Infants, Children and Youth Populations (5 units)** Exploring the concepts of health and human development, and using the nursing process, students apply the nursing role in providing care to children from birth to young adulthood and to their families. Children's health problems are examined within the context of family, social and community systems, and interdisciplinary health care systems in primary, secondary, and tertiary care. Developmental differences in response to health promotion, screening and acute and chronic illnesses in community agencies and hospitals are emphasized. Students will provide nursing care to children and youth in a variety of healthcare settings. Prerequisites: NURSG 127, NURSG 136. (2 units lecture, 3 units clinical)

**NURSG 160 Nursing Leadership, Management, and Health Policy (3 units)**

This course is designed to assist students to explore management and leadership issues as they assume the professional role of registered nurse in a complex health care environment. Content focuses on organizational and systems leadership, quality improvement and safety while providing integrated, cost-effective care to clients by coordinating, supervising, and/or collaborating with members of the multidisciplinary health care team. The role of the professional nurse as a leader and change agent shaping policy at the unit, organizational, local, state, and national levels is explored. The nature of politics of the work unit and the health care organization and role in advocating for

improvements in patient care and nursing practice are analyzed. Students will have the opportunity to apply leadership and management theories and concepts to practice in the Senior Synthesis (NURSG 181/190) course. Course must be taken concurrently with NURSG 181 or NURSG 190. ABSN Prerequisites: NURSG 129; NURSG 170. BSN Prerequisites: NURSG 144, NURSG 158, NURSG 164.

NURSG 164/164L Managing Care of Adults III and Clinical Integration Seminar (5 units) This course builds on prior learning experiences to develop knowledge and skills used to facilitate culturally competent, holistic, patient-centered care for adults experiencing complex health variations. The integration of basic with advanced knowledge in pathophysiology, pharmacology, communication concepts, and therapeutic interventions provides the foundation for the provision of safe, effective, evidence-based professional nursing care. Students will become increasingly competent in the application of nursing process, problem-solving and critical thinking as they provide nursing care based on evidence that contributes to safe and high quality patient outcomes within healthcare micro-systems. ABSN Prerequisites: NURSG 128; NURSG 136. BSN Prerequisites: NURSG 127. (2 units lecture; 3 units clinical)

NURSG 170/170L Community Health Nursing (5 units)  
Community health nursing is a synthesis of the practice of two disciplines: Nursing and public health. This course focuses on the promotion and maintenance of the health of aggregates with the community as client, and uses principles, concepts, and theories from nursing and public health to promote the special needs of vulnerable populations across the lifespan. ABSN Prerequisites: NURSG 108; NURSG 144, NURSG 158, NURSG 164. BSN Prerequisites: NURSG 144, NURSG 158, NURSG 164. (2 units lecture, 3 units clinical)

NURSG 176 Home Health Nursing Elective (4 units)  
This course will be offered for students who wish to practice within the home health arena. Content and learning experience will be focused on the care of ethnically diverse clients within their home, working with the interdisciplinary team and utilization of community resources. Students will be placed with preceptors for their clinical experience. Prerequisites: NURSG 164; NURSG 158 (2 units lecture, 2 units clinical)

NURSG 178L Rural Health Nursing Elective (4 units)  
This course is offered in conjunction with the Rural California Nursing Preceptorship Program. Designed to provide senior students with a planned opportunity to experience clinical nursing in a rural setting. This program coordinates placement of students in hospital and health care facilities and arranges low-cost room and board placement. Prerequisites: NURSG 164

required for critical care placements; NURSG 144 required for perinatal placements. (4 units clinical)

NURSG 180 Basic Dysrhythmia Analysis and Management (2 units)

NURSG 180 facilitates development of the learner's knowledge and skills in basic cardiac dysrhythmia interpretation and management. Emphasis is placed on causes and hemodynamic effects of rhythm disorders, clinical assessment parameters, and nursing care of the patient. Concepts are reinforced through specific application to simulated client situations. The simulated situations assist the learner in the development of analytical thinking and synthesis of course content.

NURSG 181L Senior Synthesis (3 units)

This course is designed to assist the learner in using critical thinking, ethical reasoning and clinical judgment in synthesizing nursing theory/knowledge and nursing therapeutics into nursing practice. The learner will have an opportunity to focus on a selected area of nursing practice while providing quality care which maintains the safety of the patient. Through the use of the nursing process, the learner will provide culturally sensitive nursing care to diverse clients. This care will be increasingly self-directed, independent, creative and based on evidence. The learner will apply leadership and management principles to the clinical practice setting to further develop his/her understanding of the professional nursing role. Prerequisites: NURSG 129; NURSG 170. Must be taken concurrently with NURSG 160.

NURSG 190L Senior Synthesis (6 units)

This course assists the student in synthesizing nursing theory, knowledge and nursing therapeutics in his/her selected area of clinical practice. The student will provide nursing care that is increasingly self-directed and independent. Application of leadership and management principles will also be incorporated in the clinical setting. Prerequisites: NURSG 144, NURSG 158, NURSG 164 (must be taken concurrently with NURSG 160). (6 clinical units)

NURSG 191L Nursing Work Study (1-4 units)

The work-study option provides the student with an opportunity for guided clinical practice of previously acquired nursing theory and skills in a variety of clinical settings. Working under the direct supervision of an RN preceptor employed by the clinical agency, the student plans, implements, and evaluates nursing care for a selected group of clients. The student works closely with the preceptor and a faculty representative to meet individualized learning objectives. Prerequisite: senior standing (1-4 units clinical)

NURSG 192 International Nursing Elective (4 units)

A course focusing on nursing and health care in the global environment. Content and learning experience may relate to the study of nursing and health care in one

or more communities/countries outside the continental USA. Clinical experiences are designed to increase the student's knowledge of aggregate health care and nursing problems in foreign countries and to improve the student's ability to provide care to diverse clients in these settings. Prerequisite: senior standing

### **RN to BSN Courses**

GENED 400 MBSR & the Neuroscience of Change (3 units)

The central focus of this course is training in Mindfulness Based Stress Reduction (MBSR). The neuroscience of change, unitary caring science, and reflective practice are introduced. Informed by a mind/body practice and an in-depth personal exploration of meditative awareness in everyday life, the place of the meditative mind in professional practice is explored. Scholars develop their capacity for awareness, cultivation and application of intrinsic qualities in their personal and professional relationships. These qualities include non-judgement, concentration, openness, flexibility, equanimity, wisdom, warmth, and compassion for self and others and lead to a deeper appreciation of interdependence and connectedness in our daily lives. Scholars learn to use MBSR, reflective practice and the neuroscience of change to support therapeutic presence and create safer healing and work environments. This is a blended course with required face-to-face and online components.

GENED 410 Mindfulness Based Stress Reduction (2 units)

The central focus of this course is training in Mindfulness Based Stress Reduction (MBSR). Informed by a mind/body practice and an in-depth personal exploration of meditative awareness in everyday life, the place of the meditative mind in professional practice is explored. Students develop their capacity to become aware of, deliberately cultivate, and use intrinsic qualities in their personal and professional relationships. These qualities include non-judgmental awareness, concentration, openness, flexibility, equanimity, wisdom, warmth, and compassion for self and others and lead to a deeper appreciation of interdependence and connectedness in our daily lives. Research on benefits of MBSR and professional recommendations for using MBSR to support therapeutic presence and create safer healing environments is introduced. This is a face-to-face course with a small online component.

GENED 431 Applied Research & Statistics I (1 unit)

This course is the first in a four-part series for understanding research findings. Students learn the components of a research article. Basic statistical principles for reading quantitative research are introduced with an emphasis on understanding descriptive research. This is a blended course with required online and face-to-face components.

GENED 432 Applied Research & Statistics II (1 unit)

This course is the second in a four-part series for understanding research findings. Students are introduced to computerized search processes for published research studies. The focus of this course is concepts of inferential statistics. Students learn to interpret p-values, effect sizes, power, and confidence intervals. This is a blended course with required online and face-to-face components.

GENED 433 Applied Research & Statistics III (1 unit)

This course is the third in a four-part statistics series for understanding research findings. Basic statistical principles for parametric and non-parametric testing are introduced. Scholars read quantitative research to identify relationships between research hypotheses/questions, statistical analysis, and study results. This is a blended course with required face-to-face and online components.

NURSG 434 Applied Research & Statistics IV (2 units)

This course is the final course in a four-part series for understanding research findings. Qualitative and quantitative designs, purposes, and terms are introduced. Concepts of evidence-based practice, including hierarchies of evidence and a format for clinical questions are introduced. Key concepts for understanding systematic reviews of the literature, meta-analysis, and meta-synthesis are introduced. Students conduct computerized searches for clinical guidelines and research evidence that address a select PICOTS question and summarize findings to effectively communicate practice applications for a quality or safety problem. This is a blended course with both online and face-to-face components.

GENED 435 Applied Research & Statistics I (3 unit)

This course is the first in a two-part series for understanding research findings. Descriptive, inferential, and non-parametric statistical tests are introduced. Scholars learn to interpret common statistical results to evaluate research findings. Scholars learn computerized literature search processes and read quantitative research. The course focuses on identifying relationships between research questions, statistical analyses, and research findings. This is a blended course with required face-to-face and online components.

GENED 436 Applied Research & Statistics II (2 unit)

This course is the second in a two-part series for understanding research findings. Scholars are introduced to evidence-based practice, hierarchies of evidence, qualitative research, and the PICOT format for clinical questions. Scholars conduct computerized searches for evidence, read qualitative and quantitative research, and summarize findings that address questions related to the discipline and practice of nursing. This is a blended course with both online and face-to-face components.

Prerequisite: GEN ED 435 Applied Research & Statistics I

#### GENED 440 Health Policy I

(1 unit)

The first course in this two-part series exploring health policy introduces the historical, political, and economic forces that shape the US healthcare system together with current mechanisms for reimbursing health care services. Social values including choice and social justice are discussed in relationship to challenges facing health care delivery in the United States. Students read health policy writers, journalists, and op-ed columnists from across the political spectrum to contextualize and develop their own values and positions, paying particular attention to research on access, costs, and outcomes. This is a blended course with required face-to-face and online components.

#### GENED 442 Health Policy II

(1 unit)

The final course in this series exploring health policy compares research findings on access to health insurance and health care, quality of care, aggregate health outcomes, and costs of healthcare in the United States and other countries. Scholars learn how to improve policy that affects health through participation in community organizations. Scholars continue reading health policy writers, journalists, and op-ed columnists from across the political spectrum to contextualize and develop their own values and positions. This is a blended course with required face-to-face and online components.

#### GENED 444 Health Policy

(2 units)

This course explores the historical, political, and economic forces that shape health care systems in the US and across the globe. Social values and mechanisms for reimbursing health services are investigated. Research findings on access to health care, quality of healthcare, and costs are compared. Scholars read about health policy across the political spectrum to contextualize and develop their own values and positions, paying particular attention to research on access, costs, and aggregate population outcomes. This is a blended course with required face-to-face and online components.

#### NURSG 450 Nursing Science I

(1 unit)

The first course in this three-part series assesses the scholars' knowledge required to recognize common responses to human health problems, identify gaps, and establish communities of learning. Scholars investigate the inter-relatedness of the unitary human being including the physical, emotional, mental, and spiritual dimensions. Scholars learn to recognize common underlying dysfunctions, the interrelatedness of body systems, and how these manifest in the patient at the point of care. This is a blended course with required face-to-face and online components.

#### NURSG 452 Caring Science I

(2 units)

The first course in this two-part caring science series focuses on the integration of pathophysiological and pharmacological knowledge to address conditions commonly encountered in the continuum of care. Scholars learn patient centered care and best practices using a unitary caring science approach. This is a blended course with required face-to-face and online components.

Prerequisite: GENED 400 MBSR & the Neuroscience of Change

#### NURSG 454 Caring Science II

(2 units)

The second course in this two-part caring science series focuses on complex and multisystem dysfunction encountered in the continuum of care. Scholars apply patient centered care and best practices using a unitary caring science approach. This is a blended course with required face-to-face and online components.

Prerequisite: NURSG 452 Caring Science I

#### GENED 456 Genetics & Genomics

(2 units)

Scholars evaluate knowledge and attitudes about genetics and genomics; explore educational interventions that enhance literacy in genetics and pedigree analysis; examine the risks and benefits of genetic testing; and discuss the ethical, legal, social, and privacy issues related to emerging technologies such as direct-to-consumer marketing of genetic tests, and pharmacogenomics. Scholars will be introduced to the concept of epigenetics. Related ethical, legal, and social implications that affect resource allocation and health policy are discussed. This is a blended course with online and face-to-face components.

#### NURSG 460 Quality, Safety & Leadership I

(2 units)

The chief purpose of leadership in the healthcare industry is to ensure safe, quality patient care. The first course in this four-part series focuses on self-knowledge, ethics, and informatics. Students complete a variety of instruments to identify preferences and develop communication and teamwork skills, especially with those who have markedly different preferences. Using the American Nurses' Association *Code of Ethics for Nurses* as a framework, students explore professional challenges associated with meeting the four key components of the professional nursing role: clinician/ practitioner, teacher-learner, leader, and scientist. The informatics component focuses on emerging technologies used to record, retrieve, and critically analyze clinical data to improve nursing care. This is a blended course with required face-to-face and online components.

#### NURSG 464 Quality, Safety, and Leadership II

(2 units)

The chief purpose of leadership in the healthcare industry is to ensure safe, quality patient care. The second course in this four-part series focuses on organizational missions, cultures of safety, models of change, aggregate outcomes. Scholars identify datasets used to evaluate practice against



standards, identify a local quality or safety problem, and begin their e-portfolio. This is a blended course with required face-to-face and online components. Prerequisite: NURSG 460 Quality, Safety & Leadership I and NURSG 436, Applied Research & Statistics II

NURSG 466 Quality, Safety, and Leadership III (2 units)

The chief purpose of leadership in the healthcare industry is to ensure safe quality care. The third course in this four-part series focuses on local, national, and international patient safety goals and improvement initiatives. Regulatory agencies are discussed. Scholars investigate organizational cultures and inter-professional teamwork strategies to lead change and support healthy work environments. This is a blended course with both face-to-face and online components.

Prerequisite: NURSG 464 Quality, Safety & Leadership II

NURSG 468 Quality, Safety, and Leadership IV (2 units)

The chief purpose of leadership in the healthcare industry is to promote healthy work environments that deliver safe, quality patient care. The final course in this four-part series focuses on developing the knowledge, skills and attitudes to transform healthcare delivery in the United States. Scholars finalize practice improvement projects, share them with clinical partners, and design a project evaluation. This is a blended course with required face-to-face and online components.

NURSG 470/ 470L Community/ Public Health Nursing I (2 units)

This course introduces the concept of community as client. Students learn about the special needs of vulnerable populations across the lifespan. The focus is on assessing the health of a population. This is a blended course with required face-to-face and online components. Students use the 45-hour clinical practicum to develop relationships within an agency, to cultivate partnerships within a community, and to complete a comprehensive assessment of a community. This course is face-to-face. (1 unit lecture, 1 unit lab)

NURSG 472/472L Community/ Public Health Nursing II (2 units)

This course focuses on evidence-based practice in public health. Principles of epidemiology are introduced. Community assessments are completed and used to increase awareness of available and underutilized resources. The concept of community resilience is explored in relation to planning and organizing community health initiatives. The course culminates in an evidence-based plan for improving the health of a community. This is a blended course with required face-to-face and online components. Students use the 45-hour clinical practicum to conduct screenings, analyze disease incidents, provide health education, and implement interventions that are based on a comprehensive assessment. The assessment and plan is disseminated within the organization. This course is face-to-face. (1 unit lecture, 1 unit lab)

NURSG 475/475L Community/Public Health Nursing (4 units)

This course explores the concept of community as client and the unique practice characteristics of public health nursing (PHN) in the context of unitary caring science. The nursing process is used to guide public health nursing practice. Scholars differentiate between levels of prevention and explore ways to increase resilience and prevent disease. Scholars analyze social and structural determinants of health and utilize epidemiological evidence to guide community and public health nursing practice. Scholars learn about the impact of adverse childhood experiences (ACEs) on health. This course meets the BRN didactic requirements for a PHN certificate, including mandated reporting. This is a blended course with required face-to-face and online components. This practicum explores community as client and the unique practice characteristics of public health nursing (PHN) in the context of unitary caring science. Scholars develop relationships and cultivate partnerships to complete a comprehensive assessment of a community. Scholars apply the nursing process in the design and delivery of intervention(s) to improve the health of a community. Scholars evaluate their work and make evidence-based recommendations. This practicum meets BRN eligibility requirements for the PHN certificate. This is a face-to-face course. 2 unit lecture, 2 unit lab

GENED 490 Humanities and the Human Condition (2 units)

This course explores how life, especially birth, suffering, caring, and death are shaped in art- primarily novels, films, and plays. Historical and cultural roles of caring for the sick and caring for souls are considered. Scholars will discuss how art and the humanities help people understand themselves and their worlds. Scholars will explore films and works of art that may arouse a wide spectrum of emotional responses and challenge personal values and beliefs about people, behaviors, and situations. This is a blended course with required face-to-face and online components.

*Graduate Courses (Lab courses denoted with an L.)*

NURSG 500 Transition to Professional Role of Nursing (2 units)

This course is an introduction to the healthcare system, concepts of person, nursing, health, illness, and environment. Using a model of professional practice, history, and transition theory, the student develops a beginning knowledge of the RN role in contemporary society. Concepts of caring, ethics, the influence of culture on health, and wellness, and critical thinking techniques pertinent to the professional nurse will be explored. This course will also explore the history of nursing and how it shapes nursing as a scholarly discipline that defines practice. The focus of the historical review will be on how history continues to influence the future of nursing.

**NURSG 520 Integration of Basic Principles of Pathophysiology and Pharmacology (5 units)**

This course introduces and integrates general principles of pharmacology and pathophysiological phenomena. It explores the relationship of these two foundational sciences to the science of nursing. Placing emphasis on the mechanisms by which disease occurs and/or body systems fail and the nursing and pharmacological management of the disease process. Using the foundation of professional role and the process of clinical reasoning to make a decision, the RN's role in medical management and decision-making is explored.

**NURSG 524/524L Health Assessment (3 units)**

Using principles of effective communication and the concepts of nursing, environment, person, and health, the student develops skills in performing health assessment of well individuals throughout the lifespan from infancy to older adults. The course introduces the student to the nursing process, communication and interviewing techniques, health assessment, data collection for the nursing history, and accurate and concise documentation of findings.

**NURSG 534/534L Psychiatric/Mental Health Nursing (5 units)**

This course focuses on the application of psychiatric/mental health nursing concepts to the care of individuals, families, groups and communities. Within a therapeutic, interactive relationship, the student assesses the patient's and family's mental health needs and works with them to develop a plan that supports their desired health outcomes. Emphasis is placed on the application of concepts of communication and its use in shaping the individuals/families narrative as it relates to their health needs. Current theories of mental illness and treatment will be explored. Utilizing the individual/family narrative, theories are then selectively integrated into mental health nursing care. A variety of patient care settings are selected during the clinical portion in order to provide an opportunity for the student to relate theory to practice. The initial five weeks of clinical will be utilized to introduce the student to various communication approaches in order to help the student develop the basic skills needed to effectively communicate in a variety of settings. Therapeutic communication, motivational interviewing, lateral violence and professional communication, de-escalation and group will be central concepts in this portion of the course. (2 units lecture, 3 units clinical)

**NURSG 540/540L Reproductive Health Care (5 units)**

Students examine and practice the nursing role with diverse families in all phases of the childbearing process with an emphasis on the changes occurring in the biological, personal and social systems. The health needs of the childbearing family are studied from the perspective of the concepts of health promotion and disease prevention. Clinical experiences are provided in hospital and community

settings. Prerequisites: NURSG 520; NURSG 524/524L; NURSG 534/534L; NURSG 542L; NURSG 543L; NURSG 546/546L (2 units lecture, 3 units clinical)

NURSG 542L and NURSG 543L Nursing Skills I and II (1 unit each)

The courses NURSG 542 and NURSG 543 provide the student with theory and practice of skills inherent in the professional nursing role. The student will learn to make informed decisions by utilizing inquiry, information technology and analysis in the application of evidence based nursing and clinical reasoning. Incorporating the concepts learned from the sciences into the nursing process, the student is accountable for demonstrating beginning competence with the following: medication administration via a variety of routes, dosage calculation, maintenance of a safe and hygienic environment, attention to correctly and safely mobilizing clients, assessment and management of acute pain, dressings and wound care, promoting gastrointestinal function, intubation and maintenance, oral and enteral feeding measures, capillary blood glucose monitoring, urinary catheterization and care. Skills acquisition is presented within the context of the professional nursing role with the student held accountable for demonstrating comprehension of basic principles of teaching/learning, nursing documentation and medical and surgical asepsis.

NURSG 546/546L Nursing Care of Adults and Older Adults (10 units)

This course builds on previous course work to promote nursing care for adults and older adults within an interdisciplinary team. The focus is on health promotion, disease prevention, maintenance and restoration of health in individuals who are healthy and those responding to acute and chronic illness across the lifespan. The student applies knowledge of the nursing process, human development and environmental factors to provide care to adults and older adults within a family support network. The student continues in building their knowledge about the professional role of RNs, exploring leadership, outcome management, and decision making in diverse population of the acutely ill hospitalized patient. Prerequisites: NURSG 520; NURSG 524/524L; NURSG 534/534L; NURSG 542L (4 units lecture, 6 units clinical)

NURSG 550 Nurses as Consumers of Research (2 units)

This course is designed to enhance student understanding of different types of research. By building on the concepts of and utilizing tools of critical thinking, students will read a variety of research articles from selected disciplines. Nurse and other theorists will be explored in their relation to their contribution to research. The focus of the course is on developing an appreciation for research as a foundation for evidence based practice. By the end of this course, the student will have gained a deeper understanding of the integration among research, theory, evidence, and practice. This course lays foundational work for their graduate level research course. Co-requisites: NURSG 546-546L, NURSG 562

NURSG 556/556L Nursing Care of Pediatric and Youth Populations (5 units)  
Exploring the concepts of health and human development, and using the nursing process, students apply the nursing role in providing care to children from birth to young adulthood and to their families. Children's health problems are examined within the context of family, social and community systems, and interdisciplinary health care systems in primary, secondary, and tertiary care. Developmental differences related to screening, health promotion, and acute and chronic illnesses in community agencies and hospitals are emphasized. Prerequisites: NURSG 520; NURSG 524/524L; NURSG 534/534L; NURSG 542L; NURSG 543L; NURSG 546/546L (2 units lecture, 3 units clinical)

NURSG 560 Leadership, Management and Organizational Behavior in Health Care Delivery Systems (3 units)  
This course is designed to assist the learner in developing as a professional nurse by investigating leadership, management and organizational theories and principles. The learner studies the leadership role, communication styles, and management characteristics within health care organizations, and explores patterns of decision-making, and concepts of change and innovation. The focus is to provide the learner with knowledge of and preparation for the first leadership and management position. Prerequisites: NURSG 556/556L; NURSG 566/566L. NURSG 560 must be taken concurrently with NURSG 594L.

NURSG 562 Professional, Legal & Ethical Issues (3 units)  
This survey course is designed to acquaint you with major professional, legal and ethical concerns within the healthcare field and the nursing profession. The course is also intended to serve as a catalyst for continuing examination of your professional status in this changing world where, despite good intentions, professional, legal and ethical problems can and do arise.  
Prerequisites: NURSG 534/534L; NURSG 562 must be taken concurrently with NURSG 546/546L.

NURSG 566/566L Advanced Care of the Adult/Older Adult (5 units)  
Care of adults with complex variations in health care patterns. Students integrate knowledge of pathophysiology, diagnostics, pharmacology, therapeutic interventions, and communication concepts as applied to the care of medical and surgical clients from a variety of ethnic backgrounds. Focus on increasing competence in the application of the nursing process, research, problem-solving, and critical thinking. A variety of health care settings will be used, including acute and critical care facilities. Prerequisites: NURSG 518; NURSG 519; NURSG 524/524L; NURSG 534/534L; NURSG 542L; NURSG 543L; NURSG 546/546L (2 units lecture, 3 units clinical)

NURSG 570/570L Community Health Nursing (5 units)  
Community Health is a synthesis of the practice of two disciplines: public health and nursing. This course focuses on the promotion and maintenance of health in

selected settings with culturally diverse families and the community as the units of analysis. Prerequisites: NURSG 534/534L; NURSG 540/540L; NURSG 546/546L; NURSG 556/556L; NURSG 566/566L (2 units theory, 3 units clinical)

NURSG 594L Clinical Internship (5 Units)

This course will assist the student in synthesizing nursing theory/knowledge and nursing therapeutics in his/her nursing practice. The student will focus on a selected area of general nursing practice. Modeling care based on the nursing process, the student will provide culturally sensitive nursing care that is increasingly self-directed, independent and creative. The student will apply leadership, professional, and management principles to the clinical practice setting to enhance understanding of the professional RN role and prepare for entry into the novice level of practice. Prerequisites: NURSG 534/534L; NURSG 542L; NURSG 543L; NURSG 546/546L; NURSG 540/540L; NURSG 556/556L; NURSG 566/566L. NURSG 560 must be taken concurrently. (5 units lab)

NURSG 600 Theoretical Foundations for Health Professionals (3 units)

This course will introduce the structure and functions of theory within the sciences, the humanities, and the health care disciplines. Theory development will be examined in relation to major philosophical positions on knowledge development. The interrelationship among theory, research, and practice will be explored. Examples of prototypical theories will be used to demonstrate the structure and functions of theory and applications to real world settings. Further, selected discipline-specific and common substantive theories will be discussed.

NURSG 601 Research Methods (3 units)

This course presents an overview of the research process, with emphasis on using the scientific method to identify and investigate problems in clinical practice. Major topic areas include: types of research approaches, formulation of research problems and hypothesis/research questions, preparing a literature review including theoretical/conceptual framework, study designs and selecting a research method, sampling, measurement of variables, and data collection and analysis.

NURSG 602 Analysis of Health Policy Issues (3 units)

This course focuses on political structures, the political process, and development of health care policy. The course begins with an overview of the healthcare system as shaped by cultural and societal values, perceived purposes of health care, and modern technology. Attention will be given to issues of economics, finance, regulatory systems, and social justice for consumer groups.

NURSG 603 Epidemiology and Biostatistics (3 units)

This course presents an introduction to the principles, methods, and uses of epidemiology in determining the distribution of populations at high risk, surveillance of health status, and planning and evaluation of health services.

The course focuses on determining the relevance of the findings of epidemiological studies to clinical practice of individuals, families, and communities.

NURSG 604 Foundations of Education (3 units)

Basic educational principles, methods, and theories applied to the role of a clinical specialist. Students will be asked to examine critically their current conceptions and understandings of academic and clinical education in light of education and behavioral theories and future trends in health care, the professions, and professional education. Topics include philosophical perspectives in education, use of educational technology and tools, analysis and application of learning theories across the life span, and evaluation and assessment strategies.

Synthesis Requirement

The synthesis project is the final degree requirement for the MSN degree. This requirement is designed to provide the student with an opportunity to apply new knowledge and insight from graduate education in the completion of a thesis or special project. While there are various options from which a student can choose to demonstrate the Program Learning Outcomes (PLOs) objectives of the master's degree program, all of the options include the expectation that the student will be able to effectively articulate ideas in writing, use primary and secondary library and information sources, and produce the quality of work that can withstand peer review.

Synthesis Options

NURSG 605 Thesis (3 units)

A thesis is a written report of a research study conducted under the guidance of and in keeping with the expertise of a faculty member with an established research agenda. A student desiring this option should declare this intention no later than the second semester of enrollment in order to ensure that a faculty advisor is formally assigned to provide early direction on the research project. Three semester units of credit are awarded upon successful completion of the thesis.

NURSG 606 Special Project (3 units)

The special project may take one of three forms: (a) Preparation of a scholarly paper for publication in concert with a faculty member. This assignment, which requires considerable student initiative, will include participation in the development of a topic, literature review, data collection and analysis as appropriate, and preparation of a scholarly paper for publication. (b) Preparation of a scholarly report on the implementation of a major health program or instructional innovation designed to improve health care to high-risk populations in the community. Such a project is the culmination of work initiated in the core theory and clinical courses in the student's area of concentration. (c) Completion

of a comprehensive exam specific to the student's clinical specialty. The format, content and timing of administration of this exam vary with each of the MSN program tracks. Refer to the MSN Synthesis Guidelines of the School of Nursing and program-specific documents for these details. Other scholarly projects are possible by arrangement. Three semester units of credit are awarded upon successful completion of the special project.

NURSG 607 Program Evaluation and Quality Improvement (3 units)

This course focuses on methodology for successful evaluation of health care programs, including comparative analysis of program purposes, cost-benefit analysis, and cost-effectiveness. A conceptual framework for quality improvement is presented and techniques for establishment of comprehensive quality improvement programs in a variety of settings are analyzed.

NURSG 608 Organizational Behavior in Health Care Delivery Systems (3 units)

This course begins with an overview of organizations, foundations and elements of organizational theory, and elements of organizational functioning in health care settings. The student studies the executive leadership role, communication, leadership and management characteristics within organizations, patterns of decision-making and concepts of change, and innovation relative to health care organizations.

NURSG 609 Health Care Economics (3 units)

This course is designed to provide a critical analysis of economic theories and public and private financing of health care. The effects of financial and reimbursement mechanisms on health care delivery systems are explored. The impact of current reimbursement patterns on nursing and professional practice, individuals, and families are discussed and critiqued.

NURSG 610 Financial Management (3 units)

This course presents the basic components of financial and management accounting as they apply to health care settings. The budget process is presented, including operating and capital budget preparation, budget management and control, and the use of variance reports. Managerial decisions are made by students based on analysis of case-study presentations.

NURSG 611 Personal Leadership Development (3 units)

This course focuses on personal leadership style and factors related to enhancing leadership effectiveness. Content covers leadership principles, visioning, creating a positive work climate, planning and implementing change, communication, working with groups using participative group process tools, and dealing with difficult people or situations. The course uses personal style assessments and outside projects to achieve personal application of concepts.

NURSG 612 Health Care Finance (3 units)



This course investigates the mechanisms by which healthcare is financed and health care providers are compensated in the United States. The effects of financing and reimbursement mechanisms on health care delivery systems, health care organizations, health care providers, and the patient are explored. Both public and private mechanisms of financing will be analyzed. The impact of current reimbursement patterns on health care delivery, professional practice, and the health care consumer are discussed and critiqued.

NURSG 613 Curriculum Design (3 units)

In this course, curriculum development in professional education is explored with emphasis on contemporary theories of and processes for various designs. Includes review of classical and current literature for planning, implementing, and assessing curricular plans. Principles can be applied to consumer and continuing education programs as well as degree programs.

NURSG 614 Methods of Teaching and Evaluation (3 units)

This course includes development, implementation, and evaluation of educational learning experiences based on adult learning theories. This course includes review of contemporary literature in the area of adult learning theory, teaching and learning methods, and assessment/evaluation methods for traditional and nontraditional education programs. Students will have the opportunity to practice a variety of teaching methods.

NURSG 615L Clinical Practicum (3 units)

Guided clinical learning experiences provided in settings with clinical specialists as preceptors. Individual arrangements may be made with clinical centers in the student's geographic location. This course is designed to facilitate a higher level of clinical competence.

NURSG 616 Research Practicum (3 units)

This course includes supervised research experiences in an established research setting. Opportunities to participate in ongoing studies and for mentoring are provided.

NURSG 617 Teaching Practicum (3 units)

This course is designed to provide structured opportunities for students to engage in academic or clinical teaching. Individual arrangements with clinical centers and academic programs are made to facilitate the development of competence in planning, teaching, and evaluating student learning.

NURSG 618 Multicultural Health Care (3 units)

Focuses on global awareness as a conduit to providing culturally sensitive care. Cultural relativism, human diversity in the meaning of health and illness, and the similarities and differences in the expectations, wants, and needs of the community and provider are explored and analyzed. Interdisciplinary care aimed

at ways to bridge the health gap existing in the community are developed and applied. A developmental approach is used to compare cultural practices and expectations throughout the life cycle, especially during significant life change events. Topics include adaptation to chronic illness, expression of pain, culturally relevant care in acute care, and cross-cultural differences in mental health and family health care. Specific cultural groups covered would be representative of the demographic patterning of the community surrounding Samuel Merritt University. Prerequisite: senior or graduate standing

NURSG 619 Advanced Pathophysiology (3 units)

This is a course which builds on prior knowledge of anatomy, physiology, and pathophysiology. The major focus of the course is the exploration of current theory and research related to pathophysiological processes as applied to commonly encountered problems in family-oriented primary care practice, including physiological and mental health disorders. The course includes a life-span perspective, with content relevant to perinatal, pediatric, adult, and geriatric clients. Application of content to the care of diverse multicultural populations is emphasized. Prerequisite: graduate status

NURSG 620/620L Case Management (6-8 units)

The course provides an overview of the health care delivery system and managed care systems as part of the delivery system. Health care organizational theory and structure, economics of health care, systems management, and ethical and legal issues are discussed in relation to managed care. Interdisciplinary collaboration and the role of nursing on the health care team and in managed care systems are examined. The clinical experience provides the student with an opportunity to apply theories and concepts to a select group of clients. Prerequisites: Licensure as a registered nurse; NURSG 612; NURSG 603 or NURSG 607; and completion of at least 12 units of graduate coursework (NURSG 600 and above courses). (3 units lecture, 3-5 units clinical)

NURSG 621L Case Management Clinical Practice and Seminar (3 units)

The clinical focus course provides students the opportunity to expand skills in the delivery of nursing care within a managed care/case management framework to a population of interest. The seminar component of the course will allow students to share insights into their developing roles. (3 units clinical: 8 hours practice, 1 hour seminar/week)

NURSG 622 Interpreting Healthcare in a Global World (1 unit)

This course explores primary healthcare as well being in the context of globalization in an international setting. The influences of history, tradition, culture, and language, are examined from an interpretive postmodern perspective. A service and learning tour in Southeast Asian village settings is used as a medium to develop new understandings concerning notions of care, ethical action, and identity based on the critical hermeneutics of Paul Ricoeur and Richard Kearney.

In addition to the travel experience, course activities include reading, discussion and a trip journal.

**NURSG 623/623L Advanced Health Assessment for Nurse Case Managers  
(3 units)**

This course focuses on the strategies and skills needed to assess individuals throughout the life span in a case management setting. The expected outcome is competency in advanced health assessment as a Nurse Case Manager. The analysis of assessment data, based on developmental and ethnic variation, is integrated into the case management clinical decision making process.

Advanced health/physical assessment includes the comprehensive history, physical and psychological assessment of signs and symptoms, pathophysiologic changes, and psychosocial variations of the client: the individual, family, or community. If the client is an individual, the assessment should occur within the context of the family and community and should incorporate cultural and developmental variations and needs of the client. The purpose of this comprehensive assessment is to develop a thorough understanding of the client in order to determine appropriate and effective health care including health promotion strategies. (2 units lecture, 1 unit lab)

**NURSG 624 Advanced Pathophysiology for Nurse Case Managers (2 units)**

This course provides the theoretical framework for understanding disease processes and physiological aberrations in all ages, including chronic illness and population health. Emphasis will be placed on the application of pathophysiology in the identification of common disease processes, clinical syndromes, and the trajectory and management of illness throughout a lifespan.

**NURSG 625 Advanced Pharmacological Management for Nurse Case Managers  
(2 units)**

The focus of advanced pharmacological management for nurse case managers is clinical therapeutics, and it builds on prior knowledge of drug classifications, actions, interactions and side effects. The course concentrates learning on medications that are used in case management practice. Emphasis is placed on learning the clinical use of drugs in the management of specific illnesses throughout a lifespan; to include therapeutic dosages, clinical endpoints, patient monitoring plans and patient education.

Health-related information and medication compliance issues are of foremost concern throughout the course. This course builds on a sound foundation of pharmacology to facilitate comprehensive disease management.

**NURSG 626 Theoretical Foundations of Advanced Practice Nursing (3 units)**

This course explores the integration of contemporary theories with advanced practice nursing. Learners will analyze selected theoretical frameworks and their application to modern day clinical practice. Foundational theories specific to the domains of informatics, patient safety and ethics, along with biopsychosocial model will be covered in this course, with interprofessional education and collaboration as a consistent conceptual theme. Emphasis will be placed on exploration of the substantive ideas being introduced and debated by healthcare thought leaders. The intent is to provide a solid knowledge base in aforementioned domains for subsequent learning activities in either nurse anesthesia or nurse practitioner program curriculum.

**NURSG 627 Pharmacology Comprehensive Examination (PCE) (1 unit)**

All students in the Program of Nurse Anesthesia (PNA) are required to complete all core MSN courses and a special synthesis project to satisfy the Synthesis requirement for a Master of Science in Nursing from SMU. There are 3 components of the special synthesis project in the senior academic curriculum: NURSG 627, the pharmacology comprehensive exams (PCE); NURSG 628, oral comprehensive examinations; and NURSG 629, the National Certification Examination (NCE) prep series 1 & 2 and Anesthesia Crisis Resource Management (ACRM) simulation sessions 1 & 2. During this course students prepare and complete the PNA PCE.

**NURSG 628 Oral Comprehensive Examination (OCE) (1 unit)**

All students in the Program of Nurse Anesthesia (PNA) are required to complete all core MSN courses and a special synthesis project to satisfy the Synthesis requirement for a Master of Science in Nursing from SMU. There are 3 components of the special synthesis project in the senior academic curriculum: NURSG 627, the pharmacology comprehensive exams (PCE); NURSG 628, oral comprehensive examinations; and NURSG 629, the National Certification Examination (NCE) prep series 1 & 2 and Anesthesia Crisis Resource Management (ACRM) simulation sessions 1 & 2. During this course students prepare and take the PNA OCE.

**NURSG 629 National Certification Examination (NCE) Prep Series and Anesthesia Crisis Resource Management (ACRM) Simulation Series (2 units)**

All students in the Program of Nurse Anesthesia (PNA) are required to complete all core MSN courses and a special synthesis project to satisfy the Synthesis requirement for a Master of Science in Nursing from SMU. There are 3 components of the special synthesis project in the senior academic curriculum: NURSG 627, the pharmacology comprehensive exams (PCE); NURSG 628, oral comprehensive examinations (OCE); and NURSG 629, the National Certification Examination (NCE) prep series 1 & 2 and Anesthesia Crisis Resource Management (ACRM) simulation sessions 1 & 2. During this course students prepare to take the NCE and participate in ACRM simulation sessions.

NURSG 631 Advanced Acute and Chronic Pain Management (2 units)

This course addresses advanced concepts of nurse anesthesia practice, specifically theoretical and practical considerations involved in the management of acute and chronic pain. Aspects of human anatomy, physiology, pathophysiology and pharmacology as they are related to the diagnosis and treatment of acute and chronic pain are considered. Emphasis will be placed on the integration and application of basic and advanced principles of nurse anesthesia to achieve effective acute and chronic pain management across all cultures. Healthcare policy related to the role of the CRNA in acute and chronic pain management will also be discussed.

NURSG 641/641L Orthopedic Primary Care: Musculoskeletal Assessment & Diagnosis (3 units)

This course focuses on the strategies and skills needed to identify and diagnose common musculoskeletal disorders and stable fractures in individuals throughout the life span in a primary care setting with diverse populations. The expected outcome is advanced competency in assessing and diagnosing musculoskeletal conditions and stable fractures commonly seen in primary care practice. Analysis of assessment options based on developmental and ethnic variation is included. This course includes a review of functional musculoskeletal anatomy and physiology as well as focused physical assessment skills. Prerequisite: Acceptance in FNP program or permission from the program director.

The lab course is taken concurrently with NURSG 641, which focuses on the strategies and skills needed to identify and diagnose common musculoskeletal conditions in individuals throughout the life span in primary care settings with diverse populations. The expected outcome is advanced competency in assessing and diagnosing musculoskeletal conditions and stable fractures commonly seen in primary care practice. Analysis of assessment options based on developmental and ethnic variation is included. This course includes a review of functional musculoskeletal anatomy and physiology as well as focused physical assessment skills. Prerequisite: Acceptance in FNP program or permission from the program director.

(2 units lecture, 1 unit lab)

NURSG 642/ 642L Treatment & Collaborative Care (3 units)

This course focuses on the strategies and skills needed to identify, prevent, and manage stable musculoskeletal conditions in individuals throughout the life span in a family-oriented primary care setting with diverse populations. The expected outcome is advanced competency in managing musculoskeletal conditions commonly seen in primary care practice. Analysis of treatment options based on developmental and ethnic variation is included. This course emphasizes the integration of evidence based guidelines and the performance of basic clinical skills pertinent to musculoskeletal care.

The lab course is taken concurrently with NURSG 642, which focuses on the strategies and skills needed to identify, prevent, and manage stable musculoskeletal conditions in individuals throughout the life span in a family-oriented primary care setting with diverse populations. The expected outcome is advanced competency in managing musculoskeletal conditions commonly seen in primary care practice. Analysis of treatment options based on developmental and ethnic variation is included. This course emphasizes the integration of evidence based guidelines and the performance of basic clinical skills pertinent to musculoskeletal care. Prerequisites: NURSG 641, NURSG 641L, NURSG 643L (2 units lecture, 1 unit lab)

NURSG 643L Clinical Practicum (2 units)

This course builds on NURSG 641L and continues to investigate musculoskeletal healthcare services within the context of evolving standards for evidence-based practice. In this course, the learner is immersed in a variety of clinical settings and given the opportunity to apply these evolving standards in the provision of musculoskeletal healthcare services. This course is taken in conjunction with NURSG 641 which covers stable and chronic musculoskeletal conditions across the lifespan. Musculoskeletal assessment and diagnosis are emphasized. Prerequisites: Enrollment in NURSG 641 and NURSG 641L

NURSG 644L Clinical Practicum (2 units)

This course builds on NURSG 643L and continues to investigate musculoskeletal healthcare services within the context of evolving standards for evidence-based practice. In this course, the learner is immersed in a variety of clinical settings and given the opportunity to apply these evolving standards in the provision of musculoskeletal healthcare services. This course is taken in conjunction with NURSG 642 and NURSG 642L and covers stable and chronic musculoskeletal conditions across the lifespan. Musculoskeletal treatment and collaborative care are emphasized. Prerequisites: NURSG 641, NURSG 641L, NURSG 643L

NURSG 649/649L – Advanced Health Assessment – Nurse Anesthesia (3 units)

This course focuses on the refinement of skills and strategies required to assess individuals throughout the life span in preparation for the range of anesthesia patient services provided in acute care settings. The expected outcome is competency in the cognitive, psychomotor, and interpersonal skills required of nurse anesthetists to complete thorough patient assessments pre-and post-anesthetic procedures, and to develop a sound, evidence-based anesthetic plan. Analysis of the physical assessment data takes into account developmental and cultural patient variations, as well as the systems variations of acute care hospitals. Emphasis is placed on integration of assessment data in the clinical decision making process. Simulation-based methodologies (SBM) are heavily integrated into the course.

NURSG 651/651L Principles of Anesthesia I (4 units)  
Lecture and seminar discussions introducing the basic principles of anesthesia practice. Includes historical perspectives of the profession, standards of practice, anesthesia assessment and monitoring principles, fundamental technical skills (airway management, use of essential anesthesia equipment) case planning protocols, and strategies for interventions and problem-solving throughout the perioperative period. Laboratory sessions, including the use of an anesthesia patient simulator, are designed to operationalize theoretical concepts. (3 units lecture, 1 unit lab)

NURSG 652 Advanced Pharmacology I (4 units)  
First course in a series of two that focuses on advanced pharmacological concepts in anesthetic administration including pharmacodynamics, pharmacokinetics and toxicology profiles of primary anesthetic agents. Problem-solving applications in the clinical area are utilized.

NURSG 653 Advanced Pathophysiology (3 units)  
Lecture and discussion of pathologic states common to the surgical population which may affect in some substantial way the delivery of anesthesia. Content will be focused on primary disease processes, common therapies, and their relation to perioperative planning and case management.

NURSG 654 Advanced Pharmacology II (3 units)  
Second course in a series of two courses that focuses on advanced pharmacological concepts in anesthetic administration including pharmacodynamic, pharmacokinetic, and toxicology profiles of adjunct anesthetic drugs and agents. Problem-solving applications in the clinical area are utilized.

NURSG 655/655L Principles of Anesthesia II (6 units)  
Lecture and seminar discussion in the study of the anesthetic implications of common and complex patient comorbidities (anemia, endocrine disorders, diabetes mellitus, morbid obesity, immunologic and mental disease) through the lifespan (pediatric through geriatric) and management of selected surgical procedures. Focus is on the procedural requirements of the surgeries, equipment used for anesthesia and surgery, and the appropriate anesthetic techniques and strategies, taking into account the patient's comorbidities including age related needs (and all other relevant facets of the perioperative setting). Advanced technical skills (regional anesthesia, difficult airway management, invasive monitoring) are covered in simulated sessions (laboratory) which also utilizes the anesthesia patient simulator to further operationalize theoretical and critical thinking concepts. (4 units lecture, 2 units lab)

NURSG 656L Clinical Anesthesia I (1 unit)  
Supervised experiences in clinical anesthetic management of ASA class I and II patients involving all perioperative activities of general, regional and MAC cases.

Case distribution and management will fulfill the requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs (S/U).

NURSG 657/657L Human Anatomy and Physiology (5 units)  
Lecture, laboratory, and discussion concerning functional activities of the living body in terms of both cellular and systemic functions. Content includes membrane characteristics and function, synaptic transmission, neurophysiology, cardiovascular function, respiratory mechanics, including control and exchange, digestion, renal function, fluid regulation, and homeostasis. Gross anatomy includes study of head and neck, thorax, and plexus of the upper extremity. (3 units lecture, 2 units lab)

NURSG 658L Clinical Anesthesia II (3 units)  
Supervised experiences in clinical anesthetic management of ASA class I, II and III patients involving all perioperative activities of general, regional and MAC cases. Case distribution and management will fulfill the requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs (S/U).

NURSG 659 Professional Aspects of Practice (3 units)  
Course includes an analysis of the professional components of nurse anesthesia practice emphasizing ethical, social, legal, and regulatory responsibilities of the CRNA practitioner.

NURSG 660 Advanced Principles of Anesthesia I (4 units)  
Integrated and comprehensive study of unique physiologic and pathologic states of primary body systems through the lifespan (prenatal to geriatric) related to the provision of anesthesia care to patients undergoing complex vascular and thoracic procedures. Also includes comprehensive study of unique physiologic and pathologic states affecting anesthesia care to the high-risk obstetric patients.

NURSG 661L Clinical Anesthesia III (2 units)  
Supervised experiences in clinical anesthetic management of ASA I-IV classifications involving all perioperative activities of general and regional cases. Case distribution and management will fulfill the requirement of the Council on Accreditation of Nurse Anesthesia Educational Programs (S/U).

NURSG 662 Advanced Principles of Anesthesia II (3 units)  
This course presents and explores an integrated and comprehensive approach to the unique physiologic and pathologic states of patients through the lifespan (neonatal through geriatric). Topics include anesthesia management of complex surgeries including the following: intracranial, extracranial, trauma, traumatic brain injury, cardiovascular, spinal, transplant and neuromuscular diseases.



Areas of focus include the anesthesia management of multisystem disease states and management of their complications.

NURSG 663L Clinical Anesthesia IV (3 units)  
Supervised experiences in clinical anesthetic management of specialty cases involving high-risk obstetrics, neonates, pediatrics, neurology, and cardiothoracic. Case distribution and management will fulfill the requirement of the Council on Accreditation of Nurse Anesthesia Educational Programs (S/U).

NURSG 664L Clinical Anesthesia V (3 units)  
Supervised experiences in clinical anesthetic management or specialty cases involving pain management, respiratory/critical care, and other Council on Accreditation requirements for advanced specialty practice. Case distribution and management will fulfill the requirement of the Council on Accreditation of Nurse Anesthesia Educational Programs (S/U).

NURSG 665L Clinical Anesthesia VI (1 unit)  
Supervised experiences in clinical anesthetic management of specialty cases involving advanced patient management techniques in medically complex cases involving multisystem disease. Case distribution and management will fulfill the requirement of the Council on Accreditation of Nurse Anesthesia Educational Programs (S/U).

NURSG 670 Family Centered Advanced Practice Nursing (2 units)  
Healthcare in the 21<sup>st</sup> century requires APRNs to incorporate a broad set of concerns that influence health and family life. In this course, global health and environmental justice are explored as pre-conditions for healthy families. The influences of culture, society, behavior, and human development on the health of families are explored. The course examines family-centered healthcare in relation to interprofessional collaboration, evidence based practice, quality improvement, and safety.

NURSG 671/ 671L Advanced Physical Assessment (3 units)  
This course focuses on the strategies and skills needed to assess individuals throughout the life span in a family-oriented primary care setting with diverse populations. The expected outcome is an advanced physical assessment competency appropriate for the primary care practice. Analysis of assessment data based on developmental and ethnic variation is included. The integration of assessment data in the clinical decision-making process is emphasized.

The lab course is taken concurrently with NURSG 671 that focuses on the strategies and skills needed to assess individuals throughout the life span in a family-oriented primary care setting with diverse populations. The expected outcome is an advanced physical assessment competency appropriate for the primary care practice. Analysis of assessment data based on developmental and

cultural variation is included. The integration of assessment data in the clinical decision making process is emphasized. (2 unit lecture, 1 unit lab)

#### NURSG 672 Professional Role Development for Advanced Practice Nursing (1 unit)

This course is an onsite/online hybrid seminar designed to introduce the APRN student to the role of the advanced practice nurse in the primary healthcare setting. The evolution of the role from an historical and legislative perspective is explored. Issues including the evolving scope of practice, key role competencies, and inter-professional collaboration are introduced. Each student will be expected to discuss his/her own philosophical/ethical framework for clinical practice. Using a case study approach the student will integrate a patient's cultural preferences, values, and health beliefs in a treatment plan. Prerequisite: Admission to the FNP program or consent of instructor.

#### NURSG 673 Professional Advocacy for Entry to the Advanced Practice Role (1 unit)

This is the second in a series of two courses designed to socialize the student into the role of nurse practitioner. Seminars deal with the critical analysis of theories, issues, and research related to the NP role in primary health care. Emphasis is on leadership and entrepreneurial aspects of practice development, maintenance, and evaluation. It is intended to prepare the FNP to negotiate and begin the first year of practice.

#### NURSG 674 Health Protection, Promotion and Screening for Individuals, Families, and Communities (3 units)

Collaborative inter-professional family-centered primary healthcare is influenced by 21<sup>st</sup> century innovations in technology, genetics, behavior/change theories, and environmental health. This course integrates these influences into the provision of healthcare services focused on health protection and promotion, disease prevention, and health screening across the lifespan. Critical analysis of clinical strategies and interventions in health promotion and protection based on the evidence and relevant theoretical frameworks are included. The effects of social, cultural and developmental influences are emphasized. Prerequisites: NURSG 670, NURSG 671/671L, NURSG 619, NURSG 677

#### NURSG 675/675L Care of Acute and Episodic Conditions (4 units)

This course builds on NURSG 674 by focusing on the assessment, diagnosis, management, and patient education of common acute episodic illnesses across the lifespan. The course emphasizes evidence-based healthcare that is both patient-centered and provided in the context of a healthcare team. For each condition included the genetic, environmental, epidemiological, pathophysiological, cultural, and family implications are considered. Diagnostic reasoning/testing in primary care including radiology, laboratory, microbiology, advanced imaging, and EKG are identified for each condition along with

considerations of access, cost, efficacy, and quality as essential elements in planning healthcare services. The role of the NP as patient advocate, the process of negotiating an individualized treatment plan, the patient's right to refuse care, safety, and privacy requirements are included.

The lab course is taken concurrently with NURSG 675. Learning strategies include simulation-based case studies and skills lab hours. Skills lab sessions focus on common office procedures performed in the primary care setting and clinical case discussions. Emphasis will be placed on interpretation of laboratory and diagnostic results and evaluation and management of patients based on such results. Prerequisites: NURSG 670, NURSG 601, NURSG 674, NURSG 677 (3 units lecture, 1 unit lab)

**NURSG 676 Care of Chronic and Complex Conditions (3 units)**

Trends in healthcare include an aging population, multiple comorbidities, and increasing lifespan. Linked with these issues is a move to care for people in the community rather than in the acute care setting. The goal of this course is to identify and explore the care of persons with multiple co-morbidities including but not limited to diabetes, cardiovascular disease, rheumatologic, and pulmonary conditions. The focus of evaluation intervention and treatment emphasizes the importance of quality of life, normal aging, and the optimization of health status in persons with chronic illnesses. Prerequisite: NURSG 674, NURSG 675

**NURSG 677 Advanced Pharmacology (3 units)**

This course in clinical pharmacotherapeutics builds on prior knowledge of drug classifications, prototypes within classifications, actions, interactions, and side effects. The major focus is on medications that are commonly prescribed in the treatment and management of common acute and chronic illnesses in primary for patients across the lifespan. Emphasis is placed on safe and effective prescribing and supporting patient adherence. Legal considerations for furnishing controlled substances are also addressed. Prerequisite: Admission to the FNP program or consent of instructor

**NURSG 678L Clinical Practicum (2 units)**

Healthcare is undergoing an information explosion. Implementation of new and evolving standards for practice addresses issues of patient safety, the use of culturally and linguistically appropriate services (CLAS), informatics, and healthcare that is both team-based and patient-centered. Moreover, it is crucial that everyone involved in healthcare work together to improve both the health care system and the health of people through practice inquiry. In this course, the learner is immersed in a variety of clinical settings and given the opportunity to apply these evolving standards in the provision of healthcare services. This clinical course is taken concurrently with NURSG 674 with an emphasis on health protection and promotion.

NURSG 679L Clinical Practicum (6 units)

This course builds on NURSG 678L and continues to investigate healthcare services within the context of evolving standards for evidence-based practice. In this course, the learner is immersed in a variety of clinical settings and given the opportunity to apply these evolving standards in the provision of healthcare services. This course emphasizes acute episodic healthcare conditions across the lifespan. This clinical course is taken concurrently with NURSG 675 with an emphasis on acute and episodic healthcare.

NURSG 680L Internship (6 units)

This course builds on NURSG 678L and NURSG 679L by expanding the learner's focus to include the management of common complex chronic conditions. Again, in this course the learner is immersed in a variety of clinical settings and given the opportunity to apply the knowledge, skills, and attitudes to assess, diagnose, and develop a treatment plan across the lifespan. This clinical course is taken concurrently with NURSG 676 with an emphasis on chronic and complex healthcare problems. (6 units practicum)

NURSG 686 Healthcare Informatics (3 units)

Using an interactive, evidence-based learning methodology, this course provides participants with a broad-based introduction to healthcare informatics. Students explore application and functionality of information technology, develop skills in evaluation of systems interfaces and come to appreciate how a strong information technology infrastructure enhances healthcare systems performance and outcomes, quality process improvement, tracking, compliance, and strategic planning.

NURSG 697 Individual Independent Study (3 units)

Individual study with emphasis on special problems in health sciences (under the direction of faculty). Students may select areas of study which are related to their area of interest or future goals.

NURSG 698 Group Independent Study (3 units)

Groups of two or more collaborate in studies of special problems in health sciences (under the direction of faculty). Students may select areas related to their future research or clinical program.

NURSG 700 Evidence-Based Translation for Advanced Nursing Practice (3 units)

This course examines evidence-based practice and translational scientific processes and applications which support competence in knowledge application activities. These activities include the study of implementation interventions, factors, and contextual variables that affect knowledge uptake and use in practices and communities, the translation of research into practice, the evaluation of practice, improvement of healthcare practice and outcomes, and

participation in collaborative research. Students will assess evidence for translation, design a translation process and evaluation, and conduct an analysis of translation challenges, barriers, and ethical and legal issues.

Prerequisite: NURSG 772

NURSG 701 Interprofessional Collaboration: Improving Patient and Population Health Outcomes (3 units)

This interprofessional (IP) collaboration course prepares the DNP graduate to participate in and lead multi-tiered health care teams. The curriculum is based on the principles of the Interprofessional Education Consortium (IPEC) on the work of IP teams, the Core Competencies for Interprofessional Collaborative Practice, and the American Association of Colleges of Nursing (AACN) perspective on Interprofessional Professionalism. Students will participate in an IP team and develop a demonstration project that is IP based.

NURSG 702 Health Care Policy for Advocacy in Health Care (3 units)

The Health Care Policy course focuses on the critical analysis of health policy in support of strategic action, advocacy, and leadership. Models of policy analysis; economic, legal and ethical analysis; incorporating debate to implement decision making, will provide preparation for the design and implementation of health care policy that frames health care financing, practice regulation, access, safety, quality, and efficacy. This course enhances the capacity for the facilitation, development and implementation of health policy at institutional, local, state, regional, federal, and international levels.

Prerequisites: Completion of N772

NURSG 703 Epidemiology and Population Health (3 units)

This course examines the patterns of disease and health related problems in populations and the potential for health promotion and health service program to address health disparities. Students will apply epidemiological principles, concepts, and methodologies in their evaluation of health related data and research to selected populations. The course will provide students with a foundation to develop an epidemiological overview of their population of interest.

Prerequisite: statistics

NURSG 704 Biostatistics (3 units)

This course provides a deeper understanding of statistical concepts and analytical methods as applied to data encountered in health sciences. Topics include probability theory and distributions; population parameters and their sample estimates; descriptive statistics for central tendency and dispersion; hypothesis testing and confidence intervals for means, variances, and proportions; linear correlation and regression model; analysis of variance; and

nonparametric methods. The course provides students a solid foundation to evaluate research more critically. Prerequisite: statistics

#### NURSG 705 Organizational and Systems Leadership in Complex Health Care Systems (3 units)

This course provides students with the theoretical and analytical preparation to evaluate organizations from a macro perspective. It focuses on organizational leadership and incorporates theory and research as it applies to the role of the Doctor of Nursing Practice in a variety of settings. Students will critically examine the purpose and function of healthcare organizations, from the discipline-specific theories of sociology, political science, anthropology and economics. Students will become familiar with a variety of perspectives and theoretical frameworks often used to describe organizational structure. Students will also examine theories of organizational change and analyze how these can be applied to increase safety, effectiveness and quality in the health care setting. Demonstrate understanding of the purpose and function of organizations, specifically human service organizations.

#### NURSG 706 Information Systems & Technology for Advanced Practice Nursing (3 units)

This course examines health information technology (HIT) for advanced nursing practice. In this course students will evaluate existing and emerging practice-based HIT tools and processes for their potential to improve health care targeting individuals and populations. Students will also design an innovative practiced-based technology tool or process to enhance evidence-based practice and collaboration among patients, providers, and inter-professional work-groups. Prerequisite: NURSG 772, NURSG 700, & NURSG 705

#### NURSG 707 Health Protection, Promotion and Screening (3 units)

This course integrates the concepts of family-centered healthcare over the life span in the clinic setting. In addition, the FNP/DNP student analyzes the concept of pre disease when working with vulnerable populations. Topics in this course will range from prevention of disease, promotion of health and screening as well as other topics. Prerequisite: N772, N773

#### NURSG 710 Health Care Economics and Financial Analysis for Health Professionals (3 units)

This course addresses the role of health care economics and financing within the US healthcare system and their influence on the ability to improve population health. A variety of essential health economic and financial theories and principles are introduced. Students will examine the interrelationship of health care financing and regulations to the structure and delivery of care within a range of practice models and healthcare delivery systems. Students will apply selected

economic, financing and business principles for the purpose of making pragmatic decisions that support improved health care delivery through practice and or system re-design.

NURSG 714 Educational Innovations (3 units)

This course will provide the students an opportunity to explore innovative educational techniques utilized in either the practice or educational setting. Students will explore current literature and research on diverse teaching strategies and their effectiveness in promoting learning. Students will have the opportunity to analyze theories of learning, innovative pedagogical methodologies and evaluate their effectiveness.

NURSG 715 Outcomes Management and Evaluation (3 units)

This course will focus on the development of a structured framework of concepts and core competencies designed to promote achievement, measurement and evaluation of desired health outcomes in individuals, groups and populations. Quality of care, quality improvement, consumer-driven care and evidence-based practice are increasingly important in the healthcare system and these concepts will be included in this course. The delivery of care will be evaluated in terms of best evidence, client values/beliefs, available resources, and clinical expertise.

NURSG 719 Advanced Pathophysiology (3 units)

This graduate-level course builds on prior knowledge of anatomy, physiology, and pathophysiology. It is expected that students in the course already have a solid foundation of knowledge in basic anatomy, physiology, and basic pathophysiology. This knowledge should have been determined through previous coursework and possibly from the provision of hands-on nursing care in a variety of health care settings over a period of time.

The major focus of the course is the exploration of current theory and research related to pathophysiological processes as applied to commonly encountered problems in family-oriented primary care practice, including physiological and mental health disorders. The course includes a life-span perspective, with content relevant to perinatal, pediatric, adult, and geriatric clients. Application of content to the care of diverse multicultural populations is emphasized.

NURSG 720 ANP Project Conceptualization and Design (2 unit)

This course is the first of two courses that support the development and implementation of a population focused, evidence-based DNP project relevant to advanced nursing practice. In this course, students will review the requirements and expectations for a DNP project, examine completed DNP projects, identify their project focus and context, assemble their project committee, and create a project prospectus.

NURSG 721 Advanced Nursing Practice Project Management (2 units)  
This course is the second of two courses focused on the design and preparation for a DNP project that is population focused, evidence-based, and relevant to advanced nursing practice. In this course students will review their prospectus and develop a detailed project protocol and timeline, estimate project financial and other costs, complete human subjects protection training, complete an internal Graduate Division project review, secure required permissions such as clinical contracts and/or IRB approval, and complete preparation to implement their project.

NURSG 723 DNP Project Presentation (1 unit)  
This course includes an on campus seminar for students to present their completed Capstone projects and to participate, along with peers, advisors and faculty, in meaningful dialogue and evaluations of the projects and the implications for practice.

NURSG 730L DNP Project Residency (5 units)  
This residency provides a mentored experience in a practice setting and is designed to allow students to synthesize and integrate knowledge in the implementation of their capstone project. It is expected that each student will complete a minimum 270 hours of DNP practice immersion planned conjointly by the nurse doctorate student, the faculty advisor and the practice mentor.

NURSG 770/770L Advanced Physical Assessment (4 units)  
This course focuses on the strategies and skills needed to assess individuals throughout the life span in a family-oriented primary care setting with diverse populations. The expected outcome is advanced physical assessment competency appropriate for the primary care practice. Analysis of assessment data based on developmental and ethnic variation is included. The integration of assessment data in the clinical decision making process is emphasized.

This lab course is taken concurrently with Advanced Physical Assessment lecture that focuses on the strategies and skills needed to assess individuals throughout the life span in a family-oriented primary care setting with diverse populations. The expected outcome is advanced physical assessment competency appropriate for the primary care practice. Analysis of assessment data based on developmental and cultural variation is included. The integration of assessment data in the clinical decision making process is emphasized.  
(2 units lecture, 2 units lab)

NURSG 772 Nursing and Healthcare Science for Advanced Nursing Practice (3 units)  
This Course explores the philosophical and theoretical foundation for nursing science and praxis focusing on the doctoral role in translating and generating knowledge for practice. The process of evaluating and integrating biophysical,



psychosocial, analytic, and organizational knowledge and interprofessional evidence-based best practices into healthcare delivery is examined. Activities for knowledge application to achieve a deliberately engineered practice using planned-action theory are introduced. Students generate a practice paradigm for the production of practice-based knowledge and formulate a practice-based concept analysis. Prerequisites: Entry to DNP program

**NURSG 773 Ethical Foundations and Role Development of the APN (3 units)**  
This course integrates important legal concepts along with social/ political issues foundational to the development of the Advanced Practice Nurse as clinician, leader, and educator. In particular, this course considers these threads in anticipation of future developments. For example, in the area of ethics, the course moves beyond the traditional view of healthcare ethics based on the Hippocratic Oath. Instead, the student considers a more expansive view that is, by design, interdisciplinary. In addition, the historical perspective sets the stage for the examination of influences from the psychosocial, legal and political thinking that inform the discussion surrounding full practice authority. The student develops an e-portfolio to codify their educational, clinical and professional experiences that support their entry into practice. The course concludes with preparation to meet credentialing, certification and regulatory requirements. Prerequisites: Acceptance into the FNP/DNP program

**NURSG 774 Population Health & Clinical Prevention (3 units)**  
This course examines population health defined as the distribution of health outcomes within a population, the range of personal, social, economic, and environmental factors that influence the distribution of health outcomes, and the policies and interventions that affect those factors.\* Students will conduct an in depth assessment of the health status of a population as the foundation for the health planning process and the development of clinical prevention and population health interventions for individuals, aggregates, and populations.

**NURSG 775/775L Care of Acute and Episodic Conditions (4 units)**  
This course builds on Health Promotion and Prevention by focusing on the assessment, diagnosis, management, and patient education of common acute and episodic conditions across the lifespan. The course emphasizes evidence-based health care that is both patient-centered and provided in the context of a healthcare team. For each condition included, environmental, epidemiological, pathophysiological, and cultural and family implications are considered. Diagnostic reasoning or diagnostic testing in primary care including laboratory interpretation, radiology and advanced imaging, and common primary care procedures are identified for each condition along with considerations of access, cost, efficacy, ethics, and quality as essential elements in planning health care services for acute and episodic conditions. Additional topics explored in the course include the role of the family nurse practitioner (FNP) as patient advocate

and negotiator for a patient treatment plan, patient's rights, and safety and privacy requirements.

Prerequisite: Successful completion of Semesters 1-4  
(3 units lecture, 1 unit lab)

NURSG 776 Care of Chronic And Complex Conditions (3 units)

Trends in healthcare include an aging population, multiple comorbidities, and increasing lifespan. Linked with these issues is a move to care for people in the community rather than in the acute care setting. The goal of this course is to identify and explore the care of persons with multiple co-morbidities including but not limited to diabetes, cardiovascular disease, rheumatologic, and pulmonary conditions. The focus of evaluation, intervention and treatment emphasizes the importance of quality of life, normal aging and the optimization of health status in persons with chronic illnesses.

Prerequisite: successful completion of semester 1-5

NURSG 777 Advanced Pharmacology (3 units)

This course in clinical pharmacotherapeutics builds on prior knowledge of drug classifications, prototypes within classifications, actions, interactions, and side effects. The major focus is on medications that are commonly prescribed in the treatment and management of common acute and chronic illnesses' in primary for patients across the lifespan. Emphasis is placed on safe and effective prescribing and supporting patient adherence. Legal considerations for furnishing controlled substances are also addressed.

NURSG 778L FNP Clinical I (4 units)

This course offers the student the opportunity to apply and evaluate research, theories, concepts and skills in a variety of primary care settings under the supervision of the preceptor. The direct provision of family oriented primary care nursing services, including wellness, acute-emergent and chronic care management is emphasized.

NURSG 779L FNP Clinical II (4 units)

continues to investigate health care services within the context of evolving standards for evidence-based practice. In this course, the learner is immersed in a variety of clinical settings and given the opportunity to apply these evolving standards in the provision of health care services. This course emphasizes acute and episodic health care conditions across the lifespan.

Prerequisite: successful completion of semester 1-7

NURSG 781L FNP Clinical III (4 units)

This course builds on FNP Clinical I and II by expanding the learner's focus to include the management of common complex chronic conditions. In this course, the learner is immersed in a variety of clinical settings and given the opportunity to apply the knowledge, skills, and attitudes to assess, diagnose, and develop a

treatment plan across the lifespan. This clinical course has an emphasis on chronic and complex health care problems.

Prerequisite: successful completion of semester 1-8

## DEPARTMENT OF OCCUPATIONAL THERAPY

### HISTORY

Established in 1994, the graduate program in Occupational Therapy graduated its first class in August, 1996. In 2016 the Occupational Therapy Department added the entry level doctoral program, the Doctor of Occupational Therapy (OTD). The first OTD students graduated in 2019. Graduates are prepared for entry-level positions in occupational therapy with advanced skills in leadership, advocacy, research and clinical skills. The department's proposal to offer an entry-level Doctor of Occupational Therapy (OTD) degree was approved by the Western Association of Schools and Colleges (WASC, now the WASC Senior College and University Commission, WSCUC), and accreditation was received by ACOTE in 2018. The MOT program is fully accredited until 2027.

### MISSION

The Occupational Therapy Program offers master and doctoral level professional education for the preparation and continued development of skilled clinicians using a Mind/Body Model that recognizes the wholeness of each individual. Our mission is to provide transformational professional education that prepares students to provide holistic, client-centered, and evidence based occupational therapy to diverse communities in a continuously evolving healthcare environment.

### PROGRAM PHILOSOPHY

The Occupational Therapy Program recognizes the importance of treating the whole person in the context of their physical, psycho-social, cultural, and spiritual realm. We believe that human occupation, or engagement in purposeful activities, promotes a holistic recovery process. The philosophy of Adolph Meyer has provided the theoretical foundation for the program. Meyer believed that human occupation follows the biological rhythms of life, whereas work, play, rest, and sleep constitute rhythms that promote balance. The program is committed to ongoing development and research to determine how human occupation provides a vehicle for the interconnectedness of a person's daily activities, social support, values, rituals, and how one's community contributes to their well being. Our belief about the nature of learning is that individuals have unique differences and learning styles and that the complexity of each person's experiences, values, and knowledge impact the learning process. It is our belief that learning is dynamic and that knowledge is built upon a solid foundation. We facilitate the process of Bloom's Taxonomy; knowledge, comprehension,

application, analysis, synthesis, and evaluation. Students must take an active role in their learning process as adult learners.

## **Master of Occupational Therapy Program**

### **Program Learning Outcomes**

Upon graduation the student will:

- Synthesize knowledge and concepts from the sciences and liberal arts with occupational therapy theory to provide comprehensive service to persons with limitations in occupational performance.
- Demonstrate logical thinking, critical analysis, problem-solving, creativity, and independent clinical judgment in the provision of occupational therapy.
- Provide a broad range of functional performance skills to individuals and families from diverse and multicultural populations throughout the life span.
- Utilize oral, nonverbal, and written communication skills to develop and maintain therapeutic, goal-directed interactions with individuals, families, caregivers, staff, and community groups.
- Design, evaluate, and implement therapeutic strategies directed toward assisting individuals, team members, and community groups in preventing disease, promoting health, and maximizing occupational performance.
- Participate in scientific inquiry designed to improve occupational therapy practice and to enhance the occupational therapy profession.
- Maintain responsibility and accountability for service provision to assure adherence to legal, ethical, and professional standards.
- Collaborate with other professionals as a leader, advocate, and team member.
- Demonstrate a commitment to the core values of the University.

### **Graduation and Credentialing Requirements**

In order to advance to Level II Fieldwork, the student must have successfully completed all semester units of didactic coursework. This didactic coursework includes the completion of all Level I Fieldwork assignments. Upon completion of the coursework, the student is assigned to two three-month Level II placements. The student is expected to perform in accordance with the Samuel Merritt University Fieldwork Manual for the Master of Occupational Therapy Program. Both Level II fieldwork internships must be completed within two years of completion of all didactic coursework. Upon satisfactory completion of Level II Fieldwork, the student will complete one additional semester of coursework consisting of the capstone experience and project. Students who successfully complete all didactic, fieldwork and Capstone courses will be qualified to sit for the national certification examination which is administered by the National Board for Certification in Occupational Therapy (NBCOT). A felony conviction may affect a graduate's ability to sit for the NBCOT certification exam or attain state licensure. Prior to fieldwork, students may be required to complete a background

check and fingerprinting (See Background Check Policy). Graduates are eligible for licensure to practice in California through the California Board of Occupational Therapy (CBOT).

### MASTER OF OCCUPATIONAL THERAPY DEGREE

The Master of Occupational Therapy is an entry-level degree program that prepares students to become a general practitioner in occupational therapy. The hallmark of the occupational therapy program is the emphasis on treating the whole person rather than one segment of his/her being. The program is based upon the mindbody model which views the mind, body, and spirit as one entity. The mindbody model derives its scientific support from research in neuroscience, health, psychology, and the developing field of psychoneuroimmunology. The program is committed to the ongoing development of research on the concept of wholism and occupational wellness as modes of intervention.

The professional coursework in the occupational therapy program emphasizes wellness, prevention, and community health. Occupational therapy goes far beyond the realm of physical disability and encompasses the social, cultural, and psychological factors that are embedded in the meaning of illness. This program emphasizes adult learning and collaborative and cooperative modes of interaction.

The curriculum provides a sequential and developmental progression. The courses are taken in sequence because the previous course material provides the foundation for more advanced concepts and practice skills. The first year provides traditional courses in anatomy and physiology, research, and human growth and development to establish its anatomical and physiological basis for human occupation. The second year incorporates more intervention strategies and clinical application courses.

### Occupational Therapy Curriculum Overview (MOT)

#### Year I

Fall	Units
OCCTH 601L Integrative Seminar in Occupational Therapy Practices 1	1.0
OCCTH 610/610L Anatomical & Physio. Bases for Human Occupation I	5.0
OCCTH 611 Foundations of Occupational Therapy Practice	3.0
OCCTH 612 Theories of Inquiry and Research Methodology	3.0
OCCTH 619 Human Occupation Throughout the LifeSpan	3.0
Total	15.0 Units

#### Spring

OCCTH 602L Integrative Seminar in Occupational Therapy Practices II	1.0
OCCTH 613 Introduction to Psychopathology	1.0
OCCTH 615 Guided Research Seminar	1.0
OCCTH 616/616L Therapeutic Media, Materials, and Processes	2.0
OCCTH 617/617L Interprofessional Communication in Healthcare (Core)	2.0
OCCTH 618 Functional Neuroscience	3.0
OCCTH 627/627L Applied Kinesiology and Biomechanics	4.0
Total	14.0 Units

#### Summer

OCCTH 609 Introduction to Professional Documentation	1.0
OCCTH 621L Introduction to Fieldwork Level I	3.0
Total	4.0 Units

#### Year II

##### Fall

OCCTH 603L Integrative Seminar in Occupational Therapy Practices III	1.0
OCCTH 622L Guided Research Seminar	1.0
OCCTH 624 Conditions of Human Dysfunction	3.0
OCCTH 626/626L Theory and Practice in Psycho-social Dysfunction	4.0
OCCTH 628 Administration and Management	3.0
OCCTH 632/632L Advanced Clinical Practice (Children)	4.0
OCCTH 634 Professional Development Seminar	2.0
Total	18.0 Units

##### Spring

OCCTH 604L Integrative Seminar in Occupational Therapy Practices IV	1.0
OCCTH 629/629L Theory and Practice in Physical Dysfunction	4.0
OCCTH 630 Research Synthesis Project	1.0
OCCTH 631/631L Occupational Adaptations & Introduction to Modalities	3.0
OCCTH 633 Health Promotion and Wellness	2.0
OCCTH 636/636L Advanced Clinical Practice (Adults)	4.0
Total	15.0 Units

#### Summer

OCCTH 640L Fieldwork Level II Internship A – (12 weeks or 470 hours)	6.0
OCCTH 641L Fieldwork Level II Internship B – (12 weeks or 470 hours)	6.0
Total	12.0 Units

Total Units to Graduate 78.0 Units

Elective Course: OCCTH 642L Post Professional Level III Internship 2.0

### **DOCTOR OF OCCUPATIONAL THERAPY (OTD) PROGRAM**

## **Program Learning Outcomes**

Upon completion of the Doctorate of Occupational Therapy program, the student will be able to:

1. Synthesize knowledge and concepts from the sciences and liberal arts with occupational therapy theory to provide comprehensive service to persons with limitations in occupational performance.
2. Formulates questions and develops systematic methods to address them.
3. Serves as a resource of knowledge about the discipline.
4. Demonstrate logical thinking, critical analysis, problem solving, creativity, and independent clinical judgment in the provision of occupational therapy for the individual and population based needs.
5. Critically examines own assumptions and suspends biased judgments.
6. Evaluates and justifies solutions to complex problems that lead to effective change or improved outcomes.
7. Provide a broad range of functional performance skills based on the available evidence to individuals and families from diverse and multicultural populations throughout the life span while considering interdisciplinary factors.
8. Utilize effective oral, nonverbal, and written communication skills to develop and maintain therapeutic, goal directed interactions with individuals, families, caregivers, staff, and community groups.
9. Plan, implement and evaluate organizational communication systems.
10. Demonstrate humanistic qualities which foster the formation of appropriate and effective patient/provider relationships.
11. Design, evaluate and implement therapeutic strategies directed toward assisting individuals, team members, and community groups in preventing disease, promoting health, and maximizing occupational performance. Demonstrate the ability to apply leadership skills to determine, guide, and implement best practices in health care.
12. Critically analyze scholarly papers and research findings for application of occupational therapy services and demonstrate the ability to produce scholarly work.
13. Design and implement a scholarly study in scientific inquiry designed to improve occupational therapy practice and to enhance the occupational therapy profession.
14. Maintain responsibility and accountability for service provision to assure adherence to legal, ethical, and professional standards.
15. Develop a plan for ongoing professional development to improve clinical competence.
16. Implement and evaluate ethical decision making from individual, organizational, and societal perspectives.
17. Collaborate with other professionals as a leader, advocate, and team member to initiate and effect changes in policy for social needs and to improve healthcare and professional practice through leadership.
18. Advance the profession through leadership and community service activities.

19. Demonstrate a commitment to the core values of the University.
20. Independently manages health problems that incorporate principles of cultural competence.
21. Develop and promote professional practice that recognizes and respects differences among patients in terms of their values, expectations, and experiences with healthcare.

### **Graduation and Credentialing Requirements**

In order to advance to Level II Fieldwork, the student must have successfully completed all semester units of didactic coursework. This didactic coursework includes the completion of all Level I Fieldwork assignments. Upon completion of the coursework, the student is assigned to two three-month Level II placements. The student is expected to perform in accordance with the Samuel Merritt University Fieldwork Manual for the Occupational Therapy Program. Both Level II fieldwork internships must be completed within two years of completion of all didactic coursework. Upon satisfactory completion of Level II Fieldwork, the student will complete one additional semester of coursework consisting of the Capstone experience and project. Students who successfully complete all didactic, fieldwork and Capstone courses will be qualified to sit for the national certification examination which is administered by the National Board for Certification in Occupational Therapy (NBCOT). A felony conviction may affect a graduate's ability to sit for the NBCOT certification exam or attain state licensure. Prior to fieldwork, students may be required to complete a background check and fingerprinting (See Background Check Policy). Graduates are eligible for licensure to practice in California through the California Board of Occupational Therapy (CBOT).

### **DOCTOR OF OCCUPATIONAL THERAPY DEGREE**

The Doctor of Occupational Therapy is an entry-level degree program that prepares students to become a general practitioner in occupational therapy with advanced skills in leadership, research skills, administration, program and policy development, advanced clinical skills, and theory development. The hallmark of the occupational therapy program is the emphasis on treating the "whole person" rather than one segment of their being. The program is based upon the mindbody model which views the mind, body, and spirit as one entity. The mindbody model derives its scientific support from research in neuroscience, health, psychology, and the developing field of psychoneuroimmunology. The program is committed to the ongoing development of research on the concept of holism and occupational wellness as modes of intervention.

The professional coursework in the occupational therapy program emphasizes wellness, prevention, and community health. Occupational therapy goes far beyond the realm of physical disability and encompasses the social, cultural, and psychological factors that are embedded in the meaning of illness. This program emphasizes adult learning and collaborative and cooperative modes of



interaction. The curriculum provides a sequential and developmental progression. The courses are taken in sequence because the previous course material provides the foundation for more advanced concepts and practice skills. The first year provides traditional courses in anatomy and physiology, research, and human growth and development to establish its anatomical and physiological basis for human occupation. The second year incorporates more intervention strategies and clinical application courses and provides advanced courses in clinical skills, leadership and advocacy. Throughout the curriculum we have simulation and problem based learning courses to allow the student to implement the skills and knowledge they are acquired. Following Fieldwork, in the last semester, students are fully immersed in their individual capstone experience and complete a capstone project.

### **Occupational Therapy Curriculum Overview (OTD)**

#### **Year I**

Fall	Units
OCCTH 701 Integrative Seminar I	1.0
OCCTH 710/710L Anatomical & Physio, Bases for Human Occupation I	5.0
OCCTH 711 Foundations of Occupational Therapy Practice	3.0
OCCTH 712 Theories of Inquiry and Research Methodology	3.0
OCCTH 719 Human Occupation Throughout the Lifespan	3.0
<b>Total</b>	<b>15.0 Units</b>

#### **Spring**

OCCTH 713 Introduction to Psychopathology	1.0
OCCTH 716/716L Therapeutic Media, Materials, and Processes	2.0
OCCTH 717/717L Interprofessional Communication in Healthcare	2.0
OCCTH 718 Functional Neuroscience	3.0
OCCTH 720/720L Advanced Research Methods	2.0
OCCTH 727/727L Applied Kinesiology and Biomechanics	4.0
<b>Total</b>	<b>14.0 Units</b>

#### **Summer**

OCCTH 721 Introduction to Fieldwork I	3
OCCTH 709 Introduction to Professional Documentation	1
OCCTH 728 Administration and Management	3
OCCTH 733 Health Promotion and Wellness	2
OCCTH 715 Scholarly writing	1
OCCTH 702 Integrative Seminar in Occupational Therapy Practices II	1
<b>Total</b>	<b>11.0 Units</b>

#### **Year II**

Fall

Class of 2021

OCCTH 703L Integrative Seminar in Occupational Therapy Practices III	1.0
OCCTH 722L Guided Research Seminar	1.0
OCCTH 723 Capstone Exploration	2.0
OCCTH 724 Conditions of Human Dysfunction	3.0
OCCTH 726/726L Theory and Practice in Psycho-social Dysfunction	4.0
OCCTH 728 Administration and Management	3.0
OCCTH 732/732L Advanced Clinical Practice (Children)	4.0
Total	18.0 Units

Class of 2022

OCCTH 724 Conditions of Human Dysfunction	3.0
OCCTH 726/726L Theory and Practice in Psychosocial Dysfunction	4.0
OCCTH 723 Capstone project exploration	2.0
OCCTH 732/732L Advanced Clinical Practice (Children)	4.0
OCCTH 752/752L Advanced Leadership	3.0
Total	16.0 Units

Spring

Class of 2021

OCCTH 704 Integrative Seminar in Occupational Therapy Practices IV	1.0
OCCTH 729/729L Theory and Practice in Physical Dysfunction	4.0
OCCTH 730 Research Synthesis Project	1.0
OCCTH 731/731L Occupational Adaptations & Introduction to Modalities	3.0
OCCTH 733 Health Promotion & Wellness	2.0
OCCTH 735/735L Capstone Development	2.0
OCCTH 736/736L Advanced Clinical Practice (Adults)	4.0
Total	17.0 Units

Class of 2022

OCCTH 703 Integrative Seminar in Occupational Therapy Practices III	1.0
OCCTH 729/729L Theory and Practice in Physical Dysfunction	4.0
OCCTH 731/731L Occupational Adaptations & Introduction to Modalities	3.0
OCCTH 735/735L Capstone Development	2.0
OCCTH 736/736L Advanced Clinical Practice (Adults)	4.0
Total	14.0 Units

Summer

Class of 2021

OCCTH 740L Fieldwork Level II Internship A – (12 weeks or 470 hours)	6.0
OCCTH 752/752L Advanced Leadership Seminar	3.0
Total	9.0 Units

Class of 2022	
OCCTH 740L Fieldwork Level II Internship A – (12 weeks or 470 hours)	6.0
Total	6.0 Units
Year III	

Fall	
Class of 2021 and 2022	
OCCTH 741L Fieldwork Level II Internship B – (12 weeks or 470 hours)	6.0
Total	6.0 Units

Spring	
Class of 2021 and 2022	
OCCTH 754 Capstone Implementation	6.0
OCCTH 755 Capstone Report	3.0
Total	9.0 Units

Total Units to Graduate	
Class of 2021	94
Units	
Class of 2022	91
Units	

### Course Descriptions

OCCTH 601L Integrative Seminar in Occupational Therapy Practices I (1 unit)  
 This is the first of the four course series that facilitates students' acquisition of clinical and critical reasoning skills necessary for occupational therapy practices. The courses encourage students to develop the critical thinking and knowledge acquisition skills required to develop relevant clinical skills. The courses use problem-based learning (PBL) and actual client contacts to enable students to apply clinical reasoning and sound theory to the occupational therapy process. This introduction course focuses on developing students' personal insight into individual learning preferences, social-cultural experiences and perception, and communication styles. Additionally, this course intends to develop students' observation skills and beginning application of OT concepts. Prerequisite: Enrollment in the MOT program

OCCTH 602L Integrative Seminar in Occupational Therapy Practices II (1 unit)  
 This is the second of the four course series that facilitates students' acquisition of clinical and critical reasoning skills necessary for occupational therapy practices. This course encourages students to develop the critical thinking and knowledge acquisition skills required to develop relevant clinical skills. The course uses problem-based learning (PBL) and high fidelity simulation to enable students to apply clinical reasoning and sound theory to the occupational therapy process.

OCCTH 603L Integrative Seminar in Occupational Therapy Practices III (1 unit)

This is the third of a four course series that facilitates students' acquisition of critical thinking and clinical reasoning skills necessary for occupational therapy practice. This course integrates students' knowledge, gained in program coursework, by requiring application of this knowledge to specific and general clinical scenarios. The course uses a problem-based learning (PBL) format by infusing high fidelity simulation learning modules in order for students to develop clinical reasoning and sound theoretical bases essential to the work of an occupational therapist. This course focuses on honing students' clinical observation and analytical skills necessary for prompt, precise, and accurate assessment of clients in the occupational therapy process.

OCCTH 604L Integrative Seminar in Occupational Therapy Practices IV

(1 unit) This is the fourth of a four course series that intends to facilitate students' acquisition of clinical and critical reasoning skills necessary for occupational therapy practices. The course integrates the knowledge that students have gained in program coursework by applying the acquired OT skills and knowledge to specific and/or general life and clinical scenarios. The course uses a problem-based learning (PBL) format as the context by infusing high fidelity simulation learning modules in order for students to develop clinical reasoning and sound theoretical bases essential to the work of an occupational therapist.

OCCTH 609 Introduction to Professional Documentation

(1 unit) This course provides an introduction to professional documentation appropriate to the practice needs of occupational therapists.

OCCTH 610/610L Anatomical & Physiological Bases for Human Occupation I

(5 units) Structure/function relationships and relevant physiological mechanisms are examined in a detailed study of regional anatomy in the human body. Special emphasis is given to positional relationships of musculoskeletal structures and neurovascular elements; their corresponding functional roles in human activity, and the clinical implications of anatomical dysfunction. (3 units lecture, 2 units lab)

OCCTH 611 Foundations of Occupational Therapy Practice (3 units)

Introduction to the profession of occupational therapy, including history, philosophies, frames of reference, organization, standards, and supervision of aides and assistants. Introduction to methods and utilization of professional publication and audiovisual media. Therapeutic intervention will be critically examined with the model of human occupation.

OCCTH 612 Theories of Inquiry and Research Methodology (3 units)

Introduction to the philosophy and principles of the research process in the realm of occupational therapy. Includes scientific writing, literature reviews, methods of

inquiry, research design, data collection, ethics, informed consent, and clinical reasoning used in field research.

OCCTH 613 Introduction to Psychopathology (1 unit)  
This course provides the students an introduction to psychopathological diagnoses, disease processes, and symptoms and behavioral manifestations that are commonly seen in occupational therapy practice.

OCCTH 615 Guided Research Seminar (1 unit)  
A forum for discussion and writing of a literature review and informed consent. This course is a continuation of the course OCCTH 612 Theories of Inquiry and Research Methodology. Emphasis will be on collaborative research, and the development of a research proposal with a specific MOT faculty member. Prerequisite: OCCTH 612. (1 unit seminar)

OCCTH 616/616L Therapeutic Media, Materials and Processes (2 units)  
Laboratory and didactic course in daily living skills evaluation and activity analysis for the physically, psychologically, and cognitively impaired. Emphasis on strategies and media that promote adaptation to disabilities and increase role independence are taught using adaptive equipment, redesigning the environment, exploration of tools, materials, and uniform terminology. (1 unit lecture, 1 unit lab)

OCCTH 617/617L Interprofessional Communication in Healthcare (2 units)  
This course allows the student to enhance professional effectiveness through the improvement of communication skills. Learning is achieved through active participation in individual and group interactions that mirror professional practice. (1 unit lecture, 1 unit lab)

OCCTH 618 Functional Neuroscience (3 units)  
Review of neuroanatomy and physiology with emphasis on clinical manifestations of peripheral and central nervous system lesions. The anatomical review of blood supply, somatosensory motor systems, special senses, pain mechanisms, and cognitive, perceptual, and nerve pathways. Prerequisites: OCCTH 610, OCCTH 614.

OCCTH 619 Human Occupation Throughout the LifeSpan (3 units)  
Exploration of the stages of human development from conception to death with attention to occupational performance, biological, psychological, cognitive, and sociocultural elements health determinants. Emphasis will be on normal development and observation skills. Prerequisites: OCCTH 611, OCCTH 616, OCCTH 625.

OCCTH 621L Introduction to Fieldwork I (3 units)  
This occurs after successful completion of the first year of studies. Guided observations and supervised fieldwork under the direction of clinical educators in clinical settings appropriate for the first year of the curriculum. The primary goal is for students to experientially enhance their observational skills and be introduced to OT practice with a variety of patients with whom an OT might work. Supervision of the student at this level does not need to be by an OT for one of the two experiences, but could be supervised by an individual in an allied health profession. The student must complete a minimum of 60 hours in each of two required settings (psychosocial and adult physical disabilities). An optional site in pediatrics may be requested, for 40 hours. **In addition, students must attend an introductory seminar and a final seminar, each held on campus for a full day, immediately after finals week in the spring, and in the week before the start of the fall semester.** Prerequisites: All first year coursework. (3 units clinical lab)

OCCTH 622L Guided Research Seminar (1 unit)  
Implementation of a study or investigation of a specific treatment strategy or teaching module used in occupational therapy. Prerequisites: OCCTH 612, OCCTH 615. (1 unit lab)

OCCTH 624 Conditions of Human Dysfunction (3 units)  
An overview of pathophysiology and management of neurological disorders, as well as general medical, surgical, and orthopedic conditions commonly seen in clinical practice. Emphasis will be placed on learning medical terminology, pathologic processes, medical management, remediation, and clinical techniques for therapeutic intervention. Prerequisites: OCCTH 610, OCCTH 611, OCCTH 614, OCCTH 627; Corequisite: successful completion or concurrent enrollment in OCCTH 618.

OCCTH 626/626L Theory and Practice in Psycho-social Dysfunction (4 units)  
Evaluation methods, social and psychological theories, and pharmacologic intervention strategies. Focus on group process, exploration of self-esteem, stress management, and purposeful activities for persons experiencing psycho-social dysfunction. Exploration of acute and chronic substance abuse and social issues. A clinical component of this class will allow students to provide group and individual treatment to individuals who are dually diagnosed in an area outpatient clinic. Prerequisites: OCCTH 611, OCCTH 612, OCCTH 616, OCCTH 617, OCCTH 619. (3 units lecture, 1 unit lab)

OCCTH 627/627L Applied Kinesiology and Biomechanics (4 units)  
Analysis of human movement during occupations utilizing biomechanical principles. Laboratory experiences include manual testing, joint range of motion measurement, and kinesiological activity analyses. Osteokinematic as well as arthrokinematic concepts and abnormal movement patterns will be examined.

Prerequisites: successful completion of OCCTH 610. (3 units lecture, 1 unit lab)

OCCTH 628 Administration and Management (3 units)  
Administration and organization of occupational therapy services within the current and future health care environment. Emphasis on consultation, quality assurance, program evaluation, functional outcome assessment, program evaluation, strategic planning, marketing, and budgeting in community-based services. Health care reform and third-party reimbursement issues are examined. Lab experiences will be incorporated within each class. Prerequisite: OCCTH 623

OCCTH 629/629L Theory and Practice in Physical Dysfunction (3 units)  
Methods of evaluation, treatment planning, and implementation as it applies to individuals with physical dysfunction are presented in this course. Emphasis on sensorimotor, cognitive, neurodevelopmental techniques. Biopsychosocial considerations will accompany therapeutic intervention strategies. A one hour seminar, as part of this course facilitates discussion, problem solving, therapeutic application, and goal setting within the occupational therapy framework. Prerequisites: OCCTH 611, OCCTH 612, OCCTH 616, OCCTH 624, OCCTH 625, OCCTH 627, OCCTH 632/632L. Corequisites: OCCTH 631, OCCTH 636. (2 units lecture, 1 unit lab)

OCCTH 630 Research Synthesis Project (1 unit)  
This course focuses on the successful completion of a synthesis project or a scholarly work which shows evidence of academic rigor, scientific inquiry, critical reasoning, creativity and/or clinical expertise. Prerequisites: OCCTH 612, OCCTH 615, OCCTH 622L

OCCTH 631/631L Occupational Adaptations and Introduction to Modalities (3 units)  
An introduction to a variety of technologies used in the practice of occupational therapy. Evaluative, assistive, and adaptive equipment used to facilitate the occupational performance areas are discussed and demonstrated. Medical devices and procedures used in medical care and nursing are also investigated to prepare students for treating patients with a variety of medical conditions. Ergonomics, accessibility, and physical agent modalities are introduced. Prerequisites: OCCTH 610, OCCTH 611, OCCTH 614, OCCTH 616, OCCTH 618, OCCTH 624, OCCTH 625, OCCTH 627; Corequisites: OCCTH 629, OCCTH 636. (2 units lecture, 1 unit lab)

OCCTH 632/632L Advanced Clinical Practice (Children) (4 units)  
Clinical experience to learn screening and assessment of conditions affecting children. Students will learn how to evaluate, develop treatment plans, provide intervention and discharge planning for children with physical, psychosocial, neurological, and sensory integrative delays. Labs will consist of evaluation and

treatment of pediatric clients in the OT clinic. Prerequisites: OCCTH 610, OCCTH 611, OCCTH 612, OCCTH 614, OCCTH 616, OCCTH 617, OCCTH 619, OCCTH 625, OCCTH 627; Corequisites: OCCTH 618, OCCTH 624. (2 units theory, 2 units lab)

OCCTH 633 Health Promotion and Wellness (2 units)  
A critical review of traditional and non-traditional systems of health care based on the available evidence with an emphasis on health promotion and wellness. Various types of interventions will be discussed to manage health in the workplace, chronic pain and conditions caused by stress. In addition to manual therapies, mindfulness practice, self-reflection and complementary therapies will be demonstrated through “hands-on” experiences. Prerequisites: Anatomy and Physiology. Corequisite: Neuroscience. (1 unit lecture, 1 unit lab)

OCCTH 634 Professional Development Seminar (2 units)  
Graduate seminar and an independent study course providing students with the opportunity to explore an area of occupational therapy practice in greater detail. Students will develop an individual learning contract of personal professional interest, which may take place in a variety of settings. The outcome will be a professional quality manuscript to be submitted for presentation at a professional conference. Students will meet once a week in seminar to discuss progress and professional and practice issues. Prerequisite: OCCTH 628.

OCCTH 636/636L Advanced Clinical Practice (Adults) (4 units)  
Clinic class to introduce students to a variety of conditions treated in clinical practice with the adult and elderly population. Students learn how to perform clinical assessments, write treatment goals, document, and implement short term treatment programs. Labs will consist of evaluation and treatment of adult patients within the clinic. Prerequisites: OCCTH 610, OCCTH 611, OCCTH 612, OCCTH 614, OCCTH 616, OCCTH 618, OCCTH 619, OCCTH 624, OCCTH 625, OCCTH 627. Corequisites: OCCTH 629, OCCTH 633. (2 units theory, 2 units lab)

OCCTH 640L/641L Fieldwork Level II Internship A and B (12 units)  
This is the final stage of coursework designed to introduce the student to the full responsibilities of the profession working in the capacity of a practitioner under the supervision of a certified occupational therapist. Students are able to register for their Level II fieldwork only after successful completion of their two years of didactic coursework. A variety of settings are considered. The student will utilize occupational theory for the assessments, treatment interventions, and competency in practice skills. The student completes the fieldwork requirements in two consecutive 6 unit modules. OCCTH 640L must be successfully completed before being eligible to register and complete OCCTH 641L. After the successful completion of the total six months of Fieldwork II, the student is eligible to sit for the national certification exam provided through the National Board for



Certification in Occupational Therapy. Prerequisite: all prior coursework completed. (12 units clinical lab)

OCCTH 642L Post Professional Level III Internship (2 units) An optional third internship for those individual students who choose to spend an additional three months in a specialty environment such as in pediatrics or hand therapy. This course has an additional fee.

OCCTH 701 Integrative Seminar in Occupational Therapy Practices I (1 unit)  
This is the first of the four course series that facilitates students' acquisition of clinical and critical reasoning skills necessary for occupational therapy practices. The courses encourage students to develop the critical thinking and knowledge acquisition skills required to develop relevant clinical skills. The courses use problem-based learning (PBL) and actual client contacts to enable students to apply clinical reasoning and sound theory to the occupational therapy process. This introduction course focuses on developing students' personal insight into individual learning preferences, social-cultural experiences and perception, and communication styles. Additionally, this course intends to develop students' observation skills and beginning application of OT concepts. (1 unit lab)

OCCTH 702 Integrative Seminar in Occupational Therapy Practices II (1 unit)  
This is the second of a three-course series that intends to facilitate students' acquisition of critical thinking and clinical reasoning skills necessary for occupational therapy practices. The courses integrate the knowledge that students have gained in program coursework by applying the acquired OT skills and knowledge to specific and/or general clinical scenarios. The courses use a problem-based learning (PBL) format as the context by infusing high fidelity simulation learning modules in order for students to develop clinical reasoning and sound theoretical bases essential to the work of an occupational therapist. Prerequisites: enrollment in the OTD program and successful completion of first semester OTD coursework.

OCCTH 703 Integrative Seminar in Occupational Therapy Practices III (1 unit)  
This is the third of a four course series that facilitate students' acquisition of critical thinking and clinical reasoning skills necessary for occupational therapy practice. This course integrates students' knowledge, gained in program coursework, by requiring application of this knowledge to specific and general clinical scenarios. The course uses a problem-based learning (PBL) format by infusing high fidelity simulation learning modules in order for students to develop clinical reasoning and sound theoretical bases essential to the work of an occupational therapist. This course focuses on honing students' clinical observation and analytical skills necessary for prompt, precise, and accurate assessment of clients in the occupational therapy process. (1 unit lab)

OCCTH 704 Integrative Seminar in Occupational Therapy Practices IV (1 unit)

This is the fourth of a four course series that intends to facilitate students' acquisition of clinical and critical reasoning skills necessary for occupational therapy practices. The course integrates the knowledge that students have gained in program coursework by applying the acquired OT skills and knowledge to specific and/or general life and clinical scenarios. The course uses a problem-based learning (PBL) format as the context in order for students to develop clinical reasoning and sound theoretical bases essential to the work of an occupational therapist.

OCCTH 709 Introduction to Professional Documentation (1 unit)

This course provides students an introduction to professional documentation appropriate to the practice needs of the occupational therapist.

OCCTH 710/710L Anatomical & Physiological Basis for Human Occupation (5 units)

Structure/function relationships and relevant physiological mechanisms are examined in a detailed study of regional anatomy in the human body. Special emphasis is given to positional relationships of musculoskeletal structures and neurovascular elements; their corresponding functional roles in human activity, and the clinical implications of anatomical dysfunction. (3 units lecture, 2 units lab)

OCCTH 711 Foundations of Occupational Therapy Practice (3 units)

Introduction to the profession of occupational therapy, including history, philosophies, frames of reference, organization, standards, and supervision of aides and assistants. Introduction to methods and utilization of professional publication and audiovisual media. Therapeutic intervention will be critically examined with the model of human occupation. (3 units lecture)

OCCTH 712 Theories of Inquiry and Research Methodology (3 units)

Introduction to the philosophy and principles of the research process in the realm of occupational therapy. Includes scientific writing, literature reviews, methods of inquiry, research design, data collection, ethics, informed consent, and clinical reasoning used in field research. (3 units lecture)

OCCTH 713 Introduction to Psychopathology (1 unit)

This course provides the students an introduction to psycho-pathological diagnoses, disease processes, and symptoms and behavioral manifestations that are commonly seen in occupational therapy practice.

OCCTH 715 Scholarly Writing

(1 unit)

This class introduces students to the technical aspects of understanding literature reviews in their various forms and how to write them. Students will build on what they have learned of APA style, and will analyze articles to learn more about the “mechanics” of scholarly writing. Prerequisite: OCCTH 712. (1 unit seminar)

OCCTH 716/716L Therapeutic Media, Material, and Processes (2 units)

Laboratory and didactic course in daily living skills evaluation and activity analysis for the physically, psychologically, and cognitively impaired. Emphasis on strategies and media that promote adaptation to disabilities and increase role independence are taught using adaptive equipment, redesigning the environment, exploration of tools, materials, and uniform terminology. (1 unit lecture, 1 unit lab)

OCCTH 717/717L Interprofessional Communication in Healthcare (2 units)

This course allows the student to enhance professional effectiveness through the improvement of communication skills. Learning is achieved through active participation in individual and group interactions that mirror professional practice. (1 unit lecture, 1 unit lab)

OCCTH 718 Functional Neuroscience

(3 units)

Review of neuroanatomy and physiology with emphasis on clinical manifestations of peripheral and central nervous system lesions. The anatomical review of blood supply, somatosensory motor systems, special senses, pain mechanisms, and cognitive, perceptual, and nerve pathways.

OCCTH 719 Human Occupation Throughout the Lifespan

(3 units)

Exploration of the stages of human development from conception to death with attention to occupational performance, biological, psychological, cognitive, and sociocultural elements health determinants. Emphasis will be on normal development and observation skills. Prerequisites: OCCTH 711, OCCTH 716.

OCCTH 720/720L Advanced Research Methods

(2 units)

This is an advanced course designed to involve students in further exploration of descriptive and inferential statistics frequently used in quantitative health-related clinical research. Students will explore the design of qualitative studies; critique research design as well as develop appropriate quantitative or qualitative research questions and research designs. In addition, this course will cover how to implement data analysis and interpret research results. Prerequisite: OCCTH 712. (1 hour lecture, 3 hours lab)

OCCTH 721L Introduction to Fieldwork I (3 units)

This course occurs after successful completion of the first year of studies and is intended to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process. This is achieved through a combination of experiential learning activities. Students will be introduced to the fieldwork experience in a clinical setting where they will be supervised by a clinical educator who will guide the student's observations and level of participation. Students will also participate in simulation based learning in the co-requisite course, Integrative Seminar in Occupational Therapy Practice II, and will use the simulation experience to create an occupational profile, formulate goals, and an intervention plan for the simulated client. An emphasis is placed on developing professional behaviors, observation skills, clinical reasoning, understanding the needs of clients, and applying occupational theory to practice. In addition to the experiential components, this course utilizes a combination of facilitated reflection, discussion, debrief, and written assignments to meet the learning objectives. Prerequisites: All first year coursework. (3 units clinical lab)

OCCTH 722L Guided Research Seminar (1 unit)

Implementation of a study or investigation of a specific treatment strategy or teaching module used in occupational therapy. Prerequisites: OCCTH 712, OCCTH 715. (1 unit lab)

OCCTH 723 Capstone Exploration (2 units)

This is the first of a four course sequence that is designed as a guided progressive process to engage the student in developing advanced skills and knowledge in occupational therapy through a doctoral capstone experience and project. The advanced experience and project may be in one or more of the following areas: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development. In this course, under the guidance of an instructor, the student will explore areas of potential interest that would lead to a final in-depth experiential project to be executed in the final semester of the OTD program. Through a combination of systematic approaches appropriate to each project, such as literature review, clinical visits, mentoring, critical review of evidence, a feasibility study, needs assessment, group discussion, and self-reflection, the student will solidify an area of interest to be further developed into a capstone experience and project.

OCCTH 726/726L Theory and Practice in Psychosocial Dysfunction (4 units)

Evaluation methods, social and psychological theories, and pharmacologic intervention strategies. Focus on group process, exploration of self-esteem, stress management, and purposeful activities for persons experiencing psycho-social dysfunction. Exploration of acute and chronic substance abuse and social issues. A clinical component of this class will allow students to provide group and individual treatment to individuals who are dually diagnosed in an area

outpatient clinic. Prerequisites: OCCTH 711, OCCTH 712, OCCTH 716, OCCTH 717, OCCTH 719. (3 units lecture, 1 unit lab)

OCCTH 727/727L Applied Kinesiology and Biomechanics (4 units)  
Analysis of human movement during occupations utilizing biomechanical principles. Laboratory experiences include manual testing, joint range of motion measurement, and kinesiological activity analysis. Osteokinematic as well as arthrokinematic concepts and abnormal movement patterns will be examined. (3 units lecture, 1 unit lab)

OCCTH 728 Administration and Management (3 units)  
Administration and organization of occupational therapy services within the current and future health care environment. Emphasis on consultation, quality assurance, program evaluation, functional outcome assessment, program evaluation, strategic planning, marketing, and budgeting in community-based services. Health care reform and third-party reimbursement issues are examined. Lab experiences will be incorporated within each class. Prerequisite: OCCTH 723.

OCCTH 729/729L Theory and Practice in Physical Dysfunction (4 units)  
Methods of evaluation, treatment, planning, and implementation as it applies to individuals with physical dysfunction are presented in this course. Emphasis on sensorimotor, cognitive, neurodevelopmental techniques. Biopsychosocial mindbody considerations will accompany therapeutic intervention strategies. A one hour seminar, as part of this course facilitates discussion, problem solving, therapeutic application, and goal setting within the occupational therapy framework. Prerequisites: OCCTH 711, OCCTH 712, OCCTH 716, OCCTH 724, OCCTH 725, OCCTH 727, OCCTH 732/732L. Corequisites: OCCTH 731, OCCTH 736. (2 units lecture, 2 units lab)

OCCTH 730 Research Synthesis Project (1 unit)  
This course focuses on the successful completion of a synthesis project or a scholarly work which shows evidence of academic rigor, scientific inquiry, critical reasoning, creativity and/or clinical expertise. Prerequisites: OCCTH 712, OCCTH 715, OCCTH 722L, OCCTH 720.

OCCTH 731 Occupational Adaptations & Introduction to Modalities (3 units)  
An introduction to a variety of technologies used in the practice of occupational therapy. Evaluative, assistive, and adaptive equipment used to facilitate the occupational performance areas are discussed and demonstrated. Medical devices and procedures used in medical care and nursing are also investigated to prepare students for treating patients with a variety of medical conditions.

Ergonomics, accessibility and physical agent modalities are introduced.  
Prerequisites: OCCTH 710, OCCTH 711, OCCTH 716, OCCTH 718, OCCTH 724, OCCTH, 725 OCCTH 727. Corequisites: OCCTH 729, OCCTH 736. (2 units lecture, 1 unit lab)

OCCTH 732/732L Advanced Clinical Practice (Children) (4 units)  
Clinical experience to learn screening and assessment of conditions affecting children. Students will learn how to evaluate, develop treatment plans, provide intervention and discharge planning for children with physical, psychosocial, neurological and sensory integrative delays. Labs will consist of evaluation and treatment of pediatric clients in the OT clinic. Prerequisites: OCCTH 710, OCCTH 711, OCCTH 712, OCCTH 716, OCCTH 717, OCCTH 718, OCCTH 719, OCCTH 725, OCCTH 727. Corequisite: OCCTH 724 (2 units theory, 1 units lab)

OCCTH 733 Health Promotion and Wellness (2 units)  
A critical review of traditional and non-traditional systems of health care based on available evidence with an emphasis on health promotion and wellness. Various types of interventions will be discussed to manage health in the workplace, chronic pain and conditions caused by stress. In addition to manual therapies, mindfulness practice, self-reflection and complementary therapies will be demonstrated through “hands-on” experiences. Prerequisites: Anatomy and Physiology. Corequisite: Neuroscience.

OCCTH 735/735L Capstone Development (2 units)  
This is the second of a five course sequence designed as a guided progressive process to engage the student in solidifying a project proposal/plan for the capstone project. In this course, under the guidance of an instructor, the student will complete the planning stage of the capstone project and secure a community site and a content expert/mentor in the community for the final capstone project to take place. This second course focuses on developing advanced knowledge and skill in designing, implementing, and evaluating an individual capstone project plan ready to be implemented in the last two semesters.  
(1 unit lecture, 1 unit lab)  
Prerequisite: OCCTH 723

OCCTH 736/736L Advanced Clinical Practice (Adults) (4 units)  
Clinic class to introduce students to a variety of conditions treated in clinical practice with the adult and elderly population. Students learn how to perform clinical assessments, write treatment goals, document, and implement short term treatment programs. Labs will consist of evaluation and treatment of adult patients within the clinic. Prerequisites: OCCTH 710, OCCTH 711, OCCTH 712, OCCTH 716, OCCTH 718, OCCTH 719, OCCTH 724, OCCTH 725, OCCTH 727. Corequisite: OCCTH 729. (2 units theory, 2 units lab)

OCCTH 740/741 Fieldwork Level II Internship A and B (12 units)

This is the final stage of coursework designed to introduce the student to the full responsibilities of the profession working in the capacity of a practitioner under the supervision of a certified occupational therapist. Students are able to register for their Level II fieldwork only after successful completion of their two years of didactic coursework. A variety of settings are considered. The student will utilize occupational theory for the assessments, treatment interventions, and competency in practice skills. The student completes the fieldwork requirements in two consecutive 6 unit modules. OCCTH 740L must be successfully completed before being eligible to register and complete OCCTH 741L. After the successful completion of the total six months of Fieldwork II, the student is eligible to sit for the national certification exam provided through the National Board for Certification in Occupational Therapy. Prerequisite: all prior coursework completed. (12 units clinical lab)

OCCTH 747 Adv. Focus- Entrepreneurship in Pediatrics (2 units)

Students will investigate a specific topic or population of interest in pediatric occupational therapy and develop a program to meet the needs of their chosen population. Students will apply knowledge of OT theory and frameworks and combine this knowledge with current best-practices in business/program development by designing a unique pediatric program related to a specific population (including: feasibility and needs assessment, analysis of competition, mission and values statement, and implementation timeline). Students will learn how to systematize workflow and market their programs, explore and use free technology tools to organize their work, and apply copywriting skills and design principles to create effective print and online marketing materials to illustrate the unique value of their pediatric OT program to the community.

Prerequisite: All coursework in first 2 years of program, plus successful completion of Level 2 Fieldwork.

OCCTH 748 Neuromechanical Bases of Posture, Balance, and Gait (2 units)

Students in this course will investigate the neurological, biomechanical, and motor control aspects of three fundamental human movement skills: posture, balance, and gait. Emphasis will be placed on understanding how sensorimotor integration occurs in healthy individuals during these tasks, and how dysfunctions typically manifest themselves. Students will spend the majority of class time in hands-on sessions in the Motion Analysis Research Center working in interdisciplinary teams to learn how to apply research tools and techniques to answer clinical questions related to posture, balance, and gait. In addition, students will be encouraged to explore ways to translate what they learn in this course to real-life, clinic-based situations. Prerequisites: OCCTH 627/627L or OCCTH 727/727L

OCCTH 752/752L Advanced Leadership Seminar (3 units)  
This course will prepare the OTD student with advanced skills in leadership development consistent with ACOTE accreditation standards. Emphasis will be on community program development, advocacy (political action) and administrative initiatives in a changing health care environment. In this course the student will identify his or her own personal leadership style, which will serve as a guide in developing a professional development and leadership plan. This course will also provide the student with an understanding of the process to set up occupational therapy services in traditional settings, community-based environments, and in non-traditional settings. Prerequisite: OCCTH 728. (1 unit lecture, 2 units lab)

OCCTH 754 Capstone Implementation (6 units)  
This is the third of a four course sequence designed as a guided progressive process to engage the student in developing advanced skills and/or knowledge in occupational therapy through a capstone experience and project. This is the full implementation of the capstone, which is individualized with intensive immersion into the area of occupational therapy practice with which the student has explored, identified, developed, planned, and received approval for in previous semesters. Guided by a designated faculty member as an internal mentor and a content expert as an external mentor, students implement their pre-authorized and planned capstone experience and project based on their individual focus in the areas of clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development. Prerequisite: Enrollment in OTD program Successful completion of first two years of OTD program including Fieldwork (no competence) OT 723, 735, (no OT 750)

OCCTH 755 Capstone Report (3 units)  
This is the last of a four course sequence designed as a guided progressive process to engage the student in developing advanced skills and/or knowledge in occupational therapy through a capstone experience and project. In conclusion of the full implementation of the capstone experience and project, students are expected to submit a full report documenting the entire capstone process. Students follow the pre-established report guideline to compose this scholarly report. Additionally, students will disseminate the report to relevant stakeholders and professional communities through well-considered means, guided by a designated faculty member. Prerequisite: Enrollment in OTD program Successful completion of first two years of OTD program including Fieldwork (no competence) OT 723, 735, (no OT 750)



## DOCTOR OF PHYSICAL THERAPY

### **Program Learning Outcomes**

Graduates are prepared to:

1. Competently provide physical therapy for individuals with movement dysfunction across the lifespan in the most common practice settings.
2. Use sound clinical reasoning to guide physical therapist practice, integrating best available evidence from the literature, clinical experience, and patient/client's perspectives and values.
3. Provide person-centered physical therapy with compassion, caring, and humility.
4. Integrate an understanding of structural and social determinants of health into their physical therapist practice.
5. Engage in critical reflection to learn from practice to improve quality of care.
6. Communicate and collaborate effectively as members of interprofessional teams.
7. Engage in disease prevention, health promotion, and wellness services for the care of self, individuals, and groups.
8. Actively engage in the profession of physical therapy through participation in professional associations, service to the community, and advocacy for the health needs of individuals and society.
9. Act responsibly with sound reasoning, integrity, and courage to achieve a just resolution of ethical problems that affect individuals, organizations, and society.
10. Effectively use data, information, and technology to support decision-making as physical therapists working in complex systems.
11. Exhibit continuous professional development in behaviors, attitudes, and characteristics consistent with excellence in practice.

### **The DPT Curriculum**

The DPT curriculum is a sequential curriculum in which courses build on foundational sciences and social sciences frameworks. Students are expected to use knowledge from prior coursework, building knowledge and expertise as they progress through the curriculum. In the Patient and Client Management course series, students will learn to perform an examination, evaluate the examination to formulate a diagnosis, prognosis, and plan of care, and provide interventions for patients with movement impairments, activity limitations and participation restrictions encountered by physical therapists. Emphasis will be placed on the development of fluid, proficient psychomotor skills used in practice. Students will also use evidence-based decision making with increasing levels of critical analysis and complexity in reasoning and decision making.

## DPT Capstone Project Graduation Requirement

The Doctor of Physical Therapy program requires that all students complete a capstone project to meet the requirements for graduation from the program. The capstone project is produced as an outcome of the PHYTH 701, 702, 703, and 704 capstone course series. The requirements for successful completion include presentation of capstone projects at a capstone project presentation day.

## DPT GRADUATION REQUIREMENTS

1. Minimum of thirty-two (32) months in **full-time** study, or the equivalent if any portion of the program is completed as a part-time student.
2. Successful completion of all academic and clinical courses stipulated by the program, with a cumulative GPA of no less than 2.7 (a B- average). Students graduating while on academic probation because their cumulative GPA dropped below 2.7 must have a current semester GPA of 2.7 in order to graduate.
3. Satisfactory discharge of all university and program debts.

NOTE: Students will not become eligible to take the NPTE until all requirements for the degree have been met. Students are responsible for ensuring that they are in compliance with all administrative and academic policies of the Doctor of Physical Therapy Program and Samuel Merritt University to ensure timely completion of the program and graduation.

## DPT Course Overview

### Year I

Fall Semester (Term 1)	Units
PHYTH 706 Pro bono Experiences	2.0
PHYTH 710 Clinical Foundations in Physical Therapy	3.0
PHYTH 722 Clinical Physiology	3.5
PHYTH 723 Gross Anatomy I	3.0
PHYTH 724 Functional Anatomy, Biomechanics and Kinesiology I	3.0
PHYTH 727 Neuroscience I	1.0
PHYTH 735 Exercise Prescription for Patients and Clients I	1.0
PHYTH 741 Professional Issues I	1.0
PHYTH 755 Evidence-Based Practice I	<u>2.0</u>
Total	19.5

### Spring Semester (Term 2)

PHYTH 711 Patient/Client Management: Musculoskeletal I	5.0
PHYTH 725 Gross Anatomy II	2.0

PHYTH 726 Functional Anatomy, Biomechanics, and Kinesiology II	3.0
PHYTH 732 Pathology and Pharmacology I	2.0
PHYTH 738 Musculoskeletal Medical Management and Imaging I	1.5
PHYTH 743 Interprofessional & Intrapersonal Comm. in Health Care	2.0
PHYTH 761 Integrated Clinical Experience	<u>0.5</u>
Total	16

Summer Semester (Term 3)

PHYTH 701 Capstone I: Introduction	0.25
PHYTH 706 Pro bono Experiences (continued)	
PHYTH 712 Patient/Client Management: Musculoskeletal II	5.0
PHYTH 719 Physical Agents and Electrotherapy	1.0
PHYTH 733 Pathology and Pharmacology II	1.5
PHYTH 736 Exercise Prescription for Patients and Clients II	1.0
PHYTH 739 Musculoskeletal Medical Management and Imaging II	1.5
PHYTH 742 Teaching and Learning	1.5
PHYTH 745 Behavioral and Psychosocial Factors in Health Care	<u>2.0</u>
Total	13.75

**Year II**

Fall Semester (Term 4)

PHYTH 702 Capstone II: Exploration and Planning	.75
PHYTH 728 Neuroscience II	2.0
PHYTH 744 Health Care Systems & Regulatory Aspects of PT	2.0
PHYTH 756 Evidence-Based Practice II	2.0
PHYTH 763 Clinical Experience I	5.0
Total	11.75

Spring Semester (Term 5)

PHYTH 705 Patient/Client Mngt: Complexity in Care	2.0
PHYTH 706 Pro bono Experiences (continued)	
PHYTH 713 Patient/Client Management: Neuromuscular I	5.0
PHYTH 714 Patient/Client Management: Pediatrics	3.0
PHYTH 729 Neuroscience III	3.0
PHYTH 730 Medical Screening for the Physical Therapist	0.5
PHYTH 734 Pathology and Medical Management in Neurology	2.0
PHYTH 737 Exercise Prescription for Patients and Clients III	<u>1.0</u>
Total	16.50

Summer Semester (Term 6)

PHYTH 703 Capstone III: Implementation	1.0
PHYTH 715A Patient/Client Management: Special Topics I	1.5
PHYTH 717 Patient/Client Management: Cardiopulmonary	3.0
PHYTH 765 Clinical Experience II	<u>5.0</u>
Total	10.5

Year III—Fall Semester (Term 7)	
PHYTH 704 Capstone IV: Completion	2.0
PHYTH 706 Pro bono Experiences (continued)	
PHYTH 715B Patient/Client Management: Special Topics II	1.5
PHYTH 716 Patient/Client Management: Musculoskeletal III	3.0
PHYTH 718 Patient/Client Management: Neuromuscular II	3.0
PHYTH 746 Management of Physical Therapy Services	2.0
PHYTH 747 Professional Issues II	1.0
Electives (optional)	<u>0-4</u>
Total	12.5

Spring Semester (Term 8)  
 PHYTH 766 Final Clinical Experience (16 weeks)

### Course Descriptions

PHYTH 701 Capstone I: Introduction (.25 unit)  
 This is the first in a four-course sequence that terminates in the development and presentation of a student Capstone Project. This course introduces the students to the various capstone pathways to allow the students to gain foundational information to prepare them to select one pathway to pursue for the remainder of the sequence by the end of the summer Year 1 of the program. Prerequisite: Successful completion of courses taken during terms 1-2 of the DPT program. (.25 hours lecture)

PHYTH 702 Capstone II: Exploration and Planning (.75 unit)  
 This is the second in a four-course sequence that terminates in the development and presentation of a student Capstone Project. This course builds upon the concepts learned in PHYTH 701 Capstone I: Introduction. In this course, students will further explore their selected capstone pathway. Students will read and critique relevant examples of literature in their selected capstone pathway. Students will work closely with their Capstone Faculty to develop a comprehensive plan for implementing their selected capstone project. Prerequisite: PHYTH 701. (.75 hours seminar)

PHYTH 703 Capstone III: Implementation (1 unit)  
 This is the third in a four-course sequence that terminates in the development and presentation of a student Capstone Project. This course builds upon the concepts learned in PHYTH 701 Capstone I: Introduction and PHYTH 702: Capstone II: Exploration and Planning. In this course, students will further explore their selected capstone pathway and will implement their capstone project plan for their respective pathway. Students will collect the appropriate data, compile and analyze the data collected, including a relevant literature

search for their selected capstone pathway. Prerequisites: PHYTH 701 and PHYTH 702. (1.0 hours seminar)

PHYTH 704 Capstone IV: Completion (2 units)

This is the fourth and final in a four-course sequence that terminates in the development and presentation of a student Capstone Project. This course builds upon the concepts learned in PHYTH 701 Capstone I: Introduction, PHYTH 702 Capstone II: Exploration and Planning, and PHYTH 703 Capstone III: Implementation. In this course, students will complete their selected capstone project including submission of a final manuscript and a formal presentation of their project. The manuscript and related presentation require students to: conduct a comprehensive literature search; evaluate the process, outcome and impact of their project; and perform an in-depth critical self-reflection of their performance and learning throughout the capstone project. Prerequisites: PHYTH 701, PHYTH 702, and PHYTH 703. (2.0 hours seminar)

PHYTH 705 Patient/Client Management: Complexity in Care (2 units)

This course focuses on physical therapist patient/client management under complex conditions, including contextual characteristics of the type of care setting, the physical environment, the interprofessional care team, and patient/client personal factors and their interactions. Successful patient/client management requires that the practitioner perform and integrate clinical reasoning and decision-making in conjunction with clinical skill performance during fast-paced, rapidly-changing, contextually-complex situations; respond appropriately and in real time to emerging information; and demonstrate cognitive flexibility. Laboratory and simulation activities will be used to create complex clinical scenarios that are systematically increased in difficulty across the term. A focus on safety—of both the patient/client and the practitioner—including the ability to communicate effectively in the moment is interwoven. Methods of assessment include individual performance, self-reflection, and peer assessment. Prerequisite: Successful completion of courses taken in terms 1-4. (1.0 hour lecture, 3 hours lab)

PHYTH 706 Pro bono Experiences (2 units)

Pro bono experiences is one course, divided into 4 parts distributed over 4 academic terms throughout the curriculum. This course provides students with the opportunity to work collaboratively with peers and faculty to provide pro bono services, including examination, evaluation, development and administration of a plan of care, and assessment of outcomes, for community participants from underserved populations. Students will integrate current best evidence into their practice with community participants, and will engage in making appropriate referrals to other community service providers or health care professionals. Students also learn to work with participants in groups or class settings to provide mobility-based and education-based interventions to address existing movement and pain-related dysfunctions and to provide injury prevention and

health promotion services. Practice opportunities for professional communication and presentations are also included. Prerequisites: Successful completion of the Patient/Client Management courses offered in the preceding and concurrent terms. (15 hours lecture, 45 hours lab, spread over terms 1, 3, 5, and 7)

PHYTH 710 Clinical Foundations in Physical Therapy (3 units)

This course introduces fundamental skills used throughout physical therapy practice and among practice settings. Theoretical concepts of enablement/disablement, disease, and management of the patient/client in physical therapy will serve as the basis of the course, including an introduction to clinical reasoning strategies. Basic patient history, physical examination, and interventions will be introduced, including therapeutic exercise, functional mobility and gait, with an emphasis on patient and therapist safety. Introduction to patient/client management in an inpatient setting will be used to synthesize information over the course. A framework for documentation will be incorporated throughout the course. (1.5 hours lecture, 4.5 hours lab)

PHYTH 711 Patient/Client Management: Musculoskeletal I (5 units)

This course focuses on physical therapist patient/client management of simple musculoskeletal movement impairments and functional limitations in the lower extremities and lumbar spine in persons across the lifespan. Procedural interventions of lower extremity orthotics and taping will be included. Prerequisite: Successful completion of courses taken during term 1. (3 hours lecture, 6 hours lab)

PHYTH 712 Patient/Client Management: Musculoskeletal II (5 units)

This course focuses on physical therapist patient/client management of simple musculoskeletal impairments and functional limitations in the upper extremities and cervical/thoracic spine in persons across the lifespan. Prerequisite: Successful completion of courses taken in terms 1 and 2. (3 hours lecture, 6 hours lab)

PHYTH 713 Patient/Client Management: Neuromuscular I (5 units)

This course focuses on physical therapist management of patients/clients with neuromuscular impairments and functional limitations. Patient problems that include musculoskeletal dysfunction and special problems of some representative neurological disorders of adults will be included. Prerequisite: Successful completion of courses taken in terms 1-4. (3 hours lecture, 6 hours lab)

PHYTH 714 Patient/Client Management: Pediatrics (3 units)

This course focuses on the study of normal growth and development of humans from birth to adolescence, and the common pathological conditions encountered by physical therapists, whether in a pediatric or general PT practice, when managing the pediatric patient population. The Physical Therapist Patient Client

Management Model is applied to the pediatric patient population. Specialized skills and knowledge relative to equipment, funding issues, and delivery systems pertinent to pediatrics are reviewed. Interwoven throughout the course is the impact of childhood disability on the family unit. Prerequisite: Successful completion of courses taken in terms 1-4. (2 hours lecture, 3 hours lab)

PHYTH 715A Patient/Client Management: Special Topics I (1.5 units)  
Requiring the integration of material from past and current courses, this course focuses on the physical therapy evaluation and management of a more complex patient/client population. Students will learn to perform an examination (interview, physical examination tests and measures, systems review and review of systems), evaluate the data from the examination to formulate a diagnosis, prognosis and plan of care. Additionally, students will learn to choose and perform appropriate interventions which may include coordination and communication with other health care providers, patient/client-related instruction and procedural interventions. This course is divided into two portions. This first portion is for those patients/clients with interrelated impairments and activity limitations/participation restrictions associated with amputation and integumentary integrity (specifically wounds). Prerequisites: Successful completion of courses taken in terms 1-4. (1 hour lecture, 1.5 hours lab)

PHYTH 715B Patient/Client Management: Special Topics II (1.5 units)  
Requiring the integration of material from past and current courses, this course focuses on the physical therapy evaluation and management of a more complex patient/client population. Students will learn to perform an examination (interview, physical examination tests and measures, systems review and review of systems), evaluate the data from the examination to formulate a diagnosis, prognosis, and plan of care. Additionally, students will learn to choose and perform appropriate interventions which may include coordination and communication with other health care providers, patient/client-related instruction and procedural interventions. This course is divided into two portions. This second portion is for those patients/clients with inter-related impairments and activity limitations/participation restrictions associated with obesity, aging (geriatrics), oncological disease, integumentary integrity (specifically burns), diabetes mellitus, and gender-related health issues including pregnancy, incontinence, osteoporosis and pelvic pain. In addition, aspects related to health and wellness and health disparities affecting these special populations will be discussed. Students will use evidence-based decision making throughout this course. In addition, the principles of case management of special populations will be explored. Prerequisites: Successful completion of courses taken in terms 1-4. (1 hour lecture, 1.5 hours lab)

PHYTH 716 Patient/Client Management: Musculoskeletal III (3 units)  
Requiring the integration of material from past and current courses, this course focuses on physical therapist patient/client management of musculoskeletal impairments and functional limitations involving complex, multi-regional, multisystem involvement. This course focuses on the refinement and development of the entry-level student's clinical reasoning, critical thinking, and clinical decision-making applied to these patients and populations. There is also an emphasis on the development of fluid, proficient psychomotor skills used in physical therapy patient management for the patient with a musculoskeletal disorder. Students will critically evaluate and choose among varying sources of evidence in clinical decision-making throughout this course. This course includes more in-depth coverage of physical therapy evaluation and management of patients with upper quarter and lower quarter involvement, including the spine and chronic pain. Prerequisites: Successful completion of courses taken in terms 1-6. (2 hours lecture, 3 hours lab)

PHYTH 717 Patient/Client Management: Cardiopulmonary (3 units)  
This course focuses on physical therapist management of patients/clients with complex impairments and functional limitations associated with the cardiopulmonary system across the lifespan. Students will use evidence-based decision making throughout this course. Prerequisites: Successful completion of courses taken in terms 1-5. (2.5 hours lecture, 1.5 hours lab)

PHYTH 718 Patient/Client Management: Neuromuscular II (3 units)  
This course focuses on physical therapist patient/client management of neuromuscular impairments and functional limitations involving complex, multi-regional, and multisystem involvement in persons across the life span. Learning activities emphasize the refinement and development of the entry-level student's clinical reasoning, critical thinking, and clinical decision-making applied to these patients and populations. Prerequisites: Successful completion of courses taken in terms 1-6. (2 hours lecture, 3 hours lab)

PHYTH 719 Physical Agents and Electrotherapy (1 unit)  
This course will enable the student to use clinical reasoning to properly select and safely and competently apply the various physical and electrotherapeutic modalities used by physical therapists. The course will also teach the student to appropriately instruct supportive personnel on the use of these modalities and to instruct patients and families in the correct use of these modalities in the home setting. Topics covered will include physiological responses, uses, limitations, indications, contraindications and precautions for use of each modality. In addition to practice in performance of examination and treatment procedures related to the use of physical agents and electrotherapeutic modalities, lab activities will incorporate correct body mechanics, positioning and draping and documentation. Prerequisites: Successful completion of PHYTH 710, PHYTH 722, PHYTH 732. (0.5 hours lecture, 1.5 hours lab)



PHYTH 722 Clinical Physiology (3.5 units)

This course is an in depth study of physiology of the musculoskeletal, cardiovascular, blood and lymphatic, pulmonary, renal, endocrine, autonomic, immune, metabolic systems and digestive systems. Energetics, basic nutrition and metabolism will be covered. Physiologic aging and effects of immobilization will also be studied. Lecture/laboratory sessions and case studies will be used to study, measure, evaluate and interpret normal and abnormal physiologic responses. (3.1 hours lecture, 0.9 hours lab)

PHYTH 723 Gross Anatomy I (3 units)

This course is the first of two devoted to the study of regional gross structure of the human body. This course covers the lower extremity, lumbar and thoracic spine, thorax, abdomen, pelvis and perineum. The emphasis is on anatomy relevant to clinical practice in physical therapy, with emphasis on the skeletal, muscular, vascular and neurological systems. Basic embryology is included and histology is introduced. (2 hours lecture, 3 hours lab)

PHYTH 724 Functional Anatomy, Biomechanics and Kinesiology I (3 units)

This course is the first of two devoted to the application of anatomy, biomechanics and kinesiology to movement disorders of the lumbar spine and lower quarter. The emphasis is on the relationship between structure and function of the systems involved in movement and the implications of pathologies and impairments that affect movement. There is significant laboratory time in which the student applies concepts of kinesiology and biomechanics to problems associated with movement and analyzes movement using these concepts. (2 hours lecture, 3 hours lab)

PHYTH 725 Gross Anatomy II (2 units)

This is the second of two courses devoted to the study of regional gross structure and function of the human body. This semester covers the superficial back, upper extremity, head and neck. The emphasis is on anatomy relevant to clinical practice in physical therapy, with emphasis on the skeletal, muscular, vascular and neurological systems. Development of the head, neck, brain and spinal cord will also be covered. Prerequisite: Successful completion of PHYTH 723. (1.25 hours lecture, 2.25 hours lab)

PHYTH 726 Functional Anatomy, Biomechanics and Kinesiology II (3 units)

This course is the second of two courses devoted to the application of anatomy, biomechanics and kinesiology to movement disorders of the cervical spine and upper quarter. The emphasis is on the relationship between structure and function of the systems involved in movement and the implications of pathologies and impairments that affect movement. There is significant laboratory time in which the student applies concepts of kinesiology and biomechanics to problems associated with movement and analyzes movement using these concepts.

Abnormal gait analysis is included. Prerequisites: Successful completion of PHYTH 723, PHYTH 724. (2 hours lecture, 3 hours lab)

PHYTH 727 Neuroscience I (1 unit)

This course is the first of a three-course sequence devoted to the study of the structure and function of the human nervous system. The emphasis of this course is on 1) the basic gross structure of the central nervous system; 2) histology and functions of neurons and neuroglia; 3) physiology of excitable membranes, synapses, basic sensory physiology, and spinal cord reflexes. (1 hour lecture)

PHYTH 728 Neuroscience II (2 units)

This is the second of a three-course sequence devoted to the study of the structure and function of the human nervous system. The emphasis of this course is on: the gross and intrinsic structure of the central nervous system., somatosensory and motor and cranial nerve pathways structure and function, and identification of lesion sites along the neuraxis and description of patient signs or symptoms. Prerequisites: Successful completion of PHYTH 723, PHYTH 724, PHYTH 727. (2 hours lecture)

PHYTH 729 Neuroscience III (3 units)

This is the last of a three-course sequence devoted to the study of the structure and function of the human nervous system. The emphasis of this course is an in-depth study of the physiology of the nervous system that control human movement. Students will apply this information to understand physical therapy examination, evaluation, diagnosis, prognosis, plan of care, and intervention for people with impairments and functional limitations of the nervous system. Course content will be integrated with PHYTH 713, PHYTH 734, and PHYTH 753. Prerequisites: Successful completion of courses taken in terms 1-4. (3 hours lecture)

PHYTH 730 Medical Screening for the Physical Therapist (.5 unit)

An important element of physical therapist practice is the recognition of clinical red flags that may suggest physician referral is warranted. This course will help prepare the student to assume the role of an interdependent practitioner working within a collaborative medical model. The components of medical screening, namely identification of health risk factors, recognitions atypical symptoms/signs, and review of systems, will be covered through lecture and laboratory sessions. A proposed examination scheme designed to promote efficient and effective collection of patient data will also provide the structure for laboratory sessions. Professional communication with patients and physicians/physician extenders will also be a central theme throughout the course. Prerequisites: Successful completion of courses taken in terms 1-4. (0.5 hours lecture)

PHYTH 732 Pathology and Pharmacology I (2 units)  
This is the first of a three-course sequence discussing pathology, pharmacology, and medical management of disease as foundational to understanding physical therapy intervention. Concept of injury, inflammation and stages of healing will be discussed. Pathology and medical management associated with the rheumatologic, immune system, infections, oncology, the integumentary system, endocrine and metabolic systems, and cardiac systems will be examined.  
Prerequisite: PHYTH 722. (2 hours lecture)

PHYTH 733 Pathology and Pharmacology II (1.5 units)  
This is the second of a three-course sequence discussing pathology, pharmacology and medical management of disease as foundational to understanding physical therapy examination and intervention. Pathology and medical management associated with the vascular, pulmonary, hepatobiliary, renal and urinary, hematologic, lymphatic, reproductive systems and musculoskeletal neoplasms will be examined. Prerequisite: PHYTH 732. (1.5 hours lecture)

PHYTH 734 Pathology and Medical Management in Neurology (2 units)  
Focusing on the etiology, pathology, diagnosis, medical management, clinical presentation and prognosis of diseases and disorders of the peripheral and central nervous system and neuromuscular diseases, this course explores medical management including pharmacology, surgical interventions and referral to other health care professionals. Prerequisites: PHYTH 722, PHYTH 732, PHYTH 733. (2 hours lecture)

PHYTH 735 Exercise Prescription for Patients and Clients I (1 unit)  
This course is the first in a three-course series designed to cover the concepts of exercise and therapeutic exercise as applied to different conditions and patient populations. This particular course focuses on the introduction of exercise and therapeutic exercise and application of theories and techniques of exercise intervention in patients and clients with movement dysfunctions. An introductory discussion of motor control and motor learning concepts will give the students the necessary foundation for making appropriate clinical decisions when providing interventions. This course will also include content on home exercise program prescription and discuss facilitators to maximize patient adherence. Students will be encouraged to discuss and build upon their knowledge of basic therapeutic techniques attained from previous volunteer or work experiences. (0.5 hours lecture, 1.5 hours lab)

PHYTH 736 Exercise Prescription for Patients and Clients II (1 unit)  
This course is the second in a three-course series designed to cover principles and concepts of exercise prescription as applied to different conditions and patient/client populations. This course focuses on the application of foundational knowledge of exercise learned in the preceding introductory exercise prescription

course to patients and clients with participation restrictions and/or activity limitations related primarily to impairments of the musculoskeletal system. Students will gain experience and practice in integrating the cognitive and psychomotor skills required to develop, administer, and progress therapeutic exercise for patients/clients with various symptomatic musculoskeletal conditions, underlying pathological musculoskeletal conditions, in the context of pre-and post-operative situations, work-related injuries, and with older adults. Students will learn how to use a model of movement analysis and apply concepts of motor control and motor learning in the analysis of functional activities to provide a foundation for both neuromuscular re-education intervention planning and to serve as a foundation from which to generate hypotheses about potentially related impairments that may be appropriately addressed through therapeutic exercise interventions. Students will gain experience in reasoning through situations where the focus of intervention is addressing impairments in static posture, balance, flexibility, muscle performance (strength, power, endurance), and situations where it is appropriate to integrate concepts of wellness, health promotion, and disease/injury prevention. The course will explicitly reinforce a collaborative, patient-centered approach to health care, with examples of ways in which personal and environmental factors (including culture/ethnicity, socioeconomic status, literacy, and psychological factors) are factored into clinical reasoning in the context of exercise prescription. Prerequisites: Successful completion of courses taken in terms 1-2. (0.5 hours lecture, 1.5 hours lab)

PHYTH 737 Exercise Prescription for Patients and Clients III (1 unit)  
This course is the third in a three-course series designed to cover the concepts of therapeutic exercise as applied to different conditions and patient/client populations. This particular course focuses on the application of theories and techniques of therapeutic exercise in patients and clients with movement dysfunctions secondary to neuromuscular conditions, and in pediatric populations. An in-depth analysis and discussion of motor control and motor learning concepts as applicable to the above-mentioned populations will give the students the necessary foundation for making appropriate clinical decisions when providing interventions. This course will also include content on postural control, coordination and neuromuscular reeducation. Students will be encouraged to discuss and build upon their knowledge of basic therapeutic techniques attained from previous coursework and clinical training experiences. Prerequisites: Successful completion of courses taken in terms 1-4. (0.5 hours lecture, 1.5 hours lab)

PHYTH 738 Musculoskeletal Medical Management and Imaging I (1.5 units)  
This is the first of a two-course sequence that covers medical management and medical imaging of musculoskeletal-related pathologies or conditions affecting the lumbar spine and lower extremities. This course will cover basic concepts of medical imaging, routine and special views of the spine and lower extremities,

and selection of the most appropriate imaging modality given a particular patient/client presentation. This course will also cover basic information concerning sprains, strains and fractures as well as clinical signs and symptoms, differential diagnosis, etiology, incidence, prevalence and basic medical management for common musculoskeletal pathologies of the lumbar spine and SIJ region, hip, knee and ankle foot regions. The intent of this course is to provide the foundations for understanding the physical therapy patient/client management of these conditions. Prerequisites: PHYTH 722, PHYTH 723, PHYTH 724, PHYTH 727. (1.25 hours lecture, 0.75 hours lab)

PHYTH 739 Musculoskeletal Medical Management and Imaging II (1.5 units)  
This is the second of a two-course sequence that covers medical management and medical imaging of musculoskeletal-related pathologies or conditions affecting the cervical and thoracic spine, temporomandibular joint and the upper extremities. This course will cover basic concepts of medical imaging, routine and special views of the cervical and thoracic spine, temporomandibular joint and the upper extremities, and selection of the most appropriate imaging modality given a particular patient/client presentation. This course will also cover clinical signs and symptoms, etiology, incidence, prevalence and basic medical management for common musculoskeletal pathologies of the cervical and thoracic spine, temporomandibular joint, shoulder, elbow, wrist and hand. The intent of this course is to provide the foundations for understanding the physical therapy patient/client management of these conditions. Prerequisite: PHYTH 738. (1.25 hours lecture, 0.75 hours lab)

PHYTH 741 Professional Issues I (1 unit)  
This course covers the professional, legal, and ethical foundations of physical therapy practice, including a historic perspective on the development of the profession and current and future trends in practice. (1 hour seminar)

PHYTH 742 Teaching and Learning (1.5 units)  
This course explores the role of physical therapists as teachers and learners. The focus of this course will be on patient/client education. Emphasis will be given on learning and motivational theories and their applicability in the clinical, professional, and academic environments. The course also includes content on critical thinking. (1.5 hours lecture)

PHYTH 743 Interprofessional and Intrapersonal Communication in Health Care (2 units)  
This course allows the student to enhance professional effectiveness through the improvement of communication skills. Learning is achieved through active participation in individual and group interactions that mirror professional practice. (1 hour lecture, 3 hours lab)

PHYTH 744 Health Care Systems and Regulatory Aspects of Physical Therapy (2 units) This course addresses how the design of the American health care system and the regulation of practice affect physical therapy practice. Students learn how they can successfully adapt and respond to a dynamic health care system in which change is a constant. (2 hours lecture)

PHYTH 745 Behavioral and Psychosocial Factors in Health Care (2 units) This course covers behavioral and psychosocial factors in healthcare and explores scope-of-practice issues related to mental health. Content includes models of therapeutic communication to develop the therapeutic relationship and evidence-based approaches to facilitate health behavior change, including selected health behavior theories and models. Content also includes screening and outcome measures for behavioral, psychosocial, and mental health factors that relate to physical therapist practice. The course focuses on applications of these tools to optimize the physical therapist patient/client management process in those with mental health considerations and intersectionality with personal and environmental factors that impact movement, activity, participation, and health. Prerequisite: PHYTH 743.

PHYTH 746 Management of Physical Therapy Services (2 units) Students study leadership and management of physical therapy service delivery. Principles of management as applied to physical therapy, including organizational behavior, resource planning and management, program planning, financial planning, marketing, personnel direction and management, quality management, risk management, and legal and ethical issues are explored. Units on contracting, consulting, health maintenance organizations, and Medicare and Medicaid requirements are included. The concept of a physical therapist as an autonomous practitioner will be discussed in this course. (2 hours lecture)

PHYTH 747 Professional Issues II (1 unit) This course addresses professional ethics, including ethical reasoning, moral agency, and moral courage based on the authentic experiences of students during clinical experiences. The course also addresses current issues affecting the profession of physical therapy. In both ethics and current issues, the importance of advocacy and leadership are addressed. The course concludes with planning for the transition into the profession and career from an individual and collective perspective. Prerequisites: Successful completion of courses taken in terms 1-4. (1 hour lecture)

PHYTH 755 Evidence-Based Practice I (2 units) The two term evidence-based practice sequence is designed to prepare the student to be a competent consumer of research and a knowledgeable participant in clinical research. This first course is designed to introduce students to the basic principles of the scientific method and prepare them to analyze research studies critically. Focus will be on the role of research, methodologies,

sampling, levels of measurement, probability, hypothesis testing, reliability and validity, and standard error. Students will be prepared to critique articles in the literature. (2 hours lecture)

PHYTH 756 Evidence-Based Practice II (2 units)

The two term evidence-based practice sequence is designed to prepare the student to be a competent consumer of research and a knowledgeable participant in clinical research. This second course is designed to give students practical experience with data collection, input, analysis, and documentation. Focus will be on how to design a research project, ethical conduct in science, and tests of significance such as ANOVA, correlation, and regression. Students will develop hypotheses and research questions, and continue to critique literature, particularly related to development of clinical practice guidelines. Prerequisite: Successful completion of PHYTH 755. (2 hours lecture)

PHYTH 761 Integrated Clinical Experience (0.5 unit)

PHYTH 761 is a hybrid clinical and simulation lab course designed to immerse students for one week in the inpatient management of patients through supervised, clinical observations and active use of behaviors and skills learned in the first trimester of the program. Supervised clinical observations in the inpatient setting, both with physical therapists and with other members of the interprofessional team, aim to provide a holistic context of the health care team's role in the inpatient setting as well as provide for observation of the physical therapist's management of inpatients. Simulation experiences, augmented by guided assignments and debriefings, will provide students the opportunity to practice elements of patient/client management for an individual with a single or simple movement dysfunction, including chart review, patient interview, examination, intervention, and individualized exercise prescription. Students will be expected to demonstrate professionalism, adherence to infection control and privacy regulations, and appropriate communication during all components of this course.

PHYTH 763 Clinical Experience I (5 units)

Experiential learning in clinical settings with the primary emphasis on the physical therapy patient/client management process for persons with musculoskeletal dysfunctions. This is a full-time, ten-week clinical experience. Prerequisites: Successful completion of courses taken during terms 1-3.

PHYTH 765 Clinical Experience II (5 units)

Experiential learning in clinical settings with the primary emphasis on the physical therapy patient/client management process for persons with neuromuscular dysfunctions with the adult and/or pediatric population. This is a full-time, ten-week clinical experience. Prerequisites: Successful completion of courses taken during terms 1-5.

PHYTH 766 Final Clinical Experience (no credit assigned)

The final clinical experience is a full-time, sixteen-week clinical experience following successful completion of the academic portion of professional program. During the final clinical experience, the student will fully integrate her/his academic and clinical experiences to achieve the transition from student to independent entry level practitioner capable of practicing in a direct access environment. The student will have the opportunity to exhibit competence in all aspects of physical therapy patient management for a variety of patients with impairments, functional limitations and disabilities typically seen in PT practice. In addition, they will achieve competence as practitioners on interdisciplinary teams and effective participants in the healthcare delivery system. Prerequisites: Successful completion of courses taken during terms 1-7.

## ELECTIVES

PHYTH 781 Advanced Pediatrics (2 units)

This course focuses on physical therapist patient/client management of complex multisystem involvement in the pediatric population. The use of standardized pediatric tests, measurements and evidence based practice to guide decision making is emphasized throughout the course. Prerequisite: DPT III status. (2 hours lecture)

PHYTH 782 Physical Therapy in Sports Medicine (2 units)

This course focuses on physical therapist management of patients/clients with sports-related musculoskeletal impairments and functional limitations. Knowledge of anatomy, biomechanics, exercise, and rehabilitation principles is applied along with clinical reasoning processes to this patient population. Prerequisite: DPT III status. (2 hours lecture)



## MASTER PHYSICIAN ASSISTANT

### **MASTER PHYSICIAN ASSISTANT DEGREE**

The Physician Assistant Department offers a 27 month entry-level master's degree program. Upon completion of program requirements, graduates are prepared to take the Physician Assistant National Certifying Examination (PANCE).

#### **Program Learning Outcomes**

The Physician Assistant Department has developed five Program Learning Outcomes to guide curricular change and development, and determine competency of graduating Physician Assistants. Graduates of the PA Program are expected to demonstrate competence in the following outcome areas:

**PLO 1 Medical Knowledge:** Acquisition and comprehension of scientific content related to the theory and practice of medicine. Physician Assistant students are expected to:

- Demonstrate mastery of principles of anatomy, physiology and pathophysiology necessary for entry level clinical practice as a physician assistant;
- Demonstrate competency in obtaining an adequate medical history necessary to evaluate, diagnose and formulate a patient-centered treatment plan for patients with commonly encountered medical, surgical and behavioral conditions;
- Demonstrate competency in physical examination skills necessary to evaluate, diagnose and formulate a patient-centered treatment plan for patients with commonly encountered medical, surgical and behavioral conditions;
- Understand pharmacologic and non-pharmacologic principles of patient health management and wellness;
- Demonstrate the application of medical knowledge and critical thinking necessary to develop an accurate differential diagnosis in patients presenting with common medical, surgical and behavioral conditions;
- Apply current health care screening and maintenance recommendations for patients across the lifespan.

**PLO2 Communication Skills & Teamwork:** Effective communication and professional exchange of information are essential to creating therapeutic and ethically sound relationships. These skills include verbal, non-verbal, written and electronic communication with patients, their families, physicians, specialists and all members of the health care team. Physician Assistant students are expected to:

- Develop and demonstrate effective, professional and ethical interpersonal and communication skills;
- Demonstrate maturity, flexibility and emotional stability appropriate for working in the health care setting;
- Demonstrate competency in oral and written communication that meet the medical and legal standards established for health care professionals;
- Demonstrate their ability to work effectively with other healthcare professionals.

PLO 3 Patient-Centered Care: Physician Assistant students are expected to learn to provide patient care that is respectful of and responsive to individual patient preferences, needs and values. Moreover, students are expected to learn that patient values guide all clinical decision making practices. Physician Assistant students are expected to:

- Understand the influence of culture, biases and attitudes on health and health care practices
- Demonstrate empathy, respect and appropriate sensitivity to perspectives, values and cultural norms that are other than one's own
- Access and utilize evidence-based recommendations and guidelines for patient-centered clinical practice
- Effectively demonstrate skills in obtaining patient history that addresses the unique preferences, values, needs and cultural/spiritual norms of each patient and his/her family, and develop patient management plans that are in concordance with those elements
- Work effectively with other members of the health care team, including the patient and family, to provide care that is responsive to the patient's needs
- Utilize patient education and counseling techniques, including information technology, that are appropriate and responsive to a patient's age, preferences, values, culture and norms.

PLO 4 Professional Development: Professionalism is the expression of positive values and ideals as care is delivered, and it involves prioritizing the interests of those being served above one's own. As members of a health care profession, it is imperative that the highest professional standards be maintained at all times. Physician Assistant students are expected to:

- Conduct themselves in a professional manner in all academic and clinical settings;
- Demonstrate excellent interpersonal skills, reliability, responsibility, empathy, respect and integrity;
- Demonstrate professional relationships with other health care providers;
- Demonstrate a commitment to ongoing professional development and ethical practice;

- Demonstrate culturally appropriate care in a diverse patient population.

PLO 5 Evidence based practice: Evidence based practice includes the process through which Physician Assistant students engage in utilizing informational technology to access medical research and information for the purpose of providing medical care. Physician Assistant students are expected to:

- Locate, appraise, and integrate evidence from scientific studies related to their patients' health;
- Critically evaluate medical literature using their knowledge of study design and statistical methods to inform their clinical practice;
- Identify and evaluate current medical literature to enhance their medical knowledge;
- Identify and evaluate current medical literature used in clinical decision making related to best practice standards.

### Graduation Requirements

1. Completion of all program courses and supervised clinical practice experiences with a grade of C or better;
2. Satisfactory discharge of all university and program debts.

### Physician Assistant Curriculum Overview

Year One

Fall

<u>Course #</u>	<u>Course Name</u>	<u>Units</u>
PA 601/601L	Human Gross Anatomy	5.0
PA 603	Microbiology/Infectious Disease	3.0
PA 615/615L	Physical Diagnosis	4.0
PA 617	Interpersonal/Interprofessional Communication	2.0
PA 690	Introduction to Evidence Based Practice	2.0
	Total	16.0

Spring

PA 602	Physiology & Mechanisms of Disease I	3.0
PA 608	Pharmacology I	3.0
PA 620	Medicine I	4.0
PA 630	Medical Ethics and Professionalism	2.0
PA 646	Behavioral Medicine	3.0
PA 660	Integrating Seminar I	1.0
	Total	16.0

Summer

PA 604	Physiology & Mechanisms of Disease II	3.0
PA 609	Pharmacology II	3.0

PA 621	Medicine II	4.0
PA 624	Geriatrics	2.0
PA 628L	Diagnostic Imaging	1.0
PA 631	Interpretation of Electrocardiograms	1.0
PA 661	Integrating Seminar II	<u>1.0</u>
	Total	15.0
Year Two		
Fall		
PA 605	Clinical Simulation Lab	1.0
PA 622	Pediatrics	3.0
PA 623	Obstetrics/Gynecology	3.0
PA 625	The Role of the PA in General Surgery	3.0
PA 626	Emergency Medicine	3.0
PA 627	Policies and Systems of US Health Care	2.0
PA 629	Clinical Skills Lab	1.0
PA 662	Integrating Seminar III	<u>1.0</u>
	Total	17.0
Year 2-3		
Clinical Year		
PA 606	Summative Evaluation	3.0
PA 607	Pre-Clinical Preparation	3.0
PA 680L	Family Medicine Clerkship	2.0
PA 681L	Internal Medicine Clerkship	2.0
PA 682L	General Surgery Clerkship	2.0
PA 683L	Pediatric Clerkship	2.0
PA 684L	Geriatric Clerkship	2.0
PA 685L	Obstetrics and Gynecology Clerkship	2.0
PA 686L	Emergency Medicine Clerkship	2.0
PA 687L	Elective Clerkship I	2.0
PA 688L	Elective Clerkship II	<u>2.0</u>
	Total	24.0

### Course Descriptions:

PA 601/601L Human Gross Anatomy (5 units)  
This one-semester course is designed to familiarize the student with the clinically relevant aspects of human anatomy with an in-depth examination of anatomical structure and function. Emphasis is placed on relationship of structure and normal variants with clinical correlation to pathology and disease presentation. The course includes an embryology component to aid students in understanding normal anatomical development and the congenital malformation. A cadaver lab with dissection focuses attention on spatial relationships, anatomic variation, embryological origin, and relationships of organ systems. (3 units lecture, 2 units lab)

PA 602 Physiology and Mechanisms of Disease I (3 units)

The first course in a two part series, this course introduces students to fundamental physiological principles which apply to the human body. The integrated functioning mechanisms of the body will be presented in detail with special emphasis on the cardiovascular, respiratory, and central nervous systems. Clinical case presentations are presented to enable students to understand the pathophysiology of major diseases of each organ system.

PA 603 Microbiology and Infectious Disease (3 units)

This course will provide the student with advanced microbiology, virology, and immunology to understand the complexities of infectious disease. Emphasis will be placed on clinically relevant pathogens, isolation and aseptic techniques, identification, and treatment.

PA 604 Physiology and Mechanisms of Disease II (3 units)

The second part of a two course series, this course introduces students to fundamental physiological principles which apply to the human body. The integrated functioning mechanisms of the body will be presented in detail with special emphasis on the renal, gastrointestinal, and endocrine systems. Clinical case presentations are presented to enable students to understand the pathophysiology of major diseases of each organ system.

PA 605 Clinical Simulation Lab (1 unit)

This one unit lab will incorporate clinical simulation experiences from the medicine specialty courses taught in the final didactic semester, including OB/GYN, emergency medicine and pediatrics.

PA 606 Summative Evaluation (3 units)

The Summative Evaluation course contains the PA Program summative evaluation process for soon-to-be graduates. There are four elements to this course. All course elements must be completed satisfactorily in order to pass the course and progress to graduation. These elements are: 1) an Objective Structured Clinical Examination (OSCE), 2) an oral "board-like" examination, 3) an on-line certification preparation examination, the ePACKRAT, 4) An oral presentation of a clinical, case-based topic.

PA 607 Pre-Clinical Preparation (3 units)

This course will incorporate discipline-specific didactic and skills training during an intensive clinical preparatory period prior to the start of clinical rotations. During the clinical preparation period, instruction will focus on training necessary for the clinical rotation student, including blood borne pathogens, patient privacy and discipline-specific didactic and skills training. Students will be videotaped in a mock clinical encounter. The student will then be required to review and critique their own performance with feedback from faculty proctors.

PA 608 Pharmacology I (3 units)  
This is the first in a series of two courses which focuses on pharmacokinetics, pharmacodynamics, and pharmacotherapeutic concepts in the major drug classifications. Problem-solving is emphasized through case studies designed to highlight proper drug selection, interactions, physiological implications, and administration.

PA 609 Pharmacology II (3 units)  
The second semester of a two course series which focuses on the clinical application of pharmacotherapeutics, drug interactions and contraindications. Problem solving continues through the introduction of case studies designed to integrate knowledge and application.

PA 615/615L Physical Diagnosis (4 units)  
This course focuses on the skills and knowledge necessary to gather a medical history, perform a complete physical examination, (including special maneuvers), integrate the findings into a diagnosis and, communicate the findings through a number of methods. Competence in examining pediatric, geriatric, and obstetric patients will be expected in addition to adults. (3 units lecture, 1 unit lab)

PA 617 Interpersonal/Interprofessional Communication (2 units)  
Personal and professional effectiveness training and communication skills building; includes role of the health professional as a team member, patient interviewing skills, patient/provider relationships, cultural diversity, sexuality, values, and coping skills. This course also provides instruction in elicitation of a medical history.

PA 620 Medicine I (4 units)  
This is the first of a two-semester course, divided into systemic units, which focuses on the identification and treatment of medical conditions, syndromes, and diseases encountered in the integumentary, respiratory, cardiovascular, endocrine, gastrointestinal, genitourinary, neurological, musculoskeletal, renal, biliary, and hematopoietic systems. A case-based approach is used to familiarize the physician assistant student with the variety of presentations seen and the treatment options available.

PA 621 Medicine II (4 units)  
This is the second of a two-semester course, divided into systemic units, which focuses on the identification and treatment of medical conditions, syndromes and diseases encountered in the integumentary, respiratory, cardiovascular, endocrine, gastrointestinal, genitourinary, neurological, musculoskeletal, renal, biliary and hematopoietic systems. A case-based approach is used to familiarize the physician assistant student with the variety of presentations seen and the treatment options available.

- PA 622 Pediatrics (3 units)  
This course uses a case-based learning format to aid students in understanding the physical and psycho-social fundamentals of normal growth and development, anticipatory guidance, immunizations and health maintenance. In addition, it focuses on the presentation of major pediatric disorders and conditions, their signs and symptoms, diagnosis, and management.
- PA 623 Obstetrics and Gynecology (3 units)  
This course provides the student with an overview of commonly encountered obstetric and gynecologic conditions in women's health care. Major topics include pregnancy and prenatal care, menopause, lactation, uterine and breast disorders, the menstrual cycle, its hormonal regulation, and commonly encountered conditions.
- PA 624 Geriatrics (2 units)  
This one-semester course is designed to provide the physician assistant student with an understanding of medical problems of the elderly, including the changes commonly associated with aging. In addition, it focuses on the increased opportunity for undesirable drug interactions, multi-organ system failure, limitations in mobility and communication, and other impairments.
- PA 625 The Role of the PA in General Surgery (3 units)  
This one semester course presents the fundamentals of care of surgical patients. It will introduce students to the role of the PA in the surgical environment and surgical patient management. This is a practical, case based course focusing on common general surgery topics and skills needed to succeed in a surgery clinical rotation. Students will draw on the medical knowledge gained throughout didactic training and apply it in various case scenarios and simulated patient encounters. The skill set and knowledge gained will assist the transition from didactic training to becoming a productive part of a surgical inpatient team during clinical rotations. (3 units lecture)
- PA 626 Emergency Medicine (3 units)  
This one-semester course focuses on the identification and diagnosis of the acutely ill or injured patient. Management of conditions commonly encountered in the emergency department will be covered, as will principles of trauma resuscitation.
- PA 627 Policies and Systems of US Health Care (2 units)  
This course explores issues of health policy with a focus on the provision of care in various delivery systems, reimbursement policies and their effect on patient access, physician assistant practice and the economics of public and private financing.

- PA 628L Diagnostic Imaging (1 unit)  
Techniques of radiologic assessments will be emphasized in this laboratory course. Principles of radiologic examination will be provided with a focus on identifying normal variants and common pathologies in various diagnostic imaging modalities such as X-ray, CT, MRI, and nuclear studies.
- PA 629 Clinical Skills Lab (1 unit)  
This course is a one semester introduction to basic medical procedures utilized for diagnostic and therapeutic purposes in primary care, surgery, and emergency medicine practices. (1 unit lab)
- PA 630 Medical Ethics and Professionalism (2 units)  
This course explores medical ethics and clinical decision making, including the bioethics concepts of autonomy, beneficence/nonmaleficence, and justice. Issues around end of life, disabilities, healthcare disparity and every day ethical decision making are discussed. Professionalism, physician/PA relationships, cultural competency, and health literacy are introduced.
- PA 631 Interpretation of Electrocardiograms (1 unit)  
Techniques of electrocardiographic assessments will be emphasized in this laboratory course. Principles of electrocardiographic examination will be provided with a focus on electrophysiology, identifying normal variants and common pathologies on electrocardiography, and diagnosis of cardiac disease.
- PA 646 Behavioral Medicine (3 units)  
This course is designed to instruct the physician assistant student on the major psychiatric and mental disorders encountered in the outpatient setting. Included in the topics will be depression, anxiety, phobias, substance and eating disorders, somatoform, psychoses, neuroses, and personality disorders.
- PA 660 Integrating Seminar I (1 unit)  
This three-semester, small group experience provides the student with the opportunity to apply theory gained from lectures and laboratories to problems and cases designed to integrate knowledge and skills. Three hours of seminar/discussion weekly.
- PA 661 Integrating Seminar II (1 unit)  
This second semester of a three-semester series is designed to integrate the knowledge obtained in the previous semesters into evaluation, clinical problem-solving, assessment, and management of commonly-encountered disorders. Three hours of seminar/discussion weekly.
- PA 662 Integrating Seminar III (1 unit)  
The third semester of a three-semester series is designed to integrate the knowledge obtained in the previous semesters into evaluation, clinical



problem-solving, assessment, and management of commonly-encountered disorders. Three hours of seminar/discussion weekly.

PA 680L Family Medicine Clerkship (2 units)  
A full time internship experience which exposes the student to outpatient family medicine. The student is expected to fully participate in the diagnosis and treatment of the commonly presenting disorders. (2 units clinical lab)

PA 681L Internal Medicine Clerkship (2 units)  
During this rotation, the student learns to apply basic medical knowledge to the problems and situations encountered on an inpatient service. By collecting history and physical exam information, formulating a complete problem list, participating in daily rounds and in the management of patient problems, the student develops an awareness of the complexity of disease processes and differential diagnosis. (2 units clinical lab)

PA 682L General Surgery Clerkship (2 units)  
This rotation emphasizes preoperative evaluation and preparatory procedures, assisting at the operating table, and management of patients through the postoperative period to discharge. Surgical clerkships can be completed in a variety of settings, including major academic hospitals, community hospitals and small private practices. (2 units clinical lab)

PA 683L Pediatric Clerkship (2 units)  
In this rotation, the student is assigned to either an institutional setting or a community-based pediatric site. Special emphasis is placed on communication skills and relating sensitively to both children and parents. The student gains familiarity with normal growth and development, pediatric preventive medicine, and evaluation and management of common childhood illnesses. (2 units clinical lab)

PA 684L Geriatric Clerkship (2 units)  
In this rotation, the student is assigned to an institution caring for the geriatric patient. Special emphasis is placed on the identification, and management of common problems in the elderly population. (2 units clinical lab)

PA 685L Obstetrics and Gynecology Clerkship (2 units)  
The student learns about common gynecological problems, pregnancy and prenatal care. The rotation emphasizes clinical experience with abnormal menstruation and bleeding, infections and contraception counseling. (2 units clinical lab)

PA 686L Emergency Medicine Clerkship (2 units)  
This rotation stresses the evaluation and management of problems of the patient presenting to the emergency department. The student gains experience in the

initial evaluation of potential life-threatening conditions and in performing problem-specific examinations and procedures. This rotation takes place in community hospital emergency departments as well as major trauma centers. (2 units clinical lab)

PA 687L Elective Clerkship I (2 units)  
This is the first of two rotations designed to enhance the students' knowledge in a disciplinary area of their choosing. Students may repeat a rotation of particular interest to them or explore a medical or surgical specialty. (2 units clinical lab)

PA 688L Elective Clerkship II (2 units)  
This is the second of two rotations designed to enhance the students' knowledge in a disciplinary area of their choosing. Students may repeat a rotation of particular interest to them or explore a medical or surgical specialty. (2 units clinical lab)

PA 690 Introduction to Evidence Based Practice (2 units)  
This course introduces students to evidence based medical practice, including the philosophy and principles of scientific methods of inquiry. Topics include library resources, conducting a search for medical literature, interpretation and critical evaluation of medical literature; NIH training modules including IRB training and human subjects research. Students will have the opportunity to evaluate current literature from the medical journals in light of research design and data collection. (2 units lecture)

## CALIFORNIA SCHOOL OF PODIATRIC MEDICINE

### DOCTOR OF PODIATRIC MEDICINE DEGREE

The educational program leading to the Doctor of Podiatric Medicine degree consists of a comprehensive curriculum in the preclinical and clinical sciences. The didactic coursework is completed during the first three years of the program. Clinical rotations begin at the start of the second academic year in June. During the summer months, second-year students begin to participate in clinical rotations, which cover biomechanics, radiology, general, and primary podiatric medicine. The majority of the third year and the entire fourth year are devoted to clinical rotations at inpatient and outpatient facilities, both in the Bay Area and throughout the United States.

#### **DPM Curriculum Overview**

##### YEAR I

Fall Semester	Units
PM 701 Human Anatomy I	6.0
PM 705 Biochemistry I	3.0
PM 706 Histology	4.0
PM 707 Physiology I	3.0
PM 709 Lower Extremity Anatomy I	3.5
PM 724 Introduction to Evidence Based Medicine	1.0
Total	20.5

Spring Semester	Units
PM 703 Medical Genetics	1.0
PM 712 Physiology II	3.0
PM 710 Human Anatomy II	3.0
PM 711 Biochemistry II	3.0
PM 722 Lower Extremity Anatomy II	3.5
PM 725 First Year Clinical Skills Rotation	0.25
PM 752 Introduction to Clinical Medicine	2.0
PM 770 Biomechanics I	<u>1.75</u>
Total	17.5

Students will begin their second year clinical rotations during the summer between the end of the first year and the start of the fall semester of the second year.

##### YEAR II

Summer Semester	
PM 717 Immunology	3.0
PM 750 Podiatric Medicine I	1.0

PM 751 Radiology I	1.0
Total	5.0

Fall Semester	Units
PM 714 Medical Microbiology	4.0
PM 716 Pharmacology I	4.0
PM 715 Pathology I	3.0
PM 732 General Medicine I	<u>3.0</u>
PM 754 Radiology II	1.0
PM 771 Biomechanics II	2.0
PM 790 Podiatric Surgery I	<u>2.0</u>
Total	19.0

Spring Semester	Units
PM 718 Pathology II	3.0
PM 719 Pharmacology II	4.0
PM 734 General Medicine II	3.0
PM 744 Neuroscience and Clinical Neurology	6.0
PM 753 Podiatric Medicine II	2.0
PM 791 Podiatric Surgery II	<u>3.0</u>
Total	21.0

## SECOND YEAR CLINICAL ROTATIONS

Students will complete clinical rotation assignments in the following inpatient, outpatient and specialty clinical facilities.

	<u>Units</u>
PM 733 Second Year Medicine Rotation	0.5
PM 735 Second Year Radiology Rotation	1.0
PM 756 Second Year Highland Hospital Rotation	1.0
PM 773 Second Year Biomechanics Workshop	1.0
PM 781 Second Year Simulation Center Rotation	0.5
PM 782 Second Year Clinical Skills Rotation	1.0
PM 788 Second Year Homeless Clinic Rotation	0.5
PM 789 Second Year Laguna Honda Hospital Rotation	<u>0.5</u>
Total	6.0

## YEAR III

Fall Semester	Units
PM 736 Dermatology I	1.5
PM 738 General Medicine III	3.0
PM 755 Jurisprudence	1.0
PM 772 Biomechanics III	2.0

PM 792 Pod Surgery III	<u>2.0</u>
Total	9.5

Spring Semester	Units
PM 737 Pediatrics	2.0
PM 739 Dermatology II	1.5
PM 743 General Medicine IV	2.0
PM 758 Public Health	1.0
PM 793 Podiatric Trauma	<u>2.0</u>
Total	8.5

### THIRD YEAR CLINICAL ROTATIONS

Third year students will complete the following clinical rotation assignments at affiliated Bay Area medical centers, outpatient facilities, and community practice clerkships.

	<u>Units</u>
PM 741 Third Year Medicine Rotation	3.0
PM 759 Third Year Diabetic Wound Care Rotation	4.0
PM 760 Third Year Highland Hospital Rotation	2.5
PM 761 Third Year Private Office Clerkship	2.0
PM 762 Third Year Radiology Rotation	1.0
PM 764 Third Year Highland Rotation – Mondays	0.5
PM 794 Third Year Biomechanics and Sports Medicine Rotation	2.0
PM 796 Third Year Surgery Rotation	<u>7.5</u>
Total	22.5

### Year IV – Clinical Rotations

In the fourth year, students have the opportunity to base their clinical training at one of several affiliated medical centers as specified below. Students receive 4 units of credit for each month they complete a rotation or clerkship assignment. A minimum of 48 units of credit is required to complete the twelve-month fourth year curriculum.

PM 799-1 Albuquerque, New Mexico Core	48
PM 799-2 Phoenix Core	48
PM 799-3 CSPM Core	48
PM 799-5 Los Angeles, California Core	48
PM 799-6 Puget Sound, WA Core	48
PM 799-7 Salt Lake City, Utah Core	48

## **COURSE DESCRIPTIONS – PRECLINICAL SCIENCES**

PM 701/PM 710 Human Anatomy I & II (9 units)

These courses, offered over two semesters, provide an opportunity for students to learn about human gross and developmental anatomy. The human body will be the key source of information, and dissection and observation of the gross structure of the human cadaver will be an important activity. Lectures on the development of the various body systems will be closely correlated with the gross dissection of these systems (see Human Anatomy below) allowing students to gain an understanding of common congenital anomalies and how the adult form develops.

Lectures, conferences, demonstrations and textbook assignments will be used to present anatomical information that has both practical and clinical importance and to supplement and reinforce the knowledge gained through dissection. The study of the human body is approached by regions and includes the upper extremity, thorax, abdomen, pelvis-perineum, back, head and neck. Course content emphasizes the relationship of structures to one another, the importance of these relationships for normal function, and their clinical relevance.

PM 703 Medical Genetics (1 unit)

This one unit course will emphasize medical genetics and genetic diseases. Gene expression influences all aspects of a person's health. As our understanding of the human genome increases, the use of genetic information for diagnosis, prevention and treatment of diseases is becoming an important tool in clinical medicine.

The topics to be covered in the one unit course include: genome organization and gene regulation, genetic variation, population genetics and inheritance, cytogenetics and molecular genetics, biochemical genetics and cancer genetics and specific genetic diseases that relate to each of these topics.

PM 705/PM 711 Biochemistry I & II (6 units)

A two course sequence, Biochemistry encompasses the general principles of human biochemistry. Focusing on the chemical process which occurs in all living systems, biochemistry provides the necessary biochemical knowledge for those in the medical profession. The course adopts a "whole-body" approach to the study of modern biochemistry and takes into account the rapidly expanding corpus of knowledge in this area.

Emphasis is on the normal metabolic activities of living cells and their relation to selected disease states. An introduction to several biochemical techniques (experimental and practical) employed in the diagnosis and treatment of disease is provided. Upon completion of the course, students are expected to apply

biochemical principles to describe and treat metabolic disorders based on clinical findings.

PM 706 Histology

(4 units)

Histology includes lectures, small group work, and case studies. The course presents normal histology and correlates physiological function with cellular structure and tissue organization. Basic elements of cell biology and systems physiology are correlated with the microscopic and ultrastructural anatomy of specific cells, tissues and organs.

Ultimately, histology prepares the student to apply knowledge of normal structure to disease processes and pathological conditions that are either structure or function and to understand the sub-cellular structures involved in pharmacological processes. Lectures and small group work using diagrams and micrographs of sectioned material of healthy normal cells, tissues, and organs of the body. Functional aspects of the structures are stressed in lecture. Small group work emphasis is on identification of sectioned material at the light microscope level, with some incorporation of specialized cellular components at the ultra-structural level. This course enables students to visualize normal microscopic structure and function when confronted with pathological conditions.

PM 709 Lower Extremity Anatomy I

(3.5 units)

This course presents detailed osteology and arthrology of the lower extremity, involving both lecture and laboratory sessions. Lecture material is supplemented with learner centered activities, including case method teaching and simulation. The laboratory portion emphasizes detailed examination of osteological features of the lower limb including cross-sections and radiographs. Upon successful completion of Lower Extremity Anatomy I, the student is prepared to advance to Lower Extremity Anatomy II.

PM 722 Lower Extremity Anatomy II

(3.5 units)

Continuing where Lower Extremity Anatomy I ends, this course presents the soft tissue anatomy (myology, neurology, and angiology) of the lower extremity, involving both lecture and laboratory sessions. Lecture material is supplemented with learner centered activities, including case method teaching and simulation. The laboratory portion emphasizes detailed donor body dissection, but also includes demonstration of prosected specimens, three-dimensional models, radiographs, cross-sections, and other special preparations of the lower limb.

A small number of students are assigned to each cadaver so that each student can gain experience in the use of instruments and in dissection technique. Upon successful completion of Lower Extremity Anatomy II, the student is prepared to advance to studies in podiatric medicine and surgery, equipped with the necessary morphological knowledge of the lower limb. Prerequisite: PM 709

PM 707/PM 712 Physiology I and Physiology II (6 units)  
Present day podiatric medical practice depends on a broad knowledge of physiological systems and mechanisms. The physiology course provides a solid foundation in human physiology in preparation for subsequent clinical training and prepares students for assessing pathophysiology as it arises in podiatric medicine.

Basic physiological concepts such as homeostasis, membrane transport and membrane potential are addressed and these concepts are applied to each of the major physiological systems. The two physiology courses combine several approaches to explore physiology, including PowerPoint lecture presentations and animations of physiological mechanisms.

PM 714/PM 717 Medical Microbiology and Immunology (7 units)  
Medical Microbiology and Immunology is the study of host-parasite relationships, with particular emphasis on humans as the host, and on the parasites that cause infections and diseases in humans. These two second year summer semester courses are divided into six general subject areas: general bacteriology, medical mycology, medical virology, medical parasitology, and immunology.

Students are required to perform laboratory exercises as part of the Medical Microbiology course. The laboratory exercises emphasize basic laboratory techniques used for the isolation and identification of the most common bacteria and fungi encountered in podiatric practice. After completion of these two courses, the student will be able to identify the normal microbial flora of the human body and to recognize true pathogens, opportunistic pathogens, and non-pathogens. The student will also be able to identify the different immune processes used by healthy humans to prevent infections by pathogens.

PM 715/PM 718 Pathology I & II (6 units)  
Pathology is the study of the structural and functional changes in tissues and organs of the body as a result of disease. This two-semester lecture course begins with the fundamental concepts of pathology including topics such as reaction to injury, regeneration, repair mechanisms, inflammation and neoplasia.

Following this introductory material, a systematic approach to each organ system is adopted that covers both neoplastic and non-neoplastic disorders. Special emphasis is given to the diseases of the musculoskeletal system. This basis is then expanded to investigation of diseases of each organ system with emphasis on the pathology of the lower leg and foot.

PM 716/PM 719 Pharmacology I & II (8 units)  
Pharmacology I is the study of drugs, how they work, and how they affect the human body. The course is taught over two semesters and is presented as a systematic investigation into pharmacological agents used in medicine based on



drug group classification. During the summer semester, the course centers on a variety of basic pharmacological principles, as well as the study of certain therapeutic drug classes.

Basic principles include: drug agonism and antagonism, drug-receptor bonds, pharmacokinetics and pharmacodynamics. Topics for the spring semester include antimicrobials, drugs affecting endocrine function, gastrointestinal agents, respiratory agents, botanicals, drugs affecting joint and connective tissue, hematopoietic agents, and neoplastic agents.

For all of the drugs learned, students are expected to recognize the agent's primary mechanism of action, potential for drug-drug or drug-disease interactions, major side effects, and use in a clinical setting. Clinical pharmacists who specialize in the topic area on which they lecture primarily teach the course. Lectures draw from personal experience, and often relay patient vignettes to students, based on actual clinical cases. This allows students to learn both the pharmacology of the agents as well as how they are used in clinical practice. Special emphasis is given to those agents, which are widely used in the practice of podiatric medicine.

PM 724 Introduction to Evidence Based Medicine (1 unit)  
An introduction to Evidence Based Medicine (EBM) and the use of the medical literature in order to find the best available evidence to answer clinical questions.

#### COURSE DESCRIPTIONS - CLINICAL SCIENCES

PM 725 1<sup>st</sup> Year Clinical Skills Rotation (.025 unit)  
This first year rotation introduces students to the clinical experiences in the podiatric medicine program. The clinical experience knowledge and skills will include patient interview, case presentation, charting, injection, and cultural competence/patient equity and inclusion.

PM 732/PM 734/PM 738/PM 743 General Medicine I, II, III, & IV (11 units)  
The didactic medicine curriculum is four semesters, starting with cardiovascular medicine in the fall of the first year, followed by dermatology, neurology and principles of internal medicine. The medicine curriculum includes physiology, physical diagnosis, emergency medicine and medical ethics. Upon completion of the general medicine curriculum, students will have a thorough understanding of the diagnosis and management of medical illness.

PM 744 Clinical Neuroscience and Neurology (6 units)  
This medical neuroscience and neurology course is designed to provide a thorough understanding of the human nervous system. This course will cover topic areas which include neuroanatomy, neurohistology, neurophysiology, neurochemistry, neuroembryology, sensory systems and pathways, motor

systems and pathways, clinical identification of specific neurological disorders and diseases, neuroanatomical identification of nervous system lesions, and neurological diseases and their clinical implications.

PM 750 Podiatric Medicine I (1 unit)

This introductory podiatric medicine course focuses on the common clinical foot conditions that are treated by practicing podiatric physicians. The course covers the etiology, diagnosis, and treatment of common clinical pathology, including hyperkeratosis, intermetatarsal neuroma, gout, plantar fasciitis, verrucae, onychomycosis, and cold injury.

PM 753 Podiatric Medicine II (2 units)

This course focuses on diabetic wounds and peripheral arterial disease, two conditions that are abundant in any podiatric practice. Topics covered include wound pathogenesis, diagnosis, classification and management as well as several lectures on the diagnosis and management of peripheral arterial disease.

PM 752 Introduction to Clinical Medicine (2 units)

Taught in the spring of the first year, Introduction to Clinical Medicine is designed to help students with the transition from learning in a classroom to learning in a clinical setting. This course covers introductory techniques in obtaining a patient history, formulating a diagnosis, learning to present patients, and performing fundamental podiatric treatment. By the end of this course, students should be better prepared to start the second year clinical rotations.

PM 751 Radiology I (1 unit)

This second year summer semester course introduces students to the principles of radiography, with an emphasis on radiation safety, technique and the material required to pass the California radiological licensing examination (which is typically taken upon completion of your residency). Radiology I also introduces advanced imaging modalities such as MRI, CT and diagnostic ultrasound. Upon successful completion of Radiology I, students will be better prepared for Radiology II and for clinical radiology rotations.

PM 754 Radiology II (1 unit)

In this second year spring semester course, students will learn to recognize key radiographic findings and link those findings to diseases that affect the lower extremity. Upon completing Radiology II, students will be better prepared to interpret foot and ankle radiographs during clinical rotations.

PM 736/PM 739 Dermatology I & II (3 units)

This two-semester course provides an integrated approach to dermatologic diagnosis and therapy. Particular emphasis is given to history-taking pertinent to the patient with a dermatological problem, techniques of physical examination, and relevant diagnostic laboratory procedures. The courses are designed to

teach an effective biomedical and clinical approach to patients with dermatological disease throughout the body, including the lower extremities.

PM 737 Pediatrics (2 units)

This one-semester third year course introduces students to clinical pediatrics. The course discusses issues of the history and physical relevant to the pediatric patient and includes lectures on child development, pediatric orthopedics, pediatric infections and pediatric oncology.

PM 755 Jurisprudence (1 unit)

This third year course is taught by the attorney for the California Podiatric Medical Association. The course exposes students to the legal aspects of the podiatric medical profession.

PM 758 Public Health (1 unit)

This course is dedicated to public health and exposes students to epidemiology and medical statistics. In addition, research design and interpretation are emphasized.

PM 770 Biomechanics I (1.75 units)

A first year second semester series of lectures and demonstrations designed to provide a basic understanding of the terminology and concepts of mechanical function of the lower extremity as well as normal development and dysfunction of the musculoskeletal system. An educational model of the foot will be defined creating a standard, which does not exist in nature, but can be used as a reference to quantify function and structure.

PM 771 Biomechanics II (2 units)

A series of lectures designed to aid students in the application of the concepts taught in Biomechanics I. Specific foot types, as well as some of the more common pathologies are addressed. Topics include the pediatric foot, normal growth and pathology. The biomechanical evaluation, gait analysis and orthotic principles, construction and design will be included to correlate with the skills workshop. Emphasis is placed on identifying foot abnormalities, pathologies and dysfunction.

PM 772 Biomechanics III (2 units)

A series of lectures designed to aid third-year students in applying the concepts and principles of lower extremity biomechanics to treatment modalities. Specific foot types and pathologies that were identified in Biomechanics I and II will be reviewed with emphasis on treatment. Concepts related to the mechanism of pathology will be presented specifically relating to the podiatric patient, gait disturbances, orthotic prescription writing and shoe therapy.

PM 790 Podiatric Surgery I (2 units)  
Podiatric Surgery I is an introductory course offered in the fall semester of the second year, which provides lectures on surgical principles, fixation techniques, evaluation and surgical management of infections, nail pathology and soft tissue lesions, laboratories, suturing and other skills. Upon completion of the course the student will be able to apply surgical principles in the diagnosis and treatment of infections, nail and soft tissue pathology as well as being familiar with the various types of fixation techniques.

PM 791 Podiatric Surgery II (3 units)  
This course introduces second year podiatric medical students to the pathomechanics and surgical treatment for digital, lesser metatarsal, and 1<sup>st</sup> ray pathology. Students also receive workshops on fabrication and use of preoperative templates. At the conclusion of this course, students will have a basic understanding of how to evaluate and manage common forefoot pathologies.

PM 792 Pod Surgery III (2 units)  
Building upon the surgical principles presented in Podiatric Surgery I and II, this advanced surgery course instructs students in reconstructive surgical techniques and procedures of the rearfoot and ankle. The course includes a discussion of the underlying causes of rearfoot and ankle pathology as well as the surgical approaches used to manage these conditions.

PM 793 Podiatric Trauma (2 units)  
This surgery course instructs students in the medical and surgical management of the patient who has suffered lower extremity trauma. Students are first instructed on the basic principles of trauma management followed by instruction on applying these principles to specific foot and ankle injuries. Although the instruction describes both direct and indirect trauma, the emphasis is on indirect trauma, which represents the majority of lower extremity injuries. The majority of trauma situations of the lower extremity are the result of indirect mechanisms, and it is the understanding of these mechanisms that are tantamount to the successful treatment of these injuries.

The course presentations are in PowerPoint with intraoperative photographic slides that illustrate the actual surgeries and compare the preoperative and postoperative clinical and radiographic appearance of the foot and ankle. Upon completion of the four podiatric surgery courses, students will have the necessary didactic knowledge to begin their residency training.

## CLINICAL ROTATIONS DESCRIPTIONS

### PM 756 Second Year Highland Hospital Rotation (1 unit)

This one-month second-year rotation provides an opportunity for students to evaluate and treat a variety of patients and pathologies in a busy urban podiatric medicine clinic. In addition to performing palliative care, students will participate in wound care, trauma, and sports medicine.

### PM 764 Third Year Highland Rotation – Mondays (.5 unit)

This rotation supplements the two-month third year Highland rotation, providing you with additional time in a busy county clinic. This rotation may be taken before or after the two-month rotation. Patient pathology that you will see in this outpatient clinic typically includes neuropathic ulceration, lower extremity musculoskeletal problems, trauma, foot deformity and you will also provide general podiatric care.

### PM 789 Second Year Laguna Honda Hospital Rotation (.5 unit)

This one-month rotation for second year students meets for 8 hours each week. At Laguna Honda Hospital, one of the nation's largest municipally operated nursing facilities, students gain familiarity with the diseases and conditions commonly seen in a geriatric population. Students learn to diagnose and treat foot problems while improving their foot care skills.

### PM 788 Second Year Homeless Clinic Rotation (.5 unit)

Second year students participate in this one-month Homeless Clinic rotation, which provides podiatric medical care at several clinics for homeless residents of San Francisco. This rotation, which is done in collaboration with the City and County of San Francisco, gives students an opportunity to evaluate patients and render podiatric medical services to individuals who do not have access to foot care. The Homeless Clinics operate two evenings per week. First year students also have an opportunity to visit these clinics to observe as well as participate in patient care.

### PM 782 Second Year Clinical Skills Rotation (1 unit)

This second year clinical skills rotation is a four week rotation that uses a variety of learning techniques from a multi-disciplinary faculty in a small group setting. Each week students will learn different clinical skills, which will help solidify fundamental patient evaluation skills. Students will develop an increased level of awareness of medical ethics, medical errors and communication with patients of different ethnicities and cultural backgrounds. During the rotation, students will also gain basic expertise in suturing, interpretation of clinical labs, EKGs, and chest films.

PM 735 Second Year Radiology Rotation (1 unit)  
In this three-month rotation, students spend four hours each week in a small group setting interpreting normal plain film radiographs, normal MRI studies and ultrasounds of the foot and ankle under direct supervision of an attending podiatrist. Upon completion of this rotation, the student will be prepared to begin their third year radiology rotation (DPM 762).

PM 781 Second Year Simulation Center Rotation (.5 unit)  
The second year Simulation Center Rotation, taught within the Health Sciences Simulation Center (HSSC) facility, is a 4 week course that uses a variety of simulation-based learning techniques in a small group setting. Topics covered include patient evaluation, medical emergencies, operating room protocol, and interdisciplinary collaboration. By the end of this rotation students should have increased confidence working in an operating room environment, increased confidence interacting with patients and other health care professionals and should have more confidence when starting their third-year clinical rotations.

PM 733 Second Year Medicine Rotation (.5 unit)  
This rotation is designed to prepare podiatric medical students for general medicine and emergency medicine clinics. Students are taught how to perform a complete history and physical. This rotation takes place in a state of the art physical diagnosis laboratory. After completion of this rotation, students are able to perform a full history and physical exam and develop a differential diagnosis.

PM 773 Second Year Biomechanics Workshop (1 unit)  
A series of seven 8-hour workshops and demonstrations designed to develop the necessary skills that will allow students to apply the concepts of lower extremity biomechanics to orthotic therapy. Students will perform arthrometric examinations, under faculty supervision, as well as participate in gait evaluations. Students will be required to develop the skills necessary to take an accurate non-weight bearing and semi-weight bearing negative cast. Included in this course are two sessions at a professional orthotic laboratory where the student will participate in the various stages of production of their own functional orthotic. Included are workshops on orthotic prescription writing, orthotic evaluation and orthotic troubleshooting.

PM 748 Neuromechanical Bases of Posture, Balance, and Gait (2 units)  
Students in this course will investigate the neurological, biomechanical, and motor control aspects of three fundamental human movement skills: posture, balance, and gait. Emphasis will be placed on understanding how sensorimotor integration occurs in healthy individuals during these tasks, and how dysfunctions typically manifest themselves. Students will spend the majority of class time in hands-on sessions in the Motion Analysis Research Center working in interdisciplinary teams to learn how to apply research tools and techniques to answer clinical questions related to posture, balance, and gait. In addition,

students will be encouraged to explore ways to translate what they learn in this course to real-life, clinic-based situations. Prerequisites: PM 770

PM 760 Third-Year Highland General Hospital Rotation (2.5 units)

This two-month third-year rotation provides an advanced opportunity for students to evaluate and treat a variety of patients and pathologies in a busy urban podiatric medicine clinic. During this rotation, students will also spend two half-days each week in the third-year radiology rotation (PM-762).

PM 762 Third Year Radiology Rotation (1 unit)

During this two-month, small-group rotation, students will become more proficient at reading, identifying, and interpreting foot and ankle pathology on plain film radiographs, MRIs, CT scans and diagnostic ultrasound images.

PM 794 Third Year Biomechanics and Sports Medicine Rotation (2 units)

This one-month, third year clinical rotation focuses on treating patients with lower extremity pathology that is mechanical in origin. The overall goal is to improve student proficiency in gait analysis, musculoskeletal evaluation of the foot and ankle and treatment using orthotic devices. In addition, this rotation is designed to capture the excitement and challenges presented in treating sports medicine related injuries. Emphasis will be placed on clinical recognition, detection, and conservative treatment so that the athlete can safely return to their sport as soon as possible. Upon completion of this rotation, students will be better prepared for their 4<sup>th</sup> year clerkships.

PM 759 Third Year Diabetic Wound Care Rotation (4 units)

Presented as a two-month rotation in the third year, students will see patients in several wound care clinical settings. Students learn and use the most appropriate and up-to-date evaluation and treatment modalities for a patient population at high risk for amputation. There is an emphasis on student initiative in increasing their knowledge base by outside readings, journal club, and student presentations.

PM 741 Third Year Medicine Rotation (3 units)

The third year Medicine rotation, taught within the Health Sciences Simulation Center (HSSC) facility, is a 4 week course (16 sessions) that uses a variety of simulation-based learning techniques in a small group setting. Each session covers different clinical scenarios, which use simulated patients (both actors and mannequins) followed by small-group debriefing. Task simulators are also used to gain proficiency in fundamental medical procedures.

PM 761 Third Year Private Office Clerkship (2 units)

During this one-month assignment students experience the full scope of a private office, i.e. palliation, biomechanics, office surgery and hospital surgery. Students also gain an understanding of patient flow in a private office and the importance

of good relationships between a private practitioner and patients. The private office clerkship helps students appreciate the complexities of the business operations of a private practice.

PM 796 Third Year Surgery Rotation (7.5 units)

This three month 3<sup>rd</sup> year student rotation is held at St. Mary's Medical Center in San Francisco. During the 3 months students function in the operating room scrubbing on podiatric, vascular and general surgery cases as well as working with residents and faculty in the management of patients on an outpatient and inpatient basis. When not in the operating room, the students will function in a private office setting learning how to properly evaluate patients preoperatively and postoperatively as well as providing regular podiatric care.

PM 799 (48 units)

During the fourth year, students have the opportunity to base their clinical training at one of several affiliated medical centers. These include: CSPM Core, VA Albuquerque Medical Center, Arizona Maricopa Medical Center, VA Salt Lake City Utah Medical Center, VA Puget Sound Medical Center, and Long Beach Memorial Medical Center. Students receive 4 units of credit for each month they complete a rotation or clerkship assignment. A minimum of 48 units of credit is required to complete the twelve-month fourth year curriculum.

### **Graduation Requirements**

Policy on Taking the Third Year Clinical Rotation Practical Examinations, the Third Year Objective Structured Clinical Examination (OSCE), and the American Podiatric Medical Licensing Examination (APMLE)

As a requirement for graduation from CSPM students are required to satisfactorily complete all of the required courses and clinical rotation assignments, have at least a cumulative grade point average of 2.50, take and pass the Third Year Clinical Rotation Practical Examinations, take and pass the Third Year OSCE examination, take and pass the American Podiatric Medical Licensing Examination (APMLE) Part I examination, and take the APMLE Part II examination

- Students are required to take Part I of the APMLE exam at the first administration of the test in July following the completion of the second year of study.
  - Students will be permitted to take the October APMLE Part I examination if they failed to pass the July test. If a student fails the October APMLE Part I exam, they will be allowed to continue their didactic coursework, providing that they are otherwise academically eligible to continue on at the University. However, they will be required to drop their remaining third year clinical rotation



assignments, once the official results have been received, at the direction of the Associate Dean for Clinical Affairs.

- o If the student subsequently passes the APMLE Part I examination the following July, and is otherwise academically eligible to continue on at the University, the student will be allowed to complete the remaining third year clinical rotation assignments. If a student fails to pass the APMLE Part I examination on the third attempt, the student will be dismissed from the University.
- All Students are required to take and pass the APMLE Part II – Clinical Skills Patient Encounter (CSPE) examination during the fall semester of the final year, and take the APMLE Part II written exam during the first administration of the test in December of the fall semester of the final year at CSPM/SMU.

## Interprofessional Education

Interprofessional education (IPE) is defined as occasions when students from two or more professions learn with, from, and about each other to improve collaborative practice and the outcomes of health care. The goal is to develop health care practitioners who effectively engage in interprofessional collaborative practice to deliver safe, high quality, accessible, patient-centered care from the moment they enter healthcare practice.

IPE is a University-wide effort involving faculty, staff and students from all of the University's academic programs.

Our vision for IPE at SMU is to create “Graduates who bring to life an inclusive, respectful and collaborative approach to person-centered care.” Our IPE mission is to “Provide a learning environment in which interprofessional teaching, practice, service, and research experiences are integrated and valued as key components in the preparation of health science graduates to become engaged and productive healthcare team members.”

During the 2019-2020 academic year, there will be three main categories of Interprofessional Education at Samuel Merritt University (see below). The 2019-2020 academic year will also see the pilot of SMU's new “IPE Passport” system which will help faculty and students develop, offer and track various IPE experiences. For information about the passport or any of the IPE experiences described below, please send an email to [ipe@samuelmerritt.edu](mailto:ipe@samuelmerritt.edu).

### IPE ELECTIVES

*Notes: This pass/fail course is an optional elective course in all academic programs and will only be offered in the fall. The credits earned do not contribute to meeting the degree requirements in any academic program.*

*Student eligibility to enroll is determined by the academic program Chair or Director.*

*Students from other universities will participate in all aspects of the course, and may include medical students from UC San Francisco, psychology students from JFK University, and social work students from UC Berkeley and San Francisco State University.*

### **Interprofessional Team Practice for Error Management (2 Units)** **IPE 100 (Undergraduate), IPE 600 (Master's), IPE 700 (Doctoral)**

In this course, various instructional modalities including simulation- and problem-based learning will be used to demonstrate how an interprofessional

team of health care practitioners can effectively address errors that occur in clinical practice. Students will learn effective interprofessional team communication, how errors occur, how they can be prevented, and how their impact on patients/clients, family caregivers, and health care practitioners can be mitigated.

**Interprofessional Student Hotspotting (2 Units)**

**IPE 101 (Undergraduate), IPE 601 (Master's), IPE 701 (Doctoral)**

The Student Hotspotting program at SMU provides education and support to interprofessional student teams as they connect with patients, learn about the root causes of high healthcare utilization, and share this learning with their peers. Curricular elements include one-day opening and closing events, monthly virtual case conferences, skills labs, and field-building round tables, as well as an asynchronous online short module curriculum and content blasts. Student teams will directly interact with volunteer patients recruited for Student Hotspotting through local clinical sites.

**IPE INTEGRATED IN EXISTING COURSES**

Several academic programs are integrating interprofessional learning experiences in required courses in the curriculum for those programs. These learning experiences are focused on patient safety and communication among the members of the interprofessional team. Students who are enrolled in the courses that are part of this program will be oriented to the program in that course. The student learning outcomes related to IPE for these courses are:

1. Students will apply best practices related to adverse event or sentinel event identification, analysis, reporting, and follow-through.
2. Students will demonstrate the ability to effectively communicate as a member of an interprofessional team to address a specific problem with patient safety.
3. Students will be able to identify their strengths and weaknesses during an interprofessional team approach to adverse events or sentinel events, including interprofessional communication, and develop a plan for improvement.
4. Students will exhibit a patient-centered approach to care throughout the experience of addressing patient safety, including a perspective on the patients' and their care-givers' values, culture and beliefs

Courses by Program and Content for IPE on Patient Safety and Interprofessional Communication

	ELMSN Pre-licensure	MPA	MOT/OTD	DPT
<b>Patient Safety</b>				
Course	NURSG 500	PA 660	OCCTH 611/OCCTH 711	PHYTH 710
<b>Communication</b>				
Course	NURSG 560/NURSG 594L	PA 617	OCCTH 617/OCCTH 717	PHYTH 743
<b>Simulation</b>				
Course	NURSG 546L	PA 660	OCCTH 617/OCCTH 717	PHYTH 743

There are other courses that offer interprofessional learning experiences as part of that course. For example, BSN and PA students participate in a simulation experience in the Health Sciences Simulation Center during MPA 629.

## **IPE CO-CURRICULAR ACTIVITIES**

### **Annual Holistic Health Fair at Allen Temple Baptist Church**

Every year, close to 100 SMU volunteers representing every academic program come together to learn from, with and about each other and the underserved population of East Oakland. Through collaboration and teamwork, students and faculty provide a host of screening, education and referral services to vulnerable populations experiencing significant health disparities.

### **Institute for Healthcare Improvement (IHI) Open School Chapter**

The Institute for Healthcare Improvement (IHI) Open School Chapter at Samuel Merritt University is a face-to-face, interprofessional group that brings students from all of the University's programs together through a shared interest in learning about quality improvement and improving care for patients. The Chapter offers a forum for like-minded students to interact and help each other gain skills to improve care.

The [IHI Open School Chapter](#) provides opportunities for students to learn, network with peers, connect with faculty who have similar interests, get involved with community service, and accomplish scholarly activities such as publishing and presenting work.

# **ADMISSION POLICIES**

## **GENERAL INFORMATION**

Samuel Merritt University welcomes applications from those who are likely to benefit from its rigorous academic programs and who seek an environment which is conducive to intellectual, professional, and personal development. In particular, the University seeks students of diverse backgrounds who have the potential to become competent, compassionate, and contributing health care professionals. Admission decisions are made on the basis of an assessment of the student's previous academic record and personal achievements, national test scores (if applicable), letters of recommendation, personal essays, interviews (if applicable), and the likelihood of success in the academic program.

Admission decisions issued by the University are final.

## **Special Status**

It is possible for students not seeking a degree from Samuel Merritt University to take a class as a Special Status Student. A brief application is available online and should be submitted to the Office of Admission along with a non-refundable application fee. Enrollment is subject to class availability and this information generally is not available until just before the start of the term. If the course involves a clinical assignment, there may be some special requirements such as a criminal background check (See Background Check Policy), health insurance, immunization records, and a physical examination.

## **Computer Requirements & Computer Literacy**

Samuel Merritt University faculty and staff routinely distribute important and official documents via computer. All undergraduate and graduate students are expected to have basic computer word processing skills before enrollment. In addition, courses use the web-based Canvas program for enhancing or delivering course content. Thus, all students, upon admission, must have access to a personal computer that meets the University standard for software and electronic communication, and have basic computer skills before enrollment. The list of University standards for hardware and software is available on the website.

## **Criminal Background Check**

A criminal background check is required of all incoming students (see Background Check Policy). Information on the background checks is sent to accepted students in the admission acceptance packet. The cost of the background check is the responsibility of the incoming student.

## **Drug Screen**

A drug screen may be required of incoming students (Refer to Drug Screen Policy). Information on the drug screen is sent to incoming students in the

admission acceptance packet when a drug screen is required. The cost of the drug screen is the responsibility of the incoming student.

### **Receipt of Official Transcripts**

All accepted and deposited students are responsible for submitting official transcripts from all previous colleges/universities attended in the time frame requested by the Office of Admission. Failure to do so will result in an admission hold which will preclude future course registration. The academic department may also be notified of failure to comply and class attendance may be restricted. It is the responsibility of the student to make sure all official transcripts are received by the Office of Admission.

### **International Students**

This school is authorized under Federal law to enroll nonimmigrant students.

### **International Transcripts**

All international academic transcripts must be evaluated by a U.S. evaluation service that is a member of the National Association of Credential Evaluations Services (NACES) for degree, course content, semester unit equivalencies, and science and cumulative GPAs prior to the application deadline. Information on NACES may be found at [www.naces.org](http://www.naces.org).

For those applying to the MPA program, see special requirements.

### **Financial Assistance - International Students**

There is no financial aid available for international students and a certification of finances verifying the ability to provide for the costs associated with the chosen course of study must be provided by all accepted applicants.

### **Advising – International Students**

Samuel Merritt University does not maintain an international Student Advisor/Office, and while we are willing to work together with international students with questions related to studying in the United States, there are limitations to both our knowledge and our ability to be of assistance.

### **Required Standardized Tests**

At this time, no standardized tests are required of applicants to the Master Physician Assistant, Master of Occupational Therapy, or Doctor of Nursing Practice programs.

### **HESI Admission Assessment (A2)**

The HESI A2 is required of all applicants to the BSN, ABSN, and ELMSN programs. The A2 is used in the admission decision process and must be taken before the deadline of the program for which you are applying and the results must be available at the time of application submission. The A2 may only be

taken twice and the highest scores will be considered during the admission review.

### **Graduate Record Examination (GRE)**

The Graduate Record Examination (GRE) is required of applicants to the Master of Science in Nursing-CRNA programs. The GRE is used in the admission decision process and must be taken before the application deadline and the results must be available at the time of application review.

### **Medical College Admission Test (MCAT)**

The MCAT is required for admission into the School of Podiatric Medicine. Please refer, in the subsequent section, DOCTOR of PODIATRIC MEDICINE, for details regarding this requirement.

### **Test of English as a Foreign Language (TOEFL) Requirement**

It is the responsibility of the University to make sure that all students, regardless of academic background and country of citizenship, have a thorough command of the English language prior to entering our programs.

If the TOEFL is required, a minimum internet based test (iBT) score of 100, with a speaking score of 26, is required for those applying to BSN, ABSN and ELMSN programs. A minimum TOEFL score of 100 (internet based test) is required for those applying to all other programs. Applicants to the DPM program must complete the Test of Spoken English (TSE) in addition to the TOEFL. This is an admission requirement.

TOEFL is required of all international medical school graduates who are applying to the MPA program.

#### **For More Information**

Please visit our website for additional information on our academic programs, financial aid opportunities and campus visit opportunities.

Office of Admission  
Samuel Merritt University  
3100 Telegraph Avenue, Suite 1000  
Oakland, California 94609  
510-879-9200 or 800-607-6377

## **BACHELOR OF SCIENCE IN NURSING**

### **DIRECT ADMISSION OPTION - TRANSFER STUDENTS**

Samuel Merritt University admits transfer students in fall and spring. The admission is as a first semester junior and it will take 4 semesters to complete the program.

## Admission and Prerequisite Information – Transfer Students

To be considered for admission, prospective students must meet the following criteria:

- A minimum of 66 semester units of transferable work, including all prerequisites by the time of entry into the program.
- While there are no minimum GPAs required for admission, it is strongly recommended that applicants have a 3.0 or higher on prerequisite courses.
- At least one term with a minimum of 9 semester or 14 quarter units of academic courses completed in the past two years with a GPA for the term of 2.50 or better.
- The HESI A2 is used in the admission decision process and must be taken before the deadline and the results must be available at the time of application review.
- If the TOEFL is required, a minimum internet based test (iBT) score of 100, with a speaking score of 26, is required.
- Letter of reference
- If you have attended a nursing program at another college or university, a statement explaining your reasons for seeking a transfer will be required. Additionally, a letter from the dean or director of your nursing program indicating that you are in good standing and eligible for continued enrollment in the nursing program will be required. A student who has been dismissed or academically disqualified from another institution and who cannot gain readmission to that institution will not be admitted to Samuel Merritt University.
- All prerequisites must be in progress or planned at the time of application and must be completed before the program starts. It is not possible to complete any prerequisites concurrently with the BSN program. The following prerequisites must be completed with a “C” or better:
  - Human Anatomy with Lab
  - Human Physiology with Lab
  - Microbiology with Lab
  - Chemistry with Lab (minimum of 4 semester units; biochemistry content preferred but not required)
  - English Composition (equivalent to English 1A)
  - English Literature/Critical Thinking (equivalent to English 1B or English 1C)
  - Interpersonal Communication (a public speaking course is not acceptable)
  - General Sociology or Cultural Anthropology
  - General Psychology
  - Statistics
  - Life Span Developmental Psychology (content to include birth through death)



- Nutrition
- Fine Arts (Theory) Class (example: Art History or History of Music; not painting or piano)
- Introduction to Philosophy, Ethics or Bioethics (one class only)
- 1 Humanities elective (example: Humanities course, religious studies, foreign language, theory courses in art, music or theatre, or an additional philosophy course)
  - American History (any time period)
  - Modern World History (1865 to Present)
- Course in Diversity/Ethnic Studies (culture, race, ethnicity; no specific department required)
- College Algebra is a prerequisite. Students must achieve a grade of “B” or higher to be considered for admission. BSN students may be exempt from the Algebra requirement if condition A and B are met:
  - One of the following must be met:
    - Completion of AP math in high school AND a score of 3 or higher on the AP exam
    - Score of 600 or greater on the SAT Math, OR
    - Score of 26 or greater on the ACT Math.
  - AP math, SAT or ACT must have been completed within four years of program start date at SMU. If more than four years have lapsed, then college algebra must be taken, and a grade of “B” must be achieved to be considered for admission.
- Technical standards as described in the program specific brochure and/or the website.

### LVN Entry

Entry for Licensed Vocational Nurses (LVNs) is available in fall and spring each year. LVNs have two entry options: the baccalaureate nursing program or the 30-unit option. LVNs applying for admission to the Bachelor of Science in Nursing Program must meet regular admission requirements.

LVNs may also apply for the 30-unit option plan. The 30-unit option is designed to enable the LVN student to meet requirements to sit for the Registered Nurse licensure examination in California. Possession of a current valid vocational nurse license from the state of California and completion of human physiology and microbiology are required for admission; LVNs in the 30-unit option do not have to meet the regular admission requirements of the BSN program. The LVN student who completes the 30-unit option does not receive a degree and is not considered a graduate of the University. All applicants for the 30-unit option are admitted on a space-available basis.

## The 30-Unit Option for RN Licensure

### General Education:

Microbiology with lab	3.5 units (3 units theory, 0.5 unit lab)
Human Physiology with lab	3.5 units (3 units theory, 0.5 unit lab)

### Nursing Courses to be Completed: (See BSN for course descriptions)

Nursing 129 Mental Health	5 units (2 units theory, 3 units lab)
Nursing 136 Managing Care of Adults II	5 units (2 units theory, 3 units clinical)
Nursing 144 Reproductive Health	5 units* (3 units theory, 2 units lab)
Nursing 154 Nursing Care of Infants, Children and Youth	5 units (2 units theory, 3 units clinical)
Nursing 160 Nursing Leadership, Management & Health Policy	2 units* (3 units theory)

\*By special arrangement with the faculty.

### Advanced Placement – BSN Program

Advanced placement options are designed to facilitate the admission of students to advanced standing. Advanced standing is granted in accordance with University policies and in compliance with state regulations and regional and professional accreditation standards.

Applicants with previous education and/or experience in nursing or other healthcare fields are eligible for advanced placement.

These mechanisms for advanced-placement credit are available:

- Transfer Credit is available to applicants who have completed work at a regionally accredited institution. Individual assessment determines the comparability of course(s). Repetition of science courses taken more than five years previously may be required.
- Credit by challenge examination is a process designed to evaluate knowledge and skill achieved through previous education and/or work experience which cannot be documented through evaluation for transfer credit.

The challenge examination process for individual courses includes a theory and, when indicated, a clinical/laboratory component. Courses may be challenged only once. A student cannot challenge a course which s/he previously completed unsuccessfully. The minimum passing grade is a "C-."

Audit, transfer, and challenge courses may not be used to satisfy the residence requirement.

The units and grades earned as a result of successful challenge shall be recorded on the official transcript. Unsuccessful challenge results are not recorded. Enrolled students must be in good academic standing in order to be eligible for credit by challenge examination.

## **Application Procedures**

### *Direct Admission for Transfer Students*

Applications for the BSN program are accepted using the Centralized Application Service for Nursing Programs (NursingCAS), which can be found online at [www.nursingcas.org](http://www.nursingcas.org).

### *30 Unit and LVN Entry*

See the Samuel Merritt University website, [www.samuelmerritt.edu](http://www.samuelmerritt.edu), to obtain an application for admission.

### *Selection Criteria*

Selection criteria for consideration of admission to the BSN program include, but are not limited to, prerequisite grade point average, science prerequisite GPA, prerequisite coursework completed, HESI A2 score, letter of recommendation, the writing sample provided in the application essay, leadership experience, community service activities, and volunteer or paid experience in a health care environment.

### *Enrollment Eligibility*

Selection for admission is an administrative decision based on a review of the applicant competitiveness when compared to the entire applicant pool, qualifications, and compliance with general admission policies. Final admission is contingent upon:

- Receipt of all required official documents
- Compliance with other requirements as specified in the acceptance letter
- Receipt of a tuition deposit in the amount of \$350
- Criminal background check (See “Background Check Policy”)
- Drug Screen (See “Drug Screen Policy”)
- American Heart Association Basic Life Support (BLS) for the Healthcare Provider CPR certificate

When all provisions of acceptance are met, the applicant is eligible for enrollment.

### **Health Record Compliance**

Registered Nurses are committed to the promotion of health, the prevention of illness and adhering to those principles and practices that promote safety and wellbeing for their patients and themselves. Therefore, the following policies are in accordance with the California Department of Health, Centers for Disease Control's Recommendations for Immunization for Health-Care Workers (MMWR-12/26/97/46(RR-18);(1-42) and the various clinical agencies affiliated with Samuel Merritt University.

### **Incoming Students**

All incoming students are expected to provide validated proof of compliance with all health records and all related requirements for admission as outlined in the University *Catalog* and pre-admission materials, and as outlined by Student Health (approximately six weeks in advance of the start of term).

Applicants who do not fulfill all of these requirements on the day of orientation will be considered to have relinquished their place in the class.

### **Applicants who are on a wait list**

To ensure the ability to move from waitlist to active status, applicants will be expected to abide by the policy above; that is, they are expected to provide validated proof of compliance with all health records and all related requirements for admission. If the applicant is unable to comply, she/he will forfeit their place in the class.

### **ACCELERATED BACHELOR OF SCIENCE IN NURSING**

The ABSN is designed for someone who has a bachelor's degree in a non-nursing field. The ABSN will be completed in 12 months of intensive nursing theory courses and clinical education. The ABSN program is offered on the Oakland campus, the Sacramento campus, and at the San Francisco Peninsula campus in San Mateo.

### **Admission Requirements**

- Ability to complete baccalaureate and all prerequisites within the specified time frame for each campus.
- While there are no minimum GPAs required for admission, it is strongly recommended that applicants have a 3.0 or higher on the last 60 semester or 90 quarter units and on the science prerequisites
- If the TOEFL is required, a minimum internet based test (iBT) score of 100, with a speaking score of 26, is required for those applying to BSN, ABSN and ELMSN programs.
- Letters of reference
- The HESI A2 is required of all applicants to the ABSN program. The HESI A2 is used in the admission decision process and must be taken before the

deadline of the program for which you are applying and the results must be available at the time of application review.

- If you have attended a nursing program at another college or university, a statement explaining your reasons for seeking a transfer will be required. Additionally, a letter from the Dean or Director of your nursing program indicating that you are in good standing eligible for continued enrollment in the nursing program will be required. A student who has been dismissed or academically disqualified from another institution and who cannot gain readmission to that institution will not be admitted to Samuel Merritt University.
- Technical standards as described in the program specific brochure and/or the website.

### **Prerequisite Courses**

The following prerequisites (semester units) must be completed with a "C" or better. The time frame within which prerequisites must be completed varies by campus location. All prerequisites must be completed prior to the beginning of the ABSN program.

English Composition/English Literature	6 semester units
Interpersonal Communication (a public speaking course is not acceptable)	3 semester units
General Sociology or Cultural Anthropology	3 semester units
Social Science Elective	3 semester units
Statistics	3 semester units
Human Anatomy with lab	4 semester units
Human Physiology with lab	4 semester units
Chemistry with lab	4 semester units
Microbiology with lab	4 semester units
Human Development (covering the life span)	3 semester units
Nutrition	3 semester units
*Pharmacology	2-3 semester units
*Pathophysiology	2-3 semester units

\*Courses must be from an approved list provided on the website.

### **Selection Criteria**

Selection criteria for consideration of admission to the ABSN program include, but are not limited to, prerequisite grade point average, science prerequisite GPA, prerequisite coursework completed, HESI A2 score, letters of recommendation, the writing sample provided in the application essay, leadership experience, community service activities, and volunteer or paid experience in a healthcare environment.

## **Application Procedures**

Applications for the ABSN program are accepted using the Centralized Application Service for Nursing Programs (NursingCAS), which can be found online at [www.nursingcas.org](http://www.nursingcas.org).

### **Enrollment Eligibility**

Selection for admission is an administrative decision based on a comprehensive assessment of likelihood of success in the ABSN program, congruency of the student's educational background with program goals and resources, and enrollment capacity. While student preference for a particular campus location is considered, it is not guaranteed, and final decision of assignment of campus locations lies with Samuel Merritt University.

Final admission is contingent upon:

- Receipt of all required official documents
- Compliance with other requirements as specified in the acceptance letter
- Receipt of a tuition deposit in the amount of \$350
- American Heart Association Basic Life Support-Health Care Provider CPR certificate
- Criminal background check. (See "Background Check Policy", page XXX)
- Drug Screen (See "Drug Screen Policy", page XXX)

When all provisions of acceptance are met, the applicant is eligible for enrollment.

### **Health Record Compliance**

Registered Nurses are committed to the promotion of health, the prevention of illness and adhering to those principles and practices that promote safety and wellbeing for their patients and themselves. Therefore, the following policies are in accordance with the California Department of Health, Centers for Disease Control's Recommendations for Immunization for Health-Care Workers (MMWR-12/26/97/46(RR-18);(1-42) and the various clinical agencies affiliated with Samuel Merritt University.

### **Incoming Students**

All incoming students are expected to provide validated proof of compliance with all health records and all related requirements for admission as outlined in the University *Catalog* and pre-admission materials, and as outlined by Student Health (approximately six weeks in advance of the start of term).

Applicants who do not fulfill all of these requirements on the day of orientation will be considered to have relinquished their place in the class.

### **Applicants who are on a wait list**

To ensure the ability to move from waitlist to active status, applicants will be expected to abide by the policy above; that is, they are expected to provide validated proof of compliance with all health records and all related requirements for admission. If the applicant is unable to comply, she/he will forfeit their place in the class.

### **RN to BSN**

The RN to BSN program is designed to help working RNs obtain their Bachelor of Science in Nursing. The RN to BSN program will be completed in 20 months of part-time study.

### **Admission Requirements**

- An associate degree in nursing from an accredited college or university
- 70 semester units of transferable coursework
- A minimum recommended GPA of 2.5 on a 4-point scale
- A current, unencumbered California RN license
- Currently employed as a registered nurse
- Two letters of recommendation attesting to clinical expertise and readiness to enroll in an RN to BSN program

### **Application Procedures**

Applications for the RN to BSN program are accepted using the Centralized Application Service for Nursing Programs (NursingCAS), which can be found online at [www.nursingcas.org](http://www.nursingcas.org).

### **Enrollment Eligibility**

Selection for admission is an administrative decision based on a comprehensive assessment of likelihood of success in the RN to BSN program, congruency of the student's educational background with the program goals and resources, and enrollment capacity. While students preference for a particular campus location is considered, it is not guaranteed, and final decision of assignment of campus location lies with Samuel Merritt University.

Final admission is contingent upon:

- Receipt of all required official documents
- Compliance with other requirements as specified in the acceptance letter
- Receipt of a tuition deposit in the amount of \$350
- American Heart Association Basic Life Support-Health Care Provider CPR certificate
- Criminal background check (see "Background Check Policy")
- Drug Screen (see "Drug Screen Policy")

When all provisions of acceptance are met, the applicant is eligible for enrollment.

### **Health Record Compliance**

Registered Nurses are committed to the promotion of health, the prevention of illness and adhering to those principles and practices that promote safety and wellbeing for their patients and themselves. Therefore, the following policies are in accordance with the California Department of Health, Centers for Disease Control's recommendations for Immunization for Health-Care Workers (MMWR-12/26/97/46(RR-18);(1-42) and the various clinical agencies affiliated with Samuel Merritt University.

### **Incoming Students**

All incoming students are expected to provide validated proof of compliance with all health records and all related requirements for admission as outlined in the University Catalog and pre-admission materials, and as outlined by Student Health (approximately six weeks in advance of the start of term). Applicants who do not fulfill all of these requirements on the day of orientation will be considered to have relinquished their place in the class.

### **Applicants who are on a Wait List**

To ensure the ability to move from waitlist to active status, applicants will be expected to abide by the policy above; that is, they are expected to provide validated proof of compliance with all health records and all related requirements for admission. If the applicant is unable to comply, she/he will forfeit their place in the class.

### **MASTER OF SCIENCE IN NURSING**

The Master of Science in Nursing offers an entry-level program and three post-professional options. The entry-level program is designed for those who have a baccalaureate in a non-nursing field and who are not registered nurses. There are three clinical options that provide the registered nurse who has a baccalaureate (usually in nursing) with advanced skills: nurse anesthesia (CRNA), family nurse practitioner (FNP), and case management.

The following master's degrees are offered on the Oakland campus and at the Sacramento Campus:

ELMSN – Case Management

ELMSN – FNP

Post Professional MSN – Case Management

Post Professional-FNP Certificate

### **Admission Requirements - ELMSN**



- Completion of a baccalaureate in a non-nursing field by the time of entry. It is highly recommended that both the baccalaureate and prerequisites are completed at a regionally accredited college.
- Completion of all prerequisites in the specified time frame.
- It is strongly recommended that applicants have a 3.0 or higher on the last 60 semester or 90 quarter units and on the science prerequisites.
- The HESI A2 is required of all applicants to the ELMSN program. The HESI A2 is used in the admission decision process and must be taken before the deadline of the program for which you are applying and the results must be available at the time of application review.
- Basic computer word-processing skills.
- Two letters of reference are required. References should address academic preparedness for graduate study and potential as a nurse. Applicants should seek letters of reference from: health care professionals strongly preferred (not relatives), who know you well through volunteer or paid work experiences, current or previous professors, a person in a supervisory position at current or previous places of employment.
- If the TOEFL is required, a minimum internet based test (iBT) score of 100, with a speaking score of 26, is required for those applying to BSN, ABSN and ELMSN programs.
- Technical standards as described in the program specific brochure and/or the website.

If you have attended a nursing program at another college or university, a statement explaining your reasons for seeking a transfer will be required. Additionally, a letter from the Dean or Director of your nursing program indicating that you are in good standing and eligible for continued enrollment in the nursing program will be required. A student who has been dismissed or academically disqualified from another institution and who cannot gain readmission to that institution will not be admitted to Samuel Merritt University.

#### Prerequisite Courses - ELMSN

English Composition/English Literature	6 semester units
Interpersonal Communication (a public speaking course is not acceptable)	3 semester units
General Sociology or Cultural Anthropology	3 semester units
Social Science Elective	3 semester units
Statistics	3 semester units
Human Anatomy with lab	4 semester units
Human Physiology with lab	4 semester units
Chemistry with lab	4 semester units
Microbiology with lab	4 semester units
Human Development (covering the life span)	3 semester units
Nutrition	3 semester units

## **Application Procedures**

Applications for the ELMSN program are accepted using the Centralized Application Service for Nursing Programs (NursingCAS), which can be found online at [www.nursingcas.org](http://www.nursingcas.org).

### **Enrollment Eligibility**

Selection for admission is an administrative decision based on a comprehensive assessment of likelihood of success in the ELMSN program, congruency of the student's educational background with program goals and resources, and enrollment capacity. Final admission is contingent upon:

- Receipt of all required official documents
- Successful completion of an interview
- Compliance with other requirements as specified in the acceptance letter
- Receipt of a tuition deposit in the amount of \$350
- Basic Life Support-Health Care Provider CPR certificate
- Criminal background check (See "Background Check Policy", page XXX)
- Drug Screen (See "Drug Screen Policy", page XXX)

When all provisions of acceptance are met, the applicant is eligible for enrollment.

### **MS Nursing Post-Professional Admission Requirements**

#### **ADMISSION REQUIREMENTS – POST-PROFESSIONAL MS NURSING**

Applicants must meet the following requirements in order to receive consideration for admission to an advanced MSN program:

1. A baccalaureate in nursing from a nationally accredited program. RNs with degrees in other fields will be evaluated individually and additional coursework may be required.
2. Current unencumbered RN license in state of residence
3. Official transcripts of all previous academic and professional coursework completed or in progress prior to admission.
4. Evidence of recent experience in clinical practice as a registered nurse, if applicable.
5. Goal statement that clearly articulates the academic and career goals of the applicant.
6. Two letters of reference attesting to clinical expertise and academic preparedness for graduate study.
7. Satisfactory completion of a personal interview.
8. Minimum TOEFL score of 100 (internet based test) as applicable.
9. Successful completion ("C" or above) of a statistics course.
10. Technical standards as described in the program specific brochure and/or the website.

Criteria for interview will be based upon the above criteria, quality and presentation of application materials, quality and professionalism of communication with the Office of Admission and program during the application process and a well communicated understanding of the advanced practice role.

#### FNP Applicants

The Family Nurse Practitioner (FNP) program is a rigorous graduate academic program which prepares advanced practice registered nurses to work autonomously or in collaboration with other healthcare professionals to provide family-focused primary care. Students who complete the program full-time following the full-time course sequence have the highest probability of successful program completion and board certification. In an effort to support student success including successful program progression and completion, and post-program board certification, students who request to enter the program part-time will be limited to 10% or less of any cohort. Students who enter as full time and wish to decelerate to part time are permitted at the discretion of the FNP Program Chair or Graduate Assoc. Dean. Any student admitted as part time must complete their program by the end of 2024.

#### CRNA Applicants

The following requirements are in addition to those listed under Post-Professional MS Nursing Admission Requirements:

- Minimum cumulative grade point average of 3.0 (all college course work); minimum 3.0 grade point average for the last 60 semester or 90 quarter units of academic coursework taken.
- Evidence of experience in clinical practice as a registered nurse, with a minimum of 12 months of intensive care experience, within the last 5 years, at the time of the interview. Two to three years of ICU nursing experience is preferred. Practice areas that are considered critical care include: surgical intensive care units (including trauma, post-cardiovascular surgery and neurosurgical specialty units), medical intensive care units, pediatric and neonatal intensive care units. Emergency room and PACU do not fulfill the ICU experience requirement.
- ACLS and PALS Certification.
- CCRN certification highly recommended.
- Current unencumbered California RN license available by new student orientation.

- Introductory physics is highly recommended.
- A combined GRE score on the new, revised exam of 290 is required. GRE scores must be taken within five years of the application. The older GRE scaled scores not accepted.
- Chemistry: successful completion of six to eight semester units of University chemistry. One chemistry course should include inorganic chemistry; the additional chemistry course should include content in either organic chemistry or biochemistry.
- Completion of a 1-2 day clinical observation experience with a CRNA is required prior to the interview.
- A written goal statement that clearly articulates your academic and professional preparedness for the program, and your desire and preparedness to become a CRNA.
- Three letters of recommendation are required. It is preferred that one letter be from applicant's ICU manager who can speak to the applicant's critical care expertise and critical thinking. The other two letters may be from the following persons: a CRNA who can speak to the applicant's preparedness for the career and address clinical expertise; colleague who can readily assess current levels of clinical expertise; an instructor who can speak to the applicant's academic preparedness for graduate study.

#### Admission Policies:

- A. Selection of candidates for interview will be based on criteria listed above, quality and presentation of application material, quality and professionalism of communication with the program during the application process and an informed understanding about the role of a CRNA.
- B. Faculty reserves the right to interview and accept qualified students at any time after the University priority application deadline of November 1.

#### **Application Procedures**

Applications for the MSN programs are accepted using the Centralized Application Service for Nursing Programs (NursingCAS), which can be found online at [www.nursingcas.org](http://www.nursingcas.org).

#### Enrollment Eligibility for Post-Professional Program Applicants

Selection for admission is an administrative decision based on a comprehensive assessment of likelihood of success in the MSN program, congruency of the student's background and experience with program goals and resources, and enrollment capacity. Final admission is contingent upon:

- Receipt of all required official documents

- Successful completion of an interview
- Compliance with other requirements as specified in the acceptance letter
- Receipt of a tuition deposit in the amount of \$350
- Criminal background check (See “Background Check Policy”)
- Drug Screen (See “Drug Screen Policy”)

When all provisions of acceptance are met, the applicant is eligible for enrollment. Final selection for admission is an administrative decision.

## **DOCTOR OF NURSING PRACTICE**

The Doctor of Nursing Practice (DNP) program at Samuel Merritt University (SMU) prepares students to practice at the highest level of advanced nursing practice, demonstrating leadership in a clinical or organizational specialty area, as well as a commitment to improving health care outcomes via practice, policy change, and practice scholarship.

### **Post-MSN DNP**

The post-MSN DNP program is designed for advanced practice nurses (nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists) and nurses in organizational leadership positions who have a Master of Science in Nursing degree. The program is designed to accommodate students who desire to continue working full or part time while pursuing doctoral study. Students are admitted to the DNP program as a cohort and are strongly advised to progress sequentially through the courses designated in each of the six semesters.

### **Admission Requirements**

To be considered for admission, applicants must meet the following criteria:

- Master of Science in Nursing (Master’s degrees in other health-related fields along with a BSN will be evaluated on a case-by-case basis.)
- Current RN licensure in state of residence
- Minimum GPA of 3.0 or higher on MSN coursework
- The need for a TOEFL will be assessed based on information provided by applicants on the application for admission. If required, a minimum score of 100 (Internet Based Test), with a speaking score of 26, must be achieved and official score results must be provided.
- A college or university level Statistics course must have been completed within the past three years with a grade of “B” or higher.
- Receipt of three letters of recommendation.
- Technical standards as described in the program specific brochure and/or the website.

## **Post-BSN FNP-DNP**

The post-Baccalaureate FNP-DNP program is designed to be a full-time academic program. FNP coursework is offered using a hybrid format (combination of face-to-face and online).

### **Admission Requirements**

To be considered for admission, applicants must meet the following criteria:

- Bachelor of Science in Nursing (bachelor's degrees in other health-related fields will be evaluated on a case-by-case basis.)
- Current RN licensure in state of residence
- Minimum GPA of 3.0 or higher on previous coursework
- The need for a TOEFL will be assessed based on information provided by applicants on the application for admission. If required, a minimum score of 100 (Internet Based Test), with a speaking score of 26, must be achieved and official score results must be provided.
- A college or university level Statistics course must have been completed within the past three years with a grade of "B" or higher.
- Receipt of three letters of recommendation.
- Technical standards as described in the program specific brochure and/or the website.

### **Application Procedures**

Applications for the DNP programs are accepted using the Centralized Application Service for Nursing Programs (NursingCAS), which can be found online at [www.nursingcas.org](http://www.nursingcas.org).

### **Enrollment Eligibility**

Selection for admission is an administrative decision based on a comprehensive assessment of likelihood of success in the DNP program, congruency of the student's educational background with program goals and resources, and enrollment capacity.

Final admission is contingent upon:

- > Receipt of all required official documents
- > Compliance with other requirements as specified in the acceptance letter
- > Receipt of a tuition deposit in the amount of \$350
- > Criminal background check. (See "Background Check Policy", page XXX)

When all provisions of acceptance are met, the applicant is eligible for enrollment.

## **DOCTOR OF OCCUPATIONAL THERAPY**

This professional program consists of three consecutive years (including summers). A six-month internship occurs following the first two years. Classes are held during daytime hours and full-time study is required. The curriculum emphasizes treating the “whole person” while mastering specific skills and practices. Students will have clinical experiences throughout the program and a six-month internship experience.

### **Admission Requirements**

Applications are evaluated and candidates are selected for interview based on the following criteria:

- Baccalaureate must be completed by the end of the spring term prior to entry; Baccalaureate must be from a regionally accredited institution.
- Suggested minimum cumulative grade point average of 3.0 for the last 60 semester units or 90 quarter units.
- Suggested minimum science grade point average of 3.0.
- Completion of prerequisites in the time frame described.
- Evidence of 40 to 70 volunteer hours or work experience that shows knowledge of the occupational therapist’s role and demonstrates maturity of career choice.
- Two letters of reference are required. One should be from a person who has known you in an academic or professional setting. The second recommendation must be from an occupational therapist who has supervised you as a paid or volunteer worker in an active clinical setting. It is highly desirable that both letters of reference be included when the application for admission is submitted. However, if the letter of recommendation from the occupational therapist is not available at the time of application, it must be submitted prior to or at the point of interview.
- Minimum TOEFL score of 100 (internet based test) as applicable
- Technical standards as described in the program specific brochure and/or the website

### **Doctor of Occupational Therapy Prerequisites**

Prerequisites must be completed with a grade of “C-” or higher. The unit value is based on semester units. Unless otherwise specified, all prerequisites must be completed by the end of the spring term prior to the start of the program. Additionally, it is recommended that no more than 2–3 prerequisites be in progress during the spring:

English Composition/Critical Thinking	6 units
General Psychology	3 units
Abnormal Psychology	3 units

Developmental Psychology	3 units
Statistics	3 units
Sociology, Anthropology, Ethnic Studies, or additional Psych course	6 units
*Public Speaking	3 units
**3 Dimensional Skills/Crafts	3 units
***General Biology	3 units
****Basic or Introductory Physics	3 units
*Human Anatomy	3 units
*Human Physiology	3 units

\*While Anatomy and Physiology are highly recommended, but not required, preferential admission will be given to those who have completed one or both of these courses at the time of application. Public speaking is recommended, but not required.

\*\* In lieu of a course, students may submit a portfolio documenting extensive skill and participation in one particular craft area. This prerequisite may be completed during the summer prior to the start of the fall program. Please note the following skills/crafts are **not** acceptable: painting, drawing, graphic design, photography, playing an instrument, and other two dimensional areas.

\*\*\*The required Biology prerequisite must be completed with grade available at the time of application.

\*\*\*\* A basic or introductory Physics course is required. This course may be taken online and does not require a lab. It is preferred to have the Physics course completed prior to the application deadline, but may also be taken fall semester.

### **Application Procedures**

Applications for the Doctor of Occupational Therapy program are accepted using the Centralized Application Service for Occupational Therapy Programs (OTCAS), which can be found online at [www.otcas.org](http://www.otcas.org). Applications for the following fall term are generally available in July. The application deadline is October 1.

### **Enrollment Eligibility**

Selection for admission is an administrative decision. Applicants are evaluated based upon the interview score, an assessment of the student's previous academic record and personal achievements, essays, letters of reference with the application, and the likelihood of success in the academic program. Final admission is contingent upon:

- Receipt of all required official documents
- Successful completion of a required interview
- Compliance with other requirements as specified in the acceptance letter
- Receipt of a tuition deposit of \$350
- Criminal background check (See "Background Check Policy", page XXX)



When all provisions of acceptance are met, the applicant is eligible for enrollment.

## DOCTOR OF PHYSICAL THERAPY

### Admission Requirements

Applications are evaluated and candidates are reviewed based on the following criteria:

- Completion of a baccalaureate and all prerequisites must be completed by the end of the spring term before entry. Baccalaureate and all prerequisites must be completed at a regionally accredited college.
- Minimum cumulative GPA of 3.00 for the last 60 semester units /last 90 quarter units.
- Minimum prerequisite GPA of 3.00.
- 40 hours of physical therapy experience (paid or volunteer) with verification by a physical therapist.
- Two letters of reference; one letter must be submitted by a physical therapist who has supervised you in a physical therapy setting and one letter from a professor (science or non-science).
- Application essay questions.
- Minimum TOEFL score of 100 (internet based) as applicable
- Technical standards as described in the program specific brochure and/or the website.

### Doctor of Physical Therapy Prerequisite Courses

Prerequisites must be completed with a C- or better.

General Psychology	3 semester units
Statistics	3 semester units
Chemistry with lab+	8 semester units or 12 quarter units
Physics with lab+	8 semester units or 12 quarter units
Intro to Biology with lab+#	8 semester units or 12 quarter units
Human Anatomy with lab*	4 semester units or 6 quarter units
Human Physiology with lab*	4 semester units or 6 quarter units

+ Prefer a standard two semester or three quarter course sequence.

# Four semesters or six quarter units must be an Introduction to Biology course and the other four semesters of six quarter units can be fulfilled by Microbiology, Genetics, or other Biology lab classes. Exercise physiology will not fulfill this requirement.

\*Anatomy and physiology must be completed within the last ten (10) years from the time of application to the program.

## **Applying For Admission**

The Doctor of Physical Therapy program participates in the Centralized Application Service for Physical Therapy (PTCAS). Applicants apply online at [www.ptcas.org](http://www.ptcas.org). Applications for the following fall term are generally available in early July. The application deadline for Early Decision is August 15 and the application deadline for regular decision is October 1.

### **Enrollment Eligibility**

Selection for admission is an administrative decision. Applicants are evaluated based upon an assessment of the student's previous academic record and personal achievements, responses to general and school-specific questions in the application, letter(s) of reference in the application, and the likelihood of success in the academic program. Final admission is contingent upon:

- Receipt of all required official documents
- Compliance with other requirements as specified in the acceptance letter
- Receipt of a tuition deposit of \$350
- Criminal background check (See Background Check Policy, page XXX)

When all provisions of acceptance are met, the applicant is eligible for enrollment.

## **MASTER PHYSICIAN ASSISTANT**

The MPA program is offered at the graduate level and leads to an MPA degree. The program is 27 months in length, including four semesters of coursework and three semesters of intense clinical rotations for a total of 89 units.

## **Applying for Admission**

The MPA program at Samuel Merritt University participates in the Centralized Application Service for Physician Assistants (CASPA). Applicants apply online at [www.caspaonline.org](http://www.caspaonline.org). Applications for the upcoming fall are generally available on the CASPA website beginning May 1st. Although CASPA will continue to process applications previously received, no additional applications will be accepted after September 1<sup>st</sup>.

### **Admission Requirements:**

In order to be considered for an interview, applicants must meet the following criteria:

- Completion of a baccalaureate degree from a regionally accredited college or university.
- Completion of all course prerequisites.
- Cumulative all-University GPA of 3.0, as calculated on the CASPA application.
- Overall science GPA of 3.0, as calculated on the CASPA application.
- Health care experience: The MPA program defines health care experience as direct, hands on patient contact. This may be gained through paid and/or

volunteer experience such as an EMT, paramedic, health educator, RN, patient care attendant or nurse's aide, clinic assistant, Peace Corps volunteer or other cross-cultural health care training, technologist, therapist, clinical research coordinator, etc.

- Letters of reference
- Minimum TOEFL score of 100 (internet based test), as applicable
- Technical standards as described in the program specific brochure and/or the website

#### Master Physician Assistant Prerequisite Courses

- Statistics (3 semester units)
- Minimum of 16 semester units of Biological Sciences, including the following courses: Human Anatomy\*, Human Physiology\*, Microbiology\*, Biology elective
- Organic chemistry (4 semester units or 6 quarter units)
- General chemistry or inorganic chemistry (4 semester units or 6 quarter units)

\*Strong preference will be given to those who have completed these courses within the past five years. This recency recommendation is less stringent for those currently working in the healthcare field.

#### **Application Procedures**

Applications for the Physician Assistant program are accepted using the Centralized Application Service for Physician Assistant Programs (CASPA), which can be found online at [www.caspa.org](http://www.caspa.org).

#### Enrollment Eligibility

Selection for admission is an administrative decision. Final admission is contingent upon:

- Receipt of all required official documents
- Successful completion of a required interview
- Compliance with other requirements as specified in the acceptance letter
- Receipt of a tuition deposit in the amount of \$350
- Criminal background check (See "Background Check Policy", page XXX)

When all provisions of acceptance are met, the applicant is eligible for enrollment.

#### International Medical Graduates

International medical graduates and students educated abroad may apply for admission. Regardless of previous professional training and academic degrees earned, Samuel Merritt's MPA curriculum must be completed in its entirety. The TOEFL is required of all international Medical Graduates. All international academic transcripts must be evaluated by a U.S. evaluation service that is a

member of the National Association of Credential Evaluations Services (NACES) for degree, course content, semester unit equivalencies, and science and cumulative GPAs prior to the application deadline. Information on NACES may be found at [www.naces.org](http://www.naces.org). For all applicants educated outside the United States it is strongly recommended that they should complete one semester (15 units) of graduate or undergraduate work at a U.S. college or university. In addition, all other admission requirements must be met.

## DOCTOR OF PODIATRIC MEDICINE

Admission to the University is the result of a competitive selection process. The responsibility of the Admissions and Standards Committee is to select applicants who are best qualified to make a contribution to the public and the profession. The Committee evaluates applicants' suitability for admission by considering academic competence, previous achievements, strong moral characteristics, demonstrated leadership skills, creative abilities, honors and awards, extracurricular activities, experience in health care, likelihood to practice in under-served areas and other non-cognitive factors.

The admission process begins with a preliminary screening of scholastic qualifications, including an applicant's academic credentials, Medical College Admission Test (MCAT) scores and letters of recommendation.

Applicants selected from the preliminary selection process are invited to the University for interviews. Invited applicants must first visit the office of a practicing podiatric physician prior to the interview to learn about the responsibilities of a podiatric medical practitioner and to observe the scope of the practice.

### **Admission Requirements:**

Successful completion of three years of undergraduate pre-professional education at an accredited institution is required for a total of at least 90 semester hours. Nearly all entering students have a baccalaureate or advanced degree.

- Completion of all prerequisites prior to entry.
- Grades and GPAs are used in determining both admission and eligibility for scholarships and are expected to be of the same caliber of other pre-med students applying for admission to medical colleges.
- The need for a TOEFL will be assessed based on information provided by applicants on the application for admission. If required, a minimum score of 100 (internet based test) must be achieved and official score results must be provided. In addition, applicants must take the Test of Spoken English (TSE).

- In addition to other letters of recommendation, one is required from a podiatric physician.
- All applicants must visit the office of a podiatric physician prior to the on-campus interview.
- Please see website for computer literacy information.
- MCAT is required; GRE or DAT will not be accepted. MCAT is used in determining both admission and eligibility for scholarships and should be available at the time of application. The MCAT score used to apply for admission is expected to be of the same caliber of other pre-med students applying for admission to medical colleges. MCAT must have been taken within the past three years.
- Technical standards as described in the program specific brochure and/or the website.

Most matriculated students have had a curriculum that includes three or more courses of the following recommended courses: anatomy, biochemistry, histology, microbiology, and physiology, as well as a spectrum of liberal arts subjects. A combination course such as genetics, embryology, virology, and immunology will also be beneficial.

#### Specific Course Requirements

Course	
General Biology*	8 semester units
General Chemistry* (including content in Inorganic)	8 semester units
Organic Chemistry*	4 semester units
Biochemistry* <sup>o</sup>	4 semester units
Physics*	8 semester units
English/Communication Skills	8 semester units
Liberal Arts electives	12 semester units

\*All science prerequisites require laboratories.

<sup>o</sup>A total of 8 semester units of organic chemistry may be substituted for biochemistry.

▪It is possible that the prerequisite of Biochemistry may shift from a required course to a recommended course.

#### Application Procedure

The DPM program at Samuel Merritt University participates in the central application service of the American Association of Colleges of Podiatric Medicine Application Service (AACPMAS). For an application, contact AACPMAS at [www.aacpm.org](http://www.aacpm.org).

The application filing period extends from the first week of August through June 30 for the next fall entering class. Applications received before April 1st will receive priority consideration, though applications will be accepted after the deadline date on a space available basis. Admission decisions are made on a rolling basis.

All applicants must submit the following:

1. The Medical College Admission Test (MCAT) is required of all applicants. GRE or DAT scores will not be accepted. Test results are valid only for three years. The MCAT is used in determining both admission and eligibility for scholarships and should be available at the time of application. The MCAT score is expected to be of the same caliber as that of other pre-med students applying for admission to medical colleges. The Office of Admission must receive the official MCAT test scores prior to matriculation to the University.

For information regarding the MCAT contact:

MCAT Registration  
American College Testing Service  
Post Office Pox 4056  
Iowa City, IA 52213  
(319) 337-1357

2. Recommendations from a Pre-professional Advisory Committee (or two science faculty members) and one "Proof-of-Visit" letter from a podiatric physician as noted in the Admission Policy Section. Send recommendations to:  
Office of Admission (DPM Program)  
Samuel Merritt University  
3100 Telegraph Avenue, Suite 1000  
Oakland, CA 94609

Applicants are responsible for submitting appropriate materials including official transcripts from all colleges attended and standardized test score results to the Office of Admission. Applications are considered on a continuing basis, and applicants are notified of admission decisions after all required materials are received and evaluated.

#### Enrollment Eligibility

Selection for admission is an administrative decision. Applicants are evaluated based upon the interview score, an assessment of the student's previous academic record and personal achievements, MCAT scores, essays, letter(s) of reference in the application, and the likelihood of success in the academic program. Final admission is contingent upon:

- Receipt of all required official documents

- Successful completion of a required interview
- Compliance with other requirements as specified in the acceptance letter
- Receipt of a tuition deposit of \$1000 (non-refundable)
- Criminal background check (See Background Check Policy, page XXX)

When all provisions of acceptance are met, the applicant is eligible for enrollment.

### **Evaluation of International Academic Credentials**

All international applicants are required to have their academic credentials evaluated for U.S. equivalency and forwarded to the Admission Office. One such organization is World Education Services ([www.wes.org](http://www.wes.org)).

### **Transfer/Advanced Standing Applicants:**

- Transfers will not be considered beyond the first semester of year two.
- Must have a minimum cumulative GPA of 3.0.
- Cannot have received any failing grades or be in jeopardy of receiving failing grades at the prior podiatric medicine or other medical school, or have a record of disciplinary proceedings. This must be verified in writing by the Dean of Academic Affairs at the prior institution.
- The student's entire academic record from the previous podiatric or other medical school, including any leaves of absence, will be evaluated in the transfer request for advanced standing.
- The student's first year curriculum must parallel CSPM's first year curriculum for advanced standing beyond the first year.

## Tuition and Fees

---

### PAYMENT OF TUITION AND FEES

#### **PAYMENT OPTIONS**

Payments can be made by cash, check, credit card (Visa and MasterCard only), to <https://smurf.samuelmerritt.edu> and/or payment plan. Payment plan information is available by contacting Student Accounts at 510-879-9236 or by email at [studentaccounts@samuelmerritt.edu](mailto:studentaccounts@samuelmerritt.edu). Please note that all checks should be made payable to *Samuel Merritt University*. Mail or deliver checks to Samuel Merritt University, Attn: Business Office, 3100 Telegraph Ave, Suite 1110, Oakland, CA 94609.

#### **Payment Plans**

Payment plans are available each semester at zero percent interest and \$0 set up fee. If you are interested in setting up a payment plan, email [studentaccountssecurity@samuelmerritt.edu](mailto:studentaccountssecurity@samuelmerritt.edu) or call 510-879-9236. Payment plans must be renewed each semester. You may also [visit our website](#) at which gives further information on SMU payment plans.

#### **Nonpayment of Payment Plans**

If two consecutive monthly payments are missed, SMU reserves the right to cancel the payment plan and place the student on a Business Office non-payment hold. Any payments made on the payment plan before or after termination will be applied to the student's account. Any overpayments made will be refunded according to the University refund policy. Once a payment plan has been cancelled due to delinquent payment(s), the following paragraph Due Dates of Samuel Merritt University regulations and payment schedules will apply.

**Payment plans terminated due to delinquent status may not be reinstated for subsequent semesters.**

#### **DUE DATES**

Tuition and fees are billed at least 30 days in advance of each semester and is due and payable before the first day of each semester to be considered paid on time. Students wishing to pay tuition by credit card and use financial aid for living expenses must pay on SMURF 14 days before the start of the semester. Credit card payments are paid via SMURF at <https://smurf.samuelmerritt.edu>. Students, who have been approved for financial aid and do not see their **Anticipated Aid** on SMURF, should consult the Campus Service Center at 510-879-9200.



### **LATE FEE**

All students—Late Charge Fee **1%/month**

The University will assess a one percent late fee on any account per month that remains unpaid after the payment due date. Students who do not have an active payment plan, Financial Aid, or Third Party Billing to cover their student account balance will incur a one percent late charge fee on the unpaid balance. A one percent late charge fee will incur each month until the balance is paid in full or arrangements have been made with the Business Office.

### **CREDITS ON STUDENT ACCOUNTS**

With the exception of tuition deposits, credit balances will be disbursed to the student as soon as possible, but no later than 14 days after the first day of class or 14 days from the date the credit balance occurs.

### **NONPAYMENT OF TUITION AND FEES**

In order to receive clearance from the Business Office, the student must either have paid all amounts owed or present proof that the outstanding amounts will be covered by financial aid or third party billing. Students who have an unpaid balance with SMU may not register for subsequent terms. A Business Office hold will be placed on the students' account and a one percent monthly late fee will accrue until payment is made in full. Students with poor payment histories are required to pay in full at the time of registration for any charges related to tuition and fees.

Transcripts and diplomas will not be issued to a current or former student with a past due tuition balance and/or past due balances on Federal Perkins, Federal nursing and/or Federal HPSL loans. Samuel Merritt University will assign delinquent accounts to collection agencies and report to credit bureaus. Samuel Merritt University further reserves the right to recover all costs involved with collection due to nonpayment of the outstanding balance. Reasonable collection costs up to 25 percent on the first agency referral and 30 percent on the second agency referral resulting from failure to pay may be incurred and will be the responsibility of the student. In addition to withholding transcripts and diplomas from students who have outstanding financial obligations to the University; attorney's fees and other collection costs incurred by the University will be the responsibility of the student.

### **THIRD PARTY BILLING**

For third party or outside agency billing, which may pay all or part of your tuition and fees, submit all paperwork to the Business Office. If you have additional questions on the process, please contact [studentaccounts@samuelmerritt.edu](mailto:studentaccounts@samuelmerritt.edu) or 510.879-9236.

## **ADDITIONAL TUITION INFORMATION FOR THE FOLLOWING PROGRAMS**

Master Physician Assistant (**MPA**), Master of Occupational Therapy (**MOT**), Doctor of Podiatric Medicine (**DPM**), Doctor of Physical Therapy (**DPT**), Accelerated Bachelor of Science Nursing (**ABSN**), and Family Nurse Practitioner online (**FNP Online**).

**MPA Program** – Tuition for this program is billed at the program rate, amortized over six semesters in equal installments and no tuition in the seventh semester. This program has annual tuition increases effective fall each year.

**MOT Program** - Tuition for this program is billed at the program rate, amortized over six semesters in equal installments and no tuition in the seventh semester. This program has annual tuition increases effective fall each year.

**DPT Program** - Tuition for this program is billed with the following method: Semesters one through six are each billed at the annual program rate and amortized over six semesters in equal installments. Tuition for the seventh semester is one-third of the annual tuition cost. Semester eight has an internship fee and semester nine has no tuition charge. This program has annual tuition increases effective fall each year.

**DPM Program** – Tuition for this program is billed at the annual program rate: **Year 1** is amortized over **two** semesters; **Years 2, 3, and 4** are each amortized over **three** semesters. This program has annual tuition increases effective summer each year.

**ABSN Program All Campuses** - Tuition for this program is billed at the annual program rate and amortized over three semesters in equal installments. This program has annual tuition increases effective summer of each year. See ABSN Financial Information, location start and end dates.

**FNP Online** – Effective fall 2018 the tuition rate for Family Nurse Practitioner – online will remain at the fixed rate of \$1,353 through summer 2020.

### **Additional Notation**

Some programs at Samuel Merritt University are sequential in nature; therefore students must receive clearance from the department chair to be classified as part time. Students who qualify and are classified as part time, will be billed at the current program part time tuition rate.

### **LOA/WD/Dismissal-Additional Information**

Students who take a leave of absence, withdraw or are dismissed from Samuel Merritt University programs for any reason, will owe for current semester units and units completed in prior semesters at the current per unit rate. These programs are sequential in nature; therefore, re-admitted students will be

charged and billed at the current per-unit rate for the remainder of their matriculation.

Students who qualify **and** are classified as part-time will be billed at the current per-unit rate for each semester.

Students who leave the program, for any reason, will be charged the current tuition rate upon return.

**OVERLOAD**

Undergraduate students in good academic standing may request to enroll in more than 17.5 units in any semester with Registrar's approval.

**COURSE REPETITION**

In the event that a student repeats a course for any reason, the student will be charged tuition and fees in effect at the time the course is repeated.

**REFUNDS FOLLOWING GRIEVANCE**

If the dismissal is upheld, the effective date will be the end of the previous term. At the point of dismissal, all eligible financial aid will be returned to the appropriate financial aid agency.

**REFUND POLICY – WITHDRAWAL/LEAVE OF ABSENCE**

If the student is withdrawing or taking a leave of absence from the University, the student must complete the online withdrawal/LOA form to request a refund. Once the online withdrawal from the University form is completed, all necessary SMU offices will automatically be notified. Refunds are based upon the schedules on the previous page. Fees are generally non-refundable. The University must follow current federal regulations in effect for students who receive Title IV (federal) financial aid. Students may petition for an exception to the refund policy. Students who wish to petition for an exception to the refund policy, may do so by submitting an email of explanation and verification documents to [studentaccounts@samuelmerritt.edu](mailto:studentaccounts@samuelmerritt.edu).

REFUND OF FEDERAL AID (Title IV Funds)	SAMUEL MERRITT UNIVERSITY <b>TUITION REFUND</b>
<p>The financial aid a student may keep is determined by the percentage of the term completed in days. For example, if a student withdraws from all classes on the 20<sup>th</sup> day of attendance of an academic term with one hundred (100) days, twenty percent (20%) of financial aid is considered earned and eighty percent (80%) is refunded to the appropriate student financial aid agency. This applies until sixty percent (60%) of the term is earned. When more than sixty percent (60%) of a term is earned, no federal funds must be refunded.</p> <p><i>Note: It is possible for a student to be responsible for one hundred percent (100%) of tuition charges but have “earned” only a portion of financial aid. For example, if a student withdraws after the 18<sup>th</sup> day of attendance in a term with 72 days and the withdrawal day is also the 5<sup>th</sup> week of class, no tuition refund is due the student; however, the student who earned only 25% of financial aid is responsible for a balance equal to 75% of tuition. Students should consult with the Financial Aid Office.</i></p>	<p>Fall, Spring, Summer Semesters</p> <ul style="list-style-type: none"> <li>● 1<sup>st</sup> week 85% tuition refunded</li> <li>● 2<sup>nd</sup> week 80% tuition refunded</li> <li>● 3<sup>rd</sup> week 75% tuition refunded</li> <li>● 4<sup>th</sup> week 75% tuition refunded</li> <li>● 5<sup>th</sup> – end 0% tuition refunded</li> </ul> <p><b>Note: The above schedule is based on the date the official notice of withdrawal is received by the Registrar.</b></p>

## FINANCIAL ASSISTANCE

### FINANCIAL AID

Samuel Merritt University maintains a Financial Aid Office to assist those students who require financial aid to pursue their higher education. Every effort is made to see that no student is denied access to the University because of inability to meet educational expenses. Financial aid is awarded in the form of scholarships, grants, loans, and employment (work study). All financial aid recipients are expected to maintain satisfactory academic progress.

Undergraduate students must be enrolled in 10 semester units per term (12 units for the PELL and Cal Grant programs) to be considered for full financial aid.

Undergraduate students enrolled in at least six semester units per term are eligible for consideration for partial financial aid. Graduate students must be enrolled in six (6) semester units per term to be considered for full financial aid.

Graduate students enrolled in at least three semester units per term are eligible for consideration for partial financial aid. Should a financial aid recipient drop below the minimum academic load, the unearned portion of the financial aid award must be refunded.

Counseling and information are available by appointment. Literature and application forms are available in the Campus Service Center and will be mailed upon request. In addition, financial aid staff offer counseling at open houses held at the University.

A number of grants, loans, and scholarships are available for students. For specific information or how to apply, please contact the Financial Aid Office at [finaid@samuelmerritt.edu](mailto:finaid@samuelmerritt.edu) or visit <https://www.samuelmerritt.edu/admission/affording-smu>.

#### Applying for Financial Assistance

The following forms and data must be on file to apply:

- The Free Application for Federal Student Aid (FAFSA) must be filed with the processing center by the date specified.
- Students interested in applying for the State Cal Grant program must also submit the Grade Point Average Verification Form to the California Student Aid Commission by the March deadline.

Students are expected to contribute to their educational costs from savings and/or other non-financial aid resources. All undergraduate students requesting financial aid must, by federal requirements, apply for a PELL Grant; similarly, California undergraduates seeking aid must apply for Cal Grants by the priority deadline.

Financial aid recipients must reapply for financial aid annually by the priority deadline. Eligible students may be awarded a combination of financial aid

comprised of one or more of the following: grants, loans, work study, and scholarships.

### **SATISFACTORY ACADEMIC STATUS (SAP)**

Section 484(a)(2) of the Higher Education Act of 1965 requires a student to be making Satisfactory Academic Progress (SAP) in order to be eligible for any Title IV federal student aid. Students are evaluated on the basis of credit hour completion, maximum time frame limitation and GPA. Students receiving financial aid are required to make satisfactory progress toward their degree objectives. The specific definition of satisfactory progress varies from one curriculum to another. Students in each component are held to meeting both qualitative and quantitative standards for financial aid eligibility.

SAP will be reviewed after the end of each grading period, as defined by the component's academic division.

- Students not meeting SAP for the first time will be placed on SAP Warning, and given their next enrolled term as a probationary period in which financial aid eligibility will continue.
- If SAP requirements are met in the next review, eligibility for financial aid will be restored for the following academic period.
- If SAP requirements are not met in the next review, eligibility will be discontinued the student will be placed on SAP Probation. Students must submit an Appeal (see *SAP Appeal Process* in this section) or continue without financial aid funding until SAP is met.

### **Qualitative Measurement**

The Financial Aid Office has established parameters for minimum GPA in accordance with federal regulations that require students to maintain a 2.0 (C average) cumulative GPA.

The SMU Registrar supplies all qualitative measurements used by the Financial Aid Office to determine a student's status in regards to SAP. GPA calculation is determined by the Registrar Office and pursuant to their policies which include calculations involving incomplete and repeated coursework.

## Quantitative Measurement

A student will be permitted a time limit of eligibility for financial aid according to the following table:

<b>Degree</b>	<b>Standard (Years)</b>	<b>150% Maximum (Years)</b>
ABSN	1	1.5
BSN	2	3
CM (post-prof)	1.33	2.5
CRNA	2.33	3.5
DNP	2	3
DPM	4	6
DPT	3	4.5
ELMSN-CM	2.33	3.5
ELMSN-FNP	3.33	5
FNP (post-prof)	1.67	2.5
FNP-DNP	3.67	5.25
MOT	2	3
OTD	3	4.5
PA	2.33	3.5
RN to BSN	1.67	2.5

A student registering for less than full-time enrollment will be allowed additional time of eligibility based upon a proportion of the actual registered hours since the time of first enrollment, as compared with normal full-time hours for the same time period. A student failing to meet this standard will be suspended from financial aid eligibility.

Time spent completing approved transfer credits have been taken into consideration in the determination of the maximum period of time to complete programs at SMU. Due to the nature of the some health professions programs, prerequisite coursework from educational institutions other than SMU is required

for admission. Thus transfer credits are not a factor in the components calculation of the standard length of time to complete the degree. Therefore the time frames given above are only in relation to enrollment at SMU.

A student must complete at least sixty-seven percent (67%) of the total credit hours enrolled in the respective increment (academic period between SAP evaluations) under review. Incomplete coursework includes receiving failing grades, withdrawals and incompletes.

### **Financial Aid Probation**

Any student failing to meet the qualitative or quantitative requirements will be placed on financial aid probation and notified by email or letter of this status by the Financial Aid Office. A student placed on probation for financial aid eligibility must, by the end of the following grading period, attain the standing specified for satisfactory academic progress. Failure to do so will result in suspension of Federal Title IV and State student financial aid eligibility.

### **SAP Appeal Process**

Students who wish to appeal their SAP decision, should meet with the Associate Director or Director of Financial Aid and obtain the SAP appeal form. This form must be submitted along with the following documents within 15 days of meeting with Financial Aid.

- 1) A written explanation of the special circumstances (e.g., date of the event, health reasons, death of a relative, other type of undue hardships).
- 2) Any supporting documentation:
  - Health reasons — Include medical documentation (physician's note, copy of medical bills, etc.)
  - Death of an immediate family member — Include a copy of the death certificate.
  - Undue hardship — Include document from a third party professional (instructor, counselor, clergy, court records, etc.) who can verify your claim.
- 3) Written statement on academic plan moving forward.

Once the Financial Aid Office has received and reviewed the above documentation, we will carefully evaluate your past academic performance as well as your written explanation to determine if Federal Student Aid funds can be reinstated. All students will be notified in writing of the decision.



## **Reinstatement of Title IV Financial Aid Eligibility**

It is the student's responsibility to present evidence to the Financial Aid Office at the time he or she has met minimum requirements for reinstatement of Federal Title IV and State student financial aid.

A student seeking to re-establish eligibility of Title IV student financial aid may do so by:

- Achieving the required standards over time.
- Appealing the financial aid decision.

## **Consequences of Denial of Appeal**

Students who do not maintain satisfactory academic progress and whose appeal is denied lose eligibility for Federal Title IV and State student financial aid for the entire grading period, as defined by the component's academic division.

### **Veterans Education Benefits**

The Veterans Administration and the State Department of Education have approved Samuel Merritt University to certify enrolled veterans for education benefits and tutorial assistance. A veteran or eligible person who is interested in obtaining education benefits or tutorial assistance should contact the Office of the Registrar for applications and information. Veterans and eligible persons should be aware they are subject to the VA approved "Standards of Progress" while receiving benefits.

Details and procedures are available from: VA Regional Processing Office, PO Box 8888, Muskogee, OK 74402-8888, Telephone: 1-800-827-1000 or 1-888-GIBILL-1 (1-888-442-4551). Website: [www.gibill.va.gov/muskogee](http://www.gibill.va.gov/muskogee) or [www.va.gov](http://www.va.gov).

### **Veteran's Policy Statement**

1. Evaluation of previous education/training CFR §21.4253(d)(3):  
Samuel Merritt University will conduct an evaluation of previous education and training, grant appropriate credit, shorten the veteran or eligible person's duration of the course proportionately, and notify the VA and student accordingly.

2. Standards of progress CFR §21.4253(d)(1)(i)  
A veteran or eligible person who remains on probation for grade point deficiency below a 2.0 cumulative GPA beyond two semesters will have his/her veteran's benefits discontinued and any further certification of benefits interrupted. A 3.0 cumulative GPA must be maintained for the MSN program with respect to this policy.

## ACADEMIC POLICIES

Please also refer to your department handbook for more information.

### **Academic Advising**

Most students are assigned an academic advisor who will assist them in identifying academic needs, assessing strengths and weaknesses, and in fulfilling educational goals. Academic advisors may work with students in degree planning in some programs, provide general academic counseling, advise on adherence to academic requirements and regulations, suggest strategies for study skill enhancement, offer career counseling, and provide referral to University resources as necessary. Academic advisors are assigned by the academic departments.

### **Access to Records**

Currently enrolled and former students may review their academic records by appointment with the Registrar. Qualified personnel are available to assist students in interpreting their records. The student must provide a written consent for the release of records. Standard release forms are available in the Office of the Registrar. Policies and procedures for implementation of the Privacy Act of 1974 (FERPA) are available in the Registrar's Office.

### **Attendance**

Regular classroom attendance is expected and essential for successful academic achievement. Faculty may elect to establish attendance policies, including the assignment of a failing grade for excessive absences. Students are responsible for all work missed because of absences and must make arrangements with their instructors to make up work. Make-up work for unexcused absences, including missed examinations, is at the discretion of the faculty member.

Attendance is required at all clinical assignments. These clinical experiences may include, but are not limited to, direct client care, skills labs, and observational experiences. The clinical experience is necessary for application of knowledge and skills, as well as for socialization to the professional role. A student is expected to give timely notice of any absence to his/her instructor and to the clinical site, when appropriate. Unexcused absences may be interpreted as failure to meet course objectives and may result in a clinical grade of unsatisfactory for the course. See also specific department requirements.

### **Award of Academic Credit**

Applicants with previous education and/or experience in health care fields may be eligible for transfer or challenge credit. Audit, challenge and transfer credit may not be used to satisfy the residency requirement.

### **Advanced Standing Credit for Post-Professional Graduate Programs**

Post-professional graduate programs may award advanced standing credit to students who have completed a formal post-professional course of study in a program accredited by a specialized accreditation agency. Advanced placement credits will be posted to the transcript only after completion of all other required coursework in residence. Award of such credit will be made at the discretion of the program; however, the following criteria must be met for advanced standing in the Master's degree program:

1. Total hours awarded as advanced standing credit shall be determined by the program; however, the student must complete a minimum of 18 hours of additional Samuel Merritt University coursework for the master's degree as outlined by the department/program.
2. The applicant must be in active clinical practice in the advanced practice specialty as evidence of currency in the specialty for which award of credit has been made.
3. The applicant must hold and maintain current certification/recertification in an advanced practice clinical specialty at the time of admission and throughout the program
4. Advanced standing credit toward the Master's degree will be awarded only to students holding a bachelor's degree in a related field or in a degree acceptable to the department faculty.

### **Transfer Credit**

Courses taken at a regionally accredited institution may be transferred with approval from the department chair or program director who will determine that the transfer course fulfills the content and course objectives of the University's requirement. Please see the specific program handbook for policy on transfer courses. All courses submitted for transfer credit must have been completed prior to admission to Samuel Merritt University. The student must have received a minimum grade of "C" in undergraduate and professional program courses, or "B" in post-professional courses. Transfer credit is limited to nine semester units.

Procedure for the evaluation of transfer credit:

1. Student submits the online transfer credit petition and course syllabus.
2. The online petition is automatically routed to the student's department chair to review and approve or deny transfer credit.
3. The petition is then routed to the Registrar's Office to add the approved credit to the student's transcript, and the student is notified. Approved transfer credit is added to the student's academic record and is calculated into the student's cumulative grade point average at Samuel Merritt University.

### **Challenge Credit**

Currently enrolled students and/or applicants to any program may petition to challenge by examination knowledge and skills obtained through previous education and/or work experience which cannot be documented as transfer

credit. Enrolled students must be in good academic standing to be eligible for a challenge examination. A course can be challenged only once, and a student cannot challenge a course he or she previously completed unsuccessfully. The units and grades earned as a result of a successful challenge will be recorded on the official transcript and will show as credit by examination. Unsuccessful challenge results will not be recorded. All challenge petitions must be filed by the end of the fourth week of the semester.

All challenge fees are non-refundable and are to be paid at the time the petition is filed with the Office of the Registrar. The student obtains a petition form from the Office of the Registrar and receives approval from the appropriate department chair or program director and faculty member. The student returns the signed petition to the Registrar and pays the fee to the Business Office. In a Nursing course involving both theory and clinical components, the theory component must be completed successfully before the clinical challenge is attempted.

Fees will be assessed for challenge credit, \$150/unit, applicable to either didactic or clinical coursework. For those students challenging coursework ONLY in the Case Management Online Program, please refer to the program handbook for further details for both the expanded procedure to obtain challenge credit and a revised fee schedule.

## **GRADES, GRADE REPORTS, GRADING**

### **Grading, All Programs**

Each school, department or program is responsible for establishing and providing to its students both a progression policy and a grading policy. Under no circumstances will any form of “D” or “F” or “U” be considered a passing grade for any course or clinical experience in University programs. At the end of each semester a student’s work in each course is evaluated and assigned a grade. Samuel Merritt University recognizes the following letter grades and assigns point value as listed below:

<b>Grade Description</b>	<b>Point Value</b>
A	4.0
A-	3.7
B+	3.3
B	3.0
B-	2.7
C+	2.3
C	2.0
C-	1.7
D+	1.3
D	1.0

D-		0.7
F		0
I	Incomplete	Not computed
IP	In progress	Not computed
P*	Pass	Not computed
S	Satisfactory	Not computed
U	Unsatisfactory	0
W	Withdrawal	Not computed
Z	Audit	Not computed

\* May be used only if designated in the catalog and student handbook course description or by petition

### **Plus/Minus Grading**

Each school, department, and program shall determine to what extent and under what circumstances plus/minus grading is used. If used, a plus adds three-tenths (.3) to the grade point value up to a maximum of four grade points, while a minus reduces the grade point value by three-tenths (.3).

### **Grade Changes**

Final grades are permanent with the exception of "I" (incomplete) and "IP" (in progress) and are to be changed only in the case of error in computation or recording. The student may not submit additional work, rewrite papers, nor make-up or retake examinations to improve a grade which has been officially recorded in the Office of the Registrar. All grade change requests must be submitted to the instructor within the first two weeks of the next full semester after the grade was assigned. Once this period has passed, no grade changes will be made. The student may appeal the denial of a grade change request by following the Grievance Policy and Procedures listed in this *Catalog/Handbook*.

### **Incomplete Grades**

A grade of "I" or "incomplete" may be assigned by the faculty member when the student's work is substantially complete yet incomplete due to circumstances beyond the student's control. A petition for an incomplete must be initiated by the student, and approved in writing by the faculty member, prior to the deadline for the submission of the term grades. It is not the responsibility of the faculty member to petition for an incomplete grade, but an instructor may originate an incomplete grade if the student is unable to do so and has specifically requested an incomplete grade from the instructor. The petition must include the reason for the incomplete grade, the coursework to be completed, and the deadline for submitting the work. The student must satisfactorily complete the work prior to the end of the next semester in which the course is offered.

Upon completion of the coursework, the instructor may submit a change of grade form to the Office of the Registrar. An incomplete grade not changed by the due

date will be changed to an “F.” An extension of the due date, not to exceed one semester, may be requested for extraordinary reasons. An incomplete grade, even when cleared, is part of the student’s academic record. An incomplete grade may be used to satisfy prerequisite requirements at the discretion of the appropriate department chair.

### **Academic Difficulty**

If a student receives a deficient grade, it is strongly recommended that the student seek assistance from the faculty of record or his/her academic advisor to develop a plan for success. The University strongly advises students to take advantage of the following services: academic advising, tutorial services, and workshops on study skills, time management, and test taking. In addition, Enrollment and Student Services offers academic support services and the Library maintains excellent tutorial materials.

### **Audit**

Audit is a contract to attend theory/didactic classes without active participation, e.g., discussion, seminars, exams and handouts. Audits are permitted only when space is available in the class. No credit is received for the audited course. Upon completion of the course, a grade of “Z” for audit is recorded on the permanent transcript. A student may only audit a course, if they have previously passed the course or have completed an equivalent course through approved transfer credit. Students may audit courses outside of their program, with the approval of the instructor and department chair. Audit petitions are available on the Samuel Merritt University website and must be approved by both the course instructor and department chair. Audit petitions must be filed with the Registrar’s Office no later than the first two weeks of the term..

### **Repeating a Course**

#### Undergraduate:

The grade achieved in a repeated course does not replace the original grade on the transcript. Only the most recent grade, however, will be used in computing the cumulative grade point average. Refer to the section on Undergraduate Progression and Graduation for information about repeating required courses. For tuition charges on repeated courses, please see Financial Information.

When a course is failed and is not scheduled to be offered again because of a curriculum revision, efforts will be made to assist the student in completing requirements for the degree in the new curriculum or, where feasible, by independent study.

#### Graduate:

The grade achieved in a repeated course does not replace the original grade on the transcript. Only the most recent grade, however, will be used in computing

the cumulative grade point average. Refer to the section on Graduate Progression and Graduation for information about repeating required courses. For tuition charges on repeated courses, please see Financial Information.

MSN only: A student who has earned a grade lower than a “B” in a course may petition to retake that course one time. A student will be allowed only one such course repetition during his or her graduate studies at Samuel Merritt University. In the case of a course repetition, only the most recent grade will be used in calculating the student’s cumulative grade point average, although both grades will be permanently inscribed on the student’s record. Students should file a petition with the Registrar to request a course repetition. Final approval is made by the department chair.

### **Course Enrollment with Pass/Fail Grading**

**Undergraduate Courses:** Pass/Fail grading is offered for certain elective courses. In courses taken on this basis, the passing grade (the equivalent of a “C-“ or higher on the regular grading scale) will not affect the student’s grade point average and the units will be counted towards the degree. The “F” (Fail grade) is calculated in the grade point average. Pass/Fail petitions are available in the Office of the Registrar and must be filed within the first two weeks of the Fall and Spring Term. The Pass/Fail grading option is not offered in those courses required by the Board of Registered Nursing or the nursing major.

**Graduate Programs:** Pass/Fail grades are not an option in those courses required for state licensure or national registration or certification. Pass/Fail is an option in graduate program elective courses and in Directed Research and Synthesis. In courses taken on this basis, the passing grade (the equivalent of a “C” or higher on the regular grading scale) will not affect the student’s grade point average and the units will be counted towards the degree. Any grade less than “C” is recorded as a failure (“F”) and is calculated in the grade point average.

### **Procedure to request Pass/Fail grading**

The student submits a pass/fail petition signed by the instructor to the Registrar’s Office by the published deadline.

### **In Progress Grades**

The symbol “IP” is employed in theses/synthesis projects, special research studies and field studies, and other courses as approved by the department chair where assigned work extends beyond a single academic term and may include enrollment in more than one term. The symbol indicates that work in progress has been evaluated as satisfactory to date; assignment of a final grade must await completion of additional coursework. All work is to be completed within one calendar year of the date of first enrollment. An extension may be permitted with the approval of the instructor and the department chair as long as the

student completes the program within the required length of time (see Length of Study for Graduate Program). A final grade will be assigned to all segments of the course based on overall quality. The grading symbol “IP” will not be used in calculating grade point average. If the “IP” grade is not converted to a letter grade within the appropriate period, it becomes an “F” and is used in computing the grade point average in the semester the “IP” changes. Approval to assign an “IP” grade in courses other than those listed below requires the written approval of the appropriate department chair and must accompany the official grade sheet submitted to the Office of the Registrar.

## **Withdrawal**

### **Withdrawal From A Course**

After the end of the drop/add period, a student may withdraw from a course without academic penalty up until the midpoint of the course, as specified in the course syllabus, or when no more than 50 percent of the course has been completed, whichever occurs last. A student may withdraw from a single course only once. The course remains on the student transcript with a grade of “W”. Petitions to withdraw from a course beyond this period would be approved only for serious and compelling reasons such as serious accident or illness. The approval of the instructor and the department chair are required on the petition form, which the student files in the Registrar’s Office. If the petition is granted, the course remains on the student record with a “W” grade. If the petition is denied or the student fails to complete course requirements without formally withdrawing, the grade will be determined by the instructor based on the grading policy and requirements as noted in the course syllabus (See Withdrawal from the University and Refund Policies).

### **Withdrawal From Samuel Merritt University**

A student wishing to withdraw from the University must follow the proper procedures. Any student who leaves the University during a term or who terminates enrollment at the end of a term must complete a withdrawal form available on the Samuel Merritt University website ([www.samuelmerritt.edu](http://www.samuelmerritt.edu)). Withdrawal from the University through the tenth week of instruction will result in grades of “W” in all courses. Eligibility to withdraw from the University after the tenth week will be determined individually. A student who has voluntarily withdrawn from the University may request readmission by applying to the Dean of Admission.

## **Registration**

Registration is held for all students approximately thirty days before the beginning of each semester. Advising and registration dates are published in the academic calendar available on the Samuel Merritt University website. Tuition and fees are due and payable prior to the first day of class. Any other financial arrangement must be established with the Business Office prior to registration day. Each student must complete online registration in SMURF each term. The



student is financially and academically responsible for all courses on the course schedule.

### **Students in Grievance Process**

A student suspended or dismissed from the University under the graduate and undergraduate progression and graduation policies and who is involved in the grievance process outlined in this catalog and student handbook will be allowed to register for non-clinical classes in the semester immediately following the ruling while his/her appeal is being heard. This policy does not apply to students whose next semester involves only clinical courses as defined by the program.

The student, if otherwise eligible, will be allowed to collect financial aid and will be required to pay tuition as any regularly registered student. If applicable, the student's refund will be held on account until the grievance is resolved.

If the dismissal is upheld, the effective date will be the end of the previous term. Any financial aid refunds will be retained by the University until the decision has been made. At that point, all eligible financial aid will be returned to the appropriate financial aid agency.

If the dismissal is overturned, any financial aid refunds will be processed.

If, at the end of the grievance procedure, the appeal is denied (upholding the suspension or dismissal from the University), the student's registration status will be revoked and the student will be suspended or dismissed.

If, at the end of the grievance procedure, the appeal is upheld (overturning the suspension or dismissal) the registrar will return the student to a regular registration status.

### **Class Lists**

Faculty may view their class lists in SMURF at the start of each semester. The faculty member and/or student must contact the Registrar's Office concerning any discrepancies. Students will not receive credit for classes for which they have not registered or may receive a failing grade for a course in which they registered but did not attend or follow the drop procedures.

### **Disclosures/Truth in Information**

Samuel Merritt University relies upon the documents supplied and statements made by its applicants and students, faculty and staff. If discrepancies appear between documents or statements provided and information otherwise obtained, applicants may be rejected for admission or employment and students may be subject to dismissal. Felony convictions may delay or prevent licensure in that jurisdiction.

## **Add and Drop**

The Add/Drop period occurs within the first two weeks of the semester. During that period, a student may drop and add courses without academic and/or financial penalty on completion of the appropriate forms. A course that is dropped within the add/drop period will not appear on the transcript. If by dropping a course a student ceases to be enrolled, he or she is considered to have withdrawn from the University and must follow the readmission process if the student wishes to return to the University. Only elective courses may be dropped or added in the MOT, OTD, DPT, and CRNA programs.

The Add/Drop Process:

1. Submit the online add form or drop form available on the Samuel Merritt University website.
2. The online petition is automatically routed to the instructor for approval.
3. The petition is then routed to the Registrar's Office for processing.

## **Transcript Requests (Samuel Merritt University)**

Transcripts are issued by the Samuel Merritt University Registrar's Office. In compliance with the Privacy Act of 1974 (Section 552A), telephone requests for transcripts cannot be accepted. Transcript requests must be submitted on the Samuel Merritt University website, using the National Student Clearinghouse Secure site. Unofficial transcripts are available, free of charge, on SMURF. The University withholds transcripts from students who have outstanding financial, academic, or other obligations to the University.

## **Clinical Agency Requirements**

Before beginning clinical rotations, certain clinical facilities may require additional drug testing and/or a background check, or other requirements. Refer to Policies "Background Check" and "Drug Screen"). Students are also required to be enrolled in the University's insurance plan, or other insurance plan that meets the University's requirements for waiver, through the duration of their enrollment at the University. Students must be up to date in their immunizations and certifications as well.

Any student may be required to go out of the Bay Area for at least one of their clinical rotations. The student will be responsible for their own transportation and housing.

## **Background Check Policy**

Incoming students must complete a background check before they are eligible to enroll at the University. Continuing students who return from any type of leave of absence or who are readmitted to the University must complete a new background check prior to enrolling. Continuing students may also need to complete additional background checks in order to meet the requirements of a clinical agency to which the student is assigned for a clinical experience.

Incoming students and continuing students pay for the cost of the background check.

SMU transmits the summary results of the background check to the clinical agencies in advance of a student beginning a clinical experience. Those summary results indicate only whether or not there were findings on the background check, not the specifics of the findings. The full results are released to the clinical agency only with the student's consent and only when requested by the clinical agency. A clinical agency may refuse to accept a student on a clinical experience based on the background check results.

Incoming students with a background check result that may compromise the ability to find clinical placements receive notification to that effect. These incoming students are also notified that the ability to obtain a license may be affected by the findings from the background check and that the University cannot guarantee that the student will be able to obtain a license after graduation. It is the students' responsibility to take all necessary actions as it is related to their ability to obtain a license upon completion of their degree requirements. The University retains the right to defer the offer of admission to a different term or to rescind an offer of admission based on the results of a background check. Continuing students who are unable to obtain a clinical placement due to the results of a background check may need to take a leave of absence or withdraw from Samuel Merritt University. Continuing and incoming students have the opportunity to correct or clarify the items identified on the background check with the appropriate agency before the University makes a final decision about continuing matriculation or admission.

Applicability:

1. All incoming students who are admitted to Samuel Merritt University with exceptions noted below.
2. Continuing students who return from any type of Leave of Absence or who are readmitted to the University
3. Continuing students when required by a clinical agency to which the student is assigned for a clinical experience.

Exceptions:

1. Incoming Doctor of Nursing Practice students unless they have a clinical experience at a clinical agency where they are not currently employed.
2. Special status students may be exempt from this policy requirement and will be notified if they must complete a background check.

**Drug Screen Policy**

Incoming and continuing students at Samuel Merritt University (SMU) are required to complete a drug screen when they receive notice from the University that such a drug screen is required. These students must pay for the cost of the

drug screen. These students must comply with all directions they are given regarding the drug screen, including the designated vendor they are to use. All students with an abnormal or dilute report are required to retest at their own expense. The University retains the right to defer the offer of admission to a different term or to rescind an offer of admission based on the results of a background check. Continuing students with a positive drug screen are referred to the Office of the Vice President of Enrollment and Student Services. The Vice President of Enrollment and Student Services may require a continuing student with a positive drug screen to repeat the drug test, may require a second medical review officer (MRO) evaluation of the results, may place the student on a leave of absence or may dismiss the student. Students have the right to dispute the findings of the drug screen report under Section 61s of the Federal Fair Credit Reporting Act (FCRA) free of charge. All student drug screen reports are confidential.

**Applicability:** Students admitted to the pre-licensure nursing programs (BSN, ABSN, ELMSN, and RN to BSN) and newly admitted post professional graduate MSN nursing students (CRNA, FNP, CM) are required to complete a drug screen upon receipt of the offer of admission and before they are eligible to enroll in courses. Continuing nursing students who return from any type of Leave of Absence or who are readmitted to the University, students in the other programs (DNP, DPM, DPT, MOT, OTD, MPA, MSN-online) and special status students are only required to complete a drug screen when they receive notice that a drug screening is required by a clinical agency to which they are assigned for a clinical experience.

**Client/Patient Participation in Course-Related Activities (Not Including Activities in Clinical Facilities With Which the University Already Has a Contractual Agreement)**

Faculty or students will obtain agreement from potential subjects before subjects participate in activities or assignments related to a specific course of instruction. Potential subjects include individuals in the community or individuals from within the University who are not registered in the specific course. Activities or assignments are those designed or provided by an instructor for students in a specific course, and may include physical examination or treatment procedures in the classroom, elsewhere on campus, or in the community.

**Participation in Course Activities**

For all courses in which they are registered, students are expected to participate in course activities as designed by their course faculty. Such course activities could include, but are not limited to, invasive, manipulative procedures/techniques or demonstrations (i.e. venous blood draws, and intravenous needle insertions or injections, intramuscular or subcutaneous) or other non-invasive procedures. Faculty must inform students of the reasonable risks of any procedure/s required in the course.

Students are expected to both act as provider and recipient of these procedures. The student must notify the Instructor of Record of any condition or circumstance that would prevent them from acting as provider or recipient as soon as possible. In those cases, the faculty and student must identify alternative learning activities that would satisfy course requirements. In all cases, the student must be able to fulfill regular or alternative course activities in order to successfully complete the course.

### **Liability and Malpractice Insurance**

Samuel Merritt University provides professional liability coverage for faculty and students which pertains to educational experiences required by the University. The acquisition of additional coverage for faculty and students is an individual decision based on individual circumstances.

## **SAFE AND PROFESSIONAL PRACTICE IN CLINICAL SETTINGS**

### **Policy**

A student whose pattern of behavior is found to be unsafe and/or unprofessional may be excluded from a clinical practicum at any time and could receive a failing grade in the course. The student is referred to the program director/department chair and may be subject to further disciplinary action.

### **Guidelines**

The student will demonstrate patterns of health care professional behavior which follow the legal and ethical professional codes; promote the well being of clients, health care workers, and self in the biological, psychological, sociological, and cultural realms; demonstrate accountability in preparation, documentation and continuity of care; and show respect for the human rights of individuals.

Indicators to be used as guidelines for evaluating safe and professional practice are:

### **Regulatory**

The student practices within the boundaries of the applicable State Practice Act, the guidelines and objectives of the department, and the rules and regulations of the health care agencies. Examples of safe and/or professional practice include, but are not limited to the following:

- a) notifying the agency and/or instructor of clinical absence.
- b) adhering to the dress code.
- c) presenting for clinical practicum free from the influence of unprescribed psychoactive drugs, including alcohol.
- d) demonstrating accountability by making up missed clinical experiences, as designated by faculty member.
- e) arriving promptly for clinical assignments.

- f) meeting obligations in a timely manner.

### **Ethical**

The student practices according to the relevant professional association's Code of Ethics, Standards of Practice, and the State Practice Acts. Examples of safe and/or professional practice include, but are not limited to the following:

- a) accepting assignments in keeping with the University's policy of non-discrimination.
- b) appropriately performing any activity related to clinical practice.
- c) reporting unethical behavior of other health care providers, including other students.
- d) demonstrating honesty in all aspects of clinical practice.

### **Biological, Psychological, Social, and Cultural Realms**

The student's practice meets the needs of the human from a biological, psychological, sociological and cultural standpoint. Examples of safe and/or professional practice include, but are not limited to the following:

- a) displaying stable mental, emotional and physical behavior.
- b) following through on referrals or interventions to correct own areas of deficiency in clinical practice which, if ignored, may result in harm to others.
- c) building interpersonal relationships with agency staff, coworkers, peers and/or faculty that result in clear, constructive communication, promoting quality client care and/or unit functioning.
- d) being physically capable of carrying out essential procedures.

### **Accountability**

The student's practice demonstrates accountability in the responsible preparation, documentation and promotion of continuity in the care of clients. Examples of safe and/or professional practice include, but are not limited to the following:

- a) communicating concisely both orally and in writing.
- b) documenting client behavior accurately and comprehensively.
- c) reporting questionable professional practices.
- d) undertaking activities with adequate orientation, theoretical preparation and appropriate assistance.
- e) demonstrating honesty in all aspects of practice.

### **Human Rights**

The student's conduct shows respect for the individual, client, health team member, faculty and self, including, but not limited to the inherent legal, ethical and cultural realms. Examples of safe and/or professional practice include, but are not limited to the following:

- a) maintaining confidentiality of interactions.
- b) maintaining confidentiality of records.

- c) demonstrating honesty in relationships.
- d) using individual assessments which support quality patient care.
- e) recognizing and promoting patient's rights.

### **Dress Code**

The purpose of the dress code is to establish standards which are consistent with the professional image and provide for patient safety while allowing for some individuality. Students are required to comply with the dress code policy of each affiliating clinical agency and adhere to faculty directive(s) regarding dress.

### **Licensure Requirements/Denial of Licensure**

Samuel Merritt University complies with all professional requirements for licensure. These include criteria for denial of licensure for crimes or acts which are substantially related to professional qualifications, functions, or duties. Felony convictions or a history of substance abuse may lead to a denial of licensure/certification. Specific policies may be obtained from the regulatory agency or from the appropriate licensing or credentialing agency. Felony convictions may prevent licensure by the profession's regulatory agency.

Please also see Background Check Policy page 146 for more information.  
Evaluations

### Student Outcome Evaluation/Program Evaluation

All students are required to complete course evaluations assessing outcomes of their learning and evaluation of teaching. Course evaluations are required for every class in which a student is enrolled. Course evaluations are conducted electronically via computer or handheld device.

### **Finals Week**

The final week of the academic semester is designated "Finals Week." Departments may choose to conduct final examinations or require submission of final projects/papers prior to this week. Due dates for papers and projects and dates/times for final examinations outside of the designated finals week must be approved by the Department Chair/Program Director and defined in course syllabi. The academic department is responsible for conducting final examinations in a reasonable and pedagogically sound manner, and for ensuring that instructional hours delivered in all courses are consistent with assigned credit hours. The department chair is responsible for the maintenance of this policy.

### **Forms and Petitions**

Most petitions and forms are available as electronic forms on the Samuel Merritt University website ([www.samuelmerritt.edu](http://www.samuelmerritt.edu)). It is the student's responsibility to file all appropriate petitions and forms by the dates set in the Registrar's Office calendar.

### **Independent Study**

An independent study (IS) is a type of elective course that provides students the opportunity to meet their educational needs which exceeds course content available in the regular curriculum. An IS course cannot be used as 1) remediation for previously failed coursework or 2) as a requirement to assess clinical skills after returning from a leave of absence. IS courses shall in all cases be equal in rigor and time requirements for learning activities as any other course offered by the University. A syllabus will be required for review and approval by the University Curriculum Committee. All IS courses must have a qualified Faculty of Record. Signature approval of the IS course by the Dean/Chair and the Academic Vice President is required.

An independent study course can be taken by any upper division undergraduate student or graduate student in good academic standing. All independent study courses must be completed in a single semester. An independent study course may range from one to three semester units, as justified by the course syllabus. All IS courses will bear normal tuition unless, in exceptional circumstances, waived by the Academic Vice President. Grading will follow published policy.

Students can submit an IS petition from the University website at [www.samuelmerritt.edu/registrar/forms](http://www.samuelmerritt.edu/registrar/forms). When appropriate signatures are obtained electronically, the form will be routed to the Office of the Registrar.

### **Clinical Readiness**

For those programs requiring structured remediation subsequent to a failed **clinical** course/rotation, students may be required to enroll in a remediation experience from one-three units. Enrollment in structured remediation can also be used to assess clinical skills after returning from a leave of absence (LOA) if required by the program in which they are enrolled. Registration in the remediation course is not applicable to failed theory or laboratory courses and assumes that remediation will need to occur within a contracted clinical agency. Structured remediation is not available to students on LOA.

Coursework is devised and supervised by a faculty of record. The formal remediation plan must be approved by the Dean, Chair or Program Director. The plan does not need to be reviewed by the University Curriculum Committee or the Academic Vice President.

Remediation coursework will not bear tuition; however, a fee will be required. Faculty will not be paid for supervision. Grading will be designated a S/U grade and appear on the transcript. Students can submit a remediation petition from the University website at [www.samuelmerritt.edu/registrar/forms](http://www.samuelmerritt.edu/registrar/forms). When the Dean/Chair/Director signature is obtained electronically, the form will be routed to the Office of the Registrar.



## **Leave of Absence**

Personal Leave of Absence: At the discretion of the University, a personal leave of absence may be granted for up to one year for students in good academic standing and for compelling reasons. Good academic standing means that the student's current work in all courses meets or exceeds the minimum expected published GPA of the program in order to matriculate. The request form is available on the Samuel Merritt University website ([www.samuelmerritt.edu](http://www.samuelmerritt.edu)). Students must clear with financial services and financial aid before receiving approval from the department chair or program director. For financial aid recipients, under federal guidelines, a student on a leave of absence is considered withdrawn from the University. A leave of absence guarantees enrollment upon the student's return but does not ensure placement in specific coursework. A physical examination is required prior to re-entry. All prior account balances must be cleared and the student must reapply for financial aid. The specific program may require a form of remediation for certain courses prior to students return (see program handbook for details). A student must submit a written request for re-entry to the Office of the Registrar a minimum of 60 days prior to re-entry. Students will be charged the current tuition rate upon return. Samuel Merritt University will withdraw the student from the program and University if the student does not return by the indicated year and term.

Academic or Administrative Leave of Absence: Academic or administrative leave of absence is an involuntary leave required by the University. An example is the unsuccessful completion of a course for which a student must wait for the course to be taught again. This leave is approved at the discretion of the program chair and the Academic Vice President and Provost or the Vice President of Enrollment and Student Services for behavioral matters.

## **Readmission After Withdrawal**

Students who have voluntarily withdrawn from the University and are seeking readmission must comply with current admission policies. Readmission is competitive and not guaranteed. The student may not have an outstanding balance on his or her tuition account. The request for readmission is reviewed by the dean, department chair or program director, and their decision regarding readmission is communicated to the Vice President of Enrollment and Student Services who will notify the applicant.

## **Readmission After Dismissal**

Samuel Merritt University does not grant readmission to the same program from which a student has been dismissed.

## **Student Classification**

### **UNDERGRADUATE**

Full-time status is accorded any undergraduate student taking 10 or more units per term.

Part-time status is assigned to students taking less than 10 units per term.

Federal regulations obligate students to be enrolled in a minimum of 12 units each regular term in order to retain full-time financial aid eligibility.

Special status is accorded students enrolled without the intention of pursuing a degree.

### **GRADUATE**

Full-time status is accorded any graduate student taking 6 or more units per term.

Part-time student status is assigned to students with 3 to 5 units per term.

Less than part-time student status is assigned to students with less than 3 units.

### **GRADUATE —CONDITIONAL (MSN)**

A graduate student whose admission to become a regular student is conditional, but who has obtained the permission of the chair of the department to enroll in coursework for that department, or a student whose prior academic preparation does not include courses which are prerequisite for admission to regular graduate status, or a student whose prior academic work is not sufficiently strong to merit

full acceptance as a regular graduate student, but who has obtained the permission of the chair/dean of their department to enroll for a specific set of courses, has conditional status. A graduate student with conditional status must meet the specific conditions set by the chair/dean of their department before s/he will be reclassified to regular graduate student status. If specifically approved by the chair, courses taken by a student with conditional status will count towards the completion of regular graduate degree requirements. Conditional graduate students may register for two courses per semester for two semesters (total of four courses).

### **GRADUATE —SPECIAL STATUS**

A student with special status is one admitted by the University for coursework only, or a modified program of study, but who is not working towards a degree or certificate within the MSN program. Special student status is approved by the chair on a form provided by the Admission Office and must be renewed each semester. Conditions for obtaining special student status and for the renewal of this status are set by each department. Students with special status may register for classes only if space is available. A student with special status who wishes to change to regular status must apply for admission, must meet all regular

graduate admission standards, and if accepted, will be expected to complete all requirements for the degree. Special status students may register for two courses per semester for two semesters (for a maximum of four courses). Upon acceptance as a regular student, courses taken while on special student status may count towards graduate degree requirements upon recommendation by the graduate advisor and approval by the chair.

### **GRADUATE - (MOT/OTD/MPA/DPT)**

The MOT, OTD, MPA, and DPT curricula are full-time programs with sequential coursework. Students are expected to take all courses in a semester and each semester in sequence. Normally all courses are taken in residence. Part-time status is defined as anything less than enrollment in all required courses in a given semester. Part-time status may be granted by the department chair in the following cases:

1. A student who was administratively withdrawn from a course(s) and is now completing the course(s).
2. A student who was suspended from the program for unsatisfactory performance in a course or affiliation and is now repeating that course or affiliation.
3. A special status student requests to take a course(s).
4. A student who has completed transferable work (see Transfer Credit).

### **Student Research Degree Requirements**

Select programs require completion of a student research requirement or synthesis project for graduation. Each program will designate the course(s) in which the student completes this requirement. Once a student enrolls in the course/s that fulfill the requirement, s/he must be continuously enrolled in that course each semester until completed. If the research requirement is not met within one semester, the student received an IP grade to maintain continuous enrollment in the course for a maximum of three continuous semesters. If the requirement is not met within three continuous semesters, an extension may be granted with the approval of the instructor and the dean/chair. In this case, the student must re-enroll in the course in each subsequent semester and pay tuition for that course until degree requirements are met. In all cases, students must successfully complete degree requirements within the allowed length of study for graduate programs (see Length of Study for Graduate Programs).

### **Undergraduate Progression and Graduation**

All students must satisfactorily complete all required prerequisite courses to progress in the major. In order to graduate, students must be in good standing, meet all program and residency requirements, and attain a cumulative and major grade point average of 2.0.

## **Progression**

For satisfactory progression, students must achieve a minimum grade of “C” in all courses in fulfillment of the degree.

A student who receives a grade lower than “C” in a theory course and/or a grade lower than “S” in a clinical course required by the Board of Registered Nursing may, providing space is available, repeat the course only once. The theory and clinical components of repeated courses must be taken concurrently.

The following pertains to pre-licensure courses for ABSN, BSN, and ELMSN. Graduate directors and chairs may adopt it at their discretion for graduate courses.

In those courses for which there is both a theory and clinical/lab component, failure to achieve the theory grade designated by the program will result in the student being required to repeat both theory and clinical/lab regardless of the grade in the clinical/lab component. Failure to successfully complete the clinical/lab component is recorded as an F grade for theory regardless of the grade calculated in the theory component and clinical/lab.

## **Dean’s List — Undergraduates (ABSN and BSN)**

In order to be eligible for the Dean’s List, an undergraduate student must:

1. Be enrolled in and complete at least 10 units
2. Achieve a current term grade point average of 3.50 or higher

## **Graduation With Honors**

Graduation with honors is awarded to undergraduate students who have achieved the following minimum cumulative grade point average in all Samuel Merritt University work completed toward the baccalaureate degree:

- Summa cum laude – 3.85 to 4.00
- Magna cum laude – 3.70 to 3.84
- Cum laude – 3.50 to 3.69

## **Probation**

At the conclusion of each term, students enrolled in Samuel Merritt University are subject to academic probation if the current semester, cumulative, or major grade point average is less than 2.00.

If academic probation is not removed, the student is dismissed from the University. After one term on probation, students may also lose eligibility for financial aid. All students on probation are required to meet with their academic advisor. Probationary status is removed following a semester of satisfactory work completed in residence, provided the overall cumulative grade point average and the major grade point average are restored to 2.0.

## **Dismissal**

An undergraduate student is dismissed from Samuel Merritt University if:

- Probationary status is not removed at the conclusion of the next semester and the required minimum cumulative GPA is not maintained during all remaining semesters.
- She or he receives two grades of less than “C” in courses completed while enrolled at Samuel Merritt University.
- The current semester or cumulative grade point average falls below 1.40 at the conclusion of a regular term.

A student is subject to dismissal from Samuel Merritt University if:

- At any time during a course, performance or behavior jeopardizes the safety of self or others.

Students may appeal dismissal under prescribed grievance policy (see SMU Student Grievance Policy, Process, and Procedures).

## **GRADUATION PROCEDURES**

All graduating students are required to complete an online Petition for Graduation, no later than the first week of their final term. The Petition for Graduation form must be filed, even if the student is not planning to participate in commencement activities. All graduating students are assessed a graduation fee whether or not they plan to participate in commencement exercises. The graduation fee is applied to the cost of the final degree audit, preparation of records for licensing agencies, the diploma, academic regalia worn at commencement, and expenses for the commencement ceremony. Without this form, the Registrar’s Office cannot guarantee that a student’s name will appear in the commencement program, and diplomas will not be printed without a completed petition.

Undergraduate: Early Participation in the Commencement Ceremony  
BSN students are eligible to participate in commencement ceremonies provided they have completed all of the degree requirements or have no more than 6 required course credits to be completed in the following term.

## **Undergraduate Degree Conferral**

The BSN Program has two degree conferral dates each academic year. The degree conferral date for the Fall and Spring terms is the last day of a student’s final term. If a student’s eligibility status changes after filing for a designated candidacy degree date, the subsequent degree conferral date will be in effect contingent upon the completion of all degree requirements. The degree conferral date for the ABSN program is the last day of a student’s final term.

## **Graduate Progression and Graduation**

Graduate students in the Master of Occupational Therapy (MOT), Doctor of Occupational Therapy (OTD), Master Physician Assistant (MPA), Doctor of Physical Therapy (DPT) and Master of Science in Nursing (MSN) programs must achieve satisfactory academic performance, including: a passing grade in all didactic courses; a grade of “S” on all clinical experiences; and a cumulative grade point average of: 2.0 (MOT/MPA), 2.5 (OTD), 2.7 (DPT), and 3.0 (MSN). Graduate students are also required to complete evaluation instruments assessing their learning experiences, including clinical coursework, at periodic intervals.

Graduate students in the Doctor of Podiatric Medicine program who satisfactorily complete the four year curriculum as outlined in the current catalog and student handbook, have at least a cumulative grade point average of 2.5, take and pass the 3<sup>rd</sup> year Clinical Rotation Practical Examinations, the 3<sup>rd</sup> Year Objective Structured Clinical Examination (OSCE), the American Podiatric Medical Licensing Examination (APMLE) Part I, and take the APMLE Part II Examination and the APMLE Part II Clinical Skills Patient Encounter (CSPE) Examination are eligible for the degree of Doctor of Podiatric Medicine. Applications for graduation are available on the Samuel Merritt University website ([www.samuelmerritt.edu](http://www.samuelmerritt.edu)) and in the Campus Service Center.

## **Double Credit**

The same course may not be used to fulfill a degree requirement in two different programs.

## **Length of Study for Graduate Program**

MPA, DPT, DPM, MOT and OTD: Students are expected to complete the programs in the full-time, sequential two and one-half year curriculum as described in each program curriculum description. DNP, DPM and DPT students must complete their programs in no more than six years from the date of matriculation.

Post-professional master’s degrees: Since students may pursue the master’s degree either as a full-time (minimum six units/semester) or as a part-time student, the time necessary for completion of the degree varies considerably. Students are expected to complete their programs in no more than six years from the date of matriculation.

## **Study Load and Residency Requirements (MSN, ELMSN, DNP)**

Students in post-professional master’s degree programs are required to register for three units each semester in order to maintain part-time enrollment (see Leave of Absence policy). The minimum full-time load is six units per semester. Maximum study load limitations may be exceeded by approval of the appropriate

chair/dean and will be billed accordingly. A minimum of 36 units are required; 27 units must be completed in residency.

### **GRADUATE PROBATION, SUSPENSION AND DISMISSAL**

ELMSN PRE-LICENSURE AND POST-LICENSURE COURSES, MSN, all tracks, and DNP

Students who do not successfully meet the learning objectives of a course fail the course. Course failure affects program progression and may result in probation and/or dismissal from the program.

#### Course Failure

Failure of any class requires repeating it at the next offering on a space available basis. If a failed course is required for progressing in the program, the student cannot progress. The student will receive a letter of suspension from that course until they are able to repeat and successfully pass it. A second failure, at any time in the program prompts an automatic dismissal from the program. If at any time a student's cumulative GPA is less than 2.5 it is automatic dismissal from the program.

#### Minimum GPA Requirements

During any period of enrollment, if a student's cumulative GPA is less than 3.0 but greater than or equal to 2.5, they are placed on academic probation. The student will receive a letter from the Registrar's office notifying them of their academic probation. The student has two consecutive semesters to improve their cumulative GPA to greater than or equal to 3.0. If they are unable to improve their cumulative GPA to 3.0 by the end of the third (second consecutive probation) semester, they are dismissed from the program. The student will receive a letter from the Registrar's office notifying them of their dismissal.

#### Multiple Component Courses

For those courses in which there is both a theory and clinical/lab component, both components must receive a passing grade in order to pass the course. For example, if a student fails the theory portion of the course they will receive a failing grade for the theory, clinical, and/or lab course. Conversely, if the failure is in the clinical/lab component, even if the student is passing theory, they will receive a failing grade in the theory, clinical and/or lab course. In either scenario both course components must be repeated.

#### Incomplete Grades

If an Incomplete is assigned for a course, the student will have one semester (the semester after the course has finished), to rectify the incomplete. If the incomplete is not rectified by the end of the following semester, the student will be assigned an F and fail the course.

## **MASTER PHYSICIAN ASSISTANT**

An entry-level physician assistant student may be suspended from the program if s/he earns a grade of “D” in a required class or “Unsatisfactory” on a field experience, affiliation or the internship. The physician assistant curriculum is sequential. Courses and affiliations must be taken in sequence. Therefore, the student is suspended until the course is repeated or another affiliation can be arranged. S/he may not progress in the curriculum until the course or affiliation is successfully completed or graduate until the internship is completed. An MPA student is subject to dismissal if (1) a course, field experience, affiliation, or internship is not successfully repeated at its next offering; or (2) the student receives a second “D”/“U” grades in required courses or field experiences, affiliations or internships; or (3) a student receives a grade of “F” in any required course.

Students in the MPA program must maintain a cumulative grade point average (GPA) of 2.7 throughout the program. Students whose cumulative GPA falls below 2.7 will be placed on probation. Students on probation for a GPA below 2.7 who fail to raise their cumulative GPA to a minimum of 2.7 two semesters following being placed on probation will be dismissed from the program. Any student whose cumulative GPA is below 2.7 at the end of the fourth and final didactic semester will be dismissed from the program.

## **MASTER and DOCTOR OF OCCUPATIONAL THERAPY**

An entry-level occupational therapy student may be suspended from the program if s/he earns a grade of “D” in a required class or “Unsatisfactory” on a field experience, affiliation or the internship. The occupational therapy curriculum is sequential. Courses and affiliations must be taken in sequence. Therefore, the student is suspended until the course is repeated or another affiliation can be arranged. S/he may not progress in the curriculum until the course or affiliation is successfully completed or graduate until the internship is completed. A MOT student is subject to dismissal if (1) a course, field experience, affiliation, or internship is not successfully repeated at its next offering; or (2) the student receives a second “D”/“U” grades in required courses or field experiences, affiliations or internships; or (3) a student receives a grade of “F” in any required course.

## **DOCTOR OF PHYSICAL THERAPY**

A student whose cumulative GPA falls below 2.7 (a B- average) will be placed on academic probation. A student on academic probation must attain a minimum of a 2.7 semester GPA for each subsequent didactic semester until their cumulative GPA is a minimum of 2.7. Once the student’s cumulative GPA raises to 2.7 or above, the student will be removed from academic probation. Once removed



from academic probation, if the student's cumulative GPA falls below 2.7, the student will be dismissed from the program.

A student who does not pass one didactic or clinical course will have one opportunity to repeat the course at its next offering. If the student does not pass the course on the second attempt, the student will be dismissed. The physical therapy curriculum is sequential. Both didactic and clinical courses must be taken in sequence. Therefore, a student cannot continue on in the curriculum while waiting to repeat a course. A student with two or more instances of a D, an F or a U recorded on their transcript will be dismissed.

## **DOCTOR OF PODIATRIC MEDICINE**

Please refer to the CSPM Student Handbook for more information.

### **Graduate Dismissal (All Programs)**

A student is subject to dismissal if at any time during a course, unsafe clinical performance or behavior jeopardizes the safety of the student or others.

### **Graduation Procedures**

All graduating students are required to complete an online Petition for Graduation, no later than the first week of their final term. The Petition for Graduation form must be filed, even if the student is not planning to participate in commencement activities. All graduating students are assessed a graduation fee whether or not they plan to participate in commencement exercises. The graduation fee is applied to the cost of the final degree audit, preparation of records for licensing agencies, the diploma and cover, academic regalia worn at Commencement, and expenses for the commencement ceremony. Without this form, the Registrar's Office cannot guarantee that a student's name will appear in the commencement program, and diplomas will not be printed without a completed petition.

### **Graduates: Eligibility to participate in the Graduation Ceremony**

A petition for graduation must be approved and filed in the Office of the Registrar no later than the end of the first week of the semester in which commencement occurs. Commencement exercises are ceremonial only and in no way imply completion of program requirements or degree conferral. Completion dates (end of term) are posted on the transcript and the diploma is awarded **only** upon completion of all requirements for the degree.

### **Dates of Degree Conferral**

Graduation dates posted on the transcript and diploma are the official last day of the student's final term, as listed on the academic calendar. If a student's eligibility status changes after filing for a designated degree date, the student's anticipated degree date will be moved to the official end of the next semester, contingent upon the completion of all degree requirements.

## **ACADEMIC, PERSONAL & PROFESSIONAL INTEGRITY**

### **Academic Integrity**

Academic integrity is expected of all faculty, staff and students in order to promote a productive and safe environment for learning. Key components of academic integrity are communication and mutual respect among the members of the Samuel Merritt University community. Faculty, staff, and students are expected to abide by the codes of conduct and ethics of this University, as well as, the code of ethics of their respective professions, which includes reporting misconduct to the appropriate authorities. Lack of academic integrity includes, but is not limited to, plagiarizing, cheating, deception, breach of confidentiality, failure to report a clinical error, falsifying research results, and failure to confront and/or report misconduct of others.

Faculty members reserve the right to evaluate individual cases of academic dishonesty by a student and to take appropriate action, which may include failure on a paper or exam or failure in the course. Faculty may also recommend censure, probation, suspension or dismissal to the Academic Vice President. A written report of any action will be placed in the student's file in the Office of the Registrar. If the student's status in the program is affected, a permanent notation will be made on his/her transcript.

Regardless of any action taken by the course faculty member, lack of academic integrity constitutes grounds for suspension or dismissal from Samuel Merritt University through the Office of the Academic Vice President.

Faculty and staff standards of conduct and consequences are delineated in the *Faculty-Staff Handbook*.

### **Code of Ethics**

We, the faculty, staff, and students of Samuel Merritt University, share the conviction that the interactions among ourselves and between us and our community are founded in mutual trust, respect, and consideration. We are dedicated to a code of ethics which sets forth moral principles for positive human interaction.

- We agree to be trustworthy.
- We agree to be just in our evaluations and decisions.
- We agree to respect human dignity and cultural and personal differences among people, and to be sensitive to these in our respective roles.
- We support individuals' rights to autonomy and to pursue their own life decisions as long as they do not infringe upon the rights of others.
- We agree to be accountable for our decisions and actions, and for our roles and interactions among others.

- We are committed to life-long learning, continual self-assessment, and the conscientious and diligent pursuit of excellence in our respective fields.
- We believe in working together as a team toward the common good and for academic purposes.
- We observe the confidentiality of information and records in our charge.
- We agree to abide by the written standards and codes of ethics and conduct of our respective professions.

There are related policies and procedures which expand the Code of Ethics. Some of these include the codes of ethics and standards of practice for the respective professions, the Academic Integrity Policy and the Student Code of Conduct, faculty and staff personnel policies (published in the *Faculty-Staff Handbook*), and individual departmental policies and handbooks.

### **Code of Conduct**

Students enrolled at Samuel Merritt University assume an obligation to conduct themselves in a manner compatible with the philosophy of the institution, the codes of ethics, and California laws and regulations pertaining to their respective professions. Behaviors for which students are subject to discipline include but are not limited to the following categories:

1. Violation of University policies;
2. Dishonesty, including but not limited to, cheating, plagiarism, forgery, alterations, or misuse of University documents or records;
3. Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other authorized University activities, including clinical experiences;
4. Physical, verbal, or written abuse or intimidation of any person, implicit or explicit, or endangering the health or safety of any person;
5. Theft of or damage to physical or intellectual property belonging to the University or to a member of the University community or a campus visitor;
6. Unauthorized entry, access, or use of University facilities;
7. Failure to comply with directions of University officials acting in the performance of their duties, including the reasonable request for students to identify themselves;
8. Possession or use of weapons, firearms or explosive devices of any description (see "Weapons" policy, Campus Policies);
9. Violations of policy on alcoholic beverages and illegal substances;
10. Failure to conform with stated institutional policies and procedures;
11. Misrepresentation of the University and/or its policies and philosophy;
12. Behavior that seriously jeopardizes the safety of others;
13. Violation of California laws and regulations;
14. Violation of codes of ethics and standards of practice for the respective professions.

### **Critical Behaviors**

Critical Behaviors, which if proven can immediately result in failure of the course, as well as disciplinary action by the University:

- Purposeful falsification of a client's record.
- Denying responsibility for one's own deviation from standard practice
- Act or threat of intimidation, harassment or physical aggression
- Actions which place the client or others in physical or emotional jeopardy
- Abusive behavior toward clients or others
- Failure to disclose actions, which place the client or others in physical or emotional jeopardy
- Ignoring the need for essential information before intervening.

Disclosures/Truth in Information - Refer to the policy in the Academic Policies section.

## **STUDENT GRIEVANCE POLICY, PROCESS, AND PROCEDURES**

### **Impartiality**

Samuel Merritt University recognizes that any student whose conduct (academic or behavioral/ethical) results in sanctions has the right to participate in a fair and impartial grievance process. (See SMU Grievance Procedure.)

### **Policy**

Samuel Merritt University (SMU) provides a process by which student grievances are managed and resolved. The procedures below must be used by grievants who are enrolled as students of the University. Grievances cannot be filed on behalf of another person.

This policy does not apply to grievances involving claims or violations under the Equal Opportunity, Harassment and Nondiscrimination Policy on page XX.

### **Process and Procedures**

#### **Step 1**

Students shall make good faith efforts to resolve grievances with those directly involved, within 5 (five) working days after the event(s).

#### **Step 2**

If the grievance is not resolved following *Step 1* within (5) five working days of the event(s), the student may submit the grievance to the highest academic or administrative officer (hereinafter called "*Step 2 Officer*") of the school (Dean), department (Chair), or program (Director), in which the student is enrolled. Such

submission shall be in writing. The Step 2 Officer will provide the student with any applicable internal grievance procedure (required by the department or school) and attempt to achieve a satisfactory resolution of the grievance. A written decision by the academic or administrative officer shall be provided within a reasonable period of time and presented to the appropriate parties to the grievance.

### **Step 3**

If a decision adverse to the student is made, the student may accept the terms of the decision and comply with its conditions or the student may request a review of the decision by the Student Grievance Committee (SGC). A request for review by the SGC must be submitted in writing to either the Academic Vice President or the Vice President of Enrollment and Student Services by the student within five (5) working days of the *Step 2* Officer's decision.

If the issue involves an academic matter, the written grievance shall be submitted by the student to the Academic Vice President. If the issue involves a disciplinary matter, that is wholly unrelated to any academic matter, the written grievance shall be submitted by the student to the Vice President of Enrollment and Student Services and a copy shall also be provided to the Academic Vice President. If the Academic Vice President, in his or her sole discretion, determines that the grievance is related to **Academic Matters**, the Academic Vice President shall retain jurisdiction over the grievance to its conclusion.

The request for review by the student shall be in writing and contain:

1. A statement of the reason(s) for the request;
2. Identification of the University policies or regulations alleged to have been violated, if any;
3. All documents the student wants the SGC to consider, and
4. Remedy sought.

No supplemental filing of documents or materials shall be permitted unless requested by the SGC.

Within five (5) working days of receipt of the request for review, the jurisdictional Vice President shall request all pertinent documentation from the Step 2 Officer and insure that the grievant and parties involved in the grievance are given an opportunity to review a complete set of these documents. Documents will be made available for supervised review in the office of the respective Vice President and may not be removed, copied, or transcribed in any manner.

The respective Vice President shall record the notification of grievance and may at his or her discretion, forward all pertinent written information to the SGC Chair for the Committee's review and recommendation.

## **Academic Matters**

**Scope.** Grievances relating to academic matters include academic, classroom/clinical behavior, or any circumstances that occur within the learning environment are under the final jurisdiction of the Academic Vice President. *Didactic grading, assessment of clinical performance, policies related to matriculation or failure to meet the program's technical standards are not subject to grievance review, unless the student can demonstrate evidence of failure by the institution to follow department/University policy/procedure, evidence of discrimination, or evidence that the student has not violated standards of academic integrity or professionalism.*

## **Disciplinary Matters**

**Scope.** Grievances related to disciplinary matters outside of the classroom or clinical setting which are unrelated to academic matters are under the final jurisdiction of the Vice President of Enrollment and Student Services and may include acts of intimidation/physical aggression, or violation in any of the following: non-academic student rights, code of ethics, code of conduct, and issues of accommodation related to Section 504 of the Rehabilitation Act of 1973 and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendments Act (ADAAA) of 2008.

## **Grievance Review Process and Meeting**

The SGC Chair shall select a meeting date occurring within a reasonable time after the filing of the request for review. The SGC shall have full discretion regarding the conduct of the review including any additional information to be received. In all cases, the grievant will be provided an opportunity to review all available documents and meet with the SGC.

The Committee shall deliberate and render its recommendation within a reasonable time to the appropriate Vice President. A valid recommendation will constitute a simple majority of the SGC.

## **Action**

The decision of the SGC on a request for review of a grievance shall be limited to the following recommendations.

1. Dismissal of the grievance;
2. Recommendation that the University uphold the decision of the academic program or Step 2 Officer;
3. Recommendation that the program reconsider its decision due to substantial evidence of discrimination or failure at the program level to follow standard policies and procedures;
4. Recommendation to the appropriate Vice President, that the program's decision be reversed based on stated grounds.

Decisions to uphold probation, suspension or dismissal shall be posted on the student's academic record.

#### **Step 4**

The appropriate Vice President shall review the SGC's recommended decision and within a reasonable period of time provide written notice of an approval, disapproval or modification of the SGC recommendation. The Vice President has the right to extend this review period to accommodate further review with written notification to the parties involved. The written decision will be distributed by the Vice President to the grievant(s) and the administrative (*Step 2*) officer of the program in which the student is enrolled.

In cases involving recommendation of suspension or dismissal, and the Vice President disapproves such recommendation; they shall provide written notice to the SGC of that decision, including the reason for disapproval prior to notification of the grievant. The SGC Chair may request a meeting with the SGC and the Vice President to resolve differences. If such differences are not resolved the decision of the Vice President shall be final.

Any action resulting in dismissal or suspension of the grievant from the University is subject to review and approval of the Vice President under whose jurisdiction the grievance rests. The decision of the Vice President is considered final.

#### **Students in Grievance Process**

A student suspended or dismissed from the University under the graduate and undergraduate progression and graduation policies and who is involved in the grievance process outlined in this catalog and student handbook will be allowed to register for non-clinical classes in the semester immediately following the ruling while his/her appeal is being heard. This policy does not apply to students whose next semester involves only clinical courses as defined by the program.

The student, if otherwise eligible, will be allowed to collect financial aid and will be required to pay tuition as any regularly registered student. If applicable, the student's refund will be held on account until the grievance is resolved.

If the dismissal is upheld, the effective date will be the end of the previous term. Any financial aid refunds will be retained by the University until the decision has been made. At that point, all eligible financial aid will be returned to the appropriate financial aid agency.

If the dismissal is overturned, any financial aid refunds will be processed.

If, at the end of the grievance procedure, the appeal is denied (upholding the suspension or dismissal from the University), the student's registration status will be revoked and the student will be suspended or dismissed.

If, at the end of the grievance procedure, the appeal is upheld (overturning the suspension or dismissal) the registrar will return the student to a regular registration status.

### **Grievance Committee Operational Guidelines**

1. The Student Grievance Committee (SGC) is a standing committee of the Faculty Organization. The Committee will consist of two faculty members from the School of Nursing, and one faculty member from each additional school or department. These faculty members shall be nominated by their departments and selected by the President of the Faculty Organization. There shall be one student for every 100 enrolled from each School or Department (nominated by the Student Body Association (SBA) and appointed by the Division of Enrollment and Student Services). There shall be three staff members on the Committee, two from Enrollment and Student Services and one from Business Affairs. Staff members will be appointed by the Vice President of Enrollment and Student Services and Finance and Administration. The SGC Chair, selected from members of the Committee, will hold a faculty appointment. For each grievance review, the membership will include the Chair, two faculty, one staff, and one student.
2. In the event that the appointed members of the SGC cannot be convened, the President of the Faculty Organization may convene a committee consisting of a minimum of three, based on the nature of the grievance. The President of the Faculty Organization may exercise the right to appoint other representatives as necessary.
3. The meeting shall be closed to the public and only the grievant(s), members of the Committee, the person whose decision is being grieved, and other individuals approved by the SGC Chair, shall be present. Staff in the Office of Student Services may serve as a student resource during the grievance process; however they are not voting members of the Committee.
4. The SGC Chair has full operational authority to plan and conduct the meeting as they determine.
5. In the case of grievances or allegations involving more than one grievant, the SGC Chair has the discretion to convene one meeting for all parties concerned or a separate one for each person.
6. Committee deliberations will only be open to members of the SGC.



7. Formal rules of evidence shall not be in effect. No attorney, who represents any of the involved parties, shall attend or take part in the meeting.
8. Any and all written records of the proceedings shall be forwarded to the appropriate Vice President's office after the hearing and archived. There will be no recording devices allowed during the grievance proceedings.
9. All relevant information from the review will be kept in confidence, in accordance with the federal Family Educational Rights and Privacy Act (FERPA) or other applicable federal law.

*Note:* The timelines specified in this policy may be extended due to extenuating or extraordinary circumstances, with the approval of the appropriate Vice President.

### **TITLE IX POLICY AND PROCEDURES: Equal Opportunity, Harassment and Nondiscrimination**

USE AND ADAPTATION OF THIS MODEL WITH CITATION TO THE NCHERM GROUP/ATIXA IS PERMITTED THROUGH A LICENSE TO SAMUEL MERRITT UNIVERSITY ALL OTHER RIGHTS RESERVED. ©2015. THE NCHERM GROUP, LLC/ATIXA

Samuel Merritt University affirms its commitment to promote the goals of fairness and equity in all aspects of the educational enterprise. All policies below are subject to resolution using University's resolution process, as detailed below. This process is applicable regardless of the status of the parties involved, who may be members or non-members of the campus community, students, student organizations, faculty, administrators and/or staff. University reserves the right to act on incidents occurring on-campus or off-campus, when the off-campus conduct could have an on-campus impact or impact on the educational mission of the University.

The interim Executive Director of Human Resources, Maria Salas, serves as the Title IX Coordinator and oversees implementation of the University's policy on equal opportunity, harassment and nondiscrimination. Reports of discrimination, harassment and/or retaliation should be made to the Title IX Coordinator or deputy promptly, but there is no time limitation on the filing of the complaint, as long as the responding party<sup>1</sup> remains subject to University's jurisdiction. All reports are acted upon promptly while every effort is made by the University to

---

<sup>1</sup> The responding party is the term used by the University to refer to the person accused of a policy violation. The University refers to the person bringing an accusation as the reporting party and is meant to reference the victim or complainant as the injured/harmed party.

preserve the privacy of reports. Anonymous reports may also be filed. Reporting is addressed more specifically on Number 7, below. In the event of a conflict of interest involving the Title IX Coordinator or to make reports of discrimination by the Title IX Coordinator, please contact the University President at 510.879.9270.

This policy applies to behaviors that take place on campus, at University-sponsored events and may also apply off-campus and to actions online when the Title IX Coordinator determines that the off-campus conduct affects a substantial University interest. A substantial University interest is defined to include:

- a) Any action that constitutes a criminal offense as defined by federal or state law. This includes, but is not limited to, single or repeat violations of any local, state or federal law committed in the municipality where University is located;
- b) Any situation where it appears that the responding party may present a danger or threat to the health or safety of self or others;
- c) Any situation that significantly impinges upon the rights, property or achievements of self or others or significantly breaches the peace and/or causes social disorder; and/or
- d) Any situation that is detrimental to the educational interests of the University.

University: Any online postings or other electronic communication by students, including cyber-bullying, cyber-stalking, cyber-harassment, etc. occurring completely outside of University's control (e.g. not on University networks, websites or between University email accounts) will only be subject to this policy when those online behaviors can be shown to cause a substantial University disruption. Otherwise, such communications are considered speech protected by the 1<sup>st</sup> Amendment.

Off-campus discriminatory or harassing speech by employees may be regulated by the University only when such speech is made in an employee's official or work-related capacity.

Inquiries about this policy and procedure may be made internally to:

Samuel Merritt University Title IX Coordinator  
Maria Salas  
Interim Director of Human Resources  
Samuel Merritt University  
3100 Telegraph Avenue  
Oakland, CA 94609

(510) 879-9200 extension 7339  
msalas@samuelmerritt.edu

Samuel Merritt University Title IX Deputy Coordinator  
Craig Elliott PhD  
Assistant Vice President for Enrollment and Student Services  
Samuel Merritt University  
3100 Telegraph Avenue  
Oakland, CA 94609  
(510) 879-9252  
[celliott@samuelmerritt.edu](mailto:celliott@samuelmerritt.edu)

Inquiries may be made externally to:

Office for Civil Rights (OCR)  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-1100  
Customer Service Hotline #: (800) 421-3481  
Facsimile: (202) 453-6012  
TDD#: (877) 521-2172  
Email: [OCR@ed.gov](mailto:OCR@ed.gov)  
Web: <http://www.ed.gov/ocr>

San Francisco Office  
U.S. Department of Education  
50 Beale Street, Suite 7200  
San Francisco, CA 94105-1813  
Telephone: (415) 486-5555  
Facsimile: (415) 486-5570  
Email: [OCR.SanFrancisco@ed.gov](mailto:OCR.SanFrancisco@ed.gov)

Equal Employment Opportunity Commission (EEOC)  
Contact: <http://www.eeoc.gov/contact/>

## **1. University Policy on Nondiscrimination**

University adheres to all federal and state civil rights laws banning discrimination in public institutions of higher education. Samuel Merritt University will not discriminate against any employee, applicant for employment, student or applicant for admission on the basis of race, religion, color, sex, pregnancy, ethnicity, national origin (including ancestry), citizenship status, familial status, disability, age, sexual orientation, gender, gender identity, veteran or military status (including special disabled veteran, Vietnam-era veteran, or recently

separated veteran), predisposing genetic characteristics or any other protected category under applicable local, state or federal law, including protections for those opposing discrimination or participating in any resolution process within the University or within the Equal Employment Opportunity Commission or other human rights agencies.

This policy covers nondiscrimination in employment and in access to educational opportunities. Therefore, any member of the campus community, guest or visitor who acts to deny, deprive or limit the educational, employment, residential and/or social access, benefits and/or opportunities of any member of the campus community on the basis of their actual or perceived membership in the protected classes listed above is in violation of University policy on nondiscrimination. When brought to the attention of University, any such discrimination will be appropriately remedied by University according to the procedures below.

## **2. University Policy on Accommodation of Disabilities**

Samuel Merritt University is committed to full inclusion of students and employees with disabilities, which includes compliance with the Americans With Disabilities

Act of 1990 (ADA), and Section 504 of the Rehabilitation Act of 1973, which prohibit discrimination against qualified persons with disabilities, as well as other federal and state laws pertaining to individuals with disabilities.

The Director of the Disability Resource Center (for students) and the Executive Director for Human Resources (for employees) have been designated as the ADA/504 Coordinator responsible for coordinating efforts to comply with these disability laws, including investigation of any complaint alleging noncompliance.

### **a. Students with Disabilities**

Samuel Merritt University recognizes disability as an aspect of diversity that is integral to society and to the campus community. It is the policy and practice of Samuel Merritt University to create inclusive learning environments. The role of the

Disability Resource Center (DRC) is to be a resource to the entire campus – and even

beyond the campus community – to encourage the creation of educational environments that are accessible to everyone, regardless of disability. When this is

accomplished, access for students with disabilities is seamless.

The onus to create access for students with disabilities is on the entire campus community, with the ongoing support of the Disability Resource Center. When

necessary, the DRC works with students and faculty to create accommodations to provide equal access to University services and facilities. All accommodation requests are reviewed on a case-by-case basis. A student requesting any accommodations should first contact the Director of the Disability Resource Center who coordinates services for students with disabilities. The Director reviews documentation provided by the student and, in consultation with the student, determines which accommodations are appropriate to the student's particular needs and academic programs.

#### **b. Employees with Disabilities**

Pursuant to the ADA, University will provide reasonable accommodation(s) to all qualified employees with known disabilities, where their disability affects the performance of their essential job functions, except where doing so would be unduly disruptive or would result in undue hardship.

An employee with a disability is responsible for requesting an accommodation in writing to Executive Director for Human Resources and provide appropriate documentation. The Executive Director for Human Resources will work with the employee's supervisor to identify which essential functions of the position are affected by the employee's disability and what reasonable accommodations could enable the employee to perform those duties.

### **3. University Policy on Discriminatory Harassment**

Students, staff, administrators, and faculty are entitled to a working environment and educational environment free of discriminatory harassment. University's harassment policy is not meant to inhibit or prohibit educational content or discussions inside or outside of the classroom that include germane, but controversial or sensitive subject matters protected by academic freedom. The sections below describe the specific forms of legally prohibited harassment that are also prohibited under University policy.

#### **a. Discriminatory and Bias-Related Harassment**

Harassment constitutes a form of discrimination that is prohibited by law. University will remedy all forms of harassment when reported, whether or not the harassment rises to the level of creating a hostile environment. When harassment rises to the level of creating a hostile environment, University may also impose sanctions on the harasser. University's harassment policy explicitly prohibits any form of harassment, defined as unwelcome conduct on the basis of actual or perceived membership in a protected class, by any member or group of the community.

A hostile environment may be created by verbal, written, graphic, or physical conduct that is sufficiently severe or persistent/pervasive and objectively

offensive that it interferes with, limits or denies the ability of an individual to participate in or benefit from educational programs or activities or employment access, benefits or opportunities.<sup>2</sup>

Offensive conduct and/or harassment that does not rise to the level of discrimination or that is of a generic nature not on the basis of a protected status may not result in the imposition of discipline under University policy, but will be addressed through civil confrontation, remedial actions, education and/or effective conflict resolution mechanisms. For assistance with conflict resolution techniques, contact the Title IX Coordinator.

University condemns and will not tolerate discriminatory harassment against any employee, student, visitor or guest on the basis of any status protected by University policy or law.

## **b. Sexual Harassment**

Both the Equal Employment Opportunity Commission and the State of California regard sexual harassment as a form of sex/gender discrimination and, therefore, as an unlawful discriminatory practice. University has adopted the following definition of sexual harassment, in order to address the special environment of an academic community, which consists not only of employer and employees, but of students as well.<sup>3</sup>

Sexual harassment is:

- unwelcome, sexual or gender-based verbal, written, online and/or physical conduct.<sup>4</sup>

---

<sup>2</sup> This definition of hostile environment is based on Federal Register / Vol. 59, No. 47 / Thursday, March 10, 1994: Department Of Education Office For Civil Rights, Racial Incidents And Harassment Against Students At Educational Institutions Investigative Guidance. The document is available at <http://www.ed.gov/about/offices/list/ocr/docs/race394.html>.

<sup>3</sup> Also of relevance is the Office of Civil Rights 2001 statement on sexual harassment, "Revised Sexual Harassment Guidance: Harassment Of Students By School Employees, Other Students, Or Third Parties, Title IX," which can be found at <http://www2.ed.gov/legislation/FedRegister/other/2001-1/011901b.html>, as well as the April, 2011 Dear Colleague Letter on Campus Sexual Violence, which can be found at: [http://www.whitehouse.gov/sites/default/files/dear\\_colleague\\_sexual\\_violence.pdf](http://www.whitehouse.gov/sites/default/files/dear_colleague_sexual_violence.pdf)

<sup>4</sup> Some examples of possible Sexual Harassment include:

- A faculty member insists that a student have sex with their in exchange for a good grade. This is harassment regardless of whether the student accedes to the request.
- A student repeatedly sends sexually oriented jokes around on an email list s/he created, even when asked to stop, causing one recipient to avoid the sender on campus and in the residence hall in which they both live.
- Explicit sexual pictures are displayed in an instructor's office or on the exterior of a door
- Two supervisors frequently 'rate' several employees' bodies and sex , commenting suggestively about their clothing and appearance.
- An instructor engages students in her class in discussions about their past sexual experiences, yet the conversation is not in any way germane to the subject matter of the class. She probes for explicit details, and demands that students answer her, though they are clearly uncomfortable and hesitant.
- An ex-girlfriend widely spreads false stories about her sex life with her former boyfriend to the clear discomfort of the boyfriend, turning him into a social pariah on campus
- Male students take to calling a particular brunette student "Monica" because of her resemblance to Monica Lewinsky. Soon, everyone adopts this nickname for her, and she is the target of relentless remarks about cigars, the president, "sexual relations" and Weight Watchers.
- A student grabbed another student by the hair, then grabbed her breast and put his mouth on it. While this is sexual harassment, it is also a form of sexual violence.

Anyone experiencing sexual harassment in any University program is encouraged to report it immediately to the Title IX Coordinator.

Sexual harassment creates a hostile environment, and may be disciplined when it is:

- sufficiently severe, persistent/pervasive and objectively offensive that it,
  - has the effect of unreasonably interfering with, denying or limiting employment opportunities or the ability to participate in or benefit from the University's educational, social and/or residential program, and is
  - based on power differentials (*quid pro quo*), the creation of a hostile environment or retaliation.
  
- The prohibition on sexual harassment applies to all staff employees and students, and in particular to supervisors (including direct supervisory and other management staff). A sexual advance violates this policy regardless of whether the advance is expressly related to the affected employee's/student's employment/academic status. It is improper to make sexual advances, ask for, demand or seek by subtle pressure sexual favors or activity from an employee/student, or to subject another employee/student to verbal or physical conduct of a sexual nature where:
  
- The submission to such behavior is a condition of any employment/academic opportunity, benefit, job retention, grade; or
  
- The submission to or rejection of such conduct is used as a basis for employment/academic decisions;
  
- It is improper for an employee/student to make sexual advances or to offer or suggest sexual favors or activity in exchange or in consideration for any personnel/academic action.
  
- It is improper to retaliate against an employee/student for refusing a sexual advance or for refusing a request, demand or pressure for sexual favors or activity or to retaliate against an employee/student who has reported an incident of possible sexual harassment to the University or to any government agency.
  
- Due to the possibility of misinterpretation of acts by other employees/students, the University discourages all roughhousing or physical contact, except that contact necessary and incidental to an employee's job/student's academic status. Further, certain kinds of physical conduct in the work/academic environment are particularly

inappropriate and may be grounds for immediate discipline, including dismissal from the University. That conduct includes, but is not limited to:

- o Kissing or attempting to kiss an employee/student;
  - o Touching or attempting to touch or pretending to touch the breasts, buttocks or genitals of an employee/student;
  - o Physically restraining by force or blocking the path of an employee/student when accompanied by other conduct of a sexual nature;
  - o Any other touching or attempted touching reasonably interpreted to be of a sexual nature.
- Sexual advances, unwelcome requests, demands, or subtle pressure for sexual favors or activity, lewd comments and sexual innuendos are also prohibited. This conduct includes, but is not limited to:
    - o Comments to an employee/student or others about the body of an employee/student which are intended to draw attention to the sex of the employee/student or can reasonably be interpreted to draw attention to the sex of the employee/student;
    - o Comments to the employee/student or others about the sexual conduct, capability, or desirability of an employee/student;
    - o Cat calls, whistles, or other conduct reasonably interpreted to be of a sexual nature.
  - Sexually suggestive gestures are also prohibited.
  - It is improper to subject employees/students to photographs, cartoons, articles, or other written or pictorial materials of a sexual nature after the employee/student has expressed their displeasure with such activity. These materials may be offensive to the public as well and should not be on display in offices or public areas in any event.
  - This policy is not intended to prohibit employees/students from asking other employees/students for social engagements. However, repeated requests where prior social invitations have been refused can be interpreted as sexual harassment. Employees/students should refrain from persistent invitations after an employee/student has indicated that such invitations are unwelcome.



## **POLICY EXPECTATIONS WITH RESPECT TO CONSENSUAL RELATIONSHIPS<sup>5</sup>**

There are inherent risks in any romantic or sexual relationship between individuals in unequal positions (such as faculty and student, supervisor and employee). These relationships may be less consensual than perceived by the individual whose position confers power. The relationship also may be viewed in different ways by each of the parties, particularly in retrospect. Furthermore, circumstances may change, and conduct that was previously welcome may become unwelcome. Even when both parties have consented at the outset to a romantic or sexual involvement, this past consent may not remove grounds for a later charge of a violation of applicable sections of this policy. The University does not wish to interfere with private choices regarding personal relationships when these relationships do not interfere with the goals and policies of the University. For the personal protection of members of this community, relationships in which power differentials are inherent (faculty-student, staff-student, administrator-student) are generally discouraged.

Consensual romantic or sexual relationships in which one party maintains a direct supervisory or evaluative role over the other party are unethical. Therefore, persons with direct supervisory or evaluative responsibilities who are involved in such relationships must bring those relationships to the timely attention of their supervisor, and will likely result in the necessity to remove the employee from the supervisory or evaluative responsibilities, or shift a party out of being supervised or evaluated by someone with whom they have established a consensual relationship. This includes Teaching Assistants and students over whom they have direct responsibility. While no relationships are prohibited by this policy, failure to self-report such relationships to a supervisor as required can result in disciplinary action for an employee.

### **c. Sexual Misconduct**

State law defines various violent and/or non-consensual sexual acts as crimes. Additionally, Samuel Merritt University has defined categories of sexual misconduct, as stated below, for which action under this policy may be imposed. Generally speaking, the University considers Non-Consensual Sexual Intercourse violations to be the most serious, and therefore typically imposes the most severe sanctions, including suspension or expulsion for students and termination for employees. However, the University reserves the right to impose any level of sanction, ranging from a reprimand up to and including suspension or expulsion/termination, for any act of sexual misconduct or other gender-based offenses, including intimate partner or relationship (dating and/or domestic)

---

<sup>5</sup> This section is offered as an optional inclusion, as some campuses prefer to include this policy elsewhere, such as a faculty handbook and student handbook. We include it here to inform students, not just employees, of our expectations.

violence, non-consensual sexual contact and stalking based on the facts and circumstances of the particular complaint. Acts of sexual misconduct may be committed by any person upon any other person, regardless of the sex, gender, sexual orientation and/or gender identity of those involved. Violations include:

1) **Sexual Harassment (as defined in section b above)**

2) **Non-Consensual Sexual Intercourse**

Defined as:

- any sexual penetration or intercourse (anal, oral or vaginal)
- however slight
- with any object
- by a person upon another person
- that is without consent and/or by force

Sexual penetration includes vaginal or anal penetration by a penis, tongue, finger or object, or oral copulation by mouth to genital contact or genital to mouth contact.

3) **Non-Consensual Sexual Contact<sup>6</sup>**

Defined as:

- any intentional sexual touching
- however slight
- with any object
- by a person upon another person
- that is without consent and/or by force

Sexual touching includes any bodily contact with the breasts, groin, genitals, mouth or other bodily orifice of another individual, or any other bodily contact in a sexual manner.

4) **Sexual Exploitation**

Sexual Exploitation refers to a situation in which a person takes non-consensual or abusive sexual advantage of another, and situations in which the conduct does not fall within the definitions of Sexual Harassment, Non-Consensual Sexual Intercourse or Non-Consensual Sexual Contact. Examples of sexual exploitation include, but are not limited to:

---

<sup>6</sup> The state definition of sexual assault is found at <http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=pen>, which is applicable to criminal prosecutions for sexual assault in California, but may differ from the definition used by University to address policy violations.

- Sexual voyeurism (such as watching a person undressing, using the bathroom or engaged in sexual acts without the consent of the person observed)
- Taking pictures or video or audio recording another in a sexual act, or in any other private activity without the consent of all involved in the activity, or exceeding the boundaries of consent (such as allowing another person to hide in a closet and observe sexual activity, or disseminating sexual pictures without the photographed person's consent)
- Prostitution
- Sexual exploitation also includes engaging in sexual activity with another person while knowingly infected with human immunodeficiency virus (HIV) or other sexually transmitted disease (STD) and without informing the other person of the infection, and further includes administering alcohol or drugs (such as "date rape" drugs) to another person without his or her knowledge or consent

### **Consent<sup>7</sup>**

- Consent is informed and an affirmative, unambiguous, and conscious decision by each participant to engage in mutually agreed-upon sexual activity. For consent to be valid, there must be a clear expression in words or actions that the other individual has consented to that specific sexual conduct.
- Consent is voluntary. It must be given without coercion, force, threats, or intimidation. Consent is an expression of free will.
- Consent in some form of sexual activity does not imply consent to other forms of sexual activity. Consent to sexual activity on one occasion is not consent to engage in sexual activity on another occasion. A current or previous dating or sexual relationship, by itself, is not sufficient to constitute consent. Even in the context of a relationship, there must be mutual consent to engage in sexual activity. Consent must be ongoing throughout a sexual encounter and can be revoked at any time. Once consent is withdrawn, the sexual activity must stop immediately.
- Consent cannot be given when a person is incapacitated. A person cannot consent if she/he/ze is under the influence of drugs, alcohol, or medication, unconscious or coming in and out of consciousness. An individual who engages in sexual activity when the individual knows, or should know, that the other person is physically or mentally incapacitated has violated this policy.

---

<sup>7</sup> The state definition of consent can be found at <http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=pen>, which is applicable to criminal prosecutions for sex offenses in California, but may differ from the definition used by University to address policy violations.

- It is not an excuse that the individual responding party of sexual misconduct was intoxicated and, therefore, did not realize the incapacity of the other.
- Incapacitation is defined as a state where someone cannot make rational, reasonable decisions because they lack the capacity to give knowing consent (e.g., to understand the “who, what, when, where, why or how” of their sexual interaction). This policy also covers a person whose incapacity results from mental disability, involuntary physical restraint and/or from the taking of incapacitating drugs.
- A person cannot consent if she/he/ze is under the threat of violence, bodily injury or other forms of coercion. A person cannot consent if their understanding of the act is affected by a physical or mental impairment.
- In the evaluation of any allegation it is not a valid excuse to alleged lack of affirmative consent that the responding party believed that the Reporting Party consented to the sexual activity under either of the following circumstances:
  - (A) The Responding Party’s belief in affirmative consent arose from the intoxication or recklessness of the accused.
  - (B) The Responding Party did not take reasonable steps, in the circumstances known to the accused at the time, to ascertain whether the Reporting Party affirmatively consented.
  - In The State of California a minor (meaning a person under the age of 18 years) cannot consent to sexual activity. This means that sexual contact by an adult with a person younger than 18 years old is a crime, as well as a violation of this policy, even if the minor wanted to engage in the act.

## EXAMPLES<sup>8</sup>

1. Amanda and Bill meet at a party. They spend the evening dancing and getting to know each other. Bill convinces Amanda to come up to his room. From 11:00pm until 3:00am, Bill uses every line he can think of to convince Amanda to have sex with him, but she adamantly refuses. He keeps at her, and begins to question her religious convictions, and accuses her of being “a prude.” Finally, it seems to Bill that her resolve is weakening, and he convinces her to give him a “hand job” (hand to genital contact). Amanda would never have done it but for Bill’s incessant advances. He feels that he successfully seduced her, and that she wanted to do it all along, but was playing shy and hard to get. Why else would she have come up to his room alone after the party? If she really didn’t want it, she could have left. Bill is responsible for violating the University Non-Consensual or Forced Sexual Contact policy. It is likely that a University hearing board would find that the degree and duration of the pressure Bill applied to Amanda are unreasonable. Bill coerced Amanda into performing unwanted sexual touching upon him. Where sexual activity is coerced, it is forced. Consent is not effective when forced. Sex without effective consent is sexual misconduct.
2. Jiang is a sophomore at the University. Beth is a freshman. Jiang comes to Beth’s dorm room with some mutual friends to watch a movie. Jiang and Beth, who have never met before, are attracted to each other. After the movie, everyone leaves, and Jiang and Beth are alone. They hit it off, and are soon becoming more intimate. They start to make out. Jiang verbally expresses his desire to have sex with Beth. Beth, who was abused by a baby-sitter when she was five, and has not had any sexual relations since, is shocked at how quickly things are progressing. As Jiang takes her by the wrist over to the bed, lays her down, undresses her, and begins to have intercourse with her, Beth has a severe flashback to her childhood trauma. She wants to tell Jiang to stop, but cannot. Beth is stiff and unresponsive during the intercourse. Is this a policy violation? Jiang would be held responsible in this scenario for Non Consensual Sexual Intercourse. It is the duty of the sexual initiator, Jiang, to make sure that he has mutually understandable consent to engage in sex. Though consent need not be verbal, it is the clearest form of consent. Here, Jiang had no verbal or non-verbal mutually understandable indication from Beth that she consented to sexual intercourse. Of course, wherever possible, students should attempt to be as clear as possible as to whether or not sexual contact is desired, but students must be aware that for psychological reasons, or because of alcohol or drug use, one’s partner may not be in a position to provide as clear an indication as the

---

<sup>8</sup> We recommend incorporation of examples into policy as an educational and preventive tool. Some campuses may prefer to break these out into separate documents or resources.

policy requires. As the policy makes clear, consent must be actively, not passively, given.

3. Kevin and Amy are at a party. Kevin is not sure how much Amy has been drinking, but he is pretty sure it's a lot. After the party, he walks Amy to her room, and Amy comes on to Kevin, initiating sexual activity. Kevin asks her if she is really up to this, and Amy says yes. Clothes go flying, and they end up in Amy's bed. Suddenly, Amy runs for the bathroom. When she returns, her face is pale, and Kevin thinks she may have thrown up. Amy gets back into bed, and they begin to have sexual intercourse. Kevin is having a good time, though he can't help but notice that Amy seems pretty groggy and passive, and he thinks Amy may have even passed out briefly during the sex, but he does not let that stop him. When Kevin runs into Amy the next day, he thanks her for the wild night. Amy remembers nothing, and decides to make a complaint to the Dean. This is a violation of the Non-Consensual Sexual Intercourse Policy. Kevin should have known that Amy was incapable of making a rational, reasonable decision about sex. Even if Amy seemed to consent, Kevin was well aware that Amy had consumed a large amount of alcohol, and Kevin thought Amy was physically ill, and that she passed out during sex. Kevin should be held accountable for taking advantage of Amy in her condition. This is not the level of respectful conduct expected of students.

#### **4. Other Civil Rights Offenses, When the Act is Based Upon the Status of a Protected Class**

- Threatening or causing physical harm, extreme verbal abuse or other conduct which threatens or endangers the health or safety of any person on the basis of their actual or perceived membership in a protected class
- Discrimination, defined as actions that deprive other members of the community of educational or employment access, benefits or opportunities on the basis of their actual or perceived membership in a protected class
- Intimidation, defined as implied threats or acts that cause an unreasonable fear of harm in another on the basis of actual or perceived membership in a protected class
- Hazing, defined as acts likely to cause physical or psychological harm or social ostracism to any person within the University community, when related to the admission, initiation, pledging, joining, or any other group-affiliation activity on the basis of actual or perceived membership in a protected class; hazing is also illegal under state law and prohibited by University policy
- Bullying, defined as
  - Repeated and/or severe
  - Aggressive behavior
  - Likely to intimidate or intentionally hurt, control or diminish another person, physically or mentally

- o That is not speech or conduct otherwise protected by the 1<sup>st</sup> Amendment.
- Violence between those in an intimate relationship to each other on the basis of actual or perceived membership in a protected class (this includes romantic relationships, dating, domestic<sup>9</sup> and/or relationship violence)<sup>10</sup>

## Stalking<sup>11</sup>

- a. Stalking 1:
  - i. A course of conduct
  - ii. Directed at a specific person
  - iii. On the basis of actual or perceived membership in a protected class
  - iv. That is unwelcome, AND
  - v. Would cause a reasonable person to feel fear
- b. [Stalking 2:
  - i. Repetitive and Menacing
  - ii. Pursuit, following, harassing and/or interfering with the peace and/or safety of another]
- c. Examples of Stalking:
  - i. A student repeatedly shows up at another student's on-campus residence, always notifying the front desk attendant that they are there to see the resident. Upon a call to the resident, the student informs residence hall staff that this visitor is uninvited and continuously attempts to see them, even so far as waiting for them outside of classes and showing up to their on-campus place of employment requesting that they go out on a date together. Stalking 1.
  - ii. A graduate student working as an on-campus tutor received flowers and gifts delivered to their office. After learning the gifts were from a student they recently tutored, the graduate student thanked the student and stated that it was not necessary and would appreciate the gift deliveries to stop.

---

<sup>9</sup> The state definition of domestic violence is found at <http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=pen> , which is applicable to criminal prosecutions for domestic violence in California, but may differ from the definition used by the University to address policy violations. [Included for VAWA Section 304 compliance purposes]

- Employee A has been in an intimate relationship with Employee B for over a year; Employee A punches Employee B in the face during an argument (Dating Violence).
- Student A has been in an intimate relationship with Student B for over a year; Students A & B live together. During an argument, Student A shoves Student B to the ground (Domestic Violence).

<sup>11</sup> The state definition of stalking can be found a <http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=pen>, which is applicable to criminal prosecutions for stalking in California, but may differ from the definition used by the University to address policy violations. [Included for VAWA Section 304 compliance purposes.]

The student then started leaving notes of love and gratitude on the graduate assistant's car, both on-campus and at home. Asked again to stop, the student stated by email: "You can ask me to stop, but I'm not giving up. We are meant to be together, and I'll do anything necessary to make you have the feelings for me that I have for you." When the tutor did not respond, the student emailed again, "You cannot escape me. I will track you to the ends of the earth. We are meant to be together." Stalking 2.

- Any other University rules, when a violation is motivated by the actual or perceived membership of the reporting party's sex or gender or in a protected class, may be pursued using this policy and process when the violation results in a discriminatory deprivation of educational or employment rights, privileges, benefits and/or opportunities.

Sanctions for the above-listed "Other Civil Rights Behaviors" behaviors range from reprimand up through and including expulsion of students or termination of employees.

## **5. Retaliation**

Retaliation is defined as any adverse action taken against a person participating in a protected activity because of their participation in that protected activity. Retaliation against an individual for alleging harassment, supporting a reporting party or for assisting in providing information relevant to a claim of harassment is a serious violation of University policy and will be treated as another possible instance of harassment or discrimination. Acts of alleged retaliation should be reported immediately to the Title IX Coordinator or to a deputy and will be promptly investigated. The University is prepared to take appropriate steps to protect individuals who fear that they may be subjected to retaliation.

## **6. Remedial Action**

University will implement initial remedial and responsive and/or protective actions upon notice of alleged harassment, retaliation and/or discrimination. Such actions could include but are not limited to: no contact orders, providing counseling and/or medical services, academic support, living arrangement adjustments, providing a campus escort, academic or work schedule and assignment accommodations, transportation resources, safety planning, referrals to campus and community support resources.

University will take additional prompt remedial and/or disciplinary action with respect to any member of the community, guest or visitor who has been found to engage in harassing or discriminatory behavior or retaliation. Procedures for handling reported incidents are fully described below. Deliberately false and/or malicious accusations of harassment, as opposed to reports which, even if



erroneous, are made in good faith, are just as serious an offense as harassment and will be subject to appropriate disciplinary action.

## **7. Confidentiality and Reporting of Offenses Under This Policy**

University officials, depending on their roles at the University, have varying reporting responsibilities and abilities to maintain confidentiality. In order to make informed choices, a reporting party should be aware of confidentiality and mandatory reporting requirements when consulting campus resources. On campus, some resources may maintain confidentiality, offering options and advice without any obligation to inform an outside agency or individual unless a reporting party has requested information to be shared. Other resources exist to report crimes and policy violations and these resources will take action when a reporting party shares notice of victimization with them. The following describes the reporting options at University:

### **a. Confidential Reporting**

If a reporting party would like the details of an incident to be kept confidential, the reporting party may speak with the University psychologist(s), student health service providers, off-campus local rape crisis counselors, domestic violence resources, local or state assistance agencies, or off-campus members of the clergy/chaplains who will maintain confidentiality except in extreme cases of immediacy of threat or danger or abuse of a minor. The Staff Psychologists and Family Nursing Practitioners in Student Health and Counseling (SHAC) and/or the Employee Assistance Program are available to help free of charge and can be seen on an emergency basis during normal business hours. These employees will submit anonymous statistical information for Clery Act purposes unless they believe it would be harmful to their client or patient.

### **b. Formal Reporting Options**

University employees have a duty to report, unless they fall under the section above. Parties making a report may want to consider carefully whether they share personally identifiable details with non-confidential employees, as those details must be shared by the employee with the Title IX Coordinator. Otherwise, employees must share all details of the reports they receive. If a reporting party does not wish for their name to be shared, does not wish for an investigation to take place, or does not want a formal resolution to be pursued, the reporting party may make such a request to the Title IX Coordinator, who will evaluate that request in light of the duty to ensure the safety of the campus and comply with federal law.

In cases indicating pattern, predation, weapons, threat and/or violence, the University will be unable to honor a request for confidentiality. In cases where the reporting party requests confidentiality and the circumstances allow the

University to honor that request, the University will offer interim supports and remedies to the reporting party and the community, but will not otherwise pursue formal action. A reporting party has the right, and can expect, to have reports taken seriously by the University when formally reported, and to have those incidents investigated and properly resolved through these procedures. Formal reporting still affords privacy to the reporter, and only a small group of officials who need to know will be told, including but not limited to investigators, witnesses, the University President, select senior administrators and the responding party. The circle of people with this knowledge will be kept as tight as possible to preserve a reporting party's rights and privacy. [Additionally anonymous reports can be made by victims and/or third parties. Note that these anonymous reports may prompt a need for the institution to investigate.

## **8. Federal Timely Warning Obligations**

Reporting parties should be aware that University administrators must issue timely warnings for incidents reported to them that pose a substantial threat of bodily harm or danger to members of the campus community. The University will make every effort to ensure that a reporting party's name and other identifying information is not disclosed, while still providing enough information for community members to make safety decisions in light of the potential danger.

## **RESOLUTION PROCESS FOR COMPLAINTS OF HARASSMENT, SEXUAL MISCONDUCT AND OTHER FORMS OF DISCRIMINATION**

Samuel Merritt University will act on any formal or informal report or notice of violation of the policy on Equal Opportunity, Harassment, and Nondiscrimination that is received by the Title IX Coordinator or any member of the administration.

The procedures described below will apply to all resolutions involving students, staff or faculty members with the exception that unionized or other categorized employees will be subject to the terms of their respective collective bargaining agreements/employees' rights to the extent those agreements do not conflict with federal or state compliance obligations. Redress and requests for responsive actions for reports made about non-members of the community are also covered by these procedures.

### **1. Filing a Complaint**

Any member of the community, guest, or visitor who believes that the policy on Equal Opportunity, Harassment and Nondiscrimination has been violated should contact the Title IX Coordinator. It is also possible for employees to notify a supervisor, or for students to notify an administrator or faculty member, or any member of the community may contact the Assistant Vice President for Enrollment and Student Services. These individuals will in turn notify the Title IX Coordinator. The University website also includes a reporting form at [online form link] which may serve to initiate a resolution.

All employees receiving reports of a potential violation of University policy are expected to promptly contact the Title IX Coordinator or designee, within 24 hours of becoming aware of a report or incident. All initial contacts will be treated with the maximum possible privacy. In all cases, the University will give consideration to the reporting party with respect to how the resolution is pursued, but reserves the right, when necessary to protect the community, to investigate and pursue a resolution when the reporting party chooses not to initiate or participate in a formal resolution.

### **3. Resolution Intake**

Normally within two business days of receipt of notice or a report, the Title IX Coordinator <sup>12</sup> will make an initial determination as to whether a policy violation may have occurred and/or whether conflict resolution might be appropriate. If the

---

<sup>12</sup> If circumstances require, the President or Title IX Coordinator may designate another person to oversee the process below, should a report be made involving the Coordinator or if the Coordinator is otherwise unavailable or unable to fulfill their duties.

report does not appear to allege a policy violation or if conflict resolution is desired by the reporting party, and appears appropriate given the nature of the alleged behavior, then the report does not proceed to investigation. A full investigation will necessarily be pursued if there is evidence of a pattern of misconduct or a perceived threat of further harm to the community or any of its members. University aims to complete all investigations within a 60 calendar day time period, which can be extended as necessary for appropriate cause by the Title IX Coordinator with notice to the parties.

The University's resolution will not typically be altered or precluded on the grounds that civil or criminal charges involving the same incident have been filed or that charges have been dismissed or reduced. However, the University may undertake a short delay (several days to weeks) in its investigation or resolution process, to comply with a law enforcement request for cooperation (e.g.: to allow for criminal evidence collection) when criminal charges on the basis of the same behaviors that invoke this process are being investigated. The University will promptly resume its investigation and processes once notified by law enforcement that the initial evidence collection process is complete.

#### **4. Advisors**

All parties are entitled to an advisor of their choosing to guide and accompany them throughout the resolution process. The advisor may be a friend, mentor, family member, attorney or any other supporter a party chooses to advise them. The parties may choose advisors from inside or outside the campus community.

The parties may be accompanied by their advisor in all meetings and interviews at which the party is entitled to be present, including intake and interviews. Advisors should help their advisees prepare for each meeting, and are expected to advise ethically, with integrity and in good faith. The University cannot guarantee equal advisory rights, meaning that if one party selects an advisor who is an attorney, but the other party does not, or cannot afford an attorney, the University is not obligated to provide one. Additionally, responding parties may wish to contact organizations such as:

- FACE (<http://www.facecampusequality.org>)
- SAVE (<http://www.saveservices.org>),

Reporting parties may wish to contact organizations such as:

- The Victim Rights Law Center (<http://www.victimrights.org>), or the
- The National Center for Victims of Crime (<http://www.victimsofcrime.org>), which maintains the Crime Victim's Bar Association.

All advisors are subject to the same campus rules, whether they are attorneys or not. Advisors may not address campus officials in a meeting or interview unless invited to. Advisors may confer quietly with their advisees as necessary, as long

as they do not disrupt the process. For longer or more involved discussions, the parties and their advisors should ask for breaks or step out of meetings to allow for private conversation. Advisors will typically be given an opportunity to meet in advance of any interview or meeting with the administrative officials conducting the interview or meeting. This pre-meeting will allow advisors to clarify any questions they may have, and allows the University an opportunity to clarify the role the advisor is expected to take.

Advisors are expected to refrain from interference with the University investigation and resolution. Any advisor who steps out of their role in any meeting under the campus resolution process will be warned once and only once. If the advisor continues to disrupt or otherwise fails to respect the limits of the advisor role, the advisor will be asked to leave the meeting. When an advisor is removed from a meeting, that meeting will typically continue without the advisor present. Subsequently, the Title IX Coordinator will determine whether the advisor may be reinstated, may be replaced by a different advisor, or whether the party will forfeit the right to an advisor for the remainder of the process.

The University expects that the parties will wish to share documentation related to the allegations with their advisors. The University provides a consent form that authorizes such sharing. The parties must complete this form before the University is able to share records with an advisor. Advisors are expected to maintain the privacy of the records shared with them. These records may not be shared with 3<sup>rd</sup> parties, disclosed publicly, or used for purposes not explicitly authorized by the University. The University may seek to restrict the role of any advisor who does not respect the sensitive nature of the process or who fails to abide by the University's privacy expectations.

The University expects an advisor to adjust their schedule to allow them to attend University meetings when scheduled. The University does not typically change scheduled meetings to accommodate an advisor's inability to attend. The University will, however, make provisions to allow an advisor who cannot attend in person to attend a meeting by telephone, video and/or virtual meeting technologies as may be convenient and available.

A party may elect to change advisors during the process, and is not locked into using the same advisor throughout.

## **5. Investigation**

If reporting party wishes to pursue a formal resolution or if University, based on the alleged policy violation, wishes to pursue a formal resolution, then the Title IX Coordinator appoints a trained investigator(s) to conduct the investigation, usually within two business days of determining that a resolution should proceed. Investigations are completed expeditiously, normally within 10 business days of

notice to the Title IX Coordinator. Investigations may take longer when initial reports fail to provide direct first-hand information. The University may undertake a short delay (to allow evidence collection) when criminal charges on the basis of the same behaviors that invoke this process are being investigated. The University's resolution will not be altered or precluded on the grounds that civil or criminal charges involving the same incident have been filed or that charges have been dismissed or reduced. All investigations will be thorough, reliable and impartial, prompt and fair and will entail interviews with all relevant parties and witnesses, obtaining available evidence and identifying sources of expert information, if necessary. At any point during the investigation, if it is determined there is no reasonable cause to believe that University policy has been violated, the Title IX Coordinator has authority to terminate the investigation and end resolution proceedings.

Witnesses are expected to cooperate with and participate in the University's investigation. Witnesses may provide written statements in lieu of interviews during the investigation and may be interviewed remotely by phone, Skype (or similar technology), if they cannot be interviewed in person.

## **5. Interim Remedies**

If, in the judgment of the Title IX Coordinator, the safety or well-being of any member(s) of the campus community may be jeopardized by the presence on-campus of the responding party or the ongoing activity of a student organization whose behavior is in question, the Title IX Coordinator may provide interim remedies intended to address the short-term effects of harassment, discrimination and/or retaliation, i.e., to redress harm to the reporting party and the community and to prevent further violations. These remedies may include referral to Student Health and Counseling (SHAC) or to the Employee Assistance Program, education to the community, altering the housing situation of the responding party or resident employee (or the reporting party, if desired), altering work arrangements for employees, providing campus escorts, implementing contact limitations between the parties, offering adjustments to academic deadlines, course schedules, etc.

The University may interim suspend a student, employee or organization pending the completion of investigation and procedures. In all cases in which an interim suspension is imposed, the student, employee or student organization will be given the opportunity to meet with the Title IX Coordinator prior to such suspension being imposed, or as soon thereafter as reasonably possible, to show cause why the suspension should not be implemented. The Title IX Coordinator has sole discretion to implement or stay an interim suspension under the policy on Equal Opportunity, Harassment and Nondiscrimination, and

to determine its conditions and duration. Violation of an interim suspension under this policy will be grounds for expulsion or termination.

During an interim suspension or administrative leave, a student or employee may be denied access to the University campus/facilities/events. As determined by the Title IX Coordinator this restriction includes classes and/or all other University activities or privileges for which the student or employee might otherwise be eligible. At the discretion of the Title IX Coordinator alternative coursework or work options may be pursued to ensure as minimal an impact as possible on the responding party.

## **6. Resolution of Reported Misconduct**

During or upon the completion of investigation, the Title IX Coordinator will review the investigation, which may include meeting with the investigators. Based on that review, the Title IX Coordinator will make a decision on whether there is reasonable cause to proceed with the resolution process.

If there is reasonable cause, the Title IX Coordinator will direct the investigation to continue and the allegation will be resolved through one of three processes discussed briefly here and in greater detail below:

- Conflict Resolution – typically used for less serious offenses and only when both parties agree to conflict resolution
- Administrative Resolution – resolution by a trained administrator

The process followed is dictated by the preference of the parties. Conflict Resolution will only occur if selected by both parties, otherwise the Administrative Resolution Process applies.

If, following a review of the investigation, the Title IX Coordinator decides by the preponderance of evidence that no policy violation has occurred, the process will end unless the reporting party requests that the Title IX Coordinator makes an extraordinary determination to re-open the investigation or to forward the matter for administrative resolution. This decision lies in the sole discretion of the Title IX Coordinator.

### **a. Conflict Resolution**

Conflict resolution is often used for less serious, yet inappropriate, behaviors and is encouraged as an alternative to the formal investigation process to resolve conflicts. The Title IX Coordinator will determine if conflict resolution is appropriate, based on the willingness of the parties, the nature of the conduct at

issue and the susceptibility of the conduct to conflict resolution. In a conflict resolution meeting, designated administrator(s) will facilitate a dialogue with the parties to an effective resolution, if possible. Sanctions are not possible as the result of a conflict resolution process, though the parties may agree to appropriate remedies. The Title IX Coordinator will keep records of any resolution that is reached, and failure to abide by the resolution can result in appropriate responsive actions.

Conflict resolution will not be the primary resolution mechanism used to address reports of sexual misconduct or violent behavior of any kind or in other cases of serious violations of policy, though it may be made available after the formal process is completed should the parties and the Title IX Coordinator believe that it could be beneficial. It is not necessary to pursue conflict resolution first in order to make a formal report and anyone participating in conflict resolution can stop that process at any time and request an administrative resolution.

Both parties will be notified of the outcome of Conflict Resolution, without undue delay between the notifications. Notification will be made in writing and may be delivered by one or more of the following methods: in person; mailed to the local or permanent address of the parties as indicated in official University records; or emailed to the parties' University-issued email account. Once mailed, emailed and/or received in-person, notice will be presumptively delivered.

## **b. Administrative Resolution**

Administrative Resolution can be pursued for any behavior that falls within the policy on Equal Opportunity, Harassment and Nondiscrimination, at any time during the process. The Title IX Coordinator will provide written notification to any member of University community who the responding party to an allegation of harassment, discrimination, or retaliation. Prior to meeting with University investigators, the parties will be provided with a written description of the alleged violation(s), a description of the applicable procedures and a statement of the potential sanctions/responsive actions that could result. This notice will include the time, date and location of the interview and a reminder that attendance is mandatory, superseding all other campus activities. If the responding party does not appear at the scheduled meeting, the meeting will be held in their absence.

The Administrative Resolution process consists of a prompt, thorough and impartial investigation, a finding on each of the alleged policy violations, and sanctions for findings of responsibility. Once the investigation described above is complete, the Title IX Coordinator will meet with the responding party to review the findings and the investigation report. The responding party may bring an advisor of their choosing to the meeting. The responding party may elect not to attend or participate, but the Administrative Resolution will proceed regardless.



During the meeting, the Title IX Coordinator review the investigation report with the responding party and will render a finding utilizing the preponderance of the evidence standard, based on the information provided by the investigation. The Title IX Coordinator in consultation as appropriate, will also determine appropriate sanctions or remedial actions.

The Title IX Coordinator will prepare a written report detailing the finding, the information supporting that finding and any information excluded from consideration and why. This report typically does not exceed two pages in length.

The Title IX Coordinator will inform the responding party and the reporting party of the final determination in writing within 3 business days of the Administrative Resolution. The final determination letter, incorporating the report described above, will be made in writing and will be delivered either:

- i. In person, or
- ii. Mailed to the local address of the respective party as indicated in official University records. If there is no local address on file, mail will be sent to the party's permanent address.
- iii. Emailed to the SMU email address of the respective parties

Where the responding party is found not responsible for the alleged violation(s), the investigation will be closed. Where a violation is found, the University will act to end the discrimination, prevent its recurrence, and remedy its effects on the victim and the university community. In cases involving sexual misconduct, sexual harassment, stalking and/or intimate partner violence, the written notification includes the finding, any resulting responsive actions, and the rationale for the decision. This written notification of final decision is delivered to the parties without undue delay between the notifications, and is considered a final determination. No appeal is provided.

#### **e. Sanctions**

Factors considered when determining a sanction/responsive action may include:

- The nature, severity of, and circumstances surrounding the violation
- An individual's disciplinary history
- Previous reports or allegations involving similar conduct
- Any other information deemed relevant in the Administrative Resolution.
- The need for sanctions/responsive actions to bring an end to the discrimination, harassment and/or retaliation
- The need for sanctions/responsive actions to prevent the future recurrence of discrimination, harassment and/or retaliation
- The need to remedy the effects of the discrimination, harassment and/or

retaliation on the reporting party and the community

## **i. Student Sanctions**

The following are the usual sanctions that may be imposed upon students or organizations singly or in combination:

- o *Warning*: A formal statement that the behavior was unacceptable and a warning that further infractions of any University policy, procedure or directive will result in more severe sanctions/responsive actions.
- o *Probation*: A written reprimand for violation of the Code of Student Conduct, providing for more severe disciplinary sanctions in the event that the student or organization is found in violation of any University policy, procedure or directive within a specified period of time. Terms of the probation will be specified and may include denial of specified social privileges, exclusion from co-curricular activities, non-contact orders and/or other measures deemed appropriate.
- o *Suspension*: Termination of student status for a definite period of time not to exceed two years, and/or until specific criteria are met. Students who return from suspension are automatically placed on probation through the remainder of their tenure at University.
- o *Expulsion*: Permanent termination of student status, revocation of rights to be on campus for any reason or attend University-sponsored events.
- o *Withholding Diploma*. University may withhold a student's diploma for a specified period of time and/or deny a student participation in commencement activities if the student has a complaint pending, or as a sanction if the student is found responsible for an alleged violation.
- o *Revocation of Degree*. University reserves the right to revoke a degree awarded from University for fraud, misrepresentation or other violation of University policies, procedures or directives in obtaining the degree, or for other serious violations committed by a student prior to graduation.
- o *Organizational Sanctions*. Deactivation, de-recognition, loss of all privileges (including University registration), for a specified period of time.
- o *Other Actions*: In addition to or in place of the above sanctions, University may assign any other sanctions as deemed appropriate.

## **ii. Employee Discipline**

Responsive actions for an employee who has engaged in harassment, discrimination and/or retaliation include warning, required counseling, demotion, suspension with pay, suspension without pay and termination.

#### **f. Withdrawal or Resignation While Charges Pending**

Students: Should a student decide to leave and not participate in the investigation and/or hearing, the process will nonetheless proceed in the student's absence to a reasonable resolution and that student will not be permitted to return to the University unless all sanctions have been satisfied.

Employees: Should an employee resign while charges are pending, the records of the Title IX Coordinator will reflect that status, as will University responses to any future inquiries regarding employment references for that individual. The Title IX Coordinator will act to promptly and effectively remedy the effects of the conduct upon the reporting party and the community.

#### **h. Failure to Complete Sanctions/Comply with Discipline**

All responding parties are expected to comply with conduct sanctions/discipline/corrective actions within the time frame specified by the Title IX Coordinator. Failure to follow through on conduct sanctions/discipline/corrective actions by the date specified, whether by refusal, neglect or any other reason, may result in additional sanctions/discipline/corrective actions and/or suspension, expulsion and/or termination from University and may be noted on a student's official transcript. A suspension will only be lifted when compliance is achieved to the satisfaction of the Title IX Coordinator.

#### **i. Records**

In implementing this policy, records of all allegations, investigations, and resolutions will be kept by the Title IX Coordinator.

#### **j. Statement of the Rights of the Parties**

##### ***Statement of the Reporting Party's rights:***

- The right to investigation and appropriate resolution of all credible reports or notice of sexual misconduct or discrimination made in good faith to university officials;
- The right to be informed in advance of any public release of information regarding the incident;
- The right of the reporting party not to have any personally identifiable information released to the public, without his or her consent.

- The right to be treated with respect by university officials;
- The right to have university policies and procedures followed without material deviation;
- The right not to be pressured to mediate or otherwise informally resolve any reported misconduct involving violence, including sexual violence.
- The right not to be discouraged by university officials from reporting sexual misconduct or discrimination to both on-campus and off-campus authorities.
- The right to be informed by university officials of options to notify proper law enforcement authorities, including on-campus and local police, and the option to be assisted by campus authorities in notifying such authorities, if the student so chooses. This also includes the right not to report, if this is the victim's desire;
- The right to have reports of sexual misconduct responded to promptly and with sensitivity by campus law enforcement and other campus officials.
- The right to be notified of available counseling, mental health, victim advocacy, health, legal assistance, student financial aid, visa and immigration assistance, or other student services for victims of sexual assault, both on campus and in the community;
- The right to a campus no contact order (or a trespass order against a non-affiliated 3<sup>rd</sup> party) when someone has engaged in or threatens to engage in stalking, threatening, harassing or other improper behavior that presents a danger to the welfare of the reporting party or others;
- The right to notification of and options for, and available assistance in, changing academic and living situations after an alleged sexual misconduct incident, if so requested by the victim and if such changes are reasonably available (no formal report, or investigation, campus or criminal, need occur before this option is available). Accommodations may include:
  - Exam (paper, assignment) rescheduling;
  - Taking an incomplete in a class;

- o Transferring class sections;
  - o Temporary withdrawal;
  - o Alternative course completion options.
- The right to have the institution maintain such accommodations for as long as is necessary, and for protective measures to remain confidential, provided confidentiality does not impair the institution's ability to provide the accommodations or protective measures.
- The right to be fully informed of campus policies and procedures as well as the nature and extent of all alleged violations contained within the report;
- The right to ask the investigators to identify and question relevant witnesses, including expert witnesses;
- The right to be informed of the names of all witnesses who will be called to give testimony, at least two business days prior to the hearing, except in cases where a witness' identity will not be revealed to the responding party for compelling safety reasons (this does not include the name of the alleged victim/reporting party, which will always be revealed);
- The right not to have irrelevant prior sexual history admitted as evidence in the resolution process;
- The right to regular updates on the status of the investigation and/or resolution.
- The right to have reports heard by investigators who have received at least eight hours of annual sexual misconduct training;
- The right to preservation of privacy, to the extent possible and permitted by law;
- The right to meetings, interviews that are closed to the public;
- The right to petition that any investigator be recused on the basis of demonstrated bias;

- The right to bring a victim advocate or advisor of the reporting party's choosing to all phases of the investigation and resolution proceeding;
- The right to provide evidence by means other than being in the same room with the responding party;
- The right to make or provide an impact statement in person or in writing to the investigators following determination of responsibility, but prior to sanctioning;
- The right to be informed of the outcome and sanction of the resolution process in writing, without undue delay between the notifications to the parties, and usually within 1 business day of the end of the process;
- The right to be informed in writing of when a decision of the university is considered final, any changes to the sanction to occur before the decision is finalized, to be informed of the finding and sanction of the resolution process;
- The right of the Reporting Party or any witness in an investigation of sexual assault, domestic violence, dating violence, or stalking not to be subject to disciplinary sanctions for a violation of the University's student conduct policy at or near the time of the incident, unless the institution determines that the violation was egregious, including, but not limited to, an action that places the health or safety of any other person at risk or involves plagiarism, cheating, or academic dishonesty.

***Statement of the Responding Party's rights:***

The rights of the responding party should also be prominently indicated. These should include, among others particular to your university:

- The right to investigation and appropriate resolution of all credible reports of sexual misconduct made in good faith to university administrators;
- The right to be informed in advance, when possible, of any public release of information regarding the report.
- The right to be treated with respect by university officials;

- The right to have university policies and procedures followed without material deviation;
- The right to be informed of and have access to campus resources for medical, health, counseling, and advisory services;
- The right to be fully informed of the nature, policies and procedures of the campus resolution process and to timely written notice of all alleged violations within the report, including the nature of the violation and possible sanctions;
- The right to a hearing on the report, including timely notice of the hearing date, and adequate time for preparation;
- The right to be informed of the names of all witnesses who will be interviewed, except in cases where a witness' identity will not be revealed to the responding party for compelling safety reasons (this does not include the name of the reporting party, which will always be revealed);
- The right not to have irrelevant prior sexual history admitted as evidence in a campus resolution process;
- The right to have reports addressed by investigators who have received at least 8 hours of annual training;
- The right to petition that any investigator be recused on the basis of demonstrated bias;
- The right to meetings and interviews that are closed to the public;
- The right to have an advisor of their choice to accompany and assist in the campus resolution process.
- The right to a fundamentally fair resolution, as defined in these procedures;
- The right to make or provide an impact statement in person or in writing to the investigators following any determination of responsibility, but prior to sanctioning;

- The right to a decision based solely on evidence presented during the resolution process. Such evidence shall be credible, relevant, based in fact, and without prejudice;
- The right to be informed of the outcome and sanction of the resolution process in writing, without undue delay between the notifications to the parties, and usually within 1 business day of the end of the process;
- The right to be informed in writing of when a decision of the university is considered final, any changes to the sanction to occur before the decision is finalized, to be informed of the finding and sanction of the resolution process.

### **8. Disabilities Accommodation in the Equity Resolution Process**

Samuel Merritt University is committed to providing qualified students, employees or others with disabilities with reasonable accommodations and support needed to ensure equal access to the Equity Resolution Process at the University. Anyone requesting such accommodations or support should contact the Director of the Disability Resource Center, who will review the request and, in consultation with the person requesting the accommodation, as well as the person coordinating the Equity Resolution Process, will determine which accommodations are appropriate and necessary for full participation.

### **9. Revision**

These policies and procedures will be reviewed and updated annually by the Title IX Coordinator. The Title IX Coordinator may make minor modifications to procedures that do not materially jeopardize the fairness owed to any party. However, the Title IX Coordinator may also vary procedures materially with notice (on the institutional web site, with appropriate date of effect identified) upon determining that changes to law or regulation require policy or procedural alterations not reflected in this policy and procedure. Procedures in effect at the time of its implementation will apply. Policy in effect at the time of the offense will apply even if the policy is changed subsequently, unless the parties consent to be bound by the current policy.

This policy and procedure was implemented in July 2015



## CAMPUS POLICIES

### ALCOHOL BEVERAGE POLICY

Student groups may include alcoholic beverages at official functions of the University provided the following guidelines are explicitly followed:

1. The Assistant Vice President of Enrollment and Student Services must approve the "Request to Serve Alcoholic Beverage" form, which is submitted no later than three working days prior to any event where serving of alcoholic beverage is planned.
  2. All existing state laws are followed, including the authorized drinking age.
  3. Each event must have a faculty or professional staff person responsible for and in attendance for the duration of the event. If event is a student run event, a student coordinator must also be responsible for and in attendance for the duration of the event.
  4. Alcohol cannot be consumed or distributed after midnight (12 AM).
  5. Persons wishing to drink alcohol must show ID.
  6. Only wine and beer may be served at functions. Food and non-alcoholic drinks, appealing and in amounts equal to alcohol, must be provided. No alcohol may be sold at any Samuel Merritt University function, either on or off-campus.
  7. The University's guidelines for serving alcohol are as follows:
    - a. For catered events, the caterer must serve the beer and wine and must show proof of liability coverage.
    - b. For non-catered events, a contracted bartending service must serve the beer and wine (please see below).
  8. Security may be required (about one guard per 100 participants), depending on the nature of the event. The group is responsible for paying for the guard. The Assistant Vice President of Enrollment and Student Services will determine if security is needed.
  9. Samuel Merritt University and/or the person serving alcoholic beverages reserve the right to refuse to serve alcoholic beverages to anyone.
- **Student-Organized Event:** All student-organized events must be approved in advance by the Assistant Vice President of Enrollment and Student Services. In order to obtain approval, please complete the request form that can be found on SMU Pulse and it will be routed for approvals.
  - **Employee Organized Event:** Please contact the Contract Specialist, who will assist in determining what is needed for all employee-organized event(s) where alcoholic beverages will be served. The contact information is as follows:
    - o Office: Peralta Pavilion, Suite 2802
    - o Phone: 510-879-9200, x7354 (extension 7354 from a University phone)

### **Policy Addressing Alcoholic Beverages and Drugs**

The possession, sale, or the furnishing of alcohol on the University campus is governed by California state law. Samuel Merritt University has been designated as “drug and alcohol free” and only under certain circumstances is the consumption of alcohol permitted. The possession, sale, manufacture or distribution of any controlled substance is illegal under both state and federal laws. Violators are subject to university disciplinary action, criminal prosecution, fine and imprisonment. It is unlawful to sell, furnish or provide alcohol to a person under the age of 21. The possession of alcohol by anyone under the age of 21 in a public place or place open to the public is illegal. It is also a violation of Samuel Merritt University policy for anyone to consume or possess alcohol in any public or private area of campus without prior University approval.

### **SOCIAL MEDIA POLICIES**

Please contact the SMU Communications Department or refer to the following webpage for details about SMU’s social media policies and guidelines:

### **AUTHORITY TO OBLIGATE THE UNIVERSITY**

Authorization to purchase within established signature authority is limited to administrative officers of the University, the chief administrative officer of each academic program, and designated program and administrative directors.

Designated members of the Student Body Association (SBA), such as class representatives, presidents of recognized clubs and organizations, and executive board members may represent the SBA; however, cannot represent or obligate Samuel Merritt University.

### **BULLETIN BOARDS**

Numerous bulletin boards are located in each University building. Students will be notified of policy changes and updates via email. These updates will also be posted on the website. Students are responsible for reading their SMU email for information regarding courses and registration. Bulletin boards are designated for specific purposes, i.e., Student Government activities, CNSA, and Financial Aid/Job Opportunities notices. Bulletin boards in the stairways and in the Peralta Pavilion Student Lounge are for students’ use to post any notices. Notices posted on walls, doors or other than on bulletin boards will be removed and discarded. The University’s electronic bulletin boards also serve these purposes.

### **COPYRIGHT**

It is the intent of Samuel Merritt University to comply with the U.S. Copyright Law (Title 17, U.S. Code, Sect. 101, et seq.). The University directs faculty, staff, and students to refrain from copying copyrighted works unless the action is

authorized by: (a) specific exemptions in the copyright law, (b) the principle of Fair Use, or (c) licenses or written permission from the copyright owner.

The Director of the John A. Graziano Memorial Library shall provide guidelines to ensure compliance with the law.

### **SMU Email Requirement**

Email is the official form of communication at the University, and students are required to access and manage their SMU email on a frequent and regular basis. Students are encouraged to communicate to SMU faculty and staff from their SMU email account. For help accessing email, students should contact the ITS Helpdesk at [helpdesk@samuelmerritt.edu](mailto:helpdesk@samuelmerritt.edu).

### **FREE ASSEMBLY**

The University encourages intellectual and personal development through student inquiry and continuing communication. Students are encouraged to engage in informal and formal dialogue, committees and meetings. All public assemblies must be peaceful and orderly, allow for freedom of expression, and not interfere with the continued performance of the functions of others. Students wishing to organize political or other meetings that directly or indirectly solicit students must consult with the Assistant Vice President of Enrollment and Student Services.

### **FUNDRAISING**

Fundraising by students must be for student-centered projects that are tied to education and/or student life such as ceremonies and learning experiences beyond the classroom. Fundraising that benefits external non-profit organizations must be approved by the advisor to the student group and the Assistant Vice President of Enrollment and Student Services. When fundraising occurs through a third party or off University property, the Executive Director of Development and Alumni Affairs and the Assistant Vice President of Enrollment and Student Services must approve the activity. These approvals must be in place a minimum of 30 days prior to the fundraising event.

### **POLICY:**

1. All student fundraising events must be approved by a faculty or staff advisor.
2. The Assistant Vice President of Enrollment and Student Services shall consult the Executive Director of Development and Alumni Affairs to establish charitable intent, if needed.
3. All fundraising events to be held off campus must have special approval by the Vice President of Enrollment Services and the Executive Director of Development and Alumni Affairs.

4. Additional approvals may be required and if so, students will be informed by their event advisor.
5. If a student group wants donor contributions to be acknowledged:
  - i. Contributions must come directly to the Office of Development and Alumni Affairs. Such checks need to be payable to Samuel Merritt University and have clear notation as to which student organization is the intended recipient.
  - ii. No goods or services are to be offered in exchange for or in recognition of contributions.
  - iii. The event/project must meet a charitable standard as defined by the Internal Revenue Service. Written IRS guidelines are available in the Office of Development and Alumni Affairs.

### **Identification Badges-Policy on Campus Access**

Access to the University facilities is limited to current faculty, staff and students, and is maintained through swipe card access via campus identification badges. Faculty, staff and students must wear their University ID (and campus identification badges if separate) while on campus and have it visible, above the waist, at all times. During business hours, faculty, staff and students have access to University facilities via their swipe card. During holidays, after business hours and weekends, access is limited or not permitted. The Director of Facilities will provide updates prior to holidays on what access is available. The University is closed the week between Christmas and New Year's Eve and special permission is required to be on campus during that time.

Please note that emergencies or extenuating circumstances may necessitate changes to any posted schedules.

Also please note that because the University shares facilities with various medical centers, some overlap of access by the public and medical center staff will happen. In these areas, the public can use the space as a part of visiting the medical center, and the security team will take responsibility for security and access.

It is a violation to give an ID badge to another person for any reason. Report lost badges immediately to Facilities. The lost card will be deleted from the system and a new card will be issued. There is a \$5 charge for a new badge. Please complete a New ID Request Form, which is available on the website, [www.samuelmerritt.edu](http://www.samuelmerritt.edu) or in the badging office, 400 Hawthorne Avenue, #217.

### **INSTITUTIONAL REVIEW BOARD**

Samuel Merritt University operates under the U.S. Department of Health and Human Services (USDHHS) and Food and Drug Administration (FDA)

regulations for the Protection of Human Research Subjects (Title 45 of the Code of Federal Regulations, Part 46). The Samuel Merritt University Institutional Review Board (SMUIRB) assumes full responsibility for review of research proposals involving human subjects and generated by Samuel Merritt University faculty, staff, and students. The SMUIRB facilitates ethical research and ensures that research at SMU is conducted in full compliance with both the letter and the spirit of regulations designed to protect the rights and welfare of human subjects recruited to participate in research conducted under the auspices of SMU. Operating Policies and Procedures for the Samuel Merritt University Institutional Review Board are available from the Institutional Review Board Administrator.

### **PREFERRED FIRST NAME**

Samuel Merritt University (SMU) recognizes that many persons use first names other than their legal names to identify themselves. As long as the use of this preferred first name does not violate the University's codes of conduct and ethics, is not restricted by state or federal law, and does not have an impact on the ability of the University to comply with state or federal law, the University will use the "preferred first name" when possible in the course of University activities.

#### Policy

Therefore, it is the policy of the University that any current or former student may choose a preferred first name in addition to the legal name listed for that person within the University's information systems. The person's preferred first name shall be used in University communications and reporting, except where the use of the legal name is required (described below).

The University reserves the right to remove a preferred name if it is used improperly, such as, to avoid legal obligations or misrepresentation.

#### Display of the Preferred First Name

Once established, the preferred name will be used throughout University systems, where possible. The legal name will continue to be used for those University records, documents, and business processes where the use of the legal name is required by law or University policy.

**A student's preferred name is used solely for SMU's internal systems; external systems (such as licensure paperwork, official transcripts, enrollment verifications, timecards, etc.) will continue to use the student's legal name.**

Places Where the Preferred First Name is Used:

- ID Badge
- Email Account and Active Directory Authentication
- Canvas
- Directory Listing (unless a student has requested a FERPA Exclusion)

Places Where the Legal First Name is Used:

- Background Check
- Financial Aid
- Responses to enrollment inquiries such as verification requests (unless a student has requested a FERPA Exclusion)
- Official Transcripts
- Licensure Paperwork

## **SMOKING POLICY**

In consideration of the philosophical obligations inherent in being a University dedicated to the preparation of health care professionals and with concern for the effects of second-hand smoke, Samuel Merritt University is a non-smoking facility in all of its buildings and grounds.

## **SOLICITATION**

### **Sales**

Students, alumni, and other members of the Samuel Merritt University community may make arrangements with the Office of the President to provide goods and services to the Samuel Merritt University community (e.g. symphony ticket sales). All solicitation and sales by non-campus individuals and groups must be registered and approved by the Office of the President.

### **Fundraising Activities**

Student organizations may engage in activities to raise funds for such things as class social events, ceremonies, conference fees, and scholarships. Approval for these activities is required by the organization's faculty advisor, the Assistant Vice President of Enrollment and Student Services, and the Executive Director of Development and Alumni Affairs. Other members of the Samuel Merritt University community, and off-campus groups may make arrangements with the Office of Development and Alumni Affairs to conduct charitable fundraising activities.

## **STUDENT TRAVEL POLICY**

(International travel)

Travel experiences are best undertaken by well-informed travelers. The University strongly encourages all students and faculty who are planning travel for educational or other purposes to review thoroughly the political, health, crime, and other safety-related conditions prevailing in any country or domestic locale to which travel is contemplated.

Faculty participation is not required for student travel unless university credit is being awarded. Since travel can present formidable logistical challenges, especially for the first time traveler to a remote destination, the University requires that students undertake travel as part of a recognized and experienced medical mission agency with well defined safety policies and procedures as well as relationships with local medical, social, housing authorities. Agencies of this type include Global Medical Brigades, and the Center for Health Leadership and Practice. If other similar groups are being considered, the University can assist in evaluating their services for approval. If students choose to travel on their own, they cannot use the University's name on materials, websites, fundraising posters, etc.

All University students are responsible for their own safety when traveling. SMU will not fund, award credit for, or otherwise sponsor or support travel to any

country where the [U.S. State Department](#) has issued a warning that recommends U.S. citizens depart the country; advises U.S. citizens against all travel to the country; or recommends that U.S. citizens defer non-essential travel to the country, or (very high) level threat. This restriction will apply through the date of departure.

When applicable, all students must sign a [Travel Abroad Release](#) acknowledging their understanding of the risks of such travel, affirming that they have reviewed and understand relevant safety-related materials, and assume the risks related to their travel. It is the responsibility of the student to submit the signed waiver to the program director/chair or dean who will, in turn submit the waiver to the Office of Academic Affairs.

### **What to do in an Emergency**

If you encounter an emergency while traveling where serious injury or illness has occurred, immediately seek medical treatment at the closest medical facility. If medical service is not available, contact the nearest [U.S. Consular service or Embassy](#).

### **Student Fundraising Associated with Your Trip**

The University will not participate in any student travel fund-raising activity that is not sponsored by an approved group who provides students access to a modicum of safety related services such as health care and access to evacuation services. Student fundraising, either through the University or approved sponsoring agency is managed by the Office of Development at the University. Please refer to the Student Fundraising Policy.

### **WEAPONS**

In the interest of the safety and security of all faculty, staff, students, guests and visitors to the University, and in maintaining compliance with applicable Penal and Education Codes, the possession of:

1. firearms
2. weapons
3. any device, instrument, or item deemed to be a firearm or weapon or used in a threatening manner
4. fireworks and other devices of an explosive nature

is strictly prohibited on the Samuel Merritt University and Alta Bates Summit Medical Center properties. Exceptions to this policy are members of federal, state, county, and local agencies authorized by specific law to possess firearms/weapons in the performance of their duties. Persons found guilty of violating this policy are subject to suspension or dismissal from the University.





## **STUDENT LIFE AND STUDENT SERVICES**

### **STUDENT ADVOCACY AND SUPPORT**

The Office of Student Services, located at 3100 Telegraph Ave, provides services and support for students in the following areas: Student Activities, Community Outreach, Student Governance, Career Support, New Student Orientation, Student Health and Counseling, Academic Resource Center, Disability Resource Center, Student Conduct, Veteran's Support, Equity and Inclusion Training and Programming. Staff in the Office of Student Services can assist students in situations in which advocacy, support and guidance are needed or desired.

Students who need advocacy, support, or guidance should contact the Assistant Director of Student Services at 510-879-9200, x7303.

### **DISABILITY RESOURCE CENTER**

#### **Mission**

Samuel Merritt University recognizes disability as an aspect of diversity that is integral to society and to the campus community. It is the policy and practice of Samuel Merritt University to create inclusive learning environments. The role of the Disability Resource Center (DRC) is to be a resource to the entire campus – and even beyond the campus community – to encourage the creation of educational environments that are accessible to everyone, regardless of disability. When this is accomplished, access for students with disabilities is seamless. The onus to create access for students with disabilities is on the entire campus community, with the ongoing support of the Disability Resource Center. When necessary, the DRC works with students and faculty to create accommodations to provide equal access to University services and facilities.

The Director of the Disability Resource Center oversees the creation and implementation of accommodations for students with disabilities. The DRC Director, in collaboration with the Assistant Vice President of Enrollment and Student Services, is responsible for investigation and handling student complaints of discrimination and overseeing compliance with various disability laws and policies, in cooperation with Samuel Merritt University's Human Resources Office. If there is an unresolved disagreement over the appropriateness of a particular academic accommodation or complaints of discrimination, the Vice President of Enrollment and Student Services makes a final determination in the matter following grievance procedures outlined in the University Catalog.

### **Technical Standards**

The University maintains a list of the cognitive, affective, and psychomotor skills deemed essential to the completion of each entry-level professional program and to perform as a competent generalist practitioner. These guidelines are available on the Samuel Merritt University website for each specific program at [www.samuelmerritt.edu](http://www.samuelmerritt.edu) (scroll down each page to “Technical Standards”).

### **Service Animals and Pets Guidelines**

Pets are not allowed in campus buildings. See contact information below for inquiries, procedures, and/or guidelines regarding disability-related animals, such as service animals and emotional support animals.

Please contact or visit the [Disability Resource Center](http://www.samuelmerritt.edu/drc).

[drc@samuelmerritt.edu](mailto:drc@samuelmerritt.edu)

3100 Telegraph Ave., Suite 1000

Oakland, California 94609

Phone 510.879.9233

Fax 510.457.2628

### **ACADEMIC RESOURCE CENTER**

#### **TUTORING SUPPORT**

SMU's Peer Tutoring program offers subject-specific peer tutoring as well as writing and non-content support (eg stress and time management) to both undergraduate and graduate students. Students can also access outsourced tutoring support for writing as well as key content areas. The University believes that tutoring is a shared process of teaching and learning, where the learner participates in their own academic growth. The program's focus is to provide all students with a supportive environment where they can improve their study skills, develop their professional practice skills, and master course content. Peer tutors are provided with an hourly stipend. Faculty may refer a student for tutoring or a student can seek the service on their own.

Enrolled students who would like tutoring support should complete the Tutor Request Form and then they will receive further instructions: [https://www.samuelmerritt.edu/academic\\_support/request\\_tutorial](https://www.samuelmerritt.edu/academic_support/request_tutorial). For more information, contact the Assistant Director of Academic Support at 510.879.9200, x7302.

#### **ACADEMIC COACHING**

Students can schedule a coaching session to improve their learning strategies including test-taking techniques and time management as well as stress reduction and mindfulness tips. Small group workshops can also be arranged. For Academic Support on the Oakland and San Francisco-Peninsula campuses, contact the Assistant Director of Academic Support (510.879.9200, x7302); on the Sacramento campus, contact the Academic Support Coordinator, at 916.678.3167.

## CO-CURRICULAR LEARNING

Co-curricular learning at Samuel Merritt University encompasses learning that occurs alongside the academic curriculum and aligns with the Institutional Learning Outcomes. The guiding philosophy behind the University's co-curricular learning opportunities is to foster holistic learning that empowers students to grow and develop as leaders committed to serving their communities. Through innovative thinking and best practices, Student Services, Diversity and Inclusion, and the Ethnic Health Institute provide learning experiences that engage the community, build empowerment in students, and encourage activism. Core values of trust, respect, and integrity drive our work as we promote inclusion and social justice in active partnership with students, faculty, staff, and community for learning and success. The programs and services offered foster the integration of student learning with personal development, personal responsibility, and the advancement of a healthy campus community in order to maximize students' success.

The Student Body Association and various class groups, advised by the Assistant Vice President of Enrollment and Student Services, also plan co-curricular activities throughout the year. These social, athletic, and recreational activities are an integral part of student life and include seminars, socials, educational programs, dinners, barbecues, films, and softball games.

## **STUDENT HEALTH AND COUNSELING (SHAC)**

The integrated Samuel Merritt University Student Health and Counseling Center (SHAC) provides top quality physical and mental health care to all currently enrolled students. We strive to enhance student wellness by promoting healthy lifestyle choices, encouraging a holistic philosophy and balance to life, and combining a pro-active, positive approach to healthy living and academic success. As health professionals we recognize that good health is more than the absence of illness, but rather a robust state of well-being that acknowledges the importance and inseparability of the mind-body relationship.

Location: Peralta Medical Office Building, 3100 Telegraph Avenue, 3<sup>rd</sup> Floor, Suite 3105, Oakland, CA 94609.

Hours: 8:30am–5:00pm, Monday through Friday.

Phone: 510.879.9288; all medical and counseling appointments

can be made by calling this number.  
<http://www.samuelmerritt.edu/shac>

## **HEALTH SERVICES**

Maintaining good physical health is an essential part of education and the SMU Health Center staff is committed to partnering with students to make informed choices and provide a holistic approach to student health, education, wellness and outreach services in a confidential, inclusive, and respectful environment.

Health Services available on the Oakland campus include:

- Acute outpatient health care
- Continuity of care for chronic illness
- Women's health care/Family planning
- Health care screening/assessment
- PPD skin tests for tuberculosis screening
- Immunizations
- Specialty referrals
- Wellness consultation

Students at the SACRAMENTO campus can access Health Services through the Sutter @ Work program. Samuel Merritt University is contracted with clinics in the Sacramento area for free annual PPD updates. Physical exams & vaccinations are charged a fee and the student is responsible for those fees. A list of Sutter @ work clinics in the Sacramento area can be found here:  
[http://www.samuelmerritt.edu/files/sutter\\_occupational\\_health\\_services\\_location.pdf](http://www.samuelmerritt.edu/files/sutter_occupational_health_services_location.pdf)

\*Note: You must have a treatment authorization form signed by the site manager at the Sacramento Campus before you go to an appointment.

### **After Hours Medical Care**

The Health & Counseling Center office is open Monday through Friday between the hours of 8:30am – 5:00pm. After hours, on weekends, or during academic holidays, students should seek medical services off campus through their insurance carrier.

## **COUNSELING SERVICES**

The staff at Samuel Merritt University knows that student life can be a difficult transitional period with increased pressure and stress. We try to help students understand this period, find ways of coping with crises and function more effectively in the college environment by assisting them in defining and accomplishing their personal and academic goals. All services are free of charge for enrolled students, students who take an official leave of absence, or students who are suspended.

Counseling Center Services include:

- Short term Individual Counseling (up to 10 sessions per student, per calendar year)
- Group Counseling
- Mental Health & Wellness Consultation
- Outreach & Presentations
- Health & Wellness Workshops
- On and Off-Campus Referrals
- Crisis Intervention, during business hours
- All services are free of charge for enrolled students.

Students at all campuses can make initial counseling appointments by contacting 510.879.9288. The Oakland Counseling Center Office is open Monday–Friday between 9:00am–5:00pm.

Students at our SACRAMENTO and SAN FRANCISCO PENINSULA campuses and in ON-LINE programs can obtain up to 10 counseling sessions per calendar year, either on the Oakland Campus or through the Sutter Employee Assistance Program (EAP) Resources at 800.477.2258. Counseling services costs are covered by tuition, no additional payment required.

#### After Hours & Crisis:

Counselors are available on campus Monday through Friday between 9:00 – 5:00pm. After business hours, on weekends or during holiday breaks, students seeking counseling services should utilize a provider through their health insurance. Students experiencing a psychiatric emergency should contact the following Crisis Lines or go to your nearest emergency room:

- Alameda County Crisis Contact Line      800-309-2131
- National Crisis Hotline                      800-273-TALK
- In ANY life threatening emergency,      Call 9-1-1

#### Wellness Programming

Wellness consultation and outreach services are provided to the Samuel Merritt University community throughout the academic year. These services include a variety of programs aimed at enhancing the learning environment of the institution and can range from individual workshops and outreach to faculty, students, and staff, to larger group programs including orientation, conferences and presentations. Wellness services are designed to proactively help students become more aware of healthy choices before problems have a chance to start.

## **STUDENT HEALTH REQUIREMENTS**

Before registration, all entering students must provide the following to the Student Health and Counseling Center. All required health information and

supporting documents must be uploaded and entered on the Student Health Portal (SHP). Documents submitted by mail, email, fax, or hand delivered will NOT be accepted and documents will not be returned.

1. **Tuberculosis Screening (PPD):** 2-Step PPD must be completed within 6 months prior to the University entrance date, and will need to be updated annually. Tuberculin (PPD) conversions will be evaluated and referred for follow-up care by the appropriate agency. Students who are exposed to a patient with tuberculosis will be screened according to Employee Health Services tuberculosis exposure policy. If there is a history of a positive PPD, students will need proof of a negative chest x-ray within 12 months prior to University entrance, date of positive PPD test, and an annual TB survey.
2. **Measles (Rubeola), Mumps, and Rubella:** Students born in 1957 or later: documentation of receipt of two doses of MMR or positive titres for rubeola, rubella, and mumps. Students born before 1957: documentation of receipt of one dose of MMR or positive titres for rubeola, rubella, and mumps.
3. **Varicella:** Documentation of positive varicella titre or of two varicella vaccines received regardless of prior history of chickenpox.
4. **Hepatitis B:** Documented proof of the Hepatitis B vaccination series (3 doses over a period of 6 months) or positive titre.
5. **Tetanus:** Verification of a Tdap (Tetanus, Diphtheria, Pertussis) within the last 10 years.
6. **Flu Vaccine:** Documented proof of the annual influenza vaccination or signed declination (mask required).
7. **Medical Insurance (see Student Health Insurance section)**
8. **There may be additional requirements from your academic program or clinical placement, including (but not limited to) vaccine titers, color vision testing, and physical exam. Please check with your clinical coordinator.**

The above health documents should be submitted to Student Health and Counseling Center as soon as you have confirmed your acceptance to the University, but no later than thirty days before your program start date.

Each department may have additional requirements. Any student who does not comply with the above examination and immunization policy will be prohibited from class attendance and clinical experience until she or he is in compliance. Registration for succeeding terms may be held until students provide the above documentation

## **PROCEDURES FOR REPORTING ILLNESSES AND ACCIDENTS**

1. At the beginning of each course, students are given procedures for requesting excused absences from clinical, course activities, and examinations for reasons which include, but are not limited to, illnesses and accidents.
2. Students notify or leave messages for their instructors at least one hour before the beginning of the clinical experience.
3. Students notify the appropriate agency supervisor as established by protocol in each agency, or by the clinical coordinator, at least one hour before the beginning of the clinical experience.

Faculty members have the right to deny students access to the clinical area if, in their opinion, the student is too ill or unsafe to care for patients. In instances where a faculty member is unable to make this decision, the student will be referred to Health Services for clearance. The Student Health Services nurse practitioner is available as a resource person to the faculty, as needed. If a student is hospitalized, the student and/or family will notify the Assistant Vice President of Enrollment and Student Services and the Student Health Services Department at the earliest possible time. If the Student Health Services Department is closed at the time of the student's illness or accident (see Clinical Injury for injuries occurring on clinical rotation), the department supervisor at Alta Bates Summit Medical Center will notify Health Services and the Assistant Vice President of Enrollment and Student Services.

#### Referrals

Faculty may refer students with suspected functional, organic, or emotional problems to the Assistant Vice President of Enrollment and Student Services, or in his/her absence the Vice President of Enrollment & Student Services, for evaluation. The Assistant Vice President of Enrollment and Student Services will evaluate and refer to specialists when necessary (at student's own expense).



## STUDENT HEALTH POLICIES

### ***Bloodborne Diseases***

All students and faculty will, as appropriate, receive instruction in the utilization of standard precautions and infection control procedures for the prevention of the transmission of blood-borne diseases.

### ***Flu Vaccination Policy***

All Samuel Merritt University students must have an annual flu vaccine prior to entering a clinical setting. Students who decline a flu vaccine must wear an N95 mask when they are in clinicals. Students are informed that if they refuse to get their annual flu vaccine, it may affect their ability to practice in a clinical location and prevent a student from progressing in her/his academic program.

### ***Clinical Injury Policy***

Due to both the variations in clinical sites and agency personnel and departmental faculty roles, each University department will publish a specific procedure for handling student injuries and exposures to potentially hazardous materials. Students will be provided with thorough orientation to that procedure with their first clinical assignment. Students and faculty will clarify the protocol for handling clinical injuries and exposures with each subsequent clinical rotation.

Clinical injuries are covered under the University's worker's compensation insurance. Treatment will be available from a Sutter Health @ Work facility, during regular business hours, and from the Emergency Department during non-business hours (see procedures for specific hours). These sites should also be used for students injured during work/study employment, as well as students injured during clinical assignments. In addition to receiving evaluation and treatment, students will, as soon after the injury or exposure as possible, notify the appropriate University representative designated within their department (i.e. clinical faculty member for nursing, clinical coordinator for PT and OT), and within 24 hours notify the Samuel Merritt University Office of Human Resources (510.879.9260) of any injury or occupational hazard exposure and be assured of support in decision making regarding correct procedure for treatment and follow-up.

**In order to avoid incurring financial and legal liability, it is critical for injured or exposed students and their clinical faculty to follow the procedure provided by their department.**

Students are required to carry the University's health insurance (or have an approved plan that meets University requirements) to cover treatment of illnesses not directly related to classroom and clinical work. For more information about the Clinical Injury Procedure, please contact your department representative.

## **Infectious Diseases**

Samuel Merritt University provides an educational environment which seeks to foster respect for human dignity and to promote professional responsibility. Students and faculty follow the standards of professionalism and ethical practice in accordance with the respective professional codes of ethics when dealing with issues of infectious illness. The University is committed to supporting the rights of all people to receive high quality healthcare, regardless of social and economic status, personal attributes, or the nature of their health problems.

### **Assignment of students to care for clients with an infectious illness**

Because it is the policy of most healthcare agencies that employees will treat clients without discrimination, and since students are being educated to work in a variety of healthcare delivery settings, it is essential that they learn to care for a variety of clients with infectious illnesses. When proper precautions are practiced, the chances of a healthcare worker becoming infected are minimized. The student will be assigned to a client with an infectious illness only after being educated on the epidemiology, precautions and practices to be taken to prevent transmission of these illnesses. Prior to such assignments, the student will also have satisfactorily demonstrated skill in application of infection precautions.

### **Exemption of students under special circumstances**

- *Immunocompromised students:* Students with diagnosed immunological deficiencies are at an increased risk for developing opportunistic infections. The decision to exempt such a student from caring for a client with an infectious illness will be made on a case-by-case basis by the faculty responsible for the clinical course in consultation with the student's physician and appropriate University faculty/administrators. Current CDC guidelines recommend that asymptomatic healthcare workers with HIV infection not be restricted from employment. Based on this information, students who are positive for HIV and who are asymptomatic need not be restricted from clinical agencies or from attending class. Students should be advised that HIV infection may cause immunosuppression, and therefore increase the student's susceptibility to infections acquired from client-student interaction.
- *Pregnant students:* Any limitations regarding clinical experience should be outlined in writing by the student's physician. The student is responsible for contacting the Student Health Services family nurse practitioner for counseling regarding safety in the clinical setting. A pregnant student should also consult with her academic advisor regarding her schedule and possible adjustments to her degree plan. When assigning a student with confirmed pregnancy, faculty will follow the established policy of the institution where the clinical experience is based.

- *Students with infectious illness:* Any students exhibiting signs and symptoms of an infectious illness that places at risk the health of those with whom they have contact will not attend class or clinical.
- *Student refusal of clinical assignment:* Any student who refuses a clinical assignment because of the nature of the client's illness may be subject to disciplinary action.

**Exposure of students to an infectious illness:**

*Prevention:* There is an immunization prerequisite for clinical courses. Infectious illness history and an immunization record are obtained at the time of admission into the University and are updated periodically to conform with the required practices of Student Health Services. Students who have not filed the University medical history and physical examination form or who are not current with immunizations will be prohibited from clinical experience until they are in compliance.

*Suspected or confirmed exposure of a student to an infectious illness:* The suspected or confirmed exposure of a student while in a clinical agency is treated in a manner similar to any exposure occurring within the agency. The student is expected to immediately notify the clinical faculty, who will then notify the supervisor of the healthcare facility where the exposure occurred. A formal report of such exposure should be filed at the agency as directed by agency policy before the end of the clinical day. The forms designated in the SMU Clinical Injury/Exposure Procedure must be submitted to Samuel Merritt University Human Resources as soon as possible after injury or exposure. Subsequently, agency and University policies should be followed for reporting and follow-up surveillance and/or treatment. Any exposure to an infection during clinical rotation at Alta Bates Summit Medical Center must be evaluated by Employee Health and Infection Control. If necessary, medical referral will be provided. Exposures at other agencies should be followed up with the appropriate departments where the exposure occurred. Follow-up for exposures to infectious disease from other clinical settings will be provided if the healthcare agency where exposure occurred refuses to follow up (and documentation of the exposure is given to Sutter @ Work). Any exposure to an infectious disease outside of clinical rotation may be evaluated by Student Health Services for follow-up treatment as needed and according to policy. The clinical faculty is expected to notify the program or department Clinical Coordinator and department chair or program director of student exposure to an infectious illness.

**Other Health Services**

Nutritional counseling, wellness classes, and a chemical dependency prevention and treatment program are among the services offered at reduced rates by Alta Bates Summit Medical Center.

#### Primary Services Not Provided by Health Services:

- a) Illness or injury requiring hospitalization
- b) Specialty services or referrals, e.g., gynecological, dental, dermatological, ophthalmologic, optometric, psychiatric, etc.
- c) Special appliances such as braces, glasses, splints, etc.
- d) Health care after termination of regular enrollment or when on leave of absence
- e) Cost of prescribed medication
- f) Visits to the emergency department or the occupational health physician (unless covered by Worker's Compensation)
- g) Lab, x-ray, and other diagnostic tests

#### Discounted Medical Benefits

Students employed by Alta Bates Summit Medical Center are eligible for discounted medical services. For further information, call the Alta Bates Summit Medical Center Cashier's Office, (510) 655-4000, ext. 4500.

#### STUDENT HEALTH INSURANCE

In order to comply with clinical requirements and accrediting obligations, SMU requires all students to obtain and maintain continuous coverage in a domestic medical insurance plan that is compliant with the Affordable Care Act (ACA). The minimum level of coverage for waiving enrollment in the student health insurance plan includes an ACA-compliant level medical plan, urgent and non-urgent care, mental health benefits, and prescription coverage. Students who have their own qualified plan must submit an online waiver form; students who need coverage must enroll in the University plan(s) by submitting an online enrollment form. Any questions regarding the University's responsibility for medical care should be referred to the Coordinator of Student Health and Counseling Center. Information on student insurance plans can be found at <https://app.hsac.com/smu>.

1. New students, at least thirty days prior to their program start date, are required to submit an online Student Health Insurance Form indicating that:
  - a) you would like to enroll in the SMU health insurance plan, or
  - b) you would like to waive the SMU health insurance plan and will provide proof of an approved group health insurance plan by submitting the policy information as requested by the Student Health Insurance Form.

See website: <https://app.hsac.com/smu>

2. [Fees for students who wish to enroll in the University's Anthem Blue Cross Health Insurance plan:](#)

Students who fail to submit an online enrollment form by the start of their first term in their program will be automatically enrolled and charged for the full term.

3. Students enrolled in the University's plan will be re-billed each term while they are enrolled at SMU, unless and until a new online enrollment form is completed and submitted in advance of the next term's billing cycle to the Office of Health & Counseling Services.

All students are required to notify the Servicing Administrator for SMU - HSA Consulting, Inc. (HSAC) - of any change in their health insurance status while enrolled at SMU via submitting a new online Student Health Insurance Enrollment Form.

All charges for the University's Health Insurance will be billed to your University student account.

4. Students who take an official leave of absence or suspended, are eligible to keep their insurance for the duration of their leave, provided that they make a payment in advance for every six months of coverage.

There are no adjustments or refunds available for payments made for health insurance continuation during a leave of absence or suspension.

5. Students who withdraw from Samuel Merritt University will have their SMU health insurance terminated as of their withdrawal date, unless they elect to keep their insurance through the end of the period for which they last paid.

Students must **complete** the withdraw process, as outlined in the Academic Policies section, prior to having their insurance charges adjusted. Students must provide the Office of Health & Counseling Services with a copy of the completed withdrawal form.

## **BOOKSTORE**

Located on the Oakland campus in Peralta Pavilion, Room 2710, the Samuel Merritt University Bookstore is open Monday to Thursday, 9:00am until 5:00pm, and Friday, 9:00am until 3:00pm, and is operated by The Follett Higher Education Group.

A full range of services are available, including textbooks, special book orders, school supplies, Samuel Merritt University gear and clothing, drinks and snacks, as well as other healthcare student needs.

Contact the bookstore via telephone at (510) 879-9287; visit the bookstore through the University website, or at [www.efollett.com](http://www.efollett.com) and select “school.”

## **CEREMONIES AND EVENTS**

The University and its departments sponsor annual ceremonies and events to recognize achievement, celebrate progress, communicate information, and to build a stronger sense of community among the University’s varied constituencies. Commencement is coordinated in the Office of Academic Affairs. Department-sponsored ceremonies and events are coordinated by the department’s faculty and staff. Significant events include:

### Closure Ceremonies

Special “end of program” activities for each program which are sponsored by an academic department. These may include graduation dinners, award ceremonies, professional honor society events, and professional “pinning” or white coat ceremonies.

### Nursing Program Pinning

Held during the academic year by the School of Nursing for undergraduate nursing and entry-level master of science in nursing students who complete pre-licensure or undergraduate degree requirements. Pinning is a ceremony of special historic and symbolic significance in which students receive the insignia of the nursing program in the form of a pin to be worn with their professional attire.

### Commencement Ceremonies

Commencement events include ceremonies for the undergraduate, graduate, and doctoral programs. Commencement is held in May and December.

## **COMPLAINT PROCESS**

Samuel Merritt University values information from students, faculty, staff, and the public that assists in assuring that policies and procedures are applied appropriately and continuing improvement of the institution takes place.

The University has a complaint process to be used by students, faculty and staff as described below. Complaints are received, monitored, evaluated, and wherever possible within existing policy and resources, resolved. The process is managed by the Office of the President.

## **Definition of Complaint**

A **complaint** is a concern or issue identified by a Samuel Merritt University student, faculty, staff member or external party with respect to the operations, services, conditions or facilities of the University. Issues concerning academic or behavioral matters involving students and faculty are governed by the dispute resolution and grievance procedures outlined in the *SMU Catalog*(page X), and are not governed by the *complaint process*. Complaints concerning the personal lives of individuals connected to the University are not considered.

## **Process and Procedure**

Complaints are reviewed by the Office of the President, and if determined to fall within the definition provided in the *complaint policy*, will be forwarded to the appropriate University office for response. The person submitting a complaint will receive a written acknowledgment that the complaint was received within three (3) business days, and whether further review and response will be forthcoming, or that it does not fall within policy. In cases where the complaint is not clear, further clarification or information will be requested.

If the complaint is considered, the complainant will receive a response from a University office or representative within thirty (30) business days, or should additional time be required, the complainant will be so notified. The response to the complainant will indicate the University's understanding of the complaint, provide an explanation or other information that would inform the complainant, and describe a resolution if feasible. The response will indicate that the complaint is closed or pending further review.

## **How to Submit a Complaint**

Any complaint to the University must be submitted electronically on the University website. The link can be found on the SMU homepage under “Complaints” at the bottom of the page. Alternatively, the direct link to the complaint process and form is: <https://www.samuelmerritt.edu/complaints>.

An individual may contact the Bureau for Private Postsecondary Education for review of a complaint. The bureau may be contacted at 2535 Capital Oaks Drive, Suite 400, Sacramento, CA 94633. <http://www.bppe.ca.gov>. or (916) 431-6924.

For students in Texas enrolled in online programs: If after going through the University's procedures, a student still wants to file a complaint with the Texas Higher Education Coordinating Board (THECB), they should go to <http://www.thecb.state.tx.us>. Forms and a description of the student complaint process can be found there.

## **EMPLOYMENT (Student)**

Student employment offers students the opportunity to help meet University expenses and gain valuable job experience. A list of current student employment opportunities is posted at the Samuel Merritt University Employment webpage. A variety of student positions are available at the University. There are a limited number of off-campus community service positions that are work study eligible. Students must speak with the Director of Financial Aid for requirements, eligibility, and openings prior to considering any off campus work-study job. Students may work a maximum of 20 hours/week and 8 hours/day while attending classes. If a student is not enrolled in classes for a semester as part of the normal progression (summer vacation), additional hours may be worked, up to a maximum of 40 hours/week and 8 hours/day.

## **SECURITY/ESCORT SERVICE**

It is advisable for students leaving the campus after dark to call for a guard to escort them to their cars. Arrangements for escort service can be made through the Summit operator (or security office at the campuses).

Any threats to safety should be immediately reported to Security as well as University officials.

## **SAMUEL MERRITT UNIVERSITY LIBRARIES**

The John. A Graziano Memorial Library houses the largest and most complete collection of nursing journals, monographs, and audiovisual materials in the East Bay, and one of the best collections in this specialty area in California. The Library also has holdings in physical therapy, occupational therapy, physician assistant, and podiatric medicine resources. In addition, the Library supports a core medical collection of textbooks and reference materials, and subscribes to more than 11,000 print and electronic journals. The Library currently contains a collection of 46,000 volumes. The Library maintains online access to 36 databases and a web-based catalog and student handbook. In addition, there are laptop computers with network access available for in-library usage. The Library is the information center for Samuel Merritt University. As such, it serves the students, faculty, and staff with a full range of reference and circulation services and full access to electronic information technology. Members of the University community may be asked to present their photo identification card to assure access to library collections and services.

### **Library Facilities and Services at the Campuses**

Students and faculty at the campuses have the services of a librarian who is based on site. The librarian provides orientations to library services and teaches students how to locate, evaluate, and effectively use the needed information. The librarian also works with faculty in order to build core text collections that support the curriculum. Students may set up appointments to work with the librarian one on one or in small groups.



All Library licensed databases, including more than 11,000 full-text electronic journals and 200 e-books are available at the campuses. Proxy mediated access to databases is also available from off-campus.

### **MEDIA SERVICES**

The Samuel Merritt University Media Services Department provides audio-visual (A/V) support to Samuel Merritt University and its Health Education Center, and Alta Bates Summit Medical Center. Media Services provides on-site support of A/V technology installed in all SMU campus classrooms, conference rooms, video conferencing facilities, health science simulation suites, and other A/V equipped rooms.

Video recording services are available for academic events during normal business hours. Requests by faculty, staff, and students for recording of on-campus events will be honored based on the availability of a Media Services technician. Faculty, staff, and students may request duplication of audio or video media for academic use. All media duplication activities are completed in accordance to federal copyright and intellectual property governance laws.

Media Services provides portable A/V equipment for academic use in locations where integrated systems are not available. To reserve A/V equipment, or to inquire about services and availability, please contact the Media Services Department at (510) 907-2555.

### **TECHNOLOGY SERVICES**

Desktop computers are available for student use in designated computer labs at each SMU campus. All lab computers have Internet access, Microsoft Office Enterprise Edition, and a variety of computer-assisted instructional programs. The Oakland campus has one additional computer lab located in Peralta Pavilion Level-L, which is frequently used for computer training or online testing activities. Wireless network access is available to students in all classroom, library, and group study areas.

### **PRINTING AND COPYING**

Each computer lab offers students access to laser printing and self-service photocopy machines. Students are allocated a quota of complementary printing and copying each academic term. Individuals whose printing and copying exceeds quota will be charged at the end of the term. Please see the website for more details, including pricing. The University observes copyright regulations.

### **MAIL SERVICE**

The mailing address for the University is 3100 Telegraph Avenue, Oakland, California 94609-3108. Students may leave written messages or documents for

faculty or staff at the Campus Service Center, with the administrative staff at the campuses, or at their respective offices.

## **PARKING AND PUBLIC TRANSPORTATION**

Students are responsible for providing their own transportation to and from classes and clinical experiences. Nearby garages offer parking, patrolled by security officers, on a daily or semester fee basis. Students are encouraged to travel in carpools whenever possible.

### **Parking Information and Applications**

Parking at Sacramento and San Francisco Peninsula is free for faculty, staff, and students.

Parking in Oakland is subject to application and payment of a semester fee. [More information can be found here.](#)

## **STUDENT ORGANIZATIONS**

### **CREATING NEW CLUBS AND ORGANIZATIONS**

#### **Process of Obtaining an Organization/Club Charter**

1. Any group of students wishing to start an organization/club may do so. There must be an initial start of 10 students petitioning interest for the proposed organization/club.
2. The organization/club charter and list of students must be completed and given to SBA two weeks prior to first proposal of organization/club to SBA.
3. It shall take a 2/3 majority vote of the SBA leadership to approve an organization/club.
4. Membership shall be open to all SBA members (SMU students) who express a desire to be part of the organization/club.
5. The organization/club shall elect an advisor to attend events and activities when available to do so.
6. After the organization/club charter has been approved, the organization/club is granted \$500 seed money from SBA funds. This money is allotted one time only. There is no replenishing of organization/club funds by SBA means. No funds shall be approved for any organization/club that does not conform to the bylaws.
7. An organization shall be a group which functions to enhance the professional attitudes, skills, and knowledge of students.
8. A club shall be a group organized to carry out specialized extracurricular activities.
9. Any club or organization that does not perform according to the standards and expectations set forth by University, SBA and/or the

approved charter may have its charter, approval, and access to any funding revoked.

10. The President of the organization/club shall attend or send an alternate to all Student Body Association meetings or communicate with SBA via email to [sba@samuelmerritt.edu](mailto:sba@samuelmerritt.edu)

### STUDENT POLICY DEVELOPMENT PROCESS

Any student or group of students may submit for approval a proposed policy to the appropriate student government committee.

The committee may:

1. Recommend approval of the policy and forward it to the Assistant Vice President of Enrollment and Student Services.
2. Return it to the originator for revisions and modifications.
3. Reject the proposed policy outright. If the policy is rejected, an explanation must be provided to the originator.

The Assistant Vice President of Enrollment and Student Services may:

1. Approve the policy outright or send it forward to the appropriate University committee or administrator.
2. Return it to the originator for revisions and modifications.
3. Reject the proposed policy outright. If the policy is rejected, an explanation must be provided to the originator and to the approving student body committee(s).

### ALUMNI SOCIETY

The Alumni Society exists to strengthen ties between its members and the University, to aid in the University's future goals, and to promote the University in desirable and practical ways. From an earlier organization, the Samuel Merritt Nurses Alumni Association, the Alumni Society was formed in 1996 to include graduates of all Samuel Merritt University programs. All graduates of Samuel Merritt University, Providence College of Nursing, as well as graduates of the California College of Podiatric Medicine, are members of the Alumni Society. Members receive invitations to regular social, educational, and professional development activities, a subscription to the alumni newsletter, the *Reporter*; and borrower privileges at the John A. Graziano Memorial Library. Members are encouraged to keep in regular contact with the University, and to assist the University in its fundraising and recruitment goals.

### STUDENT ACTIVITIES

Social, athletic, and recreational activities are an integral part of student life. Advised by the Assistant Vice President of Enrollment and Student Services, the student body association and various class groups plan activities including seminars, socials, educational programs, dinners, barbecues, films, and softball games throughout the year. Recreational facilities are provided for the enjoyment of students, faculty, and staff.

## UNIVERSITY FACILITIES

### SAMUEL MERRITT UNIVERSITY CAMPUS

The classrooms, laboratories, offices and services of SMU's main Oakland campus are located in six buildings on the Alta Bates Summit Medical Center campus in Oakland.

### PERALTA PAVILION

Most of the University's administrative offices are on the second floor of Peralta Pavilion at 450 30th Street in Oakland. These include the offices of the President, Academic Vice President and Provost, Vice President of Finance and Administration, Human Resources, Planning and Business Development, Communications and External Affairs, and Diversity and Inclusion. Administrative and faculty offices for the California School of Podiatric Medicine are also on the second floor.

The third and fourth floors have faculty and staff offices for the Departments of Physical Therapy, Occupational Therapy, and Physician Assistant.

The Peralta Pavilion's lower level and ground floor also include the following classroom and laboratory facilities to support academic programs:

- Computer lab - 34-seat multi-purpose usage i.e., testing, research, study
- Multipurpose classroom
- Student Lounge which includes microwave, refrigerator, vending machines and four computers for research and study use

### The Biomechanics Laboratory

The Biomechanics Laboratory is equipped with materials and devices for orthotic procedures.

### Gross Anatomy Laboratory

The Gross Anatomy Laboratory is approximately 3800 square feet. It contains stainless steel anatomical dissection cadaver tables, metal stools, sinks for handwashing, and cabinets for storage of dissection equipment and specimens. Equipment in the lab includes hanging skeletons, disarticulated skeletons (bone boxes), spine models, and various joint models.

### Health and Physical Assessment Laboratories

The University maintains health and physical assessment laboratories for the Nursing and Physician Assistant programs. The laboratory is equipped with equipment and supplies the students will use in the clinical settings.

### Health Sciences Simulation Center

All SMU academic programs integrated simulation-based learning into their curricula in varying degrees, including interprofessional education. Each SMU

campus has a facility designed and equipped for the implementation of healthcare simulation.

Each campus has faculty and staff who are simulation experts and collaborate with course faculty to implement best practices of experiential learning. Students undergo simulation to learn, deliberately practice, and demonstrate competence in technical skills and to develop and attain mastery in prioritization and clinical decision-making skills. In this dynamic teaching environment, where an audio-video system affords the use of immediate video playback from recorded simulation activities, students engage in open, reflective debriefing sessions guided by faculty to maximize opportunities for deep learning.

Patient safety lies at the heart of all healthcare simulation – at the HSSC, learning activities are intentionally designed to focus on fostering teamwork and communication through simulation-based team training. The HSSC supports many components of SMU’s interprofessional education offerings. TeamSTEPPS® tools and strategies are incorporated into learning activities whenever possible and debriefings are structured around a context of preventing, mitigating and/or managing human errors in patient care.

The SMU simulation facilities are equipped with the most current Laerdal® product lines of full body patient simulators: SimMan® Essential; SimMan® 3G; SimBaby®, SimNewB™, and SimPad®-compatible manikins. The simulation inventory includes the full range of task trainers, from basic, traditional static models to the highly sophisticated cardiopulmonary patient simulator, Harvey®. Additionally, each campus is integrating Standardized Patients (SP) into their simulation program. The HSSC has a pool of more than 100 trained professional actors/SPs who support all campuses. All medical equipment and supplies available for use in laboratory/simulation sessions reflect contemporary clinical settings and practice.

#### Oakland Campus

The HSSC on the Oakland campus is comprised of 11,000-square-feet spread out over two locations: HSSC North and HSSC South. Both locations are on the ground floor of the Peralta Pavilion:

#### HSSC South

This area includes 2 large training rooms with gurneys, patient beds and standard equipment required to learn and practice health assessment/physical exams and a wide range of clinical skills. In addition, this facility has 9 standardized patient rooms and 2 simulation suites. All rooms/suites are equipped to implement and record any type of simulation technique, as well as support most methods of technology-enhanced teaching.

## HSSC North

This area includes 2 large training rooms with exam tables and beds to practice health assessment and clinical skills. In addition, this lab contains 2 large simulation suites. All rooms/suites are equipped to implement and record any type of simulation technique, as well as support most methods of technology-enhanced teaching.

The HSSC faculty and staff based in Oakland also provide service and support to the faculty and students at both regional campuses for simulation-based learning activities. A Simulation Champion (a SON faculty appointment) is designated at both campuses. Each Champion has direct oversight over simulation activities on their campus and is supported in their responsibilities by the entire HSSC team, thereby ensuring that there is consistency across campuses in the practice of simulation-based education.

A major feature of the HSSC is its digital audio-video system and performance assessment software provided by Education Management Solutions, Inc. (EMS). The technologies and software applications work in tandem to record simulation scenarios/encounters, enabling program faculty to critique/evaluate the performance of the students. Students also have opportunities to review their own recordings for the purpose of self-assessment and reflection. It is the EMS software that enables the immediate review of patient care scenarios during debriefing sessions, a critical component of simulation-based learning.

## **San Francisco Peninsula Campus**

This area includes 1 large training room with patient beds and standard equipment required to learn and practice health assessment/physical exams and a wide range of clinical skills. In addition, this facility has 2 simulation suites. Each suite is equipped to implement and record any type of simulation technique, as well as support most methods of technology-enhanced teaching.

## **Sacramento Campus**

In mid- 2017, the Sacramento Campus expanded by 14,000 square feet. 4,000 square feet is dedicated to simulation. The space includes 1 large training room, 6 standardized patient suites, 2 large simulation suites, and conference rooms. The expanded facility includes the same audio-video capability as described on the Oakland campus.

## Human Occupation Laboratory

The Human Occupation Laboratory supports a range of activities, from splinting to facilitating small crafts for use as hand tools and applying adaptive equipment. This is a multipurpose laboratory where various projects and group activities can

be conducted. This room has an observation booth and can serve as a pediatrics laboratory for children with special needs.

#### Living Skills Laboratory

The Living Skills Laboratory is a simulated environment equipped with supportive, adaptive, and assistive devices for purposeful activities in the home, workplace, and for leisure pursuits.

#### Splinting and Orthotics Laboratory

This room is equipped with thermoplastics materials, casting-bracing products, heating pans, and splinting tools for the fabrication of splints and appliances for the management of scar tissue and edema.

#### Physical Therapy Laboratory

The Physical Therapy Laboratories are approximately 2000 square feet and 1400 square feet in size. They are equipped with high-low therapy tables, rolling treatment stools, metal foot stools, mat tables, parallel bars, physical agent and electrotherapeutic machines, and other therapeutic exercise equipment. Storage units contain crutches, walkers, wheelchairs, floor mats, and free weights. These labs are designed for instruction in physical therapy patient evaluation and management.

#### 3100 TELEGRAPH AVENUE

This is the University's front door for applicants and students. This building includes the Offices of Admission, Student Services, Disability Resource Center, Health & Counseling, Financial Aid, Registrar, Campus Service Center, Student Accounts, Veterans' Services, and the Vice President of Enrollment and Student Services.

#### HEALTH EDUCATION CENTER

The Health Education Center (HEC) is a 44,000-square-foot building housing;

- Four classrooms and conference rooms with closed-circuit color television and audiovisual equipment; three large wireless classrooms, one Tandberg video conferencing classroom.
- The Bechtel Room, a 300-seat large multipurpose room with videoconferencing;
- A fully-equipped kitchen for catered luncheons and banquets
- The 250-seat Fontaine Auditorium, with audiovisual capability from television to multimedia presentations;
- Informal study space;
- Student lounge and fitness room opening in 2016;
- Badging Office to issue or replace student, faculty, and staff identification badges.

For more information about the Health Education Center and reservations for the conference rooms call (510) 879-9277.

#### John A. Graziano Memorial Library

The John A. Graziano Memorial Library contains one of the largest collections of health sciences materials among private holdings in the East Bay. Located in the Health Education Center, the library extends borrowing privileges to students, faculty and staff of Samuel Merritt University and the employees and medical staff of the Oakland campus of Alta Bates Summit Medical Center. Weekday and weekend hours are ample to accommodate the needs of a diverse undergraduate and graduate population. The collection includes a variety of journals, indexes, electronic full text books and journals, and health sciences texts. Library staff provides information, assistance, and instruction in the use of materials for research projects and class assignments. Remote access to library licensed databases is available by proxy server. Students may also make arrangements through interlibrary loan and document delivery services to borrow books and request copies of articles from other local, regional and national collections.

The Library provides computerized search facilities, an online library catalog and student handbook, two photocopy machines, video viewing rooms equipped with audiovisual equipment, individual study carrels, computer room and printers. Access to the full suite of Microsoft Office software is also available. Contact (510) 879-9290 for more information.

#### Motion Analysis Research Center (MARC)

The Motion Analysis Research Center, or MARC, located in Samuel Merritt University's Health Education Center, is a state of the art laboratory designed to advance the study of human movement in education, research, and patient care. Opened in late 2013, the 2,000-square-foot facility is the only motion laboratory in the Bay Area shared by healthcare experts from a variety of disciplines to study human movement and performance. SMU faculty and students use the MARC to develop evidence-based strategies to treat patients, alleviate pain, and improve the human condition.

The MARC is equipped with equipment for measuring three-dimensional motion, forces, pressures, balance, and muscle function. It supports the University's teaching programs along with faculty and student research.

The MARC serves as a teaching center on motion analysis for faculty and students from the University's California School of Podiatric Medicine (CSPM), Department of Occupational Therapy, Department of Physical Therapy, and School of Nursing.



Healthcare practitioners across several fields also use the center to study biomechanics, gait, upper and lower body movements, and the effect of treatment modalities, and then apply what they learn in clinical practice for the benefit of patients. Furthermore, the MARC is the venue for clinical trials of new products and interventions designed to treat movement disorders.

#### SOUTH PAVILION (3100 AND 3012 SUMMIT STREET)

The School of Nursing offices are located at 3100 Summit Street on the third floor and SMU has a Basic Science lab on the first floor. 3012 Summit Street is home to Media Services and has additional School of Nursing offices on the first and sixth floors.

#### 3300 WEBSTER

Offices for Academic and Instructional Innovation, the Department of Development and Alumni Affairs, Assessment, Institutional Research, and Finance are all located on the third floor of this building. Offices for Facilities and Information Technology and located on the second floor.

#### FITNESS ROOM

The fitness room is located in the Health Education Center (HEC). This area is unsupervised; students are invited to use the equipment at their own risk. The University cannot assume liability for injuries incurred from use of the equipment. More details can be found on the SMU website.

#### LOCKERS

Lockers are available for commuting students at no cost. Lockers are located in the bathrooms in the basement level of Peralta Pavilion adjacent to the Anatomy Lab and in on the 4<sup>th</sup> floor of the Peralta Medical Office Building (MOB). Students must provide their own locks.

#### LOST AND FOUND

Lost and found services are available in the Health Education Center.

#### PERALTA PAVILION STUDENT LOUNGES

Student lounges are located in the Health Education Center and Peralta Pavilion. They may be used by students and their guests. All students must clean up after themselves when using these areas.

#### USE OF COMMON AREAS

There are several common areas within the University which are available to all currently enrolled students who agree when using these areas to keep them clean and to report damages or safety hazards to the Facilities Department (510-907-2438). Any person or group planning to use any common area for a party or other event should check first with the HEC Scheduling Coordinator to avoid conflicts and to make reservations (510-879-9277). The exception to this

rule is the Student Lounge for which reservations should be made through the Student Body officers or the Assistant Vice President of Enrollment and Student Services. Appliances and furniture are for the enjoyment of all users and must not be removed from the designated areas.

## **CRISIS RESPONSE PLAN**

### **Statement on Emergency Notification, Response, Evacuation, and Timely Warnings**

In the event a situation arises that constitutes an ongoing or continuing threat, a University- or Campus- wide “timely warning” will be issued via the SMU ALERT system.

The University will:

“without delay, take into account the safety of the community, determine the content of the notification and initiate the notification system, unless the notification will, in the professional judgment of responsible authorities, compromise efforts to assist victims or to contain, respond to, or otherwise mitigate the emergency.”  
(Department of Education, July 2010)

As part of Samuel Merritt University’s (SMU) plan to effectively respond to an emergency event on any of the campuses, an SMU ALERT communication system has been established. The SMU ALERT system delivers critical information to the SMU community members on any communication device chosen (phone, email, SMS text, pager, or fax) and it is the most effective way to share updates and information in the event of an emergency. In certain emergencies where the SMU ALERT system would not be as effective or access to internet or telecommunications are severely limited, the University may use University email, University phones, the University webpage, public address or fire alerting systems, and/or teams of runners.

All students, faculty and staff are automatically enrolled in the SMU ALERT system that has been initially populated with phone numbers and/or SMU email address. You may store additional numbers for voice messages, text messages, email addresses for alerts, or change your phone number or email address.

Go to [http://www.samuelmerritt.edu/smu\\_alert](http://www.samuelmerritt.edu/smu_alert), click the button to “Update My Contact Information,” log in, and enter additional methods for contact or change them.

It is the responsibility of all students, faculty and staff to update personal information on a regular basis. There is also an opt-out button if you do not wish to receive any emergency communications from the University, although this is not the recommended choice.

The system is designed for use only when an incident disrupts normal campus operations or threatens the immediate health and safety of the campus community.

Anyone with information warranting a timely warning or Clery defined crimes should report the circumstances to the Safety and Security Specialist, Trevor Flanary, at 510-879-9200 x7558 or [tflanary@samuelmerritt.edu](mailto:tflanary@samuelmerritt.edu) , or in person at Health Education Center #216, 400 Hawthorne Avenue, Oakland, CA 94609.

The Crisis Response Plan may be activated during a community or regional crisis that may impact University personnel or business operations. For example, a utility outage in nearby areas, a serious toxic spill on a major highway, or a brushfire in a local area may necessitate a plan activation to coordinate safety precautions or emergency information and support services for personnel.

Samuel Merritt University maintains a major emergency in the community that affects or potentially threatens students, faculty, and/or staff is a University emergency.

The University’s Crisis Response Manual includes information about the structure of the crisis response and who will be involved in assessing and responding to a crisis. In addition, departments are expected to develop contingency plans and evacuation procedures, and individuals are expected to have their own safety kits and procedures in place as well as to know the plan. The University conducts a training activity or drill each year (which may include tabletop exercises, functional exercises, or full scale exercises), participates in the crisis planning procedures of the medical center (the parent organization), and tests the emergency notification system on an annual basis. These tests and drills may be announced or unannounced, and the scenarios for these tests and drills will vary from year to year. SMU will publish a summary of its test.

All members of the SMU community are notified on an annual basis that they are required to notify the University (through the individuals identified below) of any situation or incident on campus that involves a significant emergency or dangerous situation that may involve an immediate or ongoing threats to the health and safety of students and/or employees on campus. The University administration will determine if the situation does in fact pose a threat to the community. If it is the case, Federal law requires the institution to immediately notify the campus community or the appropriate segments of the community that may be affected by the situation.

#### Timely Warning

The Safety and Security Specialist , as a core member of the Crisis Response Team, or a designee will develop timely warning notices for the University Community to notify members of the community about serious crimes against people that occur on campus, where it is determined that the incident may pose an ongoing threat to members of the SMU community. These warnings will be distributed if the incident is reported either to the Crisis Response Team directly or to the Crisis Response Team indirectly through a campus security authority or the local PD.

The department issues/posts Crime Alerts for incidents of

- Criminal Homicide
- Aggravated assault (cases involving assaults among known parties, such as two roommates fighting which results in an aggravated injury, will be evaluated on a case by case basis to determine if the individual is believed to be an on-going threat to the larger SMU community)
- Robbery involving force or violence (cases including pick pocketing and purse snatching will typically not result in the issuance of a Crime Alert, but will be assessed on a case by case basis)
- Sexual Assault (considered on a case by case basis depending on the facts of the case, when and where the incident occurred, when it was reported, and the amount information known by the Oakland/Sacramento/San Mateo Police Departments)
- Major incidents of arson
- Other crimes as determined necessary by the chair of the Crisis Response Team or the President, or their designee in their absence

The description of subjects in a case will only be included in the alert if there is a sufficient amount of detail to describe the individual; If the only known descriptors are sex and race, that will not be included in the alert.

The Safety and Security Specialist will draft an email containing the proposed Crime Alert, may coordinate with the chair of the Crisis Response team and/or President, and then transmit the email containing the Crime Alert to the University Community as a blast email. Updates to the SMU community about any particular case resulting in a crime alert also may be distributed electronically via blast email or posted on the University's Website.

The Crime Alert may also be distributed by ABSMC Security, ABSMC Crisis Team, SMU Board of Regents, and/or to other individuals, as they deem necessary and appropriate. Crime Alerts may also be posted in campus buildings, when deemed necessary. When a Crime Alert is posted in campus buildings, it shall be printed and be posted in the lobby/entrance area of the affected building(s) for seven (7) days.

The department does not issue Crime Alerts for the above listed crimes if:

1. The subject(s) is/are apprehended by the local PD and the threat of imminent danger for members of the SMU community has been mitigated by the apprehension.
2. If the Safety and Security Specialist was not notified of the crime in a manner that would allow the posting of a "timely" warning for the community. A general guideline will include a report that is filed more than five days after the date of the alleged incident may not allow the Safety and Security Specialist to post a "timely" warning to the community. This type of situation will be evaluated on a case-by-case basis.

### *Emergency Notifications*

The Director of Information Technology Services (ITS) has been designated as responsible for issuing these emergency notifications. The members of the Crisis Response Team may also initiate emergency notifications if the Director of ITS is unable. The Chair of the Crisis Response Team will confirm there is an emergency or dangerous situation that poses an immediate threat to the health and safety of some or all of the members of the SMU community and will collaborate with the President (or designee) and the Director of ITS to determine the content of the message. They will use some or all of the systems described above to communicate the threat to the University community or to the appropriate segment of the community, if the threat is limited to a particular building or segment of the population.

If a serious crime, a natural disaster or a man-made emergency occurs that poses an immediate threat to the SMU community or a segment of the SMU community, Federal Law requires that the institution immediately notify the campus community or the appropriate segments of the community that may be affected by the situation. If the institution implements the procedures regarding notification of the SMU community for an immediate threat, the institution is not obligated to implement the timely warning notice procedures. The types of incidents that may cause an immediate threat to the SMU community could include but are not limited to emergencies such as: an active shooter on campus, hostage/barricade situation, a riot, suspicious package with confirmation of a device, a tornado, a fire/explosion, suspicious death, structural damage to an SMU owned or controlled facility, biological threat (anthrax, etc.), significant flooding, a gas leak, hazardous materials spill, etc.

### **General Evacuation Procedures**

Before an emergency, determine the nearest exit to your location, the safest route to follow, and alternate exits. Leave the immediate area, but remain available to emergency personnel. If time permits during an evacuation, secure your workplace and take personal items such as keys, bag, medication, and glasses. In case of fire or other dangerous conditions, evacuate immediately leaving personal items behind.

Individuals who are unable for any reason to use the emergency stairwells without assistance, including those with temporary disabilities, may need additional assistance. The University strongly recommends that advanced planning is crucial, and guide individuals to work with their Floor Wardens or Facilities department on developing a plan that the individual may implement.

- People with disabilities who may have trouble exiting the building during an emergency are encouraged to self-identify to the Safety Warden, but self-identification is optional and not mandated by the University.
- The University will designate "buddies" to assist anyone who needs assistance during an emergency, whether students, visitors, or employees. Buddies should be given some minimal training/guidance by the University, and be made aware of who self-identified as needing assistance, so they can work out a plan ahead of time for safely exiting the building together.
- The University has established that the exiting stairwells be the designated waiting areas, where people who are unable to exit the building unassisted may remain temporarily in safety to await assistance during an emergency evacuation. A list or map of these areas will be made available to all employees posted. In the event of an actual emergency, the University will provide the information of designated

- waiting areas to first responders.
- The University will designate Floor Wardens to check and verify that everyone made it out, including individuals with disabilities. In the event a person can't be located, the Floor Warden would provide this information to emergency personnel immediately.

Subject to safety considerations, mobility aids (wheelchair, walker, cane, etc.) should be brought out with the individual when possible.

## **FEDERAL AND STATE REGULATORY POLICIES**

### **AFFIRMATION OF NONDISCRIMINATION**

Samuel Merritt University does not discriminate on the basis of race, religion, color, sex, pregnancy, ethnicity, national origin (including ancestry), citizenship status, familial status, disability, age, sexual orientation, gender, gender identity, veteran or military status (including special disabled veteran, Vietnam-era veteran, or recently separated veteran), predisposing genetic characteristics or any other protected category under applicable local, state or federal law, including protections for those opposing discrimination or participating in any resolution process within the University or within the Equal Employment Opportunity Commission or other human rights agencies. Nondiscrimination is consonant with the principles and practice of the University and is in compliance with Title VII of The Civil Rights Act of 1964, as amended, Title IX of The Education Amendments of 1972, and section 504 of the Rehabilitation Act of 1973.

### **AMERICANS WITH DISABILITIES ACT**

The University conforms to all requirements under state law, Section 504 of the Rehabilitation Act of 1973, and Title III-Public Accommodations Owned by Private Entities of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendments Act (ADAAA) of 2008. No individual shall be discriminated against on the basis of disabilities in the full and equal enjoyment of goods, services, facilities, privileges, advantages or accommodations. Persons wishing to make suggestions or inquiries are to be directed to the Director of the Disability Resource Center. The Director oversees disability access and academic accommodations for students.

The Director, in collaboration with the Assistant Vice President of Enrollment and Student Services, is responsible for investigating and handling student complaints of discrimination and overseeing compliance with various laws and policies, in cooperation with Samuel Merritt University's Office of Human Resources. If there is an unresolved disagreement over the appropriateness of a particular academic accommodation or complaints of discrimination, the Vice President of Enrollment & Student Services makes a final determination in the matter following grievance procedures outlined in the Academic, Personal, and Professional Integrity section.

The University maintains a list of the cognitive, affective, and psychomotor skills deemed essential to the completion of each entry-level professional program and to perform as a competent generalist practitioner. These guidelines are available from the Disability Resource Center (510-879-9233) and on the Samuel Merritt University website [www.samuelmerritt.edu](http://www.samuelmerritt.edu) under Disability Resource Center. It is the responsibility of the student to request any accommodation for essential functions.



## **THE JEANNE CLERY DISCLOSURE OF CAMPUS SECURITY POLICY AND HIGHER EDUCATION OPPORTUNITIES ACT (HEOA)**

### **Statement on the Preparation of Disclosure of Crime Statistics**

The Safety and Security Specialist and the Assistant Vice President of Enrollment and Student Services and the Facilities Manager prepares this report to comply with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act. The full text of the report and the annual statistics can be found on the University website at <http://www.samuelmerritt.edu/campus-safety-security>. The report is prepared in coordination with contracted security teams at each campus (if applicable), key faculty and staff, and the Offices of Facilities and Student Services.

Campus crime, arrest and referral statistics include those reported to the Facilities Manager and Assistant Vice President of Enrollment and Student Services, designated campus officials, security teams, and outside law enforcement agencies. These statistics may also include crimes that have occurred in nearby private residences and businesses and is not required by law.

The University will only remove reports of crimes that have been “unfounded” by law enforcement and will disclose the number in the crime statistics.

Each year, on or before October 1, an email notification is made to all enrolled students and current faculty and staff regarding the updated report and how to access the information. A direct link to the report is included in the email and on the website. Notification to prospective students and prospective employees is made on the respective Admission and Employment webpages.

Requests for the report in alternative formats may be made to the Assistant Vice President of Enrollment and Student Services by email ([cellriott@samuelmerritt.edu](mailto:cellriott@samuelmerritt.edu)) or by phone at 510-879-9252.

### **Statement on the Reporting of Criminal Offenses and Encouraging Prompt and Accurate Crime Reporting**

Community members, students, faculty, staff and guests have a duty to report all crimes and public safety related incidents in a timely manner (unless they are a mental health professional serving in that capacity) to 1) the security team noted below and to 2) the Safety and Security Specialist. Information on student behavioral violations are reported to the Assistant Vice President of Enrollment and Student Services per University policy for follow up. The University does not have a campus police department and thus we encourage contacting both the University (via the individuals below) and the appropriate security team.

For crimes in progress or emergencies, contact the security team at your campus or call 911.

Campus	Security Number
Oakland	510-763-4001
Sacramento	916-486-5800
San Francisco Peninsula	None on Site; call 911

In addition, you should report a crime to the following:

Safety and Security Specialist	510 879-9200 x7558; 400 Hawthorne Ave
Chair of the Crisis Response Team	510 879-9294; 450 30 <sup>th</sup> Street

If you are a victim of sexual violence, your first priority should be to get to a place of safety. You should then obtain necessary medical treatment, and work with authorities to preserve as much evidence as possible. The University strongly advocates that a victim of sexual assault/violence report the incident in a timely manner to the Title IX Coordinator, the Executive Director of Human Resources or the Deputy Coordinator, the Assistant Vice President of Enrollment and Student Services.

The report to a University official does not obligate the victim to prosecute nor will it subject the victim to scrutiny or judgmental opinions from employees and officers; but it ensures the victim can receive services offered by the University. The Title IX Coordinator(s) and others will assist the student in notifying these authorities if the student requests.

The University will take immediate steps to protect complainants even before a final outcome in the investigations, including, but not limited to, prohibiting the accused from having contact with the complainant, campus escorts, academic support services, counseling, additional counseling visits, course withdrawal without penalty, or other remedies as may be appropriate. The University will provide written guidance on how to access the available options.

The University will provide written notification to students and employees about existing resources and support, both on- and off-campus, including counseling services through the Student Health and Counseling (SHAC) center and through a contracted arrangement with Sutter EAP. Counseling and support services outside the University system are available through Bay Area Crisis Centers.

University disciplinary proceedings, as well as special guidelines for handling cases of Equal Opportunity, Harassment, and Nondiscrimination, which includes

acts of sexual assault, sexual and gender violence, and sexual misconduct are detailed in the Catalog and Student Handbook (and listed below).

### **Statement on Confidential Reporting**

If you are the victim of a crime and do not wish to pursue action with the University's conduct process or the criminal justice system, we strongly encourage you to make a confidential report. With your permission, the people noted above can file a report on the details of the incident without revealing your identity. The purpose of a confidential report is to comply with your wish to keep the matter confidential while taking steps to insure the institution's compliance with this Federal law and insure the future safety of yourself and others. With such information, the University can maintain accurate records of the number of incidents involving students and alert the campus community to potential danger. Reports filed in this manner are counted and disclosed in the annual crime statistics for the University.

In cases indicating pattern, predation, weapons, threat and/or violence, the University will be unable to honor a request for confidentiality. In cases where the reporting party requests confidentiality and the circumstances allow the University to honor that request, the University will offer interim supports and remedies to the reporting party and the community, but will not otherwise pursue formal action. A reporting party has the right, and can expect, to have reports taken seriously by the University when formally reported, and to have those incidents investigated and properly resolved through these procedures. Formal reporting still affords privacy to the reporter, and only a small group of officials who need to know will be told, including but not limited to investigators, witnesses, the University President, select senior administrators and the responding party. The circle of people with this knowledge will be kept as tight as possible to preserve a reporting party's rights and privacy. [Additionally anonymous reports can be made by victims and/or third parties. Note that these anonymous reports may prompt a need for the institution to investigate.

### **Statement on Campus Access**

The University shares facilities with various medical centers and businesses, and some overlap of access by the public and medical center staff will happen. In these areas, the public can use the space as a part of visiting the medical center or business, and the respective security team will take responsibility for security and access.

In other areas, access to the University facilities is limited to current faculty, staff and students, approved contractors, medical center facilities staff, medical center security staff, and other approved guests, and is maintained through swipe card access via campus identification badges. Faculty, staff and students must wear their University ID (and campus identification badges if separate) while on campus and have it visible, above the waist, at all times.

During business hours, faculty, staff and students have access to appropriate University facilities via their swipe card. During holidays, after business hours and weekends, access is limited or not permitted. Facilities staff will provide updates prior to holidays on what access is available. The University is closed the week between Christmas and New Year's Eve and special permission is required to be on campus during that time. Please note that emergencies or extenuating circumstances may necessitate changes to any posted schedules.

The University does not have on campus residence halls.

The Facilities department is responsible for the upkeep of all University facilities and grounds, including security cameras, access systems, and safety equipment.

### **Statement Addressing Mental Health Counselors and Confidential Crime Reporting**

Please note that persons employed by the University or contracted by the University to serve as professional counselors, when acting as such, are not considered to be a campus security authority and are not required to report crimes for inclusion into the annual disclosure of crime statistics. They are encouraged, if and when they deem appropriate, to inform persons being counseled of the procedures to report crimes on a voluntary basis for inclusion into the annual crime statistics.

### **Statement on Campus Law Enforcement**

Samuel Merritt University does not have its own police force, public safety, or security team and it utilizes services with the security team or building management from whom it rents or leases space at each of its campuses.

The security teams have the authority to ask persons for identification and determine whether individuals have lawful business with Samuel Merritt University. This security teams also have the ability to collect reports of incidents. They do not have arrest power. Criminal incidents are referred to the local police who have jurisdiction at the campus. All crime victims and witnesses are strongly encouraged to immediately report the crime to the security team at that campus as well as one of the University officials listed above, including when the victim elects to, or is unable to, report. Prompt reporting will assure timely warning notices and disclosure of statistics.

Police are involved in addressing all criminal activity that occurs on campus. This is stated in multiple policy documents, and a police report number is required on all criminal event incident reports.

In compliance with the statutory requirements that require institutions to adopt and implement written policies and procedures to ensure that reports of violent

crimes, hate crimes, or sexual assaults are immediately, or as soon as practically possible, disclosed to local law enforcement (established by AB 1433 (Gatto, 2014), specified in the California Education Code (Ed. Code, § 67383, subd. (a) and Ed. Code, § 67381)) and responded to in sensitive and culturally appropriate manner, the University has initiated MOU's with the police departments in San Mateo, Sacramento, and Oakland. Those police departments have not yet signed the MOUs.

### **Statement on Safety Awareness and Education Programs for Students and Employees**

The University will provide annually safety educational programming to promote the awareness of safety, crime prevention, sexual misconduct and violence, which may include rape, acquaintance rape and other forcible and non-forcible sex offences, domestic violence, dating violence, sexual assault.

The following are descriptions of awareness programs provided to students and employees on an annual basis:

- Student Orientation: tips on personal safety, crime prevention, reporting emergencies, Title IX, or awareness of the University alert system;
- Community Learning Series: programs in the community learning series include education and information on dating/relationship/domestic violence, gender violence, bystander training (helping skills for effective intervention), sexual assault, consent, risk reduction, key health issues or healthy living. In addition, resources are distributed on how to report.
- Title IX and Safety Training: The university provides online training on Clery, Title IX, and Sexual Harassment as part of its online compliance training. This training is required of all students and all employees annual training.
- Clery Campus Security Authority (CSA) Training: CSA's have an additional online training module that they complete annually as well.
- Safety Tips: The Facilities department regularly shares safety tips with the University community.

In addition, such educational programs may also be done at the request of students, by security in an ad hoc program, or because of a campus concern.

### **Statement Regarding Criminal Activity Non Campus**

The University does not have any officially recognized student organizations with any non-campus locations, but it does lease three (3) apartments for visiting students attending clinical learning at significant distances from the University. The University does not monitor off-campus or non-campus activities of students, faculty and staff. It may respond to the behavior of employees and students in an off-campus or non-campus location if it is made aware of such behavior and that behavior violates University policy or is a safety concern.

### **Statement Addressing Alcoholic Beverages and Drugs**

The possession, sale, or the furnishing of alcohol on the University campus is governed by California state law. Samuel Merritt University has been designated as “drug and alcohol free” and only under certain circumstances is the consumption of alcohol permitted. The possession, sale, manufacture or distribution of any controlled substance is illegal under both state and federal laws. Violators are subject to University disciplinary action, criminal prosecution, fine and imprisonment. It is unlawful to sell, furnish or provide alcohol to a person under the age of 21. The possession of alcohol by anyone under the age of 21 in a public place or place open to the public is illegal. It is also a violation of Samuel Merritt University policy for anyone to consume or possess alcohol in any public or private area of campus without prior University approval.

### **Statement Addressing Substance Abuse Education**

The University offers substance abuse programs including informational materials, counseling services (through Student Health and Counseling for students and Sutter Employee Assistance Program (EAP) for employees), referrals to diversion programs or long-term treatment, and University disciplinary actions.

### **Statement Addressing Disclosures to Alleged Victims of Crimes of Violence or Non-forcible Sex Offenses**

Samuel Merritt University will simultaneously disclose to the alleged victim of a crime of violence, sexual misconduct/harassment or a non-forcible sex offense, the results of any disciplinary hearing conducted by the University against the member of the University community who is the alleged perpetrator of the crime or offense. If the alleged victim is deceased as a result of the crime or offense, Samuel Merritt University will provide the results of the disciplinary hearing to the victim’s next of kin, if so requested.

### **Statement on Campus Sex Offenses**

Students, faculty, and staff are required to report sex offenses to the Facilities Manager and the Assistant Vice President for Enrollment and Student Services. As required by the Higher Education Amendments of 1992, the University provides an annual report of campus crime statistics, including all sex offenses. See Campus Security Act of 1990 in the Federal and State Regulatory Policies section.

### **Statement on Sexual Offender Registration**

In accordance with the Campus Sex Crimes Prevention Act of 2000, The Jeanne Clery Act and FERPA, Samuel Merritt University is providing a link to the California State Sex Offender Registry. The University is required to inform the campus community that a list of all registered sex offenders is available from the State of California Office of Attorney General at <http://www.meganslaw.ca.gov/>

## **Bystander Intervention and Risk Reduction**

Bystander intervention promotes the idea of bystanders (observers, onlookers) intervening safely and effectively to stop a perilous situation, such as a potential sexual violence. An active bystander is an individual who stands up against offensive language and behaviors that may perpetuate sexual violence, and intervene on the behalf of the victim to eliminate the danger and/or provide needed support.

In our continuous endeavor to foster a safe community for students' success, Samuel Merritt University encourages all community members to become active, empowered bystanders who can safely intervene if they witness a situation, or a potential situation in which a friend or stranger may experience inappropriate, harmful, and hurtful acts.

### **Active bystander tips:**

- Promise yourself that you will speak up and/or take action.
- Attend a bystander intervention training program.
- Develop strategies to safely and effectively intervene as a bystander when you observe or suspect sexual assault, dating violence, domestic violence, or stalking happening around you.
- Ensure your friends leave the party with the same people they came with.
- Ask a friend or acquaintance if they need to be walked home from a party.
- Express concern if your friend has unexplained bruises that may be signs of abuse in their relationship.
- Listen, believe, and support someone who discloses a sexual assault, dating violence, domestic violence or experience with stalking or cyber-stalking.
- Learn and share information about the sexual assault community and campus resources and information with your friends
- Report the incident with or without names.
- Find allies (others who agree with you) and ask for their support.
- If the situation is beyond your control call 911.
- Express discomfort/concern if someone makes sexist comments, homophobic jokes, or catcalls.
- Confront a friend who is planning to hook up with someone who is passed out

### **Risk Reduction**

With no intent to victim blame and recognizing that only rapists are responsible for rape, the following are some strategies to reduce one's risk of sexual assault or harassment (taken from Rape, Abuse, & Incest National Network, [www.rainn.org](http://www.rainn.org))

1. **Be aware** of your surroundings. Knowing where you are and who is around you may help you to find a way to get out of a bad situation.
2. Try to **avoid isolated areas**. It is more difficult to get help if no one is around.
3. **Walk with purpose**. Even if you don't know where you are going, act like you do.
4. **Trust your instincts**. If a situation or location feels unsafe or uncomfortable, it probably isn't the best place to be.
5. **Try not to load yourself down** with packages or bags as this can make you appear more vulnerable.
6. **Make sure your cell phone is with you** and charged and that you have cab money.
7. **Don't allow yourself to be isolated** with someone you don't trust or someone you don't know.
8. **Avoid putting music headphones in both ears** so that you can be more aware of your surroundings, especially if you are walking alone.
9. **When you go to a social gathering, go with a group of friends**. Arrive together, check in with each other throughout the evening, and leave together. Knowing where you are and who is around you may help you to find out a way out of a bad situation.
10. **Trust your instincts**. If you feel unsafe in any situation, go with your gut. If you see something suspicious, contact law enforcement immediately (local authorities can be reached by calling 911 in most areas of the U.S.).
11. **Don't leave your drink unattended** while talking, dancing, using the restroom, or making a phone call. If you've left your drink alone, just get a new one.
12. **Don't accept drinks from people you don't know or trust**. If you choose to accept a drink, go with the person to the bar to order it, watch it being poured, and carry it yourself. At parties, don't drink from punch bowls or other large, common open containers.
13. **Watch out for your friends, and vice versa**. If a friend seems out of it, is way too intoxicated for the amount of alcohol they've had, or is acting out of character, get him or her to a safe place immediately.
14. **If you suspect you or a friend has been drugged, contact a law enforcement immediately (local authorities can be reached by calling 911 in most areas of the U.S.)**. Be explicit with doctors so they can give you the correct tests (you will need a urine test and possibly others).
15. If you need to get out of an uncomfortable or scary situation here are some things that you can try:
  - a. **Remember that being in this situation is not your fault**. You did not do anything wrong, it is the person who is making you uncomfortable that is to blame.
  - b. **Be true to yourself**. Don't feel obligated to do anything you don't



want to do. “I don’t want to” is always a good enough reason. Do what feels right to you and what you are comfortable with.

- c. **Have a code word with your friends or family** so that if you don’t feel comfortable you can call them and communicate your discomfort without the person you are with knowing. Your friends or family can then come to get you or make up an excuse for you to leave.
- d. **Lie.** If you don’t want to hurt the person’s feelings, it is better to lie and make up a reason for you to leave than to stay and be uncomfortable, scared, or worse. Some excuses you could use are: needing to take care of a friend or family member, not feeling well, having somewhere else you need to be, etc.
- e. **Try to think of an escape route.** How would you try to get out of the room? Where are the doors? Windows? Are there people around who might be able to help you? Is there an emergency phone nearby?
- f. **If you and/or the other person has been drinking,** you can say that you would rather wait until both of you have your full judgment before doing anything you may regret later.

Wellness programming from the Student Health and Counseling (SHAC) center incorporates Active Bystander education. Additional resources are available at the SHAC or in the Office of Student Services.

## **DRUG FREE SCHOOLS AND COMMUNITIES ACT OF 1989**

The Drug Free Schools and Communities Act Amendment of 1989 requires all colleges and universities to distribute information about alcohol and substance abuse to their students.

Any Samuel Merritt University student who violates University alcohol and substance abuse policies is subject to disciplinary action up to and including suspension or expulsion from the University. Nursing students convicted of the possession or sale of illegal drugs may be denied licensure by the Board of Registered Nursing and physical therapy students by the Board of Medical Quality Assurance. The California Board of Registered Nursing defines use of illegal substances as “. . . unfitness to perform nursing functions in a manner consistent with the public health, safety, or welfare” (California Administrative Code, Section 1444). Physical therapy licenses may be suspended or revoked for “habitual intemperance” and “addiction to the excessive use of any habit-forming drug” (Board of Medical Quality Assurance). Occupational therapists are registered at the national level by the National Board for Certification in Occupational Therapy and licensed within the state of California. Occupational therapy students who are convicted of the possession or sale of illegal drugs may be denied the opportunity to sit for the national certification examination, which means they would not become registered occupational therapists. Occupational therapy licenses may be denied, suspended or revoked for these offenses.

If you have personal concerns about the abuse of tobacco, alcohol, and drugs, we encourage you to make a confidential appointment to see our counselor (510) 879-9288. There is no charge for these services. The Assistant Vice President of Enrollment and Student Services (510) 879-9252 is available to talk confidentially with any student about concerns and make referrals as appropriate. Under the comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 and Drug Abuse Office and Treatment Act of 1979, patient confidentiality is protected.

### **Policy Addressing Substance Abuse Education**

The University offers a limited number of substance abuse programs including informational materials, counseling services (through Counseling and Wellness Services for students and Sutter Employee Assistance Program (EAP) for employees), referrals to diversion programs or long-term treatment, and university disciplinary actions.

#### **Resources and Referrals On Campus**

Counseling and support groups:

- Samuel Merritt University Counseling Services (510) 879-9266
- Assistant Vice President of Enrollment and Student Services (510) 879-9252

## Resources and Referrals In the Community

### Twelve-Step Programs:

- Alcoholics Anonymous (510) 839-8900
- Cocaine Anonymous, Marijuana Anonymous, Narcotics Anonymous, Al-Anon (for friends and family members) – (510) 276-2270
- Alameda County Alcohol and Drug Abuse Services (510) 268-2525
- Alcoholism and Drug Abuse Council of Contra Costa County (510) 932-8100
- National Council on Alcoholism (415) 296-9900

## **DRUG FREE WORKPLACE POLICY**

In compliance with federal regulations, Samuel Merritt University reaffirms its policy that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited on the University campus and its learning environments, including clinical agencies and in any of its activities. An employee or student found to be engaged in any of the foregoing activities may be required to participate in a drug-abuse assistance or rehabilitation program and is subject to disciplinary action, up to and including notification of any appropriate licensing agency and employee termination or student dismissal.

Drug abuse has no place in the learning environment or in client-care settings. Drug counseling, rehabilitation, and assistance are available to employees and students through Alta Bates Summit Medical Center's MPI behavioral services. The University encourages students and employees to seek counseling privately or through MPI. Except as required by the regulation, strictest confidence will be observed.

## **FEDERAL, STATE AND LOCAL SANCTIONS ABOUT ALCOHOL AND OTHER DRUGS**

The following information about alcohol and other drugs, sanctions, and their effects is provided by the United States Department of Education and the Western Center for Drug-Free Schools and Communities/Northwest Regional Educational Laboratory.

### **TOBACCO**

Every person, firm, or corporation which knowingly sells or gives or in any way furnishes to another person who is under the age of 18 years any tobacco, cigarettes, or cigarette papers, or any other preparation of tobacco, or any other instrument or paraphernalia that is designed for the smoking or ingesting of tobacco, products prepared from tobacco, or any controlled substance, is guilty of a misdemeanor. (Penal Code 308)

### **ALCOHOL**

Every person who sells, furnishes, gives, or causes to be sold, furnished, or given away, any alcoholic beverage to any person under the age of 21 is guilty of a misdemeanor. (Business and Professional Code 25658[a])

Any person under the age of 21 who purchases any alcoholic beverage, or any person under the age of 21 years who consumes any alcoholic beverages in any on-sale premises, is guilty of a misdemeanor. (Business and Professional Code 25658 [b])

Any person under the age of 21 years who has any alcoholic beverage in his possession on any street or highway or in any public place or in any place open to the public is guilty of a misdemeanor. This section does not apply to possession by a person under the age of 21 years making a delivery of an alcoholic beverage in pursuance of the order of his parent or in pursuance of his employment. (Business and Professional Code 25662)

It is unlawful for a person under the age of 18 years who has 0.05 percent or more, by weight, of alcohol in his or her blood to drive a vehicle. (California Vehicle Code 23140[a])

It is unlawful for any person, while under the influence of an alcoholic beverage or any drug, or under the combined influence of an alcoholic beverage and any drug, to drive a vehicle and, when so driving, do any act forbidden by law or neglect any duty imposed by law in the driving of the vehicle, which act or neglect proximately causes death or bodily injury to any person other than the driver. (California Vehicle Code 28258[a])

It is unlawful for any person, while having 0.08 percent or more, by weight, of alcohol in his or her blood to drive a vehicle and, when so driving, do any act forbidden by law or neglect any duty imposed by law in the driving of the vehicle, which act or neglect proximately causes death or bodily injury to any person other than the driver. (California Vehicle Code 25158[b])

No person shall drink any alcoholic beverage while driving a vehicle upon any highway. Every person who possesses, while driving a motor vehicle upon a highway, not more than one avoirdupois ounce of marijuana other than concentrated cannabis, is guilty of a misdemeanor and shall be punished by a fine of not more than one hundred dollars (\$100). (California Vehicle Code 23220 and 23222[b])

It is unlawful for the registered owner of any motor vehicle, or the driver if the registered owner is not then present in the vehicle, to keep in a motor vehicle, when the vehicle is upon any highway, any bottle, can or other receptacle containing any alcoholic beverage which has been opened, or a seal broken, or the content of which have been partially removed, unless the container is kept in the trunk of the vehicle, or kept in some other area of the vehicle not normally occupied by the driver or passengers, if the vehicle is not equipped with a trunk.

A utility compartment or glove compartment shall be deemed to be within the area occupied by the driver and passengers. (California Vehicle Code 23225)

No person under the age of 21 shall knowingly drive any motor vehicle carrying any alcoholic beverage, unless the person is accompanied by a parent or legal guardian or is employed by a licensee under the Alcoholic Beverage Control Act, and is driving the motor vehicle during regular hours and in the course of the person's employment. (California Vehicle Code 232246)

No passenger in any motor vehicle who is under the age of 21 years shall knowingly possess or have under that person's control any alcoholic beverage, unless the passenger is accompanied by a parent or legal guardian or is employed by a licensee under the Alcoholic Beverage Control Act, and the possession or control is during regular hours and in the course of the passenger's employment. (California Vehicle Code 23224[b])

If the vehicle used in any violation of the two preceding subdivisions is registered to an offender who is under the age of 21 years, the vehicle may be impounded at the owner's expense for not less than one day nor more than 30 days for each violation. (California Vehicle Code 23224[c])

The driver's license of any person under 21 years of age convicted of a violation of this sanction shall also be suspended for not less than 15 days nor more than 30 days. (California Vehicle Code 23224[d])

### **Liability**

A cause of action may be brought by or on behalf of any person who has suffered injury or death against any person licensed or required to be licensed, or any person authorized by the federal government to sell alcoholic beverages on a military base or other federal enclave, who sells, furnishes, gives or causes to be sold, furnished or given away any alcoholic beverage to any obviously intoxicated minor where the furnishing, sale or giving of that beverage to the minor is the proximate cause of the personal injury or death sustained by that person. (Business and Professional Code 25602.1)

### **False Identification**

Any person under the age of 21 years who presents or offers to any licensee, his agent or employee, any written, printed or photostatic evidence of age and identity which is false, fraudulent or not actually his own for the purpose of ordering, purchasing, attempting to purchase or otherwise procuring or attempting to procure, the serving of any alcoholic beverage, or who has in his possession any false or fraudulent written, printed, or photostatic evidence of age and identity, is guilty of a misdemeanor and shall be punished by a fine of at least two hundred dollars (\$200), no part of which shall be suspended. (Business and Professional Code 25661)

Any person who sells, gives, or furnishes to any person under the age of 21 years any false or fraudulent written, printed, or photostatic evidence of the majority and identity of such person or who sells, gives, or furnishes to any person under the age of 21 years evidence of majority and identification of any other person is guilty of a misdemeanor. (Business and Professional Code 25660.5)

### **Alcohol and Drug Education for Offenders**

Any person found to have committed a violation of driving under the influence shall be required to participate in the alcohol education program. The court shall require the minor to participate in an alcohol education program or a community service program which provides an alcohol education component unless the court finds that the minor, or the minor's parent or parents, is unable to pay required fees for the program, there is no appropriate program located in the county, or other specific circumstances justify failure to impose this requirement. (California Vehicle Code 23141)

If the court finds it just and reasonable, the court may order the parent or parents of a minor who is ordered to participate in an alcohol education program or a community service program which provides an alcohol education component pursuant to this article, to pay the required fees for the program. (California Vehicle Code 23143)

### **MARIJUANA**

#### **Possession**

Every person who possesses any concentrated cannabis shall be punished by imprisonment in the county jail for a period of not more than one year or by a fine of not more than five hundred dollars (\$500), or by both such fine and imprisonment, or shall be punished by imprisonment in the state prison. (Health and Safety Code 11357[a])

Every person who possesses not more than 28.5 grams of marijuana, other than concentrated cannabis, is guilty of a misdemeanor and shall be punished by a fine of not more than one hundred dollars (\$100). (Health and Safety Code 11357[a])

Every person who possess more than 28.5 grams of marijuana, other than concentrated cannabis, shall be punished by imprisonment in the county jail for a period of not more than six months or by a fine of not more than five hundred dollars (\$500), or by both such fine and imprisonment. (Health and Safety Code 11357[c])

Every person who possess for sale any marijuana except as otherwise provided by law, shall be punished by imprisonment in the state prison. (Health and Safety Code 11359)

### **Transportation**

Every person who transports, imports into this state, sells, furnishes, administers, or gives away, or offers to transport, import into this state, sell, furnish, administer, or give away, or attempts to import into this state or transport any marijuana shall be punished by imprisonment in the state prison for a period of two, three, or four years. (Health and Safety Code 11360[a])

Every person who gives away, offers to give away, transports, offers to transport, or attempts to transport not more than 28.5 grams of marijuana, other than concentrated cannabis, is guilty of a misdemeanor and shall be punished by a fine of not more than one hundred dollars (\$100). (Health and Safety Code 11360[b])

### **PEYOTE**

Every person who plants, cultivates, harvests, dries, or plants the genus *Lophophora*, also known as peyote, or any part thereof shall be punished by imprisonment in the county jail for a period of not more than one year in the state prison. (Health and Safety Code 11363)

### **INHALANTS**

#### **Sale**

Every person who sells, dispenses or distributes toluene, or substance or material containing toluene, to any person who is less than 18 years of age shall be guilty of a misdemeanor, and upon conviction shall be fined a sum of not less than one thousand dollars (\$1,000), nor more than two thousand five hundred (\$2,500), or by imprisonment for not less than six months nor more than one year. (Penal Code 380[a])

The provisions of this section (inhalants) shall apply to, but are not limited to, the sale or distribution of glue, cement, dope, paint thinners, paint, and any combination of hydrocarbons either alone or in combination with any substance or material including, but not limited to paint, paint thinners, shellac thinners, and solvents, which when inhaled, ingested or breathed, can cause a person to be under the influence of, or intoxicated from, any such combination of hydrocarbons.

This section (inhalants) shall not apply to any glue or cement which has been certified by the State Department of Health Services as containing a substance which makes such glue or cement malodorous or causes such glue or cement to induce sneezing, nor shall this section apply where the glue or cement is sold, delivered, or given away simultaneously with or as a part of a kit used for the

construction of model airplanes, model boats, model automobiles, model trains, or other similar models used for the assembly or creation of hobby craft items, using such components as beads, tiles, Tiffany glass, ceramics, clay, or other craft-related components. (Penal Code 380[d])

### **Inhaling**

Any person who possesses toluene or any substance or material containing toluene, including, but not limited to, glue, cement, dope, paint thinner, paint and any combination of hydrocarbons, either alone or in combination with any substance or material including but not limited to paint, paint thinner, shellac thinner and solvents, with the intent to breathe, inhale or ingest for the purpose of causing a condition of intoxication, elation, euphoria, dizziness, stupefaction, or dulling of the senses or for the purpose of, in any manner, changing, distorting or disturbing the audio, visual or mental processes, or who knowingly and with the intent to do so is under the influence of toluene or any material containing toluene, or any combination of hydrocarbons is guilty of a misdemeanor. (Penal Code 381[a])

### **Nitrous Oxide**

Any person who possesses nitrous oxide or any substance containing nitrous oxide, with the intent to breathe, inhale, or ingest for the purpose of causing a condition of intoxication, elation, euphoria, dizziness, stupefaction, or dulling of the senses or for the purpose of, in any manner, changing, distorting, or disturbing the audio, visual, or mental processes, or who knowingly and with the intent to do so is under the influence of nitrous oxide or any material containing nitrous oxide is guilty of a misdemeanor. This section shall not apply to any person who is under the influence of nitrous oxide or any material containing nitrous oxide pursuant to an administration for the purpose of medical, surgical, or dental care by a person duly licensed to administer such an agent. (Penal Code 381[b])

## **NARCOTICS AND DANGEROUS DRUGS**

### **Possession**

Every person who possesses any controlled substance, unless upon the written prescription of a physician, dentist, podiatrist, or veterinarian licensed to practice in this state, shall be punished by imprisonment in the state prison. (Health and Safety Code 11350[a])

Every person who possesses for sale any controlled substance shall be punished by imprisonment in the state prison for two, three, or four years. (Health and Safety Code 11351)

### **Providing**

Every person who transports, imports into this state, sells, furnishes, administers, or gives away, or offers to transport, import into this state, sell, furnish,



administer, or give away, or attempts to import into this state or transport any controlled substance, unless upon the written prescription of a physician, dentist, podiatrist, or veterinarian licensed to practice in the state, shall be punished by imprisonment in the state prison for three, four, or five years. (Health and Safety Code 11352)

Every person who agrees, consents, or in any manner offers to unlawfully sell, furnish, transport, administer, or give any controlled substance, or who offers, arranges, or negotiates to have any such controlled substance unlawfully sold, delivered, transported, furnished, administered, or given to any person and who then sells, delivers, furnishes, transports, administers, or gives, offers, arranges, or negotiates to have sold, delivered, transported, furnished, administered, or given to any person any other liquid substance, or materials in lieu of any such controlled substance shall be punished by imprisonment in the county jail for not more than one year, or in the state prison. (Health and Safety Code 11355)

### **Driving**

It is unlawful for any person who is addicted to the use of any drug to drive a vehicle. The section (driving) shall not apply to a person who is participating in a methadone maintenance treatment program. (California Vehicle Code 23152[c])

### **DRUG PARAPHERNALIA**

It is unlawful to possess an opium pipe or any device, contrivance, instrument, or paraphernalia used for unlawfully injecting or smoking a controlled substance. (Health and Safety Code 11364)

It is a misdemeanor for any person to deliver, furnish, or transfer, or to possess with intent to deliver, furnish, or transfer, or to manufacture with intent to deliver, furnish, or transfer, drug paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of this division. (Health and Safety Code 11364.7[a])

Any person 18 years of age or over who violates the foregoing subdivision by delivering, furnishing, or transferring drug paraphernalia to a person under 18 years of age who is at least three years his or her junior is guilty of a misdemeanor and upon conviction may be imprisoned for not more than one year, fined not more than one thousand dollars (\$1,000) or by both. (Health and Safety Code 11364.7[b])

## PRESENCE WHERE DRUGS ARE BEING USED

It is unlawful to visit or to be in any room or place where any controlled substances, or which narcotic drugs, are being unlawfully smoked or used with knowledge that such activity is occurring. (Health and Safety Code 11365)

## DISORDERLY CONDUCT

Every person who commits the following acts is guilty of disorderly conduct, a misdemeanor:

Who is found in any public place under the influence of intoxicating liquor, any drug, controlled substance, toluene, or any combination of any intoxicating liquor, drug, controlled substance, or toluene, in such a condition that he or she is unable to exercise care for his or her own safety or the safety of others, or by reason of his or her being under the influence of intoxicating liquor, any drug, controlled substance, toluene, or any combination of any intoxicating liquor, drug, or toluene, interferes with or obstructs or prevents the free use of any street, sidewalk, or other public way. (Penal Code 647[f])

## IMITATIONS

Any person who knowingly manufactures, distributes, or possesses with intent to distribute, an imitation controlled substance is guilty of a misdemeanor and shall, if convicted, be subject to imprisonment for not more than six months in the county jail or a fine of not more than one thousand dollars (\$1,000), or both such imprisonment and fine. (Health and Safety Code 11680)

## POSSESSION OF DRUGS WITHOUT A PRESCRIPTION

No person shall have in possession any controlled substance, except that furnished to such person upon the prescription of a physician, dentist, podiatrist, or veterinarian. (Business and Professional Code 4230)

## PROVIDING TO ATHLETES

Any coach, trainer, or other person acting in an official or nonofficial capacity as an adult supervisor for an athletic team consisting of minors under the age of 18 who sells, gives, or otherwise furnishes to any member of that team a diuretic, diet pills, or laxatives with the intent that it be consumed, injected, or administered for any nonmedical purposes such as loss of weight or altering the body in any way related to participation on the team or league, is guilty of a misdemeanor. (Penal Code 310.2[a])

## **LOCAL SANCTIONS (OAKLAND)**

Two Oakland Code provisions relate to drugs and alcohol. First, the Oakland Traffic Code provides:

It shall be unlawful for any person who is under the influence of intoxicating liquor or narcotic drugs to be in or about any vehicle to which he has right of access or control while such vehicle is in or upon any street or any other public place in the City of Oakland, unless the same is under the immediate control or operation of a

person not under the influence of intoxicating liquor or narcotic drugs. (Oakland Traffic Code Section 109)

A first conviction for an infraction of Section 109 results in a fine not exceeding \$50.00. A second conviction within one year results in a fine not exceeding \$100.00, and a third or subsequent conviction within one year results in a fine not exceeding \$250.00.

Second, the Oakland Municipal Code states:

No person shall drink or have in his possession an open container of any alcoholic beverage:

- 1) on any public street, sidewalk, or other public way;
- 2) within fifty (50) feet of any public way while on private property open to public view without the express permission of the owner, or his agent, or the person in lawful possession thereof. (Oakland Municipal Code Section 3-4.21)

The penalty for violating this section is imprisonment in the county jail for not more than six months, a fine not more than \$500.00, or both.

## SPECIFIC DRUGS AND THEIR EFFECTS

### **Tobacco**

The smoking of tobacco products is the chief avoidable cause of death in our society. Smokers are more likely than nonsmokers to contract heart disease - some 170,000 die each year from smoking-related coronary heart disease. Lung, larynx, esophageal, bladder, pancreatic, and kidney cancers also strike smokers at increased rates. Some 20 percent of cancer deaths (130,000 per year) are linked to smoking. Chronic obstructive lung diseases such as emphysema and chronic bronchitis are ten times more likely to occur among smokers than among nonsmokers.

Smoking during pregnancy also poses serious risks. Spontaneous abortion, preterm birth, low birth weights, and fetal and infant death are all more likely to occur when the pregnant woman/mother is a smoker.

Cigarette smoke contains some 4,000 chemicals, several of which are known carcinogens. Other toxins and irritants found in smoke can produce eye, nose, and throat irritations. Carbon monoxide, another component of cigarette smoke, combines with hemoglobin in the blood stream to form carboxyhemoglobin, a substance that interferes with the body's ability to obtain and use oxygen.

Perhaps the most dangerous substance in tobacco smoke is nicotine. Although it is implicated in the onset of heart attacks and cancer, its most dangerous role is reinforcing and strengthening the desire to smoke. Because nicotine is highly addictive, addicts find it very difficult to stop smoking. Of 1,000 typical smokers, fewer than 20 percent succeed in stopping on the first try.

Although the harmful effects of smoking cannot be questioned, people who quit can make significant strides in repairing damage done by smoking. For pack-a-day smokers, the risk of heart attack dissipates after ten years. The likelihood of contracting lung cancer as a result of smoking can also be greatly reduced by quitting.

### **Alcohol**

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at a greater risk than other youngsters of becoming alcoholics.

### **Cannabis**

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that students do not retain knowledge when they are "high." Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary

system. Marijuana smoke contains more cancer-causing agents than tobacco smoke.

### **Cocaine**

Cocaine stimulates the nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with contaminated equipment can cause AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly.

Crack or freebase rock is extremely addictive, and its effects are felt within ten seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures.

The use of cocaine can cause death by cardiac arrest or respiratory failure.

### **Other Stimulants**

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

### **Depressants**

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perceptions. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drugs, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

### **Hallucinogens**

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries.

The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent. Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last six months to a year following prolonged daily use. Mood disorders - depression, anxiety, and violent behavior - also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations. Large doses may produce convulsions and coma, as well as heart and lung failure.

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, and psilocybin. The user may experience panic, confusion, suspicion, anxiety and loss of control. Delayed effects, or flashbacks, may occur even after use has ceased.

### **Narcotics**

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possible death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in disease such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

## **Designer Drugs**

Illegal drugs are defined in terms of their chemical formulas. To circumvent these legal restrictions, underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

Many of the so-called designer drugs are related to amphetamines and have mild stimulant properties but are mostly euphorants. They can produce severe neurochemical damage to the brain.

The narcotic analogs can cause symptoms such as those seen in Parkinson's disease: uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perception.

## **Anabolic Steroids**

Anabolic steroids are a group of powerful compounds closely related to the male sex hormone testosterone. Developed in the 1930s, steroids are seldom prescribed by physicians today. Current legitimate medical uses are limited to certain kinds of anemia, severe burns, and some types of breast cancer.

Taken in combination with a program of muscle-building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Because of these properties, athletes in a variety of sports have used steroids since the 1950s, hoping to enhance performance. Today, they are being joined by increasing numbers of young people seeking to accelerate their physical development.

Steroid users subject themselves to more than 70 side effects, ranging in severity from liver cancer to acne and including psychological as well as physical reactions. The liver and the cardiovascular and reproductive systems are most seriously affected by steroid use. In males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Psychological effects in both sexes include very aggressive behavior known as "roid rage" and depression. While some side effects appear quickly, others such as heart attacks and strokes, may not show up for years.

Signs of steroid use include quick weight and muscle gains (if steroids are being used in conjunction with a weight-training program); behavior changes, particularly increased aggressiveness and combativeness; jaundice; purple or

red spots on the body; swelling of feet or lower legs; trembling; unexplained darkening of the skin; and persistent unpleasant breath odor. Steroids are produced in tablet or capsule form for oral ingestion, or as a liquid for intramuscular injection.



## **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA)**

### **What is FERPA?**

The *Family Educational Rights and Privacy Act of 1974* helps protect the privacy of student education records. The Act provides eligible students the right to inspect and review education records, the right to seek to amend those records and to limit disclosure of information from the records. The intent of the legislation is to protect the rights of students and to ensure the privacy and accuracy of education records. The Act applies to all institutions that are the recipients of federal aid administered by the Secretary of Education.

### **What rights does FERPA afford students with respect to their education records?**

- The right to inspect and review their education records within 45 days of the day the University receives a request for access.  
Students should submit written requests to the Office of the Registrar and identify the record(s) they wish to inspect. The staff of the office will make arrangements for access and notify the student of the time and place where the records may be inspected. If the requested records are not maintained in the Office of the Registrar, the student will be notified of the correct official to whom the request should be addressed.
- The right to request an amendment to the student's education records that the student believes are inaccurate or misleading.  
Students may ask the University to amend a record that they believe is inaccurate or misleading. They should write the Office of the Registrar or the specific office involved with the record in question (e.g. a department office regarding a grade), clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading.

If the University decides not to amend the record as requested by the student, the University will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing will be provided to the student when notified of the hearing.

- The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.  
One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is: a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent);

or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibilities.

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

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Ave., SW  
Washington DC 20202-5901

### **Who is protected under FERPA?**

FERPA protects the education records of students who are currently enrolled or formerly enrolled regardless of their age or status with regard to parental dependency. The education records of students who have applied to but have not attended an institution are not subject to FERPA guidelines, nor are deceased students.

### **What are education records?**

With certain exceptions (noted below), an education record is any record (1) which contains information that is personally identifiable to a student, and (2) is maintained by the University. With the exception of information about other students, financial records of parents and confidential letters of reference to which the student has waived access, a student has the right of access to his or her education records.

Education records include any records in whatever medium (handwritten, print, email, magnetic tape, film, diskette, etc.) that are in the possession of any school official. This includes transcripts or other records obtained from a school in which a student was previously enrolled.

### **What information is not considered part of an education record?**

- Sole possession records or private notes held by school officials that are not accessible or released to other personnel.
- Law enforcement or campus security records which are solely for law enforcement purposes and maintained solely by the law enforcement unit.
- Records relating to individuals who are employed by the institution (unless contingent upon attendance).
- Records relating to treatment provided by a physician, psychiatrist,

psychologist or other recognized professional or paraprofessional and disclosed only to individuals providing treatment.

- Records of an institution that contain only information about an individual obtained after that person is no longer a student at that institution, *i.e.*, alumni records.

### **What is directory information?**

Institutions may disclose information about a student without violating FERPA if it has designated that information as “directory information.” At Samuel Merritt University this includes a student’s:

- Name
- Field of study
- Dates of attendance
- Current enrollment status (full-time/part-time)
- Receipt or non-receipt of a degree

### **Who may have access to student information?**

- The student and any outside party who has the student’s written request.
- School officials (as defined by the University) who have “legitimate educational interests.”
- A person in response to a lawfully issued subpoena or court order, as long as the University makes a reasonable attempt to notify the student first.

### **When is the student’s consent not required to disclose information?**

When the disclosure is (one or more of the following):

- To school officials (defined in policy) who have a legitimate educational interest.
- To federal, state and local authorities involving an audit or evaluation of compliance with educational programs.
- In connection with financial aid; this includes Veterans’ benefits.
- To organizations conducting studies for or on behalf of educational institutions.
- To accrediting organizations.
- To comply with a judicial order or subpoena.
- In a health or safety emergency.
- Releasing directory information.
- Releasing the results of a disciplinary hearing to an alleged victim of a crime of violence.

## STUDENT'S RIGHT TO KNOW ACT OF 1990

Undergraduate student retention to graduation in the BSN program is as follows:

Student Right to Know Act of 1990

Four-, Five-, and Six-Year Rates by Year of Entry

### Undergraduate Cohort Graduation Rates

These data are for: Entering cohorts in an academic year

Year of entry	Class Size (Cohort)	Percentage graduating within		
		4 years or less	5 years	6 years
1981-1982	150	71%	76%	78%
1982-1983	99	58%	65%	68%
1983-1984	112	51%	56%	59%
1984-1985	90	67%	76%	76%
1985-1986	89	51%	60%	61%
1986-1987	44	57%	59%	59%
1987-1988	44	68%	75%	75%
1988-1989	71	63%	70%	72%
1989-1990	89	78%	80%	80%
1990-1991	123	87%	87%	87%
1991-1992	126	85%	85%	85%
1992-1993	135	87%	89%	89%
1993-1994	130	89%	90%	90%
1994-1995	133	86%	86%	86%
1995-1996	125	78%	81%	81%
1996-1997	105	85%	88%	90%
1997-1998	95	72%	73%	80%
1998-1999	87	89%	89%	89%
1999-2000	81	84%	84%	85%
2000-2001	80	88%	89%	89%
2001-2002	75	76%	76%	77%
2002-2003	123	80%	80%	80%
2003-2004	126	77%	77%	N/A
2004-2005	179	87%	N/A	N/A