

The Sharpest Scalpel



Charles R. Drew University
of Medicine and Science

A Private University with a Public Mission

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Dean's Message

Dear Friends, Supporters, Faculty, Staff and Students.
THANK YOU.

I have plenty of good news to share because of your effort and work. I am excited to highlight the progress the College of Medicine has made since our last newsletter was published. We are realizing the legacy goal of an LCME accredited MD Program at CDU. With the help of many committed faculty and staff, several new faculty recently hired, CDU executive leadership, and our many friends and supporters, we have transitioned from **We CAN do this to We ARE doing this.**

On July 12th through 14th, the LCME survey team will be on campus to conduct a preliminary accreditation site visit. The full LCME body will receive the survey team's report and act on it at their meeting in October 2022. If all goes well and we receive preliminary accreditation, we will begin accepting applications immediately. During the July survey visit, we will demonstrate the capacity that we have developed over the last four years to secure status as an LCME accredited CDU MD Program.

Our ongoing preparation occurs on the three tracks outlined below. The tracks and leaders are:

- **Yellow:** LCME Accreditation process with infrastructure and curriculum development,
 - Leader: Senior Associate Dean, Ron Edelstein, EdD
- **Blue:** The new building to open in 2025 and renovation of the Cobb Building 1st floor for our charter classes in 2023
 - Leader: Vice President Carl McLaney, MPA
- **Green:** Fundraising for the MD Program
 - Leader: Senior Vice President Angela Minniefield, MPA

On the academic side, we are pleased that our curriculum development team has attracted important key leadership. Dr. Glenda Lindsey, a graduate of the CDU/UCLA Medical

Education Program, has been appointed COM Director of Medical Education. There are over 40 new and existing faculty working on the pre-clerkship and clerkship curriculum who met for the third retreat, this past Saturday. The results of this curriculum development work are impressive: 11 program learning objectives, 5 of which originate directly from the CDU Advantage. We owe a special thanks to Dr. Lindsey, who is leading our curriculum development.

The Health Professions Education Building (HPEB) is on track to open in 2025. For our charter class, the plan is to renovate the first floor of the Cobb Building, creating a state-of-the-art classroom, as well as student study spaces and leisure areas. An RFP will be released to hire the architectural firm for the HPEB. The renovation drawings for the first floor of Cobb are in process.

CDU and COM have received significant donations towards growth from a variety of generous benefactors. Philanthropist MacKenzie Scott gifted \$20 million dollars to CDU that now stands as the largest single donation from a private philanthropic source in the University's history.

Several other words of thanks are in order. COM received a \$1.5 million bequest from the estate of longtime CDU supporter Dr. Fred Parrott to establish the Fred D. Parrott, M.D. endowment for student scholarships. Dean's Advisory Council member Dr. Carol Ludwig has made a pledge through the Carol and Gene Ludwig Family Foundation.

Dr. Eugene Grigsby, Chair of the DAC, has pledged \$50,000 towards the new MD Program. This last month, a \$300,000 gift was received from the California Community Foundation, headed by Antonia Hernandez. We are truly appreciative of these gifts that validate CDU, COM, and the work that we are all accomplishing.

There is tremendous enthusiasm at all levels of the CDU family and the MD Program planning is going well. We are fulfilling the dream set in motion with the founding of this University. Just as with UC Riverside, our partnership with UCLA formalized in the first 10-year agreement in 1978 has set a strong platform for a CME accredited MD Program.

Stay Tuned..... much, much more to come.

Deborah Prothrow-Stith, MD
Dean of the College of Medicine
Charles R. Drew University of Medicine and Science

Charles R. Drew University of Medicine and Science Receives \$20 Million Donation from Philanthropist MacKenzie Scott

*Amount is the Largest Private Donation in the
University's History*



LOS ANGELES – February 28, 2022 – Philanthropist MacKenzie Scott has made a \$20 million donation to Charles R. Drew University of Medicine and Science (CDU) in South Los Angeles, one of the nation's four historically Black medical schools and a member of the Hispanic Association of Colleges and Universities. This one-time gift represents the largest private donation in the history of the University, which was founded in 1966 in the wake of the Watts Uprising to address inequities in healthcare.

"CDU has been on a tireless pursuit to cultivate diverse health professional leaders dedicated to social justice and health equity for underserved populations," noted Dr. David M. Carlisle, CEO and President of CDU. "This investment will advance that goal by providing resources to support and enhance our outstanding education, research, clinical service, and community engagement. We are truly grateful for MacKenzie Scott's generosity and dedication to important issues around social justice."

MacKenzie Scott has personally donated more than half a billion dollars to public and private historically Black colleges and universities. CDU has been recognized as an HBCU by the State of California and is also a federally-designated Historically Black Graduate Institution. The University provides undergraduate, graduate, and certificate programs to approximately one-thousand current students looking to start or accelerate careers in healthcare. The University also seeks to address several

areas of health disparities through a multi-pronged translational research approach.

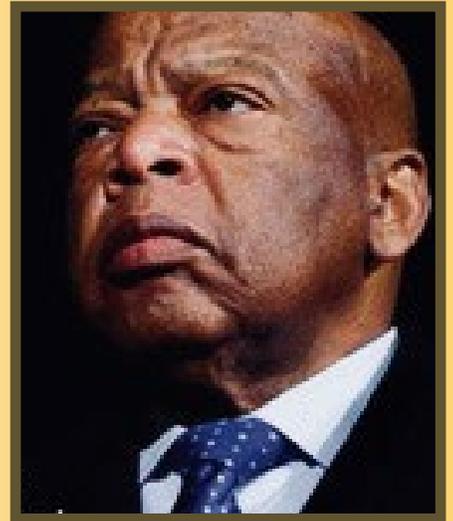
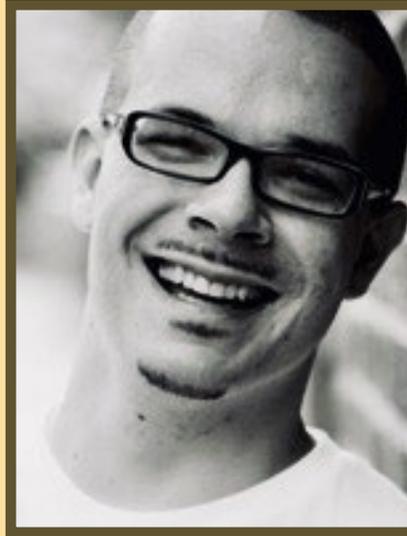
"The mission of Charles R. Drew University of Medicine and Science is noble, and it takes noble people like MacKenzie Scott to help bring it to fruition," stated, Benjamin Quillian, PhD, Chair of CDU's Board of Trustees. "This kind act will have a ripple effect that starts with our students and ends with improved health outcomes in under-resourced neighborhoods."

CDU is ranked as the #2 school in America for student and faculty diversity and is the only historically black university west of Texas. CDU has been repeatedly cited as a top school in the nation for its graduates' early career salaries and for providing high-income careers for previously low-income students.

Last year, CDU also received its largest ever single appropriation when the State of California made a one-time allocation of \$50 million in the state budget to support the University in its quest to establish a 4-Year Medical Degree Program and a building to house it.

Learn more about Charles R. Drew University of Medicine and Science at cdrewu.edu.

7th Annual President's Breakfast Highlights the Continued Importance of the Right to Vote



The audiovisual montage that opened the 7th Annual President's Breakfast created the appropriate compelling atmosphere for the event's topic, "Voting Rights and Redistricting: What's at Stake?" Clips of historic speakers including Martin King, John Lewis, and Fannie Lou Hamer were on view. Working class people in skirts, jeans, and overalls lined up to cast their ballots. Clips from memorable moments in the history of the voting rights movement offered historic context.

The message was clear: African Americans and other formerly disenfranchised people need to take voting seriously because the right to vote influences so many aspects of their daily lives. All of the participating speakers echoed the theme, beginning with Sylvia Drew Ivie, who noted the many voting rights controversies, struggles, and challenges during her opening Sponsor Remarks.

President David Carlisle noted that the 1965 Voting Rights Act was intended to give a voice to the voiceless, but many critical provisions have been stripped away over time. The result is that activist legislatures interested in restricting universal voter access have become more emboldened.

The breakfast topic highlighted the problem at hand through the work of the Guest Speaker, writer-activist Shaun King. He has recently devoted considerable time to investigating the strategies at work in the rolling back of voting rights gains. He is the co-founder of the Real Justice PAC. He has also launched a website, North Star, named after the 19th century newspaper, founded by Frederick Douglass.

King has been extremely prolific in his work on a variety of platforms and communication outlets, including podcasts, videos, and print media. He is also a sought-after speaker whose audiences range from corporate boardrooms, educational institutions, to the prison-industrial complex.

King identified three states, Georgia, Arizona, and Wisconsin, where restrictive voting policies are most prevalent. The restrictions, he noted, have a strong impact on healthcare, education, as well as restricting equal opportunities for all people through repressive legislation.

King indicated his interest in tracking and reporting such incidents began as a personal quest. He grew up in rural Kentucky, where he faced so much bigotry that he was forced to fight for his own dignity against racism. That experience influenced his career pathway. He became a civil rights activist while attending Morehouse College.

During his freshman and sophomore years, two notorious killings took place. On June 7, 1998, James Byrd was dragged for three miles along an asphalt road with a rope around his neck by three white men in a pickup truck. On February 4, 1999, Amado Diallo, a 23-year old unarmed Guinean student, was killed by New York City police officers, who fired 41 shots into his body.

Those incidents received international notoriety and catalyzed King's commitment to the cause. The cases were not dissimilar to the plight of teenaged Emmett Till during the 1950s, with extreme racism and bigotry at work.

He cited a 2021 Washington Post Police Violence survey noting that 1200 lives were lost that year. A historic year for violence, which led to the question, “Are we getting better or worse, and how do we measure it? What metrics determine our social condition?” This notion was originally raised by Dr. King; but as Shaun King noted, unfortunately he did not live to see the outcome of his hypothesis. He cited James Forman, Jr.’s ***Locking Up Our Own: Crime and Punishment in Black America***, as a work of reference.

King made a point in stating that many people are caught in a variety of behaviors that incarcerate ourselves, including poverty, substance abuse and factors leading to homelessness. The key geographic area that King currently studies is Philadelphia. Last year, he noted, saw the highest rate of incarceration in the city. The impact is that families are being torn apart, and children’s lives are being destroyed. By explanation, we default back to tired tropes that don’t solve our problems, he added.

Technology is, of course, an ever-present tool. How effectively are we using such tools? Technology can be used for good or evil, policy change or to drive antagonists to their most base levels.

A skilled prodigy of technology himself, King noted that algorithms hinge on fear. Social media is a tool to entertain, inform, mobilize, but it won’t be effective on its own merits. People are certainly accessible on social media, but our enemies are on social media, too: winning, wooing, and swaying their followers, he observed. Often, what we are asking is way too simple while our opponents are finding issues to mobilize their followers.

King said that his next big Philadelphia project will be what it means to address gun violence. Almost 95% of gun violence victims are young Black men.

President Carlisle then moderated a discussion that included Crystal Crawford, Executive Director of the Western Center on Law and Poverty; John C. Yang, President and Executive Director, Asian Americans Advancing Justice; Shakari Byerly, Managing Partner, EVITARUS Public Opinion Research; Thomas A. Saenz, President and General Counsel, Mexican American Legal Defense and Education Fund (MALDEF).

The panelists responded to a variety of questions related to Shaun King’s presentation. Each panelist’s view of the issues affecting their constituencies was enlightening.

Crawford noted the importance of education in the fight for racial justice and policy advocacy. To the question of whether Asian Americans are the target of voter suppression, Yang responded yes, definitely. Proof of citizenship is a nagging issue. In some communities, 90% of the Asian population are immigrants, or children of immigrants. Budget reductions lead to more limited ballot access, and reduced availability to receive information about voting changes in places like Georgia.

Regarding public voting access, Byerly stated that 85% of the population is unsure and lacks knowledge about redistricting and other critically important issues at stake. Saenz discussed redistricting in the Latino community. A key issue is to determine how to create majority Latino districts in the face of racially polarized voting. To the establishment, Latino population growth is viewed as a threat and uses redistricting to dismantle Latino political power. But it also serves as an opportunity to elect new Latino legislators.

King asked which level of government impacts the legal system the most? The local district attorney has the greatest impact on who is charged and what they are charged with, including 90% of the people incarcerated in the United States.



**The importance
of education in
the fight for racial
justice and policy
advocacy**





CDU 2021-26 Strategic Plan Conversation with Provost Steve O. Michael

Executive Vice President and Provost Dr. Steve Michael is well-known as a man of many talents. Besides his expertise as a program planner and implementer, Dr. Michael has developed more subtle skills such as active listening, deep insight of university operations, and empathy at a very high level. That wisdom has assisted in greatly advancing the work of the University.

Strategic planning is a forte of Dr. Michael that has also served the University well. Prior to coming to CDU, he spent many years teaching the nuances of strategic planning at a graduate level as well as serving as a strategic planning consultant to several organizations. As a provost and chief academic officer, he has led strategic planning initiatives at several institutions, and he brings a unique perspective to this process. “Strategic planning, well executed, provides a critical opportunity for enhancing institutional capacity for transformation,” he said. “A campus that plans together, grows together,” he adds.

Upon arrival at CDU in 2015, Dr. Michael was appointed by President David Carlisle to lead the CDU Strategic Planning initiative. Dr. Michael observed that “a good strategic planning exercise has several features in common: buy-in by the Board, leadership of the President, competent strategic planning leaders, representative and willing committee members, stakeholders involvement, good imagination and creative thinking, and realistic goals and objectives, to

mention but a few.” These features characterize the CDU strategic planning and resulted in concrete progress for the University. “The appointment of Dr. Mohsen Bazargan, then President of the Senate, as a co-leader of the planning effort was a clever way to ensure inclusion and faculty buy-in,” he noted. The intent of the plan was not only to survive as an institution but to thrive and outgrow its challenges.

The current 2021-2026 Strategic Plan builds on the 2015-2020 Plan. While the first strategic plan focused on growth, the current strategic plan’s focus is on transformational growth. As explained by Dr. Michael, “This is growth that fundamentally changes the nature and operations of an institution and positions it as an up-and-coming university of excellence. Big is not always better, but rightsized institution of excellence that is more responsive to its community needs and aspirations will always draw recognition and attention.”

One way CDU is being transformed is the introduction and expansion of undergraduate programming, which President Carlisle declared as “imperative if we are to stay true to the CDU mission.” Another way that CDU is changing is transformation from a commuter campus to a residential campus with a massive student housing project in the offing. “Just imagine what a concentration of 600 to 1000 students living on campus will do to the neighborhood businesses and community services,” Dr. Michael stated. The completion of the student housing and affordable



**“A campus that
plans together,
grows
together”**



housing projects will undoubtedly go a long way to transform the community.

CDU Strategic Plan calls for the establishment of a new medical education program, a topmost priority of Carlisle Administration. As observed by Dr. Michael, “The gift of \$50million from the State of California, the indefatigable leadership of the Board, President Carlisle and Dean Prothrow-Stith, the relentless efforts of Senior Vice President Minniefield in fundraising, the enthusiastic support of our stakeholders, and the readiness of the campus are indicative of a dream whose realization is at hand. I tell you, even God is ready for this one.” The reality that CDU is growing in stature and national profile accounts for the ambitious future laid out in the 2021-26 Plan. There is expectation that the new four-year medical school will add distinction. New undergraduate programs that enhance the value of securing a CDU degree or professional certification. The attention paid to the University for its accomplishments as an attractive institution of higher learning is in likewise forecast in the strategic plan.

CDU has become a focal point of financial investment by some of the most influential philanthropists and thought leaders in the country. The University has seen increased research funding based on CDU’s groundbreaking medical and scientific work. State and local sources have made good on financial support predicated on promises made since the post-Watts rebellion era and amplified more recently over the past fifteen years by various governors and the California state legislature.

Beginning with the 2015-20 strategic planning process, the opportunity to build an infrastructure by which those positive responses to the University’s successes could be planned, developed, and funneled into the right initiative, had more operating strength. The greater the vision for developing an entity with planned growth in mind and an intentional attitude of positive community impact, the rationale for positioning CDU in its rightful niche could occur.

Each unit of the University has experienced growth. The overall university enrollment experienced an average 20-25% increase in pre-pandemic years, thanks for the excellent work of Enrollment Management. Every semester, new programs have been added. Provost Michael noted that during this period, every program except for one received the maximum seven years’ accreditation. The program in question did receive accreditation at a five-year level. Expressing gratitude to the campus community, Dr. Michael acknowledges that “a university is as good as the collective body of its faculty and the progress CDU continues to make is certainly due to the stability and commitment of the board and the university leadership as well as to the excellent faculty and staff who are definitely performing beyond the call of duty.”

Another way CDU is changing is in the re-introduction of Graduate Medical Education (GME), which was in hiatus for many years. CDU’s GME includes family medicines, internal medicine, psychiatry and many more to follow. “Indeed, growth with a purpose will fundamentally change an institution and better fulfill its mission,” he said.

Dr. Michael remarked that CDU Strategic Plan is being implemented actively. Two major ways the University tracks implementation progress are; President Carlisle presents progress on each theme to the trustees at every Board’s meeting, and the Academic Affairs Annual Retreat led by the Provost focuses on annual comprehensive evaluation of implementation progress, followed by the plan for the coming academic year.

According to Provost Michael, planning process is just as important as the product—the plan itself. “If the process is well done, it makes implementation easier.” He is happy with the progress thus far. “The pandemic obviously slowed the growth rate. Hopefully we’ll get past the challenges soon. Nevertheless, CDU is moving on and it is an awesome privilege for those of us chosen to be part of its transformation.” said Dr. Michael.

COM Leads Off 2022-23 CDU Budget Committee Presentations



I. Provost Michael's Introductory Remarks

Beginning January 24th, Provost Steven Michael convened a University-wide series of budget meetings. These meetings were open to faculty, staff and other stakeholders with the intent of shedding additional light on the campus-wide budgeting process. The College of Medicine went first, followed on successive days by COSH, the School of Nursing and other academic units.

Dr. Michael opened the meetings with a high-level teaching moment. He provided perspective in noting that CDU is the third institution where he has been employed as Provost. To amplify his intentions with these presentations, he provided a series of slides that offered an overview of the importance of the budget meetings.

The purpose included:

- They provide critical information for University-level budget presentations.
- They educate the campus community regarding academic progress and change.
- They provide a forum for academic unit leaders to share plans for their respective unit.
- They provide an opportunity for the campus community to learn and contribute their input to the management and direction of academic programs.
- They provide information that enables the CDU community to appreciate the work of those involved.

The Provost stressed his take on the process: everybody on campus is a **builder**, a theme that he has publicly expressed in a variety of settings. Everyone participates in building the University,

and contribute by adding, changing, and improving CDU. Successes were demonstrated graphically in his overview through the degree and certificate programs added every year and the operating revenue resultantly generated.

In one graph, a 41.7% increase in student enrollment (637 to 1092) was noted between the 2013 and 2021 academic census. The budget process thereby provided concrete data to support the effort to make improvements. But he also noted, amidst the optimism, a 7% recent student decline during the COVID era. A primary reason why academic enrollment is important is that it is reflected on a fiscal management basis in tuition and fees. Every department, the Provost noted, can be distilled down through a budgetary breakdown.

The proposed budget plan for FY 2022-23 includes this year's areas of focus including:

- New programs
- Student enrollment
- Retention and graduation rates
- External examination pass rates
- Research activities
- Grant activities
- Student satisfaction
- Faculty and Staff workplace welfare
- Program reputation and image
- Building and infrastructure development and maintenance

The Provost noted that these are the areas that the University's budget deliberations take into consideration either directly or by implication. The final budget will be submitted to the Board of Trustees prior to the June meeting.

II. COM Budget Presentation: Comprehensive Overview by Dean Deborah Prothrow-Stith

After thanking Provost Michael, Dean Prothrow-Stith noted that for COM, the budget process was an excellent organizing tool and a source of input at a granular level. She noted that in the current year, preparation time has been very short. The COM budget contribution to the University's broad picture will be a lot more fleshed out with greater preparation time available next year. That said, she acknowledged and thanked the COM leadership team for this year's effort.

The individual COM departmental and academic unit presentations that followed Dean Prothrow-Stith's overview encompassed the budget of the Office of the Dean, seven departments, and the academic units within the College of Medicine. The areas presented in the report include the Office of the Dean and the CDU MD Program Planning effort; the Office of Faculty Affairs and CME; the Office of Health Policy; the Office of GME; the Department of Pediatrics and Drew C.A.R.E.S.; the Department of Psychiatry; the Department of Family Medicine; the Department of Internal Medicine; the Department of Surgery; the Department of Social and Preventive Medicine and OB/GYN; the Office of Medical Student Affairs and the CDU/UCLA Medical Education Program Track; and Research Education.

Dr. Prothrow-Stith stressed that the seven academic departments represent the key COM structural component. Her theme is to embellish and further grow a strong departmental structure. She noted the progress made, meanwhile acknowledging that there is still a ways to go. Variables include the size of the faculty being managed; and the reality that the research and education programs are being run by faculty that fall under the seven departments.

The current presentation, she noted, is a beginning down a path of a strong departmental structure. She unveiled a working organizational chart that graphically depicted COM's structure and interrelationship with the other University divisions and academic units. COM is divided structurally into administration and finance; health policy and community partnerships; student education and faculty.

Dean Prothrow-Stith next offered COM's 2023 revenue projections. The bottom-line figure is

\$18,775,000. The Dean noted that the figure is a fairly secure projection based on grants already received, not listed in the chart as pending. What is not secure is the student scholarship totals, and only part of COM's research and extramural totals. She did a quick back of the envelope calculation, stating that an additional \$8/10/12 million in COM faculty research dollars are yet to be accounted for but ultimately will be represented in the 2022-23 budget actuals.

She then did a breakdown of the various accounts and revenue sources tied to the COM endowment, gifts and grants, partnerships, and contracts for service. She noted that restricted funding continues to be aggressively pursued by COM as a strength and source of organizational growth with a little bit of vulnerability. She also noted that the U Account in the financial graphs – the internal University account – represents the source of hard money available to COM as operating capital.

She also spoke to the structure of the day's presentation as contrasted with typical revenue and expenditures presentations. The COM budget presentation is primarily focused on revenues because so much of COM's funding is restricted. The spending depicted matches the restriction, at the rate of an almost a \$1 for \$1 expenditure ratio. Overhead is not represented but, if included, it would be shown as an additional amount of funding going to the University.

III. In closing, Dean Prothrow's message was sanguine. She was upbeat as she offered encomiums in lauding the work of her talented team. To wit, ***"This funding represents the hustle and hard work of writing grants. These dollars do not drop out of the sky."***

The COM departmental and academic unit presentations followed the Dean's overview.



Charles R. Drew University

Transforming Healthcare in South Los Angeles through the Development of a Four-Year Medical School

The Future Requires More Diversity in Medicine

The U.S. population is becoming more diverse; medicine isn't. Nationally, Blacks and Latinos make up more than 30% of the U.S. population but only 10.3% of medical school graduates, a number that hasn't changed much in 50 years. People of color will make up most Californians by 2030, but they remain severely underrepresented in the health workforce. Increasing minority representation among U.S. physicians, particularly in California, is an urgent need. The California population is 44% African American or Latino, while only 13% of primary care physicians are African American or Latino.

Because of its historical success in training healthcare leaders, Charles Drew University (CDU) of Medicine and Science is answering the call and now proposes to do more of what it does well. The new, independent four-year program aligned with current and future GME development will provide an increased opportunity for students to stay within their hometown to participate in the full continuum of medical education and increase career opportunities.

CDU retained Tripp Umbach to analyze and independently assess the economic impact of the university and the development of the four-year medical school in Southern California.

CDU's Future Campus



Future Economic Impact



Impact on Future Workforce

By **2030**, the economic impact and cost savings annually from physicians who graduate from the new four-year CDU medical education program will equal **\$138.2 million** in annual healthcare cost savings. This number is in addition to operational economic impacts.

\$138.2
MILLION

Impact on the Community

The program's community engagement commitment will leverage the extension of academic health systems into population health and establish a competitive infrastructure connecting people, classrooms, labs, and information services to the region. CDU's pipeline programs will provide career pathways for students, research collaborations with faculty, and joint programs that expand CDU's footprint. Further, healthcare systems in the region benefit from expanded medical education through physician recruitment cost savings, an increase in clinical services provided by faculty recruited for the school of medicine as well as physicians who graduate from the school, and revenue from quality outcomes that are assumed to increase along with a greater focus on academic medicine.

Teaching and research models focused on urban primary care needs while using the latest technologies to enrich understanding and application.

- Collaborative learning among students in medicine, nursing, and other healthcare professions to take advantage of unique opportunities in the community.
- A focus on health issues fundamental to the underserved areas throughout Los Angeles County and beyond.
- A focus on the appropriate delivery of care to diverse patients.
- Creative use of simulation and health informatics to educate healthcare professionals to meet the changing demands of healthcare in the future.
- Workforce needs will be addressed by expanding highly qualified graduates with local connections and interests.
- The research and education enterprise will be a strong foundation to strengthen regional public health systems and effectively provide high-quality, cost-effective health services.

The need to eradicate healthcare disparities throughout Los Angeles County, the state, and nationally is pervasive. Adding the increased cohort of trained physicians to fill the diminishing high-level professional labor supply offers an opportunity for the COM M.D. to assume that role. The economic base will grow with the presence of the physician cohort and the ancillary goods and services needed to support the effort.

**Tripp
Umbach**

Dean Prothrow-Stith Highlights the Friday Noon Lectures with a 4-Year Medical School Update



As part of a Friday Noon Lecture series in late January, Dr. Deborah Prothrow-Stith presented a thorough overview of progress on the 4-Year medical school project via Zoom. She effectively presented a compelling four-plus years of planning overview and project successes to 80 attendees within 35-minutes.

In that time, she covered the most important information connected with the project and deftly anticipated many of the questions that attendees might pose. She dissected the process and presented through the lens of the professional to whom is vested the ultimate responsibility for project execution. The audience left the lecture with comfort that the project is on track and what roles they might play now and in the future.

She began by answering the basic question of Why CDU/Why Now? by describing the local need for such an institution. She noted that metropolitan Boston, a city of 760,000 residents where she previously spent 42 years as a student, faculty member, administrator, and government official, housed three medical schools – Harvard, Tufts and UMass. Whereas south Los Angeles, an area of approximately 1.3 million, currently has a grand total of zero medical schools.

CDU has committed to serving local residents in a big way. Creation of such a school was initially a promise to the community coming out of the 1965 Watts rebellion and to date has been a work in progress. Under President David Carlisle, the effort has taken on a momentum that is remarkable for its broad-based support. Dean Prothrow-Stith cited the economic impact as critical in creating opportunities to build a more affluent area through increased financial stability brought on by such a project.

Dr. Carlisle has committed a variety of crucial resources to steering the project. A sizable amount of financial wherewithal, a savvy leadership team, diverse human capital, and an extensive communication effort has been committed to the work. That the University is now highly ranked nationally in a variety of areas adds impetus.

The elements of intellectual bench strength and vision are in place. The University's response to the pandemic further heightened LA County and other institutions' awareness of how to conduct local outreach. Through its invention and application of the CDU Advantage, utilization of community faculty working hand-in-hand with CDU's licensed medical professionals; health policy initiatives sponsored by the Urban Health Institute, and frequent town halls and forums led by Dr. Carlisle himself, CDU has enjoyed a unique relationship with the community that it serves.

The Dean noted a similar trajectory with the successful creation of the UC Riverside medical school. When UCR graduated its first graduating class, it was awarded full accreditation through the LCME. Also critical to the application process is the demonstrated strong support of the CDU Board of Trustees.

The Data Collection Instrument and institutional self-study were submitted for review in July 2021 and hastened the University's quest for a change of status from applicant to candidate. When submitted, the DCI weighed in at 250 pages, the self-study at 40 with twelve appendices.

There were twelve LCME standards to be answered, and 96 elements in the CDU submission. Dean Prothrow-Stith cited highlighted the importance of a few elements for the audience as exemplar of what the

LCME expected to be demonstrated regarding ability to develop a sustainable medical school.

The LCME team will do a site visit between July 12-14, which she aptly described as “looking under the hood.”. The Dean noted that the documents will be disseminated to key campus participants to ensure that all of CDU is in sync when the site visit occurs. If the LCME looks favorably upon CDU’s candidacy, the University can immediately begin to recruit and admit students for its first class in 2023. If no, she indicated that the University will listen to the LCME’s feedback and refine its efforts until the project is greenlighted.

In December 2021, key CDU leadership visited the Kaiser Permanente Bernard J. Tyson medical school in Pasadena. The visit gave the team encouragement, and they came away with additional insight regarding the project’s potential for success.

The new medical school builds on CDU’s historic imperative and the University’s recent history of success. The core project team is organized along three tracks: Yellow, responsible for the aforementioned curriculum and infrastructure development. The Blue team is devoted to the physical Health Professions Education Building, while the Green Team pursues an aggressive approach to fundraising.

Supporting the effort is the creation, beginning in 2018, of the residency programs which attract funding and resources from various sources of support. The residency programs include the original Family Medicine and Psychiatry residencies; Internal Medicine, added in 2021, and an upcoming Surgery residency. Clinical faculty are connected to the residency program, and with experience, the residents become a key backbone of the teaching faculty.

The residency program has been crucial in developing an all-important assemblage of clinical partners including various Los Angeles County departments as well as sites such as the MLK Outpatient Center, St. Francis Medical Center, Rancho Los Amigos Hospital, the Long Beach VA Hospital, Harbor-UCLA Hospital, and Kedren Community Health Center. These clinical partnerships are very critical to accreditation, as a candidate institution must have a variety of partners that creates a win-win for the medical school and the partnering institution.

The medical school curriculum is divided into three sections. Pre-clerkship is an important core element. Pre-matriculation and the five fundamentals of medicine are areas new to COM, but fortunately, the

School of Nursing and COSH have previously offered these areas. The faculty is engrossed in the design and development of the pre-clerkships including longitudinal courses such as Medicine and Society and Clinical Skills, and block courses including Anatomy and Physiology.

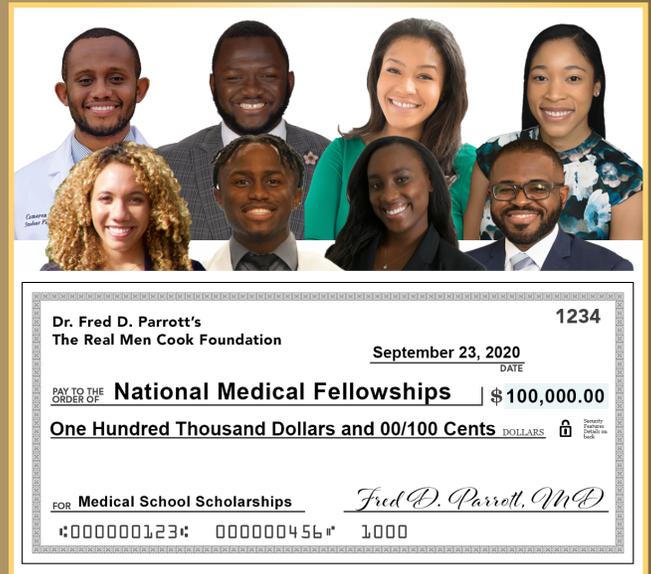
Previously, CDU students took those courses through CDU’s longstanding joint training relationship with UCLA. Now, the courses will be offered through CDU as part of the new focus. Hospital and clinical functions will be emphasized during the clerkship phase. Fourth year students will participate in electives, specializations, and sub-internships.

Eleven core competencies will be a focus; six in conformance with AAMC standards and five in alignment with the CDU Advantage. The latter will mirror the University’s institutional learning objectives. Community faculty will play an integral role in design, implementation, and delivery.

The methodology will include lectures, case studies, hands-on work, and service learning such as EMT, patient navigator, and community health worker to foster greater awareness of the unique needs of the primary patient population.

Work in developing and refining the Health Professions Education Building (HPEB) has entailed three years’ work with the University architectural consultant and the team from the SLAM architectural firm. Faculty and students have provided specific input throughout, offering very specific recommendations such as a strong technology focus and special simulation areas. When the team visited the Kaiser medical school, they came away impressed with the emphasis on information technology.

The fundraising effort has enjoyed tremendous initial success, according to Dr. Prothrow-Stith. But there are many challenges on the horizon to reach the project goal of \$112 million. She noted the Kaiser building cost \$20 million. So far, \$50 million has been received from Gov. Gavin Newsom and the state political leadership, an event celebrated by the on-campus check presentation ceremony featuring Assy. Mike Gipson during Fall 2021. She cited other gifts, such as the \$5 million over three-year pledge by LA Care. She closed her presentation by emphasizing the critical importance of ongoing campus-wide support of the project.



Frederick Douglass Parrott, MD
Sunrise: December 22, 1927 - Sunset: January 14, 2022
Celebrating His Enduring Legacy

Dr. Fred Parrott, the epitome of the renaissance man with multiple interests and pastimes, and the financial wherewithal to support his personal vision and goals, made his transition three weeks after reaching the eminent age of 94 years young. Most assuredly, his good works of philanthropic benevolence that assisted hundreds of CDU students will live on as part of a uniquely enduring legacy for many generations to come.

Dr. Fred was present in a variety of professional capacities, many of which overlapped. His core lifelong work was that of a physician. His Real Men Cook Foundation was successful because he mastered the skills of entrepreneurship, media relations, and community outreach. His supporters in that effort were rewarded with a great time at the social events, and the knowledge that they were helping to ensure that a community in need received quality services from the future health care professionals, indispensable to the resultant high level of quality care to people in need.

This man was active in this philanthropic benevolence all the way to the end of his life. Most recently, he donated \$50 million that endows a new academic scholarship program. Previously, he had established the Real Men Cook Foundation Academic Scholarship of Excellence and Endowment Challenge Fund and partnered with the National Medical Foundation to support historically Black medical schools.

This latter effort is a \$12,500 award to be given to two CDU African American medical students during the academic year who have demonstrated academic excellence and strong community service. It is a continuation of Dr. Parrott's longstanding vision of increasing the number of minority health care providers by awarding scholarships to medical students attending HBCUs.

A native of Houston, TX, Fred Parrott unsurprisingly had a stellar academic career. He graduated from the acclaimed Jack Yates high school at the age of 16, and Howard University at 19 with a psychology degree. He followed up with a Masters' degree in microbiology at UCLA.

He was drafted into the US Army in 1952, inducted as a First Lieutenant. After initial training, he was sent to Tokyo, Japan as a bacteriologist. He also opened a tailor shop there, fitting servicemen with Hong Kong-made shirts.

His first employment in the medical field was working as a territory manager for Wyeth Pharmaceutical. He occupied that position while simultaneously attending Meharry Medical College, graduating in 1958.

He moved to Los Angeles and completed an internship at Los Angeles County Hospital before becoming a

fellow at the University of Minnesota Medical Center Department of Obstetrics and Gynecology. After completing his fellowship, he returned to Los Angeles and began his private practice.

It is said that Dr. Parrott was always on the lookout for gems of people with potential that he could assist in building a better life. His generosity and insistence on developing a platform for emerging ethnic minority leaders in medicine had a solid base which he developed over the years. Real Men Cook was an example of Dr. Parrott's talent for recognizing the value of bringing together diverse parts of the community in a unified cause while having fun.

Even by today's standards, Real Men Cook was something to talk about. By creating a colorful event that featured an attraction that appeals to everyone, in this case great food that included many dishes familiar to attendees, as well as exotic delicacies from around the world, Dr. Parrott's ability to showcase his imagination and flair was a thing of genius.

The videos that Dr. Parrott commissioned to showcase and promote the events were both historic and memorable for a variety of reasons. There is every indication that such a unique type of cause-related activity will be hard to duplicate ever again. There is the appealing visual look and the actual taste of the food. The event was staged in donated space at an appropriate venue such as the LA Airport Hilton.

Real Men Cook was a competition, with professional culinary experts in the form of executive chefs serving as judges. As a "quasi-friendly" competition, there was plenty of opportunity for camaraderie and plenty of smack-talking about whose food was the tastiest.

The participants were a multi-ethnic assemblage. Many of their food choices were tributes to the motherland, be it Dakar, New Orleans, or Paris, Texas.

As a physician, it was Dr. Parrott's interest to highlight the value of healthy eating choices as much as the color, flavor, and flair that were perennial drawing cards. By 1991, close to 2,000 eager eaters were in attendance. Over the years, a whole cadre of regular attendees showed up wearing some of the most eye-popping attire imaginable.

All walks of life were represented in the ranks of the cooks. Most contestants were amateurs with

a passion for spending many days – or months – preparing for the big event. Individuals with a unique spin on a culinary favorite were always part of the fun. In 1993, Real Women Cook made it to the stage through Dr. Parrott's careful nurturing hands.

The spectacle was a tremendous networking opportunity. Celebrities and civic leaders were there. The beautiful, glamorous people were attracted by Real Men Cook's underlying mission, as well as the event format and the crowds. Dr. Parrott's flair and vision created wholesome – yet alluring sideshows. You could hear fabulous live music, purchase wearable items, and connect with lifelong new best friends.

In the middle of the party, uncertain reality reared its fateful head. Dr. Parrott was diagnosed with prostate cancer in 1994. By that time, his Foundation was on its way to raising many hundreds of thousands of dollars primarily on behalf of ethnic minority medical students.

With a shrewd eye and being relentless in his mission and purpose, Dr. Parrott pivoted from the live events. This enterprising visionary created a new platform in establishing the Real Men Cook Foundation Center for Early Detection of Prostate Cancer.

It was Dr. Parrott's belief that early detection of prostate cancer and general prostate cancer education and awareness is the most significant achievement of the various real Men Cook iterations. "We have provided screening for over 50,000 minority men, 500 monthly, with many lives saved," he observed. "Today, I still have men come up to me and say, 'you saved my life'."

All hail our fallen hero. You sleep in the celestial company of the great giants of humanity.

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Pre-Clerkship Interview on Anatomy and Physiology, Part I: Dr. Rosalyn Ferguson



Dr. Rosalyn Ferguson is Co-Director with Dr. Victor Chaban of the Anatomy and Physiology component of the Pre-Clerkship curriculum.

Rosalyn P. (Scott) Ferguson, MD, MSHA is Professor of Surgery at Charles R. Drew University of Medicine and Science. A graduate of Rensselaer Polytechnic Institute, New York University School of Medicine and University of Colorado College of Business, Dr. Ferguson has held key faculty positions in both colleges of medicine and engineering. She is the first African-American female cardiothoracic surgeon. Recently rejoining the faculty at Drew, she is contributing to the curricular development and integration of educational technologies for the new independent medical education program.

In addition to her career as a cardiothoracic surgeon, Dr. Ferguson has been recognized internationally for her simulation and technology contributions. She has led major multidisciplinary simulation-based projects in the Veterans Health Administration using virtual reality, tasks trainers, mannequins, and novel computer-based educational strategies. These efforts led to being awarded the Under Secretary for Health Excellence in Clinical Simulation Training, Education, and Research Practice Award for her innovative work.

How will participation in the pre clerkship program benefit students?

Well, it gives them the foundation to understand health and to understand disease. Because in order to care for patients, you really have to understand how their body functions and what are the details of all of their organs. So in this pre clerkship program, that's where we learn about all the different organs

of the body. The anatomy, what the body looks like under a microscope or how parts of the body looked like under a microscope. What they look like with radiologic imaging, and what they look like during surgery if you were going to operate on them.

Then, understand what normal function is before you can begin to understand where the body goes wrong in the presence of disease. The effect of the environment and how you treat your own body can have an impact on disease. So, your own lifestyle is very important for many disease conditions. This all gives you the foundation to become an excellent doctor.

How does developing the program add depth to the overall university academic curriculum?

I think that many of the things that we're going to be doing in the pre-clerkship program can really be a benefit to many of the other programs in the Universities such as the PA program, the nursing school, the radiologic technician training program, as well as the undergraduate program in Health Sciences and the master's level programs that they have., All that we will do can enhance those programs. Working together with some interdisciplinary programs is also very beneficial. Today, medicine is so dependent upon working with other members of the healthcare team.

Let's discuss the specifics of your pre clerkship. Please clarify what area you're working in.

We also are looking what will be the organization of the cardiovascular and respiratory units in the school. In that area we're looking at how to integrate some anatomy in more detail than what would be covered

in the initial, you know, basic course. But in addition to the traditional way that physiology is being taught, we'd really like to limit if not completely take away formal lectures delivered in person, and really use more of a flipped classroom strategy which has become increasingly popular today. Because in a lecture, students really stop absorbing information after about 20 minutes.

So many people believe that a more effective way is to look at education not from the perspective of the sage on the stage, so to speak, talking for an hour, but having that expert be a guide and mentor to students working out problems themselves. Looking at this strategy, the students would on their own look at some sort of lecture. We're looking at products that might be available that have animated lectures, rather than just videotaping a person in front of a monitor. We're looking at how creatively we can represent the scientific facts that they need. And then when they're in the classroom, apply some of those facts to solve a problem or explain an issue.

So, for example in the cardiovascular section, I've looked at how we can talk about the effect of atmosphere on breathing. Another example is this one section is called the sporting life physiology in action. And in that section, the students are going to have to work with a small group with a, you know, with a with an expert facilitator to look at what happens to the cardio-respiratory system when you're climbing Mount Everest. That is going to be different from breathing at sea level.

And then by contrast, if you're going to go diving on the Barrier Reef, you're now in the opposite situation where you're at deep in the water, so that barometric pressure is going to be very different from what it is when you climb Mount Everest. We'd like to put some things in perspective that makes the question relevant to life, rather than just being an isolated scientific fact.

And then the other area about the sporting life is that I'm sure most students have heard of athletes that have died a sudden death, playing basketball or other sports. Sudden Death is another issue around an abnormal cardiac condition. We want to try to bring in these problems with real ideas of how it has true relevance to taking care of people, and what goes on when people are do have these problems.

Another important factor that really aligns with some of the mission associated with Drew is how to think about lifestyle, environment and social factors affecting disease. So one important example is blood pressure, where you can really affect your blood pressure, by your lifestyle, to some extent. Even doing all the best things with lifestyle, you might still have high blood pressure, but you can certainly help to control it. One of the things that we want to do is to have the students go on a shopping trip with a with a certain amount of money in hand, a budget of \$50 to feed you and your husband for this next week. How are you going to make choices. And I think that one of the things that physicians don't talk about enough and understand enough is around nutrition and how to help patients read labels and make good choices.

And another important area for social justice and environmental justice is air pollution. And how many of us understand conditions in underserved lower income areas where people have built landfills or have factories that can infect affect your environment? We also want to teach those kinds of effects by really talking about Mr. Jones, you know, who's been working in a chemical factory for 20 years and lives near a landfill. How is that potentially affecting his respiratory health, and what are those changes? I

It's really looking at physiology in action, not just physiology in a textbook. We also want to make sure that we're integrating all different types of imaging CT scans, echoes, and ultrasounds into how we teach because today, there's so much dependence on these kinds of imaging and ultrasound that we want to introduce these early and not wait until the clinical clerkships. Let them understand how the these images can reflect the different types of problems that come along with the cardiovascular system.

What do you envision being the intended outcomes of your particular section?

Well, I think that they would get an interesting introduction to cardiovascular and respiratory physiology that would be the basis on which they can begin to learn about disease processes in the later years. It's really important to understand human anatomy, and they'll be able recognize when diseases, or trauma, or illnesses come about; what parts of the body are affected, and how they're affected.

Pre-Clerkship Interview on Anatomy and Physiology, Part II: Dr. Victor Chaban



Dr. Victor V. Chaban is a Professor of Medicine with dual appointments at Charles R. Drew University of Medicine and Science (CDU) and University of California Los Angeles (UCLA). Dr. Chaban completed his post-doctoral training in Neuroscience at UCLA and graduate studies in Clinical Research at CDU.

His new book “Calcium Signaling and Nervous System: Overview and Directions for Research” was published by Nova Science Publishers, New York in 2020. Professor Chaban is an established expert, who has contributed significantly to a better understanding of neuroplasticity and neuronal reorganization associated with chronic pain.

How will participation in this pre clerkship program benefit the students?

First of all, this is a full medical curriculum, which requires students to have training before their clinical years, which we call clerkship. And traditionally, the good news some of us are old enough to remember the traditional curriculum. As I mentioned, I was involved in anatomy, I was involved in neurobiology, I was involved in physiology, which are separate courses before most of the University considered to have an integrated curriculum. As a Co-Chair of the Curriculum Committee with Dr. Glenda Lindsey, we had a very big discussion, are we going to go with the trend, or we will be unique in our education?

The traditional way is to have anatomy, physiology, biochemistry, and move quickly, in a very short period of time - a couple months in year one and two, moving

on to organ specific training. And Dean Prothrow-Stith was very supportive in a way that as neuroscientists we understand that there is nothing wrong to repeat information. Because the brain works in repetition, you get this information, you just elevate to another level. Exposure to a basic science curriculum is required by the LCME.

And we want to train our future doctors to think as a basic scientist, to some degree, not just looking for protocol, which is the standard of practice, the gold standard. But very important is to understand what happened to the patient, and to understand what is up to date treatment. Pre-clerkship, is not completely separated from clinical practice because the beauty of our curriculum is that we're going to introduce clinical case study from day one, in the first week of medical school called Gateway. So they have exposure to ultrasound, exposure to EMT training with emergency medicine. The benefit is obvious. You cannot be a CDU graduated medical doctor without knowledge of translational science.

And if you jump in right away to the clinic, you're not going to be up-to-date and you're not going to understand the complexity of the human body. The idea of step-by-step improvement is having more complex exposure to anatomy; then they go on to physiology, basic science, then to organ specific training on a different level. and along the way we talk to each other as directors of different courses, not to repeat too much and to introduce some clinical expertise through clinical cases separately related to anatomy, physiology and immunology, which will be repeated in the cardiovascular system, in the

respiratory system, and so on.

How does developing this program add depth to the overall university academic curriculum?

We have the CDU Advantage. And research is the number one priority. Some students will choose to be a practitioner. Maybe in addition to clinical practice, they will practice academic medicine. Some of them will pursue this career for development of new treatments. And this approach offers research, global exposure, health disparity research; even in physiology.

I have a specific program objective to understand logically based differences between people who are underserved, and people who we consider privileged in this society; ethnic differences, or racial differences. Everything is imbedded from day one, a key advantage. And we will benefit sharing equipment because it's a good example. Cross talk, and cross teaching may happen within our program, and our school. This is my dream.

How is your pre-clerkship organized?

We have a schedule and Dr. Lindsey developed this with the DCI data collection instrument, which we sent to LCME. Typically, the morning lecture every day, Monday through Thursday. They have time for lunch, they have time for short discussion, and lab activities. The curriculum design of my classes. Anatomy and Physiology will be six weeks only. But it's an intensive training. Two weeks in August and four weeks in September dedicated to this class progression. We have to develop a training schedule for every class. It's not unique for anatomy or physiology. They have dedicated time: 8AM start; lecture maybe 90 minutes. Break, discussion in the afternoon, and of course realizing they need to have time for their life.

As for prerequisites, what knowledge base will our students in your specific pre-clerkship courses be expected to have acquired before they walk in the door?

Physics, Chemistry, and Organic Chemistry specifically. That's required to get into medical school. Many schools have options such as normal anatomy, normal physiology or some other kind of exposure. But even if they don't have it, we will provide structure and education based on their first

exposure to anatomy and physiology. Some students like majoring in math. Some are majoring in music and could be a very, very good doctor knowing how to use their communication skills.

Expectations never go away because it's very complex. It's not just 206 bones, it's 700 muscles. But I strongly believe that this training in the first month of medical education will give the fundamental basis to progress to higher level of anatomy. It's probably the closest and relevant to organ specific training, because biochemistry, immunology, histology, genetics, are also very important to understand everything. But anatomy is what they are looking for. Physiology, how does this system interact? That's why it's very clever to put this at the first level.

Do you think that the uniformity of the human body provides an advantage in your teaching?

Absolutely. I want to deliver a message to the world we are the same species we are the same race. Maybe it's too provocative to say but genetically, we are 99.998% identical. Exactly 206 bones. No matter who you are, it's a size or some kind of other variation, but the message should be very strong from day one. There is like no difference between us. We are the same species and everything publicized too the contrary is incorrect.

How will your training work in anatomy and physiology correspond with the CDU Advantage?

We have to have something unique, something new. And the beauty of it in my mind is to develop a new curriculum. It's strange, because it's a lot of burden when people say, "oh my gosh, we're going to create something from scratch." But you think about this being something that nobody has done before. And see yourself in this position, to show to the rest of the country.

Pre-Clerkship Interview on Clinical Skills I and II with Dr. Shanika Boyce



Shanika Boyce, MD is a Pediatrician and an Assistant Professor in the College of Medicine at Charles R. Drew University of Medicine and Science (CDU). She received her medical degree from the CDU/UCLA Medical Education Program in 2011 and completed her pediatric residency training from Harbor-UCLA Medical Center in 2014. Dr. Boyce currently serves as Director of Service Learning Programs for the CDU 4-year MD program, Director of the longitudinal primary 4-year clerkship for UCLA/CDU Medical Education Program and Simulation Educator for medical student and interprofessional educational simulations. Dr. Boyce is also a CDU Phase II, Clinical Research Education and Career Development (CRECD) Scholar and a CDU Urban Health Institute Emerging Scientist.

How does participation in the pre clerkship program benefit students?

The pre clerkship program is a foundation phase for students. They have the opportunity during pre-clerkship to develop and build the base of their scientific knowledge, clinical skills, and research skills. Additionally, they will be exposed to social determinants of health, ethical behaviors, and other aspects of health which they will be able to apply in the clerkship phase, which I consider as the application phase of the program. So, the pre clerkship serves as the foundation.

Why is the Clinical Skills pre-clerkship a functional part of the curriculum?

It is the base. It's a very necessary, very important, very critical part of their training, because students are going to come in with various levels of knowledge in terms of whether or not they were a science major as an undergrad, or what type of science major they may have been, or if they weren't a science major at all. This is an opportunity to get everyone on the same level and to build those key basic science skills that they can then apply once they get to the clerkship phase. It's that key base that they need and gets them on the same level

after those initial two years.

The Clinical Skills pre-clerkship course is a functional part of the curriculum because it is where students will develop and enhance their clinical skills and clinical reasoning skills. Students will have the opportunity in this course to receive early authentic clinical experiences, practice their skills in simulated settings/safe spaces prior to working with preceptors in outpatient clinical settings, and receive frequent feedback from faculty. The course will allow for growth and graduated independence clinically prior to students entering the clerkship phase of the curriculum.

How does developing the program add depth to the overall university academic curriculum?

This program will expand the basic science teaching curriculum on the university campus. Compared to the current CDU/UCLA Medical Education Program, students enrolled in the new CDU 4- year MD program will receive their basic science education on site. This is vital in expanding the capacity for such education on campus. Also, this program will help to increase research opportunities for students, who will participate in research projects from the start of their first year and continue throughout the 4 years of the program. It will also allow us to be very creative in terms of the innovative technology and pedagogy used within the teaching curriculum. There will be more opportunities to have interprofessional education. In the current CDU/UCLA Medical Education Program, we have an interprofessional education between third- and fourth-year medical students, nursing students and the PA students. The new 4-year MD program will allow for increased opportunities for interprofessional education beginning in the first year.

How is your pre clerkship organized?

For Clinical Skills I, students will be in small groups; possibly groups of five. There's going to be two

components of clinical skills. One component is going to be the service-learning activities, which includes EMT ride alongs, Clinical Health Worker, and patient navigator. Students will be exposed to authentic clinical experiences in service learning. The second component of that first year, is our clinical skills didactics. These small group sessions will be hands-on sessions with standardized patients, allowing students the opportunity to practice and hone in on their history taking and physical exam skills.

How many class meetings for each section of your pre clerkship?

Students will meet twice a month, 4-4½ hours each session for the service-learning component, and twice a month for didactics. They are meeting every week, whether that's going to be for didactics or a service-learning session.

Are there no prerequisites? Are students required to come in with any particular set of knowledge?

One of the key things during their one-month orientation, to be called Gateway, is that students will start receiving clinical skills training at that point. Students I know will come in with volunteer experience, having worked with patients in the clinical setting, and some may have already had experiences as scribes in the clinic. It's not a requirement that they have any of these skills, as we will provide them with training.

Please describe the details of the curriculum and how the instruction will be staged.

The aim of this course, as with most clinical skills-based courses, is for it to be hands on. We definitely want students to be able to practice their clinical skills in a safe space. They're going to get regular feedback from faculty, and because of the small group settings, they will also receive feedback from their peers. In year two of clinical skills, they will be with preceptors. At that point, they're going to get hands on training in the clinical outpatient setting.

Anything else about Year II?

For Year II, also small groups, students will mostly be with their preceptors in the outpatient clinic three times a month. In addition to the preceptor sessions, students will attend a didactic session once monthly, so that they can still enhance their skills in a simulated session with feedback from a clinical instructor.

What are the intended outcomes of this of this training experience?

For the pre-clerkship clinical skills training and experience over the first two years, we expect that students will gain confidence and reach a certain level in their clinical skills, such that in the clerkship phase, on their different rotations, they are able to participate

in clinical case discussions and contribute fully as part of the medical team. As students develop their clinical skills and clinical reasoning skills, we intend for them to effectively approach clinical cases, and really start participating in the management of their patients.

We also want to ensure that students are exposed to social determinants of health and how to address disparities in health, whether it's culturally, linguistically, religious, or socioeconomically. Through use of diverse clinical case simulations, we intend for students to develop the skills necessary to diagnose and treat diverse patient populations.

This is the first time that these courses are being offered on campus, correct? Will some elements be changed or adapted as the courses migrate to campus?

Given that this is the first time this course is being offered, it affords the opportunity to be very creative in how we establish the course content and allows us to ensure that aspects of the course especially as they relate to the CDU mission are highlighted. We can do this effectively by having the courses on our campus and really being able to shape how they are developed.

Are there unique elements that correspond with the CDU mission, vision and the CDU Advantage?

Definitely. For clinical skills, our goal is for the students to participate in activities that promote and contribute to students' compassionate care of patients, and to them being committed to addressing the social determinants of health as they care for patients of diverse backgrounds. In addition, we want to ultimately produce providers who will also advocate for their patients, and ensure that they receive appropriate medical treatment.

This will encompass both the pre-clerkship and clerkship phases. But given that clinical skills is one of the longitudinal courses that will span the four years, then we'll have opportunities to really continue to build on what students get from the pre-clerkship phase and enhance their clinical skills as they move through all 4 years of the program.

HoloAnatomy Suite: The Potential for Innovation in CDU Students' Anatomy Training



In planning its new curriculum for the incoming medical school, CDU has made the decision to eliminate the traditional cadaver lab, previously the time-honored way to teach anatomy. This move is similar to what other universities are doing as they plan to implement important new innovations.

According to Dr. Rosalyn Ferguson, CDU Professor of Surgery, “We’re looking at a number of technologies that can still give students a very rich experience in understanding the human body from an anatomical perspective. One of them is HoloAnatomy,” she noted.

Officially dubbed the HoloAnatomy Suite by its inventor, Cleveland-based Case Western Reserve University, the technology was recently presented in a series of demonstrations for campus faculty by Nancy Farrow, Director of Global Sales for the HoloAnatomy project. She was assisted in the presentation by Instructional Designer Sue Shick who provided insight via Zoom feed.

HoloAnatomy is a comprehensive technology program featuring images of the entire body that can be projected through a Microsoft-based HoloLens that creates a mixed reality condition where participants actually see a hologram of the entire human body.

The technology suite showcases an innovative digital anatomy tool that augments or even supplants the traditional cadaver lab. There is the potential to increase the learning process twice as fast, with as much as a 40% increased retention rate, according to Farrow. “The emphasis is on ‘medicine as a team

sport,’” she added. The technology increases the potential of an interdisciplinary approach to anatomy training, as professionals from different disciplines can readily work more closely together.

The device is dependent on using physical gestures to start, stop, and operate. Participants wear headsets, which adds to the variety of commands that can be executed. Viewers can look inside the skeleton to the inner body parts. Written guides rendered in 3D view offer a description of the muscle and skeletal grouping selected for study. Instructors must pre-program a given lesson.

A wide variety of tools are available. The designer tool that is an integral part of the suite allows all content to be customized. Images can be magnified to focus on details. Recording is an available tool, but playback occurs in 2D. HoloAnatomy is mobile and can be used in a variety of locations.

Dr. Ferguson noted that HoloAnatomy has distinctive, unique qualities differentiated from other comparable technologies. “Unlike virtual reality, while viewing the HoloLens subject matter you can see the rest of the room around you. When you put on a virtual reality headset, you’re only looking at the virtual world,” she observed.

Through a HoloLens headset, you can see the hologram of the human body. “It’s a very effective way to teach anatomy to a group. You can peel off layers of the body. For example, you can look in depth within the kidney as you walk through the presentation. The other body parts can be studied in the same way. It

is a really a wonderful way to learn and at the same time, you can also project to associated images.

“For example, if you are looking at a leg and wanted to show an X-Ray of a broken leg, you can project through the lens the hologram of the leg, and then see what an x-ray of a broken leg looks like. There’s a number of ways that you can integrate clinical, radiologic, histologic, and other types of images as you go through the hologram.

The other technology that we’re thinking about also having preserves cadavers that have been plastinated,” added Dr. Ferguson. These are cadavers that have been specially prepared. They don’t look like the gray, kind of smelly cadavers in the traditional lab. These are preserved in such a way that they really look the normal color of a human body. And these specimens can be a full body specimen, with some layers peeled off or individual organs being shown. This is a way that is also being used in many of the new schools to teach anatomy. And these specimens can be reused and reused and don’t require the type of care and expense that a cadaver lab requires.”

Dr. Ferguson noted computer-based programs that now allow the rotation of body parts to compile a digital textbook of the human body. The University is also looking at using that approach as well. “I think

our anatomy experience is going to be a very rich one. And we can use these technologies throughout the years of medical school, and even with residents.

“As we go into the detailed look at the cardiovascular system, for example, we can go back and easily look at the heart through the HoloLens. And now advancing the conversation beyond the anatomy, to what’s the structure of it, we then start to talk about the physiology and how it works,” she noted.

Bottom line? Such technologies provide unique training insight for CDU students and faculty. The University will be in the unique position of utilizing an ultra-advanced technology toolkit to train students to treat the most in-need patients suffering from a variety of maladies.

The approach will be de-mystified beginning in the training process. This benefit will then be routinely offered to patients who historically have not had access to such technology, heretofore routinely offered in more affluent communities, and now available to them.



Match Day 2022

On March 18, the CDU/UCLA Medical Education Program celebrated Match Day. This annual event, celebrated at medical schools across the country, represents a huge milestone in every physician's career. On this day, our senior medical students were joined by their friends and family as they learned where they will be continuing their training during their residency programs.

This year, the majority of our class will be remaining in California for residency, with others matching in Oregon, Texas, Illinois and the East Coast. 45% of our students will be continuing their training in Primary Care specialties, with the rest matching into Anesthesiology, Dermatology, Emergency Medicine, Orthopaedic Surgery and Physical Medicine & Rehabilitation. We are very proud of the Class of 2022, and look forward to celebrating their achievements at our annual Senior Banquet later this year!





Dr. Shahrzad Bazargan-Hejazi, Chair, Medical Student Research Thesis Colloquium

CDU/UCLA 2022 Medical Student Research Colloquium Highlights Students' Broad Perspective

The 2022 Medical Student Research Colloquium highlighted a key strength of the University's academic experience with its theme of examining current research in health disparities. Dr. Shahrzad Bazargan-Hejazi, Chair of the Medical Student Research Thesis Program, opened with an overview of the event. She cited the day as very important to the student training process. The papers being presented offer a very content-rich dissection of the disparities research subject area. These are adult learners, she noted, with the ability to master the research process toward the goal of completing their theses by the May deadline.

Dean Deborah Prothrow-Stith saw the colloquium as important in the overall training process. She offered her kudos to Dr. Bazargan-Hejazi and Kaveh Dehghan, who do the hard work of staging this program annually. She cited their role as stewardship of the research program. The class of '22 will make an important contribution that shows a commitment to the University mission and vision.

Provost Steve Michael echoed the importance of the program to CDU. The CDU Advantage is tied to research and defines who we are as an institution. It is important that we rely on empirical truth. This colloquium expresses the voice of the voiceless, in speaking truth to power. The research itself offers sophistication in the methodology presented.

What followed was a well-organized presentation of how the effort of designing and implementing a research colloquium yields the fruits of the students' work. The team effort is evident, as one can trace how the students utilize the mentoring process to great

success.

Moderators

Dr. Shanika Boyce is a CDU Assistant Professor, and Co-Director for the Longitudinal Primary Care Clerkship. Dr. Stanley Hsia is Associate Professor of Medicine at CDU and a Health Sciences Associate Clinical Professor at the David Geffen School of Medicine at UCLA. Dr. Gerardo Moreno is an Associate Professor in Family Medicine and the Director of UCLA PRIME-LA, and Interim Chair of the Department of Family Medicine at UCLA.

Faculty Judges

Dr. Marco Angulo is a core faculty member of AltaMed's Family Medicine Residency Program. Dr. Vincent Chong is a trauma surgeon at Harbor-UCLA Medical Center, where he also serves as the hospital co-lead for the Safe Harbor Hospital-Based Violence Intervention Program.

Dr. Christian De Virgilio is currently Chair of the Department of Surgery at Harbor-UCLA and Co-Chair of the College of Applied Anatomy at the UCLA School of Medicine. Dr. Roger Liu serves as the Director of Medical Education for the Institute for Health Equity at AltaMed. Dr. Junko Ozao-Choy is the Vice Chair, Research in the Department of Surgery at Harbor-UCLA Medical Center as well as an Associate Professor of Surgery at David Geffen School of Medicine at UCLA.

Dr. Beverley Petrie is a Professor of Surgery at David Geffen School of Medicine at UCLA. She is the Executive Vice-Chair in the Department of Surgery and Assistant Chief, Division of Colon & Rectal Surgery at Harbor-UCLA Medical Center. Dr. Peggy Sullivan is

the Residency Program Director and Vice Chair for Clinical Education in the Department of Pathology and

Laboratory Medicine at UCLA's David Geffen School of Medicine.



Student Presentations

Amador Bugarin	<i>Development of a machine learning algorithm for prediction of complications and unplanned readmission after ankle arthrodesis.</i>
Tristan Howard	<i>IPE Simulation-Based Curriculum: Medical Student Perspectives.</i>
Jesus Medina	<i>Demographic Trends in Opioid Overdose Mortality in 2020.</i>
Jose Negrete Manriquez	<i>Exploring a novel approach to surgery clerkship didactics during the COVID-19 pandemic: A qualitative Study.</i>
Elisabeth Parra (Sasha)	<i>Racism in Medical Education: How Structural Racism Manifests and the Consequences Faced by Black and LatinX Students.</i>
Eden Patton	<i>Evaluating Standard of Care and Obstetrical Outcomes in a Reduced Contact Prenatal Care Model in the COVID-19 Pandemic.</i>
Justine Seivright	<i>Pediatric Hidradenitis Suppurativa: Epidemiology, Disease Presentation, and Treatments.</i>
Tamaara Bostwick	<i>The role of chemokines and complement factors in the micro-environments of dormant breast cancer tumors.</i>
Yesenia Calderon Leon	<i>Analyzing the Impact of Telemedicine Use among Adult Diabetes during the COVID-19 Pandemic: A Systematic Review.</i>
Taylor Cole	<i>Changing research Emergency Medicine and use of secondary data analysis: A Systematic Review.</i>
Kevin James	<i>Changing research Emergency Medicine and use of secondary data analysis: A Systematic Review.</i>
Aubrey Kelly	<i>Music Meets Medicine.</i>
Anna Le	<i>Anticipatory Guidance Interventions on Newborn Care and Injury Prevention: A Systematic Review.</i>
Christopher Martin	<i>Meditation Modalities and Pediatric Minority Populations with Attention-Deficit Hyperactivity Disorder: A Systematic Review.</i>
Denise McIntyre	<i>Association between Adverse Childhood Experiences and Volume of Neural Regions Responsible for Mood Disorders and Reward in the Early Adolescent Brain.</i>
Hassan Owens	<i>Identifying Social Needs of Families in the Pediatric Primary Care Clinic at Harbor-UCLA in the Pre-and Post-Pandemic Time Periods.</i>
Angela Reese	<i>Digital Media Effects and Black Youth Mental Health: A Systematic Review.</i>
Carlos Solorzano	<i>Disparities in Analgesia and Opioid Prescribing Practices: The Influence of Gender and Race on Postoperative Pain Management after ACL Reconstruction.</i>
Mikiko Thelwell	<i>Adaptation and Implementation of a Specialized Reproductive Health Intervention for Commercially Sexually Exploited Youth in Child Welfare.</i>
Frederick Williams	<i>Chronic Pain Disparities: Systematic Review.</i>

Dr Lisa Barkley Offers Insight Regarding the Unique Aspects of the CDU Residency Program

“What’s written on the walls should be written in the halls,” as quoted by Dr. Barkley



With all of the residents from different disciplines together for the introductory training section during the first month, do you see that format as precedent-setting?

I think there’s a lot of value in that format. It allows the residents to get a sense of the institutional values, and a sense of the community in which they serve. And I don’t think you can get that if you don’t take the time. From somewhere, there’s always going to be a time challenge. I think that when they do that right in the beginning, some of our residents have said during the sessions that it really helps to ground them in why they are a resident working in a specific community. And they feel like they’re lucky to have that opportunity.

There’s also the challenge of other residents around the country who are in the hospital doing other things. But considering that residency training is years long, the few weeks that we take in the beginning, I don’t think ultimately impacts them negatively on things that they may have missed in the first few weeks.

Why was this training approach deemed desirable?

Because today, you have to work across disciplines. That’s not something that we do very well in medicine in general. When a family medicine resident meets a psychiatry resident at the beginning of their training, and they realize that they have common goals, and they can see some of the things that the other discipline does that their discipline doesn’t, that will make them better team members as they move

forward in their careers.

What are the benefits?

They get to understand the community in a context to which in which their training occurs. And I think that when you are in a community safety net type program that’s essential to your ability to address the issues, then everybody has a common understanding of principles of social medicine and health equity. The second thing, I think, is that they’re better equipped to address health disparities because of this experience. Our thoughts are that they’re going to apply that more in their practice and be better equipped to address health disparities.

Do you think that building camaraderie in the early training can make a difference long term?

I do, because it’s not just that they are getting to socialize. They also are taking a course together. They are having discussion groups and they’re doing community-based research together. They’re doing community mapping exercises together. I think that interdisciplinary cross pollination as they do these activities is the thing that’s going to impact them in the longer term in their careers, because they are going to have a better sense of what some of the other disciplines do, and how the other disciplines think about common problems. I think that will help them because we have to work together in referrals and in teams, as you go through your career. This experience provides a unique interdisciplinary experience that doesn’t happen very often.

They actually talk to a lot of patients in this course. Those are the sessions that they really enjoy the most, where they actually get a chance to ask the patient questions. A patient may talk to them about what is important to them, and about some of the experiences that they've had. They have to work in the community to solve some of the problems to do the task in the rotation block. They get to see the community as a resource. And I think that perspective is very important because especially in underserved communities, you kind of see patients as having a lot of problems, and you don't usually see the assets are the strengths. And so by having them to have this different interaction with patients and community members, our thoughts are that that's going to change how they approach their individual patients as they go through residency.

What are the interdisciplinary learning features that we have referenced? What are some of the characteristics? Obviously, Family Medicine, Internal Medicine, Psychiatry, you're all engaged. How do these interdisciplinary activities benefit residents in working together?

Residents talk to their peers who have a different perspective. A family doctor, a psychiatrist, and an internist are going to all approach the same problem differently, because of your orientation that comes from the specialty that you're about to enter. By each of those residents learning about the others' experience to solve a common problem, they will be exposed to a good understanding of that discipline, and that other person's perspective that they bring to the patient care delivery.

That's how they do a research project about community health needs and learn how to solve them. They do a community mapping exercise where they go to different towns, and they figure out where they need to actually go to implement healthy eating, taking their medicine and where to get counseling. They go and see, asking "Where do I do that in South LA?" Within the interdisciplinary team, they have opportunities to discuss the different topics that they hear about in the session, so they get to hear different people's takes on it. That gives them a different perspective of disciplines, and how different disciplines think about common problems.



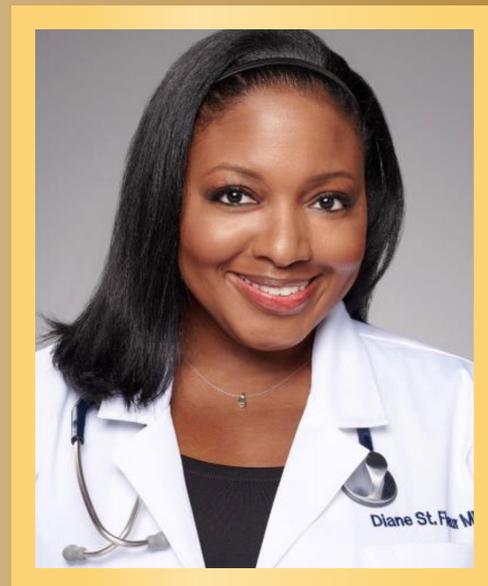
They do a community mapping exercise where they go to different towns, and they figure out where they need to actually go to implement healthy eating, taking their medicine and where to get counseling.



How can this program serve as a national model?

We are continuing to refine our curriculum. Universities interested in our program can replicate our process and replace the CDU content with their own local content. I think it's applicable to any community that you're in to know more about it before you start taking care of people in that community. I think that's how we could look to spread it out. And a lot of the sessions are delivered via Blackboard, the learning management system. And though we had to do that because of the pandemic, I see a lot of utility and maintaining some of that in that platform, so that may be another opportunity to share it outside of our community, since people will present part of it online.

Interview with Dr. Diane St. Fleur, Chief Medical Officer, Kedren Health



Dr. Diane St. Fleur is Chief Medical Officer of Clinic Operations, and Medical Director of the Child Division at Kedren Health. She is a triple board-certified psychiatrist with certification in the following specialties: adult psychiatry, child and adolescent psychiatry and forensic psychiatry by the American Board of Psychiatry and Neurology. She is passionate about serving children and their families including those that suffer from trauma, addiction, and disrupted community cohesiveness. She has been trained in Dialectal Behavioral Therapy (DBT), Deconstructive Dynamic Psychotherapy (DDP) and Motivational Interviewing. She is suboxone waived.

Where did you grow up?

I grew up on Long Island, New York, South Shore. Actually, I lived in a few towns. I was born in Hempstead. Until the age of 10, I lived in Freeport. After that, we moved to Suffolk County and I lived in Wyandanch, Central Islip, Bayshore, and Brentwood.

Where did you attend undergrad?

Cornell University. I was an Africana Studies major.

I'm one of the founders of the Pan African Studies Department at Cal State University, Los Angeles.

There you go. You must know Dr. James Turner. He was my advisor. And his wife, Dean Janice Turner.

James Turner was a real bellwether. Did you ever see the movie about the founding of the Pan African Studies movement, with this great focus on what was happening at Cornell?

The Straight Hall takeover? That documentary? Yeah.



I really became drawn to how can I, in this field, learn about the whole person in treated and particularly at my medical school, Upstate Medical University.



It's a very, very interesting kind of dynamic. You being at Kedren and having that experience with Africana Studies is part of the same cultural mindset.

You are the first person who I think has gotten it before I said it, when I say being at Kedren is like coming full circle from being at home and being at Drew. I come from a working-class family. My father was a truck driver for the post office and my mother was a secretary. Growing up, with childhood eyes, I noticed the difference between access to health care, depending on what side of the tracks you were on, That was typically what defined towns in terms of segregation on Long Island, the tracks. And so that was that I guess was the burning flame. That's a big part of my childhood. It was very interesting. Wyndanch was known as Little Brooklyn because of the poor outcome measures in terms of health and education and violence.

It was number one, I believe, for HIV contraction in that area, and known for a lot of violence. But I had a wonderful experience in my middle school, junior high school, and high school years. Because of the teachers there, who identified kids who were excelling, We had this program called Project for Success. They liked to introduce us to a cultural experience that we would never have gotten without their support financially, as well as the educational exposure. We learned a lot of history, including inventors like Charles Drew. We used to have Jeopardy of African American inventors. I think I still to this day have the cheat sheet that I had to remember all the inventors. Charles Drew was the one that I always liked, also a chemist by the name of Percy Julian.

Your special areas of focus your child and adolescent as well as forensic psychiatry. Why did you pursue that combination of interests?

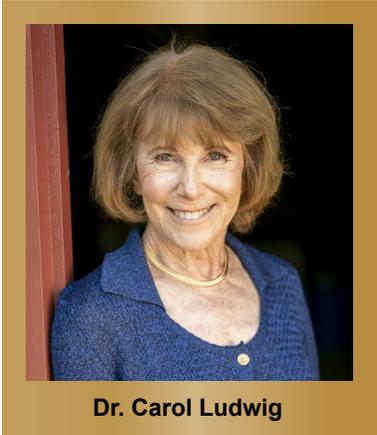
Well, the long the short of it is I went to medical school thinking I was going to become a family doctor, family care. I had the whole idea of being in the community

providing care from birth to passing on to the next life. But through my medical school, internship, and clerkship experiences, I realized that the healthcare system is structured in a way where understanding the whole person doesn't afford that.

For instance, a middle-aged woman comes in and complains of back pain. She's teary eyed, looks dysphoric and she's depressed. And the primary care doctor only has 10 minutes, 15 minutes top to really deal with that chief complaint. But if he had more time, he'd find out that her husband passed away and she's not able to sleep, things of that nature.

So, I really became drawn to how can I, in this field, learn about the whole person in treated and particularly at my medical school, Upstate Medical University. That's where I was able to gain that training. It's a very special place in a lot of ways. But one of the specialties of it is that it allows a physician to train to be able to learn how to treat the whole person looking at the biological aspect, the psychological aspect, as well as the social, economic and the historical context. And with my Africana Studies major, I really picked up on that because you're trained to look at things through an interdisciplinary lens, and understand people, understand community and issues from that. Pulling that in is what I use a lot to work with families.

OF NOTE



Dr. Carol Ludwig Pledges Gift to New Medical School

Dean's Advisory Council member Dr. Carol Ludwig has pledged a gift through the Gene and Carol Ludwig Family Foundation toward the new medical school. The next edition of the Sharpest Scalpel will feature an in-depth conversation with Dr. Ludwig regarding the gift.

CDU's Inaugural Women of Distinction 2022 are:

- Angela Minniefield, MPA
Senior Vice President of Strategic Advancement and Operations
- Monica Ferrini, PhD
Chair, Department of Health and Life Sciences
- Brittney Miller
Director of Alumni and Corporate Relations
- Sharon Cobb, PhD, RN, MSN
Director of the Prelicensure Nursing Programs, Mervyn M. Dymally School of Nursing
- Monika Scherer, MBA, MPH
Program Manager, Health Policy and Health Services Research
- Adrienne Milburn Thompson, MS
Executive Assistant to the Dean, Mervyn M. Dymally School of Nursing

Congratulations, Ladies.

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NOTE: File photos used in various articles



Frederick Douglass Parrott, MD
Sunrise: December 22, 1927 - Sunset: January 14, 2022
Celebrating His Enduring Legacy