

**IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA**

**IN RE USC STUDENT HEALTH  
CENTER LITIGATION**

No. 2:18-cv-04258-SVW

[consolidated with No. 2:18-cv-04940- SVW-GJS, No. 2:18-cv-05010-SVW-GJS, No. 2:18-cv-05125-SVW-GJS, and No. 2:18-cv-06115-SVW-GJS]

**SECOND AMENDED SETTLEMENT AGREEMENT**

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This Settlement Agreement and Release dated January 13, 2020 (the “Agreement”), is made and entered into by and among Plaintiffs Jane Doe R.B., Jane Doe A.T., Jane Doe J.L., Jane Doe M.S., Shannon O’Conner, Jane Doe L.K., Jane Doe 5, Jane Doe M.V., Jane Doe K.M., Jane Doe A.S., Jane Doe A.F., Joyce Sutedja, Jane Doe M.G., Jane Doe D.D., Jane Doe M.D., Jane Doe A.D., Jane Doe K.Y., Meggie Kwait, Jane Doe M.M., Jane Doe P.A., Jane Doe S.A., Jane Doe L.R., Jane Doe R.K., Jane Doe H.R., Jane Doe 1HB, Jane Doe J.P., Jane Doe 1LC, Jane Doe C.N., Jane Doe J.L., Vanessa Carlisle, Jane Doe J.C., Jane Doe F.M., Jane Doe J.K., Jane Doe C.L., Jane Doe S.R., Jane Doe K.P., Jane Doe 2, Betsayda Aceituno, Jane Doe D.C., Jane Doe N.K., Jane Doe C.C., Jane Doe 4, Jane Doe C.B., Jane Doe 3, Jane Doe J.W., Mehrnaz Mohammadi, Jane Doe A.N., Jane Doe L.Y., Jane Doe A.H., and Elisabeth Treadway in the above-captioned consolidated action (“Plaintiffs” or “Class Representatives”), through their undersigned counsel, Defendant University of Southern California and Defendant Board of Trustees of the University of Southern California (together, “USC”), and Defendant George M. Tyndall, M.D. (“Tyndall”) (USC and Tyndall are referred to as “Defendants” and Plaintiffs, USC, and Tyndall are referred to as the “Parties” or “Settling Parties”). The Agreement is intended to fully, finally, and forever resolve, discharge, and settle the Released Claims (as defined herein) as against the Released Parties (as defined herein), subject to the approval of the Court and the terms and conditions set forth in this Agreement.

## 1. RECITALS

WHEREAS, Plaintiffs filed class actions alleging that George Tyndall, M.D. assaulted and abused, sexually harassed or otherwise acted inappropriately towards female patients while he was a gynecologist at USC’s student health center, and that USC ratified and failed to respond appropriately to Tyndall’s conduct;

WHEREAS, those cases were styled as *Joyce Sutedja et al. v. University of Southern California et al.*, No. 2:18-cv-04258-SVW-GJS (C.D. Cal., filed May 21, 2018); *Doe A.T. et al. v. University of Southern California et al.*, No. 2:18-cv-04940-SVW-GJS (C.D. Cal., filed June 4, 2018); *Jane Doe 1 v. George Tyndall et al.*, No. 2:18-cv-05010-R-AGR (C.D. Cal., filed June

5, 2018); *Shannon Lee O’Conner v. University of Southern California et al.*, No. 2:18-cv-05125-JFW-AS (C.D. Cal., filed June 8, 2018); *Jane Doe J.L. et al v. University of Southern California et al.*, No. 2:18-cv-06115-SVW-GJS (C.D. Cal., filed July 13, 2018);

WHEREAS, *Jane Doe 1 v. University of Southern California et al.*, No. BC713383 (Cal. Super. Ct., L.A. County), was filed on July 9, 2018 (the “State Court Action”);

WHEREAS, on August 13, 2018, the District Court consolidated the foregoing federal cases and appointed the law firms of Hagens Berman Sobol & Shapiro LLP, Girard Sharp LLP, and Lieff Cabraser Heimann & Bernstein LLP to serve as interim class counsel pursuant to Rule 23(g) of the Federal Rules of Civil Procedure, with the foregoing firms to serve as members of an Executive Committee and Hagens Berman Sobol Shapiro LLP to serve as Chair of the Executive Committee (ECF No. 45);

WHEREAS, on August 28, 2018, Plaintiffs filed a Consolidated Class Action Complaint (ECF No. 47);

WHEREAS, the Parties engaged in extensive arm’s-length settlement negotiations;

WHEREAS, those negotiations were informed by USC’s production of documents and the Parties’ exchanges of information and supervised by Hon. Layn R. Phillips (Ret.);

WHEREAS, after carefully considering the facts and applicable law and the risks and uncertainty of continued litigation, and as a result of having engaged in extensive negotiations, the Parties agree that it is in their mutual best interests to finally resolve the claims in this Litigation on fair, reasonable, and adequate terms as set forth in this Agreement;

WHEREAS, the Parties agree that by entering into this Settlement, no Defendant is admitting any liability, fault, or violation of law, but that Defendants deny all allegations and claims asserted against them;

WHEREAS, the Parties are entering into the Settlement to avoid the risks, burdens, and expense of continued litigation;

WHEREAS, each Plaintiff and Defendant has independently determined that it is desirable and beneficial for the Litigation to be fully and finally resolved in the manner and upon the terms and conditions set forth in this Agreement;

WHEREAS, on October 9, 2018, the Parties reached an agreement in principle on terms and conditions of settlement and executed a term sheet; and

WHEREAS, on February 15, 2019, Plaintiffs filed a Consolidated Amended Class Action Complaint (ECF No. 72);

WHEREAS, on May 22, 2019, Plaintiffs filed a Second Amended Consolidated Class Action Complaint (ECF No. 138);

WHEREAS, on June 12, 2019, the Court granted preliminary approval for this Settlement (ECF No. 148);

WHEREAS, on January 6, 2020, the Court indicated its inclination to grant final approval for this Settlement and directed the Parties to revise the Settlement Agreement in accordance with the Court's comments (ECF No. 166);

WHEREAS, the Parties, by and through their respective undersigned counsel, have agreed to this Settlement on the terms and conditions set forth below.

NOW, THEREFORE, IT IS HEREBY STIPULATED AND AGREED by and among Plaintiffs (for themselves and the Class Members) and Defendants, by and through their counsel, that, subject to the approval of the Court, the Litigation and the Released Claims will be finally and fully compromised, settled, and released, and the Litigation will be dismissed with prejudice as to all Parties, upon and subject to the terms and conditions of the following Agreement.

## **2. DEFINITIONS**

The following terms, when used in this Agreement, have the meanings as set forth below. All terms defined in the singular have the same meaning when used in the plural, and all terms defined in the plural have the same meaning when used in the singular.

2.1 "Additional Class Counsel" means the firms of Sauder Schelkopf LLC, counsel for plaintiff in *Jane Doe I v. Tyndall and University of Southern California*, Case No. 2:18-cv-

05010 (C.D. Cal., Western Division), filed June 5, 2018, and Kohn, Swift & Graf, P.C., counsel for plaintiff in the State Court Action.

2.2 “Administrative Expenses” means the cost of the notice program relating to this Settlement and the costs of administering and processing of claims, disbursements of consideration and other necessary and reasonable expenses associated with administering this Settlement, including the compensation of the Special Master, those working for the Special Master, the Panel, the Independent Women’s Health Advocate, and the Independent Consultant / Task Force Member, and including any costs and expenses related to lien resolution services. Administrative Expenses shall be paid out of the Settlement Fund until such time as the Settlement Fund is exhausted or entirely reserved to pay Claim Awards, after which Administrative Expenses shall be paid directly by USC.

2.3 “Claim Awards” means the individual amounts due to Claimants in accordance with the protocols and procedures outlined herein.

2.4 “Claim Form” or “Claim Forms” mean, individually or collectively, the “Statement of Settlement Class Membership,” to be completed by individuals not identified through USC’s existing health center records who wish to establish their membership in the Class and eligibility for payment under Tier 1; or the “Tier 2 and 3 Claim Form” to be completed by Class Members who wish to submit claims for Tier 2 or Tier 3 Claim Awards.

2.5 “Claim Form Deadline” means the deadline by which Claim Forms must be post-marked as being sent to the Claims Administrator, which deadline will be 120 days from the date that Notice is mailed to Class Members.

2.6 “Claimant” means any Settlement Class Member who submits a Claim Form pursuant to Sections 6.4-6.5 below.

2.7 “Claims Administrator” or “Settlement Administrator” means JND Class Action, Mass Tort & Lien Resolution, chosen jointly by Class Counsel and Defendants’ Counsel after receiving bids from several potential administrators, and to be approved by the Court to conduct various tasks, including as described herein.

2.8 “Claims Process” means the three-tiered claims process, defined and set forth in Sections 6.4-6.5, for seeking and awarding monetary payments to Settlement Class Members.

2.9 “Claim Procedures” means the procedures for distribution of the Settlement Fund to Settlement Class Members as set forth herein, or such other procedures for distribution of the Settlement Fund to Class Members as the Court shall direct.

2.10 “Class” or “Class Members” means all women who were seen for treatment by Dr. George M. Tyndall at the University of Southern California student health center during the period from August 14, 1989 to June 21, 2016 (a) for Women’s Health Issues, or (b) whose treatment by Dr. George M. Tyndall included an examination by him of her breast or genital areas, or (c) whose treatment included the taking of photographs or videotapes of her unclothed or partially clothed body. “Women’s Health Issues” includes but is not limited to any issue relating to breast, vaginal, urinary tract, bowel, gynecological, or sexual health, including contraception and fertility. A list of Women’s Health Issues is attached hereto as Exhibit A.

2.11 “Class Counsel” means the law firms of Hagens Berman Sobol & Shapiro LLP, Girard Sharp LLP, Lief Cabraser Heimann & Bernstein LLP, Sauder Schelkopf LLC, and Kohn, Swift & Graf, P.C.

2.12 “Class Period” means the period of time from August 14, 1989 to June 21, 2016.

2.13 “Class Representatives” means the individual plaintiffs who brought suit in this Litigation.

2.14 “Co-Lead Class Counsel” means the law firms of Hagens Berman Sobol & Shapiro LLP, Girard Sharp LLP, and Lief Cabraser Heimann & Bernstein LLP.

2.15 “Court” means the United States District Court for the Central District of California.

2.16 “Effective Date” means the date on which the time for filing an appeal from the Court’s issuance of an order granting final approval of this Agreement has either expired without an appeal being filed, or if later, after any appeal has been fully resolved upholding the Agreement (including requests for rehearing, rehearing *en banc*, and petitions for certiorari), at

which time the obligations set forth in this Agreement and the terms of this Agreement become binding on Defendants, the Class Representatives, the Settlement Class, Class Counsel, and anyone else who has undertaken an obligation under this Agreement.

2.17 “Equitable Relief Measures” means the specific measures USC will undertake pursuant to this Settlement, as well as the Independent Monitor’s powers and responsibilities to ensure compliance with those provisions, as set forth in Exhibit B hereto.

2.18 “Escrow Account” means the escrow account designated and controlled by the Escrow Agent at one or more national banking institutions into which the Settlement Amount will be deposited for the benefit of Class Members.

2.19 “Escrow Agent” means the Claims Administrator or another neutral third party agreed to by the Parties.

2.20 “Final Approval” means entry of the Court’s order granting final approval of this Agreement, substantially in the form of the [Proposed] Final Order and Judgment that will be agreed upon by the Parties and submitted to the Court.

2.21 “Government Payor” means the Medicare program, the Medicaid program, and any other federal, state or other governmental body, agency, department, plan, program, or entity that administers, funds, pays, contracts for, or provides medical items, services, and/or prescription drugs.

2.22 “Independent Monitor” means an individual agreed upon by the Parties who is not affiliated with USC, who has appropriate experience and expertise to ensure compliance with the Equitable Relief Agreement, and who, subject to Court approval, will be appointed to monitor and ensure implementation of the Equitable Relief.

2.23 “Late Claims” means claims filed by Class Members after the Claim Form Deadline.

2.24 “Lien” means any statutory lien of a Governmental Payor or Medicare Part C or Part D Program sponsor; or any mortgage, lien, reimbursement claim, pledge, charge, security interest, or legal encumbrance, of any nature whatsoever, held by any person or entity, where

there is a legal obligation to withhold payment of a Claim Award, or some portion thereof, to a Settlement Class Member under applicable federal or state law.

2.25 “Lienholder” means any governmental or private entity that holds or otherwise has the right to assert a Lien.

2.26 The “Litigation” means all proceedings consolidated with or relating to *In re USC Student Health Center Litigation*, No. 2:18-cv-04258-SVW (C.D. Cal.).

2.27 “Medicaid Program” means the federal program administered by the states under which certain medical items, services and/or prescription drugs are furnished to Medicaid beneficiaries under Title XIX of the Social Security Act, 42 U.S.C. § 1396-1 *et seq.*

2.28 “Medicare Part C or Part D Program” means the program(s) under which Medicare Advantage, Medicare cost, and Medicare health care prepayment plan benefits and Medicare Part D prescription drug plan benefits are administered by private entities that contract with the Centers for Medicare & Medicaid Services.

2.29 “Medicare Program” means the Medicare Parts A and B federal program administered by the Centers for Medicare & Medicaid Services under which certain medical items, services, and/or prescription drugs are furnished to Medicare beneficiaries under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 *et seq.*

2.30 “Notice” means the Notice of Pendency and Proposed Settlement of Class Action, together with its exhibits, including the Statement of Settlement Class Membership, and the Tier 2 and 3 Claim Form, substantially in the form of a proposed Notice that will be agreed upon by the Parties and submitted to the Court.

2.31 “Opt-Out Deadline” means the date, entered by the Court in the Preliminary Approval Order, by which a Class Member may elect to exclude herself from the Class.

2.32 The “Panel” means the three-person panel responsible for adjudicating and determining Claim Awards for Tier 2 and Tier 3 Claims. The Panel shall consist of the Special Master appointed by the Court, along with a forensic psychologist/psychiatrist and an OB/GYN

selected by the Parties. Each Panel member shall have one “vote” for the purposes of adjudication decisions.

2.33 “Preliminary Approval” means the entry of the Court’s order granting preliminary approval of this Settlement, substantially in the form of a [Proposed] Preliminary Approval Order that will be agreed upon by the Parties and submitted to the Court.

2.34 “Pro Rata Increase” means the percentage increase that will be applied to all Claim Awards if, once all the Tier 2 and Tier 3 Claim Awards have been determined, the total sum of all the Claim Awards is less than the total amount in the Settlement Fund at that time. The Pro Rata Increase will be applied to increase all Claim Awards by the same percentage until the total sum of all Claim Awards equals the Settlement Fund, or until all Claim Awards have been increased by 50%, whichever occurs first.

2.35 “Pro Rata Reduction” means the percentage reduction that will be applied to Tier 2 and Tier 3 Claim Awards if, once all the Tier 2 and Tier 3 Claim Awards have been determined, the total sum of all the Claim Awards exceeds the total amount in the Settlement Fund at that time. The Pro Rata Reduction will be applied to reduce Tier 2 and Tier 3 Claim Awards by the same percentage until the total sum of all Claim Awards equals the Settlement Fund, or until the Tier 2 and Tier 3 Claim Awards have been reduced by 25%, whichever occurs first. Tier 1 Claim Awards are not subject to Pro Rata Reduction.

2.36 “Pro Rata Adjustment” means the Pro Rata Increase or the Pro Rata Reduction.

2.37 “Released Claims” means any and all claims, counterclaims, rights, causes of action, liabilities, actions, suits, damages, demands, disputes, obligations, judgments, duties, defenses, liens, administrative proceedings, costs, expenses, matters, issues, of any kind whatsoever, known or unknown, suspected or unsuspected, matured or unmatured, disclosed or undisclosed, contingent or absolute, liquidated or unliquidated, accrued or unaccrued, apparent or unapparent, at law or in equity, existing under federal, state, local, foreign, tribal, or common law, that were or could have been asserted against any Defendant—or against Defendants’ representatives; insurance carriers and insurers of their insurance carriers; estates; current and

former administrators, current and former officers, current and former trustees, current and former employees and agents in their official and individual capacities; predecessors; successors; subsidiaries; parents; affiliates; assigns; and any current and former employees, current and former officers, current and former administrators or current and former agents of any of Defendants' subsidiaries, parents, affiliates, or assigns—relating to the matters alleged in the Litigation. “Released Claims” does not include any claims relating to (i) actions by any medical practitioner at USC’s student health center unrelated to matters alleged in the Litigation in connection with Dr. Tyndall, or (ii) medical malpractice or negligence by Dr. Tyndall unrelated to a Women's Health Issue, or (iii) medical malpractice or negligence by Dr. Tyndall unknown to the Releasing Plaintiff as of the Opt-Out Deadline, or (iv) the enforcement of the Settlement.

2.38 “Releasing Defendants” means the University of Southern California, the Board of Trustees of the University of Southern California, and George M. Tyndall, M.D.

2.39 “Releasing Defendants’ Claims” means all claims and causes of action that Defendants may have against Releasing Plaintiffs and/or Class Counsel, whether known or unknown, whether arising under federal, state, common or foreign law, that arise out of or relate in any way to the institution, prosecution, or settlement of the Litigation or the Released Claims against Defendants. Notwithstanding the foregoing, “Releasing Defendants’ Claims” does not include claims relating to the enforcement of the Settlement.

2.40 “Releasing Plaintiffs” means Plaintiffs and each Settlement Class Member.

2.41 “Settlement” means the terms and conditions of settlement embodied in this Agreement.

2.42 “Settlement Class Member” means any Class Member who does not opt out of the Settlement, and “Settlement Class” means that group of individuals as a whole.

2.43 “Settlement Amount” means the sum of \$215,000,000.00.

2.44 “Settlement Fund” means the Settlement Amount, once funded pursuant to Section 4.4, together with any interest and accretions thereto, which may be reduced by payments or deductions as provided herein or by Court order.

2.45 “Special Master” means the individual selected by the Parties, subject to Court approval, to administer and adjudicate the Claims Process set forth in Section 6.5 and to serve as the Special Master as set forth in Section 7.

2.46 “Special Master’s Team” means any psychologists, psychiatrists, PTSD experts, or other experts or trained specialists or administrative personnel retained to assist the Special Master and Panel in conducting interviews and evaluating Claim Forms and evidence under the Special Master’s supervision. The Special Master’s team shall include at least one board certified OB/GYN, a forensic psychologist/psychiatrist, and include at least one woman.

2.47 “Statement of Settlement Class Membership” means either a statement in the form agreed upon by the Parties, or another simple, qualifying written statement, signed under penalty of perjury, to be submitted electronically or via U.S. mail by a Claimant, declaring that she is a Settlement Class Member.

2.48 “Supplemental Agreement” means an agreement signed by the parties, which provides Defendants the option to withdraw from the Settlement if an agreed upon number of Class Members who exclude themselves from the Class is exceeded, which number shall be submitted to the Court *in camera* or under seal, and kept confidential by the Parties unless the Court orders otherwise.

2.49 “Tax” or “Taxes” mean any and all taxes, fees, levies, duties, tariffs, imposts, and other charges of any kind (together with any and all interest, penalties, additions to tax and additional amounts imposed with respect thereto) imposed by any governmental authority.

### **3. SCOPE AND EFFECT OF SETTLEMENT**

3.1 **Scope of the Settlement.** This Settlement compromises and resolves the Released Claims and the Releasing Defendants’ Claims only.

3.2 **Settlement Class Certification.** The Parties stipulate to, and waive their rights to appeal, class certification, for settlement purposes only, of the following Settlement Class pursuant to Fed. R. Civ. P. 23(a) and 23(b)(3):

All women who were seen for treatment by Dr. George M. Tyndall at the University of Southern California student health center during the period from August 14, 1989 to June 21, 2016:

- (a) for Women's Health Issues;
- (b) whose treatment by Dr. George M. Tyndall included an examination by him of her breast or genital areas; or
- (c) whose treatment included the taking of photographs or videotape of her unclothed or partially clothed body.

"Women's Health Issues" includes but is not limited to any issue relating to breast, vaginal, urinary tract, bowel, gynecological, or sexual health, including contraception and fertility. A list of Women's Health Issues is attached hereto as Exhibit A.

**3.3 Defendants' Reservation of Rights.** Defendants do not agree to class certification for any purpose other than to effectuate this Settlement. Defendants expressly reserve their right to contest certification in the event this Settlement is not approved or fails to become effective for any reason. The Parties agree that if the Settlement is not approved or fails to become effective for any reason, the litigation will return to the status quo as of August 28, 2018.

**3.4 Preliminary Approval Proceedings.** Promptly after execution of the Agreement, Plaintiffs will submit the Agreement together with its Exhibits to the Court and will apply for entry of an order substantially in the form of the [Proposed] Preliminary Approval Order, requesting, *inter alia*, preliminary approval of the Settlement set forth in the Agreement; the setting of dates for the mailing of the Notice, Claim Form Deadline, Opt-Out Deadline, Objection Deadline, and Final Approval Hearing; approval of the Claims Administrator; appointment of the Special Master; and approval of the Notice.

**3.5 Opt-Out Right.** Any Class Member who wishes to opt out of the Class must submit a timely written request for exclusion on or before the Opt-Out Deadline, in the manner specified in the Notice and Preliminary Approval Order, which written request will in any event include sufficient identifying information so that Defendants may properly evaluate their right to

withdraw from the Settlement in accordance with Section 9.3, *infra*. All requests for exclusion must be signed with a handwritten signature (or similar mark) by the person seeking to exclude herself from the Class.

3.6 **Defective Submissions.** If a Class Member's request to opt out is materially defective as to the requirements listed herein, that Class Member will be given an opportunity to cure the defect(s). The Settlement Administrator will mail the Class Member a cure letter within 10 business days of receiving the defective submission to advise the Class Member that her submission is defective and that the defect must be cured to render the Request for Exclusion valid. The Class Member will have until the later of (a) the Response Deadline or (b) 20 calendar days from the date of the cure letter, whichever date is later, to postmark or provide electronically a revised Request for Exclusion. If a Class Member responds to a cure letter by filing a defective Request for Exclusion, then the Settlement Administrator will have no further obligation to give notice of a need to cure. If the revised Request for Exclusion is not postmarked or received electronically within that period, it will be deemed untimely.

3.7 **Binding Effect of Settlement Upon Class Members.** If this Settlement is approved by the Court, at the Effective Date, all persons within the Class will be bound by the terms of the Settlement, except those Class Members who effectively exercise their right to opt out of the Class.

3.8 **Objections.** Any Class Member who wishes to object to the fairness, reasonableness, or adequacy of the Settlement, or the application of Class Counsel for an award of attorneys' fees and costs and/or for service awards for Plaintiffs, must timely do so in the manner specified in the Preliminary Approval Order and in any subsequent notice or order concerning the application for attorneys' fees and costs and/or for service awards to Plaintiffs.

3.9 **Final Approval Proceedings.** Plaintiffs will request that the Court hold the Final Approval Hearing after notice to Class Members is given. Plaintiffs agree to share with Defendants all Settlement approval documents which Plaintiffs intend to file with the Court, and Defendants shall have reasonable opportunity to comment on Settlement approval documents

before they are filed. At the Final Approval Hearing, Plaintiffs will request entry of an order granting final approval of this Agreement, substantially in the form of the [Proposed] Final Order and Judgment:

(a) finally approving the Settlement as fair, reasonable, and adequate, within the meaning of Rule 23 of the Federal Rules of Civil Procedure, and directing its consummation pursuant to its terms;

(b) directing that the Litigation be dismissed with prejudice, and releasing the Released Claims and the Releasing Defendants' Claims as set forth below;

(c) reserving jurisdiction with respect to implementation and enforcement of the terms of the Agreement; and

(d) containing such other and further provisions consistent with the terms of the Settlement to which the Parties expressly consent in writing.

**3.10 Extinguishment of Released Claims.** Upon the Effective Date, all Releasing Plaintiffs and anyone claiming through or on behalf of any of them, including but not limited to each of their respective heirs, estates, predecessors, successors, agents, and assigns, will be deemed to have fully, finally, and forever released, relinquished, and discharged all Released Claims against Defendants, or against Defendants' representatives; insurance carriers and insurers of their insurance carriers; estates; current and former administrators, current and former officers, current and former trustees, current and former employees and current and former agents in their official and individual capacities; predecessors; successors; subsidiaries; parents; affiliates; assigns; and any employees, officers, administrators or agents of any of Defendants' subsidiaries, parents, affiliates, or assigns (the "Released Parties"). Upon the Effective Date, the Releasing Plaintiffs will be forever barred and enjoined from commencing, instituting, prosecuting or continuing to prosecute any action or other proceeding in any court of law or equity, arbitration tribunal, or administrative forum, asserting any Released Claim against any of the Released Parties. As to the Released Claims only, all Releasing Plaintiffs hereby expressly,

knowingly, and voluntarily waive the provisions of Section 1542 of the California Civil Code, which provides as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.

Releasing Plaintiffs expressly waive and relinquish any and all rights and benefits that they may have under, or that may be conferred upon them by, the provisions of Section 1542 of the California Civil Code, or any other law of any state or territory that is similar, comparable, or equivalent to Section 1542, to the fullest extent that they may lawfully waive such rights or benefits pertaining to the Released Claims. In connection with such waiver and relinquishment, Releasing Plaintiffs hereby acknowledge that they are aware that they or their attorneys may hereafter discover claims or facts in addition to or different from those that they now know or believe exist with respect to the Released Claims, but that it is their intention to hereby fully, finally, and forever settle and release all of the Released Claims known or unknown, suspected or unsuspected, matured or unmatured, disclosed or undisclosed, contingent or absolute, liquidated or unliquidated, accrued or unaccrued, apparent or unapparent, that they have against the Released Parties. In furtherance of such intention, the Release herein given by Releasing Plaintiffs to the Released Parties shall be and remain in effect as a full and complete general release as to the Released Claims, notwithstanding the discovery or existence of any such additional different claims or facts. Each of the Parties expressly acknowledges that he/she/it has been advised by his/her/its attorney of the contents and effect of Section 1542, and with knowledge, each of the Parties hereby expressly waives whatever benefits he/she/it may have had pursuant to such section. Plaintiffs acknowledge, and the Class Members shall be deemed by operation of the Final Judgment to have acknowledged, that the foregoing waiver was separately bargained for and a material element of the Settlement of which this Release is a part.

3.11 **Extinguishment of Releasing Defendants' Claims.** Upon the Effective Date, Defendants will be deemed to have fully, finally, and forever released, relinquished, and discharged all Releasing Defendants' Claims against Releasing Plaintiffs, and Class Counsel, whether arising under federal, state, common or foreign law. Upon the Effective Date, Defendants will be forever barred and enjoined from commencing, instituting, prosecuting or continuing to prosecute any action or other proceeding in any court of law or equity, arbitration tribunal, or administrative forum, asserting any Releasing Defendant's Claim against any of the Releasing Plaintiffs and/or Class Counsel. Defendants are aware of section 1542 of the California Civil Code and expressly waive and relinquish any rights or benefits available to them under that statute or under any comparable statutory or common law provision of any other jurisdiction with respect to the Releasing Defendants' Claims.

#### **4. SETTLEMENT CONSIDERATION**

##### **A. Equitable Relief.**

4.1 USC will ensure that its medical personnel act consistently with the best practice standards recognized by the SCOPE program of the American College of Obstetricians and Gynecologists. Additionally, USC will adopt and implement written operating and oversight procedures for identification, prevention, and reporting of improper sexual or other offensive conduct at USC's student health center.

4.2 Subject to Court approval, an individual agreed upon by the Parties who is not affiliated with USC, and who has appropriate experience and expertise to ensure compliance with the above-stated procedures, will be appointed as an Independent Monitor to monitor and ensure compliance with these Equitable Relief provisions. All costs associated with the Independent Monitor shall be paid from the Settlement Fund.

4.3 The specific measures that USC will undertake to satisfy these provisions, and the Independent Monitor's powers and responsibilities to ensure compliance, are set forth in the Equitable Relief Measures, attached hereto as Exhibit B, and the Report of the Equitable Relief Committee, attached hereto as Exhibit C.

**B. Monetary Relief.**

4.4 Within 10 days after Preliminary Approval, Defendants will deposit an advance of the Settlement Amount of \$5 million applicable towards costs of notice and administration in the Escrow Account pursuant to instructions to be delivered by Class Counsel. Within 10 days of the Effective Date, Defendants will deposit \$50 million into the Escrow Account, applicable towards costs of administration, including costs associated with the Special Master's Team and Panel, as well as any and all Tier 1 Claim Awards. The balance of the Settlement Amount shall be payable into the Escrow Account within 10 days after the Special Master submits her proposed Claim Awards to the Court.

4.5 Defendants will further deposit into the Escrow Account, within 10 days after the Special Master submits to the Court her report reflecting proposed Claim Awards under the Settlement, an amount reflecting the interest that would have been earned on the remaining \$160 million of the Settlement Fund had it been held in the Escrow Account from 10 days after the Effective Date of the Settlement Agreement until the date of actual deposit. The amount of such interest shall be determined by the Escrow Agent, based on returns comparable to the interest actually accrued on other funds deposited in the Escrow Account. Escrow Agent shall, on a monthly basis, report to the Parties the amount of interest accrued on the Escrow Deposit (1) over that month, and (2) to date. For the avoidance of doubt, the amount of such interest shall be calculated using the rate of compensation, including all changes thereto, paid by Escrow Agent on amounts held in the Escrow Account during such period of time.

4.6 Tyndall will contribute toward the Settlement Amount any insurance proceeds paid on his behalf as a result of any policy that covers any portion of the claims asserted in the Litigation. Any dispute among Defendants relating to contribution of insurance proceeds to fund the Settlement will not affect their obligation to pay the amounts due hereunder.

## 5. USE OF THE SETTLEMENT FUND

5.1 **Disbursements.** The Settlement Fund will be used to pay: (a) Administrative Expenses; (b) Taxes; (c) distributions to Claimants as provided herein and in the Claim Procedures; and (d) any service awards that the Court may award to the Class Representatives.

5.2 **Tax Implications for Claimants.** Defendants make no representation or warranty, and provide no advice, regarding the tax consequences, if any, of this Agreement. Claimants are advised to consult with appropriate legal counsel regarding any tax implications of this Agreement. It is the intention of the parties that every payment to a Settlement Class Member as provided herein is a payment made because of a personal injury suffered by the Settlement Class Member.

5.3 **Investment of Settlement Amount.** The Escrow Agent may invest the Settlement Amount in United States Agency or Treasury Securities or other instruments backed by the Full Faith and Credit of the United States Government or an Agency thereof, or fully insured by the United States Government or an Agency thereof, and may reinvest the proceeds of these instruments as they mature in similar instruments at their then-current market rates. All risks related to the investment of the Settlement Fund in accordance with the investment guidelines set forth in this paragraph will be borne by the Settlement Fund. Defendants will have no responsibility for, interest in, or liability whatsoever with respect to investment decisions or the actions of, including any transactions executed by, the Escrow Agent.

5.4 **Execution of Approved Transactions.** Subject to further order(s) and/or directions as may be made by the Court, the Escrow Agent is authorized to execute such transactions as are consistent with the terms of this Agreement. Defendants will have no responsibility for, interest in, or liability whatsoever with respect to the actions of the Escrow Agent, or any transaction executed by the Escrow Agent in its capacity as such.

5.5 **Fund Under Court Jurisdiction.** All funds held by the Escrow Agent will be deemed and considered to be *in custodia legis* of the Court, and will remain subject to the jurisdiction of the Court, until such time as such funds will be distributed pursuant to the

Agreement and/or further order(s) of the Court. The Parties will account to the Court in regards to expenditures from the Settlement Fund in such manner and at such times as the Court shall direct. The Settlement will not depend on the Court accepting particular proposed distributions, provided that there is a valid and binding release of class claims.

5.6 **No Return of Funds After Effective Date.** Upon the occurrence of the Effective Date, neither Defendants nor any other person or entity that paid any portion of the Settlement Amount will have any right to the return of the Settlement Fund or any portion thereof for any reason whatsoever (including, without limitation, the number of Claim Forms submitted, in absolute terms or by category, or the amounts to be paid to Claimants), except as set forth in ¶ 9.2 below.

5.7 **Qualified Fund and Relation Back.** The Settling Parties and the Escrow Agent agree to treat the Settlement Fund as being at all times a “qualified settlement fund” within the meaning of Treas. Reg. § 1.468B-1. Additionally, the Escrow Agent will timely make such elections as necessary or advisable to carry out the provisions of this paragraph, including the “relation-back election” (as defined in Treas. Reg. § 1.468B-1) back to the earliest permitted date. Such elections will be made in compliance with the procedures and requirements contained in such regulations. It will be the responsibility of the Escrow Agent to timely and properly prepare and deliver the necessary documentation for signature by all necessary parties, and thereafter to cause the appropriate filing to occur.

5.8 **Tax Administrator.** For the purpose of § 1.468B of the Internal Revenue Code of 1986, as amended, and the regulations promulgated thereunder, the “administrator” will be the Escrow Agent. The Escrow Agent will timely and properly file all informational and other tax returns necessary or advisable with respect to the Settlement Fund (including, without limitation, the returns described in Treas. Reg. § 1.468B-2(k)). Such returns (as well as the election described above) will reflect that all Taxes (including any estimated Taxes, interest or penalties) on the income earned by the Settlement Fund will be paid out of the Settlement Fund as provided herein.

5.9 **Taxes.** All (i) Taxes (including any estimated Taxes, interest or penalties) arising with respect to the income earned by the Settlement Fund, including any Taxes or tax detriments that may be imposed upon Defendants or their counsel with respect to any income earned by the Settlement Fund for any period during which the Settlement Fund does not qualify as a “qualified settlement fund” for federal or state income tax purposes, and (ii) expenses and costs incurred in connection with the operation and implementation of these Tax provisions (including, without limitation, expenses of tax attorneys and/or accountants and mailing and distribution costs and expenses relating to filing (or failing to file) returns) (“Tax Expenses”), will be paid out of the Settlement Fund; in no event will any Defendant or any of its or his counsel have any liability or responsibility for the Taxes or the Tax Expenses. The Escrow Agent, through the Settlement Fund, will indemnify and hold each Defendant and its or his counsel harmless for Taxes and Tax Expenses (including, without limitation, Taxes payable by reason of any such indemnification). Further, Taxes and Tax Expenses will be treated as, and considered to be, a cost of administration of the Settlement Fund and will be timely paid by the Escrow Agent out of the Settlement Fund without prior order from the Court, and the Escrow Agent will be authorized (notwithstanding anything herein to the contrary) to withhold from distribution to authorized Claimants any funds necessary to pay such amounts, including the establishment of adequate reserves for any Taxes and Tax Expenses (as well as any amounts that may be required to be withheld under Treas. Reg. § 1.468B-2(1)(2)); neither Defendants nor any of their counsel are responsible or will have any liability for any Taxes or Tax Expenses. The Settling Parties agree to cooperate with the Escrow Agent, each other, and their tax attorneys and accountants to the extent reasonably necessary to ensure performance of these Tax provisions.

5.10 **Responsibility for Liens.**

(a) The Parties have appointed the Claims Administrator to administer the process to identify and resolve potential Liens owed for medical treatment paid on behalf of a Settlement Class Member by, but not limited to, Governmental Payors or Medicare Part C and D Program sponsors. The Claims Administrator will determine from information provided directly to the

Claims Administrator whether there is a potential repayment obligation for medical treatment related to this Settlement asserted against an eligible Settlement Class Member. The Claims Administrator will satisfy, either globally or on an individual basis, any such Liens out of a Settlement Class Member's Claims Award in advance of payment to that Settlement Class Member or, upon notice of a final lien total, hold funds equal to the amount of the Lien without distributing the held funds to the Settlement Class Member until the Lien has been satisfied or waived.

(b) The Claims Administrator will obtain documentation that any applicable Lien has been resolved, either globally or otherwise, and whether through payment or otherwise. The Claims Administrator will provide to Class Counsel or the Special Master, upon request, information received for the purposes of verifying compliance and repayment satisfaction. The Claims Administrator shall provide any information requested by the Defendants' insurers, in a form that is acceptable to the insurers that they may need to comply with reporting obligations applicable to them with respect to any Lien. The Claims Administrator will also satisfy the reporting obligations, if any, under the requirements of Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 and the Defendants' insurers hereby authorize the Claims Administrator to report such information to applicable authorities. The Claims Administrator shall provide all information needed by the Defendants' insurers in order to permit any reporting deadlines to be met, and no funds shall be disbursed to any Settlement Class Member until after the insurers have confirmed that they have received all information needed to permit them to meet any reporting obligations.

(c) Each Settlement Class Member (and his or her respective counsel, if applicable) will be solely responsible for the satisfaction and discharge of all Lien obligations. This includes any potential notice obligation required by statute or otherwise when making a claim for and/or receiving compensation under this Settlement. Notwithstanding that responsibility, the Claims Administrator will perform the duties outlined herein upon authorization by the Court and each Settlement Class Member agrees to execute any supplemental documents or correspondence,

provide any additional information, and take all additional actions that may be necessary or appropriate to allow the Claims Administrator to identify or resolve a Lien. The Claims Administrator, through Class Counsel, will seek a Qualified Protective Order from the Court authorizing the Claims Administrator to receive and send information that is, or may be, protected under the Health Insurance Portability and Accountability Act (“HIPAA”) to fulfill the duties described herein on behalf of Settlement Class Members.

(d) If any person or entity claims a Lien, other than those described above, with respect to a Settlement Class Member’s Claims Award and the Claims Administrator has been put on notice of such Lien, the Claims Administrator will have no authority to pay any Claims Award to any Settlement Class Member subject to a Lien that has not been fully and finally released. Nothing in here shall be interpreted to create or expand Lien recovery rights held by third parties pursuant to applicable law.

(e) Defendants’ Reliance. In reaching this Agreement and paying the Settlement Amount, the Defendants are relying on the foregoing representations and warranties of the Plaintiffs and, specifically, the actions that the Plaintiffs have represented that the Claims Administrator and the Settlement Class Members will take to satisfy any and all liens and claims should they arise, pertaining to matters involved in or relating to the Litigation and the Released Claims.

(f) The Claims Administrator shall release, defend, indemnify, and hold harmless the Released Parties from any and all damages, penalties, costs, expenses and fees incurred in connection with any claim or cause of action asserted based on a Medicare or Medicaid Lien against the Released Parties as a result of the settlement payments to be made to Settlement Class Members.

(g) The Claims Administrator shall release, defend, indemnify and hold harmless the Released Parties from any and all adverse consequences in the event that this settlement results in the loss of any Medicare or Medicaid rights or benefits to any Settlement Class Member.

(h) The Released Parties are hereby made express third party beneficiaries of this Section 5.9 and may enforce directly and in their own name, and without the consent of any other person, all obligations of the Claims Administrator set forth in Sections 5.9(a)–(d).

(i) Any modifications to the language above in this Section 5.9 must be approved by the Released Parties.

## **6. NOTICE AND ADMINISTRATION**

6.1 **Notice Program.** Within 7 days after entry of the Preliminary Approval Order, USC will furnish all information reasonably available to it to assist in the identification of all potential Settlement Class Members. Direct notice of the Settlement will begin within 28 days after entry of the Preliminary Approval Order. The proposed notice program is described in the concurrently filed declaration of Jennifer M. Keough.

6.2 **Website.** The Claims Administrator will establish a standalone website for the Settlement, which will make all relevant materials available to Class Members and have the ability to receive Claim Forms.

6.3 **Claims Administration.** The Claims Administrator will receive all Claims and process them as directed by the Special Master or as otherwise set forth in the Settlement Agreement and Claim Procedures, or as otherwise approved by the Court. Unless the Court otherwise orders, claims processing will continue notwithstanding the pendency of an appeal, except that Defendants shall be under no obligation to pay claims prior to the occurrence of the Effective Date.

6.4 **Claims Process Generally.** Unless the Court orders otherwise, the Settlement Fund will be distributed to Class Members pursuant to a three-tiered claim process. The Special Master will be responsible for overseeing the administration of disbursements from the Settlement Fund. Defendants will have no direct role in determining individual Claim Awards and cannot challenge the Claim Award to any Settlement Class Member. Plaintiffs will work in good faith with USC in developing the Claim Form, but the Claim Form will ultimately be

approved by the Special Master and may be modified by the Special Master after notice to the parties. The Claim Process will include the following terms:

(a) **Tier 1.** Every Settlement Class Member is eligible for a Tier 1 payment, simply by virtue of being a Settlement Class Member. A Settlement Class Member who accepts a Tier 1 Claim Award remains eligible to make a Tier 2 or Tier 3 claim. The Tier 1 Claim Award shall be counted against any further award, but under no circumstances will a Settlement Class Member be required to return a Tier 1 Claim Award.

(i) Beginning not later than 10 days after the Effective Date, each Settlement Class Member who can be identified through USC's existing health center records (which cover the period from July 14, 1997, through June 21, 2016), will be mailed a Tier 1 Claim Award (in the form of a check for \$2,500), representing an initial amount for damages for all claims advanced by the Settlement Class or that could have been advanced.

(ii) Beginning not later than 10 days after the Effective Date, each Settlement Class Member who has completed online or returned by mail a qualifying Statement of Settlement Class Membership signed under penalty of perjury will be mailed a Tier 1 Claim Award (in the form of a check for \$2,500), representing an initial amount for damages for all claims advanced by the Settlement Class or that could have been advanced. To qualify, Settlement Class Members for the period August 14, 1989 to July 13, 1997, must have their student status confirmed by records from USC registrar's office, or, if the Settlement Class Member is not a student, submit credible evidence of Class Membership.

(b) **Tier 2.** Each Settlement Class Member has the option to submit an online or written Claim Form describing her experience, the impact to her, and/or the damages she suffered. That Claim Form will be reviewed by the Special Master's Team. The Special Master's Team may submit additional questions to a Claimant to be answered in writing. If the Panel determines that the Claim Form is credible, and that the conduct or

statement(s) described fall outside the scope of accepted medical standards of care applicable during the relevant time, or that the conduct or statements are determined to otherwise be actionable, the Claimant shall receive a Claim Award of no less than \$7,500 and no more than \$20,000, subject to Pro Rata Adjustments. If the Panel determines the Claimant is not entitled to an enhanced damages award, she will nonetheless receive a Tier 1 Claim Award.

(c) **Tier 3.** Tier 3 is reserved for Settlement Class Members who want to provide further evidence (beyond the written Claim Form and written follow up questions) of conduct by or statement(s) from Tyndall and their impact. In addition to the Claim Form describing her experience, the impact to her, and/or the damages she suffered, Settlement Class Members making a Tier 3 Claim will also have the opportunity to submit additional evidence of impact or damages, and be interviewed by a member of the Special Master's Team, regarding the Settlement Class Member's experience and its impact on her. The interviewer will provide an assessment to the Panel. Based on all information, the Panel will determine whether the Claim Form is credible, the conduct or statement(s) described fall outside the scope of accepted medical standards of care applicable during the relevant time, or the conduct or statements were otherwise actionable, and based on an assessment of the emotional distress and/or bodily injury to the Claimant, the Panel will recommend a Claim Award of no less than \$7,500 and no more than \$250,000, subject to Pro Rata Adjustments. If the Panel determines the Claimant is not entitled to an enhanced damages award, she will nonetheless receive a Tier 1 Claim Award.

6.5 **Claim Procedures.** The procedures for distribution of the Settlement Fund to Settlement Class Members will be consistent with the following:

(a) **Tier 1.** All Settlement Class Members will receive a Tier 1 Claim Award. Settlement Class Members may additionally elect to submit a Tier 2 or 3 Claim Form.

(b) **Tier 2.** A Settlement Class Member can initiate a request for a Tier 2 Claim Award by submitting a Tier 2 Claim Form that will be provided in the Notice.

(i) The Tier 2 Claim Form will ask Settlement Class members to provide, in narrative and checklist form, information designed to identify the nature and scope of her alleged experience with Tyndall, including identifying any conduct or statement(s) that fell outside the scope of acceptable medical standards of care applicable at the time of the incident, or may be otherwise actionable, and any resulting emotional distress and/or bodily injury.

(ii) The Special Master's Team will assess the Claim Form in light of any relevant records and, if he or she deems it appropriate, may ask additional questions in writing. If the Settlement Class Member fails or otherwise declines to timely provide the additional information requested by the Special Master's Team, it may affect the amount awarded. The Panel will then determine the amount of any Tier 2 Claim Award. The Panel will determine each Claim Award independently on its merits, without taking into consideration the number or amount of other Claim Awards or the total Settlement Amount.

(c) **Tier 3.** A Settlement Class Member can initiate a request for a Tier 3 Claim Award by submitting a Tier 3 Claim Form that will be provided in the Notice.

(i) The Tier 3 Claim Form will ask each Settlement Class Member to provide, in narrative and checklist form, information designed to identify the nature and scope of her alleged experience with Tyndall, including identifying any conduct or statement(s) that fell outside of the scope of acceptable medical standards of care applicable at the time of the incident, or may be otherwise actionable, and any resulting emotional distress and/or bodily injury.

(ii) The Settlement Class Member will also have the opportunity to submit additional documentary evidence of the impact of the events on the Settlement Class Member as well as damages. A member of the Special Master's Team shall interview the Settlement Class Member.

(iii) The Settlement Class Member may decline to participate in the interview. A Settlement Class member who submits a Tier 3 claim but who declines to participate in an interview may in no event receive an award which exceeds the range applicable to Tier 2 Claim Awards, between \$7,500 and \$20,000, subject to Pro Rata Adjustments.

(iv) The Panel will assess the totality of the information submitted by the Settlement Class Member and make a finding whether the conduct described is a departure from accepted standards of care at the relevant time or is otherwise actionable, as well as whether the Claimant has established injuries that the Panel determines to be credible. The Panel will also consider the assessment of the interviewer as described in Paragraph 6.4(c), above. The Panel will then determine the amount of any Tier 3 Claim Award. The Panel will determine each Claim Award independently on its merits, without taking into consideration the number or amount of other Claim Awards or the total Settlement Amount.

(d) **Pro Rata Adjustments.** Once all the Tier 2 and Tier 3 Claim Awards have been determined by the Panel pursuant to the procedures described above, the Claims Administrator will calculate the total sum of all the Claim Awards and compare that sum to the total amount in the Settlement Fund at that time.

(i) If the total sum of the Claim Awards is less than the total amount in the Settlement Fund, the Claims Administrator will calculate and apply the Pro Rata Increase to all Tier 1, Tier 2, and Tier 3 Claim Awards. The Pro Rata Increase will be calculated to increase all Claim Awards by the same percentage until the total sum of all Claim Awards equals the Settlement Fund, or until all Claim Awards have been increased by 50%, whichever occurs first.

(ii) If the total sum of the Claim Awards exceeds the total amount in the Settlement Fund, the Claims Administrator will calculate and apply the Pro Rata Reduction to all Tier 2 and Tier 3 Claim Awards. The Pro Rata Reduction will be

calculated to reduce all Tier 2 and Tier 3 Claim Awards by the same percentage until the total sum of all Claim Awards equals the Settlement Fund, or until all Tier 2 and Tier 3 Claim Awards have been reduced by 25%, whichever occurs first. Under no circumstances are Tier 1 Claim Awards subject to Pro Rata Reduction, and accordingly, the \$2,500 Tier 1 portion of any Tier 2 or Tier 3 Award is not subject to the Pro Rata Reduction.

6.6 **Late Claims.** The parties recognize that in class action settlements, despite best efforts, late claims will be filed. The Special Master, during the period where timely claims are being evaluated, may, for good cause, allow a late claim.

6.7 **No Claims Arising From Settlement Administration.** No person will have any claim against Plaintiffs, Class Counsel, any person designated by Class Counsel, the Special Master, the Panel, or the Claims Administrator arising from or relating to determinations or distributions made substantially in accordance with this Agreement, the Claim Procedures, or further order(s) of the Court.

6.8 **Further Proceedings in the Event of Settlement Residue.** If the Settlement Amount is not fully disbursed after a 50% Pro Rata Increase is applied to the Claim Awards and after payment of any Taxes, Administrative Expenses, and any service awards to the Class Representatives that the Court may approve, the Parties will notify the Court and propose additional means of distributing the remaining amount in the Settlement Fund, namely: providing additional notice of the Settlement to non-participating Class Members or distributions to appropriate *cy pres* recipients. There will be no *cy pres* distribution unless the Court finds that the parties have in good faith exhausted all reasonable efforts to distribute the Settlement Fund to Class Members.

6.9 **Class Member Confidentiality and Information Sharing with Insurers.** Defendants and their insurance counsel, as set forth below, will work in good faith with Plaintiffs to develop a procedure for claims for such fund distribution and sharing of information to ensure that appropriate and adequate information is gathered on behalf of the Defendants in order to

submit that documentation on each Claim Award to Defendants' insurance carriers, but Defendants will not have access to the identities of Claimants or the documentation on each Claim Award and will have no role whatsoever in determining individual Claim Awards and cannot challenge the Claim Award to any individual Settlement Class member. Plaintiffs will make all information, including, but not limited to, the completed questionnaire, any supporting documentation and, if applicable, notes from any interviews that are related to a Claim Award available to Defendants' insurers directly through Defendants' insurance coverage counsel. Plaintiffs will also make all information necessary to comply with reporting obligations with respect to any Lien available to Defendants' insurers through the Claims Administrator as required by Section 5.9(b) of this Agreement. Furthermore, the Special Master will make him or herself reasonably available to answer insurer questions about the process and/or Claim Awards. The parties acknowledge that all Claimant-identifying information shall be protected from disclosure by the relevant laws and regulation governing the protection of personal information, including but not limited to the California Financial Privacy Act and the California Insurance Information and Privacy Protection Act. Further, USC acknowledges that its insurers have executed appropriate non-disclosure agreements with confidentiality protections limiting the disclosure of and protecting the confidentiality of the information.

**6.10 Return or Destruction of Claims Process Materials.** At the conclusion of the Claims Process, the Claims Administrator and Special Master will destroy all materials submitted during the Claims Process, or, if requested by the Claimant, will return such materials to the Claimant. Further, all work product of the Claims Administrator and Special Master, Special Master's Team, and Panel containing claimant-specific information will be destroyed. The Claims Administrator and Special Master shall then provide Affidavits of Return or Destruction to the parties and the Court.

**6.11 Fees and Costs of Notice and Administration.** The fees and costs of notice and administration are part of the Administrative Expenses and will be paid out of the Settlement Fund.

## 7. THE SPECIAL MASTER

7.1 **Selection of Special Master.** A Special Master will adjudicate Claims under the Claims Process. The Parties will select and propose that the Court appoint as the Special Master an independent, mutually agreeable individual with knowledge of and experience with claims of sexual abuse. Plaintiffs shall select the Special Master and her team, and Defendants shall have approval authority of the selected Special Master and her team, which approval shall not be unreasonably withheld. Among other designated responsibilities, the Special Master will assess and adjudicate the Claims Awards as a member of the three-person Panel. In consultation with the Special Master and her team, the Parties shall jointly develop the protocols for interviews or other oral or written direct contact with Settlement Class members relating to Tier 2 and Tier 3 claims.

7.2 **Class Counsel Presentation.** Class Counsel will retain one or more experts to make a presentation to the Special Master, or to prepare one or more reports to be presented by Class Counsel to the Special Master, concerning acceptable conduct or medical standards of care applicable during the Class Period. The Special Master may submit questions to and receive further information from the expert(s) retained by Class Counsel.

7.3 **Special Master Consultation of Independent Experts.** The Special Master may consult with other experts independently, but is required to disclose their identities and any information, determinations, or conclusions (and the bases therefor) received from such independent experts upon which the Special Master intends to rely. Class Counsel will then have a reasonable period to respond or provide additional information if necessary. Class Counsel will also make all such information, including, but not limited to, any information, determinations, or conclusions (and the bases therefor) received from such independent experts by the Special Master available to Defendants' insurers directly through Defendants' insurance coverage counsel.

7.4 **Fees and Costs of Special Master.** The fees and costs of the Special Master are part of the Administrative Expenses and will be paid out of the Settlement Fund. Class Counsel

shall negotiate such fees and monitor expenditures and payments will be reported as directed by the Court.

## **8. ATTORNEYS' FEES AND COSTS; SERVICE AWARDS**

8.1 **Attorneys' Fees and Costs.** All attorneys' fees and costs will be paid separately by Defendants, in addition to and without any reduction of the Settlement Fund. Any fee and cost award must be approved by the Court. Class Counsel will apply on behalf of themselves and Additional Class Counsel for an award of attorneys' fees and reimbursement of expenses after final approval and implementation of the claims procedure. Class Counsel's request for attorneys' fees and reimbursement of expenses will not exceed \$25 million. If the fee and cost award approved by the court is less than the amount sought by Class Counsel, this will not be a basis for setting aside this Settlement.

8.2 **Service Awards.** In conjunction with their application for attorney's fees and reimbursement of expenses, Class Counsel will request that the Court approve service awards to the Class Representatives. Any approved service award will be paid from the Settlement Fund.

## **9. TERMINATION**

9.1 **No Right to Reversion.** Defendants have no right to reversion of any portion of the Settlement Fund unless this Agreement is not approved or fails to become effective for any reason. Under no circumstances will any Defendant have any right to reversion of any funds expended for Administration Expenses.

9.2 **Partial Refund.** In the event that the Agreement is not approved or fails to become effective for any reason, the Settlement Amount, including accrued interest and less Administrative Expenses and Taxes or Tax Expenses paid, incurred, or due and owing in connection with the Settlement as provided for herein, will be refunded to Defendants pursuant to written instructions from counsel for Defendants.

9.3 **Election to Withdraw.** Defendants will have the option to withdraw from the Settlement if the number of Settlement Class Members who exclude themselves from the Class exceeds a number agreed to by the Parties in the Supplemental Agreement. The number agreed

to by the Parties will be submitted *in camera* or under seal to the Court. If the Settlement, other than terms pertaining to the attorneys' fees and costs and/or service awards to Class Representatives, is materially modified by any court, Defendants may, in their sole discretion to be exercised within fourteen (14) days after such a material modification, declare the Settlement null and void. For purposes of this paragraph, material modifications include but are not limited to any modifications to the definitions of the Releasing Plaintiffs, the Class and/or Class Members, or Released Claims. In the event that Defendants exercise their option to withdraw from and terminate this Settlement, the Settlement proposed herein shall become null and void and shall have no force or effect, the Parties shall not be bound by this Settlement, and the Parties will be returned to their respective positions as of August 28, 2018.

## **10. GENERAL PROVISIONS**

10.1 **Mutual Intent.** The Settling Parties: (a) acknowledge that it is their intent to consummate this Agreement; and (b) agree to cooperate to the extent reasonably necessary to effectuate and implement all terms and conditions of the Agreement and to exercise their best efforts to accomplish such terms and conditions.

10.2 **Good Faith.** The Settling Parties and their respective counsel agree that they will act in good faith and will not engage in any conduct that could frustrate the purposes of this Agreement.

10.3 **Ongoing Best Efforts to Effectuate.** The Parties agree to make their best efforts on an ongoing basis to effectuate the Monetary Relief and Equitable Relief provided for in this Agreement, as well as to defend this Agreement from any legal challenge by objection, appeal, collateral attack, or otherwise.

10.4 **No Waiver.** The waiver by one Party of any breach of this Agreement will not be deemed to be a waiver of any prior or subsequent breach. A Party's failure to exercise any rights under this Agreement shall not constitute waiver of that Party's right to exercise those rights later, except as expressly provided in this Agreement. No delay by any Party in exercising any power or right under this Agreement will operate as a waiver of that power or right, nor will any

single or partial exercise of any power or right under this Agreement preclude other or further exercises of that or any other power or right, except as expressly provided.

**10.5 Making Records and Information Available.** Defendants have made and will continue to make records and information available to Class Counsel for purposes of enabling Class Counsel to confirm the scope of the Settlement Class, the proper Defendants, the scope and accuracy of records maintained by the USC registrar's office, and the nature and scope of the claims asserted in the Litigation. Such records and information shall be provided in the form of admissible evidence as reasonably necessary to effectuate the purposes of this Agreement.

**10.6 Public Statements.** The Settling Parties and their respective counsel will cooperate to ensure that any public statement concerning the Litigation and the Settlement by any Settling Party or his, her, or its counsel is accurate and consistent with the Parties' objective of securing Court approval of the Settlement. The Settling Parties and their respective counsel will not make any public statement that disparages the Settlement.

**10.7 Authority of Class Counsel.** Class Counsel, on behalf of the Class, are expressly authorized to take all appropriate action required or permitted to be taken pursuant to the Agreement to effectuate its terms. All Parties covenant and represent that they have consulted with competent counsel prior to entering into this Agreement.

**10.8 Final Resolution Without Adjudication.** The Settling Parties intend this Agreement to effect a final and complete resolution of all disputes and claims between Releasing Plaintiffs, on the one hand, and the Released Parties, on the other hand, with respect to the Litigation. The Settlement resolves claims which are contested and will not be deemed an admission by any Settling Party as to the merits of any claim or defense. The Settling Parties agree that during the course of the Litigation, the parties and their respective counsel at all times complied with the requirements of Federal Rule of Civil Procedure 11 and California Code of Civil Procedure § 128.7. The Settling Parties agree that the Settlement Amount and the other terms of the settlement were negotiated in good faith by the Settling Parties, and reflect a settlement that was reached voluntarily after consultation with competent legal counsel.

10.9 **No Admission of Liability.** Neither this Agreement nor the settlement contained herein, nor any act performed or document executed pursuant to or in furtherance of the Agreement or the Settlement, (a) is or may be deemed to be or may be used as an admission of, or evidence of, the validity of any Released Claim, the truth of any of the allegations in the Litigation of any wrongdoing, fault, or liability of Defendants, or that Plaintiffs or any Class Members have suffered any damages, harm, or loss, or (b) is or may be deemed to be or may be used as an admission of, or evidence of, any fault or omission on the part of Defendants in any civil, criminal, or administrative proceeding in any court, administrative agency, or other tribunal.

10.10 **No Court Findings on Liability.** In agreeing to this Settlement, the Parties acknowledge that this Court has not made any findings or expressed any opinion concerning the merits, validity, or accuracy of any of the allegations, claims, or defenses in the Litigation.

10.11 **Use in Other Proceedings.** The Parties will not introduce or use, or cause to be introduced or used, any provision in this Settlement, or any action taken in implementation thereof, or any statements, discussions, or communications, or any materials prepared, exchanged, issued, or used during the course of the Litigation or in negotiations leading to this Settlement, in this Litigation or in any other judicial, arbitral, administrative, investigative, or other proceeding of whatsoever kind or nature, as evidence of any violation or lack thereof; provided, however, that any Defendant may file this Agreement and/or the Final Order and Judgment in any other action that may be brought against it in order to support a defense or counterclaim based on principles of res judicata, collateral estoppel, release, good faith settlement, judgment bar or reduction, or any theory of claim or issue preclusion or similar defense or counterclaim.

10.12 **Responsibility of Settlement Class Members for Taxes.** The Parties agree the payments to Settlement Class Members are not wages, and each Settlement Class Member and Class Representative who receives a payment in connection with this Settlement will be fully and

ultimately responsible for payment of any and all federal, state or local taxes resulting from or attributable to the payment received by such Settlement Class Member or Class Representative.

**10.13 Survival of Confidentiality Agreements.** All agreements made and orders entered during the course of the Litigation relating to the confidentiality of information will survive this Agreement.

**10.14 Limitation on Amendment.** The Agreement may be amended or modified only by a written instrument signed by or on behalf of all Settling Parties or their respective successors-in-interest.

**10.15 Governing Law.** This Agreement and the Exhibits hereto will be considered to have been negotiated, executed, and delivered, and to be wholly performed, in the State of California, and the rights and obligations of the parties to the Agreement will be construed and enforced in accordance with, and governed by, the substantive laws of the State of California.

**10.16 Neutral Construction.** The determination of the terms and conditions contained herein and the drafting of the provisions of this Agreement have been by mutual understanding after negotiation, with consideration by, and participation of, the Settling Parties and their counsel. This Agreement will not be construed against any Settling Party on the basis that the Settling Party was the drafter or participated in the drafting. Any statute or rule of construction that ambiguities are to be resolved against the drafting party will not be employed in the implementation of this Agreement, and the Settling Parties agree that the drafting of this Agreement has been a mutual undertaking.

**10.17 Entire Agreement.** The Agreement and the Exhibits attached hereto constitute the entire agreement among the parties hereto, and no representations, warranties or inducements have been made to any party concerning the Agreement or its Exhibits other than the representations, warranties, and covenants contained and memorialized in these documents.

**10.18 Exhibits Fully Integrated.** All of the Exhibits to the Agreement are material and integral parts hereof and are fully incorporated herein by this reference.

10.19 **Severability.** Except as otherwise provided in this Agreement, if any covenant, condition, term or other provision in this Agreement is held to be invalid, void or illegal, the same will be deemed severed from the remainder of this Agreement and will in no way affect, impair or invalidate any other covenant, condition, term, or other provision in this Agreement. If any covenant, condition, term or other provision in this Agreement is held to be invalid due to its scope or breadth, such covenant, condition, term, or other provision will be deemed valid to the extent of the scope or breadth permitted by law.

10.20 **Authority to Execute.** Each counsel or other Person executing the Agreement or any of its Exhibits on behalf of any party hereto warrants that such Person has the full authority to do so.

10.21 **Execution in Counterparts.** The Agreement may be executed in one or more counterparts. All executed counterparts and each of them will be deemed to be one and the same instrument. A complete set of executed counterparts will be filed with the Court. Signatures sent by facsimile or sent in PDF form via e-mail will be deemed originals.

10.22 **No Prior Assignments.** The Parties represent, covenant, and warrant that they have not directly or indirectly, assigned, transferred, encumbered, or purported to assign, transfer, or encumber to any person or entity any portion of any liability, claim, demand, action, cause of action, or that are rights released or discharged in this settlement except as set forth in this Agreement.

10.23 **Binding Upon Successors and Assigns.** The Agreement will be binding upon, and inure to the benefit of, the successors and assigns of the parties hereto.

10.24 **Continuing Jurisdiction.** The Court will retain jurisdiction with respect to implementation and enforcement of the terms of the Agreement, and all Settling Parties submit to the jurisdiction of the Court for purposes of implementing and enforcing the settlement embodied in the Agreement and matters related to this settlement.

Agreed to on the date indicated below.

APPROVED AND AGREED TO BY:

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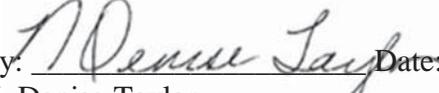
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George M. Tyndall, M.D.

*Defendant George Tyndall, MD*

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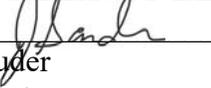
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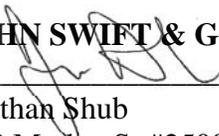
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*Plaintiffs' Additional Class Counsel*

## **EXHIBIT A**

### **List of Women's Health Issues**

- Comprehensive annual and/or gynecological exam with or without pap smear;
- Evaluation of breast for any reason, including but not limited to lumps, swelling, pain and discharge;
- Evaluation of urinary tract infection and urinary symptoms including but not limited to urinary frequency, burning, pain, bladder spasm, urgency, incontinence of urine, passage of blood, with or without fever and back pain;
- Disorder of menstrual periods, including but not limited to heavy menstrual periods, absence of menstrual periods, painful menstrual periods, prolonged menstrual periods, frequent menstrual periods, infrequent menstrual periods, bleeding between menstrual periods, and hormonal imbalance issues including premenstrual syndrome ("PMS"), menopause symptoms and perimenopause symptoms;
- Sexual complaints or concerns including but not limited to painful intercourse, bleeding after intercourse, and any difficulties with sexual relations;
- Symptoms, concerns or diagnoses involving the pelvic area related to reproductive organs including but not limited to ovarian cysts, ovarian tumors, fibroids, and endometriosis;
- Vaginal symptoms including but not limited to discharge, irritation, burning, itching with or without odor, and concern regarding retained foreign body;
- Vaginal and vulvar symptoms with or without lumps, sores, growths in the vaginal or vulvar area and rashes;
- Concerns regarding sexually transmitted disease exposure, evaluation, treatment and/or testing, and sexually transmitted disease counseling and prevention;
- Cervical disease including abnormal pap smears, diagnosis follow-up and treatment;
- Contraception related appointments for counseling, education, and treatment including but not limited to birth control prescription, refills, diaphragms, and intrauterine device insertion, removal and complications;
- Pregnancy and fertility issues including but not limited to diagnosis, evaluation, pregnancy testing, conception difficulties and evaluation of complications and symptoms related to pregnancy;
- Evaluation of anal/rectal issues including but not limited to hemorrhoids, rectal pain, fissures, bleeding and lumps or sores;
- Exam requiring you to be partially or fully unclothed in the breast, buttocks, and/or pelvic region.

## EXHIBIT B

### EQUITABLE RELIEF MEASURES

1. The parties agree equitable relief is a material component of the Settlement. The Parties further acknowledge that it is their mutual intent that USC's medical personnel act consistently with the best practice standards of the American College of Obstetricians and Gynecologists under its SCOPE certification program; and more generally, that USC adopt and implement adequate operating and oversight procedures for identification, prevention, and reporting of improper sexual or racial conduct at campus operations with a nexus to USC's Engemann Student Health and Cohen Student Health (together, "USC Student Health.")
2. Appointment of Independent Women's Health Advocate: The Parties will jointly select, and the University will appoint, subject to approval by the Court, an independent (non-USC) advocate ("Independent Women's Health Advocate") to ensure compliance with the items 3 to 4 below. Although not a USC employee, the Independent Women's Health Advocate's compensation will be paid by USC. The Independent Women's Health Advocate's Court appointed role will continue for a minimum of 3 years.

The precise nature and scope of the Independent Women's Health Advocate's duties will be detailed by the Equitable Relief Committee described in paragraph 6 below, and consistent with the scope contemplated by paragraph 1. Such duties may include, among other things, a) receiving complaints of improper sexual or racial conduct reported by any patient, student and/or personnel at the Student Health Center, b) confirming that all such complaints are investigated by either the University's recently established Office of Professionalism and Ethics and/or the University's Office of Equity and Diversity and/or the University's Title IX Officer, and c) reporting, as appropriate, any failures of this process to the Senior Vice President, Legal Affairs and Professionalism.

3. USC Student Health Operating and Oversight Procedures: The University will adopt and implement the following operating and oversight procedures for identifying, preventing and reporting any alleged improper sexual or racial conduct at USC Student Health.
  - (a) Pre-hiring background checks of all new personnel, including physicians, who are regularly expected to have direct patient interaction. To the extent permitted by law, such investigation will include contacting former employers and asking direct questions about the candidate's interactions with patients including past reports of Sexual Harassment and/or Gender-Based Violence by the candidate and whether the candidate was disciplined for any reason related to patient interaction or patient safety.
  - (b) Annual verification of credentials of all clinical personnel, including physicians.
  - (c) Annual education and performance reviews concerning identifying, reporting and preventing improper sexual and/or racial conduct.
  - (d) USC Student Health, in conjunction with the Independent Women's Health Advocate, will adopt "Sensitive Exam" practices consistent with the guidelines set forth

by the American College of Obstetricians and Gynecologists' Committee on Gynecologic Practice.

(e) Maintain staffing so that all female students have the option of seeing a female physician.

(f) All students accessing the USC Student Health will be informed of this Settlement and the University's commitment and steps taken to prevent any recurrence, and provided a brochure outlining what to expect during a visit or procedures concerning disrobing, chaperones, physical exams and their opportunity to report any questions or concerns they may have concerning any conduct they believe may be inappropriate or questionable. The brochure will be consistent with patient education information published by the American College of Obstetricians and Gynecologists (ACOG). USC Student Health will review and, if necessary, update its patient literature at least once every two years to ensure that the literature reflects current ACOG standards and best practices.

(g) All USC Student Health personnel who assist with Sensitive Exams will be trained annually on best practices for ensuring the safety and comfort of students during Sensitive Examinations. All USC Student Health personnel who are regularly expected to have direct patient contact will be trained annually on USC's policies for mandatory reporting of Sexual Harassment and Gender-Based Violence; bystander training; procedures for referring students to counseling or psychiatric treatment; and the University's anti-retaliation policies. The University will require ongoing training on at least an annual basis.

(h) USC Student Health will provide all students with plain-language notice of how to recognize and report Sexual Harassment and Gender-Based Violence by a healthcare provider. This notice will be provided when a student initially visits USC Student Health and will also be posted prominently in each examination room.

(i) Online and offline opportunity for anonymous patient feedback concerning USC Student Health and its personnel.

4. New Sexual Misconduct/Violence Prevention Program. USC agrees to expand the services of its Relationship and Sexual Violence Prevention program to include a new training program designed to *prevent* sexual misconduct and sexual assault. The new training program will target students in each of their first three years at the University. USC will hire at least one qualified FTE by July 1, 2019 and at least two additional qualified FTEs by October 1, 2019 for the purpose of developing and conducting the training program. Other aspects of the program may be as follows, subject to recommendations of the Independent Women's Health Advocate:
- Program will be required of all students. It will include a general program and also programs that can be targeted for communities such as Greek life, Athletics, LGBTQ, persons with disabilities and international students.
  - Topics will include, among others, Affirmative Consent; Healthy Relationships; and, Bystander Intervention.
  - The programs may be conducted via online programs such as the "Think About It" program and/or live, in small groups of approximately 35-40 students.
  - The University currently requires periodic training for all faculty and supervisory employees on combatting sexual violence, including sexual assault, domestic

- violence, intimate partner violence, stalking and bystander intervention. All non-supervisory employees are required to review educational materials on prohibited workplace conduct, specifically discrimination, harassment and retaliation. The Equitable Relief Committee may review and provide comments on these University-wide programs detailed in this paragraph of item 4, for consideration by the University.
5. Independent Consultant to Serve on Task Force. USC Student Health is sponsoring the 2019 AAU Campus Climate Survey on Sexual Assault and Misconduct at USC in the Spring of 2019; the survey asks students questions regarding their knowledge of USC support resources, experiences of misconduct/assault, likelihood of reporting, among others. USC agrees to appointment of an Independent Task Force Member to serve on the Survey Task Force. The Independent Task Force Member will be appointed and compensated by Class counsel. She will have expertise in university best practices related to prevention and response to sexual assault and misconduct. The Task Force will receive the results of the survey, review existing policies and procedures for disclosure, reporting and response to sexual violence on campus, identify opportunities for the University to improve its practices, education or policies, and recommend practices and policies for implementation in light of the survey results. The University agrees to consider in good faith implementation of the recommendations of the Task Force. Other Task Force members may include representatives of the student community, Department of Public Safety, Office of Professionalism & Ethics, Faculty Affairs, Relationship and Sexual Violence Prevention of Student Health, and Title IX. Final reports concerning the survey will be made available to the University community at an appropriate time.
  6. Equitable Relief Committee. Within 5 days of execution of this Settlement, Plaintiffs and the USC Defendants shall each designate an individual to serve on an Equitable Relief Committee comprised of three members. Plaintiffs will designate an expert in university best practices related to prevention and response to sexual assault and misconduct; USC may designate its own expert or an individual with appropriate expertise internal to the University. Those two members shall promptly meet and jointly select a third individual with appropriate expertise to chair the Committee. The Committee shall then meet with a goal of finalizing the issues requiring further detail in items 2, 3 and 4 and consistent with the objectives and scope of paragraph 1 above. The Committee shall complete its duties with 60 days of the execution of this Settlement and will then terminate.
  7. Realization Review. The parties anticipate that the Independent Women's Health Advocate, Independent Task Force Member, and the Equitable Relief Committee will work cooperatively with USC designated administration, faculty, and student representatives to achieve the aims of these provisions. In the event that the Independent Women's Health Advocate or Independent Task Force Member believes the requirements and goals of these provisions are not being sufficiently addressed, a multi-tier review and resolution process will be available. First, any such concerns will be raised to Class counsel, who will meet and confer with counsel for the USC Defendants. If not resolved, any remaining issues will be presented to the Special Master. The Special Master can, in her discretion, adopt processes similar to those provided for in Paragraphs 7.2 and 7.3 of

the Settlement Agreement, including presentations from the Parties, Party-retained experts, or independent experts. The Special Master will provide the Parties with a Report and Recommendation on resolution of any such issues. To the extent such disputes are not resolved through the Special Master, the assigned Court will maintain continuing jurisdiction over this Settlement Agreement to address such disputes and enforce this provision.

8. All obligations under these equitable relief provisions of the Settlement Agreement will exist for at least three years, although it of course remains USC's intent to maintain appropriate operating and oversight procedures for identification, prevention, and reporting of improper sexual or racial conduct throughout the University.

# EXHIBIT C

## **Equitable Relief Committee**

### **Implementation of Equitable Relief Settlement**

Chris Kilmartin, Ph.D. Committee Chair  
Charol Shakeshaft, Ph.D.  
Sarah Van Orman, MD

16 April 2019

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## Introduction

The Equitable Relief Settlement required that within 5 days of execution of the settlement:

Plaintiffs and the USC Defendants shall each designate an individual to serve on an Equitable Relief Committee comprised of three members. Plaintiffs will designate an expert in university best practices related to prevention and response to sexual assault and misconduct; USC may designate its own expert or an individual with appropriate expertise internal to the University. Those two members shall promptly meet and jointly select a third individual with appropriate expertise to chair the Committee. The Committee shall then meet with a goal of finalizing the issues requiring further detail in items 2, 3 and 4 and consistent with the objectives and scope of paragraph 1 above. The Committee shall complete its duties with 60 days of the execution of this Settlement and will then terminate.

The Plaintiff designated Charol Shakeshaft, Ph.D. as an expert in university best practices related to prevention and response to sexual assault and misconduct. USC designated Sarah Van Orman, MD, Associate Vice Provost for Student Health and Clinical Professor of Family Medicine, Division Head College Health at Keck School of Medicine, USC.

Drs. Shakeshaft and Van Orman initially met on February 20, 2019, to outline the expertise sought in the third member of the committee. Each then solicited their professional networks and professional organizations and identified a list of six possible candidates. Drs. Shakeshaft and Van Orman reviewed the credentials of these candidates in a meeting on February 28, 2019 and selected Dr. Chris Kilmartin who has extensive experience working with organizations, including the military and universities, in sexual harassment prevention. CVs of all three committee members can be found in Appendices U, V, and W.

Dr. Kilmartin was contacted on March 3 and agreed to become the third member of the committee and serve as chair. The three member committee met on March 7, 2019, April 6, and April 12. This document represents the committees decisions on implementation steps and deadlines.

### **Scope of Independent Women's Health Advocate's Duties**

**Charge:** *The precise nature and scope of the Independent Women's Health Advocate's duties will be detailed by the Equitable Relief Committee described in paragraph 6 below, and consistent with the scope contemplated by paragraph 1. Such duties may include, among other things, a) receiving complaints of improper sexual or racial conduct reported by any patient, student and/or personnel at the Student Health Center, b) confirming that all such complaints are investigated by either the University's recently established Office of Professionalism and Ethics and/or the University's Office of Equity and Diversity and/or the University's Title IX Officer, and c) reporting, as appropriate, any failures of this process to the Senior Vice President, Legal Affairs and Professionalism.*

**Agreement:** Hiring efforts for the Women's Health Advocate should commence immediately. The Women's Health Advocate will be jointly selected by USC and Class Counsel, and they may wish to use a professional executive search consultant to identify qualified candidates.

The scope of the Independent Women's Health Advocate is to insure and support USC compliance with the terms of the equitable relief settlement as outlined below. This may involve a variety of mechanisms, including:

- Receive written reports from the university.
- Conduct telephone and in-person meetings with university and student health leadership.
- Interview student health employees and students about general conditions, training, communications about policies and services, and other aspects of implementation of the equitable relief measures.
- Review policies, procedures, and other documents.
- Review periodic climate surveys.
- Provide suggestions for training, policies, procedures, and student engagement.
- Review aggregate and de-identified information regarding complaints and subsequent investigation of improper sexual and/or racial conduct as reported by patients.

We recommend that progress is tracked by the Independent Women's Health Advocate, at a minimum, on a quarterly basis, filing reports as required to Class Counsel and other appropriate parties.

## Pre-hiring Background Checks

**Charge:** *Pre-hiring background checks of all new personnel, including physicians, who are regularly expected to have direct patient interaction. To the extent permitted by law, such investigation will include contacting former employers and asking direct questions about the candidate's interactions with patients including past reports of Sexual Harassment and/or Gender-Based Violence by the candidate and whether the candidate was disciplined for any reason related to patient interaction or patient safety.*

**Agreement:** Two forms of screening will be initiated.

1. PreCheck will be used for pre-hiring check of all credentialed applicants. This includes physicians, psychologists, physician assistants, counselors and other allied health personnel. (Appendix A) In addition to the Precheck Background Check description in Appendix A, two questions will be asked of all applicants and of all references, including in medical staff inquiry letters and peer references:

For candidate

- Did you ever have reports or complaints made against you related to sexual harassment, failure to adhere to professional standards, or gender based violence. The candidate will be asked to explain.
- Were you ever disciplined for any reason related to patient interaction or patient safety? The candidate will be asked to explain.

For all references:

- Did the candidate ever have allegations, reports, or complaints made against him/her related to sexual harassment, failure to adhere to professional standards or gender based violence.
- Was the candidate ever disciplined for any reason related to patient interaction or patient safety? The reference will be asked to explain. If the reference was/is not in a position to know if there had been allegations, the reference will be asked to identify someone who can respond.

2. For all non-credentialed employees, such as nurses, medical assistants, receptionists, HireRight is used for pre-hiring checks. (Appendix B) Two questions will be asked of all applicants and of all references:

For candidate:

- Did you ever have reports or complaints made against you related to sexual harassment failure to adhere to professional standards, or gender based violence? The candidate will be asked to explain.
- Were you ever disciplined for any reason related to patient interaction or patient safety? The candidate will be asked to explain.

For all references:

- Did the candidate ever have allegations, reports, or complaints made against him/her related to sexual harassment failure to adhere to professional standards, or gender based violence?

- Was the candidate ever disciplined for any reason related to patient interaction or patient safety? The reference will be asked to explain. If the reference was/is not in a position to know if there had been allegations, the reference will be asked to identify someone who can respond.

**Timeline: 9/1/19**

## Verification of Credentials

**Charge:** *Annual verification of credentials of all clinical personnel, including physicians.*

**Agreement:** Currently, all medical staff practitioners are credentialed upon initial appointment. Twelve items will be verified annually after appointment, and all items every two years on re-appointment. Appendix C is the list of items that are verified upon appointment, each year (highlighted in yellow) and every two years on re-appointment.

1. Initial appointment will include the verification of questions asked of references and candidate, outlined in pre-hiring background checks.
2. Some items that are verified upon employment and every two years on re-appointment, will also be verified annually.

For MD, DO, DMD, DDS, DPM, these items are:

- Current state license from the State of California via secure internet site query, if disciplinary (805, eg) reports are present documentation will be obtained.
- DEA Certificate verified via NTIS secure internet site query
- Medicare/Medicaid Sanctions query via OIG Internet site
- GSA Exclusion query via SAM internet site
- National Practitioner Data Bank (NPDB)
- Board Certification via ABMS Secure internet site or respective board.

For NP, PA, etc., these items are:

- Current California state license verification with state agency by secure Internet site/fax/mail/telephone/email
- DEA Certificate, as applicable, verified via certificate copy from the applicant and/or NTIS secure Internet site query
- Certification verified by mail/telephone/fax/email
- Medicare/Medicaid Sanctions query via OIG Internet Site
- GSA Exclusion query via AM internet Site
- National Practitioner Data Bank (NPDBP, if licensed practitioner)

For other clinical employees as appropriate:

- Current California state license verification with state agency by secure Internet site/fax/mail/telephone/email.
- Certification verified by mail/telephone/fax/email.
- Medicare/Medicaid Sanctions query via OIG Internet site.

3. For all, patient feedback survey will be reviewed for issues of concern. The current standardized question asked for counseling clients will be added to all medical clinic surveys:

*My provider was sensitive to relevant cultural differences, such as ethnicity, religion, sexual orientation, and/or gender differences in our visit.*

4. On reappointment, compliance training as listed in the following section is verified.

**Timeline:** 9/1/19

## Annual Education and Performance Reviews

**Charge:** *Annual education and performance reviews concerning identifying, reporting, and preventing improper sexual and/or racial conduct.*

**Agreement:**

**All Student Health Employees:**

1. The University currently requires periodic training, every two years for all faculty and supervisory employees on preventing and responding to sexual violence, including sexual assault, domestic violence, intimate partner violence, stalking and bystander intervention. (Appendix P: Mandated Training: USC Employee Gateway; Appendix T: Discrimination, Harassment and Sexual Assault)
2. All non-supervisory employees are required to review educational materials on prohibited workplace conduct, specifically discrimination, harassment and retaliation. (Appendix P: Mandated Training: USC Employee Gateway; Appendix T: Discrimination, Harassment and Sexual Assault)
3. Training on safety and risk management reporting will be done every six months. For all employees, this will include training on bystanders, boundary violations, and regarding "trusted other" sexual misconduct focusing on expectations of employee to student interactions and relationships and creating a fully respectful workplace. This training is more extensive than what is expected of other USC employees.
4. Compliance with Keck Commitment (Appendix D)

**Faculty:** A copy of the Family Medicine Faculty Merit Review Form is in Appendix E. A similar form is completed by Psychiatry faculty. Additions to the annual review include:

1. Professionalism score. On page 6 of the form, reviewers will have to certify that the professional being reviewed completed an attestation that they identified, reported and/or prevented all improper sexual or racial conduct of which they were aware during this performance review period.
2. Compliance with annual training requirements will be verified at the time of the annual review.
3. Compliance with Keck Faculty Code of Conduct (Appendix F)

**Staff:** The annual evaluation for staff will include:

1. An attestation by the staff member that the staff member identified, reported, and/or prevented all improper sexual and/or racial conduct of which they were aware during this performance review period.
2. Compliance with annual training requirements will be verified at the time of the annual review.

**Timeline: 9/1/2019**

### **Sensitive Exam Practices**

**Charge:** *USC in conjunction with the Independent Women’s Health Advocate will adopt “Sensitive Exam” practices consistent with the guidelines set forth by the American College of Obstetricians and Gynecologists’ Committee on Gynecologic Practice.*

**Agreement:** USC Student health has developed a booklet, Sensitive Health Exams – available in English and Chinese – which is given to all students having sensitive examinations (Appendix G). This booklet is also used in training of clinical support staff. Trauma informed care is being implemented within medical services using the Implementing Safe Place Toolkit from the National Center on Safe Supportive Learning Environments. (Appendix H)

**Timeline:** Guidelines are currently in place. Trauma sensitive training to be completed in summer of 2019.

### **Physician Preference Based on Gender**

**Charge:** Maintain staffing so that all female students have the option of seeing a female physician.

**Agreement:** Two new physicians have been hired for a 17.8 FTE physicians (15 females, 5 males) and 6.9 PAs (7 females, 1 male). All students are able to request physician by gender when appointments are made. It is possible that students coming in on the weekend or late at night for an urgent concern might not be able to select a physician by gender. The primary care providers are faculty in family medicine except for the two recently hired female physicians who are with obstetrics and gynecology. Appendix I is the list of current providers. Students are asked for a gender preference when scheduling appointments on telephone or can select a provider of their preference when scheduling an appointment online.

**Timeline: Completed**

## Settlement Agreement Transparency

**Charge:** *All students accessing the USC Student Health Center will be informed of this Settlement and the University's commitment and steps taken to prevent any recurrence, and provided with a brochure outlining what to expect during a visit or procedures concerning disrobing, chaperones, physical exams and their opportunity to report any questions or concerns they may have concerning any conduct they believe may be inappropriate or questionable. The brochure will be consistent with patient education information published by the American College of Obstetricians and Gynecologists (ACOG). USC Student health will review and, if necessary, update its patient literature at least once every two years to ensure the literature reflects current ACOG standards and best practice.*

**Agreement:** Students must sign a current consent for treatment when making an appointment. This is done electronically, but there are also paper copies when necessary. This consent form will include the following statements.

- **Complaints.** As part of our commitment to patient protection, USC Student Health has made a number of changes to its operating policies and procedures, including enhanced training and background screening for all employees, making female physicians available to all patients if they prefer, and monitoring by an Independent Women's Health Advocate (not a university employee) to ensure any complaints of improper conduct are investigated and resolved by appropriate university officials and authorities, among others.
- These measures, which were outlined in a comprehensive lawsuit settlement reached by the University, are designed to create a comfortable and safe patient experience and to inform all patients of what they can expect during their visit, as well as how to make inquiries or file complaints.
- If you have a question, concern, or complaint about improper conduct by a USC Student Health employee, we encourage you to contact the Office of Professionalism and Ethics, which serves as a centralized, single center for all university complaint monitoring and investigation. You can file a confidential report on practices or conduct that does not meet the ethical and professional standards of the university online at [report.usc.edu](http://report.usc.edu) or by calling the USC Help and Hotline at 213-740-2500. This number is staffed by live operators 24 hours a day, 7 days a week.

Additionally, the brochure/booklet, Sensitive Health Exams, is distributed at every visit where a sensitive exam is done. (Appendix G).

**Timeline:** 9/1/19

### **Training of Personnel Who Assistant With Sensitive Exams**

**Charge:** *All USC Student Health personnel who assist with Sensitive Exams will be trained annually on best practices for ensuring the safety and comfort of students during Sensitive Examinations. All USC Student Health personnel who are regularly expected to have direct patient contact will be trained annually on USC's policies for mandatory reporting of Sexual Harassment and Gender-Based Violence, bystander training; procedures for referring students to counseling or psychiatric treatment; and the University's anti-retaliation policies. The University will require ongoing training on at least an annual basis.*

**Agreement:** There is no current standard for training for those who assist in sensitive exams, referred to as chaperone's or trained assistants within current healthcare practice. USC Student Health is developing this training to include how to prepare the patient for the exam, what to do during the exam, what to do after the exam, what to know about sensitive exams, what is acceptable, and reporting guidelines. There is a preconference workshop at the American College Health Association meeting in May 2019 where work will be done on these procedures. Certain USC Student Health staff members will attend and adopt best practices. (Appendix J) USC Student Health has adopted a policy which requires the presence of a trained assistant at all sensitive exams and they cannot be declined by patient, provider or other person. (Appendix K)

**Timeline:** Training completed by 9/1/19

**Plain Language Notice for Recognizing and Reporting  
Sexual Harassment and Gender Based Violence**

**Charge:** *USC Student Health will provide all students with plain-language notice of how to recognize and report Sexual Harassment and Gender-Based Violence by a healthcare provider. This notice will be provided when a student initially visits USC Student Health and will also be posted prominently in each examination room.*

**Agreement:** USC Student Health has prepared a plain language notice that is given to students as they check in. It is also posted in the examination rooms (Appendix L).

There will be an item added to the satisfaction survey that students are asked to complete. *My provider was sensitive to relevant cultural differences, such as ethnicity, religion, sexual orientation, and/or gender differences in our visit.*

**Timeline:** Implementation by 9/1/19

## Patient Feedback

**Charge:** *Online and offline opportunity for anonymous patient feedback concerning USC Student Health and its personnel.*

**Agreement:** There is currently an [online link](#) for questions, concerns and complaints. (Appendix M) A written policy on complaints outlines the steps that are taken when a question, concern, or complaint is made (Appendix N). The Director of Student Health reviews each question, concern or complaint but they are also reviewed by the entire Keck Office of Integrated Risk Management. There may be a multi-level response. It might, for instance, need to be reviewed by the integrated executive peer review committee, chief medical officer of the health system, etc. Student health does not review and handle complaints independently and all concerns undergo review by the health system.

**Timeline: Complete**

## Sexual Misconduct/Violence Prevention Program

**Charge:** USC agrees to expand the services of its USC Student Health, Relationship and Sexual Violence Prevention program to include a new training program designed to prevent sexual misconduct and sexual assault. The new training program will target students in each of their first three years at the University. USC will hire at least one qualified FTE by July 1, 2019 and at least two additional qualified FTEs by October 1, 2019 for the purpose of developing and conducting the training program. Other aspects of the program may be as follows, subject to recommendations of the Independent Women's Health Advocate.

**Agreement:** Programs to prevent sexual misconduct and sexual assault will be developed for students. There is also a training program developed for staff (see above). The following guidelines are a necessary minimum for the program.

- Program will be required of students as specified below. There will be multiple versions. There will be a general training, but also training targeted for communities such as Greek life, Athletics, LGBTQ, persons with disabilities and international students.
- Topics will include, among others, affirmative consent; healthy relationships; bystander intervention; and trusted-other issues concerning faculty, staff interactions. Several programs are currently in place or being developed:
  - "Think about It" (from campus labs, on line, required for all incoming students)
  - Affirmative Consent (In person, 90-minute, required in fall, 2019 for all incoming undergraduates)
  - Bringing in the Bystander( In person, 90-minute, provided to campus student leaders in fall 2019 and all students in 2020)

Appendix O includes examples and descriptions of these programs.

- USC provides all new employees with the non-discrimination/harassment policies and requires all new staff supervisors and all new faculty to take a two-hour interactive harassment prevention training upon hire and then every training year thereafter (USC uses a calendar training year schedule, which occurs every odd-numbered year, such as 2017, 2019, etc.). This training provides information about current law (statutes and case law), USC policies, and behavioral expectations—including how and when to report conduct—as well as practical guidance on the prevention and correction of sexual harassment and resources for victims. Starting in 2019, USC will be providing all staff non-supervisors with one hour of live/interactive harassment-prevention training, which will also recur every two years along the same schedule as the supervisor trainings. Employees who do not complete required training are subject to discipline up to and including termination, which is enforced by USC's central Human Resources Administration office for staff and the Office of the Provost for faculty. (Appendix P: Mandated

- Training: USC Employee Gateway; Appendix T: Discrimination, Harassment and Sexual Assault)
- The Equitable Relief Committee has not reviewed the current training. The Equitable Relief Committee will have been dissolved by the time this training is fully developed. Therefore, the materials/training should be reviewed for content by the Women's Health Advocate and/or the Independent Consultant on Task Force who may make recommendations regarding the training for consideration by the University.
  - USC Student Health has already hired one person to direct violence prevention to develop and carry out training with three additional positions posted.
  - The Association of American Universities Campus Climate survey is currently being administered at USC in addition to other AAU campuses nation-wide. This was last done in 2015. USC will appoint a campus wide task force that will review findings and results from the survey. Final reports concerning the survey will be made available to the University community at an appropriate time. (Appendix Q: Copy of survey).
  - It is unclear whether AAU will continue to offer this survey, however, USC commits to continuing to conduct periodic campus climate surveys, consistent with emerging best practices and national guidelines.
  - Advocacy services to survivors of sexual violence are being expanded. The staff will include two new advocates by Fall 2019. (Appendix R: Advocate position description).
  - Currently USC Student Health, Relationship and Sexual Violence Prevention and Services provides mental health services, advocacy, and prevention activities on campus. When there is an assault which requires immediate attention, the victim is referred to a Los Angeles area designated sexual assault treatment center. USC maintains a close relationship with the UCLA, Santa Monica Rape Treatment Center. One role of the two new advocates who are being hired is to accompany the student to the Rape Treatment Center so that they do not go alone. This also provides transportation to the victims. The Center can also facilitate aftercare.
  - There will be student representatives on all task forces and committees related to these training programs and decisions. Currently, students are represented on Trauma Informed Care Committee, Community Health Organizers (4 undergraduate and 4 graduate paid positions). (Appendix S: Description on Community Health Organizers)

- Class Counsel appoints an Independent Task Force Member to the Survey Task Force Committee. The Survey Task Force will receive the results of the AU survey, review existing policies and procedures for disclosure, reporting and response to sexual violence on campus, identify opportunities for the University to improve its practices, education or policies, and recommend practices and policies for implementation in light of the survey results. Final reports concerning the survey will be made available to the University community at an appropriate time.

**Timeline:**

June, 2019: Class counsel appoints Independent Task Force Member to Survey Task Force Committee as outlined in the Equitable Relief Settlement Terms.

Fall, 2019: Mandatory training, consent and healthy relationships to first year students.

Fall, 2019: Appointment of AAU Climate Survey Task Force

Fall, 2019: Hiring of advocate positions

**Appendices**

Appendix A  
Precheck Information

# The Unique Benefits of PreCheck, Inc.

Investigate further.



## PROPOSAL FOR PHYSICIAN CRIMINAL BACKGROUND CHECKS

Alliances



Protect your integrity.

# PractitionerCheck

Current industry guidelines and requirements are strict and getting stricter. Protect your patients and reputation with deeper criminal background investigations for physicians and other professionals you work with.



### Effects can be devastating

Today's healthcare organizations typically exercise great diligence in verifying the academic credentials and relevant experience of their physicians and allied health professionals before these individuals begin work. This scrutiny is well founded, since their patients' health and even survival depend on rapid and accurate decisions by caregivers. Unfortunately, healthcare organizations are not always as diligent in checking the criminal backgrounds of those healthcare professionals. Such an oversight can have devastating financial effects on healthcare organizations and fatal results for patients.

### Why conduct criminal background checks?

Although the number of practicing physicians and allied health professionals who have a criminal background is small, the consequences of their actions can have a devastating impact on the organizations where they work. The routine performance of criminal background checks on these personnel at appointment and reappointment can:

- Reduce your risk
- Conform to existing and emerging guidelines
- Provide added peace of mind for your patients
- Protect your reputation in your community



### Comprehensive criminal background services

PreCheck takes an investigative approach to screening and has a staff of licensed private investigators reviewing and processing every application. PractitionerCheck offers healthcare organizations comprehensive packages of criminal searches for physicians and allied health professionals that could include:

- Positive identification
- Maiden/AKA name search
- County criminal records search
- U.S. Federal Criminal District Court search
- U.S. Federal Civil District Court search
- U.S. Federal Bankruptcy Court search
- Sex Offender registry search
- SanctionCheck™ - Medicare/Medicaid screening and integrity review through our exclusive partnership with the National Healthcare Data Bank (NHDB), which includes OIG, GSA and terrorist lists, plus numerous federal and state agencies.

Clients can easily order PractitionerCheck services, check status and access the results at any time through our secure client website. PractitionerCheck packages are flexible and can be customized to fit your healthcare organization's needs. Reduce your liability, protect your organization's reputation and be prepared for upcoming industry requirements by requiring physicians and allied health professionals to have a criminal background check.

For more information about PractitionerCheck and how it can protect your integrity, call us at 888-PreCheck (773-2432) or visit our website at [www.PreCheck.com](http://www.PreCheck.com).

Register online to receive a copy of the informative white paper entitled *Criminal Background Checks for Physicians and Allied Health Professionals, A Guide for Healthcare Organizations*.

PreCheck offers guidance on this issue through our partnership in the Credentialing & Clinical Privileges Consortium with Harty Springer and Medkinetics.



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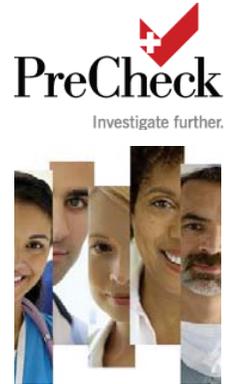


## ABOUT US...

**Our Mission** is to provide our healthcare clients with comprehensive information and solutions that ensure ongoing safety of patients and staff, optimize human capital potential, and enhance their ability to manage the integrity of their programs. With a commitment to service excellence, we are empowered to investigate further, and deliver a superior client experience.

**Our Vision** is to understand and completely satisfy our customers' needs.

- **Specializing in Healthcare Background Screening for almost 18 Years**
- **Senior Investigator with over 25 Years Experience**
- **Credentialing Specialists for over 20 Years**
- **Full-Time Compliance Officer with 15 Years Experience**
- **Corporate Integrity Officer**
- **Presidential Executive Response Team Coordinator**
- **All Investigative Staff Members are Licensed Private Investigators**
- **Excellent Turnaround Time and Outstanding Customer Care**



# PractitionerCheck

Protect your integrity.

## **PRACTITIONERCHECK Basic™**

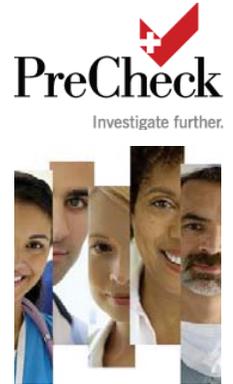
### **CRIMINAL BACKGROUND CHECKS FOR PHYSICIAN & ALLIED HEALTH PROFESSIONALS**

- Positive Identification - SSN Trace and SSN Death Index Search
- Maiden & Alias Name Search
- Criminal Record Search - County or Statewide Level (up to 4 searches) – see Note 1
- Sex Offender Registry Search
- Federal Criminal Court Search – National
- SanctionCheck™ Sanction Screening – see Note 2
- Investigative Application Review by Licensed Investigator
- Adverse Action Management

**Price: ~~\$59.50\*~~ \$54.00\***

\* Plus nominal fees charged by third-party verification services and institutions such as courts, previous employers, schools, and licensing agencies and boards.

The recommended PreCheck packages can be customized by adding any of the following **Additional Services** at the time of order. Additional criminal searches based on the SSN trace will be performed only with client approval.



ADDITIONAL SERVICES	PRICE*	UNIT
CRIMINAL HISTORY - ADDITIONAL SEARCHES	\$16.50	EA
EMPLOYMENT VERIFICATION	\$9.00	EA
PROFESSIONAL LICENSE/CERTIFICATION CREDENTIALING	\$7.00	EA
EDUCATION VERIFICATION	\$7.00	EA
PRE-EMPLOYMENT CREDIT REPORT	\$12.50	EA
MOTOR VEHICLE DRIVING RECORD	\$12.50	EA

\* Plus nominal fees charged by third-party verification services and institutions such as courts, previous employers, schools, and licensing agencies and boards.

This proposal is valid for 180 days. Prices subject to change with 30 days notice.

**Note 1 – Criminal Searches**

Primary source criminal records are kept at the county court level and PreCheck conducts a search in all counties where the applicant resided, was employed and was educated during the past seven years. Some states have a statewide search available; some have better records than others. Consult your PreCheck representative for the best search profile for you. Court access fees vary depending on state and county.



**Note 2 – SanctionCheck™ Program Integrity**

PreCheck has been the leader in maintaining Program Integrity for our healthcare clients. We have a full-time Corporate Integrity Officer with over 15 years compliance experience, and we have partnered with the National Healthcare Data Bank (NHDB) to meet all federal and state compliance issues as well as Medicare / Medicaid Sanction Screening for Excluded Individuals.

**Federal Agencies:**

1. Department of Health and Human Services (DHHS)
  - a. Office of Inspector General (OIG), List of Excluded Individuals and Entities (LEIE)
  - b. Public Health Service (PHS), Office of Research Integrity (ORI), Administrative Actions Listing
  - c. Health Resources and Services Administration (HRSA), Health Education Assistance Loan (HEAL), List of Defaulted Borrowers
2. General Services Administration (GSA)
  - a. Excluded Parties Listing System (EPLS) of those Excluded from Federal Procurement, Non-Procurement and Reciprocal Programs
3. Public Health Service (PHS)
  - a. Office of Research Integrity (ORI), Administrative Actions Listing
4. Food and Drug Administration (FDA) Debarment Check
  - a. Office of Regulatory Affairs (ORA), Debarment List and
  - b. Disqualified, Restricted and Assurances List for Clinical Investigators
5. Department of Commerce
  - a. Bureau of Industry and Security, Denied Persons List
6. Department of Treasury
  - a. Office of Foreign Assets Control, Specially Designated Nationals (SDN) and Blocked Persons List (Terrorists) per Executive Order 13224
7. And the following “Most Wanted” Lists:
  - a. Federal Bureau of Investigation (FBI) – Ten Most Wanted Fugitives
  - b. Federal Bureau of Investigation (FBI) – Most Wanted Terrorist List
  - c. Drug Enforcement Administration (DEA) Most Wanted
  - d. Bureau of Alcohol, Tobacco and Firearms (ATF) Most Wanted
  - e. U.S. Marshall Service Most Wanted
  - f. Department of Homeland Security, Immigration and Customs Enforcement (ICE) Most Wanted

**State Agencies:**

All State Agencies Reporting to the Office of Inspector General (OIG) of the Department of Health and Human Services (DHHS) and to the National Healthcare Data Bank (NHDB).

Texas Health and Human Services Commission (THHSC) Medicaid and Title XX Provider Exclusion Lists and all other state Medicaid Exclusion Lists, where available.

The search report exceeds the U. S. Government minimum requirements for sanction screening as set forth in the DHHS-OIG’s Compliance Program Guidance.

## PreCheck PractitionerCheck™ Standard Services

### Application Review

Our trained staff of investigators reviews each application for “red flags” that will alert our criminal, reference, license, education, credit and social security departments to investigate further suspicious or inconsistent information on the application.

### Positive Identification

This is the most complete and current listing of Positive Identification information available, using a social security number trace. The positive identification databases and federal depositories usually contain a name, any variations of the name, including AKA's, a social security number, several last known addresses and the date the addresses were reported, an age or date of birth.

### Maiden & Alias Name Search

Every applicant's name entered into our system is automatically compared with this database. When a maiden and alias name is found, we perform a criminal history search on that name at no additional charge.

### Criminal History

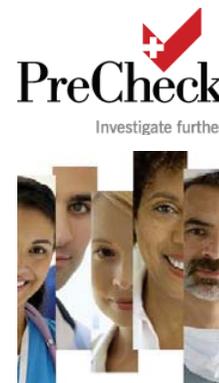
PreCheck uses primary sources exclusively to verify the criminal history of a candidate. This is done through our nationwide network of investigators and field agents, whose protocol is to use county and/or federal courthouse actual records. This search reflects at minimum the last 10 years of felony and/or misdemeanor indices/records, including arrest records. Also, open bench warrants attached to criminal records will be reported. The report of criminal history will include not only the arrest, but also disposition and adjudication of the charges and sentencing. PreCheck truly investigates as opposed to screening databases that may be outdated and/or incomplete.

Please note that under the most recent Federal Fair Credit Reporting Act (FCRA) Guidelines (effective October 1, 1997), PreCheck can only report arrest criminal history information for the most recent 7-year period, unless the subject of the investigation is expected to make an annual salary in excess of \$75,000. If the annual salary is expected to exceed \$75,000, the employer may request that criminal history information be reported for either a specified period of time (e.g., 10 years, 15 years, 20 years, etc.) or for whatever period of time record information is available from that particular court location. Also note that under the FCRA, criminal conviction information may be reported for a 7-year period, but may also be reported for whatever period of time is reflected in the court records, regardless of the applicant's salary/income.

### Federal Court Searches

Physicians are significantly more likely to have a criminal case at the federal level (compared to other hospital staff). Because of this, PreCheck searches the appropriate federal district courts in the areas where the applicant has lived over the past 10 years. As with the county criminal searches, arrests as well as convictions will be reported.

In addition, federal district civil courts will be searched, as this is where malpractice lawsuits are usually filed. Federal bankruptcy cases are also kept searched, providing a comprehensive picture of the applicant's history.



### **SanctionCheck™**

Through our exclusive relationship with the National Healthcare Data Bank (NHDB), PreCheck assures its clients of Medicare/Medicaid compliance by comparing applicant names against the Department of Health and Human Services Office of Inspector General (HHS-OIG) sanction list, the General Services Administration Excluded Parties Listing System (GSA-EPLS), as well as 56 other federal agencies with sanctioning ability and all 50 state Medicaid boards. When performed annually on all employees, this search provides you with the confidence to know that your hospitals are not at risk of a costly government settlement.



### **Registered Sex Offenders Database**

Every applicant's name entered into our system is automatically compared with this database and positive responses are further investigated for positive match and then reported to the client.

### **Executive Order 13224 Terrorism Sanctions Regulations**

This database was put into place following the attacks of 9/11. It consists of a list of terrorists and terrorist supporters who have been identified by the federal government. As part of PreCheck's sanction screening process, all applicants' names are compared against this list to further ensure the safety of your patients.

### **Value Added Services**

#### **Initial Set-Up and Training**

PreCheck's Client Relations Manager (CRM) handles new client transition from Sales to the dedicated Client Account Manager (CAM). The CRM provides initial set-up and training for new clients. All client users are trained on the processes of submitting requests and retrieving results. The dedicated CAM is introduced to the new client users. The CRM then monitors the initial engagement.

#### **Dedicated Client Account Manager**

PreCheck assigns a dedicated Client Account Manager to each client. This assures our clients that their specific needs are anticipated and met on a consistent basis. Also, the CAM can resolve issues more readily, having knowledge of the account and their engagement with PreCheck.

#### **Adverse Action**

To comply with the Fair Credit Reporting Act, applicants must be notified that a consumer report was used, in whole or in part, in the decision not to extend an offer of employment. PreCheck will, if requested by the client, advise the applicants of the Adverse Action in compliance with FCRA, and handle all aspects, from pre-adverse notification to the applicant, providing a copy of the report, and assistance in rectifying any issues to the final adverse notification, leaving our client unencumbered with the process.

#### **Joint Commission Review**

Prior to a Joint Commission audit, PreCheck can assist clients with professional license reviews. PreCheck is also available during the audit to help with reports and process documentation.

#### **On-Line Access**

Each user of PreCheck services has secure on-line access for order entry, report status, report searching and retrieval, printing of reports, ordering of adverse action letters, and downloading required forms. The reports are archived indefinitely and always accessible through the client website.

Appendix B  
Hireright Information

For non-physician employees, we have a long-term contract with HireRight for background checks. It provides all the following info (yellow circling is not significant):

Package Details	
Criminal Felony & Misdemeanor	1 institution
Current address	
All Addresses Revealed by SST	
Education Report	1 institution
Education Verification	
Employment Report	3 employers
Employment Verification	
Federal Criminal	
Federal Criminal Records Search	
Current address	
All Addresses Revealed by SST	
SSN Trace	1 SSN
Social Security Number Trace	
Professional Licenses Report	1 license
Professional License Verification	
MVR	1 state
Motor Vehicle Records Check	
Health Care Sanctions - State	1 name choose location
Current address	
National Sex Offender Registry	1 name
Widescreen Plus National Criminal Search	1

For physicians, we currently use the following background check service:

Intelligent Resources conducts and performs primary research from public record sources, including but not limited to United States Federal, State, County, Municipal court records. Since these are public records, no signed release is needed.

As part of these provisions, we will be changing the background check for physicians to precheck.com, which is much more comprehensive.

Questions we plan on asking employers from the past 3 years:

Did the candidate ever have reports or complaints made against him or her related to sexual harassment or gender-based violence?

Was the candidate ever disciplined for any reason related to patient interaction or patient safety?

Appendix C  
OIC Information

The OIC service uses the following as standard primary source verification:

<b>Medical Staff Practitioners (MD, DO, DMD, DDS, DPM)</b>	<b>Initial Appointment</b>	<b>Re-appointment</b>
Current state license from the State of California via secure Internet site query, if disciplinary (805, eg) reports are present documentation will be obtained	X	X
All current and prior Other State licenses via secure internet site query	X	X
DEA Certificate verified via NTIS secure Internet site query	X	X
Radiology/Radiography/Fluoroscopy certificates must be Duplicate Original documents or photocopies of Original made and confirmed by the OIC staff via the DHS Web site.	X	X
10 years current and prior hospital affiliations verified directly with the hospital by email/telephone/fax/mail/website (if appl) (last 2 years for reappointments)	X	X
10 years current and prior work history verified directly with employer (for last 2 years for reappointments)	X	X
Military Service verified utilizing Standard Form 180 to the appropriate military branch (if appl)	X	X
Current professional liability coverage verified by malpractice carrier	X	X
10 years professional liability malpractice claims history verified directly with malpractice carrier (for last 2 years for reappointments)	X	X
Intelligent Resources/Medilert court search	X	
Verisys/Facis background check	X	
Medicare/Medicaid Sanctions query via OIG Internet site	X	X
GSA Exclusion query via SAM internet site	X	X
National Practitioner Data Bank (NPDB)	X	X
National Plan & Provider Enumeration System (NPES) verified via internet site	X	X
Professional education and training from rendering institution via AMA Profile (not verified on AMA profile will be verified by letter to the institution)	X	
Professional education/training completed since last appointment/reappointment processed.		X
Board Certification via ABMS secure Internet site or respective Board	X	X
ECFMG for foreign trained practitioners via query of secure internet site	X	
Continuing Medical Education attestation	X	X
Two peer references, can include department chair	X	X

<b>Allied Health Staff Practitioners (NP, PA, etc)</b>	<b>Initial Appointment</b>	<b>Re-appointment</b>
Current California state license verification with state agency by secure Internet site/ fax/mail/telephone/email	X	X
All current and prior Other State licenses via secure internet site query	X	X
DEA Certificate, as applicable, verified via certificate copy from the applicant and/or NTIS secure Internet site query	X	X
Military Service verified utilizing Standard Form 180 to the appropriate military branch (if appl)	X	X

<b>Allied Health Staff Practitioners (NP, PA, etc)</b>	<b>Initial Appointment</b>	<b>Re-appointment</b>
10 years current and past employment dates and title by mail/telephone/fax/email to employer. This is professional employment that applies to licensed field. (last 2 years for reappointments)	X	X
10 years current and past hospital affiliations verified directly with the hospital by mail/telephone/fax/email (last 2 years for reappointments)	X	X
Professional liability coverage by certificate submitted by the applicant with the application	X	X
10 years current and past professional liability malpractice claims history verified directly with malpractice carrier (last 2 years for reappointments)	X	X
Professional education, training, and certification verified with rendering institution by mail/telephone/fax/email	X	
Professional education, training, and certification completed since last appointment/reappointment processed.		X
Intelligent Resources/Medilert court search	X	
Verisys/Facis background check	X	
Medicare/Medicaid Sanctions query via OIG Internet site	X	X
GSA Exclusion query via SAM internet site	X	X
National Practitioner Data Bank (NPDB), if licensed practitioner	X	X
National Plan & Provider Enumeration System (NPPES)	X	X
Continuing Professional Education attestation	X	X
Two peer references, can include department chair	X	X

Appendix D  
Keck Commitment

# THE KECK COMMITMENT

A Statement of Professional Standards

Keck Medicine of USC

BEYOND EXCEPTIONAL MEDICINE™



Colleagues,

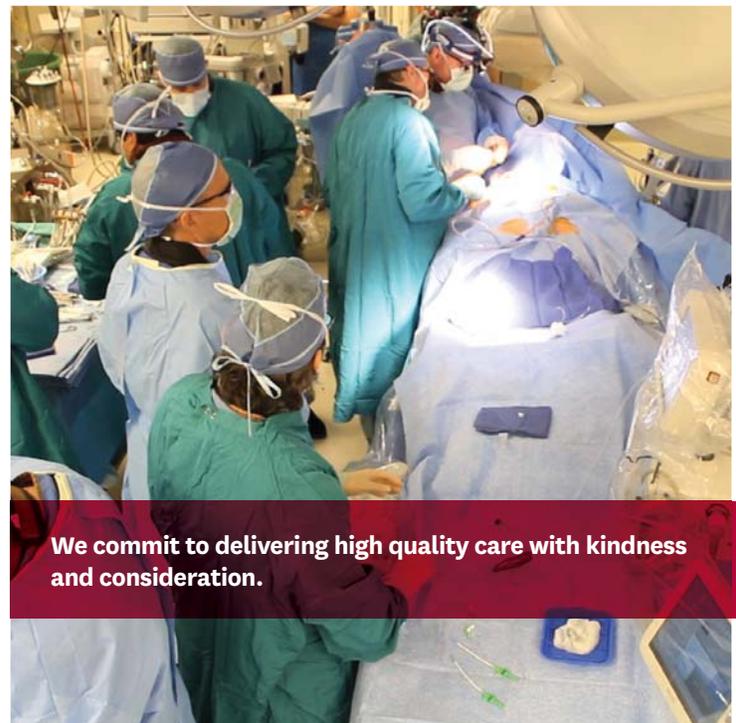
The Keck Commitment was created by you — the physicians, nurses and staff of Keck Medicine of USC. Your voice has been heard and is reflected in the words of the Keck Commitment. This commitment is a system-wide credo that will influence all aspects of our professional lives, defining who we are as professionals.

The Keck Commitment is much more than a document that will hang on our walls — it's an idea and unwavering belief in the collective empowerment that comes when an environment of civility is fostered across our health care organization. The Keck Commitment is an institutional promise to promote professionalism in the workplace, regardless of what challenges come our way. This is a commitment to ourselves, each other and our patients.

This promise is comprised of three pillars: excellence, judgment and respect. **Respect** is the cornerstone of the Keck Commitment and guides our pursuit of excellence in the workplace. We are moving forward together in building an environment where excellence is evident in all that we do, judgment is incorporated into our decisions, civility is practiced in our interactions and respect is communicated to patients, families and coworkers. These pillars will define the workplace culture of Keck Medicine for years to come.

The Keck Commitment. Committed to each other. Committed to you.

Tom Jackiewicz  
Senior Vice President and Chief Executive Officer  
Keck Medicine of USC



**We commit to delivering high quality care with kindness and consideration.**



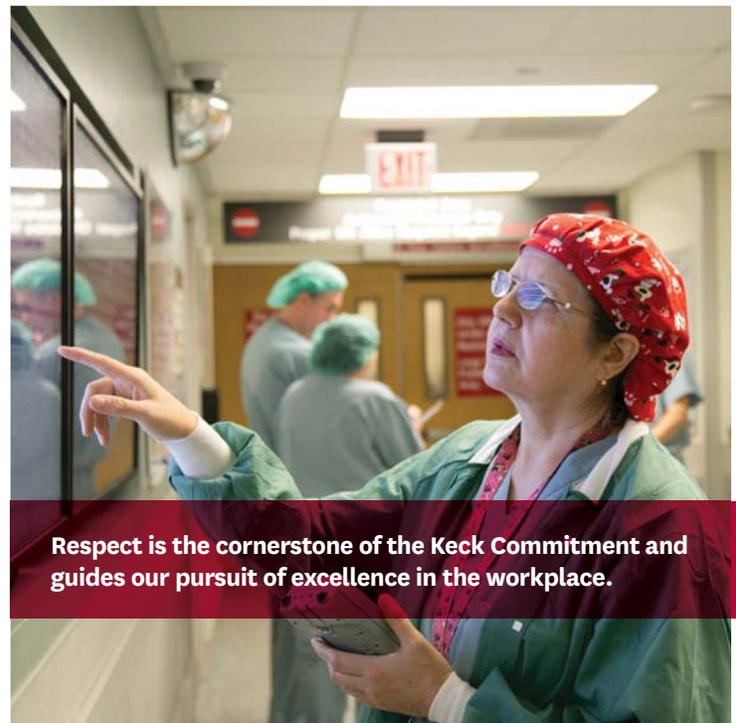
**We will do this by exhibiting excellence in all we do, incorporating sound judgment in our decisions, practicing civility in our interactions, and communicating with respect to patients, families and coworkers.**

**We will create a collaborative and safe environment by:**

- Actively listening
- Being present in the moment
- Promoting teamwork and a positive work environment
- Acknowledging fellow colleague contributions
- Being respectful and open to new ideas and generously sharing knowledge
- Providing feedback constructively and receiving feedback willingly
- Continuously pursuing personal and professional growth

**We will commit to respectful interactions with colleagues, patients, and families by:**

- Greeting and acknowledging the presence of others
- Always engaging in courteous interactions
- Knocking before entering a patient's room, introducing ourselves, and stating the purpose of our visit
- Being considerate and sensitive to others and mindful of our language and tone of voice
- Engaging in authentic and honest communications



**Respect is the cornerstone of the Keck Commitment and guides our pursuit of excellence in the workplace.**



**We live our pillars of Excellence, Judgment & Respect through the following Keck Commitment**

**We will responsibly follow Keck Medicine of USC policies, support organizational improvement, and adhere to applicable regulations by:**

- Taking ownership of problems until they are resolved
- Supporting organizational improvement both intellectually and in practice
- Holding ourselves and others accountable for achieving performance expectations

- Over the past two years, there has been a notable change in the organization’s commitment to professionalism. A major change on the inpatient care areas is the sense of empowerment to “speak up” when confronted with unprofessional or disruptive behavior.

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- The Nurses of USC have the opportunity to utilize the same professionalism principles to influence our peers & colleagues to promote a healthy work environment.

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- We align with “The Keck Commitment” & see respect as the cornerstone of that commitment that guides our pursuit of excellence in the workplace.



**Our physicians are so committed to upholding the Keck Commitment, that over 100 have volunteered and donated their time to becoming trained peer coaches. Peer coaches are dedicated to helping all of their colleagues achieve the standards of conduct outlined in the Keck Commitment**

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*“I have witnessed how the simple reminder that a perception of unprofessional behavior exists, even when truly a perception, leads to dramatic durable behavior alterations. No one is immune from the occasional slip in our professional behavior, and most of us are easily capable of self-correction.”*

—STEVEN GIANNOTTA, MD

*“This process was a great opportunity to discuss issues in a low stress environment. It allowed for free flowing conversation and opportunities for reflection from both sides.”*

—CHELSIA VARNER, MD

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*“From a personal perspective I found it helpful and very benign to have that cup of coffee.”*

—ALISON WILCOX, MD

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*“It is especially useful as the message is delivered by a colleague without any supervisory overlay. Delivering a focused message and inviting introspection on that message invites each person to assess their reactions and strive for personal excellence. I think this is a much more effective mechanism than an intervention from an authority figure. It is an invitation to pause and consider.”*

—RICHARD JENNELLE, MD



“Our success as an organization depends not only on our scientific and medical expertise, but on our ability to work together as a community. Our success in reaching our goals is interdependent on our ability to collaborate and cultivate a healthy work environment. The Annual **Excellence in Professionalism Award** recognizes a faculty member who exemplifies professionalism and personifies the Keck Commitment’s guiding principles of **excellence, judgment, civility, and respect.**”





**Ways to recognize professionalism:**

- Tell the individual
- Share your positive observation with the individual's supervisor
- Write a thank you note for HR to mail to the individual's home
- Send them Trojan Points
- Nominate the individual for the Annual Excellence in Professionalism Award
- Submit a "Compliment" under the feedback feature in SRM

Keck Medicine of **USC**

BEYOND EXCEPTIONAL MEDICINE

# Keck Commitment

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**Committed to Each Other  
Committed to You**

Appendix E  
Family Medicine Faculty Review Form

Faculty Name \_\_\_\_\_  
 Academic Rank \_\_\_\_\_

**FAMILY MEDICINE FACULTY MERIT REVIEW FORM**

Please complete this form online using the link sent via email, and upload your updated USC formatted CV and any other supporting materials to Qualtrics by **12/01/2018**. Please address any questions to Bonnie Olsen (7-4066) or your Supervisor.

**Overall Profile of Activities:**

Step 1: Using your current profile of activities included in the email you received with the link to this survey, enter those percentages in the far right column in the table below..

Step 2: Please reflect on the various duties, tasks, and functions you serve within the department using the descriptions below and estimate the percentage of your time that you actually devoted to - each category of activity between January 1 and December 31, 2018. The total should equal 100; you may have areas where you have no activity. Enter your estimated percentage in the middle column in the table below. For example, if you spent approximately 4 days per week providing clinical service and 1 day per week on administrative duties, you would enter 0% for Scholarship/Research, 0% for Education/Mentoring, 80% for Clinical Activities/Patient Care, and 20% for Service/Administration.

- Clinical Activities and Patient Care includes time spent providing direct patient care, conducting clinical supervision, developing clinical projects/programs/protocols, and other clinical assignments. This does NOT include precepting.
- Education and Mentorship includes time spent on activities such as teaching, precepting and mentoring students/residents/interns/fellows/faculty; teaching courses/lectures/workshops; conducting outreach activities; conducting multidisciplinary trainings; and developing curricula.
- Scholarship and Research includes time spent on activities such as grant-funded research projects, including proposal development, analyzing data and outcomes, writing manuscripts for publication, presenting at academic conferences, and advising on student/resident research/QI projects.
- Administration and Service includes time spent serving on committees, overseeing/managing divisions or units, and developing new programs or novel initiatives on the service. Include service to professional organizations including special interest groups and committee work.

<b>Category of Activity</b>	<b>% time actually spent in 2018</b>	<b>% on last profile of activities (from email)</b>
Clinical Activities and Patient Care	0%	0%
Education and Mentorship	0%	0%
Scholarship and Research	0%	0%
Administration and Service	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>

**ACCOMPLISHMENTS**

**1. CLINICAL ACTIVITIES AND PATIENT CARE**

**\*SKIP OPTION AVAILABLE\***

**A. Services Provided**

	Sessions/Week	Hrs/Week
USC Student Health (Engemann/Eric Cohen)		
LAC+USC/Jails		
Keck Outpatient		
FQHC (Eisner, Cleaver, JWCH)		
Street Medicine		
Other		

**B. Patient Satisfaction *(please submit feedback form)***

**C. Productivity Measures *(please submit feedback form)***

**D. Clinical Projects, Programs or Protocols Developed *(please list and describe)***

**E. Other Clinical Assignments, Distinguishing Expertise *(please list and describe)***

**F. Clinical Proficiency/Teamwork/Professionalism *(please submit feedback form)***

**2. EDUCATION AND MENTORSHIP**

**\*SKIP OPTION AVAILABLE\***

**A. Course Facilitation**

	# Hrs of new course development	# Hrs presenting
Undergraduate Student teaching		
Medical/PA Student Didactic Teaching		
Graduate Student Didactic Teaching		
Resident and Fellow Didactic Teaching		
Continuing Medical Education		
Community-based Professionals Teaching/Training		

***Submit summary of participant evaluations.***

**B. Clinical Education**

***Briefly describe any oversight and/or implementation of curriculum.***

	#/year	Total # hrs/year
Clinical Training: Site Development and Maintenance		
Clinical Training: Student Evaluation		

	Total # of students	Total # hrs/year
Precepting		

**C. Student/Resident Advising**

	Total # of students	Total # hrs/year
Advising		
Letters of Recommendation		

**D. Mentoring (definition: sustained commitment to providing guidance and development, typically to faculty or postdoc)**

List of Mentees (All ranks)

Name	Department/Division	Comment on Progress/Outcomes

**3. SCHOLARSHIP AND RESEARCH**

**\*SKIP OPTION AVAILABLE\***

**A. Publications**

Citation	Type: Peer-reviewed article, book, abstract	Status: published, in press, submitted

**Make note of any impact.**

**If you have no publications this past year:**

- 1. Provide a citation for your last publication.**

- 2. Describe any projects you are working on that you expect will lead to publication.**

**B. Grants you were involved in (include proposals in development and submitted)**

Grants/Funder	Roles: PI, Co-PI, Co-I, grant writer	Status: submitted, funded, denied	Amount: total direct costs

***Make note of any impact, special circumstances.***

--

**C. Presentations/Posters, e.g., conference submissions, rounds, Journal Club, organized clinical discussion (include work submitted, accepted, and denied)**

Title	Location	Date	Status: submitted, accepted, denied

**D. Invited presentations of your work to other Universities, governments, National/International Societies (Note: Invited is when you are sought out and recruited to speak)**

Title	Location	Date

**E. Mentorship of RSP or other student/trainee research**

Name of student	Project Title	Total # of hrs spent

**F. QI Projects**

Project title	Location	Date

**4. ADMINISTRATION AND SERVICE**

**\*SKIP OPTION AVAILABLE\***

A. Identify work-related service provided in any of the following areas.

	Committee(s)	Position(s)
Department		
Keck		
USC		
Community		
State/National		

B. Provide additional information (if applicable and not covered above) that demonstrates how you have contributed to the department, clinical service, or your field (examples—covered for colleagues who were on leave, helped streamline department business practices, met with local professional colleagues with the object of increasing referrals, met with donors, performed outreach with the community).

Activity	# Hrs

**5. AWARDS**

Identify any awards or local/national recognition that you have received:

Award	Sponsoring Institution	Date

**6. PROFESSIONALISM AND CITIZENSHIP**

Some potential guidelines for professionalism might include:

- Integrity/Ethics: Faculty member is honest, is accountable for his/her actions, maintains confidentiality
- Self-Development: Faculty member is able to reflect on his/her actions and make necessary changes to improve outcomes, solicits feedback and responds appropriately to constructive criticism
- Interpersonal skills: Faculty member has good communicating and listening skills, builds strong relationships, behaves in a courteous, respectful and civil manner to others
- Dependability: Meets commitments, accepts accountability, remains calm under pressure
- Judgment: Recognizes problems and responds appropriately
- Adaptability: Adapts effectively to change, adjusts plans to meet changing needs

Initiative: Willingly tackles problems and takes on new responsibilities  
Productivity: Manages a fair workload, manages time well, volunteers for additional work, and is able to maintain productive focus

Professionalism scores for all faculty should include an expectation that they did not fail to identify, report or prevent improper sexual or racial conduct during this performance review period.

Professionalism evaluation score: \_\_\_\_\_ (Faculty member should enter)

Professionalism evaluation score: \_\_\_\_\_ (Reviewer should enter)

This score is a percentile score that reflects their professionalism and citizenship in terms of a number of listed areas. If the faculty member is professional and a good citizen, then this score should be 100%. If there have been problems with the faculty member's professionalism and citizenship, then this number should be appropriately reduced. During this first year of implementing these scores, we are introducing this as a category in which faculty should be evaluated. Next year, we will determine how this score may be integrated into the overall merit score.

Please provide additional information (not covered above) about activities in which you have performed that demonstrate how you have contributed to the department, clinical service, or your field (examples—covered for colleagues who were ill or on medical leave, helped streamline department business practices, met with local professional colleagues with the object of increasing referrals, met with donors, performed outreach with the community, taught high school or elementary school children.)

**Activity:**

## 7. Career Development

- A. Describe the activities that you bring you joy, satisfaction, pleasure, and pride in your work.
- B. Briefly summarize last year's short term goals in each applicable area. Skip over any areas that do not apply to your work. Be as specific as possible and indicate how you will assess if the goal was met (expected outcome).

1. Career Development in Clinical Service

**\*SKIP OPTION AVAILABLE\***

- a. Summary of goals for 2018
- b. Progress made over the year
- c. Revised goals for 2019

2. Career Development in Education and Mentorship

**\*SKIP OPTION AVAILABLE\***

- a. Summary of goals for 2018
- b. Progress made over the year
- c. Revised goals for 2019

3. Career Development in Scholarship and Research

**\*SKIP OPTION AVAILABLE\***

- a. Summary of goals for 2018
- b. Progress made over the year
- c. Revised goals for 2019

4. Career Development in Administration and Service

**\*SKIP OPTION AVAILABLE\***

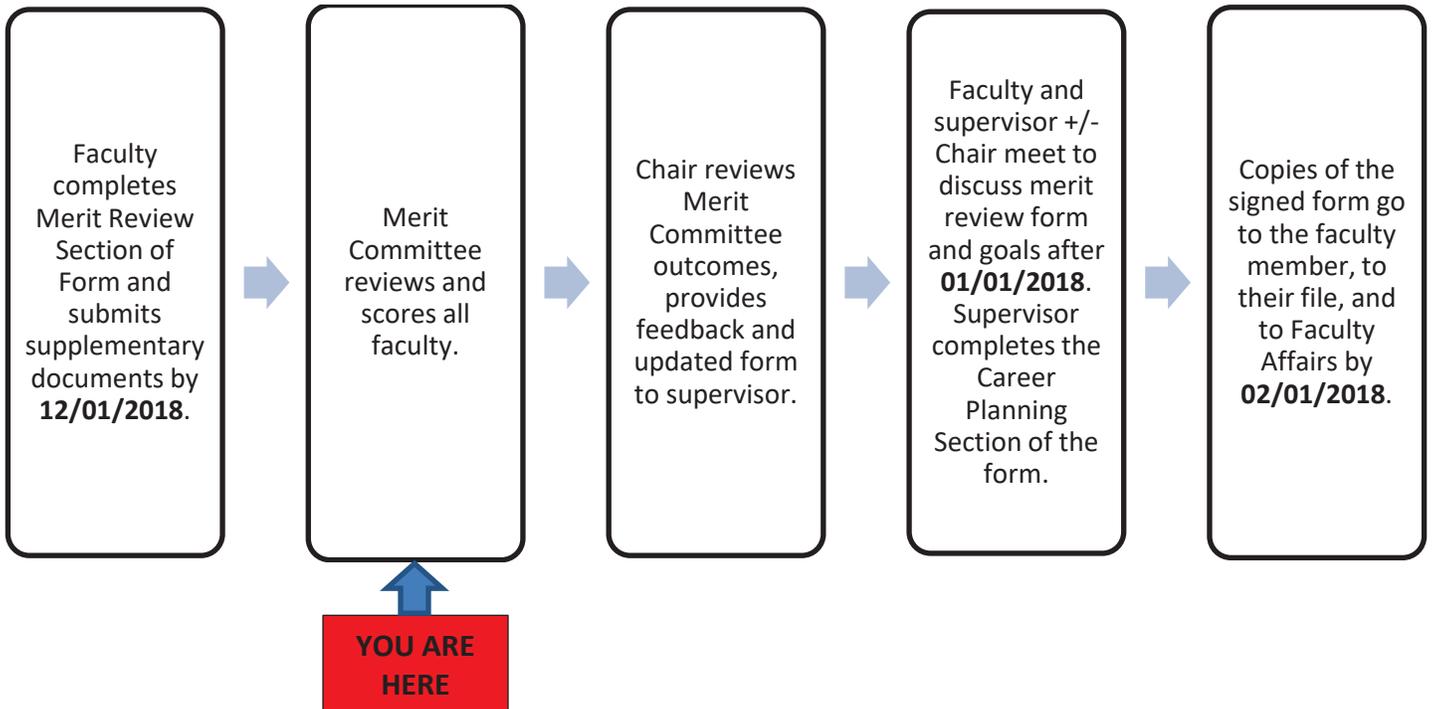
- a. Summary of goals for 2018
- b. Progress made over the year
- c. Revised goals for 2019

C. Briefly state your long term (3-5 year) goals. Please include your anticipated timeline for academic rank advancement.

D. Briefly describe any barriers will you need to overcome to achieve the goals stated above and how you plan to overcome them. Identify any department support that would help you to succeed.

E. Do you have a mentor to help you achieve these goals? If so, please describe how this has been productive for you.

## Process Overview:



## Next Steps:

1. **Submit this form and supporting documents (updated CV, teaching evaluations, supervisor feedback) on Qualtrics by 12/01/2018.**
2. **Schedule your Career Planning Meeting(s) with your Supervisor (and Chair optional) after 01/01/2018.**
3. **Come prepared to discuss your activities and future goals.**

<b>GUIDELINES TO DETERMINE EVALUATION AND MERIT SCORE —USE DECIMALS!!!!</b>
A Score of "1" - Reserved for faculty who do not perform clinical or teaching work adequately, no scholarship, no service. This score should be rarely given. <b>THIS FACULTY MEMBER NEEDS TO HAVE A DEVELOPMENT PLAN ACTIVELY PURSUED.</b>
A Score of "2" - Faculty member performs clinical and teaching adequately, no scholarship, no service, could do significantly better. <b>A REVIEW OF GOALS AND REQUIRED ACHIEVEMENTS SHOULD BE PERFORMED.</b>
A Score of "3" - Faculty member performs clinical and teaching work well, performs reasonable amount of scholarship and service. Overall a fine meritorious faculty member who meets all expectations. <b>THIS SHOULD BE CLOSE TO WHAT MOST FACULTY RECEIVE. GREAT SCORE!!!!</b>
A Score of "4" - Faculty member goes above and beyond, performs clinical & teaching work with distinction, serves community, performs research that is very strong, shows strong leadership & mentoring of others. <b>OVERALL AN UNUSUALLY GREAT YEAR FOR A VERY STRONG FACULTY MEMBER.</b>
A Score of "5" - Reserved for absolute superstars. Faculty who have obtained large or complex grants, published prolifically in the best journals, are leaders in their field, winners of national awards, <b>AND</b> who perform teaching, mentoring and service responsibilities in an exemplary manner. This score should <b>rarely</b> be given.

Faculty Name \_\_\_\_\_  
 Academic Rank \_\_\_\_\_

**Department of Family Medicine**  
**Career Planning Meeting**

<b>Merit Score (see attachment for explanation of scores)</b>			
<b>Category of Activity</b>	<b>% of time</b>	<b>Score 1-5</b>	<b>Weighted Score</b>
Clinical Activities and Patient Care	0%	0	0
Education and Mentorship	0%	0	0
Scholarship and Research	0%	0	0
Administration and Service	0%	0	0
<b>Composite Merit Score</b>	<b>0%</b>		<b>0</b>

**Chair/ Supervisor documentation of discussion with faculty**

Summary of Performance and Merit

Summary of Goals for 2019. Identify your joy in work.

\_\_\_\_\_ and I met to review academic progress. We reviewed and discussed the following information:

Reviewed updated version of the faculty member’s CV

Reviewed current allotment of time for various activities

Discussed promotion on the faculty member’s track

**Signatures**

Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Appendix F  
KSOM Faculty Code of Conduct

# Keck School of Medicine of USC

## CODE OF PROFESSIONAL CONDUCT FOR FACULTY<sup>1</sup>

*Preamble:* The Keck School of Medicine of the University of Southern California (USC) is dedicated to improving the quality of life for individuals and society by promoting health, preventing and curing disease as well as caring for those who have illness, advancing biomedical research and educating tomorrow's physicians and scientists. The School is also committed to promoting and ensuring a safe and respectful educational and working environment for its faculty, staff and students, that is free of harassment, and that maintains academic freedom<sup>2</sup>. The purpose of this code is to set forth with more clarity the School's expectations for the professional conduct of its faculty. This is being done to create an environment that is characterized by civility and respect for all the members of the community, that supports the mission of the school, and that is free of behaviors that undermine the school's mission.

The University and the Keck School of Medicine have in place policies and standards of conduct that govern the relationships among the members of the community. The USC Code of Ethics<sup>3</sup> outlines standards of conduct for all employees (faculty and staff), and the Faculty Handbook<sup>4</sup>, as revised from time to time, addresses standards of conduct for the faculty. Faculty who practice at the Keck Medical Center are further governed by the expectations in the Keck Commitment Statement of Professional Standards<sup>5</sup> and the Keck School of Medicine Faculty and Resident Guidebook for Medical Student Teaching: Policies and Procedures. This Code is not intended to supplant any policy in place, but rather to provide clear guidelines for faculty that are consistent with existing University and Keck School of Medicine policies. If the Code conflicts with the Faculty Handbook, as revised from time to time, the Faculty Handbook prevails.

### Code of Professional Conduct:

In daily professional interactions, we expect that all faculty members will do the following:

1. Treat everyone (including, but not limited to, faculty, staff, trainees, volunteers, patients and their families, research participants and their families, and other health care professionals) with **respect, civility and fairness, and without bias or discrimination** based on age, gender, race, ethnicity, national origin, religion, disability, sexual orientation, or gender identity.
2. Teach, conduct research, and care for patients with competence, honesty and the highest ethical standards.

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<sup>1</sup> This document is derived from The John Hopkins University School of Medicine Code of Professional Conduct for faculty, which can be viewed at the following website:

[http://www.hopkinsmedicine.org/som/faculty/policies/facultypolicies/code\\_of\\_professional\\_conduct.html](http://www.hopkinsmedicine.org/som/faculty/policies/facultypolicies/code_of_professional_conduct.html)

<sup>2</sup> *Academic Freedom:* The Keck School of Medicine is committed to the right of academic freedom and freedom of expression of its faculty, staff, and students, as that right is essential to creating an environment that assures the highest level of academic and scientific inquiry and investigation, and allows the in-depth exploration of important issues. With that right comes the responsibility to ensure that everyone has equal access to that same right. Not every situation demands taking this freedom to its most extreme limit, and so all faculty members are asked to use their best judgment in determining when and how to use this right.

<sup>3</sup> USC Code of Ethics - [https://about.usc.edu/files/2011/07/USC\\_Code\\_of\\_Ethics\\_2004.pdf](https://about.usc.edu/files/2011/07/USC_Code_of_Ethics_2004.pdf)

<sup>4</sup> USC Faculty Handbook - <http://policy.usc.edu/faculty/faculty-handbook/>

<sup>5</sup> Keck Commitment - [https://issuu.com/lesliebakergraphicdesign/docs/the\\_keck\\_commitment](https://issuu.com/lesliebakergraphicdesign/docs/the_keck_commitment)

3. Respect the privacy of all individuals and the confidentiality of information entrusted to them regarding individuals, The Keck School of Medicine, or The University of Southern California.
4. When in a supervisory role, provide clear direction and timely feedback as well as constructive suggestions and opportunities for improvement or remediation.
5. Resolve conflicts and counsel colleagues and subordinates in a non-threatening, constructive and private manner, when possible, and when not in conflict with other USC policies.
6. Become familiar with and follow University and School of Medicine policies and promptly address violations of institutional policies by cooperating with investigations and audits as called upon.
7. Abide strictly by USC's conflict of personal and professional interest policies
8. Faculty must not make provision of clinical care contingent upon personal business relationships with patients, research subjects, or their families.
9. Clinicians will provide high quality, kind, and considerate patient care through exhibiting excellence in all that we do, incorporating sound judgment in our decisions, and practicing civility in our interactions with respect to patients, families, and co-workers.

Part of behaving professionally includes professional accountability. Thus, all faculty members are expected to:

1. Meet all professional responsibilities and obligations, and assuring personal accountability for achieving performance expectations.
2. Maintain all licenses and certifications required for their positions, participate in education and training as necessary to maintain professional competence, and be fit for duty during work time, including on-call responsibilities.
3. Complete all required university and clinically (as required) mandated training (including, but not limited to, harassment prevention training, continuing medical education units, electronic health record training, the Institutional Animal Care and Use Committee training, and/or Biosafety training) as appropriate for their job duties, and in a timely manner.
4. Disclose all conflicts of personal, professional and financial interest, as required by University policy, in a timely manner.
5. Use University and School of Medicine facilities, equipment, supplies and resources (including telecommunications and information technology resources) responsibly and for legitimate University business.
6. Establish collaborative and safe environments for co-workers, patients, and families that promote safe clinical care and inter-professional collaboration through being respectful and receptive to new ideas, providing constructive feedback, and active listening,
7. Commit to respectful interactions with colleagues, patients, and families through being courteous, mindful of language and tone.

Finally, as examples of how they demonstrate the highest degree of professionalism, Keck School of Medicine faculty must refrain from:

1. Disrespectful behavior towards co-workers, patients, and families.
2. Loss of civility that interferes with the working and learning environment (for example shouting, personal attacks or insults, throwing objects or other displays of temper).
3. Unprofessional interpersonal interactions, including requesting that professional colleagues, staff or students perform personal favors or do things that either violate policy or compliance standards.
4. Unwanted physical contact with others or threats of such contact.
5. Sexual harassment, as outlined in the Faculty Handbook, or harassment based on age, gender, race, ethnicity, national origin, religion, disability, sexual orientation, or gender identity.
6. Mistreatment of faculty, staff, students, residents and fellows, including, but not limited to, making remarks with the intent to cause offense, public embarrassment or humiliation, denying reasonable opportunities for training or advancement, or giving lower evaluations than earned.

Faculty who breach this code of professionalism may be subject to disciplinary action, as appropriate, and as specified by the Faculty Handbook, as revised from time to time.

Members of the Keck Community who observe such lapses in professional conduct in a faculty member are asked to contact the faculty member's division chief or chair, and/or to provide the information to the Keck School of Medicine Vice Dean for Faculty Affairs ([fadean@usc.edu](mailto:fadean@usc.edu)).

This Code of Professional Conduct for Faculty will be periodically reviewed, and amended as needed by the Keck School Faculty Council.

A partial list of university policies with which faculty are expected to comply may be found online at:

<http://policy.usc.edu/faculty/faculty-handbook/>

<http://ooc.usc.edu/usc-code-ethics>

<http://ooc.usc.edu/Statement-Integrity>

<http://policy.usc.edu/equal-opportunities/>

<http://policy.usc.edu/industry-relationships/>

<http://policy.usc.edu/conflict-of-interest/>

## Appendix G

### Sensitive Examinations Guide

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*patient  
guide  
to*

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# **Sensitive Health Exams**

GENERAL THINGS TO KNOW

—

**An assistant will be with your provider during the exam. You are in charge. Ask questions and say something if you are uncomfortable or need specific clarification on what is going to happen.**

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*medical  
history  
includes  
but is not  
limited to*

---

Current symptoms  
and concerns

5 Ps of sexual history

Partners (Current, Past  
and Future)

Prevention of Pregnancy  
(History of Pregnancy)

Protection from Sexually  
Transmitted Infections  
(STI's)

Practices

Past History of STIs

Physical and mental health  
history, family history

Smoking, alcohol and  
other drug use

**TYPES OF EXAMS**

• **Clinical Breast Exam (CBE)** for general screening beginning at age 25; earlier if you have breast symptoms such as pain, rashes, or lumps, or if you have a significant family history of breast cancer

• **Pelvic Exam** can include visual inspection, speculum exam (to collect cells for a pap test beginning at age 21 and in some cases to test for STI's), and bimanual exam (to diagnose conditions of the abdomen and pelvis such as pain)

• **Pubic/Groin Region and Hernia Exam** to diagnose symptoms such as pain, lumps, rashes, and lesions in this area and to check for a hernia

• **Penile Exam** to diagnose symptoms including pain with urination, rashes, sores and discharge from the penis (may also collect sample for STI screening)

• **Rectal Exam** to diagnose symptoms of the abdomen, pelvis, and gastrointestinal system such as abdominal pain, blood in the stool, and sores or lesions. Can include visual inspection, a digital exam (finger inserted into the rectum), testing for STIs, and an anoscopy exam (this scope is made of disposable plastic and allows your doctor to get a detailed look at the tissue within your anal-rectal areas)

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MEDICAL HISTORY CONVERSATION

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**The provider will explain what the examination consists of, ask questions in order to establish your general health and gather any history that may be contributing risk factors to your good health. Your provider may provide educational information to help you better understand optimizing your reproductive and sexual health.**

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*questions  
about  
your  
sexual  
history*

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Some patients may not be comfortable talking about their sexual history, sex partners, or sexual practices, and wonder why such sensitive, personal, and specific information is needed.

These questions are important because there is no single test or panel for screening or testing for sexually transmitted infections. Sexual practices and risk behaviors vary among individuals. Identifying each person's risks and what parts of the body are used for sex is important for the provider to recommend what individual tests are needed and what parts of the body should be tested.

**(Source: [cdc.gov/std/prevention/screeningreccs.htm](https://www.cdc.gov/std/prevention/screeningreccs.htm))**

You have the right to refuse to answer any questions, but this may limit your provider's ability to adequately evaluate you. The information that you provide is confidential.

**Your provider will ask you questions about:**

- Your general physical and mental health, smoking, alcohol and other drug use, allergies and medications you are taking
- Your past and current sexual activities, including number and gender identity of your sexual partners, detailed questions about types of sexual contact (oral, vaginal, anal, penile), use of barriers such as condoms, and if you have ever exchanged sex for money or drugs, or had sex with someone who has
- If you have been diagnosed with a sexually transmitted infection or if you have had sexual contact with someone who has
- If you have been sexually abused or assaulted (*See section, About Reporting Domestic Violence and Sexual Assault*)
- If you or your partner is concerned about becoming pregnant and what protection you are using
- Any family history of certain conditions such as breast or ovarian cancer or blood clots
- Your menstrual period, such as how old you were when you first got it, how long it lasts, how often it comes, how much you bleed, the first day that your last period started, if you have cramps or other symptoms with your period
- If you have vaginal itchiness, discomfort, sores, bumps, any unusual discharge (drainage) or unusual odors
- If you have had penile discharge, sores, bumps, or other discomfort

**SENSITIVE HEALTH EXAMINATIONS**

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**A trained medical assistant will be present at all times during a sensitive health exam; you may request an assistant of a specific gender. You can also have a friend or family member present in addition to the medical assistant.**

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*reporting  
domestic  
violence  
and sexual  
assault*

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All medical providers in California, including nurses, nurse practitioners, physician assistants, and physicians at USC Student Health are mandated reporters when physical signs of domestic violence and sexual assault are present. If you wish to keep the sexual assault private, you may tell the medical assistant, nurse, or provider that you need to discuss a serious emotional concern that is highly personal and you wish to discuss your concerns more fully with a mental health professional ONLY. You will be referred to Counseling and Mental Health Services OR Relationship and Sexual Violence Prevention and Services in USC Student Health.

In addition to you, the patient, and the provider who is providing your care, a trained medical assistant will be present at all times during examination of the genital area, rectum or female breast. You may request an assistant of a specific gender.

You can also have a friend or family member present during the exam, in addition to the trained assistant.

You are in charge during the examination, and you have the right to stop the exam at any time, as well as the right to seek care elsewhere.

Tell your health care provider if something bothers or frightens you.

Be clear about your modesty needs. If for religious, personal, or cultural reasons you need to have a provider of a specific gender identity, USC Student Health has male and female providers available and will make every effort to accommodate your preference.

If you need to remove your clothing to be examined, you will be given a gown or sheet. Only the part of your body being examined should be uncovered. If the gown or sheet is too big or too small, let your provider know.

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HEALTH 101

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# Female Sensitive Exams

### CLINICAL BREAST EXAM

A clinical breast exam (CBE) is usually performed if you have a breast issue or concern, such as pain or lumps. Your provider may also offer you a screening CBE beginning at age 25, based on your personal and family risk assessment.

**Visual Examination** During a clinical breast exam, your health care provider checks your breasts' appearance. This is usually conducted with the patient lying on an exam table, opening the front of the dressing gown. You may be asked to raise your arms over your head to allow your provider to look for differences in size or shape between your breasts. The skin covering your breasts is checked for any rash, dimpling, or other abnormal signs.

**Manual Examination** Using the pads of the fingers, your provider palpates (pressing with the hands) your entire breast, underarm, and collarbone area for any lumps or abnormalities. The manual exam is done on one side and then the other. Your provider will also check the lymph nodes under the armpit to see if they are enlarged. Your nipples may be checked to see if fluid is expressed when lightly squeezed.

### PELVIC EXAM

Most health care providers agree that you should have your first exam when you have symptoms such as discharge or pain, or when you turn 21, whichever comes first.

You may feel slight discomfort or pressure during this exam, but there should be no pain. If you experience any pain, tenderness, or excessive pressure, please tell the provider right away, and ask any questions you may have.

The pelvic exam generally can include:

**External Exam** Examination of external labia, clitoris, vaginal opening, perineum, and rectal area. This is conducted with the patient lying down on an exam table with paper/cloth coverings over the stomach and legs, and feet placed in stirrups.

**Speculum Exam** Examination of the vaginal canal and cervix, aided by a speculum (a duck bill-shaped instrument that is gently inserted and opened to provide visual access into the vaginal opening). During this part of the exam, the provider can conduct a Pap test (beginning at age 21), using a thin plastic cervical cell collector brush to gently collect some cells from the cervix. These cells will be tested for early changes to the cervix before they become cancer. Additional fluid may be collected for STI testing if you are sexually active. Your provider may also collect fluid for diagnosing vaginal discharge. The speculum will be closed gently and removed. The provider may need to move the speculum once it is inserted to fully see the cervix.

### DIAGNOSING CAUSES OF PAIN OR UNUSUAL SYMPTOMS—BIMANUAL EXAM

If you have pain or other symptoms in the lower abdomen and reproductive organs, the provider may perform a bimanual exam. The provider will insert one or two gloved fingers into the vagina. With the other hand, the provider will gently apply pressure to the lower part of your belly, palpating (pressing with the hand) to check the size and placement of the ovaries and uterus. The provider may use their fingers to gently move the cervix from side to side to check for signs of infection.

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HEALTH 101

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# Male Sensitive Exams

A male urogenital exam may be performed to check for hernia, or if the patient is experiencing pain, swelling or discharge, has sores or other unusual symptoms.

There should be no pain associated with the exam, however, if you experience any pain, tenderness, or excessive pressure, please tell the provider right away, and ask any questions you may have.

*Note: Some patients may develop an erection during the examination; this is completely normal as erections can result from anxiety, temperature changes and a reflex to touch, in addition to sexual arousal.*

**The male urogenital exam generally can include:**

**PUBIC/GROIN REGION, HERNIA EXAM**

Visual examination of the area including the scrotum, groin, and hip crease to look for any abnormalities, accompanied by palpation (pressing with the hands) on the groin, inner upper thigh crease, and lower abdomen, especially along the lymph nodes of the hip area, the testicles, as well as the spermatic cord connected to the testis inside the scrotum. During a hernia exam the provider places fingers through the scrotum while you are standing.

**DIAGNOSING CAUSES OF PAIN OR UNUSUAL SYMPTOMS—PENILE EXAM**

If you have pain, sores or other unusual symptoms, the provider may perform a visual and manual examination of the penis, including the skin, foreskin, glans, and urethra. If you are uncircumcised, the provider may ask you to retract the foreskin back in order to examine all surfaces of the penis for sores and lesions, and may palpate (press with hands) the area for irregularities. The provider may examine the urethral meatus (opening of the urethra), and may use a swab to collect a lab sample. Sometimes the provider may press along the shaft to express any potential fluid. If you prefer and are comfortable doing so, you may swab the area yourself. On occasion, the provider may need to squeeze the muscle of the penis to check for scarring (Peyronie's disease).

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HEALTH 101

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# Male or Female Rectal Exams

If you have pain in the lower abdomen and reproductive organ, have blood in your stool, or have other gastrointestinal or rectal symptoms, your provider may perform a rectal exam. It is also performed to collect tests for sexually transmitted infections of the rectum. A rectal examination is done either lying on one's side or kneeling on the examination table.

There should be no pain associated with the exam, however, if you experience any pain, tenderness, or excessive pressure, please tell the provider right away, and ask any questions you may have.

*Note: Some patients may feel sensations similar to an urge to urinate or defecate during the rectal exam. This urge usually passes quickly, but if the urge is strong, you can ask the provider to stop the exam.*

**The rectal exam generally can include:**

#### **EXTERNAL EXAM**

A visual examination of the anus and area around it to look for sores, rashes and bumps. Your provider may position a light so they can see better. Your provider may also collect tests for sexually transmitted infections by placing a cotton swab into the rectum. The swab is inserted about 1 inch (2-3 cm), rotated gently, and removed.

#### **DIGITAL EXAM**

The provider inserts one gloved and lubricated finger into the anus and palpates to detect any lumps or other abnormalities. The provider may also push firmly on the prostate gland to check for pain or tenderness.

#### **ANOSCOPE EXAM**

Examination of the rectal canal aided by an anoscope (a rigid hollow tube 3 to 5 inches long, and about 2 inches wide) that allows the provider to examine the anus and rectum in detail. The anoscope is gently inserted with lubrication into the rectum then slowly withdrawn as the provider exams the rectal canal. While the anoscope is being inserted, the provider may ask you to intensify your internal muscles and relax as you would when having a bowel movement. This eases the placement of the anoscope. The provider may position a light or ask a medical assistant to hold a light during the procedure.

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CONCLUSION OF THE VISIT

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**Ask any questions about follow-up care, make plans for your next appointment, and congratulate yourself—you've taken important steps to safeguard your good health by participating in this appointment.**

NOTES

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Appendix H  
Safe Place Trauma-Sensitive Care

View Resources by Topic

**National Center on Safe Supportive Learning Environments**  
 Title IV, Part A, SSAE Program | Well-Rounded Education | Safe and Healthy Students | Effective Use of Technology | Events, Products, and TA | States and Grantees

Home



The *Safe Place* resource kit encompasses a broad range of material introducing and endorsing trauma-sensitive practice with an emphasis on sexual assault trauma. Designed specifically for health center staff who serve as primary care providers to students in higher education, the kit will support health center staff at all levels to:

- Understand the likelihood that they serve higher education student patients and even work with colleagues affected by trauma.
- Infuse trauma-sensitive approaches into their daily routine.
- Create a care environment that supports higher education students affected by trauma.

*Safe Place* is one in a diverse collection of tools commissioned by the White House Task Force to Protect Students from Sexual Assault. These tools are designed to supplement higher education efforts to develop campus-wide plans addressing sexual assault at their institutions.

**Safe Place Contents**

Component	Audience	Content
1. <a href="#">Implementation guide</a> (PDF)	Managers, team members	The step-by-step guide prepares and leads managers through the adaptation and implementation processes.
2. Basic training in trauma and trauma-sensitive care  <ul style="list-style-type: none"> <li>• <a href="#">Part 1: Trauma and Its Toll</a> (video file)</li> <li>• <a href="#">508 Script</a> (DOC)</li> </ul>	All staff: managers, reception staff, clinicians, office personnel (including volunteers)	Three brief e-learning units with checklists and handouts that (1) provide an overview of trauma and its effects; (2) introduce trauma-sensitive primary care, including staff care; and (3) explain trauma-sensitive conduct, including self-care.

**LATEST NEWS**

Success with Student Outcomes Wins Two Florida Community Colleges Aspen Prize  
*April 03, 2019*

California Schools Find Success Building Student Confidence and Campus Culture  
*April 03, 2019*

[All news »](#)

**WAS THIS PAGE HELPFUL?**

<ul style="list-style-type: none"> <li>Part 2: Trauma Sensitive Practice (video file) 508 Script (DOC)</li> <li>Part 3: Trauma Sensitive Conduct (video file) 508 Script (DOC)</li> </ul>		
<p>3. Planning and Policy Guide (PDF)</p>	<p>Managers</p>	<p>The guide prepares administrators to embark on comprehensive assessment, adaptation, planning, and implementation processes that will integrate and sustain trauma-sensitive practices at the health center.</p>
<p>4. Training in trauma-sensitive encounters (video file) 508 Script (DOC)</p>	<p>Clinical staff</p>	<p>The e-learning unit addresses the clinical encounter and covers the neurobiology of trauma, patient interactions, and effective trauma-sensitive practices.</p>
<p>Handouts and checklists</p> <ul style="list-style-type: none"> <li>Staff Self-Care Plan (PDF)</li> <li>Stress Relief Tips (PDF)</li> <li>Triggers and Dissociation (PDF)</li> <li>Environment Checklist (PDF)</li> <li>Encounter Checklist (PDF)</li> <li>Internal Review Checklist (PDF)</li> <li>Glossary (PDF)</li> <li>References (PDF)</li> </ul>	<p>All staff</p>	<p>Handouts address specific issues encountered by students and staff. Worksheets allow staff to examine the campus health center facilities and staff conduct for trauma sensitivity.</p>



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The contents of the National Center on Safe Supportive Learning Environments Web site were assembled under contracts from the U.S. Department of Education, Office of Safe and Healthy Students to the American Institutes for Research (AIR), Contract Numbers ED-ESE-12-O-0035 and ED-ESE-16-A-0002.



This Web site is operated and maintained by AIR. The contents of this Web site do not necessarily represent the policy or views of the U.S. Department of Education nor do they imply endorsement by the U.S. Department of Education.



Appendix I  
Student Health Providers

**Student Health Providers**

<b>Physicians</b>	<b>Specialty</b>	<b>Gender</b>
Ayvazyan, Vladimir	Internal Medicine	M
Bernardez, Jorge	Family Medicine	M
Davis, Jane	Obstetrics-Gynecology	F
Dunn, Vicky	Family Medicine	F
Galanoi, Neda	Family Medicine	F
Jones, Erin	Adolescent Medicine	F
Jordan, Shana	Internal Medicine	F
Kooper, Karel	Family Medicine	M
Logan, Dierdre	Obstetrics-Gynecology	F
Michels, Anne	Obstetrics-Gynecology	F
Medina, Tania	Internal Medicine	F
Needham, Heather	Adolescent Medicine	F
Olson, Ron	Family Medicine	M
Pinanong, Patty	Family Medicine	F
Richardson, Lisa	Adolescent Medicine	F
Russell, Anika	Family Medicine	F
Skripkus, Vejas	Family Medicine	M
Tilley, Kimberly	Internal Medicine	F
Van Orman, Sarah	Internal Medicine	F
Walker, Lori	Internal Medicine	F
Wenger, Millie	Internal Medicine	F
Vacant	TBD	
Vacant	TBD	

**Physician Assistants**

Adachi, Sharon	F
Avelar, Liliana	F
Kalaw, George	M
Kumai, Emily	F
Laughlin-Hobbs, Elizabeth	F
Lopez, Violet	F
O'Neill, Sharon	F
Strube, Rosemary	F
Vacant	TBD

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Appendix J  
ACHA Preconference

#5731

# ACHA 2019

Denver, CO • May 28 - June 1

ELEVATING WELL-BEING

*Love this City*

## PROGRAM ABSTRACT BOOK



**ACHA** American College  
Health Association

advocacy • education • research

Tuesday, May 28

*Advance ticket purchase is required for all pre-conference workshop offerings. Workshops are open to all registered meeting attendees (excluding spouses/partners) or those who pay the “workshop only” fee of \$150 per workshop. See Meeting Registration Form. Note that several workshops have limited seating available.*

9:00 am – 12:00 pm

### **SPSS for Non-Statisticians**

*Presenter(s): Monideepa Becerra, DrPH, MPH, CHES® (California State University, San Bernardino)*

College health educators and leaders have a critical role in ensuring evidence-based practice. However, data driven policy and practice can be limited due to limited foundation on analytic skills. This pre-conference workshop will train participants how to use SPSS for health data analysis, including descriptive and bivariate statistics. The workshop is created for non-statisticians and thus applicable to everyday use of evaluating student health data, creating graphics and tables to demonstrate trends in health outcomes.

### **Hot Topics and Evolving Practices in College Student Mental Health**

*Presenter(s): Sharon Mitchell, PhD (University at Buffalo); Wanda Collins, PhD (Emory University); Barry Schreier, PhD (University of Iowa); Greg Ells, PhD (University of Pennsylvania)*

Members of the Governing Board of the Association for College Counseling Center Directors (AUCCCD), will use information from national collegiate mental health databases and published research to highlight trends in college student mental health. An interactive format will engage participants in exploring how these trends impact scope of service, service delivery models, policies and procedures and staff development. Best practices and empirically validated approaches currently in use on college campuses will be shared.

### **Sports Medicine Special Testing**

*Presenter(s): Wendy Sheppard, MS, LAT, ATC (University of Richmond)*

This session will review special testing techniques for a variety of sports medicine injuries (Iachmans, McMurrays, Thompson tests, etc). I will breakdown the reliability of each test and give participants an opportunity to try and practice these skills.

### **Narrative Medicine for the College Health Provider**

*Presenter(s): John Vaughn, MD (Duke University)*

Narrative Medicine re-frames clinical care as the setting for the patient’s story, not the story itself. Connecting with our students through their stories will enhance their health outcomes, wellness and our own satisfaction with the work we do. Through a reading of short texts, small and large group discussion, and reflective writing, we will study how storytelling works and how this knowledge can give us greater insight into illness, treatment and our clinical relationships.

### **Tailoring a Comprehensive Public Health Framework to Assess the Needs of Students**

*Presenter(s): Julie Edwards, MHA (The University of Chicago)*

The University of Chicago tailored the Mobilizing for Action through Planning and Partnerships (MAPP) framework to conduct a comprehensive campus health needs assessment (CHNA) over the past year. The CHNA involved key constituents to identify student needs and ways the campus will work collaboratively to address those needs. This pre-conference workshop will be an interactive session taking participants through the process and will share a newly developed tool used to assess the entire campus system.

Tuesday, May 28

9:00 am – 12:00 pm (cont.)

### **Achieving AAAHC Accreditation for College Health, Part I**

*Presenter(s): Joy Himmel, PsyD PMH-CNS NCC LPC (AAAHC); Valerie Kiefer, DNP, MS/APRN (University of Connecticut)*

College health professionals are committed to providing the highest quality services possible to the students they serve. Achieving accreditation is one way to demonstrate compliance with broadly accepted industry standards. This presentation will cover the reasons to seek accreditation and introduce practical information on how to be successful in achieving accreditation. Quality and process improvement, essential components of accreditation, will be discussed in detail with examples of exemplary quality improvement efforts.

### **Understanding and Supporting Your Campus's Health Promotion Unit: A Primer for College Health Leaders and Campus Executives Who Have Health Promotion in Their Reporting Portfolio**

*Presenter(s): Alicia Czachowski, EdD, MPH, CHES® (Tulane University); Padma Entsuah, MPH (Columbia University); Eric Davidson, PhD, MCHES®, CSPS (Eastern Illinois University); Sarah Menefee, MPH (William and Mary); Reuben Parrish, MPH (University of Houston)*

It's common for administrators of college health organizations to have health promotion as one of their reporting units, however, individuals in this role may have little training in health promotion practice and be uncertain how to best support and represent health promotion staff and their respective programs. This preconference session will provide an overview of the health promotion field and help college health leaders ensure that their campus's health promotion programs have the appropriate staff and resources to meet the needs of their respective student populations and that they are meeting the Standards of Practice for Health Promotion in Higher Education.

### **ACHA Leadership Institute: Introduction to College Health and Wellness**

*Presenter(s): Devin Jopp, EdD, MS (American College Health Association); Michael Huey, MD (Emory University); Jenny Haubenreiser, MA (Oregon State University); Alan Glass, MD (Washington University in St. Louis); Jamie Davidson, PhD (University of Nevada-Las Vegas); Stephanie Hanenberg, MSN, FNP-C (University of Colorado Colorado Springs); Ted Coleman, PhD, CHES®, MS (California State University-San Bernardino)*

This half-day leadership training event will provide an overview of key issues across the college health and wellness landscape and will also explore the unique value of college health and wellness programs. Additionally, this session will provide college health and wellness professionals with an understanding of management and leadership techniques that can be used to enhance your own leadership skills and drive organizational outcomes. Participants in this program will receive credit towards the completion of a ACHA's College Health and Wellness Professional designation.

Tuesday, May 28

1:30 pm – 4:30 pm

### **Perfectionism and Overcontrol Within the College Population: Too Much of a Good Thing?**

*Presenter(s): Robin Fierstein, PsyD (Rowan University Wellness Center); Lisa Twardzik, MA, LPC (Rowan University Wellness Center)*

Hard work and perfectionism are often reinforced in our society, however these traits are sometimes maladaptive. This workshop will provide an overview of Radically Open Dialectical Behavior Therapy (RODBT), a treatment using individual therapy and skills class to reduce excessive self-control (i.e., overcontrol). Attendees will learn to identify overcontrolled individuals through assessment and target specific problems that impact psychological wellbeing. Preliminary research on the implementation of RODBT in a college counseling setting will be discussed.

### **Nurse Leadership Seminar**

*Presenter(s): Deborah Penoyer, MS (State University of New York at Geneseo); Pamela Stokes, MHCA, MSN, RN (Oklahoma State University); Mary Madsen, BSN, RN-BC (University of Rochester); Lauri Gallimore, BS, RN (Dartmouth)*

Nurse leaders in college health differ in roles and responsibilities specific to their health service. Responsibilities may include supervision, hiring/coaching/ evaluating staff, clinic operations, budget management, ordering and maintaining supplies and equipment, developing protocols and procedures, responding to patient complaints, billing and responding to the changing environment of campuses. This panel of nursing management professionals will explore the range of challenges and responsibilities one may encounter and offer examples, guidance and an opportunity to share experiences in setting priorities and developing strategies to meet these challenges.

### **Creating a Wellness Culture by Integration of Health Services, Student Affairs and the University Mission**

*Presenter(s): Joleen Nevers, MAEd, CHES®, CSE, CSES (University of Connecticut); Gerri Taylor, MS (Bentley University, retired); Ryan Travia, MEd (Babson College)*

A multidisciplinary panel of seasoned college health practitioners and administrators share diverse perspectives about the evolution of Health Services, Counseling & Mental Health Services, and Health Promotion, as they relate to the phenomenon of “Wellness,” which has become the operant focus in College Health and Student Affairs. This interactive workshop will empower participants to facilitate greater collaboration across services and envision new ways of uniting, leading, and transforming health and wellness on their campuses.

### **Building Healthy Campuses by Increasing Social Connectedness and Sense of Community**

*Presenter(s): Gina Baral Abrams, DrPH, EdM, LSW, MCHES®, and Elizabeth Smull, MA, CADC (International Institute for Restorative Practices); Jaclyn Stone, MS, BS (University of Maryland, Baltimore County); Susan Wilson, BA, MS (Temple University)*

This session provides the opportunity to do a deep dive into how to build a sense of community, social connectedness, and community resilience as prevention strategies for advancing health on campus and reducing risk behaviors. Restorative Practices (RP) can create the conditions for diverse students to thrive in supportive and health-engendering environments by strengthening relationships between individuals as well as social connections within the campus community. Using community health and prevention frameworks, this workshop will focus on the prosocial priming aim of RP, including the relationships between the practices and social determinants of health (e.g., sense of community, social connectedness, and community resilience).

Tuesday, May 28

1:30 pm – 4:30 pm (cont.)

### **Achieving AAHC Accreditation for College Health, Part II**

*Presenter(s): Joy Himmel, Psy.D, PMH-CNS, NCC, LPC (AAHC); Valerie Kiefer, DNP, MS/APRN (University of Connecticut)*

Achieving accreditation is one way to demonstrate compliance with broadly accepted industry standards. This presentation will focus specifically on the core barriers or fears in beginning the process to get ready for accreditation and complying with the standards. It will provide numerous reasons to seek accreditation for all sizes of schools and will present practical information on how to be successful and achieve accreditation in both a merged center (counseling and health clinic) and health clinic alone. Quality and process improvement, essential components of accreditation, will be discussed in detail with examples of exemplary quality improvement studies, and information will be shared on how to succeed with obtaining accreditation.

### **Chaperoning Sensitive Examinations: Policies, Guidelines, and Competencies**

*Presenter(s): Susan Ernst, MD, Lindsey Mortenson, MD, Robert Ernst, MD, and Missy Ware, MA (University of Michigan)*

This is a critical time for evaluating policies and procedures around the sensitive physical exam in the college health setting. We will share our process and procedures developed after we systematically evaluated and addressed this topic with a review of patient complaints, revision of chaperoning policy for sensitive exams as well as creation of chaperoning guidelines and competencies for medical staff. We have also invested in a new patient complaint process and will review options.

### **Psychopharmacology for Common Mental Health Conditions**

*Presenter(s): Marta Hopkinson, MD, Binali Mehta, MD, and Varsha Vaidya, MD (University of Maryland, College Park)*

Mental health conditions are increasing in the college aged population, and the need for medications for these concerns is increasing as well. Many students arrive at college already taking psychotropic medications, and they will need ongoing care during their matriculation. This workshop will review the common mental health conditions encountered in the college student population and discuss the use of medical and some nonmedical interventions.

### **The Rise of Electronic Tobacco Products in the US: Implications for Public Health Policy and Practice**

*Presenter(s): Brian King, PhD, MPH (Centers for Disease Control and Prevention, Office on Smoking and Health)*

Cigarette smoking has declined over the past half century. However, the tobacco product landscape has recently diversified to include a variety of electronic products, including e-cigarettes. In 2015, USB shaped e-cigarettes known as “Pod Mods”, including JUUL, entered the marketplace. This presentation will describe the past, present, and future of tobacco prevention and control efforts in the U.S., including what we know works to effectively address all types of tobacco product use among young people.

### **Promoting College Student Well-Being with Coaching Initiatives**

*Presenter(s): James Larcus, MA (University of Denver) Monica Webb, PhD, MPH, CHES (University of Florida); Mary Jo Desprez, MA (University of Michigan); and Elise Tofias Phillips, MEd, and Makayla Davis, MA (Boston College)*

Wellness coaching has been identified as an emerging targeted intervention for facilitating student well-being. To promote coaching initiatives in higher education, ACHA is developing programming to assist college health professionals in developing interventions grounded in this approach. This session will offer a preview of this new offering, discussing how effective coaching initiatives integrate positive psychology, holistic wellness, and peer education, empowering students to thrive in college and build capacities for creating meaningful and fulfilling lives.

Wednesday, May 29

10:00 am – 11:45 am

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### **Keynote Address: The Art and Science of Wellness**

*Presenter(s): Kevin Hines (Kevin & Margaret Hines Foundation)*

Kevin shares his story of hope and celebration of life. Kevin Hines is a mental health advocate, global speaker, best-selling author, documentary filmmaker and entrepreneur who reaches audiences all over the world with his story of an unlikely survival and his strong will to live. Two years after he was diagnosed with bipolar disorder (at 19 years of age), he attempted to take his own life by jumping from the Golden Gate Bridge. He is one of only thirty-four (less than 1%) to survive the fall and he is the only Golden Gate Bridge jump survivor who is actively spreading the message of living mentally healthy around the globe.

1:45 pm – 2:45 pm

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### **Building Pathways to Effective Leadership: The Creation of an Administrative Fellowship**

*Presenter(s): Joel Schwartzkopf, PA-C, MPAS, MBA, and Kathy Waller, MD, MPH (Colorado State University)*

Colorado State University PA Joel Schwartzkopf and physician Kathy Waller will discuss how they created an innovative track for leadership development within the organization based on the administrative fellowship model that is used at many hospitals. We will discuss leader identification, growth strategies, mentoring, application, and how to construct a similar program at other institutions.

### **Keeping Up With Cannabis: Understand the Use, Impact and Policy Related to Oils, Dabbing and Edibles**

*Presenter(s): Galeet Farrow, MA, LPC (Villanova University)*

This session seeks to address the need for greater understanding of the newest terms and forms of cannabis use and its related impacts on the student body. We will explore the new challenges this creates for policy and practice as well as the cultural implications of these policies.

### **Using a College Sleep Environmental Scan to Build Collaboration and Change Across Campus**

*Presenter(s): Birdie Cunningham, MA (University of St. Thomas); Mandy Colbert, LMSW, MPH (The University of Texas at Austin); Lisa Broek, MA, CHES® (Macalester College)*

Sleep is a foundation of well-being. Quality sleep is critical to academic success and overall health. This presentation will describe environmental factors that influence sleep and describe the College Sleep Environmental Scan as a tool for assessing college campuses. The Scan provides important data for campuses to consider in identifying and implementing strategies for institution-wide changes to improve sleep. Three institutions will describe how they utilized the Scan to build partnerships and create change.

### **Antibiotic Stewardship and Public Health**

*Presenter(s): Christopher Czaja, MD MPH (Colorado Department of Public Health and Environment)*

Every year in the United States, antibiotic-resistant organisms cause at least 2,000,000 illnesses and 23,000 deaths. Clostridium difficile causes an additional 250,000 illnesses and 14,000 deaths. One of the core strategies to combat these antibiotic resistance threats is antibiotic stewardship. This session will cover the rationale for antibiotic stewardship and approaches to antibiotic stewardship in clinical practice and public health, with examples from Colorado.

Wednesday, May 29

1:45 pm – 2:45 pm (cont.)

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### **Update from the ACHA Outsourcing Task Force**

*Presenter(s): Jessica Higgs, MD (Bradley University/OSF)*

The Outsourcing Task force has been working for two years on guidelines and advice relating to Outsourcing. This presentation would review our paper and answer questions.

### **Best Practices on Improving Campus Student Influenza Vaccination Rate**

*Presenter(s): Catherine Sharbaugh, DNP (Manhattan College); Lisa Ipp, MD (Weill Cornell Medical College)*

The Center for Disease Control recommends an annual influenza vaccine for all persons over 6 months of age; yet, a disappointing rate of only 26 % of adults over 18 and 40% of college students vaccinate for seasonal influenza. These rates are far from the 70% target set by the government's goal for Healthy People 2020. Without vaccination, young adults risk illness and campus wide school outbreaks with serious academic consequences. Providers must contemplate the multitude of variables influencing students around vaccinations and re-think how to promote vaccines on campus. Discussion will include best practices survey of college health services for vaccine promotion, and quality improvement projects that influence students' influenza vaccine rate on campus.

### **A Campus-Wide Handwashing Campaign to Decrease the Spread of Communicable Diseases**

*Presenter(s): Ann Rayford, ANP-BC, BS, CHES®, and Karen Huyghe, MA (Wayne State University/Nursing Practice Corporation)*

In an effort to decrease the spread of communicable diseases on campus, the Wayne State University Campus Health Center collaborated with various university partners to implement a campus-wide Handwashing Campaign during the Winter 2018 semester. The timing of the campaign implementation strategically overlapped the growing concern of the ongoing Hepatitis A outbreak in Michigan, as well as the annual effort to stop the spread of influenza.

### **Addressing Common Contraception Myths**

*Presenter(s): Ann Laros, MD (University of Minnesota)*

Myths about contraception abound. These serve as barriers to use, continued use and effective use. By addressing these head on with a consistent message based on good information and certainty, some of these barriers can be lessened.

### **The ABC's of Smoking and E-cigarettes: What We Need to Know and Do About the Number One Addiction on Campus**

*Presenter(s): Alan Blum, MD (University of Alabama)*

Although over 1750 colleges and universities in the US have become smokefree campuses, progress in reducing cigarette and e-cigarette use has slowed. The prevalence of nicotine product use may be as high as 25%. Moreover, tobacco companies continue to recruit students at career fairs. This presentation provides refreshing strategies for college health professionals to reduce cigarette and e-cigarette use among students and staff and to diminish the influence of the tobacco industry on campus.

Wednesday, May 29

1:45 pm – 2:45 pm (cont.)

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### **Importance of Revenue Cycle Management, Coding and Clinical Documentation Improvement (CDI)**

*Presenter(s): Julie Shay, MBA-HIN, BS/HIM (Sante Fe College)*

Do you have mechanisms in place to manage your revenue cycle? What about a strategy regarding your documentation practices? How about accurate medical coding that will result in consistent and timely money flow? We will define best practices for revenue cycle management, documentation practices and lastly, medical coding

### **Communicating Effectively with Parents: Striking a Balance**

*Presenter(s): Amelia Arria, PhD (University of Maryland School of Public Health)*

Parents can influence their grown child's decision-making in many positive ways, and can facilitate help-seeking when needed. At the same time, it is important to allow college students to develop autonomy and resilience. This presentation will focus on building constructive relationships with parents of college students and encourage them to develop communication patterns with their grown children to support their health and well-being.

3:15 pm – 4:15 pm

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### **College Mental Health Clients: Changes Over Time in Presenting Symptom Severity, Complexity, Disruptiveness, and Treatment Demand**

*Presenter(s): Alan Schwitzer, PhD (Old Dominion University)*

Millions of students visit counseling or health centers for mental-health concerns annually. Many require counseling to succeed. Still, debate continues about whether students' concerns have become more severe. While staff-perception studies suggest an "overwhelming consensus" that client-patient presentations have grown more severe, studies using clinical evidence contradict this. This question is critical to strategic-planning. This program reviews the debate – then presents brand-new empirical evidence suggesting steady severity levels but increased problem complexity, disruptiveness, and treatment-demand.

### **Self-Care for the Treatment of Infectious Diseases**

*Presenter(s): Lauren Biehle, PharmD (University of Wyoming)*

If we know that the majority of prescriptions for antibiotics are unnecessary, what else can we offer our patients? What if we offered other options available on the pharmacy shelves? This presentation will describe therapies that are over the counter when you are feeling under the weather! Join us for an interactive discussion describing non-prescription recommendations for a variety of infectious diseases.

### **Syncope in the College Student**

*Presenter(s): Mary Agnes Ostick, DNP, CRNP (Villanova University)*

Syncope or near syncopal episodes occur in the college student. What is the etiology behind this syncope? This session will address the common causes, as well as, the DO NOT MISS diagnoses of syncope.

Wednesday, May 29

3:15 pm – 4:15 pm (cont.)

### **The New Cross-Functional CAS Standards for Advancing Health and Well-Being**

*Presenter(s): ; Gina Abrams, DrPH (International Institute for Restorative Practices) and Stacy Andes, EdD (Villanova University)*

CAS has released its new cross-functional framework to move beyond functional area standards to include multiple departments and roles at an institution. The new standards on Preventing High-Risk Behaviors and Building Healthy Campuses are of particular relevance to professionals who are charged with facilitating a process for creating communities in which all members are thriving. This session will review the new framework, standards, and the application to process of health promotion.

### **Utilizing Registered Nurse Clinics to Maximize Patient Care Services**

*Presenter(s): Ellen Goldberg, MSN, RN (East Carolina University Student Health Services)*

Student Health centers are looking for creative, efficient, and cost-effective ways to maximize patient care. This presentation will explore one university's approach to utilizing Registered Nurse (RN) led clinics to help alleviate patient volume, encourage RNs to work at the level of their professional licensure, and increase availability of services. From triage to tracking to testing for sexually transmitted infections, RNs can provide quality patient care through standing orders and established protocols.

### **Leadership and Collaboration for Holistic Student Well-Being**

*Presenter(s): Denise Bevly, DrPH (California State University); Danielle Munoz, MS (Sacramento State University); and Karen Nicholson, MD, and Allison Peters, PsyD (California State University, San Marcos)*

In the California State University system, all 23 campuses have taken the charge to address student wellbeing, holistically, in order to promote student success and increase retention. This session will highlight those strategies, specifically dealing in the area of students' basic needs (food and housing), physical health, and mental and emotional wellness.

### **Management and Education of Opioid Overdoses**

*Presenter(s): Kate Kinloch, RN, MA, and Amanda Unruh, BA (University of British Columbia)*

UBC Student Health Service in conjunction with Health Promotion, has developed a program in response to the opioid crisis. This entails creating a course that instructs people on how to recognize and respond to an overdose. Subsequent workshops teach students, faculty and staff about overdoses in general and how to then respond with a Naloxone kit.

### **New in Women's Health**

*Presenter(s): Ann Laros, MD (University of Minnesota)*

Review newer topics in College Aged Women's Health including new HPV vaccine guidelines and controversies; primary HPV testing for cervical cancer screening; new FDA approved app for pregnancy prevention; updates on emergency contraception and genital herpes.

Wednesday, May 29

3:15 pm – 4:15 pm (cont.)

### **Redefining Student Support through Centralized Administrative Services**

*Presenter(s): Jessica Doty, PsyD, APRN, MSN, MS, Jennifer McDuffie, MS, Gloria Brisson, MSN, BSN, and Leisha Connors Bauer, MPA (University of Colorado Boulder)*

In the sixty minute session you will hear from a panel of professionals at CU Boulder, including the Assistant Vice Chancellor of Health & Wellness, Director of Clinical Services, Director of CAPS, and the Sr. Director of Administrative Services. The panel will provide an overview of the process of reorganization and realignment of administrative support services, from billing and coding through communication and marketing. As a Health & Wellness organization at a large 4 year public institution, CU Boulder currently provides medical, counseling, trauma services, and psychiatric care to 35,000 students. The Administrative Services team provides the infrastructure through centralized information, policies & procures to support the operations. The intent of the presentation is to provide an overview of the work within Health & Wellness, share our experiences, provide recommend resources, and answer specific questions.

### **Chaperoning Sensitive Examinations: Policies, Guidelines, and Competencies**

*Presenter(s): Susan Ernst, MD, Lindsey Mortenson, MD, Robert Ernst, MD, and Missy Ware, MA (University of Michigan)*

This is a critical time for evaluating policies and procedures around the sensitive physical exam in the college health setting. We will share our process and procedures developed after we systematically evaluated and addressed this topic with a review of patient complaints, revision of chaperoning policy for sensitive exams as well as creation of chaperoning guidelines and competencies for medical staff. We have also invested in a new patient complaint process and will review options.

### **Positioning SHIBPs to Elevate Student Health & Well-Being**

*Presenter(s): Shannon Millington, PT (University of Oregon); Maureen Cahill, BS (The Ohio State University); and Kimberly Dalluge, BA (University of Illinois)*

Panel presentation focused on how SHIBPs can be positioned to elevate student health & well-being, specifically centering around ensuring equitable access to health insurance and healthcare. This panel will explore how institutional policies can be developed to specifically support access to health insurance and healthcare through sound policy development.

### **The Science Behind Two Popular Diets: Ketogenic Diet and Intermittent Fasting**

*Presenter(s): Gage Fink, BS, MACC (Southern Illinois University Carbondale)*

According to the latest NCHA reports, a staggering 54.2% of college students are trying to lose weight. Like others, college students often turn to the latest diet trend to shed unwanted pounds. Two diets currently in the news are the Ketogenic diet and intermittent fasting diet. We will look at the history, physiology and biochemistry, and implications of each diet based upon scientific evidence.

Wednesday, May 29

4:45 pm – 5:45 pm

### **Integrating Spiritual Health & Wellness into Practice**

*Presenter(s): Dinorah Martinez-Anderson, APRN, FNP-C (South University, Austin-College of Nursing and Public Health); Debbie Rosenberger, BSN (University of Mary Hardin-Baylor)*

As health care providers, we are trained to assist our patients to wellness by caring for the whole person, body, mind and spirit. But are we really addressing the spiritual health of our patients? Let's examine what spiritual health & wellness is and how we can incorporate into our practice by: learning the history, recognizing spirituality as a dimension of wellness, assessing for spiritual distress cues, and using evidence-based assessment tools. Gaining a deeper understanding of spiritual health & wellness will equip you to fully engage the whole patient for overall wellness.

### **Standards of Practice for Health Promotion in Higher Education: Updates and Application**

*Presenter(s): Padma Entsuah, MPH, CHES® (Columbia University); Alicia Czachowski, EdD, MPH, CHES® (Tulane University); Emily Matson, MPH, MCHES® (University of Minnesota); Sarah menefee, MPH, CHES® (The College of William and Mary); and Joleen Nevers, MAEd, CHES®, CSE, CSES (University of Connecticut)*

The Standards of Practice for Health Promotion in Higher education have been a guiding document for health promotion practitioners since 2005. Last reviewed in 2012, the Standards were again reviewed and updated in 2018. The newly updated Standards will be presented along with examples of how they may be applied to the work of health promotion in higher education. This session is intended for those with some experience working in health promotion in higher education.

### **Collaborating Effectively Among the Health Center, Student Affairs Case Managers, and Disability Services to Address At-Risk Students**

*Presenter(s): Annette Eaton, MSED, LMHC, LSW, NCC, NCACII, Elizabeth Ferlic, MA, and Scott Howland, MRC (University of Notre Dame)*

Case management services continue to improve and evolve. This presentation will focus on elevating the care of students-of-concern through comprehensive care and teamwork. The presentation will briefly touch on the history of case management at Notre Dame and how services within our university have changed and expanded. This presentation focuses on what we have done to address students before they fall through the cracks through the monitoring of services, utilizing a team approach with Student Affairs Care and Wellness Consultants (case managers), and collaborating with the clinical nurse case manager, Disability Services, and the University Counseling Center.

### **Affecting Change with Practical Health Policy Strategies**

*Presenter(s): Ravi Grivois-Shah, MD, MPH, MBA, FAAFP (University of Arizona Family & Community Medicine/Banner University Medical Group)*

This presentation uses health policy success case studies to review practical ideas that you can take back to your community and implement to achieve your health policy goals. In the interactive format, you will work with a small team to determine who your likely allies are, who the opposition may be, and how to legislatively achieve your goals. Together, we will review your ideas and look at what really happened that led to the health policy success.

Wednesday, May 29

4:45 pm – 5:45 pm (cont.)

### **Outcomes of a Student-Driven Comprehensive Alcohol Risk-Reduction Strategy**

*Presenter(s): Dawn Null, PhD, RDN, LDN (Southern Illinois University Carbondale)*

Undergraduate and graduate students from a mid-sized, Midwestern public research university directed all stages of the planning, development, and implementation of a coordinated health communication campaign that included innovative print and digital materials, student-designed music videos, and community engagement. Funded by an NCAA Choices grant, the program yielded positive results with a significant increase in students using risk reduction strategies when drinking alcohol, a reduction in binge-drinking, and a reduction in frequency of binge drinking.

### **Current Trends and Gaps in Faculty and Staff Wellness Programs and Initiatives in Higher Education**

*Presenter(s): Holly Levin, MPH, MCHES® (Boise State University); Faith DeNardo, PhD (Bowling Green State University); Marguerite O'Brien, MSW (University of South Carolina); Alicia Battle, PhD (Benedictine University); Lori DeWald, EdD (Walden University)*

Describe the ACHA Faculty and Staff Health and Wellness Coalition and its purpose. Explain current trends in employee wellness programming in higher education. Identify the gaps in employee wellness programming in higher education. Describe how various campuses have used data to address the wellness needs of employees through best practices

### **Marijuana...Not the Same Weed**

*Presenter(s): Cheryl Hug-English, MD, MPH (University of Nevada, Reno)*

This presentation will address the challenges campuses face as marijuana becomes more available through medical or recreational legalization. Usage patterns and the changes in marijuana types and potency as well as potential medical consequences will be discussed. Particular focus will be given to the impact recreational marijuana legalization has had in Nevada after just one year.

### **A Public Health Equity-Informed Approach to Promoting Social Connectedness, Identifying Students at Risk of Suicide, Increasing Help-Seeking, and Improving Student Retention**

*CANCELLED BY PRESENTER*

### **Utilizing Student Engagement and Well-Being Data to Inform Student Affairs Practice**

*Presenter(s): Brittini Brown, PhD, and Jacki Stone, MS (University of Maryland, Baltimore County)*

Though student affairs practitioners are often called upon to implement intervention strategies, student engagement data are often absent from student success models. In times of constrained resources and increased accountability from stakeholders, student affairs practitioners are being called upon to make more strategic decisions that enhance student success. The goal of this presentation is to describe how the University of Maryland, Baltimore County has utilized student engagement and well-being data to inform student affairs practice.

Wednesday, May 29

4:45 pm – 5:45 pm (cont.)

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### **Desensitize Yourself to Antibiotic Allergies**

*Presenter(s): Meghan Jeffres, PharmD (University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences)*

Penicillin and sulfa are the most common reported antibiotic allergies. There are conflicting opinions about the cross-reactivity within and between other classes of beta-lactam antibiotics and sulfa-containing medications. This results in the avoidance of all first line medications for patients labeled as penicillin or sulfa allergic. This session will review and provide recommendations for optimal management for these patients.

### **Firearm Access: Risks to Students and Interventions for Health Care Providers**

*Presenter(s): Eric Sigel, MD (University of Colorado School of Medicine)*

Firearms are one of the leading causes of death for young adults 19-24. This talk will explore the impact firearms pose to college students and efforts that health care providers can utilize to mitigate these risks. We will review school shootings as they relate to the safety of all campus personnel, and legislation that is effective towards decreasing morbidity and mortality related to firearms.

### **Sexual Health Nurse Specialists: An Innovative Campus Program for STI Testing, Contraception and Education**

*Presenter(s): Beth Kutler, FNP-C, Rachel Clark, MS, FNP-C, Stephanie Wright, RN, BSN, and Henriette Rizzo, RN, and Tracy Sangprakarn, BA, BSN (Cornell University)*

Sexual health and education are some of the core needs of college students. With rising STI rates, colleges must be open to innovative screening programs which enhance access to care. Registered nurses are well-positioned in college and university health centers to provide comprehensive, individualized sexual health services for students of all gender identities and sexual orientation. This program will discuss the benefits and practicalities of developing a nurse-led sexual health program that encompasses risk reduction education, contraceptive counseling and STI screening.

Thursday, May 30

8:00 am – 9:30 am

### **The Importance of Brand Identity and Management in College Health**

*Presenter(s): Marlena Holden, MA (University Health Services, University of Wisconsin-Madison)*

College health providers' days are filled with immediate and long-term demands of working with clients, serving on various committees, learning rapidly-changing policies and procedures. The attention to your health center's brand identity is just as important to manage as other items on your to-do list, and this session will provide concise, relatable, and usable information on how all levels of college health employees – from providers, to medical assistants, to health promotions staff can effectively and efficiently promote and advance their college health center's brand identity.

### **Elevating Collegiate Recovery Programs: Understanding Student Needs and Employee Roles**

*Presenter(s): Nika Gueci, MA (Arizona State University, Center for Mindfulness Compassion and Resilience)*

Emerging research on Collegiate Recovery Programs (CRPs) can provide valuable information about how to deliver the most comprehensive services to their populations. Understanding the unique needs of students in recovery and roles of CRP employees can offer context to guide informed, responsive programming and best practices in local settings. Thematic, qualitative data from two distinct queries will present specific needs of students in recovery along with how student CRP employees view their responsibilities and successes.

### **Mental Health First Aid – Implementation of an Evidence-Based Substance Use Literacy Training Program**

*Presenter(s): Betsy Schwartz, MSW (The National Council for Behavioral Health); Julie Edwards, MSH (The University of Chicago)*

Mental Health First Aid, an evidence-based training program, introduces non-clinical participants to risk factors and warning signs of mental health and substance use challenges in adults, builds understanding of their impact, and highlights common treatment options. The program's research base and unique interactivity drives its high adoption across the US. A University of Chicago case study highlights effective implementation and program maintenance strategies, including gaining support from senior leadership and marketing to diverse audiences.

### **Title IX's "Responsible Employees" and the Role of College Health Care Providers**

*Presenter(s): Joseph DeGearo, MBA (Adelphi University)*

This session will explore Title IX's use of "responsible employees" versus confidential employees like health care providers, therapists, and spiritual counselors. This exploration will include definitions, practice implications, and alternatives. Case study and discussion will be used to demonstrate challenges and explore options before concluding with recommendations for future practice with a focus on confidential employees.

### **Concussions on Campus - Not Solely a Sideline Issue**

*Presenter(s): John Breck, DO, CAQSM, and Stephanie Pascoe, PT, DPT, OCS, FAAOMPT (University of Colorado)*

Concussion are common among the college population. While some of these injuries are sport related, many are not. This presentation will present original epidemiological data from one local campus and discuss the diagnosis, treatment, and management of concussion in the college student off the playing field and outside the athletic treatment room.

Thursday, May 30

8:00 am – 9:30 am (cont.)

### **Nursing Hot Topics**

*Presenter(s): Jacquelyn Hop, MSN, MBA, CPN (University of Central Florida); Pamela Stokes, MCHA, MSN (Oklahoma State University)*

Panel and group session led by the Nursing Section to review trends and benchmarking in topics such as: triage, policies, immunizations, diversity, mental health, and role development.

### **Innovative Strategies to Engage Students Who are Traditionally Less Likely to Seek Mental Healthcare**

*Presenter(s): J. Roxanne Prichard, PhD (University of St. Thomas); Alfiee Breland-Noble, PhD (Georgetown University); Will Heininger, BA (University of Michigan); John Sterling, MS (U.S. Army)*

This presentation uses data from the ACHA-NCHA to identify populations of students who are less likely to use campus mental health resources (e.g., men, athletes, students of color) and to identify primary areas of concern in these students, so that health promotion outreach efforts can be more effective. We discuss best practices cultural competency, behavioral health, and stigma reduction, and highlight successful programs in supporting diverse student populations.

### **The Stigma and Secondary Effects of the Opioid Epidemic**

*Presenter(s): Marta Brooks, PharmD, MS, and Joanna Stratton, PhD, LMFT, (Regis University)*

This presentation will provide original research results (quantitative/qualitative) that used the opioid epidemic as a framework to explore graduate healthcare student attitudes and beliefs about their roles, identified the need for self-reflection about how the opioid crisis affects them, and demonstrated the impact of healthcare professional stigma on treating patients addicted to opioids. The presentation will also address the collateral damage associated with the opioid epidemic from the lens of the student.

### **Evaluation and Treatment Approaches to the Overworked and Overtired Student**

*Presenter(s): Shelley Hershner, MD, Lindsey Mortenson, MD, Mary Jo Desprez, MA, and Joy Pehlke, MEd (University of Michigan)*

More than half of college students report feeling “exhausted and tired” during the last 2 weeks. This session will address how to determine if mood or sleep issues are causative of a student tiredness. When mood or sleep issues are excluded, this innovative program will demonstrate how to use well-being promoting techniques of resilience and mindfulness to combat fatigue. Participants will review the role that campus culture and climate can play on fatigue and wellness.

### **PrEP and nPEP: Preventing HIV in Young Adults**

*Presenter(s): Ravi Grivois-Shah, MD, MPH, MBA, FAAFP (University of Arizona Family & Community Medicine / Banner University Medical Group)*

Young adults, especially racial/ethnic minority LGBTQ young adults, have the highest rate of acquiring HIV infection. In addition to behavior risk counseling, we have the tool of PrEP, or pre-exposure prophylaxis, and Pep or post-exposure prophylaxis to help prevent HIV infection. This presentation will review how to identify patients at risk for HIV infection and how to initiate and maintain patients using PrEP and PeP..

Thursday, May 30

8:00 am – 9:30 am (cont.)

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### **A Trauma-Informed Approach to Building College Students' Resilience**

*Presenter(s): Angela Lauer Chong, JD (Florida State University)*

A new psychoeducational universal prevention resilience program designed to complement existing mental health services at Florida State University will be discussed. The new online program is designed to strengthen student coping skills, inform students about trauma, and increase students' connections. The program uses an applied science approach from empirical information and data in a manner responsive to trauma, media usage of Generation Z and young millennials, and the realities of campus environmental stressors.

### **Creating a Healthy Campus is the Work of Everyone - New Approaches from Industry Experts**

*Presenter(s): Stephanie Hanenberg, MSN, FNP-C, AANP (University of Colorado Colorado Springs); Sharon Mitchell, PhD (University at Buffalo); Kathleen Hatch, MEd, BPE (Ohio State University); David Arnold, BSW (NASPA)*

Join thought leaders from NIRSA, ACHA, AUCCCD, and NASPA to discuss emerging principles and strategies to build vibrant communities of healthy people. It's time to reimagine our work of creating optimal higher education conditions that enhance human well-being by eliminating typical organizational silos on campus and strengthening inter-association efforts within our professions.

10:00 am – 11:30 am

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### **Wellness Center Shark Tank: An Idea-Generating Activity to Enhance Collegiate Well-Being Outreach Programs**

*Presenter(s): Lindsay Johnson, MSED, LPC, ACS, and Allie Pearce, MA (Rowan University)*

Health promotion and outreach is an integral part of college health. However, it can be difficult to formulate new and innovative ideas while creating buy-in from other departments around campus. This interactive presentation will help participants do just that! With this fun and exciting program, professionals will acquire many new ideas for health promotion and outreach while creating a holistic focus on student well-being. Sink your teeth into the Wellness Center Shark Tank!

### **Opening the Medical Chart to Patient Review – Inviting Students to See it for Themselves**

*Presenter(s): Emily Gibson, MD (Western Washington University)*

Password secured patient portals make it possible to provide patient access to electronic chart contents including progress notes, labs, xray results, patient education materials as well as a vehicle for secure messaging with providers, all directly recordable in the electronic chart. The college health center can teach students how to become cutting edge health care technology consumers, using all the online tools available for informed decision-making, effective communication with the health care team, and access to accurate patient education materials. This presentation will provide a summary of the benefits of providing on line medical chart access in a college health setting.

Thursday, May 30

10:00 am – 11:30 am (cont.)

## The Journey to Revenue Cycle Management

*Presenter(s): Sara Parris, MHA, BA, CHWP, and Jamie Wingert, BA (Iowa State University)*

Colleges are increasingly looking to third-party billing as a way to increase revenue, but many health centers struggle to optimize their revenue cycle to maximize reimbursement. This session will provide an overview of the steps Iowa State University took to decrease days in A/R, used existing technologies to verify insurance eligibility, and implemented work queues to help with denial management and follow up on aging claims.

## Advancing Student Well-Being and Building Healthy Campuses on Japanese and US Colleges and Universities – A Joint Session of JUHA and ACHA

*Presenter(s): Mayumi Yamamoto, MD, PhD, MBA (Gifu University); Jennifer Haubenreiser, MA (Oregon State University); Hiroaki Yoshikawa, MD, PhD, and Yumi Adachi, MA (Kanazawa University); Taku Iwami, PhD (Kyoto University); Katsumi Nakagawa, MD, PhD, JD (Ritsumeikan University); Susumu Shirabe, MD, MPH (Nagasaki University)*

In this engaging and collaborative joint session of the Japanese University Health Association and ACHA, five Japanese Professors of Health Administration will describe how Japanese university professionals are promoting health and well-being in Japan. Panel facilitators from the U.S. and Japan will compare many aspects of Healthy Campus approaches between the two countries, as well as the universal value of promoting holistic well-being across multiple cultures.

## Building Resiliency: Data-Informed Interventions

*Presenter(s): Georgia Ringle, MPH, and Byron McCrae, PhD (Davidson College); Jason Cassidy, PhD (Furman University); Molly Weeks, PhD, and Tom Szigethy, MA (Duke University); Tierra Parsons, MSW, LCSW (Johnson C. Smith University)*

The Student Resilience and Well-Being Project is a four-year collaborative longitudinal study initiated by key student life practitioners and faculty researchers at four campuses, and funded by the Duke Endowment. The purpose of this study was to explore how we could strengthen student resilience and enhance campus cultures to support resiliency and thriving. This session will discuss the challenges students face and the data-driven interventions that promote resiliency across a diverse student population.

## Medical Management of Trans Healthcare

*Presenter(s): Jessica Simmons, MD, and Stephanie Hartman, MD (University of Virginia)*

Clinicians in student health may see transgender patients who are transitioning and will need to understand medical guidelines for hormone management, lab monitoring, expected physical changes, and safety concerns. This presentation will consist of a panel discussion of clinical insights and lessons learned as well as review of evidence-based guidelines (UCSF, W-PATH, Endocrine Society). We will consider questions that have arisen in our own practice - for example, IM estrogens, off-label medications, lab findings.

## Ethical Principles and Practices Applied to College Health

*Presenter(s): Lori Dewald, EdD, ATC, MCHES®, F-AAHE (Walden University); Tanya Tatum, MHA (Florida A & M University); Sheryl Heincka, DNP (University of Florida, Gainesville); Joleen Nevers, MAEd, CHES, CSE, CSES (University of Connecticut)*

College health professionals are regularly faced with making ethical decisions. The general ethical principles and the ACHA Ethical Guidelines provide a framework for making these ethical decisions. After an introduction to the ethical principles and guidelines, the participants in this program will be invited to apply these principles and guidelines to issues and cases in college health.

Thursday, May 30

10:00 am – 11:30 am (cont.)

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### Medical Grand Rounds: Case Presentation and Discussion

*Presenter(s): Jessica Higgs, MD (Bradley University/OSF)*

This session will allow participants to follow along during the course of a work-up of difficult and unusual cases. It will allow participants to learn about rare diseases or more common diagnoses with unusual presentations.

### Illnesses Acquired by US Student Travelers

*Presenter(s): Kristina Angelo, DO, MPH&TM, and Allison Taylor Walker, PhD, MPH (Centers for Disease Control and Prevention)*

The number of US students studying abroad more than tripled during the past 20 years. As study abroad programs' destinations diversify, students increasingly travel to resource-limited countries, placing them at risk for infectious diseases. Data describing infections acquired by US students while traveling internationally are limited. We describe illnesses among students and suggest how to prevent illness among these travelers.

### Menstrual Woes: Dysmenorrhea, Menorrhagia, and Access to Menstrual Products

*Presenter(s): Alexandra Hall, MD (University of Wisconsin-Stout); Beth Kutler, FNP (Cornell University)*

Dysmenorrhea (painful menses) and menorrhagia (heavy menses) are common disorders that affect young women and can have a profound impact on their lives. This session will explore the etiology, diagnosis, and treatment of these disorders, present original research on their prevalence and impact, and discuss the potential benefits of providing free menstrual products on campus.

### HP Hot Topics: Moving Beyond Peer Education to Broader Student Engagement in Creating Healthy Campus Communities

*Presenter(s): Paula Adams, MA, and Ellen Taylor, MA, PhD (Washington State University); Erica Riba, MSW (JED Foundation); Mapuana Antonio, MA, DrPH (University of Hawai'i at Manoa, Office of Public Health Studies and College of Tropical Agriculture and Human Resources); Errin Heyman, MA, EdD (WASC Senior College and University Commission)*

Standards of Practice in Health Promotion call for a socioecological approach. And yet, when we think of how students contribute to creating a healthy culture and community, we often stop at individual-level strategies such as peer education. This panel will explore options and opportunities to engage students, across the socioecological model, for healthier campus communities. Within the broader conversation, panelists will reference alignment with Student Affairs models and assessment approaches.

1:45 pm – 3:15 pm

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### Venturing Beyond the Binary Sexual Health Interview

*Presenter(s): Steffie Goodman, PhD, CNM (University of Colorado, Boulder)*

Sexual health providers and researchers want to understand the epidemiology, prevention, and best interventions to promote sexual health. The purpose of this presentation is to reconsider how we perform the sexual health interview, to take into consideration non-binary questions and answers to benefit all of our patients. This presentation suggests new ways to ask questions about "partners" and "practices" that will be all inclusive to enhance quality of care and research.

Thursday, May 30

1:45 pm – 3:15 pm (cont.)

## **A Universal, Digital Approach to Well-Being**

*Presenter(s): Janelle Patrias, MSW (Colorado State University)*

Nine out of ten young adults report they have gone online for health information. About half of students who drop out due to a behavioral health concern have never accessed mental health services even amidst the ever-climbing rates of college counseling capacity. Therefore, there is a high need for universal approaches that reach beyond the counseling center to touch all aspects of student experience while promoting easy access to resources and health and well-being information.

## **Building an Interdisciplinary Concussion Team at Your Health Center**

*Presenter(s): Tracy Casault, DO, CAQSM, Annie Sirotniak, PT, DPT, OCS, and Theresa Hernández, PhD (University of Colorado, Boulder)*

Medical Services at Wardenburg Health Center has a Concussion Care Team, offering an interdisciplinary team approach in the evaluation and treatment of brain injuries for students and non-varsity athletes of all levels who attend the University of Colorado, Boulder. The presentation will allow the participant to gain information about building similar resources at their institution. The presentation will include results from original research entitled, "Brain Injury Recovery among CU Boulder students", which is part of a larger PAC-12 funded study.

## **Food Allergies: Updates in Trends, Treatment and Accommodations on Campus**

*Presenter(s): S Shahzad Mustafa,, MD, FAAAAI (Rochester Regional Health System)*

Managing food allergies while in a new environment can be difficult for a student. Three to four percent of adults have a good allergy diagnosis, while 25% of adults self-report food allergies. Come learn the difference between immune and non-immune-mediated food allergies, diagnosis, treatment and management. Understand what accommodations are appropriate and when a request may just be based on preference.

## **Can't Sleep or Won't Sleep: Improve Sleep Behaviors to Enhance Well-Being**

*Presenter(s): Shelley Hershner, MD, FAASM (University of Michigan)*

More than half of all college students report feeling "tired, dragged out, or sleepy" during the day. This innovative program will address 2 types of sleep patterns. 1. Students that don't prioritize sleep and consequently have poor sleep habits 2. Students with good sleep habits, but have difficulty with sleep. This program will demonstrate how to give personalized sleep recommendations that encourage improved sleep behaviors, enhance wellness, and when to consider pharmacologic treatment for sleep

## **Developing Wellness Coaching Programs for Academic Success**

*Presenter(s): Natalie Rella, MPH, CPH, CWHC, and Jennifer Kennymore, MPH (University of Florida)*

While there is value in Wellness Coaching to facilitate positive behavior change and support academic success, programs vary greatly between institutions of higher education. Based on national benchmarking; variation with staffing, training, and program implementation may lead to ethical concerns and lack of program effectiveness. 2018 Best Practices in College Health Award winners will present elements of and recommendations for effective program implementation. Participants will develop a wellness coaching framework for their home institution.

Thursday, May 30

1:45 pm – 3:15 pm (cont.)

## **Managing Chronic Mental Illness in College: Preliminary Results of a Survey by the ACHA Mental Health Task Force**

*Presenter(s): Marta Hopkinson, MD (University of Maryland, College Park)*

Large numbers of students come to college either already taking psychotropic medications or they are diagnosed with a chronic psychiatric condition after arriving. Counseling Centers traditionally have defined their scope of practice as consisting of short term assistance for normal developmental concerns, while the students with chronic illnesses have been referred off campus. Increased psychiatric services on campus highlights the disconnect between tradition and current reality. This workshop will discuss preliminary results of a survey of mental health services and approaches to addressing the increased need for ongoing services for students with chronic mental health needs.

## **Orienting New Professionals to the Changing Landscape of ATOD Prevention**

*Presenter(s): Mickey Irizarry, MPH (American University) and Tom Hall, PhD (University of Central Florida)*

This session is designed for new ATOD and health promotion professionals and those who supervise them. This session will provide a primer for new professionals in the field of ATOD as well as tools and strategies for supervisors to employ in their on-boarding processes. This session will also provide an update to the current data trends in ATOD on college campuses and examine the changing demographics of college students.

## **What Makes a Good College Health Center and Healthy Campus Environment: The Student's Perspective**

*Presenter(s): Krystalyn Martin, BA (Rollins School of Public Health, Emory University); Nola Elliffe (Emerson College); Omar Vayani (University of Texas at Austin); Brenna Fitzmaurice (Montclair State University)*

ACHA is dedicated to advancing the health of college students and campus communities through advocacy, education, and research. As students make up a major proportion of the patient population of college health centers, it is important to consider the perspectives of students when thinking of ways to improve services and outcomes. This presentation will provide an overview of college health from the student's perspective. A diverse panel of students will present on key topics and offer a Q and A session.

## **Mindful Self-Care for College Health Professionals**

*Presenter(s): Ted Coleman, PhD, CHES®, MS (California State University, San Bernardino)*

Although highly skilled and passionately committed to taking care of others, many dedicated college health professionals are "non-compliant" when it comes to consistent, effective self-care. This lively session will incorporate short- and long-term strategies for self-care that incorporate concepts of mindfulness, stress management, time management, and life balance. Everyone ranging from novice to expert, regardless of discipline, will find a place at our table.

## **The Importance of Information Governance in Healthcare**

*Presenter(s): Julie Shay, MBA-HIN, BS/HIM (Sante Fe College)*

Information Governance (IG) Strategy, do you have one? Do you want to increase your organization's ability to reduce costs, reduce risk and increase money flow? This session is for you. We will define information governance, differentiate between informatics and data analytics and how they both contribute to IG strategy. Lastly, we will explore the IG strategy benefits and have fun reviewing a case study or two. Be sure to bring your phone and participate!

Thursday, May 30

1:45 pm – 3:15 pm (cont.)

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### **Advancing the Use of Telemental Health with Diversified Student Populations**

*Presenter(s): Matt Mishkind, PhD (Johnson Depression Center/Steven A. Cohen Military Family Clinic/University of Colorado School of Medicine)*

Telemental health is a standard of care for varied populations and mental health concerns. This presentation will provide an overview of the efficacy literature and current telemental health guidelines. It will discuss mental health access concerns and telemental health use-cases for diversified student populations including the general student body, student-athletes, student-Veterans, and students with individualized needs. Finally, it will provide recommendations for developing new services. Time for a question and answer session will be included.

3:45 pm – 5:15 pm

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### **The Road to Resilience: Helping Students Develop Resilience, Grit and Emotional Fortitude**

*Presenter(s): Joshua Altman, PhD, LCSW (Adelphi University Student Counseling Center)*

This workshop teaches fellow clinicians and educators how to pilot a resilience training program on college campuses. Students who learn about resilience and utilize the skills taught in the resilience workshop are able to build their emotional fortitude and better cope with life's challenges. This is a workshop that utilizes both didactic and experiential learning opportunities, through the use of lecture, video, PowerPoint and group process work. My original workshop has been presented to hundreds of students, faculty and staff at Adelphi University.

### **Eyelid Lesions and More**

*Presenter(s): Dina Kakish, OD, FAAO (University of Michigan)*

This session will assist primary care clinicians in identifying, diagnosing and treating common lid issues, from Blepharitis to Orbital fractures. The session will discuss current standards of care, when to refer for further evaluation, follow-up care and treatment of Eyelid disease.

### **Innovations in Open Access to Contraception Through Telehealth Services**

*Presenter(s): Mary Landry, MD, Arielle Mora Hurtado, and Samantha Crowley (University of Wisconsin-Madison)*

In an effort to address barriers to contraception, University Health Services at UW-Madison has implemented multiple strategies over the past several years. This presentation will focus on how we leveraged Telehealth technology to provide open access for all contraceptive options. Specifically, we will describe our implementation of Telehealth visits to provide consultation regarding long acting reversible contraception (LARC) thus eliminating the need for in-person pre-insertion consult visits. (Telehealth consults single visit scheduling resulted in a four fold increase in IUD insertions. We will also discuss our most recent quality improvement strategy involving Telehealth contraception visits for women under 30 years old who complete a health questionnaire on the health services patient portal prior to the Telehealth visit. These strategies improve efficiency and maximize utilization of limited clinical resources. The outcomes of increased contraception access and patient satisfaction motivate us to share our implementation strategies..

Thursday, May 30

3:45 pm – 5:15 pm (cont.)

### **Counseling and Outreach Programming Initiatives -- Creating Single Servings**

*Presenter(s): Koko Nishi, PsyD (San Diego State University)*

This presentation will provide a description of the design, implementation and effectiveness of “Single Servings,” an innovative educational programming workshop series developed to educate students about mental health issues and promote awareness of counseling center resources. This program will be interactive in which presenters will share relevant data, provide samples of workshops, present examples of effective marketing strategies, and will invite audience members to present challenges or questions relevant to their own academic institutions.

### **Hot Topics in JCAHO and AAAHC Accreditation**

*Presenter(s): Jacquelyn Hop, MSN, MBA, CPN (University of Central Florida); Doreen Perez, DNP (University of North Florida); Kathy Mosteller, BSN (University of Texas Austin); Linda Reid, BA, ADN (Oregon State University)*

Panel discussions to help you get ready for accreditation or re-accreditation with AAAHC and the Joint Commission.

### **Interactive Introduction to the SAMHSA Strategic Prevention Framework**

*Presenter(s): Kitra Nelson, CPP, and Alli Fast, BA (Minnesota State Community and Technical College)*

Come to this fun introduction to the Strategic Prevention Framework! You will engage in a hands-on, structured, collaborative workshop, will work in teams as part of a mock campus, and will go through the SPF process. At the end, your team will have a comprehensive and collaborative mini-Strategic Plan created for your mock campus. As you share and discuss your Strategic Plans with the larger group, the teams will also learn from each other.

### **A Multidisciplinary Approach to Implementing a Mental Health Curriculum to Increase Student Awareness and Coping**

*Presenter(s): Erin Girio-Herrera, PhD; Jonathan Mattanah, PhD; Karen Goldrich Eskow, PhD; Gregory Reising, PhD; and Kelsey Ferrick (Towson University)*

Learn how a multidisciplinary, cross-division team worked together to execute an innovative approach to address the mental health crisis among college students. Representative members of the team (administrator, counseling center director, faculty, student) will share how the team developed, as well as the successes, lessons learned, and future directions of a curriculum designed to increase student mental health awareness and coping. Components of the curriculum, along with the process of modification and implementation, will be presented, including an interactive portion that will bring the experience of the curriculum to life.

### **How College Health Administrators Can Ensure an Effective Comprehensive College Health Program**

*Presenter(s): Amy Magnuson, PhD, RD (Florida State University); Tanya Tatum, MHA (Florida A&M University); Mary Johnson, DNP, FNP-BC, CWP (Meredith College)*

Learn how administrators from a small, mid-size and large institution address some of the challenges that we all face as leaders in college health centers. This session will review and expand on management styles, how to be an effective supervisor, effectively serve as the principle advocate for a healthy campus community at your institution and ensure opportunities for student involvement and education. This session will provide ways to help you manage your student health center.

Thursday, May 30

3:45 pm – 5:15 pm (cont.)

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### **An Integrated Approach to Vaccine Education for the College Campus**

*Presenter(s): LaToya Braun, PhD, Stephanie James, PhD, MBA, Robert Haight, PhD, and Christine James, PharmD (Regis University)*

Vaccines and immunization challenges encountered on a college campus are addressed. How vaccine hesitancy and altered immunization schedules for students or residents of the surrounding community can impact the campus health is discussed. This is followed by strategies for improving immunization rates amongst the vaccine hesitant students as well as ways to work with state and local governments to improve campus health. The final topic is the often overlooked concern of proper handling of vaccines.

### **The Microbiome: Implications for Human Health**

*Presenter(s): Alexandra Hall, MD (University of Wisconsin-Stout)*

In the past decade, there's been an explosion of research on the human microbiome and its impacts on human health. This presentation will provide an overview of what the microbiome is, how scientists are currently studying it, and what its functions seem to be, followed by a survey of some of the most important findings in regard to human health, particularly those related to digestive function, metabolism, autoimmunity, and mental health.

### **Getting Published in the *Journal of American College Health***

*Presenter(s): Teri Aronowitz, PhD, MSN, BSN (University of Massachusetts Boston); Rachel Wilson, MS (Taylor & Francis Group)*

This presentation will introduce the participants to scientific publication and the does and don't of scientific writing. Specifics regarding the *Journal of American College Health* will be presented; however, many tips of writing will be applicable to any scientific writing.

Friday, May 31

8:00 am – 9:30 am

### **Implementing a Response to an Infectious Disease Outbreak**

*Presenter(s): Kristina Blyer, DNP, RN, NE-BC, Andrew Guertler, MD, and Angela Ritchie, BBA (James Madison University); Hilary Cronin, MS, NRP (Central Shenandoah Health District)*

The possibility of an infectious disease outbreak is a constant threat to college communities. College health professionals must have the knowledge necessary to coordinate response efforts during these outbreaks. This presentation will provide detailed information about how one such outbreak response was managed. Discussion will include the use of an infectious disease taskforce, coordination of efforts with state/local authorities, communication/marketing, implementation of mass vaccine clinics, real and potential barriers and tools to overcome these barriers.

### **The Use of Motivational Interviewing to Address Vaccine Hesitancy**

*Presenter(s): Rita Wermers, MSN (Arizona State University)*

Vaccine preventable diseases significantly influence the health and success of college students. Despite the known impact, vaccination rates fall well short of recommendations. Vaccination is a complex behavioral process for the student and the healthcare provider. Research indicates health care provider recommendation is a key motivator for vaccination. Motivational Interviewing (MI) is used to address many health behaviors. This presentation will review a QI project on the use of MI to address vaccine hesitancy.

### **Together We Move: Strategies to Improve Student Physical Activity**

*Presenter(s): Jessica Kirby, MS, Katie Gordon, and Cynthia Lewis, BS (University of Colorado Colorado Springs)*

UCCS Fitness Buddies, a programmatic partnership between Health Sciences, Wellness Promotion, and Campus Recreation, utilizes social connection as a tool for sustainable behavior change. Research findings on this socially-structured peer-facilitated physical activity program will be shared, to include motivational factors for participation, perceived benefits, emotional state changes across sessions, and the overall experiences of students participating in the program. Program leaders will also share lessons learned and recommended best practices for implementation on other campuses.

### **A Disability Justice Framework for Elevating Well-Being**

*Presenter(s): Sherri Darrow, PhD (University of Buffalo); M.Dolores Cimini, PhD, AB (University at Albany); Michael McNeil, EdD, MS (Columbia University)*

Disability justice has been framed by disabled students, disability activists and disability scholars as those socio-cultural forces that sustain universal participation for all persons. How might we integrate such a disability justice framework with college health standards such as the "ACHA Guidelines for Cultural Competency"? Utilizing practices from three campuses, this workshop will explore concepts of intentional inclusion as they currently, and in the future, may influence institutional wellness practices, technologies, programming and policy development. Additionally, the presentation will outline core domains that college health leaders may use to work effectively with disabled students to support their academic, personal, and professional success.

Friday, May 31

8:00 am – 9:30 am (cont.)

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### **Waiting for the Great Leap Forward: Ideas for Change in College Mental Health Systems**

*Presenter(s): Will Meek, PhD (Brown University)*

University counseling centers are at a point where the traditional model of service is no longer viable due to increased demand. Improved staffing can have a temporary positive impact. However, the structural problems in our centers that create access issues, frustrated students, and burned out staff remain intact. This presentation will discuss trends in campus mental health models, innovations at the presenter's campus, and a vision for an urgent care model for mental health.

### **Electrocardiographic Interpretation in Athletes**

*Presenter(s): Donald Kreuz, MD FACC (Columbia University)*

Variants can occur in athlete's ECGs that may be interpreted as pathologic in the general population but may not be so in the athletically conditioned individual. This presentation will review the international recommendations for electrocardiographic interpretation in athletes. Attendees at this presentation will be assumed to have a basic understanding of ECG interpretation.

### **College Travel Health and Well-Being: Essentials, Surprises, and Creative Approaches**

*Presenter(s): Catherine Ebelke, PA-C, CTH (Montana State University)*

College travel health essentials will be discussed covering pre-travel education, travel consults, intra-travel support, and post-travel issues. Elements of student travel which are less well-known including the role of risk-taking, accidents and mental health issues will be discussed. Finally, creative approaches to providing effective travel health care in a college setting and new opportunities for original research and collaboration will be addressed.

### **Red Flags of Fraudulent Prescriptions and Diversion Trends**

*Presenter(s): Dan McCormick (Drug Enforcement Administration)*

This presentation will give participants information to recognize controlled substance prescription red flags and understand corresponding responsibilities when it comes to security of controlled substances. There will also be a discussion of requirements of a prescription and reporting requirements when it comes to theft and loss. Attendees will be able to recognize potential avenues for diversion and know where to find DEA regulations and information as well as understand administrative, civil, and criminal penalties.

### **Action Collaborative Approach to Efficiently Expanding the Definition of Campus Well-Being**

*Presenter(s): Kimberly O'Shields, MS (Partnership for a Healthier America); Kristen Sullivan, MS, MPH (American Cancer Society); Lisa Dalrymple, PhD (Oakwood University)*

Leaders of campus well-being are expanding their framework beyond just physical health. An action collaboration model can help create a vision, leadership structure, and processes to move swiftly into action. The American Cancer Society and the Partnership for a Healthier America are collaborating to pilot this model, with advancing equity as a central principle of this joint initiative. The goal is to address the changing needs of today's college student – which are increasingly non-traditional.

Friday, May 31

8:00 am – 9:30 am (cont.)

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### **Creative Approaches for Funding and Delivery of College Campus Health and Wellness Services**

*Presenter(s): Julie Nicknair-Keon, MA, Laura Anderson, MSN, BSN, and Tara Strong, MEd (New England College); Hannah Kuehl, MA (Oregon State University-Cascades);*

Often, our fiscal budget leaves us with larger gaps than we want. With enrollments down across the country, many colleges have had to get creative to meet student needs. Hear from two schools who have utilized atypical funding methods to secure health and wellness services for their students. Take time this session to think outside of the box in terms of funding streams, collaborations and partnerships.

### **Lessons Learned from Hurricane Florence: Were We Really Prepared?**

*Presenter(s): Katrin Wesner-Harts, EdD, MS (University of North Carolina Wilmington); Mark Perez Lopez, PhD (University of North Carolina at Wilmington)*

UNCW is a coastal school which is well versed on hurricane preparedness. We regularly do table top, functional, and full-scale exercises to ensure we are ready. In 2017, we led the FEMA Hurricane Zephyr exercise that simulated a Category 5 Hurricane. Hurricane Florence, a category 1 hurricane when it hit, caused over \$140 million of damage and resulted in students being out of class almost 4 weeks. This presentation will focus on the lessons the counseling center and the health center learned, what we would do differently in the future, and what the short and long term effects on the students, faculty, and staff have been.

### **Legal, Risk Management and Emerging Issues in Higher Education**

*Presenter(s): W. Scott Lewis, BS, MS, JD (TNG, LLC)*

This session will address the top legal issues facing higher education including the challenges of Mental Health Issues, Privilege, the crossover between Title IX, BIT/CARE and Health Services, Prevention Education, LBGTQIA and other general risk management and exposure issues.

10:00 am – 11:30 am

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### **Antibiotic Stewardship: The Effect of an Evidence Based Peer Review Process on Antibiotic Prescribing Behaviors of College Health Providers**

*Presenter(s): Valerie Kiefer, DNP, APRN, ANP-BC (University of Connecticut Student Health Services)*

According to the CDC (2017) up to 50% of the time antibiotics are not optimally prescribed, either being prescribed when not needed or at an incorrect dosage or duration. Utilizing antibiotic stewardship principles and improving antibiotic prescribing in all health care settings is a critical component in combating antibiotic-resistant bacteria. This original research will evaluate the effect of utilizing an educational peer review process for college health providers that incorporates evidence-based standard of care guidelines regarding antibiotic use in the college health setting.

Friday, May 31

10:00 am – 11:30 am (cont.)

### **Constructing Pathways for Student Veteran Wellness**

*Presenter(s): Phillip Morris, PhD, Lisa Barker, PhD, Jesie Steffes, MA, LPC, and Anthony Lewis, BA (University of Colorado Colorado Springs)*

Utilizing the Social Ecological Framework, this session introduces a collaborative approach to supporting student veteran wellness on campus. Student services, classroom interventions, campus wellness services, and a behavioral health community clinic comprise a tightly woven network of care for student veterans at the University of Colorado, Colorado Springs. Attendees will gain a unique and evidence-based perspective for developing system of wellness support mechanisms for veterans in their communities, and leave with an action plan.

### **Is Your Practice a True Safe Zone?**

*Presenter(s): Amy Cavanaugh, PhD, LP, HSP-P, and Becca Rampe, PsyD, LP, HSP-P (University of North Carolina Wilmington)*

LGBTQ students more often describe school cultures as less positive and more negative than their straight counterparts (Brown, Clarke, Gortmaker, & Robinson-Keilig, 2004; Yost & Gilmore, 2011). Anti-LGBTQ bias and prejudice affects all students (Katz, Federici, Ciovacco, & Cropseyand, 2016), therefore it is everyone's collective responsibility to work against it. This presentation will discuss Safe Zone training curriculum, identify their impact on student's physical and mental health, and explore ways to create a Safe Zone.

### **Allergen Immunotherapy: Various Types, Indications, Effectiveness and Safety**

*Presenter(s): S. Shahzad Mustafa, MD, FAACAP (Rochester Regional Health System)*

Although allergic conditions can affect up to 20 – 20% of the US population, there is often frequent misinformation not only in the lay public, but amongst medical providers as well. This Q & A session will focus on providing evidence-based answers to questions posed by attendees, in hopes of improving their knowledge in allergy and clinical immunology and dispelling myths and addressing common misconceptions.

### **Counseling Center Retention and Graduation Rates**

*Presenter(s): Marcus Hotaling, PhD (Union College)*

Counseling services works with many at-risk and fragile students - would be expected that retention and graduation rates would be lower for these students using. The research shows otherwise. This program will briefly discuss this research, but focuses on how one counseling center used the data provided by institutional research to show that students that had utilized counseling services had significantly higher graduation rates and similar retention rates to the general student population.

### **An Overview of Tick Borne Viral Diseases**

*Presenter(s): Michael Deichen, MD, MPH (University of Central Florida); Chris Gregory, MD (Centers for Disease Control and Prevention)*

Tick-borne viral diseases are an emerging public health threat which college health clinicians and administrators need familiarity. This talk will be presented in conjunction with the CDC Vector Borne Disease division.

Friday, May 31

10:00 am – 11:30 am (cont.)

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### **Current Management Strategies for Upper Respiratory Infections**

*Presenter(s): Jessica Simmons, MD, and Meredith Hayden, MD (University of Virginia)*

Primary care clinicians in college health frequently see patients with upper respiratory concerns. In this lecture, we will discuss recent guidelines for topics such as sinusitis, updating clinicians as to best practices in 2019. We will also review intriguing research involving steroid use for pharyngitis, the latest on zinc for colds, and other treatment options. Clinicians should leave this talk with a practical, evidence-based armamentarium for treating both bacterial and viral upper respiratory infections.

### **Leadership Resiliency for College Health and Wellness Professionals**

*Presenter(s): Jenny Haubenreiser, MA, FACHA (Oregon State University); Renee Coleman-Mitchell, MPH (Washington State University)*

Attention to student resiliency and well-being has increased on campuses around the country in response to high levels of self-reported stress impeding academic success. Similarly, leaders within comprehensive college health programs are facing more complex challenges, including uncertain fiscal environments, competition for resources, staff conflicts and other issues increasing the potential for overwhelm and burnout. Through conversation and review of relevant frameworks and models, this session will explore and illuminate leadership resilience and well-being as a foundational component for success within college health leadership.

### **STD Showtime: New Trends, Hot Topics and Challenging Cases**

*Presenter(s): Karen Wendel, MD, Oluyomi Obafemi, MD, MPH, and Allison Finkenbinder, MSN, WHNP-BC (Denver Public Health)*

STD Showtime is a 3-part interactive session: Part 1 will discuss national and regional trends from the recently released CDC 2017 STD Surveillance Report and highlight clinical hot topics from the 2018 National STD Prevention Conference; Part 2 will be a rapid fire interactive quiz on typical and atypical STD clinical presentations; Part 3 will discuss challenging STD cases relevant to college health providers.

### **Introducing the ACHA-NCHA III**

*Presenter(s): Mary Hoban, PhD, MCHES® (American College Health Association); Alyssa Lederer, MPH, PhD, MCHES® (Tulane University)*

This program will introduce the ACHA-NCHA III survey instrument to the ACHA Membership and discuss plans for its implementation in Fall 2019. Presenters will recap the revision process, share feedback from students and experts, review pilot results, and identify new sub-scales within the NCHA and how they might be used at the campus level. Finally, we'll discuss the most successful NCHA-web implementations of the last year to glean ideas that might help other campuses.

Friday, May 31

10:00 am – 11:30 am (cont.)

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### **Collaborative Leadership to Collaborative Care: Evolution of Mental Health Services in a Student Health Center**

*Presenter(s): Lindsay Phillips, MD, MSc, and David Reetz, PhD, MA (Rochester Institute of Technology)*

Despite acceptance of the biopsychosocial approach to understanding health and illness, medical services continued to be offered in 15-20 minute blocks of time and mental health services often had delays of weeks for services and were disconnected by floor, personnel and records from medical providers. Promoting collaboration involved targeting access and improving communication resources. Key initiatives include walk-in visits, mental health consultation in the medical clinic, semi-shared medical record, real time messaging, on-line scheduling in the medical clinic and campus outreach.

### **Managing Risk: How to Develop a Billing and Reimbursement Compliance Plan**

*Presenter(s): Kristine Eckis (University of Florida)*

A voluntary compliance plan is essential for any practice that is going to bill third party insurance. It states that you as an entity intend to follow “the rules”, educate your employees on “the rules”, provide tools and information needed to follow “the rules” and that you have processes in place to ensure “the rules” are followed. Find out how your compliance plan can save your practice thousands of dollars in the event of an audit with a poor outcome.

12:00 pm – 1:15 pm

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### **Dorosin Memorial Lecture: Inside College Mental Health Services: Inconvenient Truths and Daring to be Different**

*Presenter(s): Dori Hutchinson, AB, MS, ScD (Center for Psychiatric Rehabilitation/Boston University)*

This lecture will overview the current challenging culture of college mental health services by examining the inconvenient truths of demand, resources and responsibility, as well as mission and money. Daring to be different means moving beyond an illness framework to one of wellness, diversity and resiliency to support students with mental health conditions to thrive and graduate. Examples of programs and universities who are disrupting “services as usual” will be highlighted as sources of inspiration for change.

1:45 pm – 2:45 pm

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### **Creating a Healthy Campus Initiative: Lessons from an Award-Winning Healthy Campus**

*Presenter(s): Julie Chobdee, MPH, Ann Cheney, PhD, MPH, and Marisol Torres, MPH (University of California, Riverside)*

UCR’s Healthy Campus Initiative (HCI) is an integrated and comprehensive approach to elevate health and well-being and invests in improving the health and quality of life of the UCR campus community. This session will provide an overview of the conceptualization, implementation, and evaluation of UCR’s HCI. This initiative is part of the larger University of California’s systemwide Healthy Campus Network to make UC the healthiest place to work, learn, and live.

Friday, May 31

1:45 pm – 2:45 pm (cont.)

### **Beyond the Sick Visit: Transforming Healthcare for Collegiate Men**

*Presenter(s): Catherine O'Neil, MD, and Tanya Williams, MS, CSSD, RD, LDN (Bucknell University)*

Studies have shown that 60% of men do not go to the doctor. Often, the only contact a college-aged man has with the student health center is when they are acutely ill. Therefore, it is crucial that healthcare providers transform the acute care visit into an opportunity to identify health risks through effective screening and provide a subsequent treatment plan. This program will describe key men's health issues and help streamline this care process.

### **The Development, Implementation, and Evaluation of a Health-Themed Residential Learning Community for First Year Students**

*Presenter(s): Alyssa Lederer, PhD, MPH, MCHES® (Tulane University); M. Scott Tims, PhD, and Alicia Czachowski, EdD, MPH, CHES® (Tulane University)*

The Health Wave Residential Learning Community (RLC) at Tulane University is a communal living opportunity that focuses on first year students' self-care, wellness, and public health by offering a variety of health-related programs and academic courses. Sponsored by Campus Health, the RLC's unique leadership team is comprised of diverse campus stakeholders. This session will discuss the Health Wave RLC's development, programming, and results from a mixed methods comprehensive process and outcome evaluation.

### **Best Practices for Sexual Health Services in College Health**

*Presenter(s): Joanne Brown, DNP, APRN, WHNP-C, FNP-C (University of Kentucky); Blake Flaughner, MPH, CHES® (University of California, Davis); Deborah Penoyer, MS, RN (State University of New York, Geneseo); Lindsey Phillips, MSc, MD (Rochester Institute of Technology)*

The SHECC Coalition presents a review of the results of the 2018 ACHA Sexual Health Services Survey and discussion of guidelines for best practices for providing sexual health services in college health.

### **Universal Suicide Screening in College Primary Care**

*Presenter(s): Melissa Frick, DNP, APRN, ANP-BC (Loyola University Chicago)*

Implementation of a universal primary care (PC) suicide screening program in a college student health center to heighten awareness, provide support and enhance education of staff and students served will be presented. Methods utilized include incorporation of the Suicide Behaviors Questionnaire-Revised (SBQ-R), an EMR alert, referral tracking and simulated staff training for providers. A comprehensive suicide-screening program is feasible for identifying at-risk students and promoting positive clinical changes in college PC practice.

### **A Better Approach to a Patient-Focused Customer Service**

*Presenter(s): Garry Gore, MD (Texas A&M University Student Health Services)*

Patient-focused communication and behaviors improve patient satisfaction. Learn how to effectively teach and reward customer service skills at both individual and organizational levels. Specific details of our "Be Part of The Bunch" initiative will be provided for adaptation to your program.

Friday, May 31

1:45 pm – 2:45 pm (cont.)

### **Inside SHAC at the University of Texas at Austin**

*Presenter(s): Omar Vayani, and Ananya Roy (The University of Texas at Austin)*

Learn about the components that make up the Student Health Advisory Committee at the University of Texas at Austin, including the different subcommittees and their roles in furthering the organization's goal to spread information about UT University Health.

### **Expanding the Reach of Psychological Services into the College/University Community**

*Presenter(s): Shirely Matthews, PhD, Assunta Vitti, PhD, Addette Williams, PhD, and Petra Amrani, PhD (Columbia University)*

In this session we will share a blue print for how we came to step beyond our roles, as psychologists at CPS providing direct therapeutic services, to embrace and then to expand our roles as internal consultants, and change agents. We will share information about five programs you may want to introduce to your university community to help you meet the challenge of greater demand for services without adding additional staff.

### **Updates in UTI Management: Opportunities for Antibiotic Stewardship**

*Presenter(s): Matthew Miller, PharmD, BCPS (AQ-ID) (University of Colorado Hospital)*

Urinary Tract Infections are one of the most common indications for both inpatient and outpatient antibiotic prescriptions. Given high rates of inappropriate antibiotic prescribing, it is imperative that accurate diagnostic evaluation and infection management be provided to minimize patient risk and optimize outcomes. During this presentation, audience members will review innovative strategies to improve diagnosis, prevention, and antibiotic management.

### **Exertional Heat Stroke**

*Presenter(s): Samantha Scarneo, PhD, ATC (Korey Stringer Institute)*

Exertional heat stroke (EHS) is one of the most common causes of death in the exercising individual. Survival from EHS is predicated on rapid assessment and treatment that normally exceeds the capabilities of our health systems. This talk will discuss the tools necessary to identify at risk populations and situations for EHS and the tools necessary to develop treatment plans.

### **Credentialing and Privileging Boot Camp**

*Presenter(s): Deborah Beck, EdD, MPA (University of South Carolina); Michelle Burcin, PhD, MPH, MCHES® (Walden University)*

Healthcare organizations are ethically and legally responsible to assure that providers, counselors and other professional staff are competent and that they have the education, skills and license to perform services. This is a practical and in-depth review of credentialing and privileging and how this process is linked with Peer Review, quality assurance and patient outcomes.

### **Heavy Conversations: Weight and Health**

*Presenter(s): Jennifer Barnoud, MS, RDN, LD, CEDRD (University of Texas at Austin)*

In this presentation we will review weight bias and stigma in healthcare settings, the factors affecting a person's weight, and more inclusive approaches to health care to improve outcomes and patient satisfaction. Challenges and strategies to address weight concerns with patients and reduce the effects of weight stigma will be discussed.

Friday, May 31

3:15 pm – 4:15 pm

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### **“If They Had Known” A Documentary Spoken BY Kids TO Kids about the Risks of Current Party Culture**

*Presenter(s): Genny Soper, BA (Clay Soper Memorial Fund)*

Our film connects with students in a unique way. Our goal is simple; to save lives. “If They Had Known” is a 30 minute documentary that focuses on the risks of current party culture; specifically, the recreational trend of mixing prescription drugs with alcohol. It is an honest and emotional story of an accidental death that shouldn’t have happened. Following the film, we present an outline and tools for leading an effective post-viewing discussion with students.

### **Development of an Inclusive Transgender Care Team**

*Presenter(s): Daniel Raedel, PsyD, and Sally Lowell, RN, FNP, MPH (University of Colorado at Boulder)*

This presentation outlines the process of developing a Transgender Care Team in a major public university setting as a part of elevating the standard of care provided to students identifying as transgender or gender non-conforming. Guided by the team's mission: "to provide interdisciplinary education, training, advocacy, and consultation as it relates to the healthcare of transgender and gender non-conforming individuals", we will share clinical pearls and review case studies including EMR adaptations, substance use, eating disorders, anxious and depressive disorders, and medical treatment guidelines.

### **Enterprise Risk Management in the College Health Setting**

*Presenter(s): John Bollard, MA (University of California Los Angeles); Kristin Parker, RN, BBA, and Brad Buchman, MD, MBA (University of California Office of the President)*

Student Health Centers are not immune to the challenges, risks and uncertainty present in the rest of the healthcare world. Patient safety, financial sustainability, quality improvement, operational efficiencies and ever-increasing compliance demands drive how we spend our time and resources. In this presentation we will provide a road-map to navigate these complex issues and discuss strategies that campuses might consider using to contain risk, improve efficiencies, and ensure better outcomes for their students.

### **Identifying Students at Risk for Co-Occurring Disorders**

*Presenter(s): Stephen Bentley, LCSW, CAC III (University of Colorado at Boulder)*

This workshop will show how one high-volume, high-acuity Counseling and Psychiatric Services Clinic is responding to clinic-based indicators reflecting significant under-diagnosing of students with co-occurring disorders. This multi-dimensional approach focuses on staff education, training, and the development of a risk/resilience rating scale to help clinicians more readily identify and treat students with co-occurring disorders.

### **Utilizing Effective Collaboration to Improve Campus Health Promotion Reach and Capacity**

*Presenter(s): Kelly Phipps Grove, MS (Florida State University)*

As Health Promotion professionals, how can we reach all our college students? Do you feel like the task is impossible? Learn how to increase your reach and capacity through key collaborations. We will explore how to sway college partners to collaborate, effectively utilize community organizations, motivate faculty to be involved, and find needed resources.

Friday, May 31

3:15 pm – 4:15 pm (cont.)

### Pharmacy Hot Topics 2019

*Presenter(s): Anne Hartig, BPharm (University of Nevada-Las Vegas); Jennifer Davis, PharmD (Oregon State University); Raisa El-Kurdi, PharmD, and Lauren Speake, PharmD (University of North Carolina at Chapel Hill)*

Pharmacists, administrators and pharmacy residents will discuss current issues in college health to include: Investigational Pharmacy in college health and the expanding role of pharmacists in college health clinics, counseling centers and the wider University community.

### Sports Medicine Primer

*Presenter(s): Jessica Higgs, MD (Bradley University/OSF)*

Opportunity for participants to ask about sports medicine topics that concern them. Discussions could review musculoskeletal exam techniques or discuss latest management in sports medicine issues. Presentation will be audience driven.

### Achieving Higher Immunization Compliancy Results

*Presenter(s): Constance Morrow, BS (University of Notre Dame)*

Notre Dame requires all incoming students to demonstrate proof of immunity to 9 communicable diseases and to be tested for tuberculosis infection, if coming from a country of high TB burden. This prematriculation program requires extensive administrative, clerical and clinical support. We conducted a LEAN/Six Sigma Green Belt project in 2017-18 to improve our compliance process and reduced the workload dramatically. We increased our compliance rate from 68% to 89% for the fall semester.

### Campus Recreation's Role in Promoting Student Well-Being

*Presenter(s): Lena Newlin, MPH, and Patrick Moran, MS (University of Wyoming)*

Many collegiate recreation centers today are more than a gym, and college students are coming to campus looking for integrated recreation and wellness opportunities. Yet the partnership between health promotion professionals and campus recreation professionals is just emerging. Significant opportunities to impact student wellbeing and academic success exist with the collaboration between collegiate recreation and health promotion professionals. Participants in this session will gain examples of how to build successful partnerships to promote well-being.

### Sexual Dysfunction in Young Adult Males

*Presenter(s): David Reitman, MD, MBA (American University)*

While male sexual dysfunction is more common regarded as an older male phenomenon, it frequently presents as a chief complaint in college-aged males. Using a combination of lecture and case based approach, his presentation will address etiology, work-up and treatment of commonly seen sexual functioning complaints including erectile dysfunction, premature ejaculation, delayed ejaculation and others.

Friday, May 31

3:15 pm – 4:15 pm (cont.)

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### **Basic Needs – Addressing Non-Academic Barriers to Ensure Student Success**

*Presenter(s): Jeanne Harris-Caldwell, EdD, MSN (Saddleback College)*

At colleges throughout the country, there is a rapidly growing awareness of the serious challenges that students face meeting basic needs. A recent study of 70 community colleges found that 56 percent of students were food insecure, and nearly half were either experiencing housing insecurity (35 percent) or homelessness (14 percent). A fall 2017 survey of California community colleges found 56.8 percent of respondents had direct contact with students experiencing basic needs insecurity multiple times per week or every day.

### **ACHA Connected College Health Network (CCHN) Data Warehouse**

*Presenter(s): Sarah Van Orman, MD, MMM (University of Southern California/Keck School of Medicine)*

Sarah Van Orman, M.D. will provide an overview and progress of the ACHA Connected College Health Network (CCHN) data warehouse initiative including initial data from the Phase I Institutional Profile Survey. ACHA is implementing a data warehouse that will consolidate and transform student health data into useful insights. The CCHN data warehouse will support multiple missions, including research and education, administration and management. Users will include clinicians, mental health professionals, researchers, health policy, and institutional administrators. Dr. Van Orman will elaborate on information users can access and progress on the initiative.

4:45 pm – 5:45 pm

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### **Giving it Your Best Shot: Collaborative Strategies to Improve Flu Vaccination Rates on Your Campus**

*Presenter(s): Geno Mehalik, MPA (University of California Los Angeles)*

According to the CDC, the common flu kills nearly 36,000 people each year. As university health professionals, we're on the front lines every October when flu season begins -- and though the ACHA Healthy Campus 2020 target for flu vaccination remains 50 percent, most campuses continue to fall short of that goal. In 2017-18, UCLA's Arthur Ashe Student Health & Wellness Center successfully vaccinated nearly one quarter of our 43,000 enrolled students (N=10,765). In this program, learn a number of strategies for growing flu vaccination rates on your campus.

### **Adverse Childhood Experiences: An Unaddressed Public Health Crisis**

*Presenter(s): Rebecca Rampe, PsyD, LP HSP-P, and Amy Cavanaugh, PhD (University of North Carolina Wilmington)*

Adverse Childhood experiences impact over 67% of Americans, yet it is estimated that less than 15% of American Healthcare providers assess for ACEs despite the significant health impact that ACEs can have on a person's treatment. This presentation will review ACEs, their impact on health, and the ACEs assessment measure. Presenters will share ACEs data collected by the CC, how this data is used in treatment, and how it will inform future services.

Friday, May 31

4:45 pm – 5:45 pm (cont.)

### **Understanding the Application of Acupuncture in College Health**

*Presenter(s): Richard O'Keefe, MD, MA, FAAFP (Columbia University); Kimberlie Wilson, LAc, MAc, DAc (Pacific College of Oriental Medicine)*

How can acupuncture enhance clinical practice in a college health setting? Through case presentation, didactics, and discussion, this session will explore a model of a collaborative acupuncture practice for students. Cases will employ an allopathic and acupuncture lens with attention to the linguistic, professional, medical challenges, and benefits of working in an integrative fashion. Participants will be introduced to the conceptual framework for acupuncture including the 5 Elements, 6 Evils, Yin/Yang theory, and the clinical significance of qi flow.

### **Building Connections between Student-Athletes and Mental Health**

*Presenter(s): Kevin Thomas, PsyD, and Jaime Potter, MS (California State University, Fullerton)*

Nationally, there has been a movement to provide more mental health support for student-athletes. Counseling and Psychological Services and the Athletic Training Staff at California State University, Fullerton have partnered to create a Student-Athlete Wellness Model. This model combines student health services and the athletics department to create a network of support around student-athletes to help them flourish. This presentation will share our comprehensive model and offer insights that we have gained over the years.

### **Sexual Assault Prevention Programming for International Students**

*Presenter(s): Elizabeth Peeler, MSPH, CHES®, Laurie Cox, EdD, and Deborah McMillan, EdD (Ball State University)*

While most institutions of higher education provide sexual assault prevention programming to domestic students, there is also a need to provide separate culturally competent sexual assault prevention programming to international students. Providing sexual assault prevention programming brings its unique challenges in ensuring cultural competency and being understood by non-native English speaking students who may have limited English competency. This presentation will address the importance of providing culturally competent sexual assault prevention programming to international students.

### **Update on Diabetes Mellitus in the College Student: A Collaborative Approach to Management**

*Presenter(s): James Desemone, MD, FACP, FACE, CPE (Albany Medical College); Graciela Desemone, MD (University at Albany)*

Diabetes Mellitus (DM) management may be challenging for college students and college health providers alike, especially transitioning from home to on-campus living. This interactive session led by an Endocrinologist/Diabetologist and a College Health Physician will present attendees with issues encountered by college students with DM. Topics will include a review of the pathophysiology of DM, updates on current monitoring and treatment regimens for diabetes, and attention to problems commonly encountered by college students with DM.

### **Understanding Your Competitive Advantage**

*Presenter(s): Jean Chin, MD, MBA, FACP, FACHA (Augusta University/University of Georgia Medical Partnership)*

The healthcare industry continues to face disruptive forces. College health is not immune to these disruptors but is often ill equipped to adequately address these forces. Understanding the concepts of competitive advantage and competitive strategy is critical to the sustainability of your healthcare organization. This program will: Discuss how to identify your health services' competitive advantages and communicate them to critical stakeholders; Discuss how to implement a competitive strategy; and Analyze value creation of successful businesses and translate those successes to healthcare.

Friday, May 31

4:45 pm – 5:45 pm (cont.)

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### **Implementing SBIRT for Every Student Patient**

*Presenter(s): Melissa Paterakis, RN MSN FNP-C (UMBC (University of Maryland Baltimore County))*

Screening Brief Intervention Referral to Treatment (SBIRT) is a technique that is used nationwide to address substance use and misuse in primary health care settings. UMBC's University Health Services, in addition to a few other University of Maryland System schools, participated in a grant from the Hilton Foundation to implement SBIRT at every patient visit. This presentation will give an overview of SBIRT, describe the procedure for clinic implementation, clinician experience of SBIRT, and data on the students' perspective. Additionally, I will lead a discussion on challenges, review data results, and discuss future opportunities for SBIRT in practice.

### **Identifying and Managing Common Hand and Wrist Injuries**

*Presenter(s): David Edwards, MD (Texas Tech University Health Sciences Center, Lubbock)*

Hand and wrist injuries are common in the collegiate population. Clinicians often lack confidence in diagnosing and managing these injuries, leading to unnecessary and costly imaging studies, long waiting times to see specialists, and uncertainty regarding when to return to work / sport. This presentation will emphasize diagnosis and treatment of these injuries in an efficient and cost-effective manner.

### **Orthorexia, Other Eating Disorders, and Pathological Exercise**

*Presenter(s): Jennifer Barnoud, MS, RDN, LD, CEDRD (University of Texas at Austin)*

This presentation will address the diagnostic criteria for a variety of less common or more inconspicuous presentations of eating disorders including orthorexia and avoidant restrictive food intake disorder, as well as offering proposed criteria for pathological exercise. Participants will be able to correctly identify disordered eating or exercise behaviors to provider earlier interventions.

### **Adenovirus-Associated Respiratory Illness in Campus Settings: Update from CDC**

*Presenter(s): John Watson, MD, MSc (Centers for Disease Control and Prevention)*

Although recruits at basic military training sites are recognized to be at risk for infection with human adenovirus (HAdV), less is known about the risk for HAdV in nonmilitary congregate settings. Understanding the effects of HAdV respiratory illness on college campuses, including severity, missed class time, and occurrence of outbreaks, would be useful in assessing potential control measures in these settings. Results from investigations of recent outbreaks involving campus settings will be presented and discussed.

### **Immunization of Healthcare Professionals**

*Presenter(s): Patricia (Patsy) Stinchfield, MS, CPNP, CIC (Children's Minnesota)*

Recommendations for vaccination of healthcare professionals change as new vaccines are added to the immunization schedule. This session will cover a recent National Foundation for Infectious Diseases Call to Action on how to improve healthcare professional immunization rates, what documentation is acceptable for proof of immunity and how to talk to healthcare professionals who may be hesitant or misinformed about vaccine safety.

Saturday, June 1

8:00 am – 9:30 am

### **Synergistic Programming to Support and Elevate the Health and Well-Being of the Residential Community**

*Presenter(s): Rowan Tan, MSocSc, Grad.DipSocSc, Bec, and Glenda Langford, CPM AAPM (Swinburne University of Technology)*

Swinburne University (Australia) has a strong commitment to providing a safe and healthy environment for our students in housing. Studies have shown that mental health, alcohol, behavioural issues, and social media addiction can significantly impact the safety and wellbeing of our students in on campus housing. The Health & Wellbeing and On Campus Housing Teams have collaboratively developed the Res.Com, Resilience and Healthy Ninjas programs to elevate students' wellbeing and minimise risks for our residents.

### **Alcohol Screening and Brief Intervention (SBI) in Primary Care**

*Presenter(s): Jean DeDonder, PhD, APRN (Kansas State University)*

Alcohol use/misuse on college campuses continues to challenge the well-being of college students. Although prevention and education remains the cornerstone for addressing this ongoing challenge, the U.S. Preventive Services Task Force, as well as the American Medical Association and the American Academy of Family Physicians, recommend that alcohol screening and brief intervention (SBI) be implemented for all adults in primary health care settings. This presentation will review the pragmatic and successful process of implementing alcohol SBI in primary care at Kansas State University.

### **Insta-Scramble: Adjusting to the Ever-Changing World of Social Media**

*Presenter(s): Sara Stahlman, MA (University of North Carolina at Chapel Hill)*

Social media users - especially college students - are moving away from the frontrunning platforms of the past decade to new and dynamic spaces. This requires significant updates to how we communicate. This session will provide platform-specific strategies to build an audience, engage students in communication efforts and distribute high reach health communication.

### **Disaggregate Student Health Data to Optimize Use of Limited Resources and Address Health Disparities**

*Presenter(s): Claudia Trevor-Wright, MA, JD, MCHES®, and Jessica Abramson (Wellesley College); Karem Moses, EdD, CHES® (Arizona State University)*

Many institutions administer the National College Health Assessment or other instruments to assess student health behaviors, attitudes, and beliefs. Compelling ethical and financial reasons exist to go beyond the aggregate data and examine health disparities among various subpopulations on campus. In this session, we will explore those reasons in addition how you can dig deeper without significant additional financial or personnel resources. We will also provide a case study for partnering with campus stakeholders to respond to identified health disparities.

### **Microaggressions and Inclusive Language**

*Presenter(s): LeAnn Gutierrez, PhD, MBA (Florida Atlantic University)*

Many college health programs are in pursuit of tools and resources to meet the needs of diverse communities on campus. This program will help college health professionals increase awareness for microaggressions and inclusive language.

Saturday, June 1

8:00 am – 9:30 am (cont.)

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### **Creating a More Mindful Campus: The Patient Centered Medical Home as a Springboard to Mindfulness and Meditation Practice**

*Presenter(s): Marguerite O'Brien, MSW (University of South Carolina)*

Mindfulness and meditation have been linked to improved health outcomes. Yet, how can we as practitioners integrate these concepts into our care delivery models like patient-centered medical homes? How can student health act as a campus leader in how to integrate such practices into our campus cultures? This presentation will provide participants with concrete examples of how one campus has linked clinical practice (i.e. administration of the PHQ-9) to health education programs and services around mindfulness and stress management, as well as assisting training students, faculty, and staff to integrate mindfulness into daily living.

### **Nutritional Strategies to Improve Symptoms of Depression, Anxiety, and ADHD**

*Presenter(s): Rahul Patel, DO, and Janele Bayless, LPC, RD (The Ohio State University)*

This presentation will provide an update on research developments show that certain nutritional strategies can have comparable benefits to medications or therapy for treatment of depression, anxiety. Nutritional strategies for adhd, and bipolar disorder will also be presented. There will be room for sharing and discussing strategies to help students improve nutrition to improve their mental health, as well as possible system/university level interventions.

### **Assistance and Support Animals on Campus: Understanding the Differences and Opportunities While Navigating the Challenges**

*Presenter(s): M. Dolores Cimini, PhD (University at Albany, SUNY)*

With the increasing numbers of service, assistance, and emotional support animals on college campuses in recent years, mental health professionals are being faced with more complex and evolving professional and ethical challenges. This presentation will discuss the differences among service, assistance, and support animals, outline the laws that govern their access on college campuses, and highlight best practices for evaluating requests for access. Potential opportunities for the integration of trained animals, such as therapy dogs, within our mental health treatment and promotion efforts will also be explored.

### **Protecting Young Adults from Vaccine-Preventable Diseases**

*Presenter(s): JoEllen Wolicki, BSN (Center for Disease Control and Prevention)*

The field of immunization is marked by constant change including annual Advisory Committee on Immunization Practice (ACIP) immunization schedules, ACIP updated recommendations and newly licensed vaccines. The purpose of this presentation is to provide an update on 2018 ACIP immunization recommendations for young adults, incorporating those for students in a college/university setting. Special situations will be addressed including students training to enter health care related fields. Best practice standards and related resources will be highlighted.

Saturday, June 1

8:00 am – 9:30 am (cont.)

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### **Health Center Staff as Key Partners in Preventing and Responding to Campus Sexual and Relationship Violence**

*Presenter(s): Jennifer Jacobsen, MA, MPH (Grinnell College); Virginia Duplessis, MSW (Futures Without Violence); Kim Webb, MEd (Washington University in St. Louis)*

Sexual and relationship violence (IPV/SV) impacts student health, engagement, and educational persistence. Campus health centers are a vital component of campus-wide prevention and response. Health center staff are in a unique position to be able to offer support, as well as to provide education to all patients. Presenters will outline best practices including staff training, routine assessment in clinical encounters, student outreach, addressing secondary trauma, and partnerships with other campus departments and community providers.

### **Serving Student Veterans: Core Competencies for Healthcare Providers and Campus Personnel**

*Presenter(s): Jenna Ermold, PhD (Center for Deployment Psychology)*

This core competency workshop is designed to address cultural and clinical concerns of Veterans and Service members on a university or college campus. The program presents an overview of the experience of student Veterans and Service members, and includes challenges during deployment and reintegration on campus, campus outreach strategies, recommendations for culturally-informed assessment approaches for common presenting health/behavioral health problems.

10:00 am – 11:30 am

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### **Presidential Session -- Active Minds: Changing the Conversation about Mental Health**

*Presenter(s): Alison Malmon, BA (Active Minds)*

Students are reporting that all of the biggest factors impacting their academic performance are related to their mental health. Active Minds' founder and Executive Director Alison Malmon will present about the impact that Active Minds has had on campus mental health over the past 15 years as she speaks to the state of the issues and tells her personal story of founding the organization in memory of her brother, Brian. Allison will share Active Minds' vision to mobilize the next generation to build a mental health culture on our campuses and create a safe space for hope, help, and health.

Appendix K  
Chaperone Policy

<b>4.B.7 Chaperones</b>	Page 1 of 1
	Effective Date: June, 2018
	Revision Date(s): New
<b>Coordinated By: Medical Directors</b>	

**I. Background / Purpose:**

The presence of a trained chaperone during sensitive examinations can provide both protection and reassurance for patient and provider alike regardless of the gender of either.

**II. Definitions:**

**Sensitive Exam:** Examination of the female breast, female pelvis, male genitalia, and/or rectum.

**Chaperone:** A clinical staff member who has been trained in assisting and observing with sensitive examinations.

**III. Policy:**

A chaperone will be provided to all patients and is required during all sensitive examinations and procedures. All staff members serving as a chaperone will receive training on appropriate procedures for sensitive examinations and how to report sensitive exam concerns. The presence and identity of chaperones will be documented in the electronic health records. In general, chaperones will have the same gender identity as the patient, however, a patient may specify a preferred gender identity. A patient may also request a chaperone for any consultation, examination or procedure, if they feel one is required. Patients may not decline use of a chaperone.

**IV. Procedure:**

A. USC SHS will provide a chaperone that will:

1. Reassure the patient if necessary
2. Be familiar with the procedure involved in routine intimate examinations
3. Stay throughout the examination
4. Be sensitive and respect the patient's dignity and confidentiality
5. Assist the provider with the examination and procedure including set-up, specimen collection, labeling, and processing, and clean-up
6. Gender of the chaperone will be agreed upon by the provider and patient

B. USCSHS provider will notate in the EHR the name of chaperone

C. If a patient declines the use of a chaperone, the patient can be referred to an outside provider.

D. If a chaperone is unavailable, the examination should be rescheduled unless the provider deems the examination is clinical urgent. In the event an examination is performed without a chaperone, this should be noted in the electronic health record along with the clinical reason the examination was urgent. This event should be reported through the SRM system.

**V. References:**

*Code of Medical Ethics 1.2.4 AMA.*

Appendix L  
Plain Language Notice

## Feedback

At USC Student Health Services, we want to make sure you have a positive experience and that all your needs are met. Your feedback is very important to us. Any concern about healthcare provider and staff is investigated thoroughly.

Submit your comments and concerns in the way that feels most comfortable to you. If you provide your name and contact information, you will be contacted to get more information, but concerns can also be submitted anonymously.

Although your healthcare provider may ask you questions about your sexual practices and health for purposes of providing you with appropriate medical care, all questions and actions should be related to the care you are seeking. A provider should not make inappropriate comments about your body or conduct a sensitive exam in a manner that is not consistent with the brochure entitled "Patient Guide to Sensitive Health Exams".

We encourage you to make confidential reports on practices or conduct that does not meet the ethical and professional standards of the university online at [report.usc.edu](http://report.usc.edu) or by calling the USC Help and Hotline at [213-740-2500](tel:213-740-2500). This number is staffed by live operators 24 hours a day, 7 days a week. You may report anonymously and all reports are tracked and receive follow-up.

Appendix M  
Patient Feedback

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**USC Student Affairs**

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## USC Student Health

Keck Medicine of USC

### Tell Us What You Think!

**Please do not use this form for urgent medical issues that need immediate attention or if you need to speak to a counselor. Please refer to the Need Help With a Crisis or After Hours sections of our website for urgent matters.**

At USC Student Health Services, we want to make sure you have a positive experience and that all your needs were met. If comments or concerns arise, we strive to address them in a timely and efficient manner. Your feedback will help us to continue to improve our patient resources and services, so thank you for telling us what you think!

Send in your comments, compliments and concerns by filling out the on-line form below. Forms will be received and reviewed by Steven Schulman, MHA - Manager, Ambulatory Quality. Feel free to call **213-821-6597** to speak to Steven.

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If you would like a response to your comment and/or concern please tell about yourself:

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Your Name (optional)

Your Email (optional)

Phone (optional)

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Your USC Affiliation: (required)

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I am writing to: (required)

Report a Concern  
 Ask a Question  
 Share an Idea  
 Other

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Comments and/or Concerns:

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**Disclaimer**

Please be advised - this is not a secure medium for transmitting confidential information.

**Privacy Details**

The Engemann Student Health Center collect, stores and uses personal information only for the purposes of administering your inquiry. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.

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Survey Powered By Qualtrics

Appendix N  
Complaint Policy

<b>2.A.11 Complaints</b>	Page 1 of
	Effective Date:
	Revision Date(s):
<b>Coordinated By: Department Head/Committee</b>	

**I. Background / Purpose:**

To provide student’s or their representatives an avenue to submit a concern either in writing or verbally regarding any aspect of their care experience and be assured that the issue is addressed through a timely and thorough process.

**II. Definitions:**

Concerns: Concerns expressed by the student, family, or visitor to any personnel from USC Student Health (USCSH) during an appointment and resolved prior to them leaving their encounter. Additionally, concerns are raised after an encounter but takes minimal action to resolve and does not involve quality of care issues that have a potential to cause or have caused harm.

Complaints: A formal, written or verbal complaint that is filed by a student, when a student issue cannot be resolved promptly by staff present.

Complaints include:

- Quality of Care issues that are not resolved during encounter and have the potential to cause or have caused harm
- Criminal Allegations (sexual misconduct, battery, assault, etc)
- Anything received in writing (letter or email)

Complaints do not include:

- Student satisfaction surveys (unless name is provided and requesting response/resolution)
- Social media mentions (unless name is provided and requesting response/resolution)

Representative: Any individual(s) whom the student has identified as a delegate that can be involved in the student’s cares (parents, spouses, etc.)

**III. Policy:**

USC Student Health (USCSH) believe that a student has the right to considerate, respectful and informed care. When a student or a representative’s expectations are not met, he/she is entitled to register a complaint and receive information of action(s) taken for its resolution, as appropriate. At no time should a student feel threatened or intimidated because he/she has voiced a concern.

The USCSH should encourage questions and concerns to be resolved at the time of their occurrence and for employees to support one another to facilitate a speedy resolution. Each employee has the responsibility and authority to be an active participant in maintaining the highest standards of student satisfaction before, during, and after a student’s encounter. This policy covers only concerns and complaints that are not able to be resolved during the encounter or appointment that the student vocalizes concern.

**IV. Procedure:**

1. A complaint can be brought forward by various means. These include but are not limited to:
  - Verbally – to any USCSH employee

CHAPTER 2

Administration

- Written – emails, Suggestion Box submissions, formal letters, online feedback form, etc.
  - Telephone – to any USCSH employee
  - Survey – Student Satisfaction surveys that include the following criteria:
    - Student provides name and contact information
    - Requests follow up in survey comments
2. Once the complaint is identified, these must be submitted via the Risk Management’s Electronic Incident Reporting System where feedback may be documented. These must be documented as soon as possible, no later than 3-business days from the date of the initial contact.
  3. After the complaint is submitted, the Quality Manager, Risk Manager, or any identified department leader will review the concern. The following must then occur:
    - Concern must be categorized as a Complaint via the event reporting system;
    - Escalate to Executive Leadership and Risk Management if concern is acute or severe in nature; and
    - Assignments will be made to the appropriate leadership to conduct follow up with student, investigate, and document findings by the USCSH Quality Manager or a representative of the Keck Office of Integrated Risk Management..

If the concern is identified as a **CONCERN:**

1. Assigned leadership will initiate contact student as soon as possible, generally within 2-business days, but no longer than 7- days of receiving assignment.
  - a. If after two attempts, contacting student has been unsuccessful, this will be documented.
  - b. Whatever action that can be completed without the student’s input will occur and be documented.
  - c. Complaint may then be closed.
2. Leader will apologize and perform any necessary appropriate actions to address the concern.
3. Resolve the concern and document investigation findings, actions taken to resolve, and what contact/communication was made with student.

If the concern is identified as a **COMPLAINT:**

1. Assigned leadership will initiate contact student as soon as possible, generally within 2-business days, but no longer than 7- days of receiving assignment.
  - a. If acute in nature, call must be made to Student immediately.
  - b. If after two attempts, contacting student has been unsuccessful, this will be documented. Investigation will occur and written resolution will be sent to student.
2. During initial contact with student, leader should discuss:
  - a. Review concern to ensure the student’s perspective of situation is accurately depicted;
  - b. Inform of the Complaint Process (investigation will ensue and follow up will occur either written and/or verbal, per student’s preference);
  - c. Attempt to resolve the complaint with the student; and
  - d. Confirm what form of follow up the student would prefer once investigation has been completed:
    - Verbal, Email, and/or Formal Written Letter
3. Investigation may include:
  - a. Student Interview
  - b. Medical Record Review
  - c. Employee/Provider Interviews
  - d. Potentially send for Provider Peer Review
4. Bill Hold: Outstanding fees will be assessed for possible bill waiver or reimbursement. When appropriate a bill hold can be placed pending investigation
  - Confirm if a Waive/Reimbursement is appropriate
  - Malpractice Insurance involvement/Claim management

5. Once investigation has been completed, findings and actions taken will be communicated to the student via student's preferred method identified during initial communication.
  - a. Investigation findings, actions taken to resolve, and what contact/communication was made with student will be documented by investigator and communicator with student.
  - b. Written resolution will be attached to event for future reference, if needed.
6. Complaints will be resolved within 30-days. A one-time extension may be granted, but will require written communication to student informing them of the extension.

### **Representative Concerns**

If a representative vocalizes concern regarding a student's care with (USCSH) (parent or spouse), prior to any further discussion with the representative, the following must occur:

1. The concern must be elicited and documented.
2. The Quality Manager or an assigned leader will attempt to contact the student within 2-business days. During this communication, the student must be informed of concern, confirm if the concern is valid and accurate, and approve release of information to the representative (memorialized by completed release of PHI documentation).
  - After two unsuccessful attempts, the accountable leader will document efforts, contact representative and inform them that further information cannot be provided since student has not responded.
  - If the student does not validate or agree concern was an issue, this will be documented. The representative will be informed of the finding.
  - If the student does not approve release of information to the representative but validates the concern. The complaint or grievance process will continue as outlined.
3. The concern can then follow outlined complaint or grievance process, as appropriate.

### **Oversight over Complaint and Grievance Trends and Data**

Complaint and Grievance trends and data will be shared with the Student Health Sub-Committee and the Integrated Complaint and Grievance Committee on a scheduled basis.

## **V. Appendices**

## Appendix O

### Consent and Healthy Relationships Training Grid

### CONSENT & HEALTHY RELATIONSHIPS Training Grid

UNIVERSAL						
UNDERGRADUATE STUDENTS	Think About It Online module	Affirmative Consent (60 minute workshop)	Healthy Relationships	Bystander Intervention (BITB 90 minute training)	ASSUMPTIONS	CONSIDERATIONS
<b>LEARNING OBJECTIVES</b>		1. Define affirmative consent 2. Demonstrate skills/behaviors of affirmative consent 3. Develop personal plan around affirmative consent				
<b>PRE-ENROLLMENT (Year 1)</b>	✓				<ul style="list-style-type: none"> <li>• Universal prevention all incoming students</li> </ul>	
<b>Year 1</b>		✓			<ul style="list-style-type: none"> <li>• Universal dose all first year incoming students</li> <li>• Tailored for specific populations (athletics, greek, lgbtq, veterans, international, disabilities)</li> <li>• Anyone can attend any session</li> <li>• In-person workshop</li> <li>• Reach: 4,000 total</li> <li>• G.A.s will co-facilitate</li> <li>• 20-30 stus per session = 175/200 sessions</li> <li>• Over 10 weeks fall semester</li> </ul>	
<b>Year 2</b>			✓			
<b>Year 3</b>				✓		
<b>Year 4</b>						

**CONSENT & HEALTHY RELATIONSHIPS Training Grid**

GRADUATE	Think About It Online module	Healthy Relationship	Sexual Harrassment		ASSUMPTIONS	CONSIDERATIONS
LEARNING OBJECTIVES						
PRE-ENROLLMENT (Year 1)	✓				Universal prevention all incoming students	
POST-ENROLLMENT						
TARGETED	Affirmative Consent Workshop	Bystander Intervention Training				
LEARNING OBJECTIVES						
GREEK						
ATHLETES						
DISABILITIES						
LGBTQ						
VETERANS						
INTERNATIONAL						

**CONSENT & HEALTHY RELATIONSHIPS Training Grid**

<b>STUDENT ORGANIZATION LEADERS</b>		✓				
<b>ASSUMPTIONS</b>	<ul style="list-style-type: none"> <li>• Programs will be evidenced-based and evidenced-informed where possible</li> <li>• Programs will be mandatory</li> <li>• Bystander training is incorporated into the curriculum</li> <li>• Sex-positive</li> </ul>	<ul style="list-style-type: none"> <li>• Programs will be evidenced-based and evidenced-informed where possible</li> <li>• Programs will be mandatory</li> <li>• Sex-positive</li> </ul>	<ul style="list-style-type: none"> <li>• Programs will be evidenced-based and evidenced-informed where possible</li> <li>• Programs will be mandatory</li> <li>• Sex-positive</li> </ul>	<ul style="list-style-type: none"> <li>• Programs will be evidenced-based and evidenced-informed where possible</li> <li>• Programs will be mandatory</li> <li>• Sex-positive</li> </ul>		
<b>CONSIDERATIONS</b>						

Appendix P  
Mandated Training USC Employees

# USC Employee Gateway



## Mandated training

As a USC employee, you will on occasion be required to complete mandated training. Some mandated training is specific to certain situations; other training is job-specific; and some training applies much more broadly, across the university.

### Harassment Prevention and Campus SaVE Act training

California law requires that every two years all employees receive information about prohibited workplace conduct, specifically regarding discrimination, harassment, and retaliation. On the same timetable, state law also requires that all supervisors receive harassment prevention training.

**For supervisors**, USC provides an online course with content that meets both the state requirement and a federal requirement for additional training on combatting sexual violence, including sexual assault, domestic violence, intimate partner violence, stalking and bystander intervention (Campus SaVE Act). This course takes approximately two hours to complete. USC requires you to complete the course if you are a:

- staff member who supervises other employees, including students or temporary workers
- postdoctoral scholar who supervise others
- student worker who supervises others
- full-time or part-time faculty member

To access the course, log in to [TrojanLearn](#). Once logged in, search for “Harassment Prevention and Campus SaVE Act” – then simply launch the training. If you need help accessing the course, contact the HR Service Center at [uschr@usc.edu](mailto:uschr@usc.edu) or (213) 821-8100.

**For non-supervisory staff**, USC provides a link to the training information that employees are required to review. Non-supervisory staff may also take the two-hour course described above, if they wish. Employees who interact with students may find the course especially valuable in thinking through how to effectively help those students who may confide in them regarding issues of harassment or sexual

“I love being part of USC’s rich traditions and celebrating the fact that there are so many breakthroughs we are accomplishing. It’s exciting to see us build new standing traditions that will open doors to future Trojans!”

**Peter Zamar**

Administrative Assistant  
Information Sciences  
Institute

misconduct. The two-hour training contains guidance on providing support and resources, and complying with university policy. Any employees who wish to understand these issues more fully are encouraged to consider taking the course.

**For all employees**, watch for an email from TrojanLearn with instructions on how to access your required material, and information on completion deadlines.

## Required training for managers

Management Essentials is the mandated training for all new managers, whether they are hired as managers or promoted into a manager position. It's also available in TrojanLearn.

## Training for other specific job duties

Employees within a number of groups, and performing a variety of job duties, must complete mandated training requirements:

- **Protecting Minors** – if you work with minors
- **Defensive Driving** – if you operate a university motor vehicle (including golf carts) and available in TrojanLearn
- **Environmental Health and Safety training** – if your job description involves environmental health or safety issues
- **Campus Security Authority/Clery training** – if you are designated as a Campus Security Authority (CSA)
- **Kuali Financial System training** – if you use the Kuali system
- **FERPA training** – if you access student information systems
- **HIPAA privacy education** – if you have access to PHI
- **Healthcare compliance education** – if you are clinical faculty or staff
- **Grants management education** – if you are proposing research, are a PI or research administrator, or seek approval privileges on sponsored projects accounts
- **Human subjects protections training** – if you are involved in research with human subjects
- **Good Clinical Practices and other research-related training** – in you are involved in research

Other departments at USC offer training that may be mandated for their own group, or for those who interact with that group. Talk to your manager about requirements for your area, especially if your job duties fall under any of the following:

- Auxiliary Services
- Business Services (can apply to employees across the university who work in business-related functions)
- Contracts and Grants (can apply to employees across the university who work in contracts, grants or research)
- Environmental Health and Safety (can apply to employees across the university who work in labs, shops, healthcare settings, or any potentially

- Financial Aid Office
- Libraries
- Compliance (can apply to employees across the university who work in healthcare or research settings)
- Research (can apply to employees across the university who work in research settings)
- Sustainability
- Workday (can apply to HR personnel who are system transactional users)

## USC Employee Engagement and Communications

Employee Communications Advisory Council  
Jobs at USC (current employees)  
Jobs at USC (external applicants)  
Emergency information

## Now playing on Classical KUSC

See detailed playlist



listen now



Send website feedback to [gateway@usc.edu](mailto:gateway@usc.edu)

Website by USC Web Services

Appendix Q  
AAU Campus Climate Survey

# Survey Questionnaire



# Campus Climate Survey on Sexual Assault and Sexual Misconduct

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---

<sup>1</sup> Section Headings, navigation boxes and skip instructions are for navigation purposes only and are not seen by survey respondents. For an example of a screen shot for a question, see accompanying document on summarizing the questionnaire development.

## Overview

This first section provides a brief overview of the logic and flow of the instrument. The remaining sections provide the survey, starting with the informed consent statement. The vertical lines on the survey documentation indicate what appeared on each screen. For an example of the template used for each screen, see the document summarizing the questionnaire development process.

## Survey Flow and Logic

The survey has a core set of 63 questions that are asked of every respondent. Additional questions are administered if respondents report being victimized. For Harassment, Stalking and Intimate Partner Violence (Question items D, E and F), approximately 7 follow-up questions are asked for each type of misconduct. These follow-up questions ask for information across all reported incidents for each form of victimization. For example, if someone was a victim of Intimate Partner Violence by two different partners, the follow-up questions ask for information across both partners.

There is more complicated logic for the items covering sexual assault (G1-G5), coercion (G6, G7) and lack of affirmative consent (G8, G9). Across these items, there are two types of follow-up questions. First, there are follow-ups to each 'yes' response to questions G1 – G9 (Attachment 1). The purpose of these follow-ups is to count and date each of the incidents that occurred. This is done by following each 'yes' response to an individual screen item (G1 – G9) with questions that ask for the number of times (Attachment 1: G[X]a<sup>2</sup>) and the school year in which the incident occurred (Attachment 1: G[X]b – G[X]c). To finalize the count, there are additional follow-ups that ask if the incident is part of another incident that was already reported. If it had already been reported, the respondent is asked to indicate which other incident was involved (Attachment 1: G[X]d, G[X]e).

After G1 – G9 were completed, a second type of follow up was used to collect details on the victimization that was reported (Attachment 2). These follow-ups were divided into two groups. One group is for the sexual assault items (G1-G5). If a respondent reported 'yes' to at least one of G1 – G5, a series of approximately 18 items were administered to collect the details (Attachment 2; Items GA). These follow-ups are administered separately for G1-G2 (completed and attempted penetration by physical force), G3 (sexual touching using physical force), G4 (penetration when incapacitated) and G5 (sexual touching when incapacitated). For example, if a respondent reports a penetration by force (G1) and sexual touching by force (G3), these items were administered twice, once for each type.

As with the other types of victimization, these follow-up questions ask for a summary across all incidents of each type. For example if the individual was a victim of sexual touching using physical force (G3) on two occasions, the items will ask for a summary across both occasions. Up to 2 forms were administered for those individuals that reported 2 or more types of assaults. If more than two types of assaults were reported, then the top two were selected using the following order: 1) G1-G2 (completed or attempted penetration with force), 2) G4 (penetration when incapacitated), 3) G3 (sexual touching by force), 4) G5 (sexual touching by incapacitation).

The second group of follow-ups were administered for reports of coercion (G6, G7) and lack of affirmative consent (G8, G9; Attachment 2: Section GC). If a respondent reports both coercion and lack of affirmative consent, two forms were administered, one for each type.

---

<sup>2</sup> "X" goes from 1 to 9. For example, G[1]a is the follow-up to question G1; G[2]a is the follow-up to question G2, etc.

### Informed Consent

[UNIVERSITY] is asking all students to answer a climate survey on sexual assault and sexual misconduct. The survey is sponsored by [UNIVERSITY] in collaboration with the Association of American Universities (AAU). The results will be used to guide policies to encourage a healthy, safe and nondiscriminatory environment at [UNIVERSITY].

This survey includes sections that ask about your knowledge and beliefs about social situations, perceptions related to sexual misconduct at [UNIVERSITY] and your knowledge of resources available at [UNIVERSITY].

TRIGGER WARNING: This survey also asks about your personal experience with sexual misconduct, such as harassment, sexual assault and other forms of violence. Some of the language used in this survey is explicit and some people may find it uncomfortable, but it is important that we ask the questions in this way so that you are clear what we mean. Information on how to get help, if you need it, appears on the top of each page and at the end of the survey.

This survey should take most students approximately 20 minutes to complete. It may take up to 30 minutes for some individuals. You do NOT have to participate in this survey, and if you do choose to participate, you may skip any question you are not comfortable answering and may exit the survey at any time. There will be no consequences to you personally or your student status if you choose not to complete the survey.

[To thank you for your participation, every student who completes the survey will be offered a \$5 gift card to Amazon.com.]

We will protect the confidentiality of your answers. When you complete the survey the link with your name, email and IP address will be broken so that no-one will be able to connect these with your survey answers. The results will be presented in summary form so no individual can be identified. However, if we learn about child abuse or you threaten to harm yourself or others, we are obligated to report it to the authorities.

We have obtained a Certificate of Confidentiality (CoC) issued by the National Institutes of Health (NIH). The CoC is issued to protect the investigators on this study from being forced to tell anyone about your participation in this study, even under a subpoena.

Even when a CoC is in place, you and your family members must still continue to actively protect your own privacy. If you voluntarily give your written consent for an insurer, employer, or lawyer to receive information about your participation in the research, then we may not use the CoC to withhold this information.

If you have any questions about this study please call the Help Desk at 1-855-497-4787.

If you have questions about your rights and welfare as a research participant, please call the Westat Human Subjects Protections office at 1-888-920-7631. Please leave a message with your full name, the name of the research study that you are calling about (the AAU Campus Climate Survey on Sexual Assault and Sexual Misconduct), and a phone number beginning with the area code. Someone will return your call as soon as possible.<sup>3</sup>

---

<sup>3</sup> The project obtained a Certificate of Confidentiality from NIH, but it was not granted until after the data collection period started. The portion of the informed consent pertaining to the CoC only appeared after it was approved.

AGREE

**SECTION A - BACKGROUND**

First, we'd like to ask you a few questions about your background.

**A1. How old are you?**

[DROP DOWN LIST]

Under 18

18-29, by single year

30+

[IF AGE =Under 18]

"We are sorry but the survey can only be completed by students who are at least 18 years old. Thank you for your interest in our study. We appreciate your time."

[EXIT SURVEY]

**A2. Which of the following best describes your current student affiliation with [University]?**

Undergraduate [CONTINUE]

Graduate [GO TO A4]

Professional [GO TO A4]

[IF BLANK THEN GO TO A5]

**A3. What is your class year in school? Answer on the basis of the number of credits you have earned.**

Freshman [GO TO A5]

Sophomore [GO TO A5]

Junior [GO TO A5]

Senior [GO TO A5]

[IF BLANK THEN GO TO A5]

---

**A4. What year are you in your program? Answer on the basis of the number of years enrolled in the graduate or professional academic program.**

- 1st year
- 2nd year
- 3rd year
- 4th year
- 5th year
- 6th year or higher

---

**A5. In which school at [University] are you enrolled? If you are enrolled in more than one choose the school that you consider your primary affiliation (ex. most credits, college of main advisor).**

[UNIVERSITY SPECIFIC LIST]

---

**A6. In what year did you first enroll as a student at [University]?**

- [DROP DOWN LIST]
- Prior to 1997
  - 1997 – 2015 by single year

---

**A7. Do you take all of your courses on-line?**

- Yes
- No

---

**A8. Are you Hispanic or Latino?**

- Yes
  - No
-

---

**A9. Select one or more of the following races that best describes you: (Mark all that apply)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

---

**A10. Are you a US citizen or permanent resident?**

- Yes
- No

---

**A11.<sup>4</sup> Which best describes your gender identity?**

- Woman
- Man
- Transgender woman
- Transgender man
- Genderqueer or gender non-conforming
- Questioning
- Not listed
- Decline to state

---

**A12.<sup>5</sup> Do you consider yourself to be:**

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Asexual
- Questioning
- Not listed
- Decline to state

---

<sup>4</sup> Modified from The University of Oregon Sexual Violence and Institutional Behavior Campus Survey (2014). Retrieved from <http://dynamic.uoregon.edu/jjf/campus/UO2014campussurveycontent.pdf>

<sup>5</sup> Badgett, M. V. "Best practices for asking questions about sexual orientation on surveys." *The Williams Institute* (2009)

---

**A13. Since you have been a student at [University], have you been in any partnered relationships? Partnered relationships include:**

- casual relationship or hook-up
- steady or serious relationship
- marriage, civil union, domestic partnership or cohabitation

Yes

No

---

**A14. Are you currently ...**

Never married

Not married but living with a partner

Married

Divorced or separated

Other

---

**A15. Do you have a disability registered with [University]'s Disability Services or Office on Disabilities?**

Yes

No

---

**A16. Since you have been a student at [University], have you been a member of or participated in any of the following? (Mark all that apply):**

[UNIVERSITY SPECIFIC LIST]

---

**A17. Which of the following best describes your living situation?**

[UNIVERSITY SPECIFIC LIST]

---

**SECTION B – PERCEPTIONS OF RISK<sup>6</sup>**

“Sexual assault” and “sexual misconduct” refer to a range of behaviors that are nonconsensual or unwanted. These behaviors could include remarks about physical appearance or persistent sexual advances. They also could include threats of force to get someone to engage in sexual behavior such as nonconsensual or unwanted touching, sexual penetration, oral sex, anal sex or attempts to engage in these behaviors . These behaviors could be initiated by someone known or unknown, including someone you are in or have been in a relationship with.

These next questions ask about your perceptions related to the risks of experiencing sexual assault or sexual misconduct.

**B1. How problematic is sexual assault or sexual misconduct at [University]**

- Not at all
- A little
- Somewhat
- Very
- Extremely

**B2. How likely do you think it is that you will experience sexual assault or sexual misconduct on campus?**

- Not at all
- A little
- Somewhat
- Very
- Extremely

**B3. How likely do you think it is that you will experience sexual assault or sexual misconduct during off-campus university sponsored events?**

- Not at all
- A little
- Somewhat
- Very
- Extremely

<sup>6</sup> Adapted from Fisher, B. S., & Sloan III, J. J. (2003). Unraveling the fear of victimization among college women: Is the “shadow of sexual assault hypothesis” supported?. *Justice Quarterly*, 20(3), 633-659.

**SECTION C - RESOURCES**

---

The next questions ask about the services and resources offered by the university for those affected by sexual assault and sexual misconduct.

**C1.<sup>7</sup> Are you aware of the services provided by the following? (Mark all that apply)**

[UNIVERSITY SPECIFIC LIST]  
None of the Above

---

**How knowledgeable are you about each of the following:**

**C2a. How knowledgeable are you about how sexual assault and sexual misconduct are defined at [University]?**

- Not at all
  - A little
  - Somewhat
  - Very
  - Extremely
- 

**C2b.<sup>8</sup> How knowledgeable are you about where to get help at [University] if you or a friend experienced sexual assault or sexual misconduct?**

- Not at all
  - A little
  - Somewhat
  - Very
  - Extremely
- 

<sup>7</sup> Modified from #iSPEAK: Rutgers Campus Climate Survey. New Brunswick, NJ: Center on Violence Against Women and Children, School of Social Work, Rutgers, the State University of New Jersey. Received from [http://socialwork.rutgers.edu/Libraries/VAWC/new\\_doc\\_to\\_upload\\_for\\_ispeak.sflb.ashx](http://socialwork.rutgers.edu/Libraries/VAWC/new_doc_to_upload_for_ispeak.sflb.ashx)

<sup>8</sup> Modified from Rankin & Associates Consulting. (2008). Carleton College Climate Assessment Project: Carleton Final Report. Retrieved from: [https://apps.carleton.edu/governance/diversity/campus\\_climate\\_survey/results/](https://apps.carleton.edu/governance/diversity/campus_climate_survey/results/)

---

**C2c.<sup>9</sup> How knowledgeable are you about where to make a report of sexual assault or sexual misconduct at [University]?**

- Not at all
- A little
- Somewhat
- Very
- Extremely

---

**C2d. How knowledgeable are you about what happens when a student reports an incident of sexual assault or sexual misconduct at [University]?**

- Not at all
  - A little
  - Somewhat
  - Very
  - Extremely
- 

---

<sup>9</sup> Ibid.

**SECTION D - HARASSMENT<sup>1011</sup>**

---

These next questions ask about situations in which a student at [University], or someone employed by or otherwise associated with [University] said or did something that

- interfered with your academic or professional performance,
- limited your ability to participate in an academic program, or
- created an intimidating, hostile or offensive social, academic or work environment

**D1. Since you have been a student at [University], has a student, or someone employed by or otherwise associated with [University] made sexual remarks or told jokes or stories that were insulting or offensive to you?**

Yes  
Never experienced

---

These questions ask about situations in which someone said or did something that

- interfered with your academic or professional performance,
- limited your ability to participate in an academic program, or
- created an intimidating, hostile or offensive social, academic or work environment

**D2. Since you have been a student at [University], has a student, or someone employed by or otherwise associated with [University] made inappropriate or offensive comments about your or someone else's body, appearance or sexual activities?**

Yes,  
Never experienced

---

---

<sup>10</sup> Modified from Leskinen, E.A., & Cortina, L.M. (2014) Dimensions of disrespect: Mapping and measuring gender harassment in organizations. *Psychology of Women Quarterly*, 38(1), 107-123.

<sup>11</sup> Modified from The University of Oregon Sexual Violence and Institutional Behavior Campus Survey (2014). Retrieved from <http://dynamic.uoregon.edu/jjf/campus/UO2014campussurveycontent.pdf>

---

These questions ask about situations in which someone said or did something that

- interfered with your academic or professional performance,
- limited your ability to participate in an academic program, or
- created an intimidating, hostile or offensive social, academic or work environment

**D3. Since you have been a student at [University], has a student, or someone employed by or otherwise associated with [University] said crude or gross sexual things to you or tried to get you to talk about sexual matters when you didn't want to?**

Yes

Never experienced

---

These questions ask about situations in which someone said or did something that

- interfered with your academic or professional performance,
- limited your ability to participate in an academic program, or
- created an intimidating, hostile or offensive social, academic or work environment

**D4. Since you have been a student at [University], has a student, or someone employed by or otherwise associated with [University] emailed, texted, tweeted, phoned, or instant messaged offensive sexual remarks, jokes, stories, pictures or videos to you that you didn't want?**

Yes

Never experienced

---

---

These questions ask about situations where someone said or did something that

- interfered with your academic or professional performance,
- limited your ability to participate in an academic program, or
- created an intimidating, hostile or offensive social, academic or work environment

**D5. Since you have been a student at [University], has a student, or someone employed by or otherwise associated with [University] continued to ask you to go out, get dinner, have drinks or have sex even though you said, "No"?**

Yes

Never experienced

---

**BOX D1**

IF YES TO ANY QUESTION D1 – D5, CONTINUE  
ELSE GO TO E1

---

You said that the following happened to you since you've been a student at [University]:

- **[IF D1 = YES]** Someone made sexual remarks or jokes that were insulting or offensive
- **[IF D2 = YES]** Someone made inappropriate offensive comments about your or someone else's body, appearance or sexual activities
- **[IF D3 = YES]** Someone said crude or gross sexual things to you or made unwelcomed attempts to get you to talk about sexual matters
- **[IF D4 = YES]** Someone emailed, texted, tweeted, phoned, or instant messaged offensive sexual remarks, jokes, stories, pictures or videos to you
- **[IF D5 = YES]** Someone continued to ask you to go out, get dinner, have drinks or have sex even though you said, "No"

**D6. How many different people behaved this way?**

1 person

2 persons

3 or more persons

---

**D7. How (was the person/were the persons) who behaved (this way/these ways) associated with [University]? (Mark all that apply)**

- Student
- Faculty or instructor
- Coach or trainer
- Other staff or administrator
- Other person affiliated with a university program (ex. internship, study abroad)
- The person was not affiliated with [University]
- Don't know association with [University]

---

**D8. At the time of (this event/these events), what (was the person's/ were these persons') relationship to you? (Mark all that apply)**

- At the time, it was someone I was involved or intimate with
- Someone I had been involved or was intimate with
- Teacher or advisor
- Co-worker, boss or supervisor
- Friend or acquaintance
- Stranger
- Other
- Don't know

---

**D9. Since the beginning of the fall 2014 term, how many times has someone behaved this way?**

- 0 times
  - 1 time
  - 2 times
  - 3-5 times
  - 6-9 times
  - 10 or more times
-

---

**D10. Since you have been a student at [University] have you contacted any of the following about (this experience/any of these experiences)? (Mark all that apply)**

[UNIVERSITY SPECIFIC LIST]

None of the above [GO TO D13]

[IF NO PROGRAM MARKED GO TO D13]

---

**BOX D2**

IF D10= NONE OF THE ABOVE OR NO PROGRAM MARKED THEN GO TO D13

ELSE ADMINISTER ITEMS D11 AND D12 FOR EACH PROGRAM MARKED IN D10 (UP TO 10)

---

**D11 [A-J]. When did you most recently contact [Program] about (this experience/these experiences)?**

Fall of 2014 – present

Fall of 2013 – Summer of 2014

Fall of 2012 – Summer of 2013

Prior to Fall of 2012

---

**D12[A-J]. Thinking about the most recent time you contacted them, how useful was [Program] in helping you deal with (this experience/these experiences)?**

Not at all

A little

Somewhat

Very

Extremely

---

---

**BOX D3**

IF MORE PROGRAMS MARKED IN D10 THEN RETURN TO BOX D2  
ELSE GO TO TO D14

---

**D13. [IF NO PROGRAMS CONTACTED] Were any of the following reasons why you did not contact anyone at [University]? (Mark all that apply)**

- Did not know where to go or who to tell
  - Felt embarrassed, ashamed or that it would be too emotionally difficult
  - I did not think anyone would believe me
  - I did not think it was serious enough to report
  - I did not want the person to get into trouble
  - I feared negative social consequences
  - I did not think anything would be done
  - I feared it would not be kept confidential
  - Incident was not on campus or associated with the school
  - Incident did not occur while attending school
  - Other
- 

**D14. Did you (also) tell any of the following persons about this? (Mark all that apply)**

- Friend
  - Family member
  - Faculty or instructor
  - Someone else
  - I didn't tell anyone (else)
-

**SECTION E – STALKING<sup>121314</sup>**

---

The next questions ask about instances where someone behaved in a way that made you afraid for your personal safety.

**E1. Since you have been a student at [University], has someone made unwanted phone calls, sent emails, voice, text or instant messages, or posted messages, pictures or videos on social networking sites in a way that made you afraid for your personal safety?**

Yes,

No [GO TO E2]

[IF BLANK GO TO E2]

---

**E1a. Did the same person do this to you more than once since you have been a student at [University]?**

Yes

No

Don't know

---

**E2. Since you have been a student at [University], has someone showed up somewhere or waited for you when you did not want that person to be there in a way that made you afraid for your personal safety?**

Yes

No [GO TO E3]

[IF BLANK THEN GO TO E3]

---

<sup>12</sup> Modified from Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

<sup>13</sup> Modified from Catalano, S. (2012). Stalking victims in the United States--revised. (NCJ 224527). Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

<sup>14</sup> Modified from Tjaden, P., & Thoennes, N. (1998). Stalking in America: Findings from the National Violence Against Women Survey. (NCJ 172837). Washington, D.C.: U.S. Department of Justice, National Institute of Justice and U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

---

**E2a. Did the same person do this to you more than once since you have been a student at [University]?**

- Yes
- No
- Don't Know

---

**E3. Since you have been a student at [University], has someone spied on, watched or followed you, either in person or using devices or software in a way that made you afraid for your personal safety?**

- Yes,
- No [GO TO BOX E1]
- [IF BLANK THEN GO TO BOX E1]

---

**E3a. Did the same person do this to you more than once since you have been a student at [University]?**

- Yes
- No
- Don't know

---

**BOX E1**

IF REPORTED "SAME PERSON DID THIS MORE THAN ONCE" TO ANY OF THE THREE TACTICS (E1a=yes or E2a=yes or E3a=yes), THEN GO TO E5

IF YES TO TWO OR MORE ITEMS E1-E3, AND NO TO ALL ITEMS E1a & E2a & E3a, THEN GO TO E4

IF 'NO' TO ALL ITEMS E1-E3, OR

IF 'YES' TO EXACTLY 1 ITEM E1-E3 AND 'NO' OR BLANK TO ALL ITEMS E1a & E2a & E3a THEN GO TO BOX F0

---

---

You said that the following happened to you since you've been a student at [University]:

- [IF E1 = YES] Someone made unwanted phone calls, sent emails, voice, text or instant messages, or posted messages, pictures or videos on social networking sites in a way that made you afraid for your personal safety
- [IF E2 = YES] Someone showed up somewhere or waited for you when you did not want that person to be there in a way that made you afraid for your personal safety
- [IF E3 = YES] Someone spied on, watched or followed you either in person or using devices or software in a way that made you afraid for your personal safety

**E4. Did the same person do more than one of these to you since you have been a student at [University]?**

Yes [GO TO E5]

No [GO TO F1]

Don't Know [GO TO F1]

---

You said that the following happened to you since you've been a student at [University]:

- [IF E1 = YES] Someone made unwanted phone calls, sent emails, voice, text or instant messages, or posted messages, pictures or videos on social networking sites in a way that made you afraid for your personal safety
- [IF E2 = YES] Someone showed up somewhere or waited for you when you did not want that person to be there in a way that made you afraid for your personal safety
- [IF E3 = YES] Someone spied on, watched or followed you either in person or using devices or software in a way that made you afraid for your personal safety

**E5. How (is the person/are the persons) who did these things to you associated with [University]? (Mark all that apply)**

Student

Faculty or instructor

Coach or trainer

Other staff or administrator

Other person affiliated with a university program (ex. internship, study abroad)

The person was not affiliated with [University]

Don't know association with [University]

---

---

**E6. At the time of these events, what (was the person's/were the persons') relationship to you? (Mark all that apply)**

- At the time, it was someone I was involved or intimate with
- Someone I had been involved or was intimate with
- Teacher or advisor
- Co-worker, boss or supervisor
- Friend or acquaintance
- Stranger
- Other
- Don't know

---

**E7. Since the beginning of the fall 2014 term, how many times have you had any of these experiences?**

- 0 times
- 1 time
- 2 times
- 3-5 times
- 6-9 times
- 10 or more times

---

**E8. Since you have been a student at [UNIVERSITY], have you contacted any of the following about any of these experiences? (Mark all that apply)**

- [UNIVERSITY SPECIFIC LIST]
- None of the above **[GO TO E11]**
- [IF NO PROGRAM MARKED GO TO E11]**

---

**BOX E2**

IF E8= NONE OF THE ABOVE OR NO PROGRAM MARKED THEN GO TO E11  
ELSE ADMINISTER ITEMS E9 AND E10 FOR EACH PROGRAM MARKED IN E8 (UP TO 10)

---

---

**E9[A-J]. When did you most recently contact [Program] about these experiences?**

Fall of 2014 – present  
Fall of 2013 – Summer of 2014  
Fall of 2012 – Summer of 2013  
Prior to Fall of 2012

---

**E10[A-J]. Thinking about the most recent time you contacted them, how useful was [Program] in helping you deal with these experiences?**

Not at all  
A little  
Somewhat  
Very  
Extremely

---

**BOX E3**

IF MORE PROGRAMS MARKED THEN RETURN TO BOX E2  
ELSE SKIP TO E12

---

**E11. Were any of the following reasons why you did not contact anyone at [University]?  
(Mark all that apply)**

Did not know where to go or who to tell  
Felt embarrassed, ashamed or that it would be too emotionally difficult  
I did not think anyone would believe me  
I did not think it was serious enough to report  
I did not want the person to get into trouble  
I feared negative social consequences  
I did not think anything would be done  
I feared it would not be kept confidential  
Incident was not on campus or associated with the school  
Incident did not occur while attending school  
Other

---

---

**E12. Did you (also) tell any of the following persons about this? (Mark all that apply)**

Friend

Family member

Faculty or instructor

Someone else

I didn't tell anyone (else)

---

**SECTION F – IPV/DV<sup>15</sup>**

**BOX F0**

IF A13 = YES (PRIOR RELATIONSHIP) GO TO F1  
ELSE SKIP TO G1

Earlier in the survey you indicated that you have been in a partnered relationship at least part of the time since you have been a student at [University]. People treat their partner in many different ways. The next section asks you questions about your relationship with your partner(s). Recall that partnered relationships include:

- casual relationship or hook-up
- steady or serious relationship
- marriage, civil union, domestic partnership or cohabitation

**F1. Since you have been a student at [University], has a partner controlled or tried to control you? Examples could be when someone:**

- kept you from going to classes or pursuing your educational goals
- did not allow you to see or talk with friends or family
- made decisions for you such as, where you go or what you wear or eat
- threatened to “out” you to others

Yes

No

**F2. Since you have been a student at [University], has a partner threatened to physically harm you, someone you love, or themselves?**

Yes

No

<sup>15</sup> Modified from Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

---

**F3. Since you have been a student at [University], has a partner used any kind of physical force against you? Examples could be when someone**

- **bent your fingers or bit you**
- **choked, slapped, punched or kicked you**
- **hit you with something other than a fist**
- **attacked you with a weapon, or otherwise physically hurt or injured you**

Yes

No

---

**BOX F1**

IF F1=YES OR F2=YES OR F3=YES, THEN GO TO F4  
ELSE GO TO G1

---

You said that the following happened to you since you've been a student at [University]:

- **[IF F1 = YES]** A partner controlled or tried to control you
- **[IF F2 = YES]** A partner threatened to physically harm you or someone you love
- **[IF F3 = YES]** A partner used physical force against you

**F4. How many different partners treated you this way?**

1 partner

2 partners

3 or more partners

---

**F5. Were you physically injured as a result of (this incident/any of these incidents)?**

Yes

No **[GO TO F7]**

**[IF BLANK THEN GO TO F7]**

---

**F6. Did you ever seek medical attention as a result of (this incident/any of these incidents)?**

Yes

No

---

---

**F7. Since the beginning of the fall 2014 term, how many times have you (had this experience/had any of these experiences)?**

- 0 times
- 1 time
- 2 times
- 3-5 times
- 6-9 times
- 10 or more times

---

**F8. Since you have been a student at [University], have you contacted any of the following about (this experience/any of these experiences)? (Mark all that apply)**

- [UNIVERSITY SPECIFIC LIST]
- None of the above [GO TO F11]
- [IF NO PROGRAM MARKED GO TO F11]

---

**BOX F2**

IF F8= NONE OF THE ABOVE OR NO PROGRAM MARKED THEN GO TO F11  
ELSE ADMINISTER ITEMS F9 AND F10 FOR EACH PROGRAM MARKED IN F8 (UP TO 10)

---

**F9[A-J]. When did you most recently contact [Program] about (this experience/these experiences)?**

- Fall of 2014 – present
- Fall of 2013 – Summer of 2014
- Fall of 2012 – Summer of 2013
- Prior to Fall of 2012

---

**F10[A-J]. Thinking about the most recent time you contacted them, how useful was [Program] in helping you deal with (this experience/these experiences)?**

- Not at all
  - A little
  - Somewhat
  - Very
  - Extremely
-

---

**BOX F3**

IF F8= NO PROGRAM MARKED THEN CONTINUE TO F11  
ELSE SKIP TO F12

---

**F11. [IF NO PROGRAMS CONTACTED] Were any of the following reasons why you did not contact anyone at [University]? (Mark all that apply)**

- Did not know where to go or who to tell
  - Felt embarrassed, ashamed or that it would be too emotionally difficult
  - I did not think anyone would believe me
  - I did not think it was serious enough to report
  - I did not want the person to get into trouble
  - I feared negative social consequences
  - I did not think anything would be done
  - I feared it would not be kept confidential
  - Incident was not on campus or associated with the school
  - Incident did not occur while attending school
  - Other
- 

**F12. Did you (also) tell any of the following persons about this? (Mark all that apply)**

- Friend
  - Family member
  - Faculty or instructor
  - Someone else
  - I didn't tell anyone (else)
-

**SECTION G – SV SCREENER<sup>1617</sup>**

This next section asks about nonconsensual or unwanted sexual contact you may have experienced while attending [University]. The person with whom you had the nonconsensual or unwanted contact could have been someone you know, such as someone you are currently or were in a relationship with, a co-worker, a professor, or a family member. Or it could be someone you do not know.

The following questions separately ask about contact that occurred because of physical force, incapacitation due to alcohol or drugs, and other types of pressure.

The first few questions ask about incidents that involved force or threats of force against you. Force could include someone holding you down with his or her body weight, pinning your arms, hitting or kicking you, or using or threatening to use a weapon against you.

**G1. Since you have been attending [University], has someone used physical force or threats of physical force to do the following with you:**

- **Sexual penetration. When one person puts a penis, fingers, or object inside someone else’s vagina or anus, or**
- **Oral sex. When someone’s mouth or tongue makes contact with someone else’s genitals**

Yes [**GO TO Attachment 1**]

No

<sup>16</sup> Modified from Krebs., C.P., Lindquist, C.H., Warner, T.D., Fisher, B.S., & Martin, S.L. (2007). The Campus Sexual Assault (CSA) Study Final Report. Retrieved from: <https://www.ncjrs.gov/pdffiles1/nij/grants/221153.pdf>

<sup>17</sup> Modified from Koss, M. P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., ... & White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of Women Quarterly*, 31(4), 357-370.

---

**G2. Since you have been attending [University], has someone used physical force or threats of physical force in an unsuccessful attempt to do any of the following with you:**

- **Sexual penetration. When one person puts a penis, finger, or object inside someone else's vagina or anus**
- **Oral sex. When someone's mouth or tongue makes contact with someone else's genitals**

Yes [\[GO TO Attachment 1\]](#)

No

---

**G3. Since you have been attending [University], has someone used physical force or threats of physical force to do any of the following with you:**

- kissing
- touching someone's breast, chest, crotch, groin or buttocks
- grabbing, groping or rubbing against the other in a sexual way, even if the touching is over the other's clothes

Yes [\[GO TO Attachment 1\]](#)

No

---

The next questions ask about incidents when you were unable to consent or stop what was happening because you were passed out, asleep, or incapacitated due to drugs or alcohol. Please include incidents even if you are not sure what happened.

**G4. Since you have been attending [University], has any of the following happened to you while you were unable to consent or stop what was happening because you were passed out, asleep or incapacitated due to drugs or alcohol:**

- **Sexual penetration. When one person puts a penis, finger, or object inside someone else's vagina or anus**
- **Oral sex. When someone's mouth or tongue makes contact with someone else's genitals**

Yes [\[GO TO Attachment 1\]](#)

No

---

---

**G5. Since you have been attending [University], has any of the following happened to you while you were unable to consent or stop what was happening because you were passed out, asleep or incapacitated due to drugs or alcohol:**

- kissing
- touching someone's breast, chest, crotch, groin, or buttocks
- grabbing, groping or rubbing against the other in a sexual way, even if the touching is over the other's clothes

Yes [\[GO TO Attachment 1\]](#)

No

---

The next questions ask about incidents when someone coerced you by threatening serious non-physical harm or promising rewards.

**G6. Since you have been a student at [University], has someone had contact with you involving penetration or oral sex by threatening serious non-physical harm or promising rewards such that you felt you must comply? Examples include:**

- Threatening to give you bad grades or cause trouble for you at work
- Promising good grades or a promotion at work
- Threatening to share damaging information about you with your family, friends or authority figures
- Threatening to post damaging information about you online

Yes [\[GO TO Attachment 1\]](#)

No

---

---

**G7. Since you have been a student at [University], has someone had contact with you involving kissing or other sexual touching by threatening serious non-physical harm or promising rewards such that you felt you must comply? Examples include:**

- Threatening to give you bad grades or cause trouble for you at work
- Promise good grades or a promotion at work
- Threatening to share damaging information about you with your family, friends or authority figures
- Threatening to post damaging information about you online

Yes [\[GO TO Attachment 1\]](#)

No

---

The next questions ask about incidents that occurred without your active, ongoing voluntary agreement.

**G8.<sup>18</sup> Since you have been a student at [University], has someone had contact with you involving penetration or oral sex without your active, ongoing voluntary agreement? Examples include someone:**

- initiating sexual activity despite your refusal
- ignoring your cues to stop or slow down
- went ahead without checking in or while you were still deciding
- otherwise failed to obtain your consent

Yes [\[GO TO Attachment 1\]](#)

No

---

---

<sup>18</sup> Incorporate affirmative consent as a tactic from the AAU and COFHE schools affirmative consent policies.

---

G9.<sup>19</sup> Since you have been a student at [University], has someone kissed or sexually touched you without your active, ongoing voluntary agreement? Examples include:

- initiating sexual activity despite your refusal
- ignoring your cues to stop or slow down
- went ahead without checking in or while you were still deciding
- otherwise failed to obtain your consent

Yes [GO TO Attachment 1]

No

---

**BOX G1**

ONCE THE ENTIRE G SECTION (G1-G9) HAS BEEN ANSWERED THEN DO

IF ANY OF G1-G9 = YES THEN GO TO ATTACHMENT 2

ELSE GO TO BOX H0

---

---

<sup>19</sup> Ibid.

**SECTION H – SEXUAL MISCONDUCT PREVENTION TRAINING<sup>20</sup>**

**BOX H0**

ADMINISTER SECTION H ONLY IF A6=2014 or 2015

ELSE SKIP TO I1.

**H1. Think back to the orientation when you first came to [University]. Did that orientation include a training or information session about sexual assault or sexual misconduct?**

Yes

No [GO TO I1]

I didn't attend orientation [GO TO I1]

I don't remember [GO TO I1]

[IF BLANK THEN [IF BLANK THEN GO TO I1]

**H2. Overall, how useful was this session?**

Not at all

A little

Somewhat

Very

Extremely

<sup>20</sup> Modified from White House Task Force to Protect Students From Sexual Assault. (2014). Not Alone: The first report of the White House Task Force to Protect Students from sexual assault. Retrieved from <https://www.notalone.gov/assets/ovw-climate-survey.pdf>.

**SECTION I – PERCEPTIONS OF RESPONSES TO REPORTING<sup>2122</sup>**

---

The following are statements about what might happen if someone were to report a sexual assault or sexual misconduct to an official at [University]. Please use the scale provided to indicate how likely you think each scenario is.

- 11. If someone were to report a sexual assault or sexual misconduct to an official at [University], how likely is it that students would support the person making the report?**

Not at all  
A little  
Somewhat  
Very  
Extremely

- 
- 12. If someone were to report a sexual assault or sexual misconduct to an official at [University], how likely is it that the alleged offender(s) or their associates would retaliate against the person making the report?**

Not at all  
A little  
Somewhat  
Very  
Extremely

- 
- 13. If someone were to report a sexual assault or sexual misconduct to an official at [University], how likely is it that campus officials would take the report seriously?**

Not at all  
A little  
Somewhat  
Very  
Extremely

---

<sup>21</sup> Modified from White House Task Force to Protect Students From Sexual Assault. (2014). Not Alone: The first report of the White House Task Force to Protect Students from sexual assault. Retrieved from <https://www.notalone.gov/assets/ovw-climate-survey.pdf>.

<sup>22</sup> Modified from McMahon, S. (2014). #iSPEAK: Rutgers Campus Climate Survey. New Brunswick, NJ: Center on Violence Against Women and Children, School of Social Work, Rutgers, the State University of New Jersey. Retrieved from [http://socialwork.rutgers.edu/Libraries/VAWC/new\\_doc\\_to\\_upload\\_for\\_ispeak.sflb.ashx](http://socialwork.rutgers.edu/Libraries/VAWC/new_doc_to_upload_for_ispeak.sflb.ashx)

---

**14. If someone were to report a sexual assault or sexual misconduct to an official at [University], how likely is it that campus officials would protect the safety of the person making the report?**

- Not at all
- A little
- Somewhat
- Very
- Extremely

---

**15. If someone were to report a sexual assault or sexual misconduct to an official at [University], how likely is it that campus officials would conduct a fair investigation?**

- Not at all
- A little
- Somewhat
- Very
- Extremely

---

**16. If someone were to report a sexual assault or sexual misconduct to an official at [University], how likely is it that campus officials would take action against the offender(s)?**

- Not at all
- A little
- Somewhat
- Very
- Extremely

---

**17. If someone were to report a sexual assault or sexual misconduct to an official at [University], how likely is it that campus officials would take action to address factors that may have led to the sexual assault or sexual misconduct?**

- Not at all
  - A little
  - Somewhat
  - Very
  - Extremely
-

**SECTION J - BYSTANDER BEHAVIOR<sup>2324</sup>**

---

The next questions are about situations you may have seen or been in since you have been a student at [University]

**J1. Since you have been a student at [University] have you suspected that a friend had been sexually assaulted.**

Yes [CONTINUE]

No [GO TO J3]

[IF BLANK GO TO J3]

---

**J2. Thinking about the last time this happened, what did you do?**

Did nothing because I wasn't sure what to do

Did nothing for another reason

Spoke to my friend or someone else to seek help

Took action in another way

---

**J3. Since you have been a student at [University] have you seen a drunk person heading off for what looked like a sexual encounter?**

Yes [CONTINUE]

No [GO TO J5]

[IF BLANK THEN GO TO J5]

---

**J4. Thinking about the last time this happened, what did you do?**

Did nothing because I wasn't sure what to do

Did nothing for another reason

Directly intervened to stop it

Spoke to someone else to seek help

Took action in another way

---

<sup>23</sup> Modified from Banyard, V.L., Moynihan, M. M., Cares, A.C., & Warner, R. (2014).

How do we know if it works?: Measuring outcomes in bystander-focused abuse prevention on campuses. *Psychology of Violence, 4*(1), 101-115.

<sup>24</sup> McMahon, S. (2014). #iSPEAK: Rutgers Campus Climate Survey. New Brunswick, NJ: Center on Violence Against Women and Children, School of Social Work, Rutgers, the State University of New Jersey. Retrieved from [http://socialwork.rutgers.edu/Libraries/VAWC/new\\_doc\\_to\\_upload\\_for\\_ispeak.sflb.ashx](http://socialwork.rutgers.edu/Libraries/VAWC/new_doc_to_upload_for_ispeak.sflb.ashx)

---

**J5. Since you have been a student at [University] have you seen or heard someone was acting in a sexually violent or harassing way?**

Yes [CONTINUE]

No [GO TO K1]

[IF BLANK THEN GO TO K1]

---

**J6. Thinking about the last time this happened, what did you do?**

Did nothing because I wasn't sure what to do

Did nothing for another reason

Directly intervened to stop it

Spoke to someone else to seek help

Took action in another way

---

**SECTION K - DEBRIEFING ITEM**

---

The next question asks for your opinion about this survey.

**K1. How difficult were the questions to understand?**

- Not at all
  - A little
  - Somewhat
  - Very
  - Extremely
-

**ATTACHMENT 1 – SECTION G1: IMMEDIATE FOLLOWUPS**

**BOX G1\_1**

IF G[X]=Yes THEN CONTINUE TO G[X]a

ELSE SKIP TO NEXT ITEM IN SECTION G

**G[X]a. Since you have been a student at [University], how many times has this happened?**

1. 1 time
2. 2 times
3. 3 times
4. 4 or more times

**BOX G1\_2**

ADMINISTER G1B AND G1C FOR EACH INCIDENT REPORTED IN G1A, UP TO 4 TIMES  
IF G1A IS BLANK THEN ADMINISTER G1B AND G1C ONCE

**You said that the following occurred (1/2/3/4 or more) time(s):**

- **[INCIDENT SUMMARY]**

**G[X]b. When did (this/the (second/third/fourth) most recent) incident (of this type) occur?**

1. Since the beginning of the fall 2014 term **[GO TO NEXT BOX]**
2. Prior to the fall 2014 term **[GO TO G1c]**  
**[IF BLANK GO TO BOX G1\_2]**

**G[X]c. [IF G1b = 2] In what school year did it occur?**

1. Fall 2013 to Summer 2014
2. Fall 2012 to Summer 2013
3. Fall 2011 to Summer 2012
4. Prior to Fall of 2011
5. It occurred before I was a student at [University]**[GO TO BOX G1\_2]**  
**[IF BLANK GO TO BOX G1\_2]**

---

**BOX G1\_3**

IF TIME PERIOD REPORTED IN G[X]B AND G[X]C IS THE SAME AS TIME PERIOD REPORTED IN PREVIOUS G ITEM FOLLOW-UP, THEN GO TO G[X]D

ELSE RETURN TO G[X]B FOR NEXT INCIDENT REPORTED IN G[X]A

IF NO MORE INCIDENTS THEN GO TO NEXT G ITEM

---

**G[X]d. Was this part of (the other incident/any of the other incidents) you reported as occurring (during the) (Time period) (school year)?**

1. Yes [GO TO G2e]
  2. No [GO TO NEXT BOX]  
[IF BLANK THEN GO TO NEXT BOX]
- 

**G[X]e. [IF G[X]d = Yes] Was it part of any of the following incidents you reported earlier?  
[LIST PRIOR ANSWERS THAT OCCURRED DURING SAME TIME PERIOD]**

1. [IF G[X] TIME PERIOD = G1 TIME PERIOD] Penetration or oral sex involving physical force or threats of physical force
  2. [IF G[X] TIME PERIOD = G2 TIME PERIOD] Attempted but not successful penetration or oral sex involving physical force or threats of physical force
  3. [IF G[X] TIME PERIOD = G3 TIME PERIOD] Sexual touching involving physical force or threats of physical force
  4. [IF G[X] TIME PERIOD = G4 TIME PERIOD] Penetration or oral sex when you were unable to consent or unable to stop what was happening
  5. [IF G[X] TIME PERIOD = G5 TIME PERIOD] Sexual touching when you were unable to consent or unable to stop what was happening
  6. [IF G[X] TIME PERIOD = G6 TIME PERIOD] Penetration or oral sex when you were coerced by threats of serious non-physical harm or promised rewards
  7. [IF G[X] TIME PERIOD = G7 TIME PERIOD] Sexual touching when you were coerced by threats of serious non-physical harm or promised rewards
  8. [IF G[X] TIME PERIOD = G8 TIME PERIOD] Penetration or oral sex without your active ongoing consent
  9. None of the above
-

---

**BOX G1\_4**

IF G[X]A = '4 or more times' AND ALL G[X]C='since fall 2014' THEN CONTINUE TO G[X]F

ELSE RETURN TO G[X]B FOR NEXT INCIDENT REPORTED IN G[X]A

IF NO MORE INCIDENTS THEN GO TO NEXT G ITEM

---

**G2f. You said that this happened other times as well. Did any of these other incidents also occur since the beginning for the fall 2014 term?**

Yes

No

---

**ATTACHMENT 2 – SECTIONS GA & GC: SUMMARY DETAILED INCIDENT FORMS<sup>2526</sup>**

***Section GA – Detailed Incident Form (DIF) for G1-G5***

**BOX GA0**

IF ALL ITEMS G1 – G5 = ‘NO’ THEN SKIP TO BOX GC0  
ELSE CONTINUE TO BOX GA1

**BOX GA1**

Section GA administered UP TO 2 TIMES based on incidents reported in items G1-G5

The FIRST DIF will reference the MOST SERIOUS TYPE of incident reported

The SECOND DIF will reference the SECOND MOST SERIOUS TYPE of incident reported

The following are the 4 INCIDENT TYPES reported in G1-G5, (listed from most serious to least serious):

**GA Type 1:** G1 and/or G2 (Forcible rape and/or Attempted forcible rape)

**GA Type 2:** G4 (Rape by incapacitation)

**GA Type 3:** G3 (Forcible sexual touching)

**GA Type 4:** G5 (Sexual touching by incapacitation)

**You said that the following happened to you since you have been a student at [University]:**

- **[SUMMARY OF REFERENCE INCIDENT(S)]**

**The next questions ask about what happened (when/during any of the times) this happened to you since you have been a student at [University].**

**GA1. (In total, across all of these incidents) (How/how) many people did this to you?**

1 person **[GO TO GA2a]**

2 persons **[SKIP TO GA2b]**

3 or more persons **[SKIP TO GA2b]**

**[IF BLANK SKIP TO GA2b]**

<sup>25</sup> Modified from Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

<sup>26</sup> Modified from the 2012-2013 National Crime Victimization Survey (NCVS).

---

**GA2a. [IF 1 PERSON] Was the person that did this to you ...**

- Male
- Female
- Other gender identity
- Don't know

**[FOR ANY RESPONSE OR IF BLANK SKIP TO GA3]**

---

**GA2b. [IF >1 PERSON] Were any of the people that did this to you...**

Male	Yes	No	Don't Know
Female	Yes	No	Don't Know
Other gender identity	Yes	No	Don't Know

---

**GA2c. What type of nonconsensual or unwanted behavior occurred during (this incident/any of these incidents)? (Mark all that apply)**

- Penis, fingers or objects inside someone's vagina or anus
  - Mouth or tongue makes contact with another's genitals
  - Kissed
  - Touched breast, chest, crotch, groin or buttocks
  - Grabbed, groped or rubbed in a sexual way
  - Other
- 

**GA3. How (is the person/ are the persons) who did this to you associated with [University]? (Mark all that apply)**

- Student
  - Faculty or instructor
  - Coach or trainer
  - Other staff or administrator
  - Other person affiliated with a university program (ex. internship, study abroad)
  - The person was not affiliated with [University]
  - Don't know association with [University]
-

---

**GA4. At the time of (this event/ these events), what (was the person's /were these persons') relationship to you? (Mark all that apply)**

- At the time, it was someone I was involved or intimate with
- Someone I had been involved or was intimate with
- Teacher or advisor
- Co-worker, boss or supervisor
- Friend or acquaintance
- Stranger
- Other
- Don't know

---

**GA5. Just prior to (the incident/any of these incidents), (was/were) (the person/any of the persons) who did this to you drinking alcohol?**

- Yes
- No
- Don't know

---

**GA6. Just prior to (the incident/any of these incidents), (was/were) (the person/any of the persons) who did this to you using drugs?**

- Yes
- No
- Don't know

---

**GA7. Just prior to (the incident/any of these incidents) were you drinking alcohol? Keep in mind that you are in no way responsible for what occurred, even if you had been drinking?**

- Yes
  - No
-

---

**GA8. Just prior to (the incident/any of these incidents) did you voluntarily take any drugs? Keep in mind that you are in no way responsible for what occurred, even if you had been on drugs.**

Yes  
No

---

**GA9. Just prior to (the incident/any of these incidents), had you been given alcohol or another drug without your knowledge or consent?**

Yes, I am certain  
I suspect, but I am not certain  
No  
Don't know

---

**BOX GA2**

IF GA7='YES' or GA8='YES' or GA9 = 'YES' or 'I SUSPECT', THEN CONTINUE TO GA10.  
OTHERWISE SKIP TO BOX GA3

---

**GA10. Were you passed out for all or parts of (this incident/any of these incidents)?**

Yes  
No  
Not sure

---

**BOX GA3**

IF MORE THAN ONE INCIDENT IN G[X]A OR IF DK NUMBER OF TIMES  
THEN SKIP TO GA11b  
OTHERWISE CONTINUE TO GA11a

---

**GA11a. [IF G[X]A=1 TIME] Did this incident occur during an academic break or recess?**

Yes  
No

---

---

**GA11b. [IF G[X]A>1 TIME] How many of these incidents occurred during an academic break or recess?**

- None
- Some
- All

---

**GA12. Did (this incident/any of these incidents) occur on campus or on university affiliated off-campus property?**

- Yes [CONTINUE TO GA13a]
- No [SKIP TO GA13b]
- [IF BLANK THEN SKIP TO GA13b]

---

**GA13a. [IF GA12=Yes] Where did (this incident/these incidents) occur? (Mark all that apply)**

- University residence hall/dorm
- Fraternity or Sorority house
- Other space used by a single-sex student social organization
- Other residential housing
- Non-residential building
- Other property (ex. outdoors)
- [FOR ANY RESPONSE OR IF BLANK SKIP TO GA14]

---

**GA13b. [IF GA12=No] Where did this (incident/these incidents) occur? (Mark all that apply)**

- Private residence
  - Fraternity or Sorority house
  - Other space used by a single-sex student social organization
  - Restaurant, bar or club
  - Other social venue
  - Outdoor or recreational space
  - Some other place
-

---

**GA14. Did any of the following happen to you from (this experience/any of these experiences)? (Mark all that apply)**

Physically injured, [CONTINUE TO GA14a]  
Contracted a sexually transmitted disease [SKIP TO GA15]  
Became pregnant [SKIP TO GA15]  
None of the above [SKIP TO GA15]  
[IF BLANK THEN SKIP TO GA15]

---

**GA14a. What sort of injury or injuries did you sustain (Mark all that apply)**

Bruises, black-eye, cuts, scratches or swelling  
Chipped or knocked out teeth  
Broken bones  
Internal injury from the sexual contact (ex., vaginal or anal tearing)  
Other injuries

---

**GA15. Did you experience any of the following as a result of (the incident/any of the incidents)? (Mark all that apply)**

Difficulty concentrating on studies, assignments or exams  
Fearfulness or being concerned about safety  
Loss of interest in daily activities, or feelings of helplessness and hopelessness  
Nightmares or trouble sleeping  
Feeling numb or detached  
Headaches or stomach aches  
Eating problems or disorders  
Increased drug or alcohol use  
None of the above

---

**GA16. Have you ever contacted any of the following about (this experience/these experiences)? (Mark all that apply)**

[UNIVERSITY SPECIFIC LIST]  
None of the above [GO TO GA17]  
[IF NO PROGRAMS MARKED GO TO GA17]

---

---

**BOX GA4**

IF NO PROGRAM MARKED, GO TO GA17

ELSE ASK GA16a-GA16f FOR THE FIRST 4 PROGRAMS SELECTED IN GA16

---

**GA16a. When did you most recently contact [Program] about this experience?**

Fall of 2014 – present [CONTINUE TO GA16b]

Fall of 2013 – Summer of 2014 [SKIP TO BOX GA4B]

Fall of 2012 – Summer of 2013 [SKIP TO BOX GA4B]

Prior to Fall 2012 [SKIP TO BOX GA4B]

[IF BLANK THEN CONTINUE TO GA16b]

---

**GA16b. How useful was [Program] in helping you?**

Not at all

A little

Somewhat

Very

Extremely

---

**GA16c. At any time did you feel pressure from [Program] on whether or not to proceed with further reporting or adjudication?**

Yes

No [SKIP TO GA16e]

[IF BLANK THEN SKIP TO GA16e]

---

**GA16d. [IF GA16C=Yes] What type of pressure?**

To proceed with further reporting or adjudication

To not proceed with further reporting or adjudication

---

---

How would you rate [Program] on the following criteria?

**GA16e. Respecting you**

Excellent  
Very good  
Good  
Fair  
Poor

---

**GA16f. Helping you understand your options going forward**

Excellent  
Very good  
Good  
Fair  
Poor

---

**BOX GA5**

IF GA16 = NO PROGRAMS MARKED, THEN CONTINUE  
IF MORE PROGRAMS MARKED THEN RETURN TO BOX GA4  
ELSE SKIP TO GA18

---

**GA17. [IF NO PROGRAMS CONTACTED] Were any of the following reasons why you did not contact anyone at [University]? (Mark all that apply)**

Did not know where to go or who to tell  
Felt embarrassed, ashamed or that it would be too emotionally difficult  
I did not think anyone would believe me  
I did not think it was serious enough to report  
I did not want the person to get into trouble  
I feared negative social consequences  
I did not think anything would be done  
I feared it would not be kept confidential  
Incident was not on campus or associated with the school  
Incident did not occur while attending school  
Other

---

**GA18. Which of the following persons, if any, did you (also) tell about this? (Mark all that apply)**

- Friend
- Family member
- Faculty or instructor
- Someone else
- I didn't tell anyone (else)

---

**BOX GA6**

IF THIS IS THE FIRST DIF FOR SECTION GA AND THERE IS ANOTHER INCIDENT THEN  
RETURN TO BOX GA1

ELSE GO TO BOX GC0

---

**Section GC – Detailed Incident Form (DIF) for G6-G9**

**BOX GC0**

IF ALL ITEMS G6 – G9 = ‘NO’ THEN SKIP TO BOX H1  
ELSE CONTINUE TO BOX GC1

**BOX GC1**

Section GC is administered UP TO 2 TIMES based on incidents reported in items G6-G9

The FIRST DIF will reference the MOST SERIOUS TYPE of incident reported

The SECOND DIF will reference the SECOND MOST SERIOUS TYPE of incident reported

The following are the 2 INCIDENT TYPES reported in G6-G9, (listed from most serious to least serious):

**GC Type 1:** G6 and/or G7 (Sex and/or Sexual touching by Coercion)

**GC Type 2:** G8 and/or G9 (Sex and/or Sexual touching without Affirmative Consent)

You said that the following happened to you since you have been a student at [University]

- [SUMMARY OF REFERENCE INCIDENT(S)]

The next questions ask about what happened (when/during any of the times) this happened to you since you have been a student at [University].

**GC1.** (In total, across all of these incidents) (H/h)ow many people did this to you?

1 person [GO TO GC2a]

2 persons [GO TO GC2b]

3 or more persons [GO TO GC2b]

[IF BLANK THEN GO TO GC2b]

**GC2a.** [IF 1 PERSON] Was the person that did this to you ...

Male

Female

Other gender identity

Don't know

[FOR ANY RESPONSE OR IF BLANK THEN SKIP TO GC2c]

---

**GC2b. [If >1 PERSON] Were any of the people that did this to you...**

Male	Yes	No	Don't Know
Female	Yes	No	Don't Know
Other gender identity	Yes	No	Don't Know

---

**GC2c. What type of nonconsensual or unwanted behavior occurred during (this incident/any of these incidents)? (Mark all that apply)**

Penis, fingers or objects inside someone's vagina or anus  
Mouth or tongue makes contact with another's genitals  
Kissed  
Touched breast/chest, crotch/groin or buttocks,  
Grabbed, groped or rubbed in a sexual way  
Other

---

**GC3. How (is the person/ are the persons) who did this to you associated with [University]? (Mark all that apply)**

Student  
Faculty or instructor  
Coach or trainer  
Other staff or administrator  
Other person affiliated with a university program (ex., internship, study abroad)  
The person was not affiliated with [University]  
Don't know association with [University]

---

**GC4. At the time of (this event/ these events), what (was the person's/were these persons') relationship to you? (Mark all that apply)**

At the time, it was someone I was involved or intimate with  
Someone I had been involved or was intimate with  
Teacher or advisor  
Co-worker, boss, or supervisor  
Friend or acquaintance  
Stranger  
Other  
Don't know

---

---

**BOX GC2**

IF REFERENCE INCIDENT FOR THIS DIF IS G8 OR G9, THEN GO TO G5

IF THIS IS THE FIRST DIF FOR SECTION GC AND THERE IS ANOTHER INCIDENT THEN RETURN TO BOX GC1

ELSE GO TO BOX H0

---

**GC5. Did the person(s) do any of the following during (this incident/any of these incidents)?  
(Mark all that apply)**

Initiated sexual activity without checking in with you first or while you were still deciding

Initiated sexual activity despite your refusal

During consensual activity, ignored your verbal cues to stop or slow down

During consensual activity, ignored your nonverbal cues to stop or slow down

Otherwise failed to obtain your active ongoing voluntary agreement

None of the above

---

Appendix R  
Advocate Job Descriptions



**JOB DESCRIPTION**

Employee Name:	Position Title: RSVP Advocate	Job Code: X3900
Department Name: USC Student Health Center	Cost Center: 730100	FLSA:
Description Creation Date:	Revised Date(s):	HR Review and Approval: Name:

**I. Statement of Purpose**  
 The Relationship and Sexual Violence Prevention and Services (RSVP) Advocate will provide supportive services to USC students who have been impacted by sexual violence. The Advocate will accompany sexual assault survivors to SART centers for rape exams, arrange transportation to and from SART Centers, and provide linkage to aftercare services on campus, including but not limited to student health care services, counseling, advocacy, Title IX, and academic accommodations. They will be available 24/7 to respond to requests from DPS, USC After-Hours Call Center (ProtoCall) or students who request services due to a sexual assault either on or off-campus.

<b>II. Reports To</b>	<b>III. Supervises (Department / Titles/Job Codes / Descriptions)</b>

<b>IV. Job Qualifications</b>	
Minimum Education:	AA degree in human services or related field  Preferred: Bachelor's Degree in human services or related field
Minimum Experience/Knowledge:	1-2 years working in human services or social services; knowledge of counseling or case management skills ability to establish and maintain effective and supportive relationships with victims of violence crisis intervention skills knowledge of resources for survivors of violence knowledge and practice of trauma-informed care approaches Have a CPR certification in first 30 days Ability to obtain a certificate as a Sexual Assault Advocate/Counselor within first 3-6 months of hire  Preferred: 6 months-1 year experience as an advocate with interpersonal violence, sexual or domestic violence agency
Required License/Certification:	REQUIRED: Certified as a Sexual Assault Advocate/Counselor

Employee Name:		
----------------	--	--

**Job Accountabilities**

Advocates respond to the victim and stays with the USC student from entry to the emergency room, law enforcement and forensic interview, nurse exam and through recovery. Be present with the victim at the SART hospital before, during and after the medical forensic examination and police report;
The advocate provides: emotional support, resources and referrals, ensuring the victim's rights are not violated ___% E/M Essential or Marginal
Serve as an advocate two to three shifts per week; week nights and weekends mostly but flexibility to respond during the day if needed ___% E/M Essential or Marginal
Provide crisis intervention, care, support and advocacy to those who report incidents of sexual assault or interpersonal violence ___% E/M Essential or Marginal
Provide personal, medical and legal advocacy to victims of sexual assault ___% E/M Essential or Marginal
Provide linkage for USC students back to student health/medical services on campus ___% E/M Essential or Marginal
Make appropriate referrals to community resources to victims ___% E/M Essential or Marginal
Assist with safety planning and provide guidance ___% E/M Essential or Marginal
Be present at the criminal trial or Title IX hearings to lend support to USC students ___% E/M Essential or Marginal
Develop rapport and maintain regular contact with students to assess their need for supportive services and/or make modifications to reporting options, safety planning and service referrals ___% E/M Essential or Marginal
Ensure confidentiality and safety at all times ___% E/M Essential or Marginal
Enhance and build resources to meet the specific needs of sexual assault victims ___% E/M Essential or Marginal
Document and maintain confidential client files on all services provided ___% E/M Essential or Marginal
This position is per diem and includes being on-call. Advocate will be required to complete a TB test, and fingerprinting. The position is housed in the Relationship and Sexual Violence Prevention and Services (RSVP) Program in USC Student Health. The position reports to the Program Director of RSVP.

**NOTE: Accountabilities % must add up to 100%**

VI. Physical Demands: C= Constant (6-8 hours/day) F= Frequent (3-6 hours/day) O= Occasional (1-3 hours/day) I = Infrequently (0-1 hours/day)							
Sit	F	Crawl	I	Repetitive Motion	O	Reaching (above shoulder level)	I
Stand	F	Bend/Stoop	F	Simple Grasping: right, left or both hands	F	Reaching (below shoulder level)	O

Employee Name: _____							
Walk	<input checked="" type="checkbox"/> F	Kneel/Squat	<input type="checkbox"/> I	Power Grasping: right, left or both hands	<input type="checkbox"/> F	Twist: neck, waist	<input type="checkbox"/> O
Climb	<input type="checkbox"/> I	See	<input type="checkbox"/> F	Fine Manipulation: right, left or both hands	<input type="checkbox"/> F	Other (Specify):	
Hear	<input checked="" type="checkbox"/> F	Speak	<input type="checkbox"/> F	Keyboard, Mouse	<input type="checkbox"/> O		
Balance	<input type="checkbox"/> F	Pull	<input type="checkbox"/> I	Feel: perceiving attributes of objects, such as size, shape, temperature by touching of skin, particularly that of fingertips.	<input type="checkbox"/> O		

**VII. Visual Acuity Requirements including color, depth perception, and field vision. Place an "X" in the visual acuity requirement description that best describes the position.**

**A** The worker is required to have close visual acuity to perform an activity such as: preparing and analyzing data and figures; transcribing; viewing a computer terminal; extensive reading reaching visual inspection involving small defects, small parts, and/or operation of machines (including inspection); using measurement devices; and/or assembly or fabrication parts at distances close to the eyes.

**B** The worker is required to have close visual acuity to operate motor vehicles and/or heavy equipment.

**C** The worker is required to have close visual acuity to determine the accuracy, neatness, and thoroughness of the work assigned (i.e., custodial, food services, general laborer, etc.) or to make general observations of facilities or structures (i.e., security guard, inspection, etc.)

**VIII. Unassisted**

	LIGHT	MODERATE	HEAVY
Lift	<input type="checkbox"/> 0 - 24 lbs	<input type="checkbox"/> 25 - 50 lbs	<input type="checkbox"/> 51+ Lbs
Push	<input type="checkbox"/> 0 - 24 lbs	<input type="checkbox"/> 25 - 50 lbs	<input type="checkbox"/> 51+ Lbs
Carry	<input type="checkbox"/> 0 - 24 lbs	<input type="checkbox"/> 25 - 50 lbs	<input type="checkbox"/> 51+ Lbs

**IX. Environmental Conditions** If over 20% of work is exposed to condition, place an 'X' in the space provided

Confined Space	<input checked="" type="checkbox"/> O	Outdoor exposure	<input type="checkbox"/> O	Potentially hazardous materials/conditions	<input type="checkbox"/> I	Potential Allergens/Irritants	<input type="checkbox"/> I
Noise Exposure	<input checked="" type="checkbox"/> O	Extreme Temperatures: Hot/Cold	<input type="checkbox"/> I	Vibrations	<input type="checkbox"/> I	Other (Specify)	<input type="checkbox"/> I

**X. Age Specific Patient Populations Served**

Young Children: 2 to <4 years       Older children: 4 to <14 years       Adolescent: 14 to <18 years  
 Young Adult: 18 to <40       Middle Adult: 40 - <65 years       Older adult: 65 to <75 years  
 Geriatric: >75 years       No direct patient contact under normal circumstances

**XI. Specialized Patient Populations Served**

Bariatric       Cystic Fibrosis       No direct patient contact under normal circumstances  
 Transplant       Orthopedic       Oncology  
 Dialysis       Other: SURVIVORS OF SEXUAL ASSAULT

**XII. Blood-borne Pathogen Exposure Category**

**Category I** Job usually involves contact with patients or patient specimens. Exposure to blood, body fluids, non-intact skin or tissue specimens, is possible.

**Category II** Job may expose employee occasionally or in emergency situations to blood, body fluids, non-intact skin or tissue specimens.

**Category III** Job does not involve exposure to blood, body fluids, non-intact skin or tissue specimens. Employee does not perform or help in Emergency medical care or first aid as a part of his/her job.

**XIII. Access to Protected Health Information**

Check all applicable types of protected health  No access to patient protected health information

Employee Name: 		
--------------------	--	--

<b>information that this position requires access to:</b>	<input checked="" type="checkbox"/> Access to general patient information (e.g. census lists, room lists) <input checked="" type="checkbox"/> Access to patient clinical information and records (e.g. medical records) <input checked="" type="checkbox"/> Access to patient financial information and records (e.g. billing records) <input checked="" type="checkbox"/> Access to administrative information and records containing patient information (e.g. reports, QA documents, audits) <input type="checkbox"/> Other:
<b>Check all applicable uses for protected health information that pertain to this position:</b>	<input type="checkbox"/> No access is required. <input checked="" type="checkbox"/> Treatment (need to access to provide direct clinical care) <input type="checkbox"/> Payment (need access to register, charge, bill and/or collect for services rendered to patients) <input checked="" type="checkbox"/> Operations (need access to perform duties in support of patient care and to maintain/administrate the hospital) <input type="checkbox"/> Other:

The above statements reflect the essential and non essential functions considered necessary to describe the principle contents of the job. They are not intended to be a complete statement of all work requirements or duties that may be inherent in the job.

I acknowledge receipt of a copy of this position document. I have read this job description and agree to abide by its contents. I realize the duties may be requested of me that are not specifically stated herein. I agree to perform these duties as directed by my supervisor. I understand that I will be expected to adjust to potential fluctuation in work volume. I understand that, if I have any questions about the essential functions or expectations of my position, my supervisor is available to discuss them with me.

Print Employee Name	Signature	Date
---------------------	-----------	------

Appendix S  
Community Health Organizers

# USC Student Health

Keck Medicine of USC



Search



## Community Health Organizers

### Community Health Organizers

*\*Paid Position: \$15/hour\**

**Positions are currently filled. Please check back for updates.**



**Description:** Student workers employed by USC Student Health who will advance health and well-being efforts in our diverse student communities at the University of Southern California. (Eight positions available).

**Location:** UPC: Engemann Student Health Center; HSC: Eric Cohen Student Health Center

### Responsibilities

- Attend mandatory intensive 2-day training: **February 8 & 9** (Both days are required- no exceptions will be made)
- Attend mandatory monthly meetings: **Thursdays 5-7 pm: February 21, March 21, April 18**
- Serve on a professional staff committee focused on a well-being goal area\*
- Provide insight and recommendations on the implementation of specific initiatives
- Refine ideas and strategies proposed to incorporate the student perspective
- Facilitate student focus groups, interviews and/or community meetings
- Conduct outreach to diverse student communities
- Design focus group, interview and community meeting questions
- Produce reports with insights gained from focus groups, interviews and/or community meetings

### Time Commitment

- 1 hour per week- check in with staff at the Office for Health Promotion Strategy

### In this section

- ▶ What We Know About You
  - ▶ Community Health Organizers – Apply today!
- ▶ Meet Beau – Well-being Ambassador
- ▶ Health Promotion Strategy Staff
- ▶ Wellness Policies at USC
  - ▶ AlcoholEdu® for College Instructions

- 1 hour per week- compose reports from focus groups, interviews and/or community meetings
- 4 hours per month- facilitate focus groups, interviews and/or community meetings
- 1-2 hours per month- attend designated well-being committee meetings
- 2 hours per month- attend monthly meeting to further knowledge of health promotion and build leadership skills

**Total: 2 hours per week, additional 8 hours per month**

**Role Objectives:**

- Establish rapport with student organizations reflective of the diverse student population at USC
- Convene students who might not otherwise hold leadership positions
- Conceive creative strategies to connect with peers about issues important to their well-being
- Infuse the student voice in the implementation of student well-being initiatives
- Champion the work around student well-being to the broader USC student community

**Role Benefits:**

- Build leadership capacity
- Gain facilitation, research and writing skills
- Network with university staff
- Learn about health and well-being

**Qualifications:**

- Undergraduate or graduate USC student
- Interest in one of the four well-being goal areas
- Willingness to model and encourage healthy behaviors
- Capacity to understand, support, and engage diverse populations
- Strong communication and facilitation skills
- Desire to contribute positively to the culture of well-being at USC

*\*Well-being Goal Areas:*

1. Enhance the culture of equity and inclusion
2. Cultivate a culture where individual and communities thrive
3. Disrupt the culture of at-risk substance use
4. Foster a culture of consent and healthy relationships

USC Student Health - Keck Medicine of USC This is the logo for USC Student Health.

(213) 740-WELL (9355)  
studenthealth@usc.edu

QUICK LINKS

 [Make an appointment](#)



 Hours [#5850](#)

 Map it

 Tell us what you think

### FACULTY & STAFF:

Specialty Services for Faculty & Staff

### SOCIAL MEDIA

Twitter

Facebook

 USC Student Health

 UPC Campus (Engemann):

1031 West 34th Street, LA, CA 90089

 USC Campus (Eric Cohen):

1510 San Pablo St., Suite 104

LA, CA 90033



Content managed by: **USC Student Health**

Designed & Developed by USC Web Services

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Appendix T  
Harassment, Discrimination, and Sexual Assault

# Policy

search

## University Organization

## University Culture and Ethics

## Administrative and Business Practices

## Health and Safety

## Finance and Budget

## Expenditures and Procurement

## Facilities and Equipment

## General Employment

## Time Off and Leaves

## Faculty Workplace

## Staff Workplace

## Information Technology

## Student Issues

December 1, 2011

# Discrimination, Harassment, Sexual Harassment and Sexual Assault

The University of Southern California is committed to maintaining an environment that is free from discrimination and harassment, including sexual harassment; the university expects that all members of the university community—faculty, staff, and students—should be able to pursue their work and education in such an environment.

The university is committed to complying with all applicable laws and government regulations which prohibit discrimination, harassment (including sexual harassment), and retaliation. University employees (and students covered by this policy) who violate this policy will be subject to appropriate disciplinary action, including termination or dismissal for cause in accordance with university policies.

Student-on-student sexual harassment and assault is covered under [separate policy](#).

## Prohibited Behaviors

**Discrimination**—For the purposes of this policy, “discrimination” refers to the unfair treatment of a person or group because of that person’s or group’s protected category status, as defined in the university’s [Equal Opportunity, Affirmative Action and Non-Discrimination](#) policy.

**Harassment**—Physical or verbal hostility, or any unwelcome or offensive conduct or communication, directed toward someone or toward a group

## POLICY UPDATES

Submit or revise a policy  
New and revised policies

## RELATED WEBSITES

Employee Gateway

#5853 of individuals because of their protected category status.

**Sexual harassment**—Unwelcome sexual advances; requests for sexual favors; or any other verbal or physical conduct or communication of a sexual nature when:

- Submission to such conduct is either explicitly or implicitly made a condition of an individual's employment, appointment, admission or academic evaluation, or used as a basis for evaluation in personnel decisions or academic evaluations; or
- Such conduct has the purpose or effect of interfering with an individual's work or academic performance, or creating an intimidating, hostile, offensive or otherwise adverse working or learning environment.

Specific examples of sexual harassment include, but are not limited to, making written, verbal, physical and/or visual contact of a sexual nature:

- Suggestive or obscene letters, notes or emails
- Comments, jokes, slurs or epithets of a sexual or sexist nature, requests for sexual favors, repeated and unwelcome propositions for dates
- Assaults, body contact or touching, impeding or blocking movement
- Inappropriate display of sexually explicit objects, pictures, cartoons, drawings, posters, computer screensavers, websites, or movies; sexual gestures

All employees must periodically complete required awareness training programs provided by the university. For faculty, failure to complete the required training shall be handled according to the appropriate provisions of the [Faculty Handbook](#). For staff, failure to complete the required training shall be grounds for discipline which may include termination.

**Sexual assault**—For the purposes of this policy, sexual assault is defined as any physical sexual act (including but not limited to actual or attempted intercourse, sexual touching, fondling, and groping) perpetrated upon a person:

1. without their consent;
2. where the assailant uses physical force, threat, coercion, or intimidation to overpower or control another,
3. where the victim fears that he or she, or another

person will be injured or otherwise harmed if he or she does not submit;

4. where the victim's ability to give or withhold consent is impaired due to the influence of alcohol or other drugs;
5. or where consent is otherwise not freely given.

**Retaliation**—The law, university policy and the Student Conduct Code all prohibit threatened, attempted, or actual retaliation against anyone who, in good faith, brings a complaint of discrimination or harassment as they are defined in this policy; participates in a discrimination or harassment investigation; or protests the alleged discrimination, harassment or retaliation.

Any incident of retaliation must be reported immediately to the OED or any Designated Recipient (see the [OED website](#) for details on Designated Recipients). Complaints of retaliation will be investigated. Retaliation may include, but is not limited to, the following acts, when such action is taken because the individual brought forward a complaint, participated in an investigation, or protested the alleged discrimination, harassment or retaliation:

- Adverse employment or academic action
- Lowering a grade
- Giving a poor academic recommendation
- Exclusion from employment or educational opportunities
- Limited scholarly activities (e.g., exclusion from teaching or research, or interfering with publication)
- Spreading negative information about individual involved in complaint

## Reporting Violations

Violations of this policy must be reported immediately to the OED or any Designated Recipient (see complaint reporting procedures on the [OED website](#)) for investigation.

To report protected-class discrimination or harassment to USC, contact the Office of Equity and Diversity/Title IX (the office of the Title IX Coordinator) by:

### Phone

(213) 740-5086 or (213) 821-8298

[oed@usc.edu](mailto:oed@usc.edu) or [titleix@usc.edu](mailto:titleix@usc.edu)

### Mail or in person

USC Office of Equity and Diversity/Title IX  
USC Credit Union Building  
3720 S. Flower St, Ste 200  
Los Angeles, CA 90089

Employees may file complaints regarding protected-class discrimination or harassment outside the university with the California Department of Fair Employment and Housing (DFEH) at [contact.center@dfeh.ca.gov](mailto:contact.center@dfeh.ca.gov) or as otherwise provided at [www.dfeh.ca.gov](http://www.dfeh.ca.gov), or the United States Equal Employment Opportunity Commission (EEOC) at (800) 669-4000 (TTY 1 (800) 669-6820) or as otherwise provided at [www.eeoc.gov](http://www.eeoc.gov).

Students may file complaints regarding protected-class discrimination or harassment to the Office for Civil Rights (OCR) with the U.S. Department of Education at (415) 486-5555, or as otherwise provided at [ocr.sanfrancisco@ed.gov](mailto:ocr.sanfrancisco@ed.gov).

## Additional References

[Equal Opportunity, Affirmative Action and Non-Discrimination SCampus](#)

## Responsible Office

### Office of Equity and Diversity

[equity.usc.edu](http://equity.usc.edu)

[oed@usc.edu](mailto:oed@usc.edu)

(213) 740-5086

## Issued by

Elizabeth Garrett, Provost and Senior Vice President, Academic Affairs  
Todd R. Dickey, Senior Vice President, Administration  
University of Southern California

**USC Employee Engagement and Communications**  
oversees this website as well as university policy development and communication.

□ [scpolicy@usc.edu](mailto:scpolicy@usc.edu)



Appendix U  
Chris Kilmartin CV

**VITA**  
**Christopher T. Kilmartin**

(540) 846-1900  
ckilmart@umw.edu  
ckilmart@gmail.com  
chriskilmartin.com

Va. Licensed Clinical Psychologist

**EMPLOYMENT HISTORY**

Present        **Independent Consultant, Professor Emeritus of Psychology**  
                  **Senior Consultant, NewPoint Strategies, LLC**

2001-2016      **Professor of Psychology.**

1995-2001      **Associate Professor of Psychology.**

1989-95        **Assistant Professor of Psychology.**  
University of Mary Washington.

(1)        Taught undergraduate psychology courses.

(2)        Independent research and internship advisement.

(3)        Joint appointment with College Psychological Services Center.

(4)        Elected to Committee on Tenure and Promotion, 1995 and 2002 (3 year terms),  
Elected Chair, 1996 and 2003.

(5)        Served on task force to rewrite Sexual Harassment Policy and Procedures, 1995-  
96. Trainer for sexual harassment prevention and policy enforcement, annually,  
1996-2016.

(6)        Chair, Prevention subcommittee on President's Task Force on sexual assault.

2013      **Distinguished Visiting Professor**, U.S. Air Force Academy, Dept. of Behavioral Sciences and  
Leadership Studies. Taught academic courses and in-house consultant on sexual assault  
prevention. Graduate course on Diversity and Inclusion for officers.

2007      **Fulbright Distinguished Chair in Gender Studies**, University of Klagenfurt, Austria. Taught  
three courses and delivered guest lectures at five universities in Germany and Austria.

1988-89      **Visiting Assistant Professor of Psychology**, Albright College.

1987-88      **Psychology Intern**, Counseling and Psychological Services, Penn State University.

1984-85      **Education Coordinator**, The Virginia League for Planned Parenthood, Richmond, VA.

1980-83      **Unit Coordinator**, The Regional Institute for Children and Adolescents, Rockville, MD.

1979        **Instructor**, Potomac State College of West Virginia University.

**EDUCATION**

1988        **Virginia Commonwealth University.**  
Ph.D. in Counseling Psychology (APA approved). Doctoral Exams completed with  
Honors Distinction, Fall, 1986. Dissertation title: *Interpersonal Influence Strategies:  
Gender Differences in Response to Nurturant Behaviors*. Completed June, 1988.

1986        M.S. in Counseling Psychology.  
**Frostburg State College.**

1979        M.S. in Counseling Psychology.

1976        B.S. in Psychology.

**PUBLICATIONS AND RESEARCH**

## Books and Chapters

Smiler, A. P. & Kilmartin, C. T. (2019). *The masculine self* (6th ed.). Cornwall-on-Hudson, NY: Sloan.

Kilmartin, C. T. (in press, 2019). Intersectionality in teaching the psychology of men. In K. Quina & J. Mena (Eds.), *Teaching gender and multicultural awareness* (3<sup>rd</sup>. ed.). Washington, DC: American Psychological Association.

Kilmartin, C. T. (2017). Men as allies. In J. Schwarz (Ed.), *Counseling women across the lifespan: Empowerment, advocacy, and intervention*. New York: Springer.

Kilmartin, C. T. & McDermott, R. (2016). Violence and masculinities. In Y. J. Wong & S. Wester (Eds.), *APA handbook of men and masculinities*. Charlottesville, VA: Cengage.

Kilmartin, C. T. & Smiler, A. P. (2015). *The masculine self* (5th ed.). Cornwall-on-Hudson, NY: Sloan. (1st ed.: New York: Macmillan, 1994; 2<sup>nd</sup>: Boston: McGraw-Hill, 2000; 3<sup>rd</sup> 2007, 4<sup>th</sup> 2010: Sloan.). (Korean translation of 3<sup>rd</sup> ed., 2010).

Kilmartin, C. T. (2014). Using humor and story telling in men's work. In A. Rochlen & F. Rabinowitz (Eds.), *Breaking barriers in working with men: Insights and innovations*. New York: Routledge.

Kilmartin, C. T. (2014). Counseling men to prevent sexual violence. In M. Englar-Carlson, M. Evans, & T. Duffey (Eds.), *A counselor's guide to working with men*. Alexandria, VA: American Counseling Association.

Kilmartin, C. T. (2015). Men's violence against women: An overview. In A. J. Johnson (Ed.), *Religion and men's violence against women*. New York: Springer.

Lynch, J., & Kilmartin, C. T. (2<sup>nd</sup> ed., 2013). *Overcoming masculine depression: The pain behind the mask*. New York: Routledge/Taylor & Francis. 1<sup>st</sup> edition, 1999: Haworth, Hebrew translation, 2004, Korean translation 2010.

Kilmartin, C. (2010). Incremental terrorism: Cultural masculinity, conflict, and violence against women (Incremental terrorism: Kulturelle Maskulinität, Konflikt und Gewalt gegen Frauen). In W. Berger, B. Hipfl, K. Merlitsch, & V. Ratkovic (Eds.): *Kulturelle Dimensionen von Konflikten (Cultural dimensions of conflicts)*. Baden Baden, Germany: Nomos, 91-105.

Kilmartin, C. (2008). Editorial: Men's violence against women. In K. Burns (Ed.). *Current controversies: Violence against women*. San Diego, CA: Greenhaven.

Kilmartin, C. T. & Allison, J. A. (2007). *Men's violence against women: Theory, research, and activism*. Mahwah, NJ: Erlbaum.

Kilmartin, C. T. & Berkowitz, A. D. (2005). *Sexual assault in context: Teaching college men about gender*. Mahwah, NJ: Erlbaum.

Kilmartin, C. T. (2005). *Sexual harassment prevention training manual*. University of Mary Washington. (In-house publication).

Kilmartin, C. T. (2004). Men, anger, and rage. In J. Lynch, *Anger avoiders: The hidden face of anger*. Oakland, CA: New Harbinger, 146-170.

Kilmartin, C. T. (2004). No man is an island: Men in relationships with others. In P. R. Gilbert & K. K. Eby (Eds.), *Violence and gender: An interdisciplinary reader*. Upper Saddle River, NJ: Pearson/Prentice Hall.

Kilmartin, C. T. (2001, 1995). *Student resource manual to accompany Psychology in perspective* (3<sup>rd</sup> ed.).

Upper Saddle River, NJ: Prentice Hall. (1<sup>st</sup> ed.: New York: HarperCollins).

### Refereed Journal Articles

Kilmartin, C. T. (2017). Men's health and mental health on campus. *About Campus*, 22 (2), 12-20.

Elder, W. B., Domino, J. L., Mata-Galan, E. L. & Kilmartin, C. (2017). Masculinity as an avoidance symptom of posttraumatic stress. *Psychology of Men and Masculinity*, 18, 198-207.

McDermott, R., Kilmartin, C. T., McKelvey, D. K. & Kridel, M. M. (2015). College male sexual assault of women and the psychology of men: Past, present, and future directions for research. *Psychology of Men and Masculinity*, 16, 355-366.

McDermott, R., Kilmartin, C. T., McKelvey, D. K. & Kridel, M. M. (2015). Rejoinder: Toward advancing research on college male sexual assault of women and the psychology of men. *Psychology of Men and Masculinity*, 16, 379-381.

Kilmartin, C. T., Semelsberger, R., Dye, S. Boggs, E., & Kolar, D. W. (2015). A behavior intervention to reduce sexism in college men. *Gender Issues*, 32, 97-110.

Stewart, K., & Kilmartin, C. (2014). Connecting the dots: The decline in meaningful learning. *Journal of Faculty Development*, 28, 53-62.

Kilmartin, C., Addis, M., Mahalik, J.R. & O'Neil, J. M. (2013). Four experienced professors describe their courses. *Psychology of Men and Masculinity*, 14, 240-247.

Mahalik, J.R. Addis, M., Kilmartin, C., & O'Neil, J. M. (2013). Complexity and challenges when teaching the psychology of men: Four experienced professors describe their pedagogical processes. *Psychology of Men and Masculinity* 14, 248-255.

Kilmartin, C., Smith, T., Green, A., Kuchler, M., Heinzen, H., & Kolar, D. (2008). A real time social norms intervention to reduce male sexism. *Sex Roles: A Journal of Research*, 59, 264-273.

Kilmartin, C. (2005). Depression in men: Communication, diagnosis, and therapy. *The Journal of Men's Health and Gender*, 2 (1), 95-99.

Polce-Lynch, M., Myers, B. J., Kliwer, W., & Kilmartin, C. T. (2001). Adolescent self-esteem and gender: Exploring relations to sexual harassment, body image, media influence, and emotional expression. *Journal of Youth and Adolescence*, 30 (2), 225-244.

Polce-Lynch, M., Myers, B. J., Kilmartin, C.T., & Forssmann-Falk, R. (1998). Gender and age patterns in emotional expression, body image, and self-esteem: A qualitative analysis. *Sex Roles*, 38, 1025-1048.

Kilmartin, C. T., & Dervin, D. (1997). Inaccurate representation of the Electra complex in psychology textbooks. *Teaching of Psychology*, 24, 269-270.

Kilmartin, C. T. (1996). The White Ribbon Campaign: Men working to end men's violence against women. *Journal of College Student Development*, 37 (3), 347-348.

Ring, T. & Kilmartin, C. T. (1992). Man to man about rape: A rape prevention program for men. *Journal of College Student Development*, 33 (1), 82-84.

Quintana, S. M.; Kilmartin, C. T.; Yesenosky, J.; & Macias, D. (1991). Factors affecting referral decisions in a university counseling center. *Professional Psychology: Research and Practice*, 22, 90-97.

Strong, S. R., Hills, H. I., Kilmartin, C. T., Devries, H., Lanier, K., Moore, M., Nelson, B., Strickland, D., &

Meyer III, C. (1988). The dynamic relations among interpersonal behaviors. A test of complementarity and anticomplementarity. *Journal of Personality and Social Psychology*, 54, 798-810.

Kilmartin, C. T. & Robbins, S. B. (1987). Individual multimodal therapy for weight loss: A case example. *Journal of Counseling and Development*, 65, 313-314.

### Other

Kilmartin, C. (2016, Spring). How men benefit from rape. *VoiceMail*.

Kilmartin, C. (2014, December 7). Solving the problem requires work: Preventing sexual assault requires busting its myths. Fredericksburg (VA) *Free-Lance Star*.

O'toole, M. E., Kilmartin, C., & Peterson, J. (2014). Sexual assault in the military: A discussion of current status and future directions. *Violence and Gender*, 1, 3-8.

Murphy, C. & Kilmartin, C. (2010). *Amateur Night*. U.S. Army training film for sexual harassment prevention (scriptwriter and subject matter expert).

Kilmartin, C. (2010, November 12). Let's not wink at 'rape lite'—or blame the victim. Fredericksburg (VA) *Free-Lance Star*, A7.

Kilmartin, C. & Smiler, A. (2009). Are we "man enough" to have this discussion? Editorial published in the Fredericksburg (VA) *Free-Lance Star*.

Kilmartin, C. (2008). A game of poker regretted. Newsletter of the Bolton Refuge House, Eau Claire, WI.

Kilmartin, C. (2008). No man left behind: Goodbye, old roles. Editorial published in the Fredericksburg (VA) *Free-Lance Star*.

Kilmartin, C. (2007). Polizei und Sexuelle Übergriffe: Wie Sie helfen können (Police and sexual assault: How you can help). Invited article, Polizei Kärnten. Das Info-Magazin des Landespolizeikommandos. Heft 2/2007 (Austria). Translated by Bettina Pirker.

Kilmartin, C. (2005). Discussion questions for *Sexual Assault in Context*. In J. D. Foubert, *The men's program: A peer education guide to rape prevention* (3<sup>rd</sup> ed.). New York: Routledge, 132-134.

Kilmartin, C. T. (2004). Exposing the default options by teaching men's studies. *SPSSM Bulletin*, 10, 29-35.

Kilmartin, C. T. (2004). Five entries (*Date rape, Death of a Salesman, Freud, Midlife crisis, Sociobiology*). In M. S. Kimmel & A. Aronson (Eds.), *Men and masculinities: A social, cultural, and historical encyclopedia*. Santa Barbara, CA: ABC-Clio press.

Kilmartin, C. T. (2003). A visit to the archive: Applications of classic social psychology to social norms interventions. Invited article, *The Report on Social Norms*, 1-7.

Kilmartin, C. T. (2001). Working with men to prevent sexual assault. Invited article, *Newsletter of the Colorado Coalition against Sexual Assault*, Spring, 2001, 7.

Kilmartin, C. T. (2001). My experience with the National Fatherhood Initiative. *Brother: The Journal of The National Organization for Men Against Sexism*, Summer, 2001, 20 (2).

Kilmartin, C. T. (1998). Showing is better than telling: Using theatre to teach. Invited article, *The Virginia Psychologist*, 7-8.

Kilmartin, C. T. (1998). Sexual assault prevention: Integrating the gender context. Invited article, *Connections: WCASA's Quarterly Educational Journal*, 12 (1), 8-10.

Kilmartin, C. T. (1994). *Men, Violence, and Empathy*. Editorial published in various newspapers and wire services, including the Los Angeles Times and the Baltimore Sun.

Kilmartin, C. T. (1988). *Interpersonal Influence Strategies: Gender Differences in Response to Nurturant Behaviors*. Unpublished Doctoral Dissertation, Virginia Commonwealth University.

Kilmartin, C. T. (1986). *Interpersonal Influence Strategies: Effects of Nurturant and Distrustful Behaviors*. Unpublished Master's Thesis, Virginia Commonwealth University.

## **SELECTED PROFESSIONAL AND SCHOLARLY ACTIVITY**

### **2019**

Expert reviewer, Gender and Security Toolkit, Democratic Control of the Armed Forces (DCAF), Geneva, Switzerland.

*Advancing civility in the county workplace*. Invited professional workshop, National Association of Counties Annual Convention, Washington, DC.

*Masculinities and intimate partner violence*. Invited address, Divisions 43 and 51 of the American Psychological Association.

### **2018**

Consultant with three high-profile corporate clients on sexual harassment prevention and attaining/maintaining a fully respectful work environment.

Remediation/prevention counseling (6 hours) with high-profile executive terminated for sexually harassing behaviors.

*How to be an effective male ally to women*. Invited addresses, Princeton University and University of Tennessee-Chattanooga.

*How to be an effective majority ally to people from subordinated groups*. Invited address, Princeton University.

*The fully respectful workplace*. Invited professional workshop, National Association of Counties Annual Convention, Washington, DC, Virginia League of Social Services Executives, Hampton, VA, and Thurman Brisben Homeless Shelter, Fredericksburg, VA.

*Guy Fi: The fictions that shape men's lives*. Invited address: Virginia Sex Offender Treatment Association.

*Using humor and storytelling in therapy*. Invited keynote address, Society for the Advancement of Sexual Health, Virginia Beach, VA.

*Intentional Consulting*. Invited address, Chicago School of Professional Psychology. Consultant: Inclusion and Diversity, James Madison University and University of Tennessee-Chattanooga.

Co-presenter (with H. Sweet), *Teleconference on the effect of the MeToo# Movement*, Sponsored by Division 51 of the American Psychological Association.

### **2017**

*Gendered fictions: The challenge to fostering cultural change*. Invited addresses: FT Sam Houston (TX), Joint Base Andrews (MD), FT Bragg (NC), U. S. Navy Sexual Assault Prevention and Response Officer

(SAPRO) Training conference, Arlington, VA (2016).

Consultant: Inclusion and Diversity, James Madison University.

Consultant: Improving the climate for graduate women in STEM fields. Yale University.

*How to be an effective male ally.* Invited addresses, Yale University and Clark University.

*Microaggressions: Be aware, learn to repair, and don't just stand there.* Keynote speech: Virginia Association of Counties, invited professional workshop, Germanna Community College (VA),

*Guy Fi: The fictions that shape men's lives.* Invited address: Virginia Dept. of Corrections.

*Transgendered Individuals.* Invited address, Mary Washington ElderStudy.

*Masculinity Ideology and its connection to sexual violence.* Paper presented at the Annual Convention of the American Psychological Association in *Symposium: Systematic intervention to reduce sexual violence on campus—what do we know? How do we impact?* (J. White, Chair). Washington, DC.

*Discussant at the Annual Convention of the American Psychological Association in Symposium: Future directions of gender-based violence research—Instrumentation and masculinity* (C. Liang, Chair). Washington, DC.

Consultant: National Park Service, sexual harassment prevention and response.

## **2016**

*Diversity and inclusion.* Invited address: Fort Peterson Air Force Base, CO.

Consultant: Diversity and inclusion strategies for senior and mid-level military officers. Fort Peterson Air Force Base, CO.

Consultant: Improving the climate for graduate women in STEM fields. Princeton University.

*How to be an effective male ally.* Invited address, Princeton University.

*Masculinity ideology and its connection to sexual violence.* SAFE Annual Global Conference on Human Trafficking, Falls Church, VA.

*The big picture of gender and counseling.* Invited training for graduate students, The College of New Jersey.

*Leadership and sexual assault prevention.* Invited address, U. S. Merchant Marine Academy.

*Meaningful coincidences: An early career retrospective.* Invited keynote address, Rocky Mountain Psychological Association Conference, Denver, CO.

*Men and grief.* Invited address, Mary Washington Hospice, Fredericksburg, VA.

Consultant: Norfolk Naval Station, sexual assault prevention and response.

## **2015**

Subject matter expert, Review workshop: Teaching gender to the military handbook. Sponsored by the international groups Partnership for Peace and the Democratic Control of the Armed Forces. Vienna, Austria.

Consultant, Strategic plan for promoting gender equity in the armed forces of Mozambique (FADM).

Promundo-U.S.

*Alpine postcards: A Fulbright experience in Klagenfurt, Austria.* Paper presented at the Annual Convention of the American Psychological Association in *Conversation hour: Internationalizing the psychology of men through the Fulbright experience* (J. O'Neil, Chair). Toronto, Canada.

*I'm no rapist, so why am I here? (because you're a man).* NASPA National Violence Prevention Conference, Washington, DC.

*Sexual assault prevention: The role of leadership.* Invited address, Fort Meade Army Base (MD). *Title IX Investigator training.* Professional workshop, Princeton University.

*Microaggressions.* Graduate Student workshop, Princeton University.

*Sexual harassment prevention: The role of leadership.* Invited address, Great Lakes Naval Base (IL).

*Webinar: Sexual harassment.* Professional training, Catharsis Productions (IL).

*Working with men as psychotherapy clients.* Professional training: Rappahannock Area Community Services Board (VA).

*Keeping sexual assault witnesses engaged.* Training for law enforcement, University of Mary Washington.

#### **2014**

*Webinar: Ethical Issues in Working with Male Sexual Assault Offenders.* Invited presentation from Divisions 18, 51, and 55 of the American Psychological Association.

Chair, Grant Review Panel to distribute \$1.5 million for men's health promotion in Canada from the Movember Foundation.

*Intersectionality in teaching the psychology of men.* Paper presented at the annual convention of the American Psychological Association in *Symposium: Skill-building session: Bringing an intersectional lens into psychology—the classroom, research, and beyond* (B. Moradi & R. Calogero, Chairs).

Men's violence against women: Theory and prevention. Paper presented at the annual convention of the American Psychological Association in *Symposium: Global violence against girls and women—from infancy to older age* (J. Sigal, Chair).

*Using humor and storytelling in men's work.* Invited address, 3rd National Psychotherapy with Men Conference, Fullerton, CA.

*A gender-aware approach to understanding men in the context of domestic violence work.* Invited professional workshop, Colorado Coalition on Domestic Violence.

*Is chivalry dead?* Invited address, Colorado College.

*Webinar: Sexual harassment: Strategies for trainers and performers.* Invited presentation, Catharsis Productions (IL).

*Gender basics.* Invited presentation, United States Institute of Peace, Washington, DC.

*Brainstorming for military sexual violence research.* Workshop participant, Army Research Institute.

*Building diversity on campus.* Professional workshop, Germanna Community College (VA).

#### **2013**

*Framing remarks.* Invited keynote presentation, Men, Peace, and Security: Agents of Change,

International conference, United States Institute of Peace, Washington, DC.

*Guy Fi: The Fictions that Shape Men's Lives.*

Invited addresses: Virginia Dept. of Corrections, Virginia Sex Offender Treatment Association, Princeton University (NJ), U.S. Army Summit on Sexual Assault and Harassment Prevention, University of Michigan, U. S. Naval Academy, Tennessee Coalition against Domestic and Sexual Violence, American Men's Studies Association, National organization for Men Against Sexism (NOMAS), APPLE National Conferences for Intercollegiate Athletics, Thomas Nelson Community College (VA), Supervised Visitation Network National Conference. Today's College Man, University of Richmond (VA), 6<sup>th</sup> Annual Minnesota Fatherhood Summit, St. John's University (MN), Florida Domestic Violence Coalition, National Conference on the College Male, Sexual Assault Summit (VA), Worcester Polytechnic Institute (MA), Marquette University (WI), University of North Carolina-Greensboro, University of Albany, University of Mary Washington, Hampden-Sydney College, University of Nebraska, St. Mary's College (CA), James Madison University (VA), Colorado College, University of Richmond, Moravian College (PA), University of Chicago, University of Wisconsin-Green Bay, University of Wisconsin-Lacrosse, Fordham University (NY), University of Virginia, Anne Arundel Community College (MD)

*Sexual assault prevention: The role of leadership.* Invited addresses, United States Air Force Academy, Fort Carson Army Base (CO), Eglin Air Force Base (FL).

Chair and Discussant, *Men and trauma: Prevention and intervention.* Symposium at the annual convention of the American Psychological Association, Honolulu, HI.

Prevention of military trauma: Lessons Learned, *Men and trauma: Prevention and intervention.* Symposium at the annual convention of the American Psychological Association, Honolulu, HI.

Lynch, J. R. & Kilmartin, C. T. Evidence-based treatment for male combat survivors with PTSD. *Men and trauma: Prevention and intervention.* Symposium at the annual convention of the American Psychological Association, Honolulu, HI.

*Teaching the psychology of men.* Continuing education workshop presented at the Annual Convention of the American Psychological Association, J. M. O'Neil, coordinator (also presented annually, 2004-2010).

Discussant, *Desired and unwanted: Male sexuality, labels, and identities.* Symposium at the annual convention of the American Psychological Association (A. Smiler, Chair), Honolulu, HI.

Participant, Interdisciplinary meetings on developing a social-ecological response to hypersexualized media as a public health threat (J. A. Johnston, Chair).

## **2012**

Commencement Speaker, Virginia Commonwealth University Psychology Department.

*Privilege, power, homophobia, and the end of "Don't ask; Don't tell."* Invited peer educator training, United States Naval Academy.

*The use of humor and story telling in psychotherapy.* Invited professional workshop, 3<sup>rd</sup> National Psychotherapy with Men Conference, New York City, NY.

*I'm no rapist, so why am I here? (because you're a man).* Invited address to collegiate male athletes, University of Wisconsin-Lacrosse.

*Criminal profile and risk assessment for sexual assault perpetrators.* Invited address to behavioral intervention team, University of Wisconsin-Lacrosse.

*How to empower male athletes proactively.* Invited address to intercollegiate coaches, University of Wisconsin-Lacrosse.

Utilizing men's strengths to end sexual and domestic violence. Invited address, Virginia Commonwealth University.

Keeping sexual assault witnesses engaged: Critical Issues. Training for University of Mary Washington Police officers.

**2011**

*The nature of violence on campus: Framing questions for prevention.* Keynote Presentation, National Collegiate Athletic Association (NCAA) Summit on Interpersonal Violence, Indianapolis, IN.

*Military leadership and sexual assault and sexual harassment prevention.* Training briefings for senior military officers at Fort Sam Houston Army, Randolph, and Lackland Air Force Bases (San Antonio, TX).

*Understanding and treating the traditionally-gendered man in psychotherapy (Comprendre et traiter un homme traditionnel en psychothérapie).* International conference: Future Perspectives on intervention, policy, and research on men and masculinities. Quebec City, CA (simultaneous translation).

*Violence in media: Why is it there? What does it do? What can we do about it?* Professional workshop, National Organization for Men against Sexism annual conference, Tallahassee, FL.

*Interventions to reduce men's sexism: Findings and prospects.* Paper presented at the Annual Convention of the American Psychological Association, Washington, DC in symposium: How can we reduce sexist beliefs and behaviors? Stephanie Shields, chair.

*Male-friendly strategies for improving outcomes for prostate cancer.* Paper presented at the Annual Convention of the American Psychological Association, Washington, DC in symposium: Male norms and prostate cancer: Implications for men and their partners. Holly Sweet, chair.

Discussant, *New research pathways to improving men's mental health.* Symposium at the Annual Convention of the American Psychological Association, Washington, DC. Ronald Levant, chair.

*Psychotherapy with men.* Invited professional workshop, Virginia Commonwealth University Counseling Services.

**Performances of *Crimes Against Nature* -- Educational Solo Theatre Performance**

1998-2018 227 performances, 130 College and university campuses (details upon request).

**Professional Consultations on Men's Issues and Sexual Assault**

2019	University of Virginia
2018	Princeton University (NJ)
	University of Virginia
	University of Tennessee-Chattanooga
	Germanna Community College (VA)
	University of Mary Washington (VA)
2017	Yale University (CT)
	Clark University (MA)
	FT Sam Houston (TX)
	University of Virginia
	Joint Base Andrews (MD)
	FT Bragg (NC)

2016 U. S. Navy SAPRO training  
Fort Peterson Air Force Base (CO)  
University of Virginia  
Princeton University (NJ)  
The College of New Jersey  
Little Creek Naval Base (VA)  
U. S. Merchant Marine Academy (NY)

2015 University of Virginia  
Princeton University (NJ)  
Naval Station Great Lakes (IL)  
Fort Meade Army Base (MD)  
U. S. Naval Academy

2014 University of Virginia  
St. Mary's College (CA)  
United States Air Force Academy  
Boston College  
Oklahoma State University  
Clark University (MA)  
Colorado Domestic Violence Coalition  
University of Michigan  
Germanna CC (VA)  
Colorado College  
University of Massachusetts  
Rappahannock Regional Jail (VA)  
The Blue Bench (Denver, CO)

2013 St. Mary's College (CA)  
Fordham University (NY)  
University of Virginia  
Anne Arundel Community College (MD)  
Fort Carson Army Base (CO)  
Fort Eglin Air Force Base (FL)  
United States Air Force Academy

2012 University of Virginia  
University of Wisconsin-Lacrosse  
United States Naval Academy  
Dabney Lancaster CC (VA)

2011 NCAA Violence Prevention Summit  
Fort Sam Houston  
Lackland Air Force Base  
Randolph Air Force Base  
University of Richmond (VA)

2010 University of Virginia  
Thomas Nelson Community College (VA)  
University of Nebraska

2009 United States Naval Academy  
St. John's University (MN)  
St. Mary's College (CA)  
University of Richmond (VA)

2008 United States Naval Academy  
University of Albany  
St. John's University (MN)  
Hampden-Sydney College  
Worcester Polytechnic Institute (MA)  
Marquette University (WI)  
University of North Carolina-Greensboro

2007 United States Naval Academy

2006 State University of New York-Oswego  
Westminster College (PA)  
St. Mary's College (CA)  
James Madison University (VA)  
University of Nebraska  
Rochester Institute for Technology (NY)  
United States Naval Academy  
University of Virginia  
University of South Carolina  
University of Richmond  
Colorado College

2005 Case Western University (OH)  
Moravian College (PA)  
University of Chicago  
The College of New Jersey  
St. Mary's College of Maryland  
University of Wisconsin-Green Bay

2004 Montana State University  
St. Mary's College of California  
University of California at Davis  
Indiana State University  
West Virginia State College  
Memorial University (Newfoundland, Canada)  
Union College (NY)  
Kenyon College (OH)

2003 Edgewood College (WI)  
St. John's University (MN)  
California State University-San Marcos  
University of Missouri-Columbia

2002 University of California-Los Angeles (UCLA)  
University of California-Irvine  
Wake Forest University (NC)  
St. John's University (MN)  
University of Northern Colorado  
Rochester Institute of Technology (NY)  
Vanderbilt University (TN)  
University of California-Davis

2001 Pittsburg State University (KS)  
Wright State University (OH)  
College of the Holy Cross (MA)  
Lake Region State College (ND)  
University of West Florida  
Carleton College (MN)  
Hamilton College (NY)

2000 University of Wisconsin – Green Bay  
Tufts University (MA)  
Mount Saint Mary's College (MD)  
State University of New York – Albany  
University of Maryland – Baltimore County  
University of North Alabama  
Mississippi State University  
Murray State University (KY)  
University of Tampa (FL)

1999 University of Nebraska  
University of Vermont  
Carleton College (MN)

University of Indianapolis (IN)  
University of Evansville (IN)  
University of Wisconsin-Whitewater  
Gustavus Adolphus College (MN)  
St. John's University (MN)  
University of Tampa (FL)  
1998 George Mason University (VA)  
Murray State University (KY)  
University of North Carolina - Wilmington  
Virginia Military Institute  
University of Virginia  
1997 Hampden-Sydney College (VA)  
University of Connecticut  
Old Dominion University (VA)  
Virginia Tech  
1993-97 University of Richmond (VA)  
1996 University of Virginia  
Shippensburg State University (PA)  
Longwood College (VA)  
1995 Randolph-Macon College (VA)  
1994 Marymount University (VA)  
1993 Longwood College (VA)  
1993 Lord Fairfax (VA.) Community College  
1991 Carnegie-Mellon University (PA)

## 2010

*A model of gender based violence: Primary, secondary, and tertiary prevention.* Natl. Summit on Interpersonal Violence and Abuse across the Lifespan: In symposium: Masculinity Perspectives on Interpersonal Violence: Enhanced Models of Prevention and Treatment. G. Brooks, chair.

*Preventing sexual assault and harassment in a military setting: Lessons learned.* American Men's Studies Association, Atlanta, GA.

*Using humor and drama in men's work.* Invited address, 2<sup>nd</sup> National Psychotherapy with Men Conference, Austin, TX.

Growing the field. Panel at American Men's Studies Association, Atlanta, GA.

*Masculinity as a cultural variable in psychotherapy.* Invited workshop, University of Richmond conference on Today's College Man.

*Guy Fi Defiance.* Professional workshop, Supervised Visitation Network National Conference, Denver, CO.

*Sexual Assault: The perpetrator, the victim, and the social context.* Continuing Education workshop for therapists, social service personnel, and law enforcement, Fredericksburg, VA.

## 2009

Kilmartin, C., Stern, G., & Foubert, J. Major consultation with the United States Naval Academy to develop sexual assault and harassment prevention curriculum, train personnel to deliver the curriculum, and assess outcomes (August, 2006-September, 2009).

*Sad and manly: Working with men in therapy.* Professional workshop, Today's College Man, University of Richmond, VA.

Kilmartin, C. & Foubert, J. Outcome research from a model sexual assault prevention program. Paper

presented at the Annual Convention of the American Psychological Association, Toronto, Canada.

*Daddy in the kitchen: Past, present and future of gender in the family and in the workplace.* Keynote address, 6<sup>th</sup> Annual Minnesota Fatherhood Summit, St. Cloud, MN.

*Male socialization 101.* Professional workshop, 6<sup>th</sup> Annual Minnesota Fatherhood Summit, St. Cloud, MN.

*Guy Fi Defiance.* Professional workshop on sexual assault prevention, Sexual Assault Summit, Lexington, VA.

*Males and Reproductive Health.* Web Seminar, Richmond, VA.

*Victims like Them; Victims like Us.* Invited presentation, Rappahannock Domestic Violence *Take Back the Night* event.

## **2008**

Teaching men's studies. Professional faculty workshop, St. John's University (MN).

Chair, Gendered behavioral factors associated with physical health in males. Symposium at the Annual Convention of the American Psychological Association, Boston, MA.

*Working with military academy personnel to reduce sexual assault and harassment.* Paper presented at the Annual Convention of the American Psychological Association, Boston, MA in Symposium: Gender aware approaches to impaired professionals, military officers, and incarcerated offenders (G. Good, Chair).

Discussant, Moving from clinical theorizing to clinical research and practice with men (A. Mansfield, Chair). Symposium at the Annual Convention of the American Psychological Association, Boston, MA. Organizing Committee, American Psychological Association Summit on Violence and Abuse in Interpersonal Relationships.

Organizer and participant, American Psychological Association Legislative Advocacy Training.

## **2007**

*Intervening to reduce sexism in boys.* Paper presented at the Annual Convention of the American Psychological Association, San Francisco, CA in symposium: Masculinity, Homophobia, and Sexism. Andrew Smiler, chair.

*Male involvement in stopping human trafficking.* Invited address: Round Table Gespräch: Frauenhandel in Karnten nach W.E.S.T., Klagenfurt, Austria.

*Crossing the no-cry zone: Continuity and change in American masculinity.* Invited address: Fulbright Seminar in American Studies, Altenmarkt, Austria.

*Men's violence against women: Theory, research, activism.* Invited address: University of Salzburg, Austria.

*The acquaintance rapist: A profile.* Invited address: University of Vienna, Austria.

*Men and health.* Invited address: University of Klagenfurt, Austria.

*Men and depression.* Invited address: University of Hamburg, Germany.

*Reducing men's sexism: A hopeful technology?* Invited address: University of Heidelberg, Germany.

*Sexual harassment: Origins, consequences, and remedies.* Invited address, University of Klagenfurt, Austria.

**2006**

*Integrating gender information into Academy sexual assault and harassment presentations.* Invited address: U. S. Naval Academy Sexual Assault/Harassment Prevention Conference, Annapolis, MD.

*Sexual Harassment prevention in the Academies.* Invited address: U. S. Naval Academy Sexual Assault/Harassment Prevention Conference, Annapolis, MD.

*Visionary manhood: Empowering collegiate men as social justice allies against sexism, racism, and violence.* Invited address, University of Virginia.

*Masculinity and college men's health.* Keynote presentation, Mid-Atlantic College Health Association Annual Meeting, Lancaster, PA.

*Males as a special population in counseling and psychotherapy.* Professional workshop, Case Western University, OH.

*I'm no rapist, so why am I here?* Keynote presentation, Oklahoma Domestic and Sexual Violence Conference, Oklahoma City, OK.

**2005**

*Teaching men about the gendered context of sexual assault.* Paper presented in Symposium: Sexual assault prevention for men (C. Kilmartin, Chair), Annual Convention of the American Psychological Association, Washington, DC.

*Everyday manhood: Understanding the role men and boys have in the prevention of rape and sexual assault.* Full-day training workshop, Virginia Department of Health, Roanoke and Richmond, VA.

*The psychology of rape.* Invited colloquium, University of Chicago.

*Domestic Violence in Context: Teaching Men about Gender.* The Coalition for Domestic Violence for the 24<sup>th</sup> Judicial District, 7<sup>th</sup> Annual Conference, Lynchburg, VA.

*Men, Violence, and Alcohol.* Professional workshop, Governor's KidSafe Prevention Conference, Richmond, VA.

*Men, Women, Work, and Family.* Invited address, University of Wisconsin-Green Bay.

**2004**

*Masculinity as a cultural variable in psychotherapy.* Paper presented in Symposium: *Men and mental health: New directions in marketing and treatment* (M. E. Addis & J. M. Lane, Chairs). Annual Convention of the American Psychological Association, Honolulu, HI.

Kilmartin, C., Green, A., Heinzen, H., Kuchler, M., & Smith, T. *Sexual assault in context: Teaching college men about gender.* Poster presentation at the Annual Convention of the American Psychological Association, Honolulu, HI.

*Myths of Masculinity.* Invited address. Memorial University, St. John's, Newfoundland, CA.

*Going to the Root of the Problem: Educating and Mobilizing Men as Allies to End Gender-Based Violence.* Full day workshop. Canadian Coalition for the Prevention of Discrimination and Harassment in Higher Education (CCPDHE) Annual Conference, St. John's, Newfoundland, CA.

*Gender-based violence: cultural, historical, and psychological factors.* Invited address, University of Virginia.

Kilmartin, C. & Funk, R. E.. *A frank and open discussion on men in the movement against violence.* Professional workshop, Tennessee Coalition Against Domestic and Sexual Violence Annual Conference.

Kilmartin, C., Green, A., Heinzen, H., Kuchler, M., & Smith, T. Real-time social norms intervention to reduce college men's sexism. Paper presented at the Spring Convention of the Virginia Psychological Association, Roanoke, VA.

*Gender-based violence: Cultural, historical, and psychological factors* (keynote address), *Sexual assault in context: Teaching men about gender* (keynote address), and *Back to school: Applying basic social psychology to prevention programming for men* (professional workshop). New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) Enhanced Advocacy Conference, Waterville Valley, NH.

*Men as a special population in rehabilitation counseling* (keynote address), and *Gender aware counseling with men* (professional workshop). Virginia Rehabilitation Association Annual Conference, Virginia Beach, VA.

*Sigmund Freud: Educator, Excavator, Obfuscator*. Invited address, *Great Lives* biographical lecture series, Mary Washington College.

### **2003**

*Integrating masculine gender information into sexual assault presentations*. Keynote address, International Conference on Domestic Violence, Sexual Assault, and Stalking, San Diego, CA. Also Tennessee, Wisconsin, and Louisiana Conferences on Sexual Assault, Congreso Nacional Sobre Violencia Domestica Agresion Sexual, Acecho y Violencia en Cita, San Juan, Puerto Rico.

*Men and depression: Diagnostic, prognostic, and treatment considerations*. National Men's Health Conference, Arlington, VA.

*Back to school: Lessons from social psychology*. 13<sup>th</sup> International Conference on Sexual Assault and Harassment on Campus, Orlando, FL.

*Gender and domestic violence: The role of the physician*. Grand Rounds, Reading (PA) Hospital.

*Gender, masculinity, and school bullying*. Professional workshop, Safe School Pupil Support Services Conference, Sarasota, FL.

*Starting a men's sexual assault prevention program on a college campus*. Professional workshop, W. Va. Foundation for Rape Services and Information, Morgantown, WV.

Putz, V. & Kilmartin, C. T. *Showing is better than telling: Using psychodrama to enhance practice and research with men*. Professional workshop, Annual Convention of the American Psychological Association, Toronto, Canada.

*Myths of masculinity: Historical, cultural, and social contexts*. Invited address, George Mason University, Fairfax, VA.

*What can men do to help end gender-based violence?* Invited address, Shenandoah University, Winchester, VA.

### **2002**

*Sexual harassment training and policy: Lessons learned from a decade of campus programming*. 12<sup>th</sup> International Conference on Sexual Assault and Harassment on Campus, Orlando, FL.

*Sexual Assault: Information for men about to enroll in college*. Thomas Jefferson High School for Science and Technology, Arlington, VA.

*Sexual assault in context*. Professional workshop, Virginia Department of Health Conference, Richmond, VA.

*The Counseling Psychologist as Researcher.* Invited address, Johns Hopkins University.

*The sexes: Past, present, and future.* Invited address, University of Richmond, VA.

*Masculinity as cultural pressure.* Invited keynote address, *The XY Files Symposium*, Hampden-Sydney College, VA.

*Unmasking the gender shadow.* Professional workshop in gender reconciliation (one and a half-day workshop), The Shavano Institute, Boulder, CO.

*Teaching men's studies.* Professional workshop for faculty, St. John's University, MN.

Carr, E., Li Puma, K., Wheeler, K. A., Yuditsky, T. J., Frankel, L., & Kilmartin, C. T. *Sexism, masculinity, and attitudes towards sexual assault in college men: A social norms intervention.* Paper presented at the Spring Convention of the Virginia Psychological Association.

## **2001**

Participant, U. S. Department of Education's Meeting on Violence Prevention in Higher Education for nationally-recognized experts.

Kilmartin, C. T. (Chair), Berkowitz, A. D., Foubert, J., Funk, R. E., & Irvin, N. *Men in the movement: Programs by and for men.* Panel discussion, 11<sup>th</sup> International Conference on Sexual Assault and Harassment on Campus, Orlando, FL.

*Crimes Against Nature: A conference on working with men to prevent gender-based violence.* (Half-day workshop) Worcester, MA.

*Men's health issues and their implications for campus programming.* Keynote presentation, Bacchus/Gamma Regional Conference, Charlottesville, VA.

*Men's violence against women: Origins, consequences, and remedies.* Keynote presentation, North Dakota Campus Violence Summit, Bismarck, ND.

*Sexual harassment in the workplace.* Multi-ethnic perspectives conference, Virginia Beach, VA.

*Men's role in preventing violence against women.* Invited address, The White Ribbon Campaign, Charlottesville, VA.

*Men and domestic violence: Understanding the gendered context.* Invited address, Central Virginia Sexual Assault Conference, Ashland, VA.

## **2000**

*Speaking the word: Taking men's studies beyond the classroom.* Paper presented at the American Men's Studies Association Annual Conference, Buffalo, New York. Also 25<sup>th</sup> Annual Conference on Men and Masculinity, Colorado Springs, CO and VA Social Science Association Annual Meeting, Richmond.

*Getting men involved.* Invited address, Moving Forward into the New Millennium: New Approaches to Assisting Survivors of Interpersonal Violence, Richmond, VA.

*We live what we learn: How boys are socialized to become violent.* Invited address, Hanover Domestic Violence Task Force 4<sup>th</sup> Annual Conference on Family Violence, Mechanicsburg, VA.

*Sexual Assault in Context: Teaching College Men about Gender.* Invited plenary address, International Conference on Sexual Assault and Harassment on Campus (Orlando, FL).

*Men, women, and sexual assault.* Invited Address, University of Tampa, FL.

*Boys, depression, and violence.* Invited address, Prince William County Youth Suicide Task Force.

**1999**

Kilmartin, C. T. & Berkowitz, A. D. Undermining male peer support for sexual assault: The social norms approach. Professional workshop, 9th International Conference on Sexual Assault and Harassment on Campus, Orlando, FL.

*Understanding and Treating Men.* Professional continuing education course, Maryland Psychological Association Pre-convention Institute, Ocean City, MD.

*Multiculturalism, gender, and the classroom.* Teachers' continuing education course, James Monroe Center for Graduate and Continuing Education, Fredericksburg, VA.

*Using theatre to change destructive masculinity.* Professional workshop, National Men's Health and Fitness Conference, Philadelphia, PA.

*Sexual Assault Prevention Strategies for Males.* Professional workshop, Virginians Allied Against Sexual Assault Conference, Wakefield, VA.

Kilmartin, C.T. & Cochran, F. *Inside the mind of racism.* Invited address: Mary Washington College.

Conway, A., Friedberg, A., McQuoid, T., Tschan, T., & Kilmartin, C. T. *Social Conformity and Sexism in All-Male Peer Groups.* Paper presented at the Spring Convention of the Virginia Psychological Association, Virginia Beach, VA.

*The role of men in stopping men's violence against women.* Keynote address, Winchester (VA) Women's Shelter "Take Back the Night" program. Also James Madison University (VA, 1997), Richmond YWCA program (1996,1998), Fredericksburg, VA, and George Mason University (VA, 1996).

**1998**

Kilmartin, C. T. & Lynch, J. *Adolescent male depression.* Professional workshop, Prince William County (VA) Youth Suicide Task Force.

*Masculine Depression.* Professional workshop, Maryland Psychological Association Affective Disorders Conference.

*The Multicultural Classroom.* Workshop with Manassas (VA) public school teachers. Also Multiethnic Perspectives Conference, Rosslyn, VA.

*Sexual assault prevention training for athletes.* Invited address and major consultation, George Mason University. Also University of North Carolina-Wilmington, 1998, University of Connecticut, 1997.

*Sexual harassment prevention training.* Three sessions with large groups of cadets at the Virginia Military Institute, Lexington, VA.

*What do men have to do with women's issues?* Invited address, 11th annual Celebrate Women Conference, Murray State University (KY).

*Counseling and psychotherapy with men: a workshop on male survivor issues.* Professional workshop for mental health personnel, Murray, KY.

Franklin, R. F., & Kilmartin, C. T. The White Ribbon Campaign: Men Working to End Men's Violence Against Women. Professional workshop, 8th International Conference on Sexual Assault and Harassment on Campus, Orlando, FL.

Galeone, M., Norbet, T., Kilmartin, C. T., & Altman, J. *The use of theatre for education and attitude change.* Paper presented at the Spring Convention of the Virginia Psychological Association.

*Cultural and gender diversity.* Professional workshop, Spotsylvania county (VA) employees. Also Rappahannock (VA) area court appointed special advocates (CASA), 1996, and Chamber of Commerce leadership group, Fredericksburg, VA 1993 and 1995.

*Adolescence, masculinity, and the cultural acceptance of violence.* Keynote address, Multidisciplinary Conference on Violence among Teenagers, Williamsburg, VA. Also, Service Systems Forum Conference, Newport News, VA, 1996.

*Overcoming adversity: How men can become heroes.* Series of presentations at the Project Horizons Conference, Lexington, VA.

#### **1997**

*Integrating masculine gender information into sexual assault and harassment presentations.* Professional workshop, 7th International Conference on Sexual Assault and Harassment on Campus, Orlando, FL. Also: VA Campus Sexual Assault Conference and the VA Statewide Health Department Conference, plenary sessions.

*Gender issues in multicultural populations.* Invited address, Multiethnic perspectives National Conference, Arlington, VA (repeated, 1998).

Kilmartin, C. T., Chirico, B., & Leemann, M. *The White Ribbon Campaign: Evidence for Social Change on a College Campus.* Paper presented at the Spring Convention of the Virginia Psychological Association.

*Putting campus programming into the context of men's studies.* 22nd Annual Conference on Men and Masculinity, Colledgeville, MN.

*The White Ribbon Campaign: Designing a grass-roots response to domestic violence.* Invited address, Domestic Violence Coalition of the Greater Prince William (VA) Area.

*Counseling with gay, lesbian, and bisexual clients.* Professional workshop, Fredericksburg (VA) Personal Counseling Service.

#### **1996**

*Sexual Harassment trainer.* Wrote training manual and conducted four professional workshops, Mary Washington College (Additional workshops delivered 1999-2016).

*The psychology of men.* Invited address, Virginia Commonwealth University, Psychology Department Colloquium. Also Virginia Psychological Association Convention, Richmond, VA, 1994; 32nd annual meeting of the Virginia Social Studies Educators, 1996; Richmond Better Beginnings Coalition Conference, 1994; Randolph-Macon College, VA, 1994.

*Men's issues and the college campus.* Invited professional workshop, Multiethnic perspectives: A national conference for students and administrators, Fredericksburg, VA (repeated, 1997, Washington, DC). Also Virginia V.I.E.W. Conference, Charlottesville, VA., 1993 and 1994. Also Virginia Commonwealth University.

*Sexual harassment.* Information sessions for high school males, Rockbridge County (VA) High School.

#### **1995**

*The future of schools and the schools of the future.* Keynote address, Virginia Local Government Manager's Association.

*The White Ribbon Campaign: Men working to end men's violence against women.* Paper presented at the 4th Annual Campus Sexual Assault Conference, Richmond, VA.

*Sexual Harassment: The confluence of abuse and hypermasculinity.* Keynote address, Risky Times: Adolescence and the Cultural Acceptance of Violence, Richmond, VA.

**1994**

*Sexual assault, substance abuse, and domestic violence.* Professional workshop, Lord Fairfax Community College (VA).

*Treating perpetrators of sexual assault in a college counseling center.* Paper presented at the 3rd Annual Campus Sexual Assault Conference, Richmond, VA.

*Masculinity and substance abuse.* Professional workshop, Annual Campus Lifeskills Conference, Richmond, VA.

**1993**

*Gender, Greek life, and substance abuse on college campuses.* Keynote speech, 8th Annual College Conference on Alcohol Alternatives, Richmond, VA.

*Masculinity and substance abuse.* Professional workshop, 8th Annual College Conference on Alcohol Alternatives, Richmond, VA.

*Men's issues in rehabilitation counseling.* Professional workshop, Annual Conference of The Virginia Rehabilitation Association.

*Masculinity and violence.* Keynote speech, Hanover County (VA) Domestic Violence Task Force.

**1992**

*Sex roles in the 1990's.* Keynote speech, Annual Conference of Service Systems Forum, Newport News, VA.

*Violence and the male sex role.* Professional workshop, Annual Conference of Service Systems Forum, Newport News, VA.

*Changing sex roles: A hopeful message.* Keynote speech, Annual Virginia Association of Chamber of Commerce Executives Institute, Charlottesville, VA.

*Men's studies: Why and how.* Paper presented at the Annual Eastern Conference on the Teaching of Psychology, Harrisonburg, VA.

**1991**

Kilmartin, C. T. & Ring, T. *Man to man about rape: A rape prevention program for men.* Paper presented at the Maryland Student Affairs Conference, College Park, MD.

**COUNSELING/THERAPY EXPERIENCE**

- 2018 Remediation/prevention counseling with high-profile executive terminated for sexual harassment (6 hours)
- 2010-2016 University of Mary Washington Counseling and Psychological Services (CAPS).
- 1997-98 Limited independent practice
- 1992-97 Mary Washington College Psychological Services.
- 1988-89 Psychological Services Center, Reading, PA.
- 1986-87 Penn State Counseling and Psychological Services (CAPS).
- 1986-88 Henrico (Va.) Area Mental Health Services.
- 1985-86 Center for Psychological Services and Development, Richmond, VA.
- 1984-85 Virginia Commonwealth University Counseling Services.
- 1984-85 Health Improvement Systems, Inc. (weight loss group treatment).
- 1980-83 The Regional Institute for Children and Adolescents, Rockville, MD.
- 1979 Potomac State College of West Virginia University.
- 1979 Bedford-Somerset (PA) Drug and Alcohol Council.

**AWARDS AND OFFICES**

- 2016 Elected to Emeritus status, University of Mary Washington.  
2015 University of Mary Washington Waple Professional Achievement Award.  
2014 Distinguished Visiting Professor of Behavioral Sciences and Leadership, United States Air Force Academy.  
2012 Commencement Speaker, Virginia Commonwealth University Psychology Department Diploma Ceremony.  
Ad hoc reviewer, *Journal of Clinical Psychology*, *Sex Roles*, *International Journal of Men's health*.  
2011 Associate Editor, *Psychology of Men and Masculinity*.  
2010 Researcher of the Year, Society for the Psychological Study of Men and Masculinity (APA Div. 51).  
Ad hoc reviewer, *Psychology of Men and Masculinity*, *Sex Roles*, *International Journal of Men's health*.  
2009 Ad hoc reviewer, *Cultural Diversity & Ethnic Minority Psychology*  
2008 President, Society for the Psychological Study of Men and Masculinity (APA Div. 51)  
Outstanding Service Award, Center for Men's Leadership and Service  
Ad hoc reviewer, *Men and Masculinities*, *Psychology of Men and Masculinity*, *Frontiers: A Journal of Women's Studies*.  
University Faculty Achievement Award  
2007 Elected Fellow, Society for the Psychological Study of Men and Masculinity (APA Div. 51)  
Ad hoc reviewer, *Biomedical Central Family Practice* (UK)  
University Faculty Achievement Award  
Fulbright Distinguished Chair in Gender Studies, University of Klagenfurt, Austria  
2006 Board of Advisors, Men's Health Network  
Ad hoc reviewer, *Sex Roles: A Journal of Research*  
2005 Ad hoc reviewer, *Psychology of Men and Masculinity*  
2004 Bulletin Editor, Society for the Psychological Study of Men and Masculinity  
2003 Distinguished Member, National Society of Collegiate Scholars  
Elected Chair, Tenure and Promotion Committee  
2002 Commonwealth of Kentucky Governor's Office: White Ribbon Award for men working to end gender-based violence.  
Elected to Tenure and Promotion Committee  
2000 Promoted to Professor of Psychology  
Men of Vision Special Award, Virginians Aligned Against Sexual Assault  
Outstanding Psychology Graduate Alumnus of the Year, Virginia Commonwealth University  
Elected to Board of Directors, National Organization for Men Against Sexism (NOMAS)  
2000 Elected to Board of Directors, Men Can Stop Rape, Washington, DC.  
1997 Appointed Acting Chair, Virginia Psychological Association Public Relations Committee  
1996 Elected Chair, Tenure and Promotion Committee  
1995 Elected to Tenure and Promotion Committee  
Tenured and Promoted to Associate Professor of Psychology  
1992 Faculty Advisor, Frederick B. Rowe Award for Most Outstanding Undergraduate Research, Virginia Psychological Assn.  
1988 Outstanding Counseling Psychology Graduate Student, Virginia Commonwealth University, School of Humanities and Sciences.  
1987 Doctoral Preliminary Examination, Honors Distinction.  
Pi Kappa Phi Honor Society  
1982 Elected Representative, Clinical Executive Committee, Regional Institute for Children and Adolescents.

## PROFESSIONAL MEMBERSHIPS

Virginia Licensed Clinical Psychologist  
American Psychological Association, Divisions 17 and 51

Virginia Psychological Association, Academy of Academic Psychologists  
American Men's Studies Association  
National Organization for Men against Sexism  
Virginia Sexual and Domestic Violence Action Alliance  
Speaker's list, National Collegiate Athletic Association (NCAA)

Appendix V  
Charol Shakeshaft CV

## CHAROL SHAKESHAFT

### CONTACT INFORMATION

Department of Educational Leadership  
School of Education  
Virginia Commonwealth University  
1015 West Main Street  
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### EDUCATION

Postdoctoral Study: University of Michigan, Inter-university Consortium  
for Political and Social Research, 1980.  
Ph.D.: Texas A & M University, Department of Educational Administration (Research,  
Planning and Evaluation Specialization with supporting work in Sociology, 1979.)  
M.S.: Texas A & M University, Department of Educational Administration  
Organizational Behavior Specialization, 1978).  
B.A.: University of Nebraska at Lincoln (English, 1972).

### EMPLOYMENT EXPERIENCE

2007 - Present **Department of Educational Leadership  
School of Education, Virginia Commonwealth University**  
*Professor, September 2007 - Present*  
*Department Chairperson and Professor, 2007-2012*

1979-2007 **Department of Foundations, Leadership, and Policy Studies  
Hofstra University School of Education**  
*Professor Plus, 2004 – 2007*  
*Professor, 1989 - 2004*  
*Chairperson, 1987- 1998*  
*Associate Professor, 1984 - 1989*  
*Director of Doctoral Program, 1981 - 1988*  
*Assistant Professor, 1979 – 1984*

## PUBLICATIONS

- Sexual Abuse and Exploitation of PreK-12 Students by School Personnel (2019). Grant, B.J., Shakeshaft, C., and Mueller, J. (Eds) Special two issues *Journal of Child Sexual Abuse*.
- Legal Responses for Preventing Trusted Other Sexual Abuse of Students, submitted for review.
- Teacher Student Sexual Misconduct (In press). *Oxford Research Encyclopedia of Education*.
- The Relationship of Stress and Health in Women Superintendents in the United States (2018), *Women Leading in Education Across the Continents: Finding and Harnessing the Joy in Leadership*. McNae, R and Reilly, E.C. (Eds). New York: Rowman & Littlefield. (with Kerry Robinson).
- Preventing Sexual Assault in Schools: It is up to us. (October 2018). *The Kappan*.  
A Standard of Care for the Prevention of Educator Sexual Misconduct, (2018, July). *Journal of Child Sexual Abuse*.
- Prevention and Response: Recommendations for Independent School Leaders from the Independent School Task Force on Educator Sexual Misconduct (March ,2018), National Association of Independent Schools and The Association of Boarding Schools (written with 11 other Task Force members).
- Because They Can: Adult to Student Sexual Abuse in PreK-12 Schools (2018). *Sexuality and Leadership*, Beggan, J.K. and Scott, S.T. (Eds), New York: Jepson Studies in Leadership series. Palgrave-Macmillan.
- The persistence of gender inequality in educational leadership: Findings from the AASA Mid-Decade Survey. (2017). *Frontiers*. (with Kerry Robinson, Margaret Grogan, and Whitney Sherman).
- Essay review from power to prejudice: The rise of racial individualism in midcentury America, Leah N. Gordon. (2017). *Teachers College Record*. p. 288.
- Gender and Race Comparisons of Superintendent Stress and Superintendent Health: A National Study. (March, 2016). *Journal of Education and Human Development*, 5(1), pp. 120-133. (with Kerry Robinson).
- Women Superintendents Who Leave: Stress and Health Factors, *Planning and Changing*, 2015.
- Where have we been? Where are we going? (2014) Women interrupting, disrupting, and revolutionizing Educational Policy and Practice in Whitney Sherman and Katherine Mansfield (Eds). Information Age Social Justice Series.
- Response to Acquaintance Molestation and Youth Serving Organizations (2014). *Journal of Interpersonal Violence*.
- A New Way to do Professional Learning (2013). *Learning Forward*, with Dale Mann  
Criterion-inspired, Emergent Design in Doctoral Education: A Critical Friends Perspective (2013). in V Story (Ed.) *Redesigning Professional Education Doctorates: Applications of Critical Friendship Theory to the Ed.D*. Palgrave, McMillan,(with Martin Reardon)
- Women in Educational Leadership (2013) The Jossey-Bass Reader on Educational Leadership, San Francisco: Jossey-Bass (with Margaret Grogan).
- Know the warning signs of educator sexual misconduct (February 2013). *The Kappan*.

- Online Learning in Virginia (2013). Metropolitan Educational Research Consortium Monograph. With Jonathan Becker and Jess Senechal.
- Engagement in an online video simulation in educational leadership. (2012) In P. Blessinger & C. Wankel (Eds.), *Increasing student engagement and retention using immersive interfaces: Virtual worlds, gaming, and simulation* (pp. 203-224). Bingley, UK: Emerald Publishing Group. (Peer-reviewed chapter.) with Reardon, R. M., Mann, D., Becker, J. D., Shakeshaft, C., & Reich, M. R.
- The Effectiveness of Simulation-based Learning for Leadership Preparation (2012). Planning and Changing, with Jonathan Becker, Dale Mann, Martin Reardon and Kerry Robinson.
- Wild Patience: The Glass Ceiling for Women in School Administration (2011). Sage Handbook of Educational Leadership. Sage
- Immersive, Interactive, Web-Enabled Computer Simulation as a Trigger for Learning: The Next Generation of Problem-based Learning in Educational Leadership (December 2011). Journal of Research on Leadership Education. (With D. Mann, R.M. Reardon, J.D. Becker, and N. Bacon).
- Leadership Learning Contextualized (2011). Educational Planning. With K. Stemhagen, S. Sherman, M. Hermann, C. Magill, H. Clark.
- Women and Educational Leadership (2011). John Wiley & Sons, Inc., San Francisco: Jossey-Bass (with Margaret Grogan).
- Gender and Educational Change (2010). in Second International Handbook of Educational Change, Hargreaves, A.; Lieberman, A.; Fullan, M.; Hopkins, D. (Eds.). Springer
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## **PRESENTATIONS AND PEER REVIEWED PAPERS**

- Using Tort Litigation to Change Organizational Behavior: School Employee Sexual Misconduct*. Paper presented at the annual meeting of Law and Society. Toronto, Canada: June 2018
- Summary #MeToo in Educational Settings: Gender and Power, Violence, Harassment and Empathy*. AERA Invited Speaker Talk at the Annual Meeting of the American Educational Research Association. New York City: April 2018
- Sexual Abuse of Female Students in U.S. K-12 Schools*. Paper presented at the Sixth Women Leading in Education International Conference. Rio de Janeiro, Brazil, July 2017.
- Are civil lawsuits a useful tool for changing school policies and practices to prevent educator sexual misconduct*. Paper presented at the annual meeting of Law and Society. Mexico City, June 2017.
- Preventing Sexual Abuse of Students*. Paper presented at the annual meeting of the International Family Violence and Child Victimization Research Conference.

- Portsmouth, New Hampshire: July 2016.
- Sexual Violence and the Law: State Legal Responses to Preventing Trusted Other Sexual Abuse of Students: Do Legislators Care?* Paper presented at the annual meeting of Law and Society. New Orleans: June, 2016.
- Sexual Violence on Campus*, Forum on Guns and Campus Violence in Higher Education, Paper presented at the annual meeting of the American Educational Research Association, Washington, D.C.: April 11, 2016.
- The Intersection of Race and Gender to Superintendent Stress, Early Trauma, Coping Responses, and Health Conditions.* Paper presented at the annual meeting of the American Educational Research Association, Washington, D.C.: April 9, 2016 With Kerry Robinson.
- Mid-term Race and Gender Findings on the Superintendency.* Paper presented at the annual meeting of the American Association of School Administrators, Phoenix: February 13, 2016. With Kerry Robinson and Margaret Grogan.
- Superintendent Stress and Health in Context: The Relation of Gender, Race and District-Level Variables.* Paper presented at the annual meeting of the University Council for Educational Administration, November 22, 2015. With Kerry Robinson.
- Looking at Superintendent Stress, Health, and Well-Being Through a Gendered Lens.* Paper presented at the 5<sup>th</sup> Convening of women Leading Education Across Continents, The University of Waikato, Hamilton, New Zealand. September 2015.
- Relationships Between Superintendent Stress and Superintendent Health: Gender and Race Comparisons.* Paper presented at the annual meeting of the American Education Association. Chicago: April 19, 2015. With Kerry Robinson.
- The Relationship Between Teachers' Levels of Cultural Competence and the Nomination of Culturally and Linguistically Diverse Students for Gifted Identification.* Paper presented at the annual meeting of the American Education Association. Chicago: April 18, 2015. With Patrice C. Wilson.
- How Support Systems Determine a Woman Superintendent's Tenure,* Paper presented at the annual meeting of the American Education Association. April 3, 2015, Philadelphia, with Kerry Robinson.
- Teacher Mentoring in an Urban Environment: Black Mentors and White Teachers.* Paper presented at the annual meeting of the American Education Association. Philadelphia, April 6, with Wendy Moss,
- Identifying Organizational Containment and its Impact On the Career Paths of Black Educational Leaders.* Paper presented at the annual meeting of the University Council for Educational Administration, November, 2014. (With Risha Berry).
- The Efficacy of Simulations for Leadership Preparation.* Paper presented at the annual conference of the International Congress for School Effectiveness and Improvement. Yogyakarta, Indonesia: January 2014. (with Dale Mann).
- Women Leaders: The Price Paid.* Paper presented at the Fourth International Conference, Women Leading in Education (WLE). Apam, Ghana: September 2013. (Written with Kerry Robinson).
- Mentoring Teachers in an Urban Environment: Black Mentors and White Mentees.* Paper presented at the annual conference of the University Council for

- Educational Administration. Indianapolis, November, 2013. (With Wendi Moss)  
*Creating Community Through the Use of Simulations*. Paper presented at the annual conference of the University Council for Educational Administration. Indianapolis, November 2013. (With Dale Mann)
- Stranger in a Strange Land: The Perils that Lack of Community Bring to Women Superintendents*. Paper presented at the annual conference of the University Council for Educational Administration. Indianapolis, November 2013. (With Kerry Robinson)
- Women Superintendents: The Stories of Stayers, Movers, and Leavers*. Paper presented at the annual meeting of the American Education Association. San Francisco, April 13. with Kerry Robinson.
- Developing Leaders to Support Diverse Learners Curriculum Module*. Paper presented at the annual meeting of the University Council for Educational Administration, Denver, November 2012
- The Effectiveness of Simulation-based learning in a Principal Preparation Program*. Paper presented at the annual meeting of the American Educational Research Association, Vancouver, British Columbia, Canada: 2012.
- Project All: An Authentic Leadership Preparation Program*. Paper presented at the Annual Meeting of the University Council for Educational Administration. Pittsburgh: November 2011.
- Immersive, Interactive, Web-Enabled Computer Simulation as a Trigger for Learning*. Paper presented at the Annual Meeting of the University Council for Educational Administration. Pittsburgh: November 2011.
- The Feminist Enlightenment: Unconscious Leadership Made Transparent*. Paper presented at the Women Leading in Education Conference. Volos, Greece: September 2011.
- A Year in the Life of a Principal: An Immersive, Interactive, and Web-enabled Computer Simulation*. Paper presented at the annual meeting of ICET World Assembly. Glasgow, Scotland: July 2011.
- Women Superintendents: Builders, Menders, and Sustainers*. Paper presented at the annual meeting of the American Educational Research Association, New Orleans: April 2011.
- Women Superintendents: Builders, Menders, and Sustainers*. Paper presented at the annual meeting of the University Council for Educational Administration. New Orleans: 2011.
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- The Role of School Principals in Implementation of Response to Intervention in the Commonwealth of Virginia*, Paper presented at the annual meeting of the American Educational research Association. Denver, CO: May 2010.
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- VCU Story*. Paper presented at the annual meeting of the University Council for Educational Administration. Anaheim, CA: November 2009.
- International Status of Women Leaders*: Paper presented at the annual meeting of the University Council for Educational Administration. Anaheim, CA: November 2009.
- The Role of Legislation in Preventing Educator Sexual Misconduct*, Paper presented at the annual meeting of the American Educational Research Association. San Diego: April 2009.
- The Relationship of Ubiquitous Computer Use, Teacher Behavior, and Students Achievement: A Longitudinal Study of Henrico County Virginia Public School's Laptop Computing Initiative: 2005-06 to 2007-08*. Paper presented at the Annual Meeting of the American Educational Research Association. San Diego: April 2009
- Conscious Leadership in a Political World*, Annual Meeting of the University Council for Educational Administration. Orlando, Florida, November 2008. (With M. Grogan).
- Towards a More Robust Notion of Collective Leadership in Education*. Paper presented a CCEAM, Durban, South Africa, September 2008. (With M. Grogan)
- Women Leading Across Continents*. Paper presented at the American Educational Research Association Annual Meeting. New York, March 2008.
- International Perspectives on Gender and Leadership*. Paper presented at the Annual Meeting of ICSEI. Auckland, New Zealand. January 2008.
- Conscious leadership in a Political World*. Paper presented at the International Conference on Women and Leadership. Rome, Italy, July 2007.
- Beyond Self-Report: Using Technology to Evaluate the Use of Technology in Schools and Classrooms*. Paper presented at the American Educational Research Association Annual Meeting. Chicago, April 2007. (with J. Becker and D. Mann)
- The Feminist Case Against Bureaucracy*. Paper presented at the American Educational Research Association Annual Meeting, San Francisco, April 2006.
- College Student Learning Using Technology*. International Conference on College Students in the New Era of Globalization, Taiwan, November 2006.
- A Decade of Research on Women in School Administration*, Pennsylvania Association of School Administrators, Hershey, PA: May 2005.
- Gender and Administration*, Paper presented at the American Educational Research Association Annual Meeting, Montreal, April 2005.
- Preventing Educator Sexual Misconduct: The Politics of Research, Policymaking and*
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- Gender and Administration*, Paper presented at the American Educational Research Association Annual Meeting, Montreal AERA Annual Meeting, Montreal, April 2005.
- Educator Sexual Misconduct*, International Congress for School Effectiveness and Improvement, Barcelona, Spain, January 2005.
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- Educator Sexual Misconduct*; CAPS, September 2003
- The Pool of African American Superintendents*. Paper presented at the Annual Meeting of the American Educational Research Association: Chicago, April 2003.
- Educator Sexual Abuse*, Keynote Address Presented at the Nevada Coalition Against Sexual Violence 2003 Annual Conference, February 2003.
- Measuring the Effects of Technology: What Can We Say?* Paper presented at the Annual Meeting of the American Educational Research Association. Seattle, WA: April 2001.
- Issues in Evaluating Learning Technology*. Paper presented at the annual meeting of the International Congress for School Effectiveness and Improvement, Hong Kong: January 2000.
- Taking Stock of the Effects of Affirmative Action*. Keynote Address. SIG: Research on Women in Education. Hofstra University, November 1999.
- Evaluating the Effects of Technology on Achievement*. Keynote address, Connected Learning Conference, Melbourne Australia, August 1999.
- Comparative Approaches to Educational Leadership Preparation in the Metropolitan Area*. Paper presented at the annual meeting of the American Educational Research Association. Montreal: April 1999.
- The Boundaries of Empirical Research in Advocacy*. Paper presented at the annual meeting of the American Educational Research Association. Montreal: April 1999.
- Environmental Science Education and Issues of Social Justice: Encouraging Minority Girls in Science*. Paper presented at the Annual meeting of the American Educational Research Association. Montreal: April 1999.
- Women and Leadership in the 21st Century: Do it Anyway, Gaining Access*. Paper presented at the Annual meeting of the American Educational Research Association. Montreal: April 1999.
- Technology and Equity: Considering Possibilities and Educational Importance*. Paper presented at the Annual meeting of the American Educational Research Association. Montreal: April 1999.
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- They Call Me Cow.* Paper presented at the annual meeting of the American Educational Research Association, San Diego: April 1998.
- Societal Ambivalence Toward Women Administrators: Historical Events and Their Impact on the Representation of Women in School Administration in the United States.* Paper presented at the annual meeting of the American Educational Research Association, San Diego: April 1998.
- Transition into Middle School: The Harassing Nature of Adolescent Culture.* Paper presented at the annual meeting of the American Educational Research Association, San Diego: April 1998.
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- Peer Harassment and the Culture of Schooling: What Administrators Need to Know.* Paper presented at the annual meeting of the American Educational Research Association, Chicago, March 1997.
- Collecting and Analyzing Qualitative Data: Emerging Issues.* Paper presented at the annual meeting of the American Educational Research Association, Chicago, March 1997.
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- Leadership in Program Development: Rethinking an Administrator Preparation Program.* Paper presented at the annual meeting of the American Council of Teachers of Education, Phoenix, February 1997.
- How to Reduce Your Liability: Stopping Sexual Harassment of Students.* Paper presented at the annual meeting of the American Association of School Administrators, Orlando, Florida, February 1997.
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- Peer Harassment and the Culture of Caring.* Paper presented at the Annual Meeting of the American Educational Research Association, San Francisco, April 1995.
- Children's Attitudes Toward Families: An International Comparison.* Fourth International Symposium. Tokyo, Japan, December 1994.
- Conceptions of Community: Peer Harassment and the Culture of Caring in the Schools.* University Council for Educational Administration Annual Meeting. Philadelphia, Pennsylvania, October 1994.
- Equity in Personnel Evaluation.* Paper presented at the Annual Meeting of the American Educational Research Association. New Orleans, April 1994.
- Faculty Evaluation and Equity.* Paper presented at the Annual Meeting of the American Educational Research Association. New Orleans, April 1994.
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- Sexual Abuse in Schools.* Paper presented at the annual meeting of the International Congress for School Effectiveness and School Improvement. Melbourne, Australia, January 1994.
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- Recasting the Preparation Agenda.* Paper presented at the annual meeting of UCEA. Minneapolis, October 1992.
- How Schools Shortchange Girls.* Paper presented at the annual meeting of UCEA. Minneapolis, October 1992.
- Sexual Abuse of Students by Educators.* Paper presented at the Annual meeting of the Organization for the Study of Communication, Language and Gender. Hofstra University, October 1992.
- Deconstructing the Erected Hierarchy: Sex and Power in Organizations.* Paper presented at the annual meeting of the American Educational Research Association. San Francisco, April 1992.
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- A Cup Half Full: The Knowledge Base in Educational Administration.* Paper presented at the annual meeting of the American Education Research Association. Chicago, April 1991.
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- Field Experiences in the Preparation of School Administrators.* Paper presented at the annual meeting of the University Council for Educational Administration. Pittsburgh, October 1990.
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- You Never Told Me This Would Happen: Experiences of First Year Principals.* Paper presented at the annual meeting of the University Council for Educational Administration. Phoenix, October 1989.
- Sex, Sexism and the Preparation of Teachers and Administrators.* Paper presented at the annual meeting of the American Educational Research Association. San Francisco, March 1989.
- Sex Abuse by Teachers and Administrators: What Happens to the Abuser?* Paper presented at the annual meeting of the SIG, Research on Women, American Educational Research Association. Hofstra University, November 1988.
- Research in Preparation Programs in Educational Administration,* Paper presented at the annual meeting of the University Council of Educational Administration. Cincinnati, October 1988.
- Styles of Leadership.* Paper presented at the annual meeting of the American Educational Research Association. New Orleans, April 1988.
- The Woman in the Principal's Office.* Paper presented at the 30th anniversary conference of UCEA. Charlottesville, Virginia, October 1987.
- Training Women to be School Administrators.* Paper presented at the annual conference of NCPEA. Chadron, Nebraska, August 1987.
- Organizational Theory and Women: Where are We?* Paper presented at the annual meeting of the American Educational Research Association. Washington, D.C., April 1987.
- Theoretical Implications of Gender for Organizational Theory.* Paper presented at the annual meeting of the SIG:RWE, American Educational Research Association. Washington, D.C., November 1986.
- Race and Sex Bias in Research Methodology.* Paper presented at the SIG:RWE, American Educational Research Association. Washington, D.C., November 1986.
- Teaching as a Radical Profession.* Paper presented at the annual meeting of the National Women's Studies Association. University of Illinois, June 1986.
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- Reality in a Changing Theoretical Context.* Paper presented at the annual meeting of the American Educational Research Association. San Francisco, April 1986.
- Teaching as a Radicalizing Experience.* American Educational Research Association, SIG:RWE Mid-year Conference. Boston, October 1985.
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- What is a Family: Alternative Conceptualizations of Families for Women.* Paper

- presented at the annual meeting of the American Educational Research Association. Chicago, April 1985.
- The Feminization of Educational Research: Causes and Effects.* Paper presented at the annual meeting of the American Educational Research Association. Chicago, April 1985.
- Methodological and Conceptual Bias in Selected Theories of Organizational Behavior.* Paper presented at the annual meeting of the American Association of School Administrators. Dallas, March 1985.
- The Relationship between Dissertation Quality and Residency Experiences.* Paper presented at the National Conference of Professors of Educational Administration. University of Maine, August 1984.
- Eliminating Race and Sex Bias in Educational Research.* Paper presented at the annual meeting of the National Women's Studies Association Annual Conference. Rutgers University, June 1984.
- Herland on the Frontier: A 19th Century Women's Community in Texas.* Paper presented at the Berkshire Conference of Women Historians. Smith College, June 1984.
- Training Women to be Educational Administrators.* Paper presented at the Second International Women's Research Conference. Gronigen, Holland, April 1984.
- The Feminist Professional.* Paper presented at the annual meeting of the American Educational Research Association. New Orleans, April 1984.
- Are there Interpersonal Conflicts Between Male and Female Educational Researchers?* Paper presented at the annual meeting of the American Educational Research Association. New Orleans, April 1984.
- Does Dissertation Research Have Anything to do with Scholarship?* Paper presented at the annual meeting of the American Educational Research Association. New Orleans, April 1984.
- Toward a Reconstruction of Organizational Theory: Androcentric Bias in Selected Theories of Organizational Behavior.* Paper presented at the annual meeting of the American Educational Research Association. Montreal, Canada, April 1983.
- Androcentric Bias in Selected Leadership Theories.* Paper Presented at the American Educational Research Association SIG: Research on Women in Education Midyear Conference. Philadelphia, November 1982 (with I. Tietze).
- Herland on the Frontier: Community Among Women.* Paper presented at the National Women's Studies Association Annual Meeting. U. of California at Humboldt, June 1982.
- The Influence of Gender in the Selection of Secondary School Principals.* Paper presented at the American Educational Research Association Annual Meeting. New York, March 1982.
- Evaluation of a Training Program for Women in Educational Administration: Implications for Future Training.* American Educational Research Association Annual Meeting. New York, March 1982.
- Androcentric Bias in the Educational Administration Quarterly.* American Educational Research Association Annual Meeting. New York, March 1982.
- Toward a Reconstruction of Organizational Theory: Androcentric Bias in A. H. Maslow's*

- Theory of Human Motivation and Self Actualization.* Paper presented at the annual meeting of the American Educational Research Association. New York, March 1982 (With I. Tietze).
- A Research Framework for Studying Schools as Work Settings for Women Leaders.* Paper presented at the annual meeting of the American Educational Research Association. New York, March 1982.
- Race and Sex Bias in Social Science Research Methods: Problems and Issues.* Paper presented at the annual meeting of the American Educational Research Association. Los Angeles, April 1981.
- A Feminist Critique of Feminist Research in Educational Administration.* Paper presented at the annual meeting of the American Educational Research Association. Los Angeles, April 1981.
- A Feminist Approach to Research on Women: An Evaluation of Present Methodology in Education and a Paradigm for Future Research.* National Paper presented at the annual meeting of the Women's Studies Association. Bloomington, Indiana, May 1980.
- Educational Programs for the Gifted as Viewed by Female Participants.* Paper presented at the annual meeting of the National Women's Studies Association. Bloomington, Indiana, May 1980.
- Research on Women in Educational Administration: The Feminist is the Scholar.* Paper presented at the annual meeting of the American Educational Research Association SIG: Research on Women and Education. Cleveland, Ohio, November 1979.
- The Feminist is the Scholar.* Paper presented at the annual meeting of the National Women's Studies Association. Lawrence, Kansas, June 1979.
- Archetypes in Children's Fiction.* Paper presented at the annual meeting of the South Central Modern Language Association. Houston, Texas, October 1978.
- Introducing Women's Studies into the K-12 Curriculum: A Decision Model.* Paper presented at the annual meeting of the South Central Women's Studies Association. Fort Worth, Texas, June 1978.
- Enhanced Sex-Role Awareness: Experience in Simulated Role Reversal.* Paper presented at the annual meeting of the American Personnel and Guidance Association. Washington, D.C., March 1978.
- Toward a Divine Discontent: Counseling Gifted Women.* Paper presented at the annual meeting of the National Association of Women Deans, Administrators, and Counselors Conference. Denver, April 1977.

## **INVITED TALKS AND WORKSHOPS**

- A Standard of Care for the Prevention of Educator Sexual Misconduct.* Workshop presented at the annual meeting of the Virginia School Boards Association, Williamsburg, VA, November 2018.
- Preventing Educator Sexual Misconduct: Crossing Boundaries, Risks, and Vulnerabilities.* Set of 6 workshops given to staff at Chappaqua Central School

District, Chappaqua, New York, December 6 – 8, 2017.

*How big is the problem: Analysis of prevalence of school employee sexual abuse*, MassKids, Boston, Mass: October 20, 2017.

*Stopping Educator Sexual Abused*, Washington School Risk Management Pool Conference. Seattle: October, 2016. Keynote.

*Preventing Educator Sexual Misconduct*. Education Writer's Association. Boston, MA: May 2016.

*Keeping Students Safe: Title IX and Sexual Misconduct*. Education Law Symposium. Virginia Commonwealth University. May, 2016.

*Educator Sexual Misconduct and Title IX Regulations*. Virginia Commonwealth University. School of Education. January, 2016.

*Gender Equity: Still Needed After All these Years*. Lynchburg, VA, Regional WELV Forum, Lynchburg, VA: October 12, 2013

*Preventing Educator Sexual Misconduct*, Sexual Abuse Prevention Network, Minneapolis, December 2006.

*Educator Sexual Misconduct*, MICDS School, St. Louis, November 2006.

*Educator Sexual Misconduct*, CAPS, Long Island, October 2006.

*Preventing Educator Sexual Misconduct*. Greenburgh, New York School District Workshop to teaching faculty. June 2006.

*Helping Student Teachers Understand Boundaries*. Workshop given to Hofstra University teacher student teacher supervisors. May 2006

*Women in School Administration*, Pennsylvania Association of School Administrators, Hershey, PA, May 2005

*Sexual Abuse by a Person in a Position of Trust*, Garden City AAUW Chapter, March 2005.

*Using Data to Make Decisions*. Oceanside School District Administrators, February 2005.

*Sexual Exploitation of Children within Organizations*. U.S. Department of Justice Conference, February 2005.

*Sexual Abuse of Children by an Authority Figure*. U.S. Conference of Catholic Bishops Victim Assistance Meeting. Los Angeles, January 2005.

*Developing a Common Data Vocabulary*. Using Data for Informed Instruction, Hofstra University, January 2005.

*Educator Sexual Misconduct*. National Association of State Directors of Teacher Education and Certification, November 2004.

*Sexual Abuse of Students in Schools*. Persistently Safe Schools Conference, Hamilton Fish Foundation, Washington, D.C., October 2004.

*Educator Sexual Misconduct*. Educator Sexual Misconduct Conference. Hofstra University, September 2004.

*Peer Sexual Harassment*, Town of North Hempstead, Annual Committee Against Family Violence Conference, Keynote, October 2004.

*Educator Sexual Abuse*, CAPS, September 2003.

*Educator Sexual Abuse*, Keynote Address Presented at the Nevada Coalition Against Sexual Violence 2003 Annual Conference, February 2003

*Superintendent's Guide to Technology Evaluation*. Superintendents' Technology

Summit. Fort Lauderdale, Florida, May 1, 2001.

*Total Cost of Ownership Studies: How Much Does Your Technology System Really Cost?* Superintendents' Technology Summit. Fort Lauderdale, Florida, 30 April, 2001.

*Stopping Bullies.* Syosset ISD Parents' Council. April, 2001.

*Gender Issues in Parenting.* Parents' Place. Mohegan Lake School District. April 2001.

*Women's Life Stages: Developing Balance.* American Association of University Women. Long Island Branch Annual Meeting. March 2001

*Growth in Adolescent Girls.* Sister to Sister Conference. Hofstra University, November 1999.

*Stopping Peer Harassment.* Great Neck Public Schools Professional Development Day, November 1999.

*Gender and Communication: Getting the Message Across.* Long Island Business and Professional Women Conference. October 1999.

*Peer Harassment: The Educator's Response.* New York State Counseling Association Annual meeting. Albany, New York: October 1999.

Keynote Address, West Islip Public Schools Professional Development Day, June 1997.

*Women and Leadership,* University of Nebraska Summer Leadership Symposium, June 1997.

*Sexual Harassment in Schools,* Great Neck Union Free School District, April 1997.

*Sexual Harassment in Schools,* Phi Delta Kappan Workshop, Brookline, MA, April 1997.

*Gender Equity, My Sisters' Place* Keynote. Benefit for battered women and children's shelter, March 1997.

Sexual Harassment Workshops, Horace Mann School, March and May 1997.

Diversity Workshop, Jefferson County Administrators Association, Jefferson, County, Colorado, February 1997.

Sexual Harassment Policy Development Workshops and Sexual Harassment Staff and Faculty Training, The Edwin Gould Academy and the Ramapo UFSD, January - August 1997.

Sexual Harassment Workshops, Berkeley Unified School District, Berkeley, California, August, September, November 1996.

*Early Childhood Gender Issues,* Greenwich Connecticut Early Childhood Conference, October 1996.

Keynote Speaker, *Sexual Harassment,* Superintendent's Day Conference, Rhinebeck, New York, October 1996.

Keynote Address, *Gender and Schooling,* Colorado Association of School Executives, August 1996.

Sexual Harassment Workshops, Morristown-Beard School, Morristown, New Jersey, November 1996.

*Stopping Sexual Harassment.* Lakeview School District, Battle Creek, Michigan, April 1996.

*Gender and Schooling.* Port Jefferson, New York, March 1996.

*Gender and Schooling.* Chatham, New Jersey, March 1996.

*Changing Peer Culture.* Ryebrook School District, April 1996.

*Gender and Schooling*. Five workshop series. Ridgewood, New Jersey. 1995-1996.  
*Gender and Schooling*. Jones Distinguished Lecture. Emporia State College, Emporia, Kansas, February 1996.  
*Women in Leadership*. AASA, Minnesota, December 1995.  
*Gender and Schooling*. Mount Olive School District. New Jersey, October 1995.  
*Gender and Schooling*. Eastwoods School. New York, October 1995.  
*Gender and Leadership*. Canadian School Administrators, September 1995.  
*Gender and Schooling*, Robert Louis Stevenson School, Pebble Beach, California, August 1995.  
*Gender and Schooling, Leadership: An Evolving Vision*, Harvard Principal's Center Summer Institute, July 1995.  
*Gender and Schooling, The Art and Craft of the Principalship*, Harvard Principal's Center Summer Institute, July 1995.  
*Gender and Leadership*, Department of Defense, Washington, DC, July 1995.  
*Gender and Leadership*, AASA Institute, Burlingame, California, June 1995.  
*Gender and Schooling*, Mountain Lakes Public Schools, New Jersey, May 1995.  
*Gender and Leadership*, Bergen County New Jersey Region IV Directors of Special Services Annual Meeting, May 1995.  
*Gender and Schooling*, River Dell Regional High School, New Jersey, May 1995.  
*Sexual Abuse in Schools*, Westchester Planned Parenthood, April 1995.  
*Gender and Leadership*, Kansas ASCD, Lawrence, April 1995.  
*Gender and Schooling*, Rye City School District, April 1995.  
*Gender and Schooling*, Manhasset Teachers' Center, Four session workshop, February-May 1995.  
*Gender and Schooling*, Glen Rock School District, March 1995.  
*Gender Bias*, Nassau County Council of School Superintendents, March 1995.  
*Peer Harassment*, Mamaroneck-Larchmont PTA, March 1995.  
*Leadership Institute for Women*, AASA, Seattle, March 1995.  
*Gender and Leadership*, AASA Distinguished Lecture, New Orleans, February 1995.  
*Gender and Leadership*, Denville, New Jersey School District, February 1995.  
*Sexual Harassment*, Two Day Workshop, Central Montcalm Public Schools, Stanton, Michigan, January 1995.  
*Gender and Schooling*, R.C. Murphy Junior High School, Three Village School District, January 1995.  
*Gender and Schooling*, Lloyd Harbor School, Cold Spring Harbor, New York, January 1995.  
*Peer Harassment*, Institute for Educational Dialogue, Nassau BOCES, January 1995.  
*Gender and Schooling*, West Side School, Cold Spring Harbor School District, November 1994.  
*Gender and Leadership*, Federation of Women Teachers, Toronto, November 1994.  
*Sexual Harassment*, AASA, Vermont, November 1994.  
*Sexual Harassment*, Smithtown School District, November 1994.  
*Sexual Harassment*, AASA, Atlanta, Georgia, November 1994.  
*Gender and Leadership*, New Jersey School Administrators and School Board Annual Conference, October 1994.

*Gender and Schooling*, Stratford School District, Connecticut, October 1994.  
*Sexual Harassment*, BOCES IV, October 1994.  
*Gender and Leadership*, Rochester, September 1994.  
*Site Based Management*, Comsewogue, September 1994.  
*Gender and Leadership*, Long Island Business Professional Women, September 1994.  
*Gender and Schooling*, Cold Spring Harbor School District, September 1994.  
*Sexual Harassment*, Carle Place School District, September 1994.  
*Gender and Schooling*, Manhasset, September 1994.  
*Gender and Schooling*, Southern Regional District, New Jersey, August 1994.  
*Gender and Leadership*, Missouri Department of Education Workshops, August 1994.  
*Gender and Schooling*, Harvard Administrators Institute, August 1994.  
*Gender and Schooling*, IDEA, July 1994.  
*Gender and Schooling*, Harvard Principal's Center, July 1994.  
*Gender and Schooling*, Central Regional High School District, New Jersey, June 1994.  
*Women and Leadership*, AASA Training, Charlotte, NC, April 1994.  
*Gender and Schooling*, North Bellmore, NY, April 1994.  
*Gender and Schooling*, Edgemont PTA, April 1994.  
*Gender and Leadership*, Virginia Tech. U., April 1994.  
*Gender and Schooling*, Mount Olive, NJ, April 1994.  
*Stopping Sexual Abuse*, Suffolk County School Superintendents Association, April 1994.  
*Gender and Leadership*, New Jersey Southern Regional School District, March 1994.  
*Gender and Schooling*, Middlesex, NJ, March 1994.  
*Gender and Schooling*, Manhasset PTA, March 1994.  
*Gender and Schooling*, Mamaroneck PTA, March 1994.  
*Women in Administration*, New York Women in Administration Conference, Albany, March 1994.  
*Gender and Schooling*, White Plains School District, March 1994.  
*Sexual Abuse in Schools*, BOCES I, February 1994.  
*Gender and Schooling*, Port Jefferson PTA, February 1994.  
*Gender and Leadership*, Annual Meeting of the American Association of School Administrators, February 1994.  
*Gender Interactions in the University Classroom*, Hofstra University Law School, February 1994.  
*Sexual Harassment*, Keio Academy, February 1994.  
*Gender and Schooling*, Fairfield School District, January 1994.  
*Gender and Leadership*, New Jersey Association of School Administrators, January 1994.  
*Tailhook in the Schools: Sexual Abuse of Students*, Hofstra University Professional Day, January 1994.  
*Gender and Schooling*, Scarsdale High School, January 1994.  
*Sexual Abuse in Schools*, Katonah School District, December 1993.  
*Gender and Schooling*, Huntington Unitarian Church, November 1993.  
*Gender and Schooling*, Half Hollow Hills School District, October 1993.  
*Gender and Schooling*, Scarsdale Teacher Center, October 1993.

*Gender and Schooling*, Scarsdale PTA, October 1993.  
*Gender and Schooling*, Corning, New York School District, October 1993.  
*Gender and Schooling*, New Jersey Administrative Institute, August 1993.  
*Gender and Schooling*, 4-Day Workshop, Marymount College, June 1993.  
*Parenting a Girl*, National Mother's Center Conference, June 1993.  
*Women and Leadership*, North Dakota Leadership Conference, June 1993.  
*Gender and Schooling*, Half Hollow Hills School District, April 1993.  
*Women and Leadership*, California School Administrators, April 1993.  
*Graduate Student Fireside Chat*, AERA, April 1993.  
*Women in Administration*, Marquette University, March 1993.  
*Sexual Abuse in Schools*, New York, Women in Administration Annual Conference, Rochester, March 1993.  
*Gender at Risk*, Baldwin High School, Baldwin, New York, March 1993.  
*Deconstructing the Erected Hierarchy*, Bowling Green State University, February 1993.  
*Women in Administration*, Ohio Educational Leadership Association, Bowling Green, February 1993.  
*School University Partnerships*, LIASCD, December 1992.  
*Listening to Schools: Qualitative Research*, School Library Association, Baltimore, October 1992.  
*Women in Leadership*, Kentucky Academy for School Executives, August 1992.  
*Women in Leadership*, Volusha, Florida, County School District, August 1992.  
*Gender and Leadership*, Kvinnor Kan Fair, Stockholm, May 1992.  
*Gender and Schooling*, Swedish National Board for Universities and Colleges, Sweden, May 1992.  
*Gender and Schooling*, Dean's Distinguished Lecture, Baruch College, March 1992.  
*Gender and Leadership*, University of Northern Colorado, Greeley, March 1992.  
*Learning to Say No: Women and Over commitment*, New York State Association of Women Administrators, Westchester, March 1992.  
*Women in Leadership*, Educational Leadership Association, Bowling Green, Ohio, January 1992.  
*Gender and Schools*, Westchester Women's Studies, Marymount College, December 1991.  
*Gender and Schools*, Calgary School District, November 1991.  
*Raising the Quality of the Culture in Schools*, Mate M, Holland, June 1991.  
*Men as Leaders of an All Female Organization*, National YWCA Conference, Atlanta, May 1991.  
*Gender and Leadership*, Western New York Women in Administration, Buffalo, April 1991.  
*Women in School Administration*, Michigan Institute for Educational Management, Lansing, April 1991.  
*Men and Women Working Together*, St. Louis Principals' Association, St. Louis, March 1991.  
*A Gender at Risk*, AAUW, Bryan, Texas, March 1991.  
*Gender and School Culture*, Texas A & M University, March 1991.  
*Gender and Leadership*, Westchester Women in Administration, Tarrytown, NY,

February 1991.  
*Gender and Administration*, Calgary Board of Education, Calgary Teachers' Association, Calgary, Canada, February 1991.  
*Gender and Administration*, Conference for Missouri School Executives, Missouri, February 1991.  
*Research Methods in Educational Administration*, Fordham University, January 1991.  
*Gender and Leadership*, New York State Association for Women Administrators, Albany, NY, January 1991.  
*Gender and Leadership*, School Board Institute, Albany, NY, January 1991.  
*Women and Educational Management*, Women in Education Management Conference, Vienna, Austria, December 1990.  
*Gender and Schooling*, Marquette University, December 1990.  
*Women Leaders*, Western Hills Area Education Agency, Sioux City, Iowa, November 1990.  
*Review of Research on Gender and Administration*, Northeast AERA, Ellenville, New York, November 1990.  
*Gender and Leadership*, Midwest AERA, Chicago, October 1990.  
*Transforming Schools*, School Administrators of Iowa, Des Moines, Iowa, August 1990.  
*Barriers to Women in School Administration*, Fred Johnston Invitational Conference, University of Wisconsin, Superior, June 1990.  
*Advancing in Administration*, Vermont School Administrators, Burlington, VT, May 1990.  
*Gender and Leadership*, New York ASCD, Ellenville, NY, May 1990.  
*Gender and Leadership*, Red Clay Consolidated School District, Wilmington, DE, April 1990.  
*Promoting Women in School Administration*, New York LEAD Conference, Albany, NY, March 1990.  
*Gender and Leadership*, School Administrators of Iowa Annual Conference, Des Moines, August 1989.  
*Men and Women Working Together*, AASA National Academy for School Executives, Colorado Springs, July 1989.  
*Women in Educational Administration*, Oklahoma Women in Education Summer Conference, Oklahoma City, June 1989.  
*Agenda for Reform of the Pre-service Preparation of School Administrators: Issues of Implementation*, Convocation of One Hundred, National Policy Board for Educational Administration, Charlottesville, VA, May 1989.  
*Gender and Leadership*, 74th Convention of the National Council of Administrative Women in Education, Long Island, May 1989.  
*Challenging Androcentric Education*, National Conference on Curriculum, Instruction and Leadership, Montreal, Quebec, May 1989.  
*Women in Administration*, Florida Women Administrators, Tampa: April 1989.  
*Gender and Administrative Effectiveness*, Delaware Center for Administrative Skill Development, Wilmington, April 1989.  
*Effecting Change*, Images VI Conference, Ontario English Catholic Teachers Association, Toronto: April 1989.  
*Publishing in Scholarly Journals in Education*, AERA Mini-Course, Annual Meeting of

the American Educational Research Association, San Francisco, March 1989.  
*Engaging in Non-traditional, Non-mainstream Research*, Fireside Chat, Annual Meeting of the American Educational Research Association, San Francisco, March 1989.  
*The Selection of School Managers*, Study Conference, Hogeschool Interstudie, Utrecht, Holland, March 1989.  
*Sex and Supervision*, Long Island ASCD, December 1988.  
*Equity and Schooling*, Superintendent's Day, Lawrence School District, Lawrence, New York, November 1988.  
*Women in School Administration*, University of Akron, Akron, Ohio, November 1988.  
*Gender Issues in Administration*, Georgia State University, October 1988.  
*Gender and Teacher Preparation Programs*, Cleveland State University, School of Education, September 1988.  
*Gender and Leadership*, The Ohio State University Superintendent's Academy, July 1988.  
*Men and Women in Administration*, Vermont Leadership Conference, May 1988.  
*Sexual Abuse and What To Do About It*, Student conference on gender issues, Hofstra University, March 1988.  
*Women's Ways of Leading*, Nassau/Suffolk Women in Educational Administration, Long Island, March 1988.  
*Women and Men in Administration*, Harvard Graduate School of Education, The Principal's Center, Harvard University, February 1988.  
*Getting In and Staying In: Entrance to a Field Site*, A New Window on the Classroom, Ethnography and the Study of Schools Conference, Hofstra University, January 1988.  
*Effective Administrative Styles*, The Ohio State University, December 1987.  
*Gender and School Administration*, Fordham University, October 1987.  
*A Gender at Risk*, University of South Carolina, April 1987.  
*Student-Teacher Interaction Patterns*, Lawrence Union Free School District, March 1987.  
*Women in Administration*, State University of New York at Buffalo, January 1987.  
*Education Administration Theory, The Impact of Gender*, Academy for Equity, Green Bay, Wisconsin, January 1987.  
*Organizational Theory and Gender*, OISE, Toronto, Canada, February 1987.  
*Women in Educational Administration*, Superintendent's Day Conference, Uniondale, New York, December 1986.  
*Wild Patience: Women in School Administration*, Fall Clinic Conference for School Administrators, Wichita, Kansas, September 1986.  
*Women as leaders in Schools of Excellence*, Maine Leadership Conference, Maine, May 1986.  
*Student-Teacher Interaction and Effective Schooling*, Superintendent's Conference Day, William Floyd UFSD, April 1986.  
*Redefining Leadership: Bringing Women In*, Women's Scholarship Conference, Lehman College, March 1986.  
*We Talk Different Because We Are Different*, Northeast Coalition of Educational Leaders, Stowe, Vermont, October 1985.

- Organizational Communication*, Long Island Reading Association Annual Meeting, November 1985.
- Classroom Strategies for Increasing Achievement of Minority and Women Students*, Uniondale In-Service Day, November 1985.
- Organizational Equity*, Teachers College, Columbia University, Sex Equity Conference, June 1985.
- Administering Effective Schools: Excellence and Equity*, Los Angeles County School District Administrators' Association, Los Angeles, November 1984.
- Ten Years of Research on Women: A Retrospective*, AERA Special Interest Group on Research on Women, Long Beach, California, November 1984.
- The Courts and the Rights of Students*, Lynbrook High School, Lynbrook, New York, March 1984.
- Women as Educational Leaders*, Association for Supervision and Curriculum Annual Meeting, New York, March 1984.
- The Inadequacy for Women of Research on Organizations*, Women on the Move Conference, Syracuse University: March 1984.
- The Failure of Theory in Educational Administration for Women*, CADEA Annual Meeting, Syracuse, New York, January 1984.
- Participatory Management: What the Research Tells Us*, International Association of Quality Circles, New York, November 1983.
- The Regents Plan for Excellence: Will It Work?* Half Hollows Hills School District, November 1983.
- The Role of Equity in Federal Policy in Education*, AERA SIG:RWE Midyear Conference, Tempe, Arizona, November 1983.
- Leadership and Women*, Fordham University, October 1983.
- Leadership of Effective Schools: What We Can Learn from Women Administrators*, New York Association for Supervision and Curriculum Development, New York State, May 1983.
- Preparing Women Students for the Future*, Francis Lewis High School, Queens, New York, April 1983.
- Race and Sex Bias in Educational Research*, Shoreham-Wading River School District, March 1983.
- Women and Education: An Historical Perspective*, Valley Stream Central High School District, March 1983.
- Women in Higher Education Administration*, CUNY Graduate School, New York City, February 1982.
- Management of Decline*, ASCD/Lebanon-Lancaster Pennsylvania Study Council, October 1981.
- Workshop on Effective Schooling*, Patchogue School District, Patchogue, New York, August 1981.
- Selected Issues in Sampling*, National Institute of Education, Washington, June 1981.
- The Education of Women*, The Commissioner of Education's Statewide Advisory Council on Equal Opportunity for Women, Albany, New York, May 1981.
- Needs Assessment: Why and How To*, Teacher Leader Training at NYSUT/Hofstra Teacher Center, May 1981.

*Techniques of Research Synthesis*, Gallaudet College, February 1981.  
*Research on Women in Educational Administration: Issues and Problems*, Queens College of the City University of New York, February 1981.  
*Male and Female Role Expectations*, The Lowell School, January 1981.  
*Women and Administration*, Superintendent's Day, Great Neck School System, Great Neck, New York, January 1981.  
*The Role of Schools of Education and Departments of Educational Administration in Increasing Female Leadership in Education*, Metropolitan Council of Education Administration, Yeshiva University, November 1980.  
*Teacher - Student Interaction in the Classroom: Where Boys are Boys and Girls are Girls*, Presidential Commission on Employment Policy, Washington, D.C., May 1980.  
*Administering Gifted Programs*, NYSUT/Hofstra Teacher Center Conference, Hofstra University, February 1980.  
*Seneca Falls South: Historical Perspectives of Women Educators*, National Women's Conference, Houston, 1977.

#### **TECHNICAL REPORTS (Since 2000)**

*With Dale Mann*

Standard of Care for Prevention of Educator Sexual Misconduct. Chappaqua School District, Chappaqua, New York, December 2017.  
Documenting Outcomes from EETT Grants to Selected Schools of the Cleveland Municipal School District: AY 2005-06, Final Report, 9.26.06  
Documenting Student Achievement from CompassLearning Odyssey in the Camden, NJ Public Schools, 8.14.06  
The Kyoto College of Graduate Studies for Informatics: A Report of Student Outcomes 2005-06, 7.17.06  
Documenting Outcomes from EETT Grants to Selected Schools of the Cleveland Municipal School District: AY 2004-05, 7.01.05  
Student and Program Results from *educate, inc.* After-school e-tutoring Program, 10.3.05  
Documenting Outcomes from EETT Grants to Selected Schools of the Cleveland Municipal School District: AY 2003-04, 10.25.04  
Analysis of Achievement and Other Outcomes from Connections Academy in Wisconsin and Colorado: Year One 2002-03, 3.1.04  
Teacher Professional Development and Elementary School Science Achievement Outcomes from TeachNet/New York City, 5.20.04  
Educator Sexual Misconduct: A Synthesis of Existing Literature -- 2004, 6.30.04  
Documenting Outcomes: Bronx Zoo Distance Learning Expeditions, 9.26.05  
Girls for Planet Earth: Three-Year Final Report, 7.06.05 (plus annual reports for three years)  
The Online Reading Center of the Key Instructional Design Strategy Consortium: An Evaluation of 1st and 2nd grade Student Achievements, 4.23.04  
The Barksdale Reading Institute's Mississippi Reading Reform Model: Student

Achievement Outcomes, Spring 2003, 12.15.03  
Adult Learning Outcomes from the Family Literacy Center, 4.22.04 and 8.20.03  
Pocatello School District: An Analysis of CompassLearning Student Achievement Outcomes in Pocatello, Idaho, 2002-03, 1.13.04, 3.05.04  
Evaluating outcomes from the Curriculum Management Consortium: A Report of the First Year, 8.12.03  
Evaluating the outcomes from the Curriculum Management System of the Prince George's County Public Schools: A Report of Year One, 8.04.03  
The Waterford Early Math Curriculum in selected Prince George's County Public Schools Kindergartens: 2002-03, 3.04.04  
Teacher Technology Training: A New Delivery Method from The Teachers Network, 9.09.03  
A Field Evaluation of Middle Grades Use of Selected Materials from the National Library of Virtual Manipulatives, 10.20.03  
Relationships between School Facilities, School Characteristics and Student Outcomes, 7.21.03  
The East St. Louis School District 189 Computer Lab Implementation Of Classworks Gold For Third To Fifth Grade Reading Improvement: An Evaluation Of Pupil Progress, 2002.  
eSylvan Online: Documentation And Analysis Of Achievement Outcomes From Carlisle, PA, 10.31.02  
Strengthening General Education In Yeshivas And Jewish Day Schools With Computer-Related Teaching And Learning, 11.08.02  
Student Achievement And Homeroom.Com: An Evaluation Report, 1.24.03  
The LeapFrog SchoolHouse Literacy Center and LAUSD's School Readiness Language Development Program, Final Report, 7.23.02  
Independent documentation of 'EasyTech' in the Jefferson County Public Schools, Louisville, KY, 7.16.02  
Documenting the effect of Lightspan *AchieveNow* in the Hempstead Union Free School District, 10.12.02  
READ 180 Validation Study: Final Report, 1.30.02  
Student Achieving Standards: Three-Year Final Report. Prepared for the Pennsylvania Department of Education, 7.12.04  
Student Achievement Gains In The Cotswold Elementary School, Charlotte-Mecklenburg, NC: Individual laptops with LearningStation.com comprehensive teaching/learning support delivered on the Internet, 8.08.02  
An Evaluation Of The Large-Scale Field Deployment Of The Life Skills Training Program: Final Report, 6.09.03  
A Multi-Year Analysis Of The Outcomes Of Lightspan *AchieveNow* In The Cleveland Municipal School District, 11.07.02  
Learning Technology and the Owen J. Roberts School District, 11.17.03  
Bertelsmann Partnership for Education: State-of-the-Art Assessment, 12.16.02  
Lehman College of CUNY: An Evaluation of the MBRS SCORE program, Sept. 1999-Aug.2002, 10.01.02  
Assessing One Component Of A Summer School Literacy Program In Community

School District 29, Queens, NY, Summer 2001, 4.11.02  
School Facilities In Arizona: An Examination Of The Relationships Between And Among  
School Facilities Characteristics And Educational Outcomes, 5.30.00

**GRANTS, CONTRACTS, AND OTHER FUNDING (Principal Investigator)**

U.S. Department of Education. Project All, \$5.2 million. October 2008  
Planned Parenthood of Nassau County, 2006-2007, Saturday Technology and  
Music Mentoring Program for Girls of Color, \$25,800  
Long Island Fund for Women and Girls, 2005, Get a Voice, Rapping Project for  
Girls, \$9,800  
US Department of Education, 2003-04, Synthesis of Research on Educator  
Sexual Misconduct, \$30,000  
National Science Foundation/Utah State University, 2002-03, Evaluation of the Efficacy  
of Virtual Math Manipulatives, \$40,000  
National Science Foundation, 1998-2001, The Green Project: Math, Science and  
Technology Camp for Girls of Color, \$900,000  
U.S. Department of Education, WEA, 1994-1995, Three Year Study of Middle  
School Peer Interactions, \$100,000  
U.S. Department of Education, Field Initiated Grant, 1992-1993, Study of Sexual  
Abuse of Students by Teachers, \$100,000.  
National YWCA, Study of Effects of Single Sex Programs, 1989 – 1991,  
\$100,000  
Hofstra University Faculty Small Grants -- various years  
*Co-principal Investigator with Dale Mann – 2000 to 2007*  
Alabama State Department of Education, STI Assessment, current, \$100,000  
DELL/Henrico County Public Schools, Evaluation of Laptop Use in Schools,  
Current, \$375,000  
New York State Education Department, Evaluation of EETT Title IID Outcomes,  
current, \$262,000  
Cleveland Municipal School Dist., Evaluation EETT, 2005-06, \$190,000  
Compass Learning, Online Learning Evaluation, 2005-06, \$9,500  
Kyoto Computer Gakuin, Online Learning Evaluation 2005-06, \$37,500  
West Virginia EETT Evaluation, Evaluation of EETT Model School Project, 2003  
-2006, \$981,000  
NYC DOHMH, 2005, Centers for Disease Control, Youth Risk Behavior Survey,  
\$100,000  
OneEconomy/eSylvan, Evaluation of Online After-School Tutoring Program,  
2003-05, \$55,000  
Barksdale Reading Institute (BRI), Evaluation of Mississippi Reads, 2003-04,  
\$75,000  
Connections Academy, EdVision Achievement Outcomes, 2003-04, \$120,000  
Teacher Network, TeachNet, Teacher Technology Training in New York City  
Schools, 2003-04, \$59,000  
World Conservation Society/Bronx Zoo, Evaluation Girls for Planet Earth, 2002-

05, \$65,000  
Allen ISD, TX, Evaluation Family Literacy Center and Kids Online, 2002-04,  
\$141,000  
Compass Learning, Evaluation of Online Learning, 2002-03, \$8,500  
Prince Georges County, MD., Evaluation Curriculum Management Consortium,  
2002-03, \$35,000  
Arizona School Facilities Board, Study of School Facilities and Student  
Achievement, 2001-03, \$100,000  
NYC DOE/DOHMH, 2003, Centers for Disease Control, Youth Risk Behavior  
Survey, \$69,000  
CERI, 2001-02, Development of Interactive CD Simulation, \$156,000  
Classwell, East St. Louis Online Achievement, 2001-02, \$24,000  
eSylvan, Online Learning, PA, 2001-02, \$22,500  
Gruss Life Monument Funds, Technology to Strengthen Secular Education,  
2001-02, \$62,275  
Homerom.com, Homerom.com Contributions to Student Learning, 2001-02,  
\$48,500  
LeapFrog, Schoolhouse Literacy Center Evaluation Plan, 2001-02, \$7,000  
Learning.com, EasyTech Evaluation, Jefferson County Public Schools, 2001-02,  
\$55,000  
Lightspan, Evaluation of the Relationship Between Online Learning Through  
Lightspan and Student Achievement, 2000-2003, 210,000  
Scholastic, Read 180 Validation Study in 6 Urban School Districts, 2000-2001,  
\$135,500  
Pennsylvania Department of Education, Multi-year Outcomes, Students Achieving  
Standards Program, 2000-03, \$450,000  
Learning Station, Achievement Outcomes Study, 2000-02, \$5,000  
Sun Microsystems, Instructional Technology White Paper, 2000-01, \$10,000  
Philip Morris, 1999-2002, Nationwide Field Study of Life Skills Training Program  
to Reduce Youth Risk, \$1,575,165  
Lightspan, Evaluation of the Relationship between Online Learning Through  
Lightspan and Student Achievement 1998-2002, 60,000  
Owen J. Roberts School District, Instructional Technology Program Review,  
2003, \$4,250  
Bertelsmann Foundation, Partnership for Education, 2002, \$10,000  
Lehman College, 2002, MBRS SCORE Program, \$4,000  
Metropolitan Teaching & Learning, Summer School Literacy Program, 2001,  
\$30,000  
Arizona School Facilities Board, Evaluation of School Facilities and Student  
Outcomes, 2000, \$ 100,000

### **EDITORIAL/ADVISORY BOARDS**

Association of Boarding Schools and National Association of Independent Schools Joint  
Task Force on Educator Sexual Misconduct. Task force member, 2016 – 2018.

*Educational Review*, International Advisory Board, 2016- present  
*The Journal of Education Policy, Planning & Administration*, Editorial Board, 2015 - present  
*Women Leading Education Across the Continents*, Chairperson, 2010 to present.  
SESAME, Board of Directors, 2010 to present  
NCPA Education Leadership Review, Advisory Board, 2010 – Present  
*Richmond Peace Education Center*, Board of Directors, January 2011-2015  
*The Commonwealth Council for Educational Administration and Management Advisory Board for research on Women's Representation in School Leadership, Management and Administration in the Commonwealth*, 2008 – present.  
*Handbook of Research on the Education of School Leaders*, Consulting editor, 2006-2007.  
*Sexual Abuse Advisory Board*, 2007 to present  
*Controlling Sexual Harassment*, Thompson Publishing, 2005 to present.  
*American Association of University Women*, Advisory Board, *Drawing the Line on Sexual Harassment on Campus*. 2005-2006  
*Long Island School Leadership Center*, 2003 to 2007  
*Advancing Women In Leadership*. Editorial Board. 2001 to present.  
AERA, reviewer for annual meeting papers, 1979 to present.  
UCEA, reviewer for annual meeting papers, 1982 to present.  
*Psychological Reports*, reviewer, 2004.  
*Perceptual and Motor Skills*, reviewer, 2004.  
*Long Island Children's Museum*. Board of Trustees, 2000 to 2007  
*Erase Racism*, Education Committee, 2002 to 2007  
*Erase Racism*, Housing Research, 2004- 2007  
*Long Island Fund for Women and Girls*, Education Committee, 2000-2004  
*Journal of Educational Research*, 1996 - 2002  
*Journal of a Just and Caring Education*, 1996-1999  
*Urban Education* (1991 - 2001)  
*The Journal of Educational Administration*, Editorial Board (1986 - 1999)  
*Educational Administration Quarterly*, Editorial Board (1987 - 1993), reviewer to present.  
*National Forum of Applied Educational Research Journal*, Editorial Board (1987 - 1990)  
*NWSA Journal*, Editorial Board ( 1988 - 1992)  
*Silver Center for Reflective Principals*, Board of Directors, 1988-1992.  
*Teaching Education* ( 1990 - 1996)  
*Journal of Research for School Executives* (1990 - 1993)  
Project on Gender and Education, National Board (1989 - 1995)  
*Long Island Women on the Job*, Board (1991 - 2001)  
New York State Association for Women in Administration, Advisory Board (1990 to 1993)

## **PROFESSIONAL ORGANIZATION ACTIVITIES**

*American Educational Research Association*

Member, Committee on Scholars and Advocates for Gender Equity in Education, 2015, 2018

Chair, Division A Program Committee (1995 - 1996).

Executive Committee, AERA Council (1991-1992)

Vice President, Division A (1990-1992)

Chair, Committee on Guidelines for Eliminating Sex and Race Bias in Educational Research (1982 - 1985)

Committee on the Role and Status of Women in Educational R and D (1982 - 85; Chair (1983-85)

Treasurer, SIG/RWE (1982 - 83)

Finance Committee (1981 - 82)

Paper reviewer: Division A , Division D, Division G, SIG/RWE, Division H

Reviewer: *Educational Researcher, Review of Educational Research, Educational Evaluation and Policy Analysis*

Program Committee, Division A

Chair, Affirmative Action Committee, Division A

Chair, Division A By-Laws Committee

Nomination Committee, Division A

Co-Chair, Awards Committee, 2012 - 2013

*University Council for Education Administration*

Plenum Representative, 2010, 2014 to present

Jackson Scholar Mentor

Chair, Diversity Committee

1987 Graduate Student Seminar Committee

Mentor, Mentorship Program

National Study Group for the Development of Professional Preparation of School Administrators

Advisory Board, Silver Center for Reflective Principals

*American Council on Education*

National Identification Program for the Advancement of Women in Higher Education Administration, Planning Committee

*Metropolitan Council for Educational Administration Programs*

Executive Committee

*National Women's Studies Association*

Coordinating Council Member

Editorial Board National Women's Studies Association Journal Editor, South Central Women's Studies Newsletter

*Women Educators*

Chair

Coordinator of Fourth Annual Research on Women in Education Award

*Women Leading in Education*

Director

**AWARDS**

Outstanding Alum Award, Texas A&M University, 2018.

Charol Shakeshaft

10-19-2018

American Educational Research Association Fellow, Inducted in 2015. Honors education researchers for their exceptional contributions to, and excellence in, education research. The program is intended to be inclusive of the scholarship that constitutes and enriches education research as an interdisciplinary field.

2015 AERA Distinguished Contributions to Gender Equity in Education Research Award, American Educational Research Association Award

Virginia Commonwealth University, School of Education, Research Award, 2012.

Ohio University Scholar in Residence Award, April 2010, for outstanding contributions to education.

Effie H. Jones Humanitarian Award, American Association of School Administrators, San Francisco, 2009.

Women on the Job Award for Contributions to Women's Employment

Outstanding Alum Award, College of Education, Texas A & M University

Jack A. Culbertson Award for Outstanding Achievement as Junior Professor, University Council for Educational Administration

Distinguished Achievement Award for Writing, Educational Press Association of America

Women Educators, Best Research on Women Award.

Willystine Goodsell Award, American Educational Research Association

Sex Equity Award. New York State Education Department.

National Academy of Education/Spencer Foundation, Alternate for Spencer Fellowship.

Robert S. Guttchen Memorial Faculty Distinguished Service Award, Hofstra University

Appendix W  
Sarah Van Orman CV

# **Sarah A. Van Orman, MD, MMM, FACHA**

312-758-0614

[svanorman1524@gmail.com](mailto:svanorman1524@gmail.com)

## **Professional Experience**

Chief Health Officer, Student Health, Clinical Professor of Family Medicine, Associate Vice Provost for Student Health, University of Southern California, Keck School of Medicine

**August 2017 -present**

Responsible for medical, mental health, wellness services for campuses of the University of Southern California. Division Chief, Division of Student Health, Department of Family Medicine, Keck School of Medicine.

Executive Director, University Health Services, University of Wisconsin-Madison

**July 2008 –June 2017**

Served as the chief health officer for the UW-Madison campus and leads the UHS senior management team in providing overall direction, design, and implementation of policies, initiatives, and special projects of UHS.

Director of Clinical Services, University Health Services, University of Wisconsin -Madison

**February 2007 -June 2008**

Responsible for clinical, financial, educational, and administrative aspects of medical services at University Health Services.

Medical Director, University of Chicago Student Care Center, Assistant Professor of Medicine and Pediatrics

**July 2000-February 2007**

Oversight responsibilities for the clinical, educational and administrative aspects of medical services at the Student Care Center (SCC).

Secondary Science Teacher, Charter Corps, Teach for America

**August 1990-June 1992**

Taught secondary school science at Hancock Central High School in Sparta, Georgia.

## **Training and Education**

M.M.M.,

Carnegie Mellon University

Pittsburgh, PA

Sept. 2009-May, 2011

Joseph F. Kauffman Administrative Development Seminar

Office of Human Resource Development

UW-Madison

Madison, WI

September, 2007-April, 2008

Resident, University of Chicago Hospitals  
Departments of Internal Medicine and Pediatrics  
Chicago, Illinois  
1996-2000

M.D., Mayo Medical School  
Rochester, Minnesota  
1992-1996

B.A., Physics  
Carleton College  
Northfield, Minnesota  
1986-1990

## **Licensure and Certification**

- Board Certified Pediatrics, 2000, Recertified, 2007, 2014,
- Board Certified Internal Medicine, 2000, Recertified, 2010
- Licensed Physician, State of California

## **Awards**

- Norman Bassett Award, Student Personnel Association, 2015
- Fellow, American College Health Association
- Outstanding Clinician Educator Award, 2005. Midwest Society for General Internal Medicine.

## **Professional Societies**

- Member, Incorporating Transition into Preventive Care for Adolescents and Young Adults Advisory Group, National Alliance to Advance Adolescent Health, 2017-present
- Chair, Connected College Health Network, American College Health Association, 2016-present
- Immediate Past President, American College Health Association, 2015-2016
- President, American College Health Association, 2014-2015
- Vice President, American College Health Association, 2011-2013
- Past Chair, Benchmarking Committee of the American College Health Association
- Past Chair, Clinical Medicine Section of the American College Health Association
- Member, American College of Physicians, 2000-present
- Member, American Association for Physician Leadership, 2008-present
- Member, American Public Health Association, 2015-present

## Research Support

- 2013-2015, Principle Investigator, “Transform Wisconsin”, U.S. Centers for Disease Control and Prevention Community Transformation Grant.
- 2004-2006, Principal Investigator “Noctis Sero (Late Night).” U.S. Department of Education Award for Model Drug and Alcohol Prevention Programs on College Campuses.
- 2003-2006, Co-Investigator “Treatment of Adolescents with Anorexia Nervosa.” NIH
- 2003-2006, Principle Investigator “University of Chicago Drug, Alcohol, Tobacco and Health Assessment Survey”
- July 2002-2003. Co-Investigator “Community Based Smoking Cessation in Urban Africans” and “Comprehensive Smoking Cessation Program: Trial in University Students.” University of Chicago Cancer Center.
- " July 2000-June 2002. Co-Investigator “Adopt a Pediatrician.”
- September 2000-June 2002. Co-Investigator “Smoking Cessation: A Family Problem,” Illinois Department of Public Health,

## Publications

- Marconi A, Ranum N, Van Orman S, Hansen B, Donovan V, Borenitsch E. “Demographic differences in response rates for PHQ9 in a University student population.” *J Am Coll Health*, 6:1-13, July, 2018.
- Ritscher AM, Ranum N, Malak JD, Ahrabi-Fard S, Baird J, Berti AD, Curtis W, Holden M, Jones CD, Kind J, Kinsey W, Koepke R, Schauer SL, Stein E, Van Orman S, Ward BG, Zahner SJ, Hayney MS. “Meningococcal serogroup B outbreak response university of Wisconsin-Madison.” *J Am Coll Health*, June, 2018.
- Van Orman S and J Jacobs, College Health, In: Neinstein’s Adolescent and Young Adult Health Care: A Practical Guide, 6<sup>th</sup> edition, edited by Drs. Lawrence Neinstein, Debra K Katzman, Todd Callahan, Catherine Gordon, Alain Joffe, and Vaughn Rickert.
- Andrea King, PhD; Lisa Sánchez-Johnsen, PhD; Sarah Van Orman, MD; Dingcai Cao, PhD; and Alicia Matthews, PhD “A Pilot Community-Based Intensive Smoking Cessation Intervention in African Americans: Feasibility, Acceptability and Early Outcome Indicators.” *Journal of the National Medical Association*, 100(2) 208-217, February, 2008.
- “Patient Satisfaction: A Student-Specific Instrument.” *Chickering Spectrum*, June, 2006.
- Daniel le Grange, Katharine L. Loeb, Sarah Van Orman, and Courtney C. Jellar ”Bulimia Nervosa in Adolescents: A Disorder in Evolution?” *Archives of Pediatrics and Adolescent Medicine*, 158: 478 – 482, May 2004.

## Lectures, Presentations, and Teaching

- “Health Equity in College Students” UW-Madison Diversity Forum, Invited Keynote, November, 2017
- “Health Equity in College Health” North Central College Health Association, Invited Keynote, October, 2017
- “College Health is Public Health” American College Health Association, Austin, May, 2017
- “Brand Management and Reputation Equity” American College Health Association, Austin, May, 2017
- “College Health is Public Health” Mid-America College Health Association, Invited Keynote, Indianapolis, October, 2016
- “Bootcamp for New Directors.” American College Health Association, San Antonio, June, 2015.
- “The “I” Word: The Politics, Pitfalls, and Promise of Health Services Integration.” Southern College Health Association, Charlotte, March, 2015.
- “Best Practices in Health Services Integration: A Case Study”, American College Health Association, San Antonio, June, 2014.
- “Bootcamp for New Directors.” American College Health Association, San Antonio, June, 2014.
- “Developing a Suitability Program for Tier 1 Select Agent Access” Midwest Area Biosafety Network Meeting, Madison, August, 2013.
- “Bootcamp for New Directors.” American College Health Association, Boston, June 2013.
- “The College Health Surveillance Network (CHSN): Epidemiologic Trends and Health Care Utilization Patterns among 700,000 U.S. College Students at 20 Universities.” American College Health Association, Chicago, June, 2012.
- “A Home Away from Home: College Health and the Patient-Centered Medical Home.” New England/New York American College Health Association, Saratoga Springs, October, 2011.
- “Medical Management of Eating Disorders: What the College Health Physicians Should Know.” North Central College Health Association, Madison, October, 2011.
- “A Home Away from Home: College Health and the Patient-Centered Medical Home.” American College Health Association, Phoenix, June, 2011.
- “A Home Away from Home: Student Health Services and the Patient Centered Medical Home.” University of Chicago, Department of Medicine Grand Rounds, February, 2011.
- “The Chief Health Officer.” American College Health Association, Philadelphia, June 2010.
- “Taking Care: Health and Wellness for Women in Leadership.” UW-Madison Women & Leadership Symposium, July 2009.
- “Medical Management of Eating Disorders: What the College Health Physicians Should Know.” American College Health Association, San Francisco, June 2009.
- “Updates in College Health: A Review of the Literature”, American College Health Association, Orlando, June 2008, San Francisco, June 2009, Philadelphia, June 2010.

- Medical Management of Eating Disorders, University Health Services, Continuing Medical Education Presentation, April 2007 and March 2008.
- “Medical Management of Eating Disorders”, UWSMPH, Nutrition Elective, Fall 2007.
- “Patient Satisfaction Surveys: Can One Size Fit All?” American College Health Association, New York, May 2006.
- “Healthy Campus 2010: Strategies for Assessment, Intervention, and Evaluation at the University of Chicago,” University of Chicago, Department of Medicine Grand Rounds, May 2006.
- Invited Participant, Chickering Group Ninth Leadership Forum, “Student Health 2010: What Changes will the next five years bring?” San Francisco, November 2005.
- Patient Satisfaction: By Whose Standard?” Presentation to Student Health at Academic Medical Centers, January 2005.
- Pediatric Clinical Skills Assessment Module for Third Year Medical Students, Pritzker School of Medicine, University of Chicago, Spring 2005.
- Combined Internal Medicine/Pediatrics Program Clinical Preceptor and outpatient curriculum development, University of Chicago, July 2000-2007.
- “Medical Complications of Anorexia Nervosa and Bulimia” Department of Psychiatry, University of Chicago, September 2003, 2004, 2005, and 2006.
- “The University of Chicago Eating Disorders Program,” University of Chicago, Department of Pediatrics Grand Rounds, Co-presented with Dr. Daniel Le Grange, May 2005.
- Lucille White, Anne Laumann, Kelly Carameli, and Sarah Van Orman, “Tattooing and Body Piercing Associations in a Mid-Western Elite University Population” Poster Presentation, American Academy of Dermatology, March, 2005.
- “Transcendent 20s: Crossing the Health Care Gap.” A Roundtable for the Pfizer Journal, July 2004.
- “Overview of Eating Disorders.” Presentation to Nutrition and Biology. University of Chicago, May 2004.
- “Nutritional Aspects of Eating Disorders.” Pritzker School of Medicine, March 2004, May 2005, April 2006.
- Invited Participant, Chickering Group Eight Leadership Forum, “Cultural Competency in Student Health,” San Francisco, November 2004.
- “Update on Sexually Transmitted Infections” and “Introduction to Adolescent Medicine” Adolescent Medicine Block, Internal Medicine Ambulatory Rotation, 2001-2006.
- Co-developer, Adolescent Medicine Curriculum for Internal Medicine Residents, July 2000-2006.
- Cultural Competency Preceptor, Pritzker School of Medicine, 2003, 2004.
- Preceptor, 3<sup>rd</sup> year Internal Medicine Clerkship, Pritzker School of Medicine, 2001-present.
- “Update in Adolescent Medicine.” Presentation to Primary Care Group Faculty and Medicine-Pediatric Residents, December 2003.
- “Smoking Cessation in University Students.” Poster Presentation, American College Health Association, May 2003.

- Adolescent Medicine Lecture, Women's Health Elective, Pritzker School of Medicine, Fall 2002, 2003, 2005 and 2006.
- "Puberty" Reproductive Biology Elective, Pritzker School of Medicine, 2002
- Adolescent Interview Presentation, Clinical Skills 1a –Communication, Pritzker School of Medicine, Fall 2002.
- Pediatric Preceptor, Physical Diagnosis Course, Spring 2001 and 2002.
- "HIV Testing" Intern Ambulatory Lecture, 2000-2002.
- "Bad to the Bone-Expanding the Differential of Bone Pain" University of Chicago Department of Medicine-Grand Rounds, April 2000.