UC RIVERSIDE
School of Medicine

FIVE YEAR REVIEW

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University of California, Riverside School of Medicine: Building a Strong Foundation: A Period of Growth, Challenges, Maturation, and Impact--Vice Chancellor and Dean's Assessment

The University of California, Riverside School of Medicine (UCR SOM) was founded with an ambitious and distinctive mission: to transform the health of Inland Southern California by expanding and diversifying the physician workforce, advancing education, research, and clinical care responsive to the needs of the region. The UCR SOM's establishment as a four-year medical school in 2013 was the culmination of decades of work; beginning with University of California, Riverside's (UCR) medical education partnership with UCLA (UCR/UCLA Biomedical Sciences Program) for almost 40 years, later named Thomas Haider Biomedical Sciences Program. This program established the foundation on which the UCR established its four-year medical school in 2013. The extraordinary commitment of advocates, state leaders, university leadership, faculty, staff, and community partners led to the approval of the UCR SOM, the sixth University of California medical school in over 40 years.

The SOM enrolled its first cohort of 50 medical students in 2013. The next phase of the SOM had its challenges and required collaboration across the medical school. The expansion of the UCR SOM was marked by operational and financial constraints. Deficits in foundational capital, personnel, and physical infrastructure required strategic resource management from the outset. As a community-based medical school dependent on external clinical partnerships, fluctuations in affiliate commitments regularly threatened program continuity. Nevertheless, through innovative instructional models, the UCR leadership's commitment, dedicated SOM faculty and staff, the SOM sustained LCME accreditation standards and successfully navigated the operational pivots dictated by the COVID-19 pandemic without compromising its core missions.

The SOM's early years established the essential foundation for success: achieving accreditation, building the MD program, developing residency and fellowship programs, recruiting faculty and staff, establishing community clinical partnerships, and demonstrating that a community-based medical school could successfully recruit and train students with strong ties to the Inland Southern California. These accomplishments were foundational to the success of the SOM and demonstrated the strength of the mission, as well as creating the platform to develop the next phase of the SOM.

The five years from 2021 through 2026 represented the next phase and a period in which UCR SOM moved from building the foundation of a young medical school to expanding its scale, strengthening its infrastructure, deepening its regional impact, and positioning the institution for long-term growth. Supported by significant state and university investment, the SOM opened the 57,000-square-foot SOM Education Building II; expanded its educational capacity; grew its medical student body to nearly 350 students; strengthened graduate medical education to more than 130 residents and fellows; continued to build pathways for students from the region; and expanded the programs, partnerships, faculty, research, and clinical infrastructure of UCR Health necessary to advance its mission.

Importantly, this was period of maturation necessary to grow, sustain and excel as a medical school. The SOM has strengthened the systems, leadership structures, academic programs, research infrastructure, clinical enterprise (clinical departments and UCR Health), and organizational capacity required of an increasingly complex academic medical institution. The SOM's community-based model remains central to its identity, with education and clinical training extending across a broad network of health systems and community partners throughout Inland Southern California. At the same time, the past five years have brought greater clarity about the infrastructure and clinical capacity needs that will be necessary to sustain the SOM's next stage of growth.

Taken together, the accomplishments of 2021–2026 tell a story not simply of growth, but of progression. From establishment to expansion, from promise to demonstrated impact, and from a young medical school toward a more mature medical school. The foundation built during the SOM's first years made this progress possible. The work of the past five years has built upon that foundation and positioned UCR SOM to pursue its next chapter: educating more physicians, public health professionals, and scientists, expanding graduate medical education, expanding the physician workforce in the Inland Empire, growing research, strengthening UCR Health, deepening community partnerships, and building the sustainable academic and clinical infrastructure necessary to fulfill its mission for the Inland Southern California for decades to come.

The SOM has achieved remarkable strategic milestones over the past five years, which have shaped the foundation of where we are today while laying the path forward for many accomplishments yet to come. Specifically, the last 5 years have been fundamental to our success, with the most prominent accomplishments highlighted below.

- New SOM Education Building II (Ed Bldg. II) Project: State's approval for a $100 million capital project building (Budget Act 2019), with inauguration of the facility in the fall 2023, adding over 95,000 square feet of educational and administrative space.
- State Budget Boost: Gained a permanent $25 million increase, raising the annual state budget from $15 million to $40 million (Budget Act 2021).
- One-time State Funding: In the Budget Act of 2021, the UCR SOM received a $35M one-time state funding allocation to support general clinical expansion and explore acute care teaching hospital opportunities.
- Full Accreditation (FY24/FY25): Earned full accreditation from the Liaison Committee on Medical Education (LCME).
- Clinical Expansion (FY25): Granted UC Regents approval for a multi-phase regional health project spanning 20 acres near Moreno Valley Springs Parkway and Gateway Drive in Riverside.
- Master of Public Health (FY25): Launched the new MPH program and welcomed its inaugural cohort.
- Family Medicine GME (FY26): Reinstated the accredited Family Medicine Graduate Medical Education (GME) program.

Over the past five years, serving as Vice Chancellor for Health Sciences and Dean of the UCR SOM has been a deeply rewarding journey defined by shared purpose and collaborative achievement. In close partnership with our dedicated faculty, staff, and students, we established strategic goals to meaningfully advance our four-fold mission of education, research, clinical care, and community engagement. This progress was intentional, driven by the passion of our SOM community and an unwavering commitment to the people of the Inland Empire. Grounded in our core values—Inclusion, Integrity, Innovation, Excellence, Accountability, and Respect—our collective efforts reflect my guiding leadership philosophy, embodied in the African proverb: ***"If you want to go fast, go alone; if you want to go far, go together."*** The 18 goals outlined in this assessment detail our key accomplishments and challenges, illustrating what we can achieve when we unite around a common mission and shared values.

Goal: Revise and Execute SOM Strategic Plan

Prior to the current five-year review period, the UCR SOM established the foundation for its continued growth and maturation. The SOM codified six shared organizational values—Integrity, Inclusion, Innovation, Excellence, Accountability, and Respect—and undertook institutional assessments that identified key financial, capacity, operational, and clinical practice challenges. These efforts informed the 2016–2020 Strategic Plan, developed through broad engagement of faculty, staff, and students and aligned with UCR's strategic priorities, while adding Service as a distinct pillar reflecting the SOM's community-based mission.

Building on this foundation, the 2020–2025 Strategic Plan for Sustainability marked an important transition from establishing the medical school to positioning it for long-term stability and growth. With support from the University of California Office of the President (UCOP) and UCR leadership, the SOM partnered with Manatt Health to develop a comprehensive strategy focused on structural financial sustainability, enrollment and programmatic expansion, and strengthening the school's regional clinical and research impact. With the assistance of Linda Reimann, then Assistant Dean for Strategic Initiatives and Chief of Staff, multiple groups within the SOM, hospital affiliates, and community members took part in this strategic planning process. The five imperatives of the strategic plan include: 1) Standardize and modestly grow education programs; 2) Strengthen UCR Health and position it for long term system development; 3) Deepen commitment to clinical and population health research and integration within SOM and with other schools and colleges at UCR; 4) Build and strengthen strategic philanthropy that supports all aspects of the UCR SOM mission; and 5) Improve UCR SOM processes, operations, and employee engagement. To bring national expertise and perspectives from peer institutions to the SOM's continued development, I established a National External Advisory Board.

During the current review period (2021-2026), the SOM further matured its efforts by embedding strategic planning into its annual budget operating cycle. Departments, divisions, and administrative units established annual goals aligned with the SOM's strategic imperatives, with progress assessed through regular mid-year and year-end reviews. This process provides leadership with greater visibility into progress, emerging challenges, resource needs, and areas requiring intervention. With the assistance of Katherine Browder, SOM Assistant Dean for Strategic Initiatives/Chief of Staff and the Office of Strategic Initiatives, the SOM underwent the "Strategic Refresh 2030", extending its Strategic Plan to 2030. The SOM established clearer measures and targets for its strategic imperatives as well as aligned them with Chancellor Hu's Five Strategic Priorities for UCR: 1) Deepening Student Success and Social Mobility; 2) Accelerating Research, Innovation, and Economic Development; 3) Expanding UCR Health; 4) Strengthening Strategic Partnerships; and 5) Building a Shared Future (Commitment to UCR's People).

This alignment ensures that the school's priorities, annual goals, and measures of success directly support the broader strategic direction of UCR.

Together, these efforts reflect the SOM's evolution from establishing and stabilizing the institution to a more mature model of strategic growth, measurable outcomes, accountability, and sustained regional impact. The foundational work of the earlier planning periods made possible the progress of the past five years, while the Strategic Refresh 2030 and annual goal-setting process provide the framework for measuring that progress and guiding the SOM's next phase.

The SOM made great strides in meeting the metrics for each strategic plan imperative. The SOM hosts 394 MD students, 36 PhD students, and 45 MS students in Biomedical Sciences. Reflecting an elite benchmark for mission-aligned recruitment, 90% of incoming cohorts boast direct ties to Inland Southern California. The SOM has seen the most recent graduating medical student cohorts achieved a remarkable 98% residency training placement rate, with 82% remaining in Southern California to complete their training. Research activity in the SOM continues to grow with a 48% increase in proposals submission since FY24. SOM sponsored expenditures reached $26M in FY 2025. Under the leadership of Dr. Monica Carson, Chair of the Division of Biomedical Sciences Division, faculty in the Division led the way with $14.2M in research expenditures.

Goal: Achieve Liaison Committee on Medical Education (LCME) Reaccreditation and Ensure Compliance with all LCME Standards

When I joined UCR SOM in Spring 2016, the medical school had preliminary accreditation, and one of my primary charges was to lead the SOM through the medical school accreditation process. We successfully achieved full accreditation for 5-years from the Liaison Committee on Medical Education (LCME) in June 2017, a week before graduating our first class of medical students. The Full Accreditation of five years was the maximum number of years for new medical schools, and the next accreditation visit was set for January 2022.

With the goal post for the next accreditation cycle set for January 2022, one of the medical school's strategic goals was to achieve reaccreditation. **Under the leadership of Pablo Joo, MD, Senior Associate Dean for Medical Education, and SOM's LCME Faculty lead,** we strategically prepared for our next accreditation. We organized the SOM LCME Taskforce and LCME standards sub-committees which consisted of faculty, staff and students. **I established and chaired an LCME Executive Committee** with key medical education and student affairs leaders, and we met bi-weekly to address progress, develop and implement strategies to address compliance with LCME standards and elements.

Recognizing the importance of accreditation and the necessity of maintaining compliance with all LCME standards, I established the **Office of Medical Education Quality and Compliance** and hired Adwoa Osei, MD to lead the office. Dr. Osei serves as Associate Dean for Medical Education Quality and Compliance, and she is charged with working across the SOM to lead continuous program evaluation and curriculum quality enhancement; and coordinate policy alignment and regulatory standards for the medical education program. **The SOM utilizes a Continuous Quality Improvement (CQI) process designed around shared governance and accountability.** Led by the Office of Medical Education Quality and Compliance (OMEQC) our Continuous Quality Improvement (CQI) process provides for rigorous and ongoing review of each LCME element. The LCME CQI Compliance Committee evaluates each element and assigns a red, yellow, or green tier based on its compliance status and level of risk, with the tier determining the frequency and

urgency of subsequent review. Through this CQI process, LCME sub-committees address each LCME standard and its corresponding elements on a regular basis to ensure compliance of all standards and elements.

The LCME accreditation process involved the medical education leadership, student affairs leadership, department chairs, SOM directors and administrators, faculty, residents and students. While the **SOM achieved full continued accreditation of the medical education program**, there were several citations which we needed to address. The LCME scheduled a limited survey visit for 2024, to assess and evaluate the SOM's compliance with the citations. While the SOM had a very successful visit, the LCME required a progress report on 7 of the 93 LCME elements. We worked diligently as a team and brought all 7 elements into compliance and submitted the SOM's progress report. **At the LCME's June 2026 meeting, the SOM received a perfect LCME report with zero citations for LCME elements and standards. Our next LCME accreditation visit is set for 2030.**

Goal: Address Financial Challenges & Secure Additional Funding (2021-2026)

Strategic Financial Transformation and Fiscal Governance for a Developing School of Medicine

The establishment and expansion of a modern medical school without an integrated, legacy teaching hospital presented a profound structural and financial paradox. While academic medicine traditionally relies heavily on clinical revenue generated through an owned hospital enterprise to subsidize educational and research missions, a community-based medical school must construct alternative pathways for sustainability, operational scale, and academic excellence. Operating under an initial, highly constrained $15M annual base budget, our nascent SOM faced severe systemic barriers that threatened not only our institutional growth trajectory, but also our capacity to fulfill our core mission -- addressing regional physician shortages, expanding healthcare access for underserved communities, and training the next generation of diverse physicians. As such, navigating this complex landscape required a synchronized strategy blending government advocacy, rigorous financial modeling, transparent stakeholder engagement, structural cost containment, and advanced budget modernization. I knew I had an uphill battle to overcome and focused on the following measures, however with the collaboration of Maria Aldana, CFAO, and her Finance and Administrative Officers (FAOs), we leaned into the tasks at hand.

First: Advocacy, Data-Driven Diplomacy, and State Budget Securing

Over the course of some time, I acknowledged how transforming the fiscal foundation of the medical school demanded a paradigm shift in how we communicated our value proposition and operational risks to external stakeholders. A $15M operating budget was manifestly insufficient to support the rigorous accreditation standards set by the Liaison Committee on Medical Education (LCME), maintain competitive faculty salaries, scale medical student enrollment, and build the administrative and academic infrastructure required for a burgeoning medical enterprise.

To overcome this, we mounted a comprehensive, year-long advocacy and data transparency campaign targeting local legislators, the UCOP, and UCR's campus leadership. We deliberately avoided framing our outreach as a simple request for supplemental funds. Rather, we utilized granular data modeling, financial benchmarking, and impact reports to help illustrate an unvarnished picture of the systemic risks and operational constraints facing our students, faculty, and the overall surrounding community.

This meticulous evidentiary approach yielded historic results in the State Budget Act of 2021:

- Base Budget Augmentation: The SOM's permanent annual base budget was successfully increased from $15M to $40M, representing a transformative $25M recurring annual state funds expansion.
- One-Time Clinical Allocation: Concurrently, the State approved a one-time allocation of $35M dedicated to stabilizing clinical operations and facilitating the strategic exploration of an acute teaching hospital partnership.

This dual injection of capital fundamentally altered our operational horizon. The recurring $25M in funding enabled the recruitment of critical faculty and administrative staff, provided the operational funding necessary to activate the newly constructed Ed Bldg. II, and supported a planned expansion in class size. Simultaneously, the $35M clinical stabilization fund was strategically mapped over a five-year horizon to mitigate operating deficits within UCR Health, safeguard our ambulatory and clinical sites, and systematically pursue regional expansion opportunities.

Second: Establishing Fiduciary Rigor and Governance Infrastructure

While a $25M recurring budget augmentation provided vital breathing room, it did not instantly solve the structural deficit inherent to a rapidly expanding medical school. Thus, I knew that infusing new resources without matching structural controls posed the risk of creating long-term fiscal vulnerabilities and/or new constraints. Consequently, a primary leadership imperative was the design and implementation of institutionalized governance frameworks, guardrails, and transparent accountability mechanisms to ensure absolute fiduciary responsibility to the state, university leadership, and other internal and external stakeholders.
To achieve this, two cornerstone governance bodies were formalized and empowered:

1. **The Annual Budget Committee:** We instituted a rigorous, formalized annual budget process that extended financial discipline to every department and unit within the SOM. Department chairs and unit leaders were established as fiscal stewards accountable for their operational performance, operating under strict spending guardrails. The formal Budget Committee was charged with overseeing this annual cycle, ensuring alignment between strategic goals and resource allocation while equipping the Dean's Office with real-time visibility into multi-year financial forecasts.
2. **The General Finance Committee (GFC):** To manage unpredictable fiscal shifts, micro-economic pressures, and tactical opportunities between budget cycles, I also formalized the charge of the General Finance Committee. Operating as a weekly executive leadership forum, the GFC on which I serve reviews and decides upon complex financial, operational, and administrative matters impacting SOM units. Crucially, the GFC serves as an incubator and vetting ground for new business lines proposed by units. By evaluating potential risks, resource demands, and return on investment before implementation, the committee ensures that enterprise-level expansion does not compromise institutional solvency.

Third: Structural Deficit Reduction and RCM Financial Modernization

Even with robust internal controls, sustaining long-term fiscal health requires confronting structural imbalances head-on. To accelerate the reduction of our historical underlying structural deficit and position

the SOM for enduring autonomy, I executed a deliberate, enterprise-wide strategy, which entailed the implementation of a structural 3% budgetary reduction across all SOM units, which was realized as a permanent reduction effective fiscal year 2026 (FY26). While this was a difficult decision, this decisive action demonstrated proactive fiscal management and ensured that resources were relentlessly aligned with our highest-priority academic, research and clinical missions.

Simultaneously, I recognized that traditional incremental budgeting methodologies were inadequate for the complex, multi-funded ecosystem of a modern medical school—which blends state support, tuition revenue, extramural research grants, clinical practice plan revenues, and philanthropic gifts. Hence, under the leadership of Maria Aldana, CFAO, I forged a strategic partnership with campus budget office leadership and Chancellor Hu to overhaul the SOM's financial architecture.

Over a rigorous, year-long collaborative initiative, the finance team worked alongside campus financial experts to design, test, and refine a prototype Responsibility Center Management (RCM) financial model tailored specifically to the unique cost and revenue structures of a medical school. By decentralizing revenue generation and cost attribution, the RCM model creates direct incentives for units to grow revenues and manage expenses efficiently. Consequently, and following extensive modeling and transparent presentations to campus leadership, we successfully secured formal consensus and approval to operationalize the RCM model for the SOM effective in fiscal year 2027 (FY27).

Through the integration of legislative advocacy, disciplined structural governance, targeted cost containment, and advanced budgetary decentralization, we continue to work toward successfully converting a vulnerable, underfunded academic institution into a fiscally resilient, strategically empowered medical school poised for decades of sustainable growth and community impact. While we have much work ahead of us, I am confident that the changes made thus far help set the foundation for more strategic milestones that are yet to come for this resilient medical school and its constituency.

Goal: Expand Space in School of Medicine and Co-locate Faculty & Staff

Through advocacy by UCR's then Chancellor Wilcox, Office of the President and key legislators -then Senator Richard Roth, then Assemblymember Jose Medina, and then Assemblymember Sabrina Cervantes, the State of California approved a $100M capital project for the SOM Education Building II. The new education building posed significant collaborative opportunities and efficiencies for the SOM. **Under the leadership of Maria Aldana, Chief Finance and Administrative Officer (CFAO) and Cynthia Carolina, SOM Director of Facilities, the footprint of the SOM was reorganized.** The reorganization of the SOM successfully transitioned personnel from decentralized off-campus sites—such as Meridian Parkway (6 miles away) and other remote offices—into a cohesive, on-campus footprint centered around Ed Bldg. I and Ed Bldg. II.
Key strategic relocations and building assignments, which now allow for maximum collaboration and efficiency with proximity to our students, include the following:

- Ed Bldg. II (Opened Fall 2023): Houses all of SOM's medical education programs, student affairs, finance and administrative staff (Academic Affairs, Business Operations, Contracts, Compliance, Facilities, Finance, HR, Sponsored Research Programs (SRP)), clinical chairs, and hoteling space for clinical faculty.
- Ed Bldg. I: Serves as the primary hub for research administration and specialized academic units, implemented across strategic phases:

- Social Medicine, Population and Public Health (SMPPH) including the Center for Health Communities (CHC) research administration
- Biomedical Sciences administrative staff
- Research administration staff
- UCR Health administrative team (integrated in two phases)

This strategic consolidation generated cost savings while eliminating the significant commute time and coordination barriers that previously hindered daily operations, directly aligning physical space management with the school's core mission of collaboration among faculty, staff, and students.

Goal: Integrate and Enhance IT Services

Modernizing Information Technology (IT) Governance, Procurement, and Infrastructure Across the SOM and UCR Health

Aligning our financial stabilization efforts with operational excellence required a parallel transformation of our technological backbone. In an era marked by escalating cybersecurity threats, stringent regulatory compliance mandates, and complex research and clinical workflows, the IT infrastructure of a modern medical school cannot be treated as low priority. Information Technology is a core strategic enabler that directly impacts medical education delivery, secure patient care data within UCR Health, extramural research productivity, and other functions.

The SOM partnership with Matt Gunkel, UCR Chief Information Officer (CIO) and his team, especially Misty Maurin, Associate Chief Information Officer (ACIO) to integrate and enhance IT services across the SOM and UCR Health. This effort required the collaboration of many including SOM leadership, IT leadership and UCR Health leadership. Given the trajectory, when evaluating our operational landscape, we identified systemic bottlenecks centered around disjointed technology procurement, fragmented decision-making, and bureaucratic workflows. The legacy inefficiencies frequently paralyzed academic initiatives, delayed clinical technology deployments, and introduced operational vulnerabilities. To dismantle these barriers and establish enterprise-grade technological resilience, I focused on transparency and change-management, by chartering the **SOM and UCR Health IT Process and Implementation Taskforce**, chaired by Maria Aldana, CFAO, and with representation from UCR Health, the SOM and IT teams. This taskforce was intentionally designed to cross traditional administrative silos, bringing together stakeholders from academic affairs, clinical operations, finance, and campus-wide information technology services. Given the challenges, the primary strategic objective was to transition our IT environment from a reactive, decentralized support model to an integrated, proactive operational engine.

The taskforce is a standing team that meets monthly and addresses four critical pillars of the technological ecosystem:

1. **Normalizing and Streamlining IT Workflows:** Review and re-mapping of existing procurement, deployment, and support lifecycles to identify choke points. By cutting redundant approval layers and establishing clear service-level agreements (SLAs), we drastically accelerated the speed at which faculty and clinical staff could acquire essential hardware, software, and research computing power.

2. **Consolidating and Prioritizing Institutional Investments:** With competing demands from clinical expansion, medical education technology (such as simulation center upgrades), and research

laboratories, resources are scarce. Hence, the taskforce established a centralized prioritization matrix to evaluate all major IT investments against strategic ROI, security compliance, and institutional risk, while ensuring capital was approved by the appropriate party and for the highest-impact needs.

3. **Elevating Cybersecurity and Compliance Posture:** In alignment with evolving state, federal, UCOP systemwide, and UCR campus directives, the taskforce was charged with assessing and implementing rigorous security frameworks. Given the sensitivity of patient health information (PHI) within UCR Health and restricted research data, some of the priorities became the standardization of data governance, and embedded security reviews into the earliest phases of technology procurement.
4. **Synchronizing SOM and UCR Health Technologies:** Bridging the academic enterprise with the clinical practice plan requires harmonizing disparate software systems and data pipelines. With membership from the two teams, in addition to the IT team, the taskforce has served as the definitive governance bridge to ensure interoperability, reduce duplication of administrative software licenses, and support our long-term clinical expansion goals.

Overall, by pairing our rigorous financial frameworks—such as the upcoming RCM model and GFC oversight—with a modernized, streamlined IT governance structure, we are working toward successfully eliminating hidden operational friction. This synchronized approach ensures that as our base budget changes and our physical footprint continues to expand, our technological and administrative infrastructure possess the agility, security, and scalability required to support a world-class academic health enterprise.

Goal: Integrate and Elevate Compliance in the School of Medicine and UCR Health

Under the leadership of Paul Hackman and the Compliance team, we worked toward hardwiring compliance throughout the SOM and UCR Health. I charged the SOM Compliance Advisory Service unit to expand its auspices to include policies-procedures-forms, audit and monitoring, response and remediation, as well as education and training.

The SOM Compliance Advisory Services unit implemented the following:

Monitoring, Laws, Regulation, and Systemwide Policy
The Compliance Advisory Services department has consistently supported UCR Health by monitoring laws, regulations, and systemwide policies to ensure the health system's practices conform with ever-changing requirements. Examples include new rules that have been issued under the following authorities: Affordable Care Act §1557, U.C. Gender Recognition and Lived Name Policy, the U.C. Regents Policy on Affiliations, 20th Century Cures Act and related *Information Blocking Rule*, Cal AB-890, CAL SB-81, No Surprises Act (Pub. L. 116-260 Div, BB, Title 1, Cal AB 1278, Cal Business & Professions Code §2026, Cal. SB-1061, ADA Title II, §504 of the Rehab Act**,** OCR Guidance RE: Web Trackers, Cal Family Code §6550-6552, CMS Annual Medicare Physician Fee Schedule, Title 2 California Code of Regulations §14331.

Annual Risk Assessment and Compliance Work Plans
Each year, in coordination with the other U.C. Health locations, the Compliance department performs a formalized risk assessment to identify key compliance risks. These risks are weighted and ranked in accordance with their likelihood of occurrence and severity of injury should they occur. The top risks are added to the annual SOM and UCR Health Compliance Work Plan. **This work plan is presented annually to the Compliance Committee which I chair as Dean**, and the committee approves and sets the course for planning the department's work projects for the year.

Policy Management
All SOM and UCR Health policies are managed through the SOM Compliance department. **Over the past 5 years, the Compliance unit has fostered 194 policy updates (49 for UCR Health) and introduced 46 new policies.** In 2025, the department implemented a significant improvement with the deployment of PolicyStat, an electronic policy management system. The system provides for electronic routing, approval, and acknowledgement of policies and for the setting of ticklers to remind policy owners when policies are set to be reviewed and updated. Some examples of health system policies include the following:

- Chaperones
- Assistive Animals
- Use of Ambient AI in Clinical Documentation
- Disability Access
- Emergency Procedures for Vaccine and Medication Storage
- Reporting Concerns at Affiliate Sites with Policy-based Restrictions on Care
- Grievance Reporting and Resolution
- Responding to Governmental Investigations and Audits
- No Show/ Late Arrival
- Patient Transfers to and From Certain Healthcare Organizations
- Mandated Reporting
- Release of Protected Health Information

Committee Support
Compliance Advisory Services has consistently provided significant participation in and support to multiple UCR Health committees including but not limited to:

- **Compliance Committee** - In consultation with the Dean, owns overall responsibility for setting the agenda, presenting on compliance issues, presenting new and updated policy drafts for review, ensuring follow up on action items, maintaining meeting minutes, etc.
- **Governing Body** - Providing quarterly Board reports on relevant compliance issues
- **Patient Safety Committee** – Advising on and assisting with multiple topics and projects (examples include drafting the Emergency Response policy for UCR Health clinics, helping to implement emergency treatment boxes for adults and pediatrics at clinic locations, ensuring a process for medical equipment to be inspected and calibrated annually, etc.).
- **Forms and Documents Task Force**- Reviewing, editing, and advising on multiple clinic forms including consent forms, patient registration documents, screening forms, billing forms, Epic proxy access forms, caregiver attestations, etc.
- **Risk Management Committee** - Reviewing all incident reports for compliance and privacy implications, performing related remediation steps (correcting billing, performing breach risk assessments, investigations, monitoring corrective actions, etc.).
- **Institutional Review Board (IRB)** - Reviewing all proposed human subjects research studies / clinical trials, which include proposed trials at UCR Health clinic locations. Proactively addressing compliance

issues related to research billing, consent, confidentiality, Stark/ Anti-Kickback considerations, etc.

- **UCR Health Admin/ Manager's meeting** - providing relevant compliance updates to the clinical operations team.
- **Provider Credentialing Committee** - Reviewing all providers who are scheduled for re-credentialing and providing a report to the Committee for each provider discussing any quality-of-care concerns that have been identified and any grievances that have been received about them, as well as the resolution of those issues

Auditing and Monitoring Activities

The Compliance department maintains a program of proactively auditing and monitoring business operations to identify and correct potential noncompliance. This includes both regular and special audits. Examples include:

- **Provider Coding and Documentation** - The Compliance department has built a robust and consistent program of monitoring and addressing UCR Health patient billing concerns. Over the past 5 years, the Compliance department has audited 1,300 patient encounters for billing accuracy. These audits compare the billing claim against the provider's documentation to ensure that the correct billing codes were selected and that CMS payer rules (for things like site of service, resident supervision and medical student documentation) are followed. The department provides 1x1 coding training to all new providers and follow-up post audit education with each provider. Coding audit scores are reported quarterly to the SOM Compliance Committee. On an annual basis, all faculty and resident physicians receive specialty-specific coding and documentation training, provided by the Compliance department.
- **EMR Monitoring** - To protect patient privacy, the Compliance department actively monitors access to the UCR Health electronic medical record, tracking thousands of access events each year and investigating and adjudicating hundreds of suspicious flags.
- **Vendor Management** - On a monthly basis, the Compliance department reviews all SOM and UCR Health vendors against federal and state exclusion databases, to ensure that they qualify to provide services as entities that receive state and federal funding.
- **Open Payments** - On an annual basis the Compliance department reviews all UCR SOM and UCR Health physicians against the CMS Open Payments database and compares what is publicly disclosed about industry payments against what the physicians have disclosed in the OATS system. This is reported annually to the Compliance Committee.

VFC Audit

The Compliance department undertook a significant audit of UCR Health's participation in the California Vaccines for Children (VFC) program. The audit included reviewing program criteria, program records, refrigerator temperature logs, procedures, and training. It resulted in findings that required actions that included additional training, process improvements, and policy updates.

Patient Grievances

Since the inception of UCR Health, the Compliance department has taken the lead on handling patient grievances. **The department has received, investigated, resolved, reported on and tracked 449 patient grievances over the past 5 years.** This work involves complying with strict timeframes set by the managed care insurance companies.

In January 2026, Compliance transitioned this function to the UCR Health Patient Safety/ Quality Director, though remains very involved in helping to investigate and resolve patient concerns.

Advisory Services

The Compliance department provides extensive consultation services on wide range of issues to all stakeholders in both SOM and UCR Health. Topics range from billing and revenue cycle matters, to privacy, policy and regulatory guidance, research-related issues, contracts and grants, issues related to transactions, quality/risk issues, scope of practice questions, outside professional activities, faculty conduct, forms and documents, and much more. **Over the past 5 years, the department has documented almost 3,000 formal consultations, a fraction of the total number in essence provided**.

Education and Training

The Compliance department has been on the front lines of providing education and training to members of the workforce as well as to students and trainees.

- **Learning Management System (LMS)**- The Compliance department monitors LMS training completions and twice weekly reviews delinquency reports for Cybersecurity and SVSH Prevention training and follows-up in real time with individuals who have overdue assignments. This has kept **the SOM's overall LMS completion rate consistently above 98%.**
- **New Employee Orientation, New Resident Orientations, and New Faculty Orientation**- The Compliance department presents an overview of the compliance function as well as relevant laws, regulations, and policies at each of these venues.
- **Transition to Clerkship (T2C2)**- Compliance presents relevant information to all students entering second year clerkships.
- **Ongoing In Person Topic-Specific Trainings-** The compliance officer provides in person training to the UCR Health clinic staff and faculty on relevant topics (mandated reporting, informed consent, incident reporting, etc.).
- **UCR Health Newsletter-** Compliance contributes a monthly article to the UCR Health Newsletter, along with a quiz which includes a raffle prize that quiz respondents can enter to win a gift card. Newsletter topics have included California privacy law (CMIA), minors and consent, medical student documentation in the patient chart, and updates on new policies.
- **Compliance Newsletter-** The Compliance department has published a periodic newsletter "the Advisor" with information on relevant compliance topics such as guidance on telehealth rules, best practices for documenting sensitive exams, use of language interpreters, 'breaking the glass' in the electronic medical record, and more.

Culture of Compliance

To foster and encourage a culture of compliance, the compliance department is highly visible, accessible and responsive. The staff are on site regularly and the compliance officer is on-site 4 days per week. Compliance staff participate in regular UCR Health clinic rounds and meetings. Each year, the department celebrates Compliance Month (November) with the staff. One tradition is an annual compliance word search contest, which has proven popular with a huge number of participants each year. **The Compliance department also hosts annual Compliance Month lunches at each of the UCR Health clinics.** These have also proven to be popular and provide an opportunity for the clinic staff to get to know and build relationships and trust with the compliance staff. Additionally, each year, the Compliance department hosts compliance-related games at the annual SOM/ UCR Health Service Awards, this has been another opportunity for education and building good will and visibility for the compliance program.

Goal: Expand and Increase SOM Philanthropy

At the conclusion of my initial five-year tenure, the SOM celebrated a milestone era in philanthropy. **Under the leadership of Edna Yohannes, Executive Director of Development, the SOM surpassed its $20 million target in UCR's "Living the Promise" campaign by 21%, securing $24 million**. Key development achievements during this period included launching the Mission Makers campaign, establishing the Annual Celebrating Medical Education Gala, and securing crucial endowed chairs.

To sustain this momentum, the SOM expanded its philanthropic strategies with four primary goals:

1. Endowing Annual Mission Awards to cover full medical student tuition and fees.
2. Securing Naming Opportunities within the Center for Simulated Patient Care.
3. Increasing Year-Over-Year Development Funds to support strategic growth.
4. Diversifying Revenue Streams by expanding corporate, foundation, and chair endowments.

A centerpiece of this success is the **Annual Celebrating Medical Education Gala**, which will hold its 9th anniversary event in October 2026. Funds raised through the gala directly support the four-year Mission Award scholarship. In exchange for full tuition coverage, recipients commit to practicing medicine in the Inland Empire post-residency—directly advancing our core objective to expand the regional physician workforce and improve local patient care.

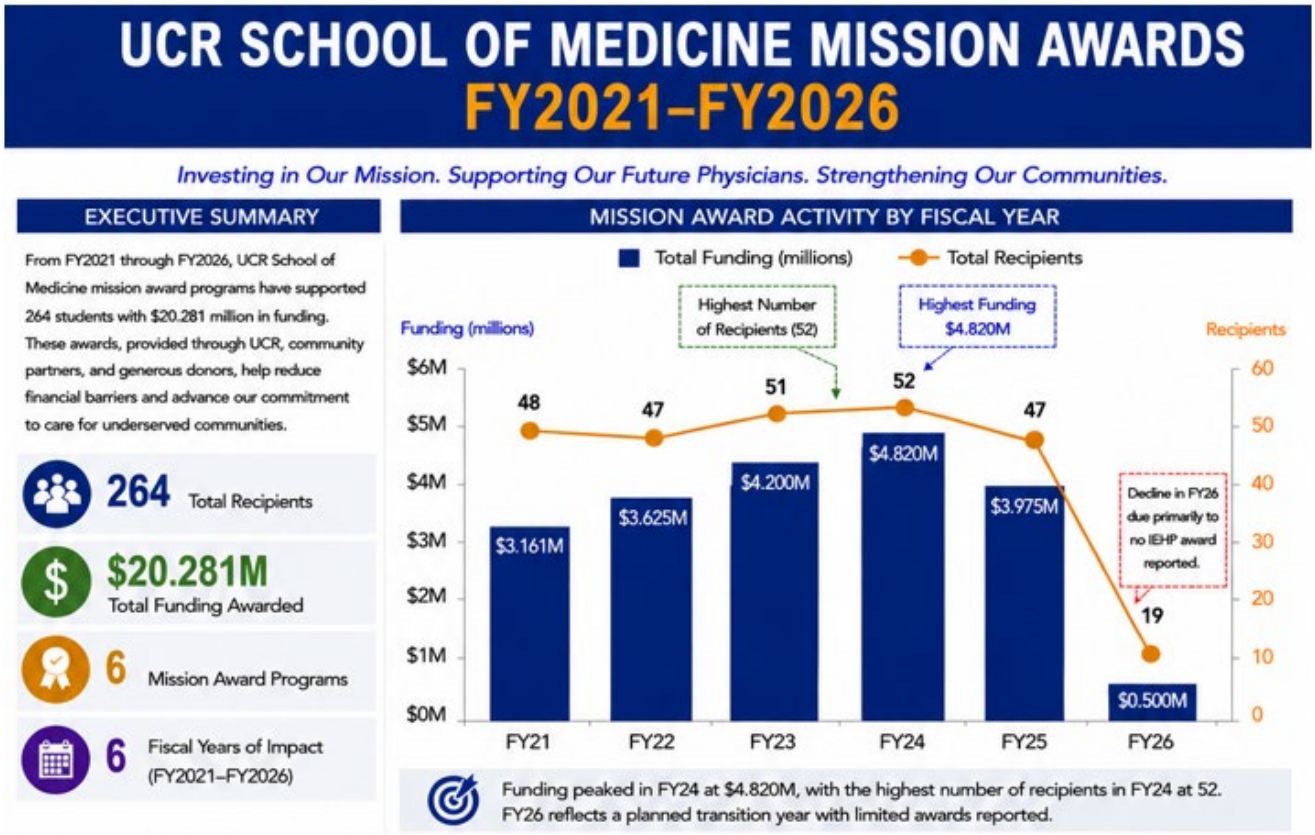
Over the past five years, **the development team secured 264 Mission Awards from individual and corporate donors, representing $20,281,000 in philanthropic investment.** Through the outstanding administration of the program by SOM Director of Financial Aid, Kathy Buckner, **87% of eligible SOM Mission Awards graduates have returned to practice in the Inland Empire, serving in local partner networks and joining UCR as faculty.**

Over the past five years, I have strategically aligned the SOM's Board of Advisors (BOA) with our core mission and long-term sustainability. To maximize their impact, we recently **established a targeted "BOA Pod" structure across five priority areas:**

- Research
- Medical, Biomedical Sciences, and Public Health Education
- Centers and Endowed Chairs
- Community Engagement and Workforce Development
- Inland Empire Physicians Network

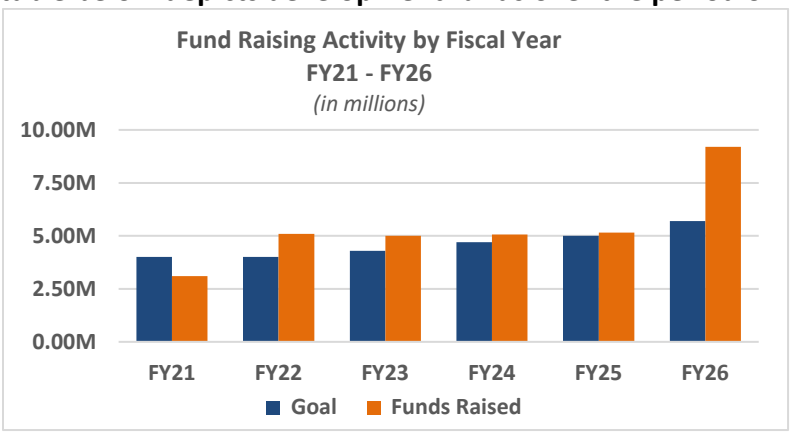
SOM Board members co-facilitate the BOA Pods in collaboration with SOM faculty leaders. Through these advisor-led working groups, we directly harness our Board members' expertise, networks, and influence to secure philanthropic support, build key partnerships, and advance the SOM's long-term strategic priorities.

The tables below illustrate the yearly total and financial volume of Mission Awards conferred from 2021 to 2026.



Over the past five years, our strategic development efforts have delivered steady year-over-year fundraising growth**. Key philanthropic milestones include securing capital naming gifts for rooms in both the Center for Simulated Patient Care and the SOM Education Building II, alongside a transformative $5.7 million anonymous gift dedicated to advancing UCR Health.** To sustain this momentum, we expanded the Board of Advisors and broadened its scope—transforming it into an active engine for both strategic governance and philanthropic development.

The table below depicts development funds over the period of 2021-2026 (FY21 – FY26)



Goal: Elevate and Expand Education: Medical Education, Biomedical Sciences, Graduate Medical Education and Public Health Education

Undergraduate Medical Education (UME)

Under the leadership of Pablo Joo, MD, Senior Associate Dean for Medical Education, Undergraduate Medical Education (UME) has excelled over the past 5 years. UME is at the heart of the UCR SOM's mission: to train a diverse workforce of physicians who will improve the health of the Inland Empire and California. Over the past five years, UME has not simply maintained this mission; it has expanded its impact, strengthened its educational foundation, navigated significant constraints, and positioned the SOM for an ambitious next chapter.

Growing a Medical School in a Highly Competitive Environment

One of UCR SOM's most significant accomplishments has been the successful growth and stabilization of its medical education enterprise. The school has grown its medical student class size **from 50 students to 96 students,** the maximum class size currently permitted under its accreditation parameters. Further growth is constrained by LCME requirements, the availability of additional clinical teaching affiliates, and austerity measures resulting from California's state budget deficits.

This achievement is particularly meaningful because UCR SOM is a community-based medical school that depends heavily on external clinical partners in an increasingly competitive environment that includes numerous MD and DO programs. **Despite losing two major clinical affiliates during this period, UCR SOM successfully added three new major partners: Community Hospital of San Bernardino, Kaiser Anaheim, and Pomona Valley Hospital, increasing its major clinical affiliates to 15.**

This clinical network is more than a collection of training sites; it is the infrastructure that makes UCR SOM's medical education mission possible. Preserving and expanding this network demonstrates the school's ability to build durable partnerships, adapt to a highly competitive clinical marketplace, and continue providing students with high-quality clinical education throughout the Inland Empire.
At the same time, the opening of the new SOM Ed Bldg. II has provided a critically needed expansion of the pre-clerkship learning environment and created a stronger physical foundation for the school's educational future.

UCR SOM has also developed new educational programs, including **ABC PRIME led by Dr. Adwoa Osei,** which supports students interested in serving the underserved African American, Black, and Caribbean communities of the Inland Empire. The SOM has also transformed opportunities for student scholarship and research. Whereas research opportunities were previously limited, all SOM students now participate in a required, hands-on curriculum in research principles, complemented by an expanded network of additional research opportunities.

A key part of this transformation has been the development of the **Office of Student Scholarly Activities under the leadership of Daniel Novak, PhD, Director of Scholarly Activities**. The office has substantially expanded students' access to research by creating a centralized infrastructure that helps students identify opportunities, connect with faculty mentors, develop research skills, and navigate each stage of the scholarly process, from research design and IRB requirements to data analysis, presentation, and publication. Students now have multiple pathways to engage in scholarship throughout medical school,

including longitudinal inquiry and Practice Improvement Projects, funded summer research experiences, clinical research, and protected scholarly activities and research electives. We have continued to broaden these opportunities, including expanding the **Summer Research Program** with funding for more students, larger stipends, and a wider range of scientific disciplines, while partnerships such as the **UCR–City of Hope Cancer Research Scholars Program** provide additional intensive research experiences. Together, these efforts have shifted research from an opportunity available to a relatively small number of interested students to an increasingly accessible and integrated component of the UCR SOM educational experience, giving every student foundational exposure to scholarly inquiry while providing additional pathways for those who wish to pursue deeper research experiences.

Demonstrating Strong Educational Outcomes

The ultimate measure of UME is not simply the number of students educated, but the readiness of physicians to provide competent and compassionate care to those they serve. **UCR SOM students have demonstrated strong performance across key measures of educational and clinical readiness**.

In 2026, 51% of UCR SOM graduates selected residency programs within the Inland Empire, directly advancing the SOM's mission to develop and retain physicians who will serve the region.
Students have also demonstrated **strong performance on major national and institutional assessments**. The 2025 cohort achieved a **94% first-time pass rate on USMLE Step 1, compared with 93% nationally**, and a **100% first-time pass rate on USMLE Step 2 CK, compared with 98% nationally**. The 2025 cohort also achieved a **100% first-time pass rate on the California Physical Exam (CPX).** In addition, **five of eight SOM clerkships received student ratings of "excellent" at rates above the national mean on the AAMC GQ.** These outcomes reflect the sustained work of faculty, staff, clinical educators, educational leaders, and clinical partners who collectively create the learning environment in which UCR students develop the knowledge, skills, judgment, and professional identity required of contemporary physicians.
A particularly important institutional milestone during this period was the **SOM's successful LCME full accreditation, with no concerns or citations—an affirmation of the strength and maturity of UCR SOM's educational program.**

Building the Foundation for the Next Generation of Medical Education
Perhaps the most important accomplishment of the past five years is that UCR SOM has used this period not merely to sustain its educational program, but to reimagine what medical education should look like for the future.

The EVOLVE Curriculum represents the culmination of this work. EVOLVE was designed to strengthen learner competencies—including clinical reasoning and evidence-based medicine—while improving program outcomes, modernizing curricular content, strengthening instruction and assessment of educational program objectives, and creating a more supportive environment for students.
Importantly, EVOLVE positions UCR SOM to lead rather than follow in areas that are rapidly transforming medicine. **The curriculum incorporates emerging priorities such as artificial intelligence in medicine, professional identity formation, advocacy skills, and enhanced approaches to clinical reasoning and evidence-based medicine.**

Looking Forward: From Growth to Leadership

The accomplishments of 2021–2026 provide more than evidence of what UCR SOM has achieved; they establish a platform for what the SOM can become.

The next five years should be defined by educational leadership, strategic growth, deeper integration with UCR Health and our clinical partners, and continued innovation in how physicians are prepared for a rapidly changing healthcare environment. The opportunity is to build upon our community-based identity while becoming an increasingly distinctive national model for medical education—one that integrates rigorous biomedical and clinical education with health equity, community engagement, technology, professionalism, advocacy, and the needs of the Inland Empire.

The central opportunity will be to expand our impact even when traditional measures of growth, such as class size, are constrained. That means **thinking differently about growth: growing our educational reach, strengthening our clinical partnerships, increasing the impact of our graduates, developing innovative educational models, and preparing physicians who are uniquely equipped to serve the communities that need them most.**

Over the past five years, UCR SOM's UME program has demonstrated that a relatively young, community-based medical school can build a resilient educational enterprise, achieve strong student outcomes, sustain a broad clinical network, earn full accreditation without concern or citations, and create an innovative curriculum for the future.

The next five years should be about turning that foundation into national leadership. EVOLVE provides the educational platform. Our clinical partnerships provide the reach. Our students and graduates provide the impact. And the mission of the UCR provides the purpose: to educate the physicians who will help transform the health of the Inland Empire and beyond.

Strengthening Medical Education Leadership and Infrastructure

Over the past five years, I have made a significant investment in building the leadership structure necessary to support an increasingly complex and ambitious medical education enterprise. As the SOM has grown, we have **recruited and elevated experienced educators into key leadership positions spanning the continuum of the student experience**—from pre-clerkship education and clinical skills through academic support, career advising, and clinical education. Together, these appointments have created greater leadership capacity, accountability, and expertise while positioning us to continuously strengthen the quality of our educational program.

A pivotal appointment was Pablo Joo, MD, as Senior Associate Dean for Medical Education in 2022, following a national search. Dr. Joo had previously served as associate dean for clinical medical education and then interim senior associate dean. In this role, he has provided overarching leadership for the medical education program, including strengthening relationships with our clinical affiliates, improving clerkship organization, advancing continuous quality improvement, and leading our LCME accreditation efforts. His leadership has helped establish the foundation for the next phase of educational advancement, including the development of the EVOLVE curricular enhancement initiative.

In 2022, I appointed Daniel Novak, PhD, as Director of Student Scholarly Activities, strengthening scholarship as an integral part of the medical student experience as described previously. Dr. Novak connects students with research opportunities and guides the development of scholarly projects that advance patient care and address the needs of underserved communities. As a faculty member in the Department of Social Medicine, Population, and Public Health, he also supports medical education research and scholarship focused on advancing health equity and justice.

I complemented this senior leadership with associate dean roles that provide focused expertise across major components of the educational program. **Sherif Hassan, MD, PhD, MSc,** serves as Executive Associate Dean for Pre-Clerkship Medical Education, providing senior leadership for the foundational years of the curriculum. In 2024, I appointed **Scott D. Pegan, PhD**, Professor of Biomedical Sciences, as Associate Dean for Pre-Clerkship Medical Education, working in partnership with Dr. Hassan to enhance the pre-clerkship program. Dr. Pegan brought experience as a biomedical sciences educator, curriculum thread director, researcher, and academic leader to this role.

I also **strengthened leadership around the broader student experience**. **Hanh The-Trinh Nguyen, MD, FAAFP,** serves as Associate Dean for Career Advising, providing dedicated leadership to help students navigate specialty selection, career development, and the transition to residency. In 2026, I appointed **Christina M. Granillo, PhD**, as Associate Dean for Student Success, expanding upon her longstanding leadership of the Office of Academic Success. In this broader role, Dr. Granillo oversees Academic Success, Student Support & Wellness, and the Registrar and helps provide holistic support for students from recruitment through graduation.

Most recently, I further **strengthened leadership for clinical education and curricular innovation**. **Rosanna Jhawar, MD,** was appointed Associate Dean for Clinical Skills Education and Innovation, with academic oversight of our integrated doctoring curriculum, including doctoring, clinical skills, and case-based learning. These investments are complemented by the appointment **of Esther Caroline McGowan, MD, MS**, as Associate Dean for Clinical Medical Education, providing dedicated leadership for clinical education across our extensive network of hospital and outpatient affiliates.

Collectively, these appointments represent an intentional evolution of our medical education leadership model. We have moved toward a structure in which experienced leaders have clearly defined responsibility for major components of the educational continuum while working together under unified senior leadership. **This strengthened infrastructure has supported accreditation excellence, curricular enhancement, student success, faculty and affiliate engagement, and continuous quality improvement.** Most importantly, it provides the leadership capacity we will need as we prepare the next generation of physicians to meet the changing health needs of the Inland Empire and beyond.

Graduate Medical Education Expansion

Under the leadership of Robby Gulati, MD, Senior Associate Dean for Graduate Medical Education (GME), the UCR SOM has spearheaded **a strategic expansion of its GME footprint** to directly address Inland Southern California's acute physician shortage. Five years ago, the region faced a severe deficit, maintaining just 35 primary care physicians per 100,000 residents—well below state health workforce

recommendations. Recognizing that physicians overwhelmingly choose to practice where they train, UCR SOM prioritized expanding its clinical training capacity to build a sustainable local talent pipeline.

Over the past five years, that strategic investment transformed the region's healthcare infrastructure. The medical school expanded its portfolio **from three initial residency programs to ten fully accredited residency and fellowship tracks across 32 clinical affiliate sites**. This growth introduced critical subspecialty programs—including Cardiology, Gastroenterology, Interventional Cardiology, Child and Adolescent Psychiatry, and Addiction Medicine—alongside a new Internal Medicine Residency and Critical Care Medicine Fellowship established in partnership with St. Bernardine Medical Center.

As a result**, total trainee enrollment surged by 150%, growing from 52 to 130 residents and fellows**. This expansion is yielding tangible regional results: primary care density has risen to 41 physicians per 100,000 residents, **and nearly half (47%) of all UCR SOM residency and fellowship graduates remain in the Inland Empire to practice medicine**. While a regional deficit persists, UCR SOM's GME expansion continues to serve as a vital engine for local health workforce growth.

Master of Public Health Program (MPH) Development

Under the leadership of Dr. Mark Wolfson, Chair of the Department of Social Medicine, Population and Public Health (SMPPH), we established the Master of Public Health (MPH) program. This initiative fulfilled a strategic imperative to train public health leaders dedicated to eliminating health disparities in underserved areas. Aligning with the SOM's mission to address the health care needs of the Inland Southern California population, the MPH degree centered on Community Health Equity. **The MPH graduated its first cohort of 12 students in 2026 and will enroll its 14 cohort in Fall 2026.** Anchored by strong institutional support and an expanding faculty, **we submitted our Initial Application Submission to the Council on Education for Public Health (CEPH) to pursue formal accreditation**.

The MPH program emphasizes place-based curriculum encompassing foundational core coursework, specialized electives, and an Applied Public Health Practice Experience. **The academic framework integrates training in epidemiology, biostatistics, environmental health, and health policy.** Furthermore, we embedded regional community stakeholders into curriculum review, classroom instruction, and program evaluation. **This collaborative model guarantees that student field practica and integrative projects address public health needs across our medically underserved communities**. We successfully enrolled our initial student cohorts, building toward a projected annual enrollment of 35 full-time students supported by dedicated faculty and institutional resources.

Biomedical Sciences Education

Over the past five years, the Division of Biomedical Sciences has expanded educational opportunities for students pursuing careers in research and medicine. Under the leadership of **Milton Hamblin, PhD**, vice chair and director of the Biomedical Sciences master's program, with contributions from **Seema Tiwari-Woodruff, PhD**, director of the PhD program, and **Jovani Catalan-Dibene, PhD**, our inaugural graduate advisor for master's students, the division has strengthened its graduate programs and developed additional support for students preparing for medical school.

Master's degree enrollment grew to **45 students in FY 2026**, while PhD enrollment increased from **32 in 2024–25 to 36 in 2025–26**. The Master's degree program focused prepares students in three tracks, (1) preparation for higher graduate/professional degrees in biomedical sciences and medicine, (2) preparation for biomedical-biotechnology careers in our Southern California Region, and (3) dual degree (MD-MS) for our own medical students. The Master's degree program works in an integrated fashion with SOM's student affairs and pathway programs, so that master's students planning to apply to medical school have specific year-long curriculum providing additional premedical focused advising, mentorship, interview preparation, and professional development. Unlike most Premedical Postbaccalaureate Program, SOM's Premedical Postbaccalaureate Program is a degree granting program allowing students to be eligible for greater range of financial aid programs. Furthermore, students may move between tracks, aiding students in discernment, choice and preparation of post-graduate careers. Of specific note in just the most recent academic year, **5 of our own master's degree students joined our 2030 medical school class cohort while 1 joined our PhD degree program** after having initially joined the master's degree program for premedical post-bac preparation.

The expansion of the Master's degree program was made possible with the division also hired **three professors of teaching—Drs. Hamblin, Rakesh Singh, and Catalan-Dibene**—helping expand graduate course offerings from approximately four per quarter to 10–12. New and revised courses in biostatistics, biomedical databases, scientific writing, human physiology and pathophysiology, together with summer 2026 offerings, have broadened both master's degree and PhD students' preparation and created opportunities to shorten time to degree. The coursework developed and offered by the Division complements that offered in other graduate programs due to the focus on human biology, disease and therapeutics. We also highlight that over this same period, BMSC 254 Fall course focused on Responsible Conduct of Research (RCR) has been highlighted by multiple units as the "go-to" course to fulfill NIH and NSF RCR requirements. Indeed, CNAS interdepartmental Neuroscience graduate program has formally adopted the requirement for all their PhD program students to complete BMSC254 as there is no other well-developed RCR curriculum within other life science graduate programs on campus.

In 2025–26, the division celebrated the graduation of **34 master's students and 4 PhD students**, each prepared to contribute to biomedical research, medicine, and the health of the communities we serve. The division's graduate students reflect the diversity of the communities the School of Medicine serves. The graduate program mission parallels that of SOM, seeking to raise leaders in Biomedical Sciences from our region. In FY 2026, **51% of master's students were identified as underrepresented**, including 44% who identified as Hispanic or Latino; **44% of PhD students identified as Hispanic**. Their achievements carry forward UCR's more than 50-year legacy of biomedical sciences education.

Goal: Expand Clinical Rotations UME & GME Across the Region

Over the past five years, I have prioritized expanding the clinical training infrastructure necessary to support the growth of our medical education programs while strengthening our community-based model. We have expanded and formalized clinical partnerships across Riverside and San Bernardino counties, increasing inpatient and outpatient training opportunities through key partners including Riverside University Health System (RUHS), View Behavioral Health Colton, Dignity Health Saint Bernardine Medical Center, Eisenhower Health, Kaiser Permanente, and UCR Health. This broader network has allowed us to

expand clinical capacity for our students and residents while extending medical education—and our physician workforce pipeline—throughout Inland Southern California.

As a community-based medical school, we have continued to strengthen the clinical partnerships essential to our educational mission. Today, UCR SOM students complete UME rotations across **72 clinical affiliate sites in 2026**, while the **LACE program includes 109 clinical affiliate sites across the Inland Empire**. Together, these partnerships provide students with broad, community-based clinical experiences while strengthening connections with physicians and health systems throughout the region.

As our programs have grown, we have also invested in the community physicians and clinical faculty who make this model possible. **Through faculty development and stronger engagement of community preceptors, we have worked to promote greater consistency in teaching, assessment, grading, and feedback across diverse clinical environments.** Together, these efforts have enabled us to accommodate growing numbers of learners while maintaining high-quality clinical experiences and reinforcing the regional partnerships that are fundamental to our mission.

Goal: Create Pathways to Increase Physician Workforce

The UCR SOM addresses the regional physician shortage by building a comprehensive pipeline to recruit, educate, and retain physicians in Inland Southern California. With approximately 40 primary care physicians per 100,000 residents—well below the recommended benchmark of 60 to 80—the region urgently requires investment in doctors committed to serving locally. Because expanding the healthcare workforce begins long before medical school, UCR SOM's Pathway Programs offer early support from middle school through college. Though distinct in their offerings, these programs create a seamless journey of academic preparation and enrichment, guiding students toward medical training and residency in primary care and high-need specialties.

Under the leadership of Dr. Daniel Teraguchi, Executive Associate Dean for Student Affairs and Teresa Cofield, Director of Pathways Program, **between 2021 and 2026, the UCR SOM Pathways Programs secured $7.2 million in external funding, including $4.27 million to establish the Inland Empire Regional Hub for Healthcare Opportunities (IE RHHO) and $2.93 million from the California Department of Health Care Access and Information (HCAI).** The IE RHHO initiative successfully recruited over 200 community college students—81% of whom graduated from Inland Empire high schools, 65% were economically disadvantaged, 66% were first-generation college students, and 47% were non-native English speakers. Beyond providing early exposure to medical careers, the hub supported these students in transferring to UCR and CSU San Bernardino. Concurrently, **the HCAI grant funded 10 pathway programs that engaged over 2,500 local students, yielding 90 UCR SOM matriculants since 2021**. Expanding community engagement, Student Affairs established formal dialogue with Native elders, leading to **strategic partnerships with Riverside and San Bernardino Indian Health Inc.** and culminating in a Native student medical conference in February 2026.

Pathway investments directly shape medical school admissions, student support, and regional residency outcomes. **Across four recent cohorts, UCR SOM medical classes averaged nearly 90% regional ties,**

culminating in a record 95% for the Class of 2030. To mitigate debt barriers and encourage practice in high-need disciplines, **UCR SOM designated 264 mission awardees between FY21 and FY26**. Combining merit and service criteria, these awards offer critical financial relief to students committed to practicing in Inland Southern California. By alleviating debt pressures, mission awards empower graduates to pursue primary care and safety-net specialties in medically underserved areas without financial constraints dictating their career paths. The regional impact is clear: **51% of the Class of 2026 matched directly into Inland Empire residency programs.**

Selection metrics for incoming cohorts continuously reinforce this localized focus. In the MD Class of 2029, 90% of students hold regional ties, 60% were raised in medically underserved areas, and 40% are underrepresented in medicine. Aligning pathway initiatives, mission scholar financial assistance, and residency recruitment yields measurable progress in regional physician distribution. Between 2021 and 2025, the proportion of UCR MD graduates matching into Inland Empire residencies surged from 26% to 36% and to 51% for the Class of 2026. Furthermore, during the 2024–2025 period, 47% of completing residents and fellows chose to stay and practice in the Inland Empire.

Pathways Programs' Accomplishments from 2021-2026

In 2022, the **UCR SOM Pathways Programs was selected as one of four inaugural statewide regional hubs** tasked with expanding medical career pathways for community college students. The establishment of the Inland Empire Regional Hub for Healthcare Opportunities (IE RHHO) secured **$4,270,000 in funding spanning 2022 to 2029.** To date, the program **has recruited over 200 community college students** across nine partnering institutions: Riverside Community College, San Bernardino Valley College, College of the Desert, Chaffey College, Norco College, Crafton Hills College, Victor Valley College, Barstow College, and Moreno Valley College. Through holistic support, the hub ensures smooth transfers to regional four-year partner universities, including UCR and CSU San Bernardino. Of these recruited students, 65% are economically disadvantaged, 66% are first-generation college students, 47% are non-native English speakers, and 81% graduated from an Inland Empire high school. **Notably, the program celebrated its first IE RHHO California Medicine Scholar accepted into the UCR SOM Class of 2031 through the Thomas Haider Early Assurance Program.**

Building on this success, **Pathways secured an additional $2,932,500 from the California Department of Health Care Access and Information (HCAI) for 2022 to 2027**. This grant enhances community college pipelines across 10 distinct programs focused on recruiting mission-aligned applicants with deep regional roots. This HCAI funding enabled over 2,500 additional pathway students to participate in these initiatives, yielding nearly 90 matriculants into UCR SOM since 2021. **In total, Pathways has generated $7,202,500 in external funding to advance the medical school's mission.**

This investment in local talent consistently strengthens the applicant pool with deeply connected regional candidates. **Across the last four cohorts, incoming medical classes have averaged nearly 90% regional ties, reaching 95% in the Class of 2030**. These strong local roots directly drive downstream physician retention: **51% of the Class of 2026 matched into Inland Empire residency programs**. Looking ahead, UCR SOM projects that over 50% of future graduates will continue matching locally, serving as a catalyst for sustained investment from major regional organizations, alumni, and individual donors.

Concurrently, **Student Affairs established a recurring community circle with Native elders in 2022** to align shared missions and engage in meaningful dialogue regarding Native history and UCR's land relationship, moving beyond symbolic land acknowledgments. **In February 2026, in collaboration with UCR Native Student Programs, UCR SOM hosted a dedicated conference for Native students pursuing medicine**, which included a traditional land blessing for Medical Education Building II. These dialogues also forged a. **strategic partnership with Riverside/San Bernardino Indian Health In**c and its network of nine clinics—a collaboration highlighted by their Chief Operating Officer noting that UCR SOM stands out as the institution that truly values Native communities. Earning the respect of Native elders marks a major milestone that paves the way for deeper collaboration and future tribal health funding opportunities.

Goal: Expand and Grow the SOM Clinical Departments

Department of Family Medicine:
Over the past five academic years (July 2021–June 2026), the UCR SOM Department of Family Medicine (DOFM) has undergone substantial transformation across executive leadership, faculty recruitment, graduate and undergraduate medical education, clinical care, community partnerships, and research. This period has positioned Family Medicine as an increasingly important contributor to the SOM's mission and to UCR's broader commitment to improving health and health care across the Inland Empire.

The SOM and DOFM faced a major challenge when an affiliate abruptly terminated the agreement for the Family Medicine residency resulting in relocating the residency program and eventually sunsetting the program. **A major accomplishment during this period was the rebuilding of Family Medicine Residency Program**. From July 2020 through June 2023, the Department was led by Dr. Asma Jafri, an experienced Chair and Program Director during which time the previous residency program was sunset. Recognizing the importance of maintaining Family Medicine GME within the region, I provided critical institutional support while we **strengthened the SOM's relationship with Common Spirit–Dignity Health Saint Bernardine Medical Center (SBMC) in San Bernardino**. SBMC generously agreed to partner with SOM to establish a new Family Medicine Residency program. From July 2023 through October 2024, the Department was led by an Interim Chair Dr. Ken Ballou who was subsequently named the founding Program Director of the new UCR/Saint Bernardine Family Medicine Residency Program, launched in July 2024. The establishment of this residency represented an important renewal of UCR's commitment to training family physicians for the Inland Empire.

Dr. Michelle Bholat was hired as Chair of the Department of Family Medicine in 2024 and under her leadership the collaboration with SBMC was further solidified. The development of the new residency coincided with expansion of the UCR Health clinical footprint in downtown Riverside. To address growing patient-access needs while building the clinical faculty infrastructure necessary to support GME**, six new clinical faculty members were recruited between spring 2023 and June 2026.** An additional three faculty members supporting medical education were recruited between 2021 and 2023, including the Senior Associate Dean for Medical Education and two additional SOM leaders who remain active within the Department. In total, **nine of the Department's current 16 faculty members, 56 percent, were recruited during the past five academic years**, representing a substantial renewal and expansion of the Department's academic and clinical capacity.

Dr. Bholat successfully secured $1.56M from CalMedForce to support the growth of the new Family Medicine Residency Program. Additionally, through collaboration with the Dignity Health Foundation, the Family Medicine Department will provide **clinical services and train Family Medicine residents at the newly established Oasis Federally Qualified Health Center (FQHC) scheduled to open late 2026.** A new partnership with a rural healthcare district hospital established a key training site for required resident Emergency Medicine rotations while providing financial support for resident salaries.

Family Medicine's expertise at the intersection of clinical care, community health, and population health was exemplified in April 2026, when the Department hosted a conference focused on methamphetamine use and its substantial health burden in the Inland Empire. The conference convened experts to address an urgent regional health challenge and helped catalyze new collaborations with UCLA and other institutions, including opportunities to participate in multicenter clinical trials. The Department further strengthened its developing research portfolio through the **successful recruitment ladder-rank investigator** who is expected to contribute to the Department's longer-term research growth and scholarly productivity. **Over the past 5 years, the Department of Family Medicine has received more than $3.3M in grant support**, and faculty members have been recognized with several awards and recognitions.

Department of Pediatrics

Between 2021 and 2026, the **Department of Pediatrics** at the UCR SOM, **under the leadership of Dr. Sasi** underwent a remarkable transformation. Driven by targeted clinical growth, strategic regional partnerships, and robust program expansion, the department turned long-standing regional clinical challenges into a model of sustainable, high-quality pediatric care.

The foundation for this era of growth was set with the **establishment of an outpatient pediatric clinic in La Quinta in 2020**. This clinic fulfilled a longstanding regional need for pediatric clinical services in the Coachella Valley where there is a marked shortage of pediatricians. Over the next five years, the clinic blossomed into **one of the best-rated pediatric care facilities in the Coachella Valley.** Patients consistently **awarded five-star reviews to its dedicated physicians—including Dr. Russell, Dr. McGowan, Dr. Moreno, Dr. Roopa, Dr. Khandhar, and Dr. Osei**—building a formidable reputation for clinical excellence. To meet soaring patient demand and further extend its reach, the department integrated telemedicine services through the La Quinta clinic, earning widespread acclaim and praise from families across the region. Parallel to its outpatient achievements, the department actively **built a robust clinical footprint through key health system collaborations**. In late 2020, Dr. Sasi's team executed the Eisenhower Medical Center Pediatric GME Teaching Contract, followed shortly by the Pediatric Hospitalist Contract in May 2021 and the eventual approval of the Eisenhower Medical Center Directorship Contract. To broaden specialized care access, the department secured a Professional Services Agreement with Loma Linda University Health for Pediatric Gastroenterology services in September 2023. Furthering its mission of equitable access, the department **successfully executed and renewed key contracts** with major regional networks, including LaSalle, Alpha Care, Oasis, Indian Health, Optum, and the Inland Faculty Medical Group IPA.

Strategic adaptability defined the department's operational maturing. After initiating partial operations at the **Silver Oaks Pediatric Clinics** in April 2022, leadership successfully **scaled services from one day per week to a full five-day schedule by 2025**. To continually balance patient demand across the Inland Empire, pediatricians were flexibly reallocated from Silver Oaks to the Riverside Downtown Clinic while expanding

telemedicine to support La Quinta.

This **multi-pronged approach yielded a dramatic financial recovery**. By optimizing operations, expanding payer contracts, and growing patient volume, the **Department of Pediatrics eliminated its historical $2.3 million accumulated deficit, achieving total financial sustainability with a positive balance of $394,000 by 2025.** Under Dr. Sasi's stewardship, the department enters 2026 positioned as a thriving, financially sound cornerstone of pediatric healthcare in Inland Southern California.

Department of Social Medicine, Population and Public Health

Under the leadership of Dr. Mark Wolfson, between 2021 and 2025, the Department of Social Medicine, Population, and Public Health (SMPPH) experienced a transformative era marked by educational innovation, strategic faculty expansion, and high-impact scholarship. Through the creation of a new academic program and deep community engagement, the department significantly strengthened its position as a vital hub for public health education and regional health advocacy.

At the heart of this growth was the **launch of the department's Master of Public Health (MPH) program**. Following final approval from the UCOP and UC Systemwide Senate in November 2023, SMPPH **established an interdisciplinary curriculum designed to bridge medicine, policy, and social science.** Drawing **faculty from SMPPH alongside eleven partner departments across the University of California Riverside**, College of Humanities and Social Sciences (CHASS), College of Natural and Agricultural Sciences (CNAS), Bournes College of Engineering (BCOE), and the School of Public Policy, the program quickly built momentum. **The inaugural cohort of fifteen students matriculated in the 2024–2025 academic year,** with twelve graduating the following year and another on track for completion soon after. A second cohort of fourteen students joined in 2025–2026, with sixteen more anticipated in Fall 2026.

To provide students with critical field experience, the department established fourteen mandatory internship sites split evenly between UCR campus entities and external community organizations. The program's commitment to equity and access was further bolstered by Professional Degree Supplemental Tuition and **a $200,000 gift agreement with the Marion E. Swendseid and Isabelle F. Hunt Charitable Foundation** to fund student aid and stipends. Reflecting its growing national standing, the MPH program gained **membership in the Association of Schools and Programs of Public Health and was accepted as an applicant for accreditation by the Council on Education for Public Health.**

This programmatic expansion was supported by a deliberate effort to broaden the department's expert faculty. SMPPH welcomed three new ladder-rank faculty members—Dr. Mario Sims in 2022, followed by Dr. Claradina Soto and Dr. Keyonna King in 2026. The department also enhanced its clinical and community expertise through the appointment of five Health Science Clinical faculty (Drs. Daniel Teraguchi, Daniel Novak, Rosemary Tyrrell, Denise Woods, and Tim Collins) and three Volunteer Clinical Professors (Drs. Steven Reyes, Michelle Burroughs, and Connie Marmolejo).

Driven by this expanding team, **SMPPH faculty and staff generated a vast body of influential research, authoring over 170 articles, book chapters, and commentaries**. Their work appeared in premier academic outlets such as the ***American Journal of Public Health*, *Nature*, *Science*, *Circulation*, and *Social Science and Medicine***. This research productivity was matched by impressive extramural success, as department

members **secured 45 grants and contracts totaling $8.5 million.** Supported by major funders—including the National Institutes of Health, SAMHSA, PCORI, the California Department of Cannabis Control, the Desert Healthcare District, and the University of California—Dr. Wolfson and the SMPPH department meaningfully advanced public health science and community well-being throughout this five-year period.

Department of Psychiatry and Neurosciences

Over the past five years, the Department of Psychiatry and Neurosciences has undergone a profound transformation, significantly expanding its clinical reach, educational footprint, and research portfolio to address the critical behavioral health needs of Inland Southern California.

The department's growth trajectory gained vital momentum **under the leadership of former Chair, Dr. Gerald Maguire**. During his tenure, **the department more than doubled its community faculty and strategically expanded affiliations and partnerships across its clinical, educational, and research missions**. These foundational relationships established vital clinical service and training agreements with key regional and state entities, including Riverside County (Riverside University Health System and the Department of Public Social Services), the State of California (Department of Health Care Services and Patton State Hospital), Acadia Pacific Grove Hospital, the Veterans Affairs Loma Linda Healthcare System and its Community-Based Outpatient Clinics (CBOCs), Clinicas de Salud, Morongo Basin, Desert AIDS Project, and Olive Crest.

This early commitment to community-integrated care extended into digital health innovations. **Having established its Telepsychiatry Services prior to the COVID-19 pandemic**, the department created a framework that enabled UCR Health to rapidly transition across all clinical specialties during the global health crisis. **Since 2021, these telepsychiatry services have grown exponentially**, driving a substantial increase in patient volume and ensuring uninterrupted, high-quality care throughout the region.
Dr. Lisa Fortuna was hired as Chair of the Department of Psychiatry and Neurosciences in 2023. Under her leadership, the department entered a dynamic new era of expansion focused heavily on child and adolescent behavioral health. **Dr. Fortuna significantly broadened the department's capacity** to address the acute mental health crisis facing children and adolescents across the Inland Empire and California. To support this growth, Dr. Fortuna recruited additional academic talent, adding two ladder-rank faculty, two Clinical X Senate faculty, and one health sciences clinical faculty.

Together, this expanded team developed innovative programs designed to expand behavioral health expertise beyond traditional clinic walls and directly into primary care, schools, and community settings. Central to this strategy is the **California Child and Adolescent Mental Health Access Portal (Cal-MAP)**. By offering primary care providers treating patients up to age 25 free access to real-time behavioral health consultations, direct care coordination, and specialized education, Cal-MAP effectively bridges gaps in specialty care and empowers primary care clinicians to manage complex conditions locally.

The department further deepened its youth-centered strategy through California's Children and Youth Behavioral Health Initiative (CYBHI). **In 2025, the department launched the School-Linked Trauma-Informed Program (STAR Program) in Riverside.** Operating as a community hub for trauma-informed, school-linked therapy, STAR integrates clinical care, research, community outreach, and professional training for UCR medical students, psychiatry residents, and fellows.

In tandem with CYBHI, the department **established direct school-based partnerships, including a collaboration with The Craig School**. Through this initiative, UCR clinicians and trainees deliver comprehensive neuropsychological and diagnostic assessments, as well as individual and group therapy, within the school environment at no cost to families.

These initiatives exemplify the department's community-based mission: meeting children and families where they live, learn, and receive care. By integrating trauma-informed care into daily community touchpoints, supporting primary care providers, and creating immersive clinical training environments, the department is actively building and evaluating scalable models of integrated behavioral health that can serve as blueprints for communities statewide.

A landmark achievement in expanding regional infrastructure is the opening of View Behavioral Health Colton Children's—a state-of-the-art inpatient psychiatric facility developed in **partnership between View Behavioral Health and the UCR SOM**. Addressing a persistent shortage of behavioral health crisis services in Riverside and San Bernardino counties, this facility significantly expands inpatient capacity for children, adolescents, and adults. UCR SOM physicians provide direct clinical care within the facility, simultaneously expanding patient access to specialized treatment and offering vital training grounds for the next generation of regional behavioral health professionals. **This venture highlights the true power of academic medicine joining forces with community health partners to solve complex regional challenges.**
Alongside its clinical and educational expansion, the department's academic enterprise has flourished. Over the past five years, departmental faculty have demonstrated extraordinary scholarly productivity, publishing more than **100 peer-reviewed manuscripts and securing over $19 million in grant funding from federal agencies**—including the National Institutes of Health (NIH) and the Substance Abuse and Mental Health Services Administration (SAMHSA)—**as well as state programs, industry partners, and major foundations.**
Through strategic leadership, robust community partnerships, cutting-edge telepsychiatry, and pioneering youth behavioral health programs, the Department of Psychiatry and Neurosciences continues to strengthen the healthcare workforce and improve health equity across Inland Southern California.

Department of Obstetrics, Gynecology and Women's Health
Over the past five years, the Department of Obstetrics, Gynecology and Women's Health at the UCR SOM made great strides under the leadership of Department Chair Dr. Samar Nahas. Through major facility expansions, high-impact clinical initiatives, targeted faculty recruitment, and strong scholarly output, the department significantly strengthened its capacity to deliver specialized, equitable healthcare to women across Inland Southern California.

A cornerstone of this growth was the **2021 expansion of the Women's Health Services facility in collaboration with UCR Health**. To meet rising regional clinical demands and enrich academic training, the facility added: **two large procedural rooms** fully equipped to support advanced urogynecology and gynecologic oncology procedures; **an additional diagnostic laboratory** to streamline patient testing and clinical workflows; **8 new examination rooms** and an additional nursing station to increase clinical capacity and reduce wait times; and **dedicated teaching space** tailored for medical students and resident education.
Under Dr. Nahas's leadership, **the department launched three milestone programs** designed to address

critical gaps in women's health, preventive care, and specialized surgery throughout the region:

Community Breast Milk Depot

Under the leadership of Dr. Brenda Ross, Interim Chair of the Department of Obstetrics, Gynecology and Women's Health, the department established a community breast milk depot in **partnership with the UC San Diego Health Milk Bank** that collected approximately 550,000 mL of donated breast milk in its first year alone. Because pasteurized donor human milk roughly halves the risk of necrotizing enterocolitis (NEC)—a severe and often fatal intestinal disease in premature infants—compared to formula, this initiative provides a critical lifeline. By establishing a local collection pipeline from Inland Empire families, **the depot delivers essential nutritional support to regional NICUs and Southern California healthcare networks**, protecting the region's most vulnerable newborns and supporting healthier neurodevelopment.

Minimally Invasive Gynecologic Surgery (MIGS) Fellowship

To address severe regional shortages in gynecologic subspecialists, the department **established a two-year MIGS fellowship**. The program offers comprehensive training in advanced endoscopic, laparoscopic, and robotic techniques across general gynecology, oncology, urogynecology, and infertility care. **By retaining two of its first four graduates locally,** the fellowship has directly expanded access to complex surgical care for conditions such as severe endometriosis and large fibroids—**allowing Inland Empire women to receive advanced treatment locally rather than traveling to distant tertiary care centers.** Retaining skilled MIGS surgeons in a safety-net setting directly helps bridge long-standing racial and socioeconomic disparities in access to minimally invasive surgical options.

Multidisciplinary Menopause Management Program

Spearheaded by the department to address systemic gaps in midlife women's care, this multidisciplinary program integrates clinical care, research, and medical education. By establishing a coordinated, whole-person care model, **the program provides evidence-based, culturally responsive, and multilingual care for a diverse patient population navigating menopause alongside complex comorbidities**.
Simultaneously, it serves as a robust cross-disciplinary training platform for learners in internal medicine, cardiology, endocrinology, and psychiatry, while generating research opportunities in bone, cardiovascular, metabolic, and mental health. While this program is in its infancy stage at UCR SOM, the enthusiasm across medical specialties has been exceptional and the program is expected to see positive outcomes over the next year.

To sustain its expanding clinical and educational footprint, the department strategically recruited six new Health Sciences Assistant Clinical Professors between 2021 and 2026. Despite challenges with faculty attrition, the department has already hired new faculty including a MIGS fellow who trained in the department's MIGS fellowship. Between 2021 and 2026, departmental faculty produced **136 peer-reviewed publications**, comprising **131 journal articles** and **5 published book chapters**, reflecting a vibrant culture of research and academic excellence.

Through visionary leadership, expanded infrastructure, targeted subspecialty training, and community-centered care models, the Department of Obstetrics, Gynecology and Women's Health continues to elevate the standard of care, train the next generation of physicians, and advance health equity across Inland Southern California.

Department of Medicine

Over the past five years, the Department of Medicine has undergone a significant evolution, strategically expanding its residency and fellowship programs, launching vital clinical specialties, and elevating its scholarly activities to meet the growing healthcare demands of Inland Southern California.

The department's trajectory began under the leadership of Dr. Ramdas Pai, former Chair of the Department of Internal Medicine with the initial launch of pivotal training programs designed to combat severe regional physician shortages—specifically **establishing the Critical Care Medicine Fellowship and a second Internal Medicine Residency Program in 2021**. In collaboration with UCR Health, the department **expanded Cardiovascular Services** to include services such as echocardiography, stress test, stress echo, and Zio patch. UCR's Internal Medicine cardiology faculty played a critical role in the provision of cardiac care in the Inland Empire and their expertise assisted with increasing the quality of cardiac care at St. Bernardine Medical Center, Loma Linda VAMC, and UCR Health.

Following the retirement of Dr. Ramdas Pai, **Dr. Robby Gulati assumed leadership as Interim Chair.** Under Dr. Gulati's direction, the department expanded its postgraduate training capacity across multiple specialties to build a sustainable pipeline of skilled physicians for the region:

- **Internal Medicine Residency Program (2021):** Expanded to a robust cohort of 55 physician trainees.
- **Gastroenterology Fellowship Program (2023):** Increased training capacity to a cohort of 8 fellows.
- **Critical Care Medicine Fellowship Program (2023):** Expanded to a cohort of 9 fellows.

In 2024, Dr. Elizabeth Jacobs was appointed Chair of the department and under her stewardship, the department officially **transitioned its name from the Department of Internal Medicine to the Department of Medicine** and fully integrated the Internal Medicine residency training program directly into UCR Health. Working in close collaboration with Dr. Gulati in his role as Senior Associate Dean for Graduate Medical Education, they ensured **full accreditation of department's Internal Medicine Residency program and all subspecialty fellowships**.

Over the past five years, to support a broader clinical and academic footprint, the department **recruited 13 new faculty members** spanning General Internal Medicine, Cardiology, and Geriatric Medicine. Alongside its clinical expansion, the Department of Medicine has energized its research portfolio. To build a research infrastructure, **I recruited distinguished ladder-rank faculty member Dr. Robert Rodriguez,** who also serves as Associate Dean for Clinical and Population Research for the SOM. Additionally, **Dr. Michelle Porter was hired as In-Residence Senate faculty** to further accelerate clinical research and serve as a dedicated research mentor for junior faculty.

These strategic investments have yielded exceptional scholarly output, with departmental faculty publishing **more than 100 manuscripts in peer-reviewed journals** and securing multiple competitive research grants over the past five years. Key multicenter research networks spearheaded during this period include:

- **The "Get Vaxed" Research Network:** A high-impact consortium spanning 8 major emergency departments across the United States, led in part by Dr. Rodriguez.
- **Naloxone in Cardiac Arrest Network:** A groundbreaking research network founded by Dr.

Rodriguez alongside faculty collaborators at UC San Francisco and UC Davis to evaluate critical overdose resuscitation outcomes.

Through visionary leadership, expanded postgraduate training, robust clinical partnerships, and a developing research enterprise, the Department of Medicine continues to redefine health equity and clinical excellence across Inland Southern California.

Department of Surgery

Between 2021 and 2026, UCR School of Medicine Department of Surgery underwent **a significant period of clinical expansion, academic productivity, and regional leadership under the direction of Dr. Arnold Tabuenca.** Guiding a robust network of 109 faculty members, the department built a high-impact surgical infrastructure spanning five major affiliated hospitals and serving over 1,500 beds across the region.

Over the five-year period, the department significantly strengthened its clinical reach, anchoring its major trauma and acute care capabilities. **The affiliated network achieved formal American College of Surgeons (ACS) verification for two Level I trauma centers, one Level II trauma center, and an Emergency General Surgery program.**

Across specialized surgical domains—including vascular, minimally invasive, colorectal, acute care, and surgical oncology—the department expanded advanced patient care options. Key developments in surgical oncology included the establishment of a robotic hepatectomy program, broadened endocrine surgery capabilities, a dedicated survivorship clinic, and the addition of a surgical oncology nurse navigator. Reflecting this dedication to high-quality care, **the cancer program earned the Comprehensive Community Cancer Program designation from the ACS Commission on Cancer** with zero required revisions.

Educating the next generation of surgeons remained central to the department's mission. **UCR faculty directed and supported three ACGME-accredited General Surgery residency programs across four hospital sites,** alongside affiliated residencies in Orthopedic Surgery and Neurosurgery.

Under Dr. Tabuenca's tenure, **the department launched new ACGME-accredited residency programs in Vascular Surgery and Plastic Surgery, as well as a Surgical Critical Care fellowship** featuring a specialized two-year Acute Care Surgery pathway. Faculty actively guided trainees through operative teaching, simulation labs, skills courses, board examination preparation, and multidisciplinary conferences.
The department's research enterprise saw substantial growth between 2021 and 2026. Faculty authored **145 peer-reviewed journal publications** and delivered **120 scientific presentations** at national and international forums. Scientific inquiry focused on high-priority challenges such as:

- Trauma, hemorrhage control, and resuscitation
- Emergency general surgery and vascular injuries
- Surgical oncology and cancer healthcare disparities
- Quality improvement and complex gastrointestinal disease outcomes

UCR surgeons served as lead investigators and collaborators in key multicenter studies covering hemorrhage management, appendicitis interventions, Hartmann's procedures, and Morel-Lavallée injuries. The department's work received notable recognition through competitive grants and individual honors. Key distinctions conferred upon faculty included named **Distinguished Fellow of the Society for Vascular Surgery (2025)**, recipient of the **Society for Vascular Surgery Presidential Citation Award (2023**), and the **UCR School of Medicine Healthcare Innovation Award (2024)**. Faculty work was also **highlighted in the *Journal of Trauma and Acute Care Surgery* "Best of 2024."**

Through this growth in surgical delivery, expanded training programs, target research, and national committee leadership, the Department of Surgery under Dr. Tabuenca established itself as a vital clinical asset and a growing academic leader.

Division of Biomedical Sciences

Over the past five years (2021–2026), the Division of Biomedical Sciences has experienced significant expansion under the leadership of Division Chair Dr. Monica Carson. Through strategic recruitment, extensive curricular innovation, and the establishment of multidisciplinary research centers, the Division has strengthened its academic infrastructure, expanded graduate education, and elevated its research footprint across the UC system.

Strategic Faculty Recruitment

Between 2021 and 2026, the Division expanded its academic and instructional leadership with the recruitment of 9 new faculty members.

Ladder-Rank Research Faculty (6):

- **Andre Obenaus, Ph.D.** – Full Professor -*Cerebrovascular disease focusing on traumatic brain injury, toxic exposures, and age-associated dementia*
- **Scott Pegan, Ph.D**. – Full Professor -*Structure-function analysis of zoonotic-to-human viral infections, pathogenic mechanisms, and antiviral therapeutics*
- **Xuecai Ge, Ph.D.** – Associate Professor-*Ciliopathies and cellular signaling*
- **Jean Pyo-Lee, Ph.D.** – Assistant Professor -*Stroke research, pathogenic mechanisms, and iPSC stem cell-based therapies*
- **Joy Xiang, Ph.D.** – Assistant Professor -*RNA-based antiviral therapeutics*
- **Natalie Zlebnik, Ph.D**. – Assistant Professor -*Addiction science, reward circuit regulation, multi-drug interactions, and age-specific neural effects*

- **Professors of Teaching (3):**
  - **Milton Hamblin, Ph.D**. – Associate Professor & Inaugural Director of the BMSC Post-Baccalaureate and Master's Degree Programs
  - **Rakesh Singh, Ph.D**. – Associate Professor
  - **Jovani Catalan-Dibene, Ph.D**. – Assistant Professor & Inaugural Graduate Advisor for Enrolled Master's Students

Educational Expansion & Curricular Innovation

The hiring of research faculty and Professors of Teaching enabled a major scale-up of the Division's educational capacity, increasing graduate course offerings from 4 courses per quarter to 10–12 courses per quarter. To accelerate student progress and shorten the time to degree completion for Master's

students, the Division launched dedicated summer session courses in Summer 2026.

Newly Developed & Relaunched Courses:

- BMSC 240 (New): *Biostatistics Concepts and Tools in Biomedical Sciences*
- BMSC 241 (New): *Databases in Biomedical Sciences and Clinical Trials*
- BMSC 242 (New): *Data Analysis and Scientific Writing Using Biostatistics and Public Databases*
- BMSC 222E-Z (Revised & Relaunched): *Topics in Human Biomedical Research*
- BMSC 223 (Revised & Relaunched): *Human Physiology* (organ- and systems-based course series)

Interdisciplinary Research Centers & Regional Impact

The Division administers and sponsors several interdisciplinary research centers that foster collaboration across at least four UCR colleges and schools, bridging basic science, clinical applications, and community outreach.

- **Center for Cannabinoid Research (CCR) [New]:**
  - Established to advance evidence-based cannabinoid science.
  - Hosts mini-retreats and annual symposia; the Inaugural CCR Annual Symposium marked the first event in the UC system to gather all UC Cannabinoid Center Directors for collaborative presentations.
  - Serves as an educational resource for statewide law enforcement personnel seeking scientific insight into cannabinoid research.

- **Center for Glial-Neuronal Interactions (CGNI) / Center for Life-Long Brain Health:**
  - Hosts highly successful annual symposia drawing regional, statewide, and national attendees across all career stages.
  - Convenes monthly regional working sessions to develop competitive grant proposals and peer-reviewed manuscripts, address reviewer critiques, and conduct technique-based workshops aimed at tackling complex, large-scale research challenges.
  - Secured a new 6-year sponsorship agreement with SpringerNature Publishing.
  - Facilitated strategic faculty hires within Biomedical Sciences and across campus.
  - Established a formal partnership with the UCR CNAS Interdepartmental Neuroscience Program, funding small travel fellowships and hosting graduate neuroscience forums.

- **Center for Molecular and Translational Medicine (MolMed):**
  - Fosters the translation of basic scientific discoveries into clinical therapies through annual symposia and research-focused mini-retreats.
  - Under the leadership of Center Director Dr. Maurizio Pellecchia, brought UCR into the UC Drug Discovery Consortium (UCDDC), enabling researchers across campus to compete for grant funding from pharmaceutical and biotechnology industry partners.
  - Consistently secures commercial and industrial sponsorships to support symposia and technical workshops.

- **Center for RNA Biology and Medicine [New]:**
  - Drives cross-campus collaboration and advances new RNA-targeted technologies via annual symposia and targeted mini-retreats.
  - Aids in the recruitment of specialized faculty and leverages industrial/commercial sponsorships to fund center activities.

- **Center for Cardiovascular and Metabolic Diseases [New / Planning Phase]:**
    - Currently in development to address critical cardiovascular and metabolic health disparities affecting Inland Southern California.
    -

Research footprint has grown substantially over the past 5 years, and research grant funding grew by 52.4%, from $16M in 2021 to $25M in 2026, averaging $850K/ladder rank faculty annually in research funding. The Biomedical Science faculty published over 345 manuscripts in high-impact journals over the past five years.

Alumni Relations, Institutional Partnerships & Community Engagement
Over the past five years, the Division has significantly expanded its external footprint, strengthening relationships with alumni, donors, community members, and prestigious peer institutions:

- **50th Anniversary Celebration & Alumni Reconnection**: Celebrated the Division's 50th Anniversary with in-person events designed to re-engage alumni across all degree programs and deepen their connection to the SOM.
- **Division Newsletters:** Launched new Fall and Spring newsletters to foster stronger communication internally and maintain ongoing connections with alumni.
- **Biomedical Sciences Health & Wellness Seminar Series:** Established a dual-format seminar series, featuring large-format sessions open to the local community and intimate, small-format sessions tailored for prospective donors.
- **Sustained Haider Breakthrough Lecture Series:** Maintained and expanded this signature lecture series, serving as a vital bridge for scientific knowledge sharing with local clinicians and community members.
- **United States Military Academy (West Point) Partnership**: Built strategic ties with West Point, launching a successful UCR Summer Biomedical Sciences Research Internship program for West Point undergraduates.

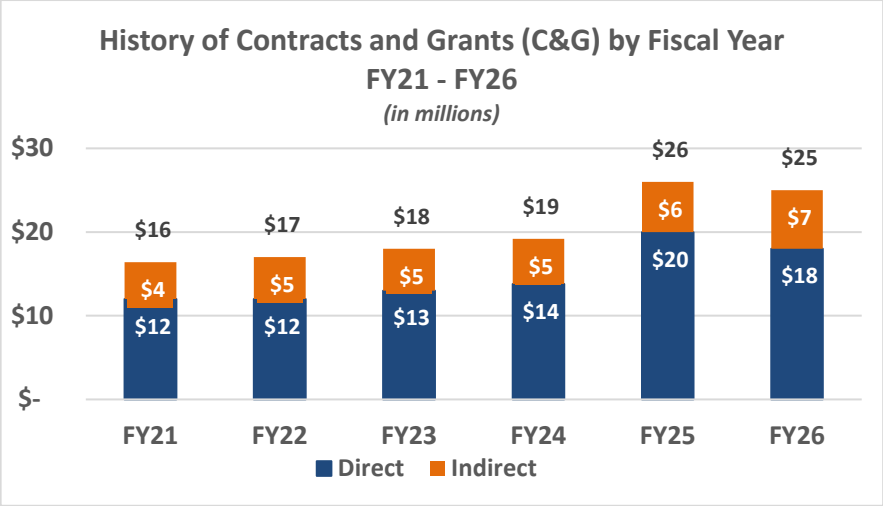
Goal: Develop a platform for expanded biomedical, translational, clinical and population-based research programs to advance knowledge in the medical sciences, and to foster research productivity

Over the past five years, I have focused on strengthening the SOM's research enterprise by building the leadership, infrastructure, and faculty support necessary to expand our biomedical, clinical, translational, and community-engaged research. **As the SOM has grown, we have taken a more intentional approach to developing research capacity—creating clearer leadership structures, strengthening research development and administrative support services, and providing faculty with the resources and expertise needed to move ideas from concept through funding, implementation, and dissemination**.

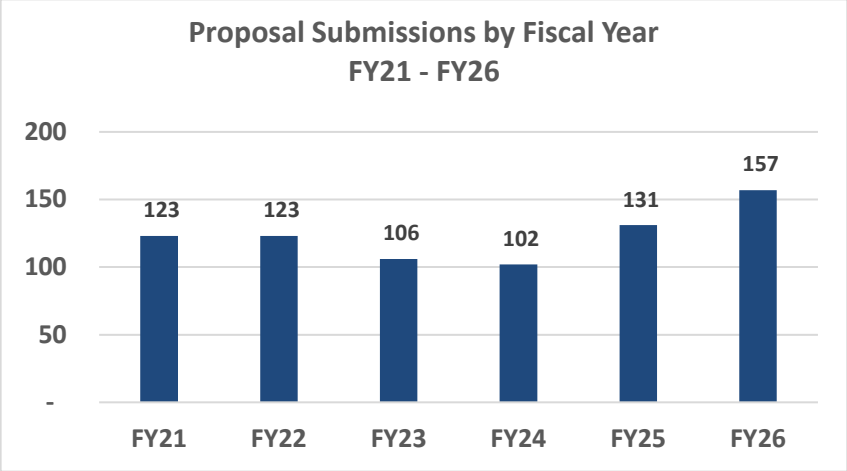
A significant part of this work has been the continued development of the SOM's **Research Development Unit**, which provides hands-on support to investigators developing research programs and scholarly activities. The unit offers consultation and mentoring in research design and methodology; grant development and resubmission; quantitative, qualitative, and mixed methods evaluation; data management and analysis; data visualization; human subject protocols; scientific writing and editing; and medical biostatistics. It also aids with clinical study coordination and helps investigators consider equitable inclusion of marginalized populations in research design and reporting. **Together, these services have created a more comprehensive research support infrastructure**, particularly for clinical faculty who may

not have traditionally had access to extensive research resources.

Over recent years, our progress has been reflected in the numbers. Specifically, the SOM's total contracts and grants (C&G) have increased from $12M (directs) in FY21 to $18M (directs) as of FY26, an increase in indirects of 50%, as shown below. Overall C&G dollars have increased by $9M or 52.4% from FY21 to FY26.



To continue to increase research dollars, our focus has been on increasing the number of proposal submissions. Based on the data below, proposal submissions have increased by 28% from FY21 to FY26.



To continue to further increase the SOM's research productivity, we strengthened the leadership of our research enterprise by establishing focused senior leadership for both biomedical and clinical research. **Meera Nair, PhD**, was appointed **Associate Dean for Biomedical Research**, providing strategic leadership for biomedical research facilities, infrastructure, processes, technologies, and systems while supporting multidisciplinary collaboration within the SOM and across UCR Schools/Colleges and the development of externally funded research. In 2025, **Robert M. Rodriguez, MD**, joined the SOM as **Associate Dean for Clinical and Population Research**, bringing extensive experience in federally funded clinical research, mentorship, and multi-institutional collaboration. His leadership is focused on expanding the clinical research footprint across the SOM, UCR Health and UCR Schools/Colleges while strengthening translational research, increasing grants acquisition, and building opportunities for faculty participation in

clinical investigation.

Importantly, we have complemented these leadership investments with direct faculty research development. **Michelle Porche, EdD**, professor of internal medicine and **Director of Clinical Faculty Research Development and Scholarly Activities**, provides individualized consultation and mentorship to clinical faculty, drawing on her expertise in quantitative, qualitative, and mixed-methods research and federally, state-, and foundation-funded health services and disparities research. **Collectively, these investments have created a stronger foundation for research growth—connecting faculty mentorship and research development with biomedical and clinical research leadership and infrastructure.** This enhanced research structure positions the SOM to increase externally funded research, expand clinical and translational investigation, develop the next generation of investigators, and advance research that addresses the health needs of Inland Southern California.

Elevating Research Infrastructure and Cross-Campus Scientific Collaboration

After restructuring and strengthening the formation of the research oversight unit, it was imperative to also reshape the foundation of the overall research spectrum, including infrastructure components and the cross-functional collaboration with campus partners including Principal Investigators.

Advancing our academic mission from a developing medical school into a nationally competitive research-intensive enterprise requires deliberate, strategic investments in our scientific infrastructure. Because modern biomedical breakthroughs increasingly occur at the intersection of traditional academic disciplines, **breaking down silos between the SOM and the broader UCR campus' Schools/Colleges has been a cornerstone of our strategic growth.** Therefore, we have systematically focused on expanding shared research assets, fostering interdisciplinary team science, and positioning our faculty to capture competitive extramural funding. Below are some key initiatives that contribute toward achieved success.

1. **Sustaining High-Impact Scientific Instrumentation**

A vital catalyst for our research productivity is the **SOM Research Core Facility**, which houses a suite of advanced, state-of-the-art instruments essential for Principal Investigators (PIs) across the medical school and other UCR Schools. **This core facility provides researchers with direct access to sophisticated technology that would otherwise be cost-prohibitive for individual laboratories to acquire or maintain.** To ensure the long-term viability and operational excellence of the facility, we implemented a sustainable financial model that consists of the following:

- **Grant-Backed Cost Recovery:** Research activities utilizing the core instruments are directly tied to active extramural grants, thus enabling awards to bear a portion of the operational and maintenance costs.
- **Strategic SOM Subsidy:** Recognizing the competitive pressures, rapidly escalating equipment service costs, and high demand, the SOM also maintains a deliberate institutional financial subsidy. Rather than viewing this as a standard overhead expense, and until we can ramp up volume to full capacity, we treat these financial funds flow as an essential research investment that directly fuels our scholarly mission, enhances grant competitiveness, and accelerates discovery.

2. **Interdisciplinary Collaboration Across UCR Colleges**

Fostering broader, campus-wide research integration aligns seamlessly with our institutional mandate to drive scientific innovation and expand our extramural funding portfolio. As a result, the SOM faculty are actively engaged in collaborative research partnerships with colleagues across UCR's other distinguished colleges—including the College of Natural and Agricultural Sciences (CNAS), the College of Humanities, Arts, and Social Sciences (CHASS), and the Bourns College of Engineering (BCOE). This collaborative momentum is reflected in our grant submission data outlined below and is also included in the **Appendix C**.

- **Cross-College Grant Activity:** Between FY20 and FY25, the SOM and campus researchers jointly submitted **147 collaborative grant proposals** to major extramural sponsors, demonstrating robust cross-disciplinary synergy.
- **Interdisciplinary Research Centers:** The SOM's Principal Investigators (PIs) co-lead and collaborate extensively within several flagship UCR research centers, maximizing institutional expertise and infrastructure. Some of the key collaborative hubs include:
    - Center for Molecular & Translational Medicine
    - Center for Glial-Neuronal Interactions
    - Center for Cannabinoid Research
    - Center for RNA Biology

In summary, by purposefully combining state-of-the-art core facilities with intentional cross-campus scientific partnerships, we have been able to work toward building a resilient, highly collaborative research ecosystem. This integrated framework not only expands our research footprint and enhances extramural funding acquisition but also cements the SOM's role as a vital engine to help foster and expand innovation across the entire UCR research community.

With the strengthened fundamental components of the SOM's research foundation, it was equally important to bring communities together to collaborate and integrate fundamental research ideas that would help the SOM not only strengthen but build new research opportunities and initiatives. As such, in **May 2026, the SOM convened a Research Retreat** to bring together faculty, department leaders, Faculty, FAOs, and Research Unit personnel to assess our research strengths, identify barriers to research growth, and establish priorities for strengthening the SOM research enterprise. The retreat was intentionally collaborative, using a pre-retreat survey, facilitated sessions, participant voting, and discussion to identify both immediate needs and longer-term opportunities.

The retreat affirmed that the SOM has important research strengths upon which to build. Participants highlighted our strong community engagement and connections with community-based organizations; biomedical and clinical partnerships; access to research databases; and expertise in areas including environmental health, Latino and immigrant health, substance use and addiction, cardiovascular and metabolic disease, public health, neuroscience, inflammation, and infectious disease. These strengths reflect the SOM's distinctive position as a community-based medical school and provide opportunities to develop areas of research excellence closely aligned with the health needs of Inland Southern California.

At the same time, the retreat identified several barriers that must be addressed to support continued

research growth. Faculty emphasized the need for stronger clinical and translational research infrastructure, dedicated clinical research space, improved access to data and analytic resources, greater support for grant development and funding identification, more efficient IRB processes, and better visibility into research expertise across departments. Clinical research space emerged as the highest-ranked infrastructure need, while faculty also emphasized the importance of philanthropic support, funding for research faculty and staff, grants development, and stronger NIH funding pipelines. **These challenges will be addressed as future priorities over the next few years.**

Importantly, the retreat was designed not simply to identify challenges, but to translate faculty input into action. **The Research Unit developed a series of specific follow-up initiatives**, including expanded dissemination of federal, foundation, industry, and other funding opportunities; development of guidance and education regarding available research databases; continued work with campus leadership to improve IRB processes; and expanded use of Academic Analytics and faculty research profiles to facilitate cross-departmental collaboration. The SOM will also update its Research Needs Survey to more comprehensively assess faculty priorities and use the findings to inform the Winter 2027 Research Retreat.

The retreat also helped define several longer-term priorities necessary to advance the SOM research enterprise. These include developing greater philanthropic support for research, exploring partnership with an established Clinical and Translational Science Institute (CTSI), expanding clinical research space and infrastructure, and more effectively integrating research opportunities within UCR Health. **UCR is not currently positioned to establish an independent CTSI, therefore the Research Unit has begun discussions with UC-affiliated CTSIs regarding potential partnership opportunities**. At the same time, SOM and UCR Health leadership will continue developing a longer-term strategy to address clinical research space, patient volume, and the integration of research within our growing clinical enterprise.

Overall, the 2026 Research Retreat provided an important mechanism for engaging our research community in defining the next phase of research growth. It gave us a clearer understanding of where we have distinctive strengths, where additional infrastructure and support are needed, and how we can more intentionally connect investigators, resources, funding opportunities, clinical partnerships, and community relationships. The resulting priorities and measurable action items provide a framework for continued progress and will inform our ongoing efforts to build a stronger, more collaborative, and mission-aligned research enterprise.

3. Launching Dean's Pilot Awards and Collaborative Grants to Catalyze Research Growth

Establishing a thriving research enterprise from the ground up requires **targeted financial interventions that bridge the gap between creative scientific vision and competitive extramural funding**. Recognizing that our faculty lacked dedicated internal seed mechanisms when I joined the SOM, on or around 2021, I prioritized the creation and institutionalization of annual **Dean's Pilot Awards and Collaborative Grants**.

Given UCR's research goals and the SOM's research aspirations, I instituted annual programs that fund approximately 5 seed and/or research innovation awards for the SOM faculty. These awards and related collaborative grants act as vital catalysts for a medical school's research enterprise by addressing the high-risk, early-stage phases of scientific discovery that traditional funding bodies may not prioritize. Moreover, I recognized that federal agencies such as National Institutes of Health (NIH) often favor applications backed by strong preliminary data. Consequently, the pilot awards I instituted continue to serve as crucial seed capital needed for investigators to test innovative hypotheses, generate proof-of-concept data, and

build competitive federal grant applications. In fact, these collaborative awards now help bridge traditional academic boundaries—such as linking SOM clinicians and basic scientists with engineers, data scientists, and social scientists from other campus colleges. Specifically, over the last three years, because of the investments in these pilot awards, SOM PIs were able to work on research studies and proposals that resulted in funding for a $3.4M R01 in Biomedical Sciences, and in $156K for CIRM transcend fellowship under CNAS.

Lastly, as we continue to increase our research portfolio, I recognized that offering internal pilot funding often signals to incoming faculty and established researchers that the SOM is actively invested in their scholarly productivity, enhancing recruitment outcomes and faculty satisfaction.

Overall, enhancing institutional Return on Investment (ROI) within research activities serves as modest internal investments in pilot programs that frequently yield a high multiplier effect, where the initial seed funding has the potential to successfully leverage funding in subsequent external grants, thus elevating the medical school's national research profile and extramural ranking.

4. Administrative Strategies Supporting PI Research Activities

- **Establishment of the Sponsored Research Program (SRP) unit**

As the SOM's research portfolio scaled rapidly through internal pilot awards and cross-campus collaborations, a parallel operational bottleneck emerged: the administrative bandwidth required to manage complex pre- and post-award grant lifecycles. I recognized that without robust administrative infrastructure, even the most promising scientific initiatives risk stalling under the weight of compliance, budgeting, and reporting burdens. **To safeguard our research momentum and support our PIs, under the leadership of Maria Aldana, CFAO, I worked to strengthen the centralization of pre and post activities, under a single unit, Sponsored Research Program (SRP).**

- **Formation of the Process, Grants and Reporting (PGR) Oversight Committee**

To cement the operational gains achieved through the SRP team and the modernized Standard Operating Procedures (SOPs), **I charged Dr. Monica Carson, Division of Biomedical Sciences Chair and Maria Aldana, CFAO to co-chair the PGR committee, recognizing that administrative workflows required ongoing cross-departmental oversight.**

  - **Purpose and Governance Structure of the PGR Committee**

The PGR committee was created to serve as an active bridge between Principal Investigators (PIs), departmental administrators, the SOM Dean's Office, and campus-wide research administration, and the Office of Research and Economic Development (RED). Comprising research finance managers, administrative leaders, and faculty representatives, the committee meets regularly to evaluate, refine, and optimize the entire research pre and post award lifecycle. Key functions of the committee include:

  - **Workflow Optimization and Bottleneck Reduction:** The committee continuously audits pre- and post-award processes to identify friction points—such as delays in proposal routing, subrecipient monitoring, or award setup—and implements streamlined SOPs to accelerate turnaround times.

- **Enhancing Financial Reporting Transparency:** Recognizing the need for real-time fiscal visibility, the committee evaluates **standardized robust reporting dashboards** developed for the SOM PIs. These reports allow department chairs and PIs to track the entire PI portfolio and deficit risks proactively rather than reactively.
- **Training and Resource Sharing:** The committee develops targeted educational presentations and/or standardized templates for faculty and department administrators, ensuring that best practices in grant management and post-graduate researcher (PGR) financial tracking are uniformly applied across all SOM departments.

In summary, by institutionalizing the PGR committee, under the oversight of Dr. Monica Carson, Biomedical Sciences Division Chair and Maria Aldana, CFAO, the SOM ensures that our growing research portfolio—bolstered by state funding augmentations, Dean's Pilot Awards, and corporate foundation partnerships—is supported by a permanent, transparent, and highly responsive administrative infrastructure.

5. Leveraging Collaborative Relationship with UCR's Development and Corporate Foundation Units

Diversifying our research revenue streams beyond traditional federal and state allocations is a vital pillar of our long-term sustainability strategy. To accelerate this goal, the SOM forged deep, operational partnerships with UCR's central Development and Corporate Foundation offices. These recent collaborations help identify and capture critical non-dilutive viable funding opportunities that directly complement the PI's portfolios, empowering faculty to pursue translational and community-centric health research specifically tailored to the needs of the Inland Empire.

To maximize the impact of these vigorous relationships, we established a streamlined partnership workflow designed to eliminate administrative friction between central campus units and individual SOM PIs, and aimed to accomplish the following:

- **Bridging Institutional Silos:** The workflow closes communication gaps between campus development officers, corporate foundation representatives, and SOM researchers, ensuring a unified, highly coordinated approach to prospective donors and industrial partners.
- **The SRP as Central Administrative Conduit:** The SOM SRP team functions as the medical school's dedicated liaison office. The team works together with campus partners to ensure all corporate gifts, philanthropic contributions, and sponsored research agreements are executed with crystal-clear deliverables.
- **Regulatory Compliance and Mission Alignment:** Operating through rigorous SOPs, the SRP team, in partnership with RED, helps ensure that external agreements adhere to UC/UCR compliance standards while remaining completely aligned with UCR's overarching academic and public service mission.

Goal: Expand, Grow and Restructure UCR Health

Over the past five years, UCR Health has executed a growth trajectory defined by strategic expansion, operational restructuring, and deep integration with the UCR SOM Clinical Enterprise. Guided by a

steadfast mission to deliver compassionate, equitable care, UCR Health has filled vital clinical service gaps across Inland Southern California. By aligning the SOM's clinical departments, medical education programs, and administrative units, **UCR Health has evolved from a nascent local clinic network into a rapidly expanding, highly coordinated clinical enterprise.**

Foundation & Early Expansion

The foundation of UCR Health's clinical enterprise was established in 2014 with initial clinics in family medicine and women's health. **Growth accelerated with the 2017 opening of the Citrus Tower multi-specialty facility in Riverside**, which introduced comprehensive specialty care spanning internal medicine, child and adolescent psychiatry, family medicine, neurology, neurosurgery, general obstetrics and gynecology, pain medicine, physical medicine and rehabilitation, and sports medicine.

To support this operational footprint, **UCR Health partnered with UC San Diego—under the leadership of Dr. John Luo, then Chief Medical Information Officer—to launch Epic** as its unified electronic medical record system. Coupled with Tableau performance analytics to track charges, payments, and work relative value units (w-RVUs), these platform investments streamlined operations, increased physician engagement, and catalyzed significant gains in patient volume.

Strategic Subspecialty Expansion & Addressing Regional Need

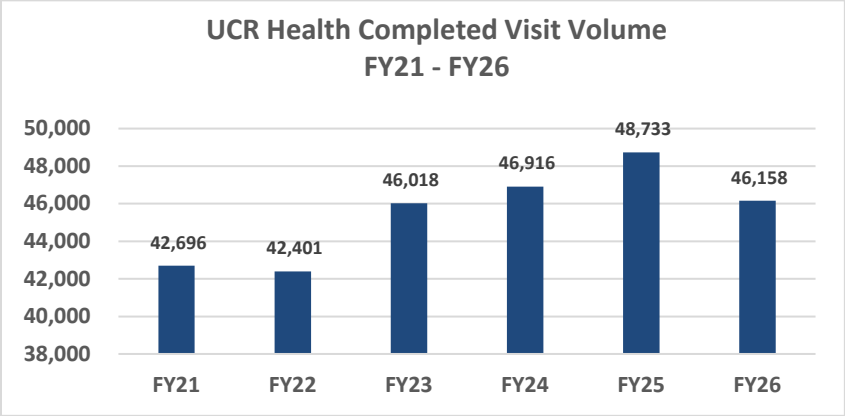
Building on this operational baseline, UCR Health embarked on targeted expansions to address severe subspecialty shortages in underserved areas across the Inland Empire:

- **Pediatric Care in the Coachella Valley:** In 2021, **UCR Health opened the La Quinta Pediatrics Clinic** to address a critical shortage of pediatricians in the Coachella Valley, bringing much-needed specialized pediatric care directly to local families.

- **Comprehensive Women's Health Services:** In collaboration with the Department of Obstetrics and Gynecology, then led by Department Chair Dr. Samar Nahas, UCR Health **dramatically expanded specialized women's services** to include urogynecology, minimally invasive gynecologic surgery, maternal-fetal medicine, and gynecologic oncology. By establishing these programs locally, UCR Health eliminated the need for patients to travel over an hour for tertiary gynecologic care, driving a sharp increase in clinical volume.

- **Cardiovascular Services:** In partnership with former Department Chair of Medicine Dr. Ramdas Pai, **UCR Health broadened its cardiovascular suite** to offer advanced diagnostic capabilities, including echocardiography, stress testing, stress echocardiography, and Zio patch continuous monitoring.

The UCR Health clinic volume has increased by 8.1% from FY21 to FY26, with an average annual change of ~2%.



Despite the operational disruptions of the COVID-19 pandemic, limited startup capital, and financial constraints, UCR Health achieved consistent year-over-year clinical volume growth from 2021 through 2025. Faculty attrition accounts for the decrease in volume in 2026, however several clinicians have been hired over the past few months.

Stabilization, Strategic Planning, and UC System Alignment

In late 2021, Chancellor Kim Wilcox charged SOM leadership with reinvigorating strategies to stabilize UCR Health, expand its clinical network, and assess the feasibility of a UCR Academic Medical Center. Supported by dedicated stabilization funding from the State of California, the SOM engaged ECG Management Consultants to evaluate operational models and formulate expansion scenarios centered at Canyon Springs. **I lead monthly strategic planning meetings with Ms. Paula Purcell, lead representative for TDA**, to evaluate options for the Canyon Springs site.

Recognizing the necessity of systemwide collaboration, **SOM leadership engaged the Executive Vice President for UC Health, CEOs from all five UC medical centers, and UC Health leadership during a strategic planning convening at UCLA.** Subsequent presentations to the UC Regents Health Services Committee underscored UCR Health's regional importance and the necessity of state-supported expansion.

This momentum gained executive support across the University of California system:

- Former UC President Dr. Michael Drake prioritized the stabilization and expansion of UCR Health, incorporating its advancement into the formal charge for incoming UC Health leadership.
- Upon his appointment as Executive Vice President for UC Health, Dr. David Rubin was charged with advancing the UCR Health expansion framework.
- The UC Regents formed a dedicated task force comprising leadership from multiple UC campuses and medical centers to collaborate with UCR.
- **In 2023, Tim Collins was appointed Chief Executive Officer of UCR Health** and tasked with advancing consultations with ECG and TDA.

These efforts culminated in **full approval from the UC Regents**, leading to the official public **announcement of the UCR Health Clinical Expansion Plan in June 2025.**

The UCR Health Clinical Expansion Plan

Approved by the UC Regents, the comprehensive expansion plan led by CEO Tim Collins encompasses six strategic pillars:

1. **Ambulatory Network Expansion:** Broadening UCR Health's primary and specialty clinic footprint across Inland Southern California.

2. **Managed Care Network Development:** Building structured managed care capabilities to support population health management.

3. **Clinically Integrated Network (CIN):** Establishing a CIN model to align academic faculty and community providers around unified quality and performance metrics.

4. **Specialty Ambulatory Center (SAC):** Designing a state-of-the-art facility for outpatient surgical and subspecialty procedures.

5. **Canyon Springs Health Sciences Campus:** Developing a dedicated UCR Health Sciences campus at Canyon Springs.

6. **Hospital Acquisition & Development:** Pursuing acute care hospital development or strategic acquisition to anchor the academic health system.

To ensure alignment across the academic medical center, **SOM leadership fully integrated clinical department chairs into the expansion strategy through the Dean's Council and Council of Chairs.** This collaborative governance model solicited chair input on clinical faculty hiring, streamlined operational processes, established transparent communication channels, and fostered shared problem-solving.

Recent Key Operational & Strategic Accomplishments

Through these combined strategic and administrative efforts, UCR Health has achieved several major operational milestones:

- **Corona Clinic Expansion:** Secured a new ambulatory clinic site in Corona, California, scheduled to open in late Fall 2026.

- **Blue and Gold HMO Agreement:** Successfully negotiated and secured signed contract rates in December 2025, alongside network adequacy approval from Health Net.

- **Specialty Ambulatory Center Joint Venture:** Refined the SAC model and established a joint venture framework with a sister UC campus.

- **Access & Revenue Cycle Optimization:** Enhanced current clinic operations by expanding online scheduling access, improving appointment timeliness, and scaling telepsychiatry. Simultaneously, UCR Health overhauled revenue cycle operations to reduce days in accounts receivable, decrease claims denials, and drive overall revenue growth.

Through deliberate leadership, state support, UC system alignment, and robust faculty collaboration, UCR Health has established a sustainable foundation to expand access, train future physicians, and deliver specialized healthcare throughout Inland Southern California.

Goal: Stewarding the Use of State Appropriations to Stabilize Clinical Enterprise

The inclusion of a $35M one-time funding allocation in the Budget Act of 2021—earmarked specifically as $25M for general clinical expansion and $10M for acute care teaching hospital exploration—was a pivotal moment for the SOM and met with immense enthusiasm by our leadership team. At that critical juncture, our clinical enterprise, including UCR Health, were facing profound financial headwinds and structural solvency challenges. Recognizing the weight of this responsibility, I knew these funds could not merely be absorbed into day-to-day operations. Rather, they required rigorous, intentional strategic stewardship to honor the State's mandated intent while turning the tide on our financial performance.

To achieve this, **I rapidly established the State Funds Task Committee**, bringing together key institutional stakeholders to design a comprehensive evaluation framework. Over an intensive six-month period, the committee focused on four core deliverables:

- Establishing overarching governing principles for fund allocation and accountability
- Assessing critical strategic priorities to separate immediate triage needs (stemming financial losses) from longer-term aspirations
- Filtering out well-intentioned strategies that were ultimately unfeasible given the finite pool of capital
- Formulating and presenting final, data-driven funding recommendations to the SOM Dean's Council

Through this deliberate process, we established a sustainable multi-year spend-down budget with a utilization rate of approximately $4.5M per year dedicated to strengthening clinical programs, funding high-potential new initiatives, and subsidizing overhead costs driven by acute performance challenges.

These resources served as an indispensable lifeline, curbing UCR Health's annual structural deficit while protecting maximum-ROI growth strategies and facilitating the ongoing exploration of our teaching hospital partnership as mandated by the State.

As of FY26, the operational allocation has been fully realized, while the remaining hospital exploration funds are actively deployed through FY27 to fulfill our long-term vision.

Separation of UCR Health to further improve transparency and accountability measures

Structural separations between a university health system (UCR Health) and its academic governing body (UCR SOM) are typically designed to optimize clinical operations, risk management, billing efficiency, and healthcare system governance while preserving the shared academic and community mission. As such, under the direction of Chancellor Wilcox, we partnered to develop a plan that would create a clear

delineation between – UCR Health and UCR SOM, while preserving the mutual commitment to support our physicians and deliver patient care. Below are the underlying initial objectives.

Strategic Objectives of Organizational Separation

- **Operational Agility & Governance:** Establishing clear structural boundaries allows the clinical entity to operate with the flexibility and speed needed in a competitive healthcare market—managing practice operations, contracting, and clinical staffing independently from academic administrative processes.

- **Financial Oversight & Risk Mitigation:** Separating UCR Health into its own ORG by delineating clinical revenues, billing enterprise operations, and operational liability protects academic tuition and state research budgets while ensuring standard clinical financial models.

- **Healthcare Partner & Health Plan Contracting:** Independent organizational structures streamline negotiations, risk-sharing agreements, and managed care contracts across regional health systems, independent practice associations (IPAs), and insurance networks.

- **Alignment with Academic Mission:** Clear organizational division ensures UCR SOM maintains direct focus on medical student instruction, biomedical research, and residency oversight, while UCR Health manages patient-facing clinic networks and ambulatory delivery platforms.

During this important expansion and growth phase of UCR Health, we recognized the importance of continued support from the SOM in providing key services to UCR Health. This cost-effective approach mitigated the need for UCR Health to develop costly service lines during its growth phase. **The SOM developed a Memorandum of Understanding with UCR Health** to provide support in the following areas:

- Contract Administration
- Compliance
- Controller's Office and Finance
- Business Operations
- Human Resources
- Business Analytics
- Facilities
- Strategic Initiatives
- Academic Affairs

Goal: Lead UCR Campus COVID Management

The SOM and UCR Health assumed a prominent leadership role during the pandemic and served as a resource to the UCR campus across multiple domains. **Former Chancellor Wilcox appointed me as the Vice-Chancellor Lead for COVID Management for the UCR campus.** The SOM created a structure for UCR to manage various aspects of COVID-19 under the auspices of COVID Management Team. **The committees formed included: COVID Management, Public Health, Employee Health, Testing, and Student Health.** The **COVID-19 Management Team** led by Linda Roney was the centralized campus team responsible for developing guidance and recommendations for departmental groups, as well as for continuity teams to utilize as the frame of reference and support to establish operational processes and procedures. This

included, but was not limited to the Daily Wellness Survey, consultation and guidance on exposures/symptoms/travel, conducting case investigations, managing outbreaks, COVID-19 testing, vaccine distribution, vaccine compliance, AB-685 Notifications, SB-1159 Notifications, public health guidance, and student health.

The **Exposure Management Investigation Team (EMIT)** led by Linda Roney acted on behalf of the **COVID-19 Management Continuity Committee** (led by Christine Victorino, PhD, and Linda Roney) served to ensure the UCR campus met federal, state, and local compliance procedures. EMIT was also responsible for oversight of positive cases that impacted departmental operations, including building notifications, union communications, assessing potential infection risks, and acting as a liaison to the Public Health division of the Riverside University Health System.

The Student Health Committee led by Drs. Denise Woods and Ken Han, as well as Danielle Bowers, had oversight to ensure that the campus community had protocols in place for students to remain safe through the coordination of student testing, health safety and prevention education, compliance related to the COVID-19 mandate (in addition to the flu vaccine mandate and other mandatory immunizations), and providing quarantine/isolation spaces for students living in on-campus housing and the resources related to that process.

The **Employee Health Committee** led by Dr. Don Larsen (former CEO UCR Health) and Katherine Hansen (former Chief Operating Officer-UCR Health) developed the wellness survey and worked with partners in Human Resource to facilitate employee return to work after quarantine.

The **Vaccine Management Committee**, led by Andres Gonzalez, MD (former CMO UCR Health), had oversight for the campus vaccinations, including COVID-19 and Influenza. The committee's scope included, but was not limited to, communications for where to receive a vaccine, why it was important to be vaccinated, policy-related processes, etc.

The **Testing Committee**, led by Drs. Rodolfo Torres and me, had oversight for campus testing protocols and procedures, including surveillance testing, symptomatic testing, exposure testing, as well as provided oversight for the **UCR COVID-19 Testing Lab** established by Katherine Borkovich, PhD, and Isgouhi Kaloshian, PhD.

The **Public Health Committee** led by Asma Jafri, MD (former Chair-Dept of Family Medicine), and Nate McLaughlin, MD, along with Linda Reimann, had oversight of advising on the Centers for Disease Control (CDC), California Department of Public Health (CDPH), and Riverside County Department of Public Health (RDPH) guidelines for aspects related to COVID-19, inclusive but was not limited to approvals of return to campus protocols (classrooms, research and creative spaces, campus buildings, dining halls, etc.).

The COVID-19 Management structure was implemented soon after the stay-at-home order was initiated for Riverside County and the teams continued to work collaboratively to ensure a safe and healthy place for learning and working on the UCR campus. To ensure continuity and input from the SOM, a SOM faculty member was assigned to serve on all other campus committees related to COVID-19. UCR Health led by then CEO Dr. Don Larsen played an integral role in the vaccine administration and successfully administered thousands of vaccine doses to UCR employees while providing care for patients. In my roles as Vice Chancellor Lead for COVID Management, I worked closely with the COVID management committees and served on the Chancellor's Executive Cabinet where high-level decisions related to the

pandemic were made. Near the end of the pandemic, some of the COVID management was transitioned to campus leadership namely Gerry Bomotti, former Vice Chancellor for Finance and Planning.

Goal: Promote Diversity, Equity and Inclusion throughout the School of Medicine

Over the past five years, I have worked to ensure that **diversity, equity, and inclusion** are not treated as a separate initiative at the UCR SOM, but as **fundamental components of how we fulfill our mission**. Our mission calls upon us to improve the health of Californians—particularly the people of Inland Southern California—by training a diverse workforce of physicians, biomedical scientists, and public health professionals and developing innovative research and healthcare delivery programs that improve the health of medically underserved communities. Our commitment to diversity is therefore inseparable from our commitments to educational excellence, workforce development, research, community engagement, and equitable access to care. The SOM's formal diversity statement similarly recognizes that diversity among students, faculty, and staff contributes to academic excellence. We identify regional ties, socioeconomic and educational disadvantage, first-generation status, experience with limited access to healthcare, language, and other lived experiences as important dimensions of diversity aligned with our mission.

We reinforced this mission through a set of **SOM values—inclusion, integrity, innovation, excellence, accountability, and respect**—developed through a collaborative process involving SOM stakeholders. Inclusion is explicitly defined as embracing diversity in its broadest sense and appreciating all points of view. These values provide an important framework for how we recruit and educate students, hire and develop employees, engage with communities, and make institutional decisions.

Importantly, this work has increasingly moved from aspiration to institutional strategy. Our 2024–2030 Strategic Plan maintains recruitment of mission-aligned students as a core educational strategy, emphasizes community building and employee engagement, and establishes a specific institutional imperative to develop a strategic plan to advance diversity, equity, and inclusion.

Building Institutional Leadership and Accountability

One of my priorities has been to establish leadership structures that embed equity into the operations of the SOM. **In 2021, I appointed Takesha Cooper, MD, and Brandon Brown, PhD, as Equity Advisors** to collaborate with and advise SOM leaders on best practices in recruitment and retention, discrimination and bullying concerns, anti-racism, and other issues related to equity and inclusion. The Equity Advisors also became resources for faculty, staff, and students.

Their work included developing the Equity Advisor website; holding regular office hours and individual consultations; conducting implicit-bias and school-wide trainings; assisting department chairs with development of diversity goals; helping collect and evaluate faculty, student, and staff diversity data; participating in leadership discussions; contributing to the SOM student survey on inclusivity; working with Human Resources to strengthen faculty and staff exit-interview questions; and participating in leadership searches in coordination with university affirmative-action processes. This model was designed to move equity considerations upstream into recruitment, leadership decision-making, organizational climate, and employee retention rather than addressing them only after concerns emerged.

This work was built upon the SOM Diversity, Equity, and Inclusion Committee, which I established in November 2020 to identify tools and strategies to advance DEI throughout the SOM. By 2022, the

committee had expanded its work to include the **Inaugural SOM DEI Colloquium**, providing an institutional forum for examining health disparities, inclusion, and equity.

We further strengthened this infrastructure in **2023 with the recruitment of Denise Martinez, MD, as Associate Dean for Diversity, Equity, and Inclusion**. Dr. Martinez brought extensive experience in academic medicine, health parity, culturally responsive healthcare, and institutional DEI leadership. Her appointment provided dedicated senior leadership for coordinating this work across the school's education, faculty, workforce, and community missions. **In 2026, Dr. Martinez was selected for the prestigious Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) program, providing additional national leadership development and visibility for this work.**

Recruiting a Student Body That Reflects Our Mission

Perhaps the clearest demonstration of our commitment is the composition of our students. We have deliberately developed a holistic, mission-based approach to recruitment and admissions that considers not simply traditional academic metrics but the experiences and attributes most relevant to our responsibility to Inland Southern California. These include ties to the Inland Empire, growing up in medically underserved communities, socioeconomic or educational disadvantage, first-generation college status, language and cultural experiences, and a demonstrated commitment to serving communities with limited access to healthcare.

The results are significant. The **MD Class of 2029** entered UCR SOM with **90% of students having ties to the Inland Empire, 60% having grown up in medically underserved regions, 51% coming from economically disadvantaged backgrounds, 40% being first-generation college students, and 40% being underrepresented in medicine (URM)**. Across the medical school, UCR currently reports 394 MD students, 40% of whom are underrepresented in medicine, 52.5% socioeconomically or educationally disadvantaged, and 36.8% first-generation college students.

These outcomes represent sustained progress rather than a single entering class. For example, **the FY25 entering class was 53% URM, 41% first-generation, and 80% had Inland Empire ties.** In **2024, U.S. News & World Report ranked UCR SOM seventh nationally for medical school diversity and second among University of California medical schools.** UCR SOM had ranked fifth nationally the previous year.

These numbers matter because our objective is not diversity for its own sake; it is to create a physician workforce more capable of understanding and serving the communities of Inland Southern California.

Building the Pipeline Before Medical School

Equity also requires addressing disparities in opportunity long before students submit a medical school application. For this reason, our Pathway Programs remain one of the most important components of our workforce strategy.

During the **2023–24 academic year** alone, under the leadership of Dr. Daniel Teraguchi, Executive Associate Dean for Student Affairs, and Teresa Cofield, Director of Pathway Programs, **2,394 premedical and K–12 students participated in SOM Pathway Programs, with 91 Pathway participants having matriculated at UCR SOM by that point**. The portfolio has continued to grow and now encompasses programs serving students at multiple educational stages.

A particularly important recent addition is **the California Medicine Scholars Program (CMSP). Established in 2022,** the program is designed to develop homegrown physicians by supporting community-college students, many of whom are first-generation or from working-class backgrounds. **UCR SOM's program works with nine community-college partners in and around the Inland Empire** and supports students as they transfer to UCR or California State University, San Bernardino and prepare for medical school.

These efforts complement longstanding programs such as Future Physician Leaders, the Medical Scholars Program, FastStart, JumpStart, the Premedical Postbaccalaureate Program, and the Thomas Haider Program. **Together, these initiatives address educational opportunity as a continuum**: cultivating interest, providing mentorship and academic preparation, reducing barriers to entry, and ultimately helping talented students from our region become competitive applicants for medicine and the health sciences.

Extending Diversity Across Biomedical Sciences, Public Health, and GME

Our commitment extends beyond the MD program. Under the leadership of Dr. Monica Carson, Chair of the Division of Biomedical Sciences **51% of students in the MS in Biomedical Sciences program are URM, including 44% who identify as Hispanic/Latino and 7% as Black/African American, while 44% of the PhD in Biomedical Sciences cohort identifies as Hispanic/Latino**. The entering **2026 MPH class is 87% female, 71.2% Hispanic/Latino, and 64% first-generation college graduates.**

Graduate Medical Education is another critical part of this strategy because residency location strongly influences where physicians ultimately establish their practices. UCR SOM has expanded GME to approximately 134 residents and fellows. Our current internal data indicate that approximately 20% of residents and fellows identify as Black/African American or Hispanic/Latino.

Importantly, we are seeing evidence that our educational strategy is **contributing to regional workforce development.** Our internal five-year data indicate that approximately **37% of SOM MD graduates are matching into Inland Empire residency programs**, while overall MD match rates have remained between approximately 96% and 98%. The **Class of 2025**, for example, achieved a **98.6% residency placement rate, with 76% remaining in Southern California**. Among graduates of our own GME programs, approximately 47% have chosen to practice in the Inland Empire after completing training.

PRIME: Preparing Physicians to Serve African, Black, and Caribbean Communities

In 2022, we expanded our mission-focused educational portfolio by **launching the Program in Medical Education for African, Black, and Caribbean communities (PRIME-ABC) under the leadership of Dr. Adwoa Osei and in partnership with UC Irvine's LEAD-ABC PRIME program**. Beginning with the Class of 2026, the program was designed to admit six students annually and provide mentorship, sponsorship, coaching, and specialized training focused on the healthcare priorities of African, Black, and Caribbean communities in Inland Southern California.

PRIME-ABC has grown into an important expression of the school's community-based educational model. **In 2026, that work gained broader community visibility through an exhibition at the Civil Rights Institute of Inland Southern California highlighting PRIME-ABC and the history and contributions of Black physicians to healthcare in the Inland Empire.**

This work illustrates an important principle underlying our approach to diversity, equity and inclusion: representation is most meaningful when it is connected to education, mentorship, community history,

patient needs, and long-term workforce development.

Embedding Health Equity in the Curriculum

We have also worked to ensure that students learn how inequities arise and how physicians can respond to them. Equity is therefore incorporated into what our students learn, not simply who we recruit.

The **SOM's Health Equity, Social Justice, and Anti-Racism (HESJAR) curriculum** has been an important component of this work. UCR SOM's published materials identify **HESJAR, the Designated Emphasis in Medical Spanish (HABLAMoS) under the Directorship of Dr. Ann Cheney**, and PRIME as signature educational initiatives contributing to the school's diversity mission. **Dr. Adwoa Osei has directed the HESJAR curriculum since 2020.**

With the development of the new EVOLVE curriculum, we have built upon this foundation by integrating HESJAR longitudinally throughout medical education. **This approach is intended to prepare future physicians to understand structural and social determinants of health, recognize inequities within healthcare systems, and provide culturally responsive care.**

The SOM Office of Diversity, Equity and Inclusion has also initiated review and enhancement of the **LGBTQ+ Health curriculum thread and incorporated DEI content into the Professional Identity Formation course series**. Together with medical Spanish education and community-based clinical experiences, these efforts broaden our definition of physician competence to include understanding the social, cultural, structural, and linguistic contexts in which patients experience health and healthcare.

Recruiting and Retaining a Mission-Aligned Faculty

Our ability to educate a diverse physician workforce also depends upon building a faculty that understands and reflects the communities we serve. Working with Human Resources **under the leadership of Sylvia Vasquez**, the SOM has employed broad and innovative recruitment approaches intended to reach diverse applicant pools, including advertising through professional organizations and platforms focused on women, Latino and Black professionals, diversity in academic medicine, and other historically underrepresented populations.

Our internal faculty data demonstrate the broader dimensions of diversity that are important to our mission. **Among approximately 400 core faculty, 49% have Inland Empire ties or grew up in underserved areas, 43% speak English as a second language, 38% come from disadvantaged backgrounds, and 22% are first-generation college graduates**. Among 116 full-time salaried faculty, 21% identify as Hispanic/Latino or Black/African American, and salaried faculty are approximately 48% women and 52% men.

One of our most significant recent investments in faculty recruitment and retention is **THRIVE—Transformative Hiring for Representation, InclusiVity, and Excellence.** Supported by a $550,000 University of California Office of the President Advancing Faculty Diversity grant, **THRIVE supports five early-career UCR Health Sciences Clinical faculty members** with 10% protected research time, mentorship, and institutional support to pursue projects in health equity research, clinical education, and community outreach. The three-year program was **developed by Drs. Iryna Ethell and Denise Martinez** to strengthen both mission-aligned recruitment and retention.

THRIVE represents an evolution in our strategy: rather than focusing solely on whom we recruit, we are creating the conditions necessary for talented faculty to remain, develop academically, conduct meaningful research, and advance within the institution.

Staff and Leadership Diversity

Our commitment to inclusion extends throughout the workforce. In FY26, the SOM employed approximately **483 staff members, of whom 61% are women**. Based on internal demographic data, our staff workforce is approximately **31% Latinx, 31% White, 24% Asian, and 8% Black/African American, with approximately 6% unreported.**

We also increasingly assess diversity beyond conventional demographic categories. **Among senior administrators, approximately 44% report disadvantaged backgrounds, 33% are first-generation college graduates, and 25% have regional ties.** This broader approach reflects our institutional diversity statement, which explicitly recognizes socioeconomic background, first-generation educational experiences, regional and medically underserved community ties, and other lived experiences as relevant to the diversity and effectiveness of our academic community.

We have reinforced these values through institutional recognition as well. The **SOM's Values in Action Awards** recognize members of our community who exemplify inclusion, integrity, innovation, excellence, accountability, and respect, and the school also recognizes faculty and staff contributions specifically related to diversity, equity, and inclusion.

Building Belonging Through Community and Institutional Programming

Creating a diverse institution also requires creating an environment in which people feel they belong. Over the past five years, the SOM has expanded programming intended to build understanding, connection, and dialogue among faculty, staff, students, trainees, and community members.

The DEI Colloquium, launched in 2022, began with Congressman and physician Raul Ruiz, MD, MPH, MPP, addressing DEI and healthcare in our region. In 2024, the **Colloquium was renamed the J.W. Vines Diversity, Equity and Inclusion Colloquium**, creating a permanent institutional recognition of the J.W. Vines Medical Society and its historic contributions to framing the mission of UCR SOM and to healthcare in Inland Southern California.

The SOM's Office of Diversity, Equity and Inclusion also expanded cultural and community programming. In **February 2026, more than 200 students, faculty, staff, and guests attended a Black History Month keynote by Inland Empire native Gabrielle Pina, DO, FAAP, co-director of our HESJAR thread**. The program was held in partnership with UCR African Student Programs.

In March 2026, **the DEI Office partnered with UCR's Middle Eastern Student Center** for the second annual Community Iftar Potluck, bringing together **more than 175 members of the UCR Muslim community** and guests for an evening centered on fellowship, reflection, and community.

The SOM has similarly institutionalized **National Latino Physician Day programming**. The 2024 celebration highlighted the importance of increasing Latino physician representation and the value of language and cultural concordance in patient care. In 2025, we further demonstrated our commitment by hosting the **41st annual Latino Medical Student Association-West Regional Conference, drawing approximately 700 attendees—reported as the largest LMSA-West regional conference to date**—and bringing students and

physicians together around the theme *Cultivando Comunidad: Seeds of Justice in Healthcare*.

Our **annual Celebration of Women in Medicine and Science** has likewise become an important forum for mentorship, leadership development, sponsorship, representation, and discussion of barriers affecting women in academic medicine. Recent programs have focused particularly on supporting women of color into leadership and on women's roles as agents of change in medicine and science.

Diversity as a Research and Health Equity Strategy

Our DEI commitment is also increasingly connected to research. **THRIVE** deliberately links faculty development and retention with health-equity research, allowing participating clinicians to investigate disparities, clinical education, and community-based health priorities.

More broadly, this approach reflects our institutional mission: diversity among researchers and clinicians strengthens our capacity to ask questions that matter to our communities and to translate findings into better care. It also creates opportunities to integrate community engagement, population health, clinical research, and workforce development rather than treating them as separate missions.

This is especially important for a community-based medical school. Our research and clinical programs operate within one of the nation's most diverse regions, where substantial physician shortages, socioeconomic disparities, linguistic diversity, and uneven access to specialty and primary care intersect. Building teams that understand these communities is therefore both an equity strategy and an institutional effectiveness strategy.

From Representation to Regional Impact

Ultimately, our goal is not simply to produce demographic diversity within the walls of the medical school. It is to translate educational opportunity and representation into better health for Inland Southern California.

That is why we track regional ties at admission, participation in pathway programs, residency placement, and eventual practice location. It is also why we invest in programs specifically designed around the needs of populations within our region. UCR SOM was established to address the shortage of healthcare professionals in Inland Southern California, and this regional responsibility remains central to our identity.

The connection between representation and regional service is becoming increasingly visible. Students frequently describe choosing UCR because they want to return care to communities that shaped them. The **Class of 2029, for example, entered with 90% having Inland Empire ties, and students have publicly described their aspirations to increase physician representation while addressing shortages in their home communities.**

Our pathway strategy extends this philosophy even further upstream. Programs such as **the California Medicine Scholars Program** deliberately identify talent within local community colleges and create pathways into four-year institutions and ultimately medical school. In this way, diversity, workforce development, educational access, and regional health improvement become parts of a single continuum.

National Recognition and Leadership

Our progress has earned national recognition. **UCR SOM ranked No. 5 nationally for medical school diversity in 2023 and No. 7 in 2024**, placing us among the country's leading medical schools in this area. Our **pathway programs** have also received national recognition, including an **INSIGHT Into Diversity Inspiring Programs in STEM Award.**

At the same time, our faculty and leaders are contributing to broader conversations about equity in academic medicine. **In 2024, UCR SOM hosted the AAMC Western Group on Educational Affairs** conference, where **Dr. Martinez delivered a plenary presentation on California's model for advancing diversity in a changing legislative environment**. Hosting regional and national organizations such as WGEA and LMSA-West has allowed us not only to learn from colleagues elsewhere, but also to share UCR's community-based model with the broader academic medicine community.

Looking Forward

Over these five years, we have made substantial progress in moving diversity, equity, and inclusion from a set of programs to an institutional framework that connects who we recruit, how we educate, what we research, whom we hire and develop, how we engage our communities, and ultimately whom we serve.

Our accomplishments are measurable: approximately 40% of our MD students are underrepresented in medicine; more than half come from socioeconomically or educationally disadvantaged backgrounds; more than one-third are first-generation college students; the Class of 2029 has 90% Inland Empire ties; our Pathway Programs have reached thousands of aspiring health professionals; PRIME-ABC has created a focused educational pathway addressing the needs of African, Black, and Caribbean communities; THRIVE is connecting faculty recruitment and retention to health-equity research; and our community and educational programs are creating sustained opportunities for dialogue, mentorship, representation, and belonging.

The next phase of this work must focus increasingly on outcomes and accountability. Representation remains important, and we must also understand whether students, residents, faculty, and staff experience genuine inclusion and opportunity; whether we are retaining and advancing the people we recruit; whether curricular investments translate into more equitable clinical practice; whether our research addresses the most consequential disparities in our communities; and whether our graduates ultimately remain in Inland Southern California and improve access to care.

The strength of UCR SOM is that this work is not peripheral to our mission—it is our mission. We were created to build a workforce capable of serving a diverse and historically underserved region. By developing pathways into medicine, recruiting students and employees whose experiences reflect our communities, embedding health equity throughout education, investing in faculty recruitment and retention, and maintaining meaningful partnerships with the communities we serve, we are building an academic medical enterprise in which diversity and inclusion are directly connected to educational excellence, workforce development, research impact, and better health.

That is the standard by which I believe our progress should ultimately be measured: not only by who is represented within the SOM, but also by whether our collective work expands opportunity, strengthens our institution, grows the Inland Empire's healthcare workforce, and improves the health of the communities we were created to serve.

Goal: Enhance Office of Academic Affairs, Faculty Development, and Staff Professional Development

Over the past five years, I collaborated with Drs. Iryna Ethell, Associate Dean for Academic Affairs, Rosemary Tyrrell, Director of Faculty Development, and Sylvia Vasquez, Director of SOM Human Resources to elevate, expand and promote excellence in academic affairs, faculty development and staff professional development in the SOM.

Office of Academic Affairs: Accomplishments and Impact (2021-2026)

The UCR SOM Office of Academic Affairs (OAA) has significantly expanded its impact across faculty recruitment, appointments, promotions, retention, faculty development, operational excellence, and community engagement. Guided by the SOM's strategic priorities, OAA has transformed its services and infrastructure to support a growing and increasingly complex academic enterprise while advancing diversity, faculty success, and organizational effectiveness.

Expanding the Foundation

Beginning in FY2022, OAA focused on strengthening faculty support systems and modernizing core operations. **The office collaborated closely with the Office of Faculty Development to expand workshops, new faculty orientation programs, mentoring activities, and leadership development opportunities. During the year, OAA delivered Merit and Promotion workshops, New Faculty Orientation, Culture in Academic Medicine sessions, Leadership Series programming, mentoring activities, and clinical site visits, establishing a sustainable faculty development framework that continues today.** Faculty participation was tracked for accreditation and assessment purposes, and feedback mechanisms were introduced to continuously improve programming.

The OAA also completed its **transition to Microsoft Teams and cloud-based collaboration tools**, improving document access, reducing redundant communications, and creating a more streamlined environment for faculty and staff. Simultaneously, **the Workflow Collaboration Group was established as a cross-functional venue for developing and standardizing processes across the SOM**. Early initiatives included staff physician appointment workflows, stipend processes, faculty renewal timelines, and reporting mechanisms that laid the groundwork for future process improvements.

OAA also advanced compliance and governance efforts through **implementation of improved Outside Activities Tracking System (OATS) processes.** Annual certification **compliance reached 98%,** and delegated approval authority reduced Category I outside activity approval times from approximately three months to one month, significantly improving service to faculty.

Expanding Faculty Engagement and Strategic Partnerships:

In FY2023, OAA expanded beyond internal faculty development activities **to build stronger relationships with affiliated clinical and community-based faculty**. Outreach programs and clinical site visits were launched to strengthen engagement with volunteer faculty and regional clinical partners, creating stronger connections between community physicians and the SOM's educational mission.

The office also increased focus on faculty diversity and mission-driven recruitment. By collecting mission-based demographic data during onboarding, OAA established baseline diversity metrics and began actively tracking faculty representation among individuals from disadvantaged backgrounds, first-generation

college graduates, those with ties to medically underserved communities, and multilingual faculty populations. These efforts provided actionable data that informed recruitment and retention strategies moving forward.

Operationally, OAA led numerous workflow redesign efforts, including **standardizing administrative compensation processes, faculty appointment procedures, renewal systems, faculty recruitment workflows, outside income reporting processes, and faculty advancement timelines**. The office also strengthened faculty recognition efforts through expanded oversight of SOM awards recognizing excellence in teaching, research, service, mentoring, diversity, and clinical care.

Scaling Services and Improving Faculty Success:

During FY2024, in collaboration with Office of Faculty Development and DEI, OAA significantly expanded its programming and operational capacity in response to growing faculty populations and increasing institutional demand. Participation in faculty development programs continued to grow (**Table 1**), with Merit and Promotion workshops reaching nearly 60 participants, New Faculty Orientation attendance increasing substantially, and mentoring and professional development programs, including visits to clinical sites and attracting larger and more diverse audiences.

Table 1. Participation in Faculty development programs

Fiscal Year	No. of Events	Fellow	Resident	Student	Faculty	Staff/Other	Total
2021-2022	100	99	61	66	821	699	**1746**
2022-2023	69	48	65	25	609	233	**980**
2023-2024	63	29	176	32	575	392	**1204**
2024-2025	119	30	142	1782	1077	1520	**4551**
2025-2026	143	20	257	2265	792	1373	**4707**

The office strengthened efforts to recruit and retain faculty whose experiences align with the SOM's mission. Among new faculty hired during FY2024:

- 39% came from disadvantaged backgrounds.
- 44% spoke English as a second language.
- 22% were first-generation college graduates.
- 48% had ties to the Inland Empire or medically underserved communities.

Under the leadership of Drs. Denise Martinez, Associate Dean for Diversity, Equity, and Inclusion and Iryna Ethell, Associate Dean for Academic Affairs, OAA also implemented the THRIVE Program initiative supporting health disparities research by providing protected research time to Health Sciences Clinical faculty. At the same time, the office increased support for students, residents, fellows, and alumni pursuing academic careers through presentations, mentoring initiatives, and faculty pathway programs.

Perhaps **most significantly, FY2024 marked the beginning of a major modernization effort through acquisition and implementation of the DynaFile faculty records management system**. This initiative addressed longstanding challenges associated with maintaining records for a rapidly growing faculty

population and established the foundation for enterprise-wide faculty information management.

Transforming Operations and Managing Rapid Growth:

FY2025 represented a transformational year for the office. **OAA completed the migration of approximately 1,619 faculty records into DynaFile,** including both core and community-based faculty populations. The **new system became a shared institutional resource** supporting Undergraduate Medical Education, Graduate Medical Education, Student Affairs, and academic departments, substantially improving compliance, document accessibility, and operational efficiency.

The office also experienced dramatic growth in faculty activity, including new faculty appointments (**Table 2**) and merit/promotions of existing faculty (**Table 3**).

Table 2. New Faculty Appointments

Category	Action	FY22	FY23	FY24	FY25	FY26
Recruitments	Core Faculty (Paid) - Appointment	16	16	21	14	10
	Core Faculty (WOS) - Appointment	25	34	22	24	23
	Volunteer Faculty - Appointment	273	205	143	210	270
	Lab personnel - Appointment	24	8	26	16	19

Table 3. Faculty Merits and Promotions

Category	Action	FY22	FY23	FY24	FY25	FY26
Merit and Promotions	Core Faculty - Merit	79	51	60	51	66
	Core Faculty - Promotion	15	21	18	21	27
	Volunteer - 5-year Review	92	142	205	307	311
	Volunteer – 10-year Promotion	NA	NA	14	3	28
	Lab personnel - Merit/Promotion	6	11	4	7	7

The office experienced dramatic growth in volunteer faculty actions. In FY26 OAA processed **609 volunteer community-based appointments or review/promotion files**.

Despite managing these increasing workloads, OAA continued implementing process improvements, including standardizing Letters of Intent, Temporary Negotiated Salary procedures, emeritus appointment workflows, and faculty recruitment processes. The office also facilitated quarterly collaboration meetings that improved coordination across departments and administrative units.

At the same time, OAA continued strengthening SOM's pathways by engaging residents, medical students, and alumni interested in academic medicine. **By FY25, the School reported 44 SOM alumni, 34 residents and fellows, and 119 UCR alumni serving within faculty ranks, reflecting the success of long-term faculty pipeline efforts.**

Sustained Impact and Future Readiness:

By FY 2026, OAA had matured into a highly integrated strategic partner supporting faculty success across the entire academic lifecycle. **The office managed a faculty database exceeding 1,600 records**, maintained faculty development and mentoring programs, coordinated institutional awards programs, facilitated hundreds of appointment and promotion actions annually, and continued advancing initiatives supporting inclusive excellence, operational efficiency, and community engagement.

Over the five-year period, OAA successfully:

- Expanded faculty development programming and participation.
- Strengthened community-based faculty engagement and clinical partnerships.
- Built sustainable faculty mentorship and leadership development programs.
- Improved faculty advancement support and promotion preparation.
- Increased transparency and efficiency through standardized workflows.
- Achieved major operational modernization through implementation of DynaFile.
- Supported significant growth in faculty recruitment, appointments, and promotions.
- Advanced diversity, representation, and mission-aligned recruitment efforts.
- Strengthened academic pathways for residents, fellows, medical students, and alumni.
- Enhanced recognition of faculty achievement through expanded awards programs.

Collectively, these accomplishments have positioned the Office of Academic Affairs as a critical driver of faculty success and organizational effectiveness within the UCR SOM. **Through strategic leadership, process innovation, and a commitment to service excellence, OAA has helped build the infrastructure, partnerships, and faculty support systems necessary to sustain the SOM's continued growth and mission-driven impact.**

Office of Faculty Development: Five-Year Accomplishments Summary, 2021–2026

Over the past five years, under the leadership of Dr. Rosemary Tyrrell, Director of Faculty Development, the Office of Faculty Development (OFD) has evolved from a provider of individual programs into a comprehensive educational-development partner for the UCR SOM. **The OFD’s work now spans faculty and leadership development, teaching quality, accreditation, instructional design and technology, and educational innovation.** The result is not simply more programming, but stronger institutional capacity to support educators and the school’s broader educational mission.

Five-Year Reach: At a Glance

60 **TEA faculty graduates**	**87** **SAMHSA series attendees**	**~40** **teaching observations**
325 **Canvas course sites supported**	**450+** **educational videos produced**	**10 + 2** **fellows graduated + current**

Building Educator Capacity Across the School

OFD has established a more systematic portfolio of development opportunities for educators across career stages and teaching environments. **The Teaching Excellence Academy (TEA)** has become a signature longitudinal program across eight cohorts. Additional programming has included the Clinical Teaching Series, Resident-as-Teacher development, mentoring and preceptor development, and workshops on active learning, assessment and feedback, inclusive teaching, learner engagement, educational technology, difficult conversations, psychological safety, and bias in teaching and assessment.

Increasingly, OFD has designed programming in partnership with departments and institutional offices to address specific and emerging needs. **A six-session SAMHSA faculty development series addressed substance use disorder education.** Collaboration with the SOM Strategic Initiatives expanded the Celebration of Women in Medicine and Science, while work with Academic Affairs supported New Faculty Orientation, the Culture in Academic Medicine series, and the faculty mentoring program.

Strengthening Teaching Quality and Educational Excellence

OFD helped build the infrastructure needed to define, support, and improve teaching quality. Through the TEACH Team, OFD contributed to the development and implementation of SOM teaching competencies, creating a shared framework for effective teaching. **In 2023, OFD launched the Teaching Observation Program**, which provides confidential, developmental feedback through pre-observation consultation, teaching observation, and post-observation debriefing. OFD led the effort to establish evidence-based protocols and create the templates for the entire process.

This work extends beyond individual faculty development. OFD has contributed to the review and improvement of student evaluations of teaching and to broader processes related to faculty preparation and educational quality, helping the school approach teaching effectiveness more systematically. OFD has also supported accreditation work, including LCME Standard 9 and related instructional processes, in collaboration with UME, Assessment and Evaluation, curriculum leadership, departments, and clinical programs. **The school's most recent LCME accreditation resulted in all standards receiving satisfactory findings, an important institutional milestone supported by this collaborative educational infrastructure.**

Expanding Instructional Design, Technology, and Curriculum Support

OFD has substantially increased hands-on support for course design and educational technology. In addition to the Canvas and video-production activity highlighted above, the instructional design team developed 30 online modules using Articulate Storyline and provided more than 75 faculty and course consultations. Educational video production has supported the EVOLVE curriculum, course materials, faculty development, and other SOM units, including Admissions, LACE, and Scholarly Activities.

These services have extended OFD's role well beyond traditional workshops to include course and multimedia design, accessibility and Universal Design for Learning, and support for high-quality digital learning experiences. **OFD has also incorporated artificial intelligence into faculty development through workshops and Lunch & Learn programming** focused on practical uses of AI to improve efficiency and support academic work.

Developing Leaders, Advancing Inclusion, and Supporting Scholarship

OFD has strengthened leadership and professional-development pathways through the **Administrative Fellowship Program**. The program has expanded to **a 24-month model,** providing greater opportunities for cross-functional experience, mentorship, and professional growth within academic medicine.

Across its portfolio, OFD has emphasized inclusive, psychologically safe, and relationship-centered learning environments through programming on bias, difficult conversations, professionalism, learner support, and patient-initiated discrimination. At the same time, OFD has encouraged evidence-based teaching and educational scholarship by supporting faculty in evaluating, disseminating, and building upon their educational work. Each graduate of the Teaching Excellence Academy produces scholarly work and submits it for either publication or conference presentation. **In 2025, Dr. Rosemary Tyrrell, OFD Director co-authored a paper that received the prestigious Nancy Chick Paper of the Year Award from the International Society for the Scholarship of Teaching and Learning, providing national recognition for scholarship connected to this work.**

Taken together, these accomplishments demonstrate the maturation of OFD's role within the SOM. Over five years, OFD developed educators, strengthened systems for teaching quality, expanded the school's instructional-design and technology capacity, contributed to curriculum development, and supported a culture of inclusive, evidence-based, and innovative education. The next phase is an opportunity to deepen impact, strengthen evaluation, and continue aligning faculty development with the SOM's evolving educational priorities.

Human Resources and Employee Professional Development

Over the past five years, I collaborated with Sylvia Vasquez, Director of SOM Human Resources, and I made **a deliberate investment in the professional growth of our staff, aligned with our strategic commitment to developing and sustaining a highly skilled workforce capable of supporting an increasingly complex academic health enterprise.** As the SOM grew across its education, research, clinical, and community missions, we recognized that our institutional success depended not only on recruiting talented employees, but also on creating meaningful opportunities for them to build new skills, advance their careers, and develop as future leaders.

Toward that goal, we expanded professional development from primarily individual training opportunities into a broader portfolio of career-development resources. **These investments now include dedicated professional development funding, degree assistance, structured mentorship and career-track programs, leadership and cross-functional learning opportunities, and an Administrative Fellowship Program designed to cultivate the next generation of academic medicine administrators**. Together, these programs provide multiple pathways for employees at different career stages to strengthen their expertise, pursue educational goals, prepare for advancement, and build the capabilities the SOM will need for its continued growth.

This approach represents an important long-term investment in organizational capacity. By developing talent from within while creating pathways for emerging professionals to enter academic medicine, we are building a stronger administrative and leadership pipeline and ensuring that our workforce continues to evolve alongside the SOM's mission and strategic priorities.

Professional Development and Career Growth

Individual Learning and Development

We continued to provide staff with access to both university-based and external professional development opportunities. Among eligible employees, **186 staff members—approximately 86%—participated in non-mandatory learning through UCR's Learning Management System, completing 567 courses.** This participation reflects substantial staff investment in continuing education beyond required institutional training.

Item	LMS Courses	Outside Courses	No of eligible Staff
*No. of Courses taken	567	No. Eligible Emps for Prof Dev Reimb:	216
No of employees	186	No. Employee Utilized Benefit (up to $1,500)	83
**Percentage	86%	% of employees that utilized benefit	38%

**Does not include mandated required trainings; **Used the 216-career staff number to determine %*

The SOM has also historically provided eligible career staff with up to $1,500 annually for approved professional development expenses, including conferences, role-specific training, professional memberships, and other development opportunities. Of 216 eligible employees, 83 employees, or 38%, utilized this benefit. In response to the continued importance of professional development and staff advocacy for additional resources, the annual benefit increased to $1,750 per eligible employee beginning in FY2027.

Together, these resources provide employees with flexibility to pursue development that is relevant to their individual responsibilities and career goals while strengthening the specialized expertise available across the SOM.

Educational Advancement: Dollars for Degrees

The SOM participates in UCR's Dollars for Degrees program, providing eligible employees with up to $2,000 annually toward coursework in an accredited degree program. Participation has grown from eight employees in the program's first year to 16 participants in FY2027, demonstrating increasing interest among staff in pursuing formal educational advancement.

Importantly, **these investments are translating into completed degrees** and enhanced workforce capabilities. Since the program began, **14 SOM recipients have completed their degree programs**, including:

- 1 Bachelor of Arts degree
- 12 master's degrees
- 1 doctoral degree

Supporting employees in pursuing higher education benefits both the individual and the institution. Employees gain credentials and expertise that can support career advancement, while the SOM develops and retains professionals with increasingly sophisticated skills and knowledge.

Mentorship and Career Pathways

In 2024, under the leadership of Sylvia Vasquez, we **established the SOM Mentorship Program** to create structured opportunities for employees to learn from experienced colleagues, deepen their understanding of academic medicine administration, and prepare for continued career growth. Participants engage in mentoring relationships, capstone projects, open discussions, lunch-and-learns, and hands-on learning that connects professional development with the practical responsibilities of their career track.

The pilot program began with a single career pathway for Finance Administrative Officers, pairing five mentors with five mentees. Building on that foundation, **the program has expanded to four career tracks, currently supporting nine mentors and nine mentees across**:

- Finance Administration Officer
- Human Resources Analyst
- Sponsored Research and Program Analyst
- Compliance Analyst

This expansion represents an important evolution from providing professional development opportunities to creating more intentional career-development pathways within the SOM. By connecting employees with experienced mentors and providing structured exposure to the knowledge and competencies required for advancement, we are strengthening succession planning and developing talent for increasingly complex administrative roles.

Developing the Next Generation of Administrative Leaders

The SOM Administrative Fellowship Program complements our investment in existing staff by creating a pathway for master's-prepared, early-career professionals to develop the management and leadership skills necessary for careers in academic medicine. The Fellowship participants complete rotations across three SOM departments and gain hands-on experience through projects in areas such as strategic planning, budget analysis, program development, and process improvement.

The rotational experience is complemented by leadership development, mentoring, and professional networking, giving fellows both broad institutional exposure and practical experience working on priorities that advance the SOM mission. The program also contributes to the SOM's broader workforce-development strategy by cultivating a pipeline of future administrative leaders, with preference given to candidates with ties to the Inland Empire and a demonstrated commitment to the SOM's mission.

Building Institutional Capacity Through Our People

Collectively, these investments represent a shift toward a more comprehensive approach to employee development. **Staff can access individual training and professional development funding, pursue advanced degrees, participate in structured mentorship and career pathways, and develop leadership capabilities through experiential learning**. At the same time, the Administrative Fellowship Program creates an additional pipeline for bringing emerging talent into academic medicine.

These investments are ultimately investments in the future of the SOM. The SOM growth in size, scope, and complexity required strategic development of staff. By creating opportunities for staff to strengthen their skills, earn credentials, advance professionally, and prepare for leadership, we are building the workforce and institutional capacity necessary to advance our mission over the next five years and beyond.

Goal: Enhance Faculty/Staff Engagement, Strategic Communications, and External Relations

One of my goals over the past five years has been to more robustly engage faculty and staff in all aspects of the SOM mission, strengthen communication, and promote a culture of transparency and connection. Partnering with Sylvia Vasquez, Director of SOM Human Resources, and Katherine Browder, Assistant Dean for Strategic Initiatives, we built a broader framework of activities that bring employees together across departments, divisions, and mission areas. These efforts recognize that engagement extends beyond professional development to include opportunities to build relationships, understand how individual roles contribute to our mission, learn about the work of other units/departments and how the work aligns with individual roles and the mission, recognize contributions, and strengthen a shared sense of community.

The Annual SOM Staff Retreat, now in its fifth year, has evolved into a conference-style professional development and community-building experience. The **2026 retreat**, themed *"A Time to Breathe, A Time to Renew,"* **brought together 241 staff** for sessions focused on well-being, professional connection, and greater understanding of how employees across the school contribute to the SOM mission. We have complemented the retreat with **SOM Lunch and Learns**, held three times each year, which provide staff with an opportunity to learn about the work, accomplishments, and priorities of units across the school. Programs have featured Biomedical Sciences, UCR Health, the Center for Healthy Communities, Graduate Medical Education, and other mission areas, with an **average attendance of approximately 85 employees per event**.

We have also created more informal opportunities for employees to connect. **Employee Engagement Events** bring staff together for activities focused on community, creativity, self-care, and well-being, providing opportunities to step away from their daily routines and build relationships with colleagues from across SOM and UCR Health. In addition, **our participation as a catalyst member of the Kern National Network (KNN**) has expanded our focus on employee flourishing. We have incorporated staff perspectives into this work and established a staff group to identify and elevate issues affecting the employee experience and contribute to broader conversations about flourishing within academic medicine.

Rewards and Recognition have been another important component of our engagement strategy. Our annual awards programs recognize faculty and staff for their contributions to the SOM mission and culture. **Values in Action Awards** celebrate employees who exemplify our institutional values of Integrity, Inclusion, Innovation, Excellence, Accountability, and Respect, while **CARE Awards** recognize staff excellence across our Clinical, Administrative, Research, and Education mission areas. Faculty and staff are also recognized for milestones through **Service Awards**, and our annual holiday event provides an opportunity for fellowship and celebration across the school. **Faculty Teaching Awards**, selected by students, recognize excellence in teaching and the important contributions faculty make to the educational mission.

Collectively, these efforts reflect an intentional approach to faculty and staff engagement that connects communication, professional growth, community, well-being, recognition, and organizational culture. Over the past five years, we have increasingly translated employee feedback and our strategic commitment to engagement into tangible programs and investments designed to strengthen connection to one another and to the SOM mission.

Over the past five years, I have **prioritized strengthening the SOM's communications infrastructure** so that our mission, strategy, accomplishments, and priorities are communicated consistently to faculty, staff, students, alumni, community partners, university leadership, and external stakeholders. **Through the Strategic Initiatives team, we have developed a more coordinated approach that brings together executive communications, publications, digital communications, branding, external relations, events, community engagement, and strategic planning**. This work extends beyond communicating individual activities; it helps translate the SOM's strategy and impact into clear, consistent narratives tailored to different audiences.

We established **a regular cadence of communications** to keep the SOM community informed and connected, including **a monthly SOM newsletter, twice-yearly alumni newsletters, quarterly messages from the Dean, Town Hall meetings, and an Annual Year in Review publication, complemented by targeted communications for students, alumni, faculty, staff, community partners, and other constituencies**. Strategic Initiatives also provides professional writing and communications support for major initiatives, leadership announcements, speeches, presentations, reports, briefings, and other Dean's communications. This executive communications capacity has become increasingly important with the growth of the SOM in size and complexity, allowing institutional priorities, emerging issues, and accomplishments to be communicated clearly and consistently across internal and external audiences.

A central focus of this work has been establishing a more consistent institutional narrative and visual identity. Rather than communicating initiatives in isolation, we increasingly connect them to the SOM's mission, strategic imperatives, regional impact, and long-term direction. Strategic Initiatives develops leave-behinds, briefing materials, presentations, key statistics, special reports, and other materials that bring strategy, data, and narrative together in accessible formats for university leaders, elected officials, community organizations, donors, advisory groups, and prospective partners. We have also developed and maintained templates for PowerPoint presentations, flyers, reports, and other materials to create greater consistency in the SOM's visual presentation and messaging.

Strategic Initiative's communications capacity also serves as a school-wide resource for SOM programs, centers, and initiatives. Strategic Initiatives provides writing, editing, design, publication, and communications strategy support to help units communicate their work.

External Relations, Community Engagement and Institutional Visibility

Over the same period, **we have strengthened the SOM's external relations function** to build and sustain relationships with community organizations, government leaders, health care partners, professional associations, donors, alumni, and other stakeholders. **This work is closely coordinated with UCR Government and Community Relations** and includes engagement with elected officials and their staffs, chambers of commerce, medical associations, workforce organizations, community-based organizations, and national organizations such as the AAMC.

Our external engagement also includes a structured process for reviewing and supporting community sponsorships that align with the SOM mission and strategic priorities. These sponsorships are viewed not simply as financial transactions, but as strategic opportunities to strengthen relationships, support organizations serving our region, increase awareness of the SOM, and demonstrate our commitment to Inland Southern California. Integrating sponsorships with broader government, community, and external relations efforts helps ensure that individual engagements contribute to sustained institutional relationships and priorities.

Building Communications Capacity and Reach

The volume and reach of this work demonstrate the communications and engagement infrastructure that has been built. **Recent Strategic Initiatives annual productivity reporting included 811 social media posts, 190 websites updates; 115 articles, including 60 SOM News stories; 130 printing and graphic design projects;109 executive communications; 21 SOM events; 45 government and community relations activities.** The broader portfolio also supported development of reports, proposals, and special projects, illustrating how communications are integrated with strategic planning, executive decision-making, external engagement, and institutional initiatives rather than functioning solely as a traditional marketing operation.

Collectively, these efforts have created a stronger platform for communicating who we are, what we have accomplished, where we are going, and why our work matters. With the growth of the SOM in size, scope, and complexity, this integrated communications and external relations infrastructure helped connect our expanding programs through a common institutional narrative, strengthen engagement with internal and external constituencies, and increase our capacity to communicate impact strategically. It has provided a more coordinated platform for executive communications, stakeholder engagement, community and government relations, advancement collaboration, and institutional visibility—positioning the SOM to communicate and advance its priorities more effectively as it enters its next phase of growth.

Goal: Enhance and Expand Community Engagement

Community engagement is foundational to the UCR SOM's mission and to our identity as a community-based medical school. The SOM works in partnership with the region to address its longstanding physician workforce shortages, health disparities, and barriers to care. Over the past five years, we have continued to strengthen our commitment to community engagement by expanding ways our students, faculty, staff, researchers, clinicians, and programs engage with communities throughout Riverside and San Bernardino counties and the broader Inland Southern California region.

Our approach to community engagement has continued to evolve. Our goal is not simply to conduct

outreach *to* communities, but to build sustained and reciprocal relationships with communities. This includes listening to their priorities, connecting community knowledge with academic and clinical expertise, and creating opportunities for community perspectives to inform our educational programs, research, service, and health initiatives. **In 2025 alone, the SOM documented 150 unique community engagement activities across departments, centers, and programs.**

Building the Inland Empire Health Workforce

One of the SOM's most significant forms of community engagement is its sustained investment in developing the region's future healthcare workforce. During the past five years, **the SOM has continued to strengthen a continuum of pathway, mentorship, educational, and professional development opportunities to introduce students to careers in medicine and health.** Ultimately this will increase the number of healthcare professionals prepared to serve Inland Southern California.

Programs such as **Future Physician Leaders (FPL)** provide college and university students with intensive exposure to community and public health issues affecting the Inland Empire. The **California Medicine Scholars Program (CMSP)** connects UCR with community colleges and undergraduate institutions to provide mentorship, academic preparation, and clinical exposure for students interested in medicine and other health professions. The SOM has complemented these longitudinal programs with community sessions, conferences, school visits, mentoring, and other activities designed to make careers in medicine and health sciences more visible and attainable.

These efforts have allowed the SOM to engage students on a significant scale. **In 2025, Pathways Community Sessions reached more than 1,000 participants, while the Latino Medical Student Conference brought more than 700 participants from more than 11 states to UCR**. Smaller and more intensive programs provide students with mentorship, exposure, and sustained relationships that can be important for individuals who may not otherwise see a clear pathway into medicine.

Community engagement also occurs through direct interaction between current SOM learners and younger students. Through **CHC's partnership with the UCR School of Education's Summer STEAM Academy**, medical students and public health professionals share their educational journeys with middle and high school students from Riverside County, Moreno Valley, and Jurupa Valley. These interactions allow young students and families to see individuals from similar backgrounds pursuing healthcare careers and to better understand the educational pathways available to them.

The **PRIME program** incorporates community engagement into medical education while supporting workforce development. **PRIME medical scholars participate in community experiences** that allow them to share their journeys into medicine, provide health education, and encourage Inland Empire youth to envision themselves in health professions. **In 2025–26 alone, CHC supported community engagement involving 23 PRIME medical students, further connecting the SOM's educational mission with its regional workforce mission.**

Together, these activities represent the SOM's broader strategy to build a health workforce from and for Inland Southern California by creating relationships with students and communities well before medical school and maintaining those relationships throughout training.

Integrating Community Engagement into Medical and Public Health Education

Over the past five years, **the SOM has continued to embed community engagement directly within the education of its own learners**. Community-based experiences provide students with an understanding of health that extends beyond the classroom and includes the social, economic, environmental, and

structural conditions affecting patients' lives.

Through **Community-Based Education (CBE)** experiences, students work directly with community organizations and populations throughout the region. **CHC supported six CBE medical student rotations in 2025–26 alone.** Students described community engagement that requires trust, intentional listening, cultural humility, accessibility, and a willingness to allow communities to shape proposed solutions. **Students develop a deeper understanding of how housing, food access, transportation, financial instability, social services, and other conditions influence health and healthcare access.**

These principles have also been incorporated into the SOM's growing public health educational mission as well. **CHC developed practicum experiences for students in the SOM's Master of Public Health program**, providing learners with opportunities to participate directly in community-based health equity.

Expanding Community Health Outreach and Access

The SOM's community engagement mission also extends directly into health and social-service outreach. Throughout the five-year period, **SOM faculty, students, staff, UCR Health clinicians, and community partners have worked to reach individuals who experience significant barriers to traditional healthcare settings.**

This work is visible in programs serving people experiencing homelessness. **CHC's Unsheltered Outreach Program** has expanded through partnerships with community organizations, creating community-based points of connection. The model is intentionally based on meeting individuals where they are and working through organizations that already have trusted relationships within their communities. **In 2025–26, CHC conducted 25 unsheltered outreach events, reflecting the scale and sustained nature of this engagement**.

The SOM's community-based clinical activities provide another important dimension of this work. **UCR Health's Hulen Place Clinic**, opened in 2023 in **partnership with the City of Riverside**, provided primary care, mental health services, preventive care, non-emergency medical services, and health resources to unhoused and low-income residents. Located adjacent to an emergency shelter and temporary housing, the clinic created a point of care for individuals who often face transportation, housing, financial, and other barriers to accessing traditional healthcare. A $500,000 gift from the San Manuel Band of Mission Indians further supported the clinic's ability to expand access for these populations. The site was unfortunately closed in 2025 due to the City’s need to repurpose the building.

The **Riverside Free Clinic** provides another longstanding example of this intersection between service and education. Primarily managed by medical students supervised by Attending Physicians, the clinic provides free primary care, laboratory services, pharmacy support, social services, and health resources to uninsured and underserved patients. In addition to providing care, the experience allows students to develop clinical, leadership, and communication skills while building sustained relationships with patients and gaining firsthand understanding of healthcare access disparities.

Center for Healthy Communities: Building a Bridge Between the SOM and the Region (Appendix D)

The **Center for Healthy Communities (CHC**) serves as one of the SOM's primary institutional bridges to Inland Empire communities. Its mission is to **connect researchers and communities through service, education, and research that responds to community needs and promotes health equity**.

CHC's engagement model encompasses workshops, a Speaker’s Bureau, direct outreach, community-engaged research, mini-grants, and collaborations with community-based organizations. Its geographic **reach extends throughout Riverside and San Bernardino counties**, with activities spanning service,

education, and research.

During 2025–26 alone, CHC's activities included 25 Unsheltered Outreach events; 21 Latino Health Equity Initiative in-person events; 10 Black Health Equity Initiative activities; six Speakers Bureau events; six Community-Based Education medical student rotations; 23 PRIME medical students; two mini-grant awardees; three California Medicine Scholars Program participants; seven SOM presentations; 19 UCR campus outreach activities; and community-engaged research projects including self-advocacy, community air quality, and a citizens panel.

Rather than organizing isolated activities, CHC has developed multiple mechanisms through which the SOM can sustain relationships and connect community needs with research and institutional resources.

Advancing Health Equity and Community Capacity

A central focus of the SOM's community engagement has been **empowering communities with knowledge and resources to advocate for their own health**. CHC workshops address healthcare rights, access to services, health coverage, self-advocacy, mental and emotional well-being, and navigation of systems such as Medi-Cal and Medicare. The growing demand for these programs reflects the complexity of the healthcare and social-service environment and the importance of trusted institutions and community organizations in helping residents navigate it.

The Speakers Bureau provides another mechanism for bringing trusted expertise into community settings. Rather than requiring communities to come to the university, **the program connects speakers with community organizations and audiences** to address topics relevant to their needs. Speakers Bureau programming has included mental health, wellness, health equity, healthcare navigation, and other issues identified through community relationships.

The SOM has also **supported culturally responsive programs** focused on the needs and experiences of communities. Activities included the Latino Health Equity Initiative, Black Health Equity Initiative, community healing and the Love and Nurture series, mental health and wellness programming, health literacy activities, cultural celebrations, disability advocacy, LGBTQ Safe Zones, and other educational and community-building programs.

The Love and Nurture initiative has incorporated trauma-informed healing circles, grief support, storytelling, resource navigation, health screenings, social services, and other forms of support. These smaller, relationship-based activities complement large-scale conferences and outreach events and demonstrate that community impact is best measured by depth of engagement, trust, and continuity.

Community Voice in Research

Another important area of growth has been the **integration of community engagement into the SOM's research mission.** The SOM recognizes that research designed to improve health in Inland Southern California is strengthened when community members participate in identifying priorities.

CHC's community-engaged research model is designed to support research partnerships that result in culturally and linguistically appropriate interventions for underserved communities. **The African American Citizens Panel** brought researchers, graduate students, community members, and community leaders together to discuss health priorities and lived experiences among African American residents in Riverside. Participants identified three major priorities: mental health, racism in healthcare, and environmental health disparities. These community-identified priorities are helping inform future research, partnerships, and health equity strategies.

Community engagement also informs the SOM's environmental health research, including work related to air quality, asthma, and the Salton Sea. These efforts connect biomedical and population health research with issues of immediate importance to Inland Empire communities and create opportunities to translate complex scientific information into forms that residents can use.

Through these approaches, community members increasingly become partners in knowledge generation rather than solely participants in research. This helps the SOM align its research enterprise with the health concerns of the region while strengthening trust between academic researchers and the communities their work is intended to benefit.

Supporting Community-Led Innovation

The SOM has created mechanisms that allow students and trainees to translate community needs into locally responsive projects. **CHC's Community Medicine and Population Health Mini-Grant Program** supports medical students, graduate students, residents, and fellows in developing service-driven initiatives addressing health needs throughout the Inland Empire.

Community Partnership, Advocacy, and Regional Leadership

Community engagement during the five-year period has included convening, advocacy, and institutional participation in regional conversations about health. **SOM faculty and leaders have participated in forums addressing health equity, workforce development, biomedical research, environmental health, and healthcare access.**

CHC participated in the **Inland Empire State of Latino Health**, bringing SOM community-health expertise into a broader regional conversation about health equity and community well-being. The engagement emphasized listening, trust, shared decision-making, healthcare self-advocacy, and communities participating directly in developing solutions.

The SOM has similarly used public lectures, health and wellness seminars, biomedical research briefings, community resource fairs, and other forums to make academic expertise accessible to the public and to create opportunities for two-way exchange. Community-facing biomedical programs have addressed regionally significant issues including aging, dementia, autism, asthma, environmental exposures, and the Salton Sea.

The SOM continues to recognize and sustain relationships with organizations that helped establish and shape its community-based mission. This includes longstanding regional partners, community health organizations, educational institutions, healthcare systems, and philanthropic organizations. Groups such as the **J.W. Vines Medical Society**, were instrumental in the development of the SOM's mission.

Community Engagement as a School-Wide Responsibility

One of the important developments of the past five years has been the recognition that community engagement is not the responsibility of a single center, department, or program. **Although CHC provides critical expertise and infrastructure, engagement occurs throughout the SOM.**

The scale of the 2025 community engagement inventory, 150 unique activities across SOM units helped make this breadth more visible. It also created an opportunity to think more strategically about how individual activities connect to larger institutional objectives.

To advance this work, CHC engaged SOM department chairs in identifying opportunities for greater departmental collaboration, student engagement, community-engaged education, and research/community partnerships. The resulting priorities are being translated into actionable goals

designed to strengthen engagement throughout the SOM.

This represents the SOM moving from a broad portfolio of successful community activities toward a more coordinated institutional approach to community engagement, while preserving the relationships, responsiveness, and local knowledge that make those activities meaningful.

Five-Year Impact and Looking Forward

Over the past five years, the SOM has strengthened community engagement as an essential component of how we fulfill our mission. Our work now spans middle and high school students exploring health careers to medical students, graduate students, residents, fellows, alumni, faculty, researchers, and practicing clinicians. It encompasses workforce pathways, community-based learning, direct service, clinical access, health education, mental health and wellness, social determinants of health, environmental health, community-engaged research, advocacy, and regional partnership.

Importantly, we have continued to deepen how we engage. **The most meaningful evolution has been toward a model centered on listening, trust, reciprocity, and shared responsibility**. CHC describes this approach as listening first, responding intentionally, and connecting individuals and families with resources while strengthening long-term community capacity, resilience, and trust. That philosophy reflects the broader direction of the SOM.

For a medical school established specifically to improve the health of Inland Southern California, community engagement is not separate from our mission. **By continuing to listen to our communities the UCR SOM will continue to strengthen its role as an academic medical institution deeply connected and accountable to the people and communities it was created to serve**.

Goal: Increase School of Medicine's National Visibility

In just over a decade, the UCR SOM has established growing national visibility as an innovative, mission-driven, community-based medical school demonstrating how academic medicine can address physician workforce shortages, expand pathways into medicine, advance health equity, and serve historically underserved communities. This visibility is reflected in national rankings and awards, nationally recognized faculty and leaders, leadership within the Association of American Medical Colleges (AAMC) and other nationally relevant educational and workforce programs, national convenings, and a growing research enterprise.

Importantly, this national reputation directly reflects the school's founding mission: to improve health in Inland Southern California while developing approaches that can serve as models for California and the nation.

National Recognition for Diversity and Inclusive Excellence

UCR SOM has consistently been recognized among the nation's most diverse medical schools. **In the 2024 U.S. News & World Report Best Medical Schools rankings, UCR SOM ranked No. 7 nationally for diversity and second among University of California medical schools.**

The school has also earned repeated national recognition from INSIGHT Into Diversity, including the **Health Professions Higher Education Excellence in Diversity (HEED) Award.** These distinctions reinforce diversity, access, and inclusive excellence as sustained components of UCR SOM's national reputation.

This recognition is particularly aligned with UCR SOM's mission. The diversity of its learners is not simply an institutional outcome; it is part of a deliberate strategy to develop a physician and health sciences

workforce that reflects and understands the communities it serves.

Nationally Recognized Pathways and Workforce Development

UCR SOM has developed national visibility for its longitudinal pathway and physician workforce programs. Its approach begins well before medical school admission and connects educational opportunity with the long-term development of the health care workforce.

Programs including Future Physician Leaders, the Medical Scholars Program, and the California Medicine Scholars Program provide pathways for students from Inland Southern California, community colleges, first-generation backgrounds, and communities historically underrepresented in medicine.

These efforts have received repeated national recognition. **UCR SOM pathway programs have been honored multiple times with INSIGHT Into Diversity's Inspiring Programs in STEM Award, including recognition of the Medical Scholars Program and California Medicine Scholars Program.**

The California Medicine Scholars Program also places UCR SOM within a statewide collaboration with other University of California medical schools to create structured pathways from community colleges through undergraduate education and ultimately medical school.

Founding faculty member Congressman Raul Ruiz, MD, MPH, MPP, who created UCR's Future Physician Leaders program, also received a 2025 AAMC ACE Award for Advocacy, Collaboration, and Education, providing further national recognition for leadership connected to UCR SOM's workforce mission.

National Leadership and Thought Leadership Through the AAMC

UCR SOM's growing national visibility is increasingly demonstrated by its leaders' participation in the Association of American Medical Colleges (AAMC). As Dean of UCR SOM, I served on the **AAMC Council of Deans Administrative Board 2019-2024 and currently serve on AAMC Nominating Committee 2022-2026 as well as Facilitator of Dean's Peer Group.** Currently, four UCR SOM leaders hold AAMC leadership and committee roles across distinct areas of academic medicine, giving the school representation in national communities focused on institutional strategy, medical education, learner success, and external relations.

Katherine Browder, MS, MA, Chief of Staff and Assistant Dean for Strategic Initiatives, serves as a **Member-at-Large on the AAMC Planning and Operations Group Steering Committee for 2026–27** and as a liaison between the Planning and Operations Group and the academic medicine chief of staff community. Her national engagement also includes presenting through the AAMC on navigating budget constraints and institutional uncertainty and integrating change management into strategic planning, sharing UCR SOM approaches and experiences with academic medicine colleagues nationally.

Pablo Joo, MD, Senior Associate Dean for Medical Education, serves as a **Member-at-Large on the AAMC Curriculum, Assessment, Instruction, and Research Group Steering Committee**, contributing to national conversations about medical education, curriculum, assessment, and educational research. His engagement has also included leadership within the AAMC Western Group on Educational Affairs.

Christina Granillo, PhD, Associate Dean for Student Success, serves within the **AAMC Learner Access, Support, Opportunity, and Retention Group**, contributing expertise in student advising, support, records, and learner success. Her involvement builds on broader participation in AAMC working groups and national presentations focused on supporting medical students.

Vladimir Oge, MPH, Director of Strategic Initiatives, serves as **Marketing Chair and Member-at-Large on the AAMC External Relations Group Steering Committee**, contributing to the national professional community focused on communications, marketing, community relations, development, alumni relations,

and institutional advancement.

Collectively, these appointments provide UCR SOM with representation across four complementary dimensions of academic medicine: institutional strategy and operations, medical education, learner success, and external relations and advancement.

For a relatively young medical school, this breadth of engagement is significant. UCR SOM leaders are not simply participating in national meetings; they are increasingly serving within the professional groups that convene academic medicine leaders, share best practices, develop national programming, and influence conversations about the future of medical schools and academic health systems.

National Convenings and Academic Medicine Engagement

UCR SOM's national visibility is also reflected in its ability to bring academic medicine communities to Inland Southern California.

In 2024, UCR SOM hosted the AAMC Western Group on Educational Affairs Conference, bringing more than 300 medical education faculty, staff, students, and leaders to Riverside. The conference addressed innovation in medical education and provided UCR SOM faculty and leaders opportunities to showcase their work and engage peers from medical schools throughout the western United States.

UCR SOM also hosted the 41st Latino Medical Student Association-West Regional Conference, which included more than 40 workshops, a research symposium, networking opportunities, and AAMC Chief Diversity and Inclusion Officer David Acosta, MD, as keynote speaker.

These activities position UCR SOM not only as a participant in academic medicine networks but increasingly as a convener of important regional and national conversations.

National Stature of Faculty and Leadership

UCR SOM’s national reputation has continued to grow through the accomplishments, leadership, and professional recognition of our faculty. Over the past five years, faculty members have been elected to prestigious academies and professional societies, received highly competitive national and international awards, assumed leadership positions in major scientific organizations, and contributed their expertise to federal advisory groups, peer-review panels, and leading scientific journals. Collectively, these achievements demonstrate a growing level of recognition for UCR SOM well beyond the institution and region.

Among the most significant milestones was the 2022 election of **Dean Deborah Deas, MD, MPH**, and **Mario Sims, PhD**, to the **National Academy of Medicine (NAM)**, one of the highest honors in health and medicine. Their election represented an important achievement for a comparatively young medical school. **Dean Deas** has also been recognized as a **Distinguished Life Fellow of the American Psychiatric Association**, its highest membership distinction. **Brandon Brown, PhD,** was selected as a **National Academy of Medicine Emerging Leader in Health and Medicine Scholar** and, in 2025, was named a **Fellow of The Hastings Center,** recognizing his contributions to bioethics and health policy. Together, these distinctions demonstrate UCR SOM’s growing representation within nationally prominent organizations shaping health, medicine, and bioethics.

National distinction is increasingly evident across UCR SOM’s clinical departments. In the **Department of Psychiatry and Neuroscience, Lisa Fortuna, MD, MPH, MDiv,** has received an exceptional series of professional honors, including the **2026 Virginia Q. Anthony Outstanding Woman Leader Award from the American Academy of Child and Adolescent Psychiatry** and the **2026 Dr. Pedro Ruiz Lifetime**

Achievement Award in Social Psychiatry from the American Society of Hispanic Psychiatry. She was named a Distinguished Fellow of both the **American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association in 2025** and previously received the **Agnes Purcell McGavin Award for Prevention from the American Psychiatric Association** and the **Irving Philips Award for Prevention from the American Academy of Child and Adolescent Psychiatry**.

Other Psychiatry and Neuroscience faculty have achieved significant national and international recognition. **Kimberley Lakes, PhD**, was selected as a **2023 Fulbright Global Scholar**, supporting research and academic collaboration across multiple countries. **Mahsa Khayat-Khoei, MD**, received a highly competitive **American Academy of Neurology Career Development Award in 2025**, supporting the development of emerging investigators in neurology. **Bhavesh Trikamji, MD**, received the **American Academy of Neurology A.B. Baker Teacher Recognition Award** for excellence in neurologic education. **Thomas Brown, PhD**, received a **Lifetime Achievement Award from CHADD** for his contributions to the understanding and treatment of ADHD. Peter **Ureste, MD**, was selected as a **2026 RCMAR/CHIME Research Scholar**, a national research-development program focused on improving the health and care of older adults.

The international stature of **Stephen Stahl, MD, PhD, DSc**, has also brought distinction to the SOM. He received **Lifetime Achievement Awards from the University of Cambridge and Sapienza University of Rome** in recognition of his contributions to psychiatry and psychopharmacology and subsequently received an honorary doctorate from the University of Cambridge.

Faculty distinction is equally evident within the Division of Biomedical Sciences. **Changcheng Zhou, PhD**, was elected a **Fellow of the American Association for the Advancement of Science (AAAS)** and received a **NIEHS R35 Revolutionizing Innovative, Visionary Environmental Health Research (RIVER) Award**, providing long-term support for highly innovative environmental health research. **Declan McCole, PhD**, was elected a **Fellow of the American Gastroenterological Association**, and **Natalie Zlebnik, PhD**, received a **Brain & Behavior Research Foundation NARSAD Young Investigator Award** and was elected an **Associate Member of the American College of Neuropsychopharmacology**, recognizing her emerging contributions to neuroscience and neuropsychopharmacology.

Faculty are also increasingly assuming leadership and advisory roles within the national scientific community. **Seema Tiwari-Woodruff, PhD,** served as president of the **American Society for Neurochemistry,** while **Andrew Subica, PhD**, was appointed to a four-year term on an **NIH National Institute on Alcohol Abuse and Alcoholism** study section, contributing to national peer review of research in epidemiology, prevention, and behavioral science. **Adam Godzik, PhD**, was invited to participate in the **National Institute of Allergy and Infectious Diseases' SARS-CoV-2 Assessment of Viral Evolution (SAVE) Program**, an international scientific collaboration established to advise NIH and coordinate scientific assessment of emerging viral variants.

Additional faculty have earned national recognition across clinical medicine, education, and health equity. **Robert Rodriguez, MD**, received the **Society for Academic Emergency Medicine's 2025 Sheryl Heron, MD, MPH Legacy Award from its Academy for Diversity & Inclusion in Emergency Medicine**. **Afshin Molkara, MD,** received a **Presidential Citation from the Society for Vascular Surgery** for contributions to the society and the specialty. **Takesha Cooper, MD, MS**, held a national leadership role with the **Association of American Medical Colleges Group on Diversity and Inclusion. Denise Martinez, MD and Takesha Cooper MD, MD** participated in **the Executive Leadership in Academic Medicine (ELAM)** program. **Rosemary Tyrrell, EdD,** received the **International Society for the Scholarship of Teaching and Learning's Nancy Chick Article of the Year Award**, reflecting recognition of faculty scholarship extending beyond the

traditional biomedical sciences.

Faculty scholarship is further amplified through leadership of influential scientific publications. **Adam Godzik** serves as founding **Editor-in-Chief of *Frontiers in Bioinformatics***; **Monica Carson, PhD**, serves as **Editor-in-Chief of the *Journal of Neuroinflammation***; and **Emma Wilson, PhD**, serves as **Editor-in-Chief of *Parasite Immunology*** and has provided guest editorial leadership for ***PLOS Pathogens***. These roles position UCR SOM faculty to help shape scientific discourse and emerging research priorities in their respective fields.

Collectively, these achievements represent an important evolution in UCR SOM's national stature. For a medical school established only in 2013, having faculty recognized by the National Academy of Medicine, AAAS, NIH, Fulbright Scholar Program, major national medical and scientific societies, and internationally prominent universities demonstrates the increasing reach and influence of our academic community.

Growing Research Visibility

Research has become an increasingly important dimension of UCR SOM's national profile. Over the past five years, we have continued to build an interdisciplinary research enterprise spanning biomedical and translational science, clinical research, neuroscience, infectious disease, population health, behavioral health, health disparities, and community-engaged research. Increasingly, our investigators are being recognized through competitive national research awards, prestigious professional distinctions, federal scientific appointments, journal leadership, and participation in national and international research collaborations.

Several recognitions provide particularly strong evidence of this trajectory. **Changcheng Zhou's NIEHS R35 RIVER Award** provides long-term support for innovative environmental health research, while his election as an **AAAS Fellow** recognizes his broader scientific contributions. **Natalie Zlebnik's NARSAD Young Investigator Award** and election to the **American College of Neuropsychopharmacology** reflect the emergence of the next generation of UCR SOM neuroscience investigators. **Mahsa Khayat-Khoei's American Academy of Neurology Career Development Award** similarly demonstrates the SOM's growing capacity to develop nationally competitive physician-scientists.

Our faculty are also contributing directly to the national research enterprise. Adam Godzik's participation in the NIAID SAVE Program, Andrew Subica's service on an NIH scientific review study section, faculty leadership of major scientific journals, and participation in national academies and professional societies demonstrate that UCR SOM investigators are increasingly helping to evaluate, guide, and disseminate science, in addition to conducting it.

This research environment is particularly distinctive when connected to our community-based mission. Inland Southern California provides both an imperative and an opportunity to advance research addressing the health challenges of one of the nation's largest, most diverse, and historically underserved regions. Our opportunity is to connect fundamental and translational discovery with clinical, behavioral, population health, health equity, and community-engaged research in ways that have relevance both locally and nationally.

As we continue to grow our research faculty, centers, partnerships, infrastructure, and extramural funding, we are establishing a national research identity that complements UCR SOM's established strengths in workforce development, diversity, health equity, and community-based medical education. The increasing recognition of our investigators by national academies, federal agencies, professional societies, foundations, scientific journals, and international institutions provides important evidence of this trajectory and a strong foundation for the SOM's next phase of research growth.

A National Model with Growing Influence

Taken together, UCR SOM's national visibility is notable for both its breadth and its trajectory.

In just over a decade, UCR SOM has moved from being a new medical school established to address a regional physician shortage to becoming an increasingly recognized example of mission-driven academic medicine. Evidence of that national reach includes:

- National rankings and awards for diversity and inclusive excellence;
- Repeated national recognition of pathway and workforce-development programs;
- A distinctive community-based model with relevance to national physician-workforce challenges;
- National Academy of Medicine membership and other distinctions among faculty and leadership;
- Four UCR SOM leaders simultaneously serving in AAMC leadership and committee roles across strategy and operations, medical education, learner success, and external relations;
- UCR SOM leaders presenting institutional approaches and expertise to national academic medicine audiences;
- Hosting major academic medicine and medical student conferences; and
- A growing interdisciplinary research enterprise with relevance to underserved and diverse communities.

Most importantly, these accomplishments reinforce a consistent institutional identity. UCR SOM's national visibility demonstrates that academic excellence and community mission can be mutually reinforcing.

Importantly, UCR SOM is not simply participating in national conversations about the future of academic medicine. It is contributing leaders, practices, programs, research, and institutional models that help shape those conversations—demonstrating how a public, community-based medical school can translate a regional mission into national impact.

Goal: Personally Engage in Service at all levels (UC-system-wide, UCR, California and Nationally)

Over the past five years, my tenure as Dean of the UCR SOM has been defined by an unwavering commitment to personal service across all levels—from our immediate campus and local Riverside community to the broader University of California system, the State of California, and national academic medicine organizations. This holistic service ecosystem reflects a dedication to advancing healthcare equity, medical education, institutional governance, and public health.

Campus Leadership & Medical School Governance (UCR Level)

At the UCR SOM, I have focused on building robust organizational infrastructure, maintaining rigorous accreditation standards, and driving strategic alignment across education, clinical care, and finance. I have served continuously as Chair of the SOM Dean's Council, SOM Leadership Committee, and the SOM Compliance Committee, while co-chairing the UCR Health/SOM Collaborative and leading the SOM/UCR Health Information Systems Integration Executive Committee. My oversight of medical education quality

includes chairing the LCME Executive Committee and serving on the Liaison Committee on Medical Education (LCME), alongside ex-officio roles on the Medical Education Committee (MEC), Graduate Medical Education Committee (GMEC), and the Faculty Executive Committee (FEC).

Beyond the SOM, I have taken an active role in campus-wide governance to support UCR's broader academic mission and long-term vitality. Within executive leadership, I serve as a member of the Chancellor's Cabinet, the Chancellor's Executive Committee, the UCR Campus Finance Committee, and the UCR Provost Cabinet. I have frequently been entrusted with high-level executive searches, serving as Chair of the Search Committee for the Vice Chancellor for Development and Alumni Engagement (2025–2026) and Chair for the Dean of the College of Humanities and Social Sciences (2021). During the critical COVID-19 health crises, I stepped forward to co-chair the UCR COVID-19 Testing Committee and provided Vice Chancellor oversight on the Campus Leadership Recovery Planning Group, the Employee Health Committee, and the Public Health Committee. Additionally, I contributed to institutional planning as a member of the *Contributions to the Public Good* Strategic Planning sub-committee.

UC Systemwide Leadership & State Service

At the systemwide level, my service focuses on expanding access to care, fostering inter-institutional collaboration, and supporting the health sciences across California. Within UC Health, I contribute regularly as a member of the UC Medical Schools Deans Group and the UC Health Leadership Committee. I served on the UC Health Special Committee on Health Sciences and Clinical Affairs (2021–2024) and chaired the systemwide Search Committee for the UC Associate Vice President for UC Health Academics in 2022. Recognizing the systemic challenges facing healthcare providers, I also co-led a key joint research initiative between the University of California and the California Medical Association examining faculty burnout among women physicians.

My statewide public service includes board appointments that directly shape healthcare policy and medical research in California. I serve on the Board of Directors for the California Institute for Regenerative Medicine (CIRM) and its Science Committee, helping guide state investments in stem cell research and therapies. In 2024, I joined the California Health Care Foundation (CHCF) Board of Directors, where I now serve as Chair of the Audit Committee and a member of the Talent, Culture and Compensation Committee. Locally and regionally, I represented university leadership on the Riverside County Public Health Commission, maintained membership in the Riverside County Medical Association, and engaged directly in community-building as a Founding Member of the Riverside National Council of Negro Women (NCNW) Section and a Lifetime Member of the Riverside NAACP.

National Service & Executive Mentorship (National Level)

Nationally, I have worked to advance medical education standards, support health research, and cultivate the next generation of academic medicine leaders. Within the Association of American Medical Colleges (AAMC), I served on the Council of Deans Administrative Board (2019–2023) and continue as an active Council of Deans member, Peer Group Facilitator, and member of the Administrative Board Nominating Committee. I also chaired the Review Committee for the prestigious AAMC Abraham Flexner Award. To support institutional diversity and leadership development, I serve on the selection review committees for both Executive Leadership in Academic Medicine (ELAM) and Executive Leadership in Health Care (ELH). My national board service includes appointments to the Department of Veterans Affairs National Academic Affiliations Council (NAAC), the Board of Directors and Membership Committee for

Research!America, and the editorial board of the *Journal of Psychiatric Practice*.

Honors, Awards, and Recognized Impact

This sustained engagement in public, university, and professional service has been recognized through several notable honors:

- **Elected Member, National Academy of Medicine (NAM)** (2022) — One of the highest honors in the fields of health and medicine, recognizing outstanding professional achievement and commitment to service.
- **Distinguished Professor of Psychiatry and Neurosciences**, UCR SOM (2023).
- **Distinguished Life Fellow**, American Psychiatric Association (2024).
- **Honorary Doctor of Humane Letters**, Western University of Health Sciences, Pomona, CA (2023).
- **Regional & Legislative Recognition:** Named among the *50 Players Who Shaped the Region* by *Inland Empire Magazine* (2026); recipient of the California State Legislature-Assembly *Woman of Distinction Award* (2022); recipient of the Society of Extraordinary Women *Leadership Award* (2022), the Southern California Psychiatric Society *Appreciation Award* (2022), and the Kansas Avenue Seventh Day Adventist *Community Education Award* (2021).

Through these interconnected roles, I have aimed to fulfill my commitment to service at every scale—using leadership as a tool to elevate our University, UCR SOM, the local community, and contribute meaningfully to the national medical and healthcare landscape.

Summary of School of Medicine's Strategic Alignment with UCR Campus Strategic Plan and Chancellor Hu's Strategic Priorities

Over the 2021–2026 period, the UCR SOM progressed from its initial development to expanding scale, strengthening infrastructure, deepening regional impact, and maturing its institutional operations. Through strategic fiscal management, facility expansion, accreditation success, and programmatic growth, the SOM's achievements demonstrate strong alignment with UCR's campus strategic plan goals and Chancellor Hu's strategic priorities.

Alignment with UCR Strategic Plan Goals

UCR Campus Goal 1: Build Financial Stability, Resiliency, and Sustainability

- **State Budget Augmentation:** Led targeted, data-driven advocacy efforts with local legislators and UCOP, securing a permanent $25M recurring annual state budget increase (raising the base budget from $15M to $40M) and a one-time $35M clinical stabilization allocation via the Budget Act of 2021.
- **Fiduciary Governance & Deficit Reduction:** Established two cornerstone governance bodies—the Annual Budget Committee and the General Finance Committee (GFC)—to institute spending discipline, evaluate new business lines, and oversee a structural 3% budgetary reduction across all SOM units effective FY26.
- **Responsibility Center Management (RCM) Transition:** Partnered with campus leadership and Chancellor Hu to design and secure approval for a tailored RCM financial model (operationalizing in FY27) to incentivize revenue growth and efficient cost management across departments.

UCR Campus Goal 2: Invest in the Success of the People Who Teach, Do Research, Work, Learn, and Live at UCR

- **Internal Seed & Research Funding:** Institutionalized annual Dean's Pilot Awards and Collaborative Grants funding approximately five seed or research innovation awards per year, helping faculty test early-stage hypotheses and gather preliminary data for federal grant applications (e.g., NIH).
- **Interdisciplinary Collaboration & Faculty Retention:** Connected SOM clinicians and basic scientists with engineers, data scientists, and social scientists across UCR, signaling institutional investment in faculty scholarly productivity, which enhances recruitment and career satisfaction. Expanded faculty development and academic affairs while promoting trajectory for faculty merit and promotion.
- **Staff Development:** Invested in career development and professional advancement for staff; hosted 5th Annual Staff Retreat.

UCR Campus Goal 3: Expand the Visibility and Scope of Influence of UCR Locally, Nationally, and Globally

- **National Rankings & Diversity Recognition:** Ranked No. 7 nationally for diversity (2nd among UC medical schools) by *U.S. News & World Report* (2024) and earned multiple HEED Awards from *INSIGHT Into Diversity*.
- **National Leadership & Thought Leadership:** Represented across four key dimensions of academic medicine within the AAMC (strategy/operations, medical education, learner success, and external relations), with Dean Deas serving on the AAMC Council of Deans Administrative Board (2019–2024) and Nominating Committee (2022–2026) as well as Facilitator for AAMC Deans Peer Group.
- **National Academies & Faculty Honors:** Elevated institutional standing through major faculty recognitions, including the 2022 election of Dean Deborah Deas and Dr. Mario Sims to the National Academy of Medicine (NAM). Changcheng Zhou, PhD, was elected a Fellow of the American Association for the Advancement of Science (AAAS) and Declan McCole, PhD, was elected a Fellow of the American Gastroenterological Association; Several faculty members hold offices in national professional organizations, and serve as Editor-in-Chief for professional journals.
- **National Convenings & Regional Hosting:** Hosted the 2024 AAMC Western Group on Educational Affairs Conference (300+ attendees) and the 41st Latino Medical Student Association-West Regional Conference (700+ attendees).

Alignment with Chancellor Hu's Strategic Priorities

Priority 1: Deepening Our Commitment to Student Success and Social Mobility

- **Mission-Aligned Student Body & Outcomes:** Enrolled 394 MD, 36 PhD, and 45 MS students (90% with direct ties to Inland Southern California). Achieved a 98% residency placement rate (82% staying in SoCal), USMLE Step 1 pass rates above national averages, and a 100% pass rate on Step 2
- **Facility & Program Expansion:** Opened the $100M, 95,000+ sq. ft. Education Building II in Fall 2023. Launched the Master of Public Health (MPH) program (FY25) and reinstated the Family Medicine GME residency program (FY26), expanding total GME capacity to over 130 residents and fellows.

Priority 2: Accelerating Mission-Driven Research and Innovation

- **Extramural Funding Growth:** Increased proposal submissions by 48% since FY24, achieving $26M in sponsored research expenditures in FY25 (led by $14.2M from Biomedical Sciences).
- **Specialized Research & Infrastructure:** Expanded NIH and state-funded research in child and adolescent psychiatry for school- and community-based services. Consolidated research administration, Biomedical Sciences, Social Medicine, Population and Public Health (SMPPH), and the Center for Healthy Communities (CHC) into Ed Bldg. I.

Priority 3: UCR Health Expansion

- **Regional Enterprise Development:** Secured UC Regents approval (FY25) for a multi-phase, 20-acre regional health Canyon Springs project near Moreno Valley Springs Parkway and Gateway Drive in Riverside.
- **Clinical Access & Volume Expansion:** Increased clinical volume across all departments and opened a pediatric clinic in the medically underserved Coachella Valley. Utilized $35M in state funds to stabilize practice operations and ambulatory sites.

Priority 4: Strengthening Partnerships with Industry, Alums, Foundations, Communities, and Organizations

- **Robust Community Engagement:** Documented 150 unique community engagement activities in 2025 across departments and centers, including unsheltered outreach events and care delivered at the Hulen Place Clinic for unhoused and low-income residents.
- **Regional Health Workforce Pathways:** Sustained key pipeline and pathway programs—such as Future Physician Leaders (FPL), the Medical Scholars Program, and the California Medicine Scholars Program (CMSP)—to create structured educational access from community colleges and local high schools into medical careers.

Conclusion

The past five years (2021–2026) serving as Vice Chancellor for Health Sciences and Dean of the University of California, Riverside School of Medicine have marked a deeply transformative chapter in the School of Medicine' history. Across our core four-fold mission—education, research, clinical care, and community engagement—our progress has been defined by the unwavering dedication of our faculty, staff, and students. Together, we have remained steadfastly committed to our founding purpose: training a diverse physician, biomedical sciences and public health workforce and delivering research and healthcare tailored specifically to the underserved populations of Inland Southern California.

Navigating this period required overcoming significant headwinds, from financial and space constraints to clinical placement shortages. Yet, through collective resolve, we achieved extraordinary operational and academic milestones. We expanded our medical student class size from 60 to 96 students annually, launched a new Master of Public Health program, broadened biomedical science education, and earned full accreditation from the Liaison Committee on Medical Education (LCME). Our trainees excelled by every measure, achieving a 98% residency match rate, USMLE Step 1 pass rates exceeding national averages, and a perfect 100% pass rate on Step 2, while all residency and fellowship programs

maintained full ACGME accreditation—several with Commendation.

Parallel to these academic successes, we strengthened the school's underlying infrastructure and financial sustainability. We secured critical funding for the new SOM Education II building, raised the State of California's ongoing annual funding from $15 million to $40 million, obtained stabilization funding for UCR Health, and grew philanthropic support year over year. In our clinical enterprise, we launched vital new programs in cardiovascular care, pediatrics, obstetrics/gynecology, and women's health, and earned UC Regents' approval for a multi-phase expansion of UCR Health. Meanwhile, our research footprint expanded across fundamental discovery and community-based participatory research, accompanied by steady funding growth. We also modernized IT operations, established an annual compliance framework, invested in career development programs for faculty and staff, and embedded diversity, equity, and inclusion into the fabric of our community—all while aligning our strategic vision seamlessly with the UCR campus strategic plan and Chancellor Hu's strategic priorities.

Looking to the future, we stand poised to build on this solid foundation. As we rollout the new EVOLVE curriculum, expand our educational offerings, and deepen team science collaborations across the UCR campus and the broader University of California system, our priorities remain focused on regional impact. We will establish a multidisciplinary Cardiovascular Metabolic Center combining clinical care, education, and research, and execute our multi-phase expansion of UCR Health—ensuring that the healthcare needs of Inland Southern California are met with excellence, equity, and compassion for generations to come.

Appendix

- Appendix A: School of Medicine Strategic Plan 2025-2030
- Appendix B: School of Medicine Organizational Chart
- Appendix C: Cross Campus Collaborations
- Appendix D: Center for Healthy Communities Impact Report 2021-2025