



**CAMPBELL**  
**UNIVERSITY**

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Jerry M. Wallace  
School of Osteopathic Medicine

**Academic Bulletin**  
**2019-2020**

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## **Statements of Compliance**

Campbell University maintains a continuing policy of nondiscrimination in employment as approved by the Trustees and issued by the President. It is our policy to provide equal opportunity in all phases of the employment process and in compliance with applicable federal, state, and local laws and regulations. Accordingly, the University is committed to administering all educational and employment activities without discrimination as to race, color, sex, sexual orientation, gender identity, age, ethnicity or national origin, religion, disability, genetic information, protected veteran status and any other characteristic protected by law, except where appropriate and authorized by law. This policy of nondiscrimination shall include, but not be limited to, the following employment decisions and practices: hiring; upgrading; promotions; demotions or transfers; layoffs; recalls; terminations; rates of pay or other forms of compensation; selection for training, including apprenticeship; and recruitment or recruitment advertising.

Inquiries regarding the University's equal opportunity policies may be directed to:

Campbell University  
Human Resources (HR) Department  
P. O. Box 595, Buies Creek, NC 27506

Applicants to, and students of, Campbell University will not be subjected to any form of harassment or discrimination for exercising rights protected by, or because of their participation in, an investigation or compliance review related to Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, the Americans with Disabilities Act, Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, the Veterans Employment Opportunities Act of 1998, or any other federal or state nondiscrimination law, rule, or regulation. If you believe that you have been discriminated against in any manner as described above, you should notify the Director of Student Affairs. Retaliation against anyone who complains of, or witnesses, behavior contrary to this policy is also prohibited.

## **Family Education Rights and Privacy Act of 1974**

Under the provisions of this law, students in post-secondary education have the right to inspect and review their school records, as defined by law. Other than for "Directory Information," Campbell University will release information only with the student's written consent and/or in compliance with federal law and regulation, and will use "Directory Information" in the best interests of the student. "Directory Information" at Campbell University is set forth in the University's FERPA policy found at:

[www.campbell.edu/registrar/family-education-rights-and-privacy-act-ferpa/](http://www.campbell.edu/registrar/family-education-rights-and-privacy-act-ferpa/)

## **Rehabilitation Act of 1973**

In accordance with Section 504 of the Rehabilitation Act of 1973, Campbell University does not discriminate on the basis of handicap in admission or access to or treatment or employment in its programs and activities.

## **Americans with Disabilities Act of 1990 (ADA) and ADA Amendment Act (ADAAA) of 2008**

Campbell University complies fully with the provisions of this law. Inquiries may be directed to:

Laura Rich  
Director of Disability Services  
Student Services, Room 113  
P.O. Box 4260  
Buies Creek, NC 27506  
(910) 814-4364  
Fax (910) 814-5710  
[richl@campbell.edu](mailto:richl@campbell.edu)

See also:

<https://www.campbell.edu/students/student-success/disability-services/student-dss-guide/>

## **Title IX of the Education Amendments of 1972 (20 U.S.C. §§ 1681, et seq)**

Title IX, formally known as Title IX of the Education Amendments of 1972, mandates that no person shall be excluded from participation in or discriminated against on the basis of sex in programs or activities at educational institutions that receive federal financial assistance. Acts of sexual violence, harassment and/or misconduct are forms of sex discrimination and are in violation of Title IX. Inquiries regarding the application of Title IX and other laws, regulations and policies prohibiting discrimination may be directed to:

Kellie Slappey Nothstine  
Dean of Campus Life and Title IX Coordinator  
Wallace Student Center, Room 237  
P.O. Box 95, Buies Creek, NC, 27506  
(910) 893-2039  
Fax (910) 893-1534  
[nothstine@campbell.edu](mailto:nothstine@campbell.edu)

Inquiries may also be directed to:

United States Department of Education's Office for Civil Rights  
District of Columbia Office  
U.S. Department of Education  
400 Maryland Avenue, S.W. Washington, DC 20202-1475  
Telephone: (202) 453-6020  
Fax: (202) 453-6021  
Email: OCR.DC@ed.gov

If you believe you have been the subject of sexual misconduct, harassment, or discrimination, this should be reported to the Title IX Coordinator. The procedures for Title IX complaints are outlined in the Undergraduate Student Handbook <https://www.campbell.edu/policies/title-ix/title-ix-policies-and-procedures/>. The process involves an immediate initial investigation to determine if there is reasonable cause to believe the conduct or discrimination as alleged has occurred. If so, the Title IX Coordinator will initiate a prompt, thorough and impartial investigation. This investigation is designed to provide a fair and reliable determination about whether the University's Title IX policy has been violated. If so, the University will implement a prompt and effective remedy designed to end the discrimination, prevent its recurrence and address its effects.

**Students, faculty and staff who become aware of incidents which may be potential Title IX violations are required to report the incident to the Title IX Coordinator. Behavioral Health practitioners and Student Success are not included in this requirement.**

## **The Application of this Bulletin to CUSOM Students**

The University reserves the right to rescind the admission of anyone if between the times of his or her letter of acceptance and the start of classes:

1. There is a change in the condition or status of any information provided by the applicant and would have been basis for denial of admission if known at the time of application.
2. Any information provided by an applicant proves to be untrue at the time of its submission on the application.

## **Changes in Bulletin**

The University reserves the right to make changes to this Bulletin at any time. When students enter the University, the student file is "stamped" with a Bulletin year. Thus, students entering Campbell University in the fall semester 2019 are "stamped" with a 2019 starting term. The requirements for that starting term are reflected in the 2019-2020 CUSOM Academic Bulletin. Students are responsible for the degree for the academic year in which they enter the University. Any student whose continuous enrollment at the University is interrupted by a semester or more shall be subject to the graduation requirements in the Bulletin in effect at the time of readmission. The Dean, in consultation with the University Registrar, must approve any exception to this policy.

## **Academic Facilities**

Academic facilities at Campbell University are designated primarily for use in the education of Campbell University students; other uses, although perhaps quite worthy in themselves and of benefit to the community, are not to interfere with that primary function.

## **Effective Date:**

July 23, 2019  
**Date**

## **DISCLAIMER:**

This Bulletin is intended as a guideline for students and should not be construed as an offer or as a contract between CUSOM, and any student or a warranty of any entitlements, programs, regulations, or benefits set forth herein. CUSOM, its agents, officers, and employees may rescind or modify any benefit, program, regulation, or entitlement set forth herein at any time, for any reason, with or without notice. This Bulletin supersedes all previous editions of this Bulletin and will be revised and published as necessary and students will be notified of any changes.



## Welcome

*GREETINGS!* Welcome to the Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM)! Thank you for choosing CUSOM and entrusting us to provide you with the education and clinical training required to become exceptional osteopathic physicians. From our basic science and clinical faculty, to our Academic Center of Excellence, Department of Behavioral Health, faculty advisors, Medical Education and Library, and the Departments of Admissions, Financial Aid, and Student Affairs, you will find that each faculty and staff member at CUSOM is committed to your medical education, academic success, health, and well-being. We are with you each step of the way!

The [Mission](#) of CUSOM is to educate and prepare community-based osteopathic physicians in a Christian environment to care for the rural and underserved populations in North Carolina, the Southeastern United States, and the nation. Our outstanding biomedical and clinical faculty prepares students to be lifelong learners and excellent practitioners.

At CUSOM, you will be well-trained and well-prepared to become highly-competent physicians, as evidenced by excellent COMLEX and USMLE performance leading to exceptional residency placement. You also will have fun and enjoy the adventure on your path to becoming a physician!

CUSOM students receive an exceptional medical education and hands-on clinical training that will enable them to provide the highest level of evidence-based quality care for the patients they serve. Students delve deeply into areas of medical inquiry in an active learning environment that fosters intellectual curiosity and an excitement for learning. Our curriculum emphasizes critical thinking through participation in medical simulation experiences, standardized patient encounters, clinical skills training, OMM workshops, clinical rotations, and small group learning sessions utilizing clinical cases. Osteopathic principles are integrated throughout the entire four-year curriculum enabling students to learn and apply the time-honored approach to healing based upon the teachings of Andrew Taylor Still, the founder of osteopathic medicine. A critical component of the educational program at CUSOM is the emphasis on intellectual achievement, compassion, mind-body-spirit centered patient care, and a commitment to the core values of professionalism, integrity, compassion, diversity, mutual respect, teamwork, and open communication.

Once again, welcome to CUSOM – we are truly excited to have you here, and look forward to guiding you on your journey to become highly trained, caring, and compassionate osteopathic physicians who will provide exceptional medical care for those in need in North Carolina, the nation and the developing world.

## **1. GENERAL INFORMATION**

### **1.1 History, Background and Mission of Campbell University**

On January 5, 1887, James Archibald Campbell welcomed 16 students to the first day of classes, thus marking the founding of Buies Creek Academy. Over the years, the Academy evolved to become Campbell Junior College (1926), Campbell College (1961), and Campbell University (1979).

The mission of Campbell University is to graduate students with exemplary academic and professional skills who are prepared for purposeful lives and meaningful service. The University is informed and inspired by its Baptist heritage and three basic theological and biblical presuppositions: learning is appointed and conserved by God as essential to the fulfillment of human destiny; in Christ all things consist and find ultimate unity; and the Kingdom of God in this world is rooted and grounded in Christian community. The University embraces the conviction that there is no conflict between the life of faith and the life of inquiry.

In 2013, Campbell launched the Jerry M. Wallace School of Osteopathic Medicine, North Carolina's first new medical school in over 35 years. In August 2016, the Catherine W. Wood School of Nursing—housed within the College of Pharmacy & Health Sciences—welcomed its first cohort. Simultaneously, Campbell opened its School of Engineering, which was only the second engineering school at a private university in North Carolina. They joined Campbell's other established colleges and schools: the College of Arts & Sciences, the Norman Adrian Wiggins School of Law (1976), the Lundy-Fetterman School of Business (1983), the School of Education (1985), the College of Pharmacy & Health Sciences (1985), and the Divinity School (1996).

In addition to its main campus in Buies Creek, Campbell University has off-campus instructional sites in Camp Lejeune (Jacksonville), Fort Bragg & Pope (Fayetteville), Raleigh (2009 relocation of the law school), Tunku Abdul Rahman University College (Kuala Lumpur, Malaysia), Sampson Correctional Institution (Clinton), and a vibrant online presence through Campbell Online.

Today, Campbell University enrolls approximately 7,000 students per year, including more than 5,000 undergraduate and graduate students on its main campus. The University employs over 900 full-time employees, which includes over 250 full-time faculty. Over 100 degree programs in the liberal arts, health sciences, fine arts, and professions are offered.

Campbell University, Incorporated, is a private, not-for-profit, academic institution governed by an independent and self-perpetuating Board of Trustees. The University enjoys an autonomous and voluntary relationship with the Baptist State Convention

of North Carolina. Campbell University is accredited by the Southern Association of Colleges and Schools Commission on Colleges as a Level VI institution to award associate, baccalaureate, masters, and doctorate degrees and is classified as a Doctoral/Professional University (D/PU) by the Carnegie Classification of Institutions of Higher Education.

## **1.2 Campbell University Mission Statement**

The Mission of Campbell University is to graduate students with exemplary academic and professional skills who are prepared for purposeful lives and meaningful service. The University is informed and inspired by its Baptist heritage and three basic theological and biblical presuppositions: learning is appointed and conserved by God as essential to the fulfillment of human destiny; in Christ all things consist and find ultimate unity; and the Kingdom of God in this world is rooted and grounded in Christian community. The University embraces the conviction that there is no conflict between the life of faith and the life of inquiry. To fulfill its Mission, the University:

1. Presents a worldview informed by Christian principles and perspectives;
2. Affirms that truth is revelatory and transcendent, as well as empirical and rational, and that all truth finds its unity in Jesus Christ;
3. Influences development of moral courage, social sensitivity, and ethical responsibility;
4. Gathers a diverse community of learners;
5. Delivers academic instruction in the liberal arts and sciences and professional preparation at both undergraduate and graduate levels through traditional, extended campus, and online programs;
6. Transfers to students the vast body of knowledge and values accumulated over the ages;
7. Encourages students to think critically and creatively;
8. Fosters the development of intellectual vitality, physical wellness, and aesthetic sensibility;
9. Forges a community of learning that is committed to the pursuit, discovery, and dissemination of knowledge;
10. Provides students with servant leadership opportunities;
11. Cooperates with other educational institutions to expand learning opportunities for students;
12. Offers service and other opportunities to the greater community through athletics, continuing education, and cultural enrichment programming.

### **1.3 CUSOM Mission Statement**

#### **Mission Statement of the School of Osteopathic Medicine**

The Mission of the Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM) is to educate and prepare community-based osteopathic physicians in a Christian environment to care for the rural and underserved populations in North Carolina, the Southeastern United States and the nation.

CUSOM faculty, staff and students value: teamwork, leadership, professionalism, integrity, diversity, and the ethical treatment of all humanity.

#### **Goals, Vision, and Objectives of the School of Osteopathic Medicine**

CUSOM is informed and guided by the following eight goals for the purpose of educating osteopathic physicians who are well trained, socially minded clinicians who practice evidence based medicine:

1. To recruit and graduate osteopathic medical students who are committed to serving in rural and underserved areas throughout North Carolina, Southeastern United States, and the nation.
  - a. To recruit a diverse student body who have a desire to serve a rural and underserved population.
  - b. To recruit students from North Carolina, Southeastern United States, and the nation.
2. To educate osteopathic medical students in the art and science of osteopathic medicine using the most current research in clinical and basic science.
3. To provide osteopathic medical education that is holistic in its approach, evidence based, community focused, and patient centered. Treating the patient as an integrated whole-mind, body and spirit.
4. To contribute to the fund of osteopathic medical knowledge through educational, scientific and clinical research and other scholarly activity.
5. To develop outreach sites in rural and underserved North Carolina to provide educational services and healthcare to our region.
6. To develop a sustainable international medical missions program to train clinicians for underserved areas of North Carolina, the United States and the developing world.
7. To collaborate with our hospitals and other partners to provide healthcare and other educational services to our region.
8. To develop postgraduate training programs in collaboration with other institutions so that our medical students have training programs upon graduation.

#### **1.4 School of Osteopathic Medicine Accreditation**

Campbell University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate, baccalaureate, masters, education specialist, and doctorate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call (404) 679-4500 for questions about the accreditation of Campbell University. The Commission should be contacted only if there is evidence that appears to support the University's significant non-compliance with an accreditation requirement or standard.

Normal inquiries about Campbell University, such as admission requirements, financial aid, educational programs, etc., should be addressed directly to the appropriate office of the University and not to the Commission's office.

The American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) granted the Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM) full accreditation status in 2017, with the next accreditation review tentatively scheduled for 2024.

Accreditation status is the highest level of accreditation awarded, and confers all rights and privileges of accreditation.

Contact information for the COCA is as follows:

Commission on Osteopathic College Accreditation  
142 East Ontario Street Chicago, IL 60611  
Toll-free phone: (800) 621-1773  
Department of Accreditation: (312) 202-8124  
Department of Accreditation Fax: (312) 202-8424

#### **About the American Osteopathic Association (AOA)**

Representing more than 100,000 osteopathic physicians (DOs) around the world, the American Osteopathic Association (AOA) serves as the professional family for all DOs and osteopathic medical students. In addition to serving as the primary certifying body for DOs, the AOA is the accrediting agency for all osteopathic medical schools and has federal authority to accredit hospitals and other health care facilities.

Continually striving to be the premier home for the osteopathic medical community, the AOA stands for the following universal principles:

- Enhancing the value of AOA membership
- Protecting and promoting the rights of all osteopathic physicians
- Accentuating the distinctiveness of osteopathic principles and the diversity of the profession

- Supporting DOs' efforts to provide quality, cost-effective care to all Americans
- Collaborating with others to advance the practice of osteopathic medicine

The AOA stands firmly behind osteopathic physicians' ethical and professional responsibilities to patients and the medical profession. We offer an in-depth look at our ethical standards in our official Code of Ethics. Our policies and positions also outline the AOA's stance on major health issues affecting all areas of society.

## **1.5 Postgraduate Medical Education**

### **Sponsoring Institution**

In 2015, Campbell University became the sponsoring institution for CUSOM "affiliated" residency programs in preparation for single accreditation. Between 2012 and 2019, CUSOM started 18 new residency programs in Family Medicine, Internal Medicine, Obstetrics-Gynecology, Dermatology, Surgery, Sports Medicine, Osteopathic Manipulative Medicine and Psychiatry.

### **Osteopathic Postdoctoral Training Institution (OPTI)**

CUSOM is a member of the Osteopathic Medical Network of Excellence in Education (OMNEE), which is committed to develop residency programs in North Carolina and the Southeastern United States. North Carolina has the medical facilities to provide sufficient training sites for CUSOM medical students and the opportunity to develop new GME training sites to ensure graduates will have residency positions available to them in North Carolina.

## **1.6 Osteopathic History**

The history of CUSOM begins with the advent of osteopathy by Andrew Taylor Still, a native of Virginia. In 1854, Dr. Still, then a practicing allopathic physician in Kansas, became increasingly dissatisfied with the medical practices of his day. He developed a new theory of medicine, which he called osteopathy. He based his new approach to health care on the concepts of body unity, the body's inherent ability to heal itself given all the optimum conditions, and on the proper alignment and function of the musculoskeletal system.

CUSOM takes pride in bringing the philosophies of Dr. Still to North Carolina. Over the years, the practice of medicine has evolved and so has the practice of osteopathic medicine. Today, doctors of osteopathic medicine (DOs) serve the public with full medical practice privileges. Osteopathic physicians are trained in all the modern practices science has to offer in medical and surgical care while incorporating the concept of treating the whole person throughout the training.

Osteopathic physicians believe hands-on examination (palpation) is an essential part of making a physical diagnosis. In addition to pharmacologic treatment and surgery, manipulative medicine remains an important therapeutic tool utilized by osteopathic physicians in alleviating pain and treating illness. The training of osteopathic physicians has always stressed a primary care orientation.

#### **Four Tenets of Osteopathic Medicine**

1. The body is a unit; the person is a unit of mind, body and spirit
2. The body is capable of self-regulation, self-healing and health maintenance
3. Structure and function are reciprocally interrelated
4. Rational treatment is based on the above three principles

#### **1.7 Osteopathic Oath**

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices, which will in any way, bring shame or discredit upon my profession or myself. I will give no drugs for deadly purposes to any person, though it be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy, which were first enunciated by Andrew Taylor Still.

## **2. ADMISSION TO THE SCHOOL OF OSTEOPATHIC MEDICINE**

### **2.1 Admissions Process**

CUSOM has adopted admissions policies and criteria designed to meet its Mission to educate and train outstanding community-based osteopathic physicians to care for the rural and underserved populations in North Carolina, the Southeastern United States and the nation.

CUSOM faculty, staff and students value: teamwork, leadership, professionalism, integrity, diversity and the ethical treatment of all humanity.

The goals of the CUSOM Office of Admissions are to:

1. Review each applicant as a whole person: Mind, Body, and Spirit.
2. Evaluate each applicant's potential for success in the Doctor of Osteopathic Medicine (DO) curriculum.
3. Assess each applicant's commitment and aptitude as a future practicing osteopathic physician.
4. Consider each applicant's interest in serving rural and underserved populations.
5. Help confirm the applicant's commitment to the [Mission of CUSOM](#) and the osteopathic profession.

The Office of Admissions ensures qualified students are selected for matriculation to the Doctor of Osteopathic Medicine Program at Campbell University.

CUSOM is committed to selecting applicants who align with our Mission and our values and who will be an asset to the profession of osteopathic medicine. When reviewing applications, the goals of the Office of Admissions include, but are not limited to, evaluating:

- Each applicant as a whole person.
- Each applicant's interest in serving rural and underserved populations.
- Each applicant's potential success as a Doctor of Osteopathic Medicine.
- Each applicant's compassion, knowledge and commitment to healthcare and the [CUSOM Mission](#).

The CUSOM Admissions Committee considers an applicant's academic background, achievements, personal statement, Medical College Admissions Test (MCAT) scores, letters of recommendation, health-related work and research and volunteer experience.



In addition to academic performance, the Admissions Committee places emphasis on the ethical treatment of all humanity, the demonstration of personal merit, compassion, community involvement, communication skills, teamwork, leadership, professionalism, integrity, dedication to professional goals, and the promotion of diversity.

Faculty and staff evaluations provided after each candidate's interview are utilized by the Admissions Committee in making their recommendation to the Dean regarding whether the candidate should be granted or denied acceptance. The Dean considers the recommendations from the committee before making the final decision on each candidate. The Dean, as the Chief Academic Officer, makes all final decisions on candidate status.

The CUSOM Office of Admissions maintains pre-admission academic and demographic data for each matriculating class. Upon graduation, the Office of the Registrar works in conjunction with the CUSOM Alumni Association and the Office of Assessment, Accreditation and Medical Education to track licensing examination performance, specialty certification, post-graduate employment and career activities for each graduating class.

Through this process, CUSOM is able to evaluate and adjust recruitment practices and policies to ensure the Mission and Goals of the institution are being met.

## **2.2 Non-Discrimination Admission Policy**

The CUSOM Office of Admissions makes every effort to recruit students with diverse backgrounds to foster the cultural richness to meet its Mission and Goals. CUSOM applicants will not be discriminated against on the basis of race, color, sex, sexual orientation, gender identity, age, ethnicity or national origin, religion, disability, genetic information, protected veteran status or any other characteristic protected by law.

## **2.3 Requirements for Admission**

To be considered for an interview, applicants for admission to CUSOM are required to complete a minimum of 75 percent of the required credits for a degree at a college or university accredited by an agency recognized by the United States Department of Education.

To be considered for admission, applicants must have earned, or are scheduled to earn, a baccalaureate degree prior to matriculation at CUSOM, and submit scores from the Medical College Admission Test (MCAT). For the current admission cycle, CUSOM will accept the MCAT administration up to three years prior to the year of matriculation unless with the Dean's exception.

Most competitive applicants to CUSOM have MCAT scores at the 50<sup>th</sup> percentile or higher. The most competitive applicants have higher MCAT scores.

Applicants should have achieved at least a 3.2 Science and Overall cumulative grade point average (GPA) on a 4.0 scale. The most competitive applicants have higher Science and Overall cumulative GPAs. The admissions process is highly competitive, and higher GPAs and MCAT scores may increase chances for acceptance. CUSOM also places emphasis on the applicant's in-person interview.

The required undergraduate courses for entry are:

- Biological Sciences: One year with laboratory (8 semester hours/12 quarter hours)
- Physics: One year (6 to 8 semester hours/9 to 12 quarter hours)
- Inorganic/General Chemistry: One year with laboratory (8 semester hours/12 quarter hours)
- Organic Chemistry: One year with laboratory (8 semester hours/12 quarter hours); the second semester of Organic Chemistry can be substituted by Biochemistry.
- English: One year (6 semester hours/8 quarter hours)
- Six (6) additional science hours are highly recommended. CUSOM recommends courses in the 300/400 level or higher in subjects that will enhance performance in medical school such as Anatomy, Physiology, Biochemistry, Genetics, Microbiology, and Immunology

**NOTE:** Courses with equivalent content will be reviewed.

**NOTE:** Students must obtain a grade of "C" or better in each of the required courses above to fulfill the pre-requisite course requirement.

Applicants are required to meet the Technical Standards, including required immunizations for healthcare workers, for admission and continued enrollment, and affirm that he or she meets the standards. Any falsification or misinformation (e.g. not disclosing prior to matriculation a known, pre-existing, issue which would lead to not meeting the Technical Standards) regarding the ability to meet the Technical Standards may result in dismissal from the program.

Applicants must submit all required paperwork per published deadlines outlined by the Office of Admissions. If paperwork is not submitted received as required, an offer of admission may be rescinded.

## **2.4 Applications Deadline**

The official AACOMAS application is available online at:

[www.https://aacomas.liaisoncas.com/](https://aacomas.liaisoncas.com/)

The deadline for CUSOM applicants is March 1, but this deadline is subject to change annually. Applicants should consult the CUSOM website for more information. The last day for applicants to submit their Secondary Application and supporting materials is April 1, but an earlier submission is highly encouraged.

## **2.5 Early Decision Admissions Track**

The Early Decision Admissions Track is an admissions option for candidates who identify CUSOM as their first choice amongst both osteopathic and allopathic medical schools for pursuing a medical education. To be considered for the Early Decision Admissions Track, the candidate must meet all of the following requirements and agree to apply only to CUSOM until an early decision notification has been made. Please note the Early Decision Admissions Track requirements are in addition to the minimum requirements for admissions listed earlier in this section.

### **Early Decision Admissions Track Requirements**

- Minimum Science and Overall GPA of 3.50 on a 4.0 scale.
- Recent MCAT score (by August of the calendar year; three years prior to the date of application) with a minimum score at the 50<sup>th</sup> percentile.
- Submit an application, official transcript from all institutions attended, and MCAT scores to AACOMAS by July 1 of the year preceding matriculation.
- Submit a letter of intent to the Office of Admissions indicating that CUSOM is your first choice for medical schools by July 1 and request review for Early Decision Admissions Track.
- Submit all secondary application materials including Secondary Application, application fee, letter of recommendation from a premedical advisor/science faculty member (typically a PhD), and letter of recommendation from an osteopathic or allopathic physician by August 15.
- The letter of intent should indicate all applications to other medical schools will be withheld until early decisions are made by CUSOM. Students will be notified no later than September 30.

## **2.6 Guaranteed Interview Process**

This is only applicable to Campbell University undergraduate students with:

- A minimum Science and Overall GPA of 3.30 on a 4.0 scale.
- A minimum MCAT score at the 50<sup>th</sup> percentile with a preferred score in the 40<sup>th</sup> percentile or higher in Biological and Biochemical Foundations of Living Systems (BBFLS).
- Application, transcripts from all institutions attended, and MCAT scores submitted to AACOMAS in June/July of their senior year.
- Positive evaluation from the Dean of their undergraduate college.

Campbell University undergraduate students meeting the above criteria will be:

- Guaranteed an interview in September of their senior year.
- Guaranteed a decision within two weeks of interviewing.
- Any offer of acceptance will be contingent upon maintaining minimum Science and Overall GPA of 3.30 on a 4.0 scale.

## **2.7 Juris Doctor and Doctor of Osteopathic Medicine (JD/DO) Dual Degree Program**

The Jerry M. Wallace School of Osteopathic Medicine and the Norman Adrian Wiggins School of Law offer a six-year combined program of study (JD/DO Dual Degree Program) leading to awarding of both the Juris Doctor (JD) degree and the Doctor of Osteopathic Medicine (DO) degree upon successful completion of all requirements.

One significant benefit of the combined program is the opportunity for students to complete the program in six years, thereby reducing the amount of time it would otherwise take to earn these two degrees separately by one calendar year. Graduates will be poised to obtain significant positions of leadership, administration, and management and will be well equipped to serve as leaders in their professional and civic communities, working to make significant contributions at the intersection of law and the medicine.

While Campbell JD/DO graduates will most likely practice in just one of the professions, their studies will provide them with exceptional insights into today's complex medico-legal issues. This program is rigorous and demanding and enrollment will be limited to those students meeting the criteria for both Campbell University School of Law and Campbell University School of Osteopathic Medicine Admissions Standards.

Students admitted to the JD/DO program complete both degrees in six years typically, beginning their studies in the Campbell University School of Law.

During the first year, the student would begin law school studies during the Summer Semester followed by law school classes in fall, spring and summer semesters.

During the second year of the combined program, the student would begin medical studies at Campbell University School of Osteopathic Medicine and complete three years in medical studies before returning to the law school.

As a dual program, it is important to note that both the law school and the medical school are accredited.

North Carolina has six ABA-accredited law schools:

1. Campbell University
2. Duke University
3. Elon University
4. North Carolina Central University
5. University of North Carolina Chapel Hill
6. Wake Forest University

North Carolina has five LCME- or COCA-accredited medical schools:

1. Campbell University (COCA-accredited)
2. Duke University (LCME-accredited)
3. East Carolina University (LCME-accredited)
4. University of North Carolina Chapel Hill (LCME-accredited)
5. Wake Forest University (LCME-accredited)

CUSOM is the only osteopathic medical school in North Carolina, and the JD/DO program is unique. In North Carolina, at the time of this Bulletin only Duke University has a similar dual-degree program. In the United States, the only other osteopathic medical school with a similar joint degree program is Rowan University in New Jersey.

The applicant must apply to both degree programs consecutively and meet all admission requirements outlined for the CU Juris Doctor (JD) program and the CU Doctor of Osteopathic Medicine (DO) program. The applicant will submit a request in writing to both programs to indicate an interest of enrollment in the CU six-year combined JD/DO Dual Degree Program. The applicant will be notified by each admissions office upon acceptance into the dual degree program.

### Combined JD/DO Degree Curriculum Overview

Program Year	School	School Credits/Year	Tally of Hours Earned
<b>Summer</b>	LAW SCHOOL	Law School 5 credits (Law)	5 (Law)
<b>1</b>	LAW SCHOOL	First year Law 31 credits (Law)	36 (Law)
<b>Summer</b>	LAW SCHOOL	8 credits (Law)	44 (Law)
<b>2</b>	LAW SCHOOL ----- MEDICAL SCHOOL	First year CUSOM ----- 2 credits (Law)	46 (Law) 49.5 (Medicine)
<b>Summer</b>	LAW SCHOOL	8 credits (Law)	54 (Law) 49.5 (Medicine)
<b>3</b>	LAW SCHOOL ----- MEDICAL SCHOOL	Second year CUSOM ----- 2 credits (Law)	56 (Law) 91.5 (Medicine)
<b>4</b>	LAW SCHOOL	30 credits (Law)	86 (Law) 91.5 (Medicine)
<b>5</b>	LAW SCHOOL ----- MEDICAL SCHOOL	Third Year CUSOM ----- 2 credits (Law)	88 (Law) 211.5 (Medicine)
<b>6</b>	LAW SCHOOL ----- MEDICAL SCHOOL	Fourth Year CUSOM ----- 2 credits (Law)	90 (Law) 321.5 (Medicine)
	JD and DO degrees conferred	90 credits (Law) All credits (CUSOM)	

Additional information concerning the JD/DO Dual Degree Program may be found at:

<https://law.campbell.edu/learn/academic-program/dual-degree-programs/>

## **2.8 Application Process**

### **Step 1: AACOMAS Application**

CUSOM participates with other osteopathic colleges in a centralized application processing service called the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS). An application may be submitted online at <https://aacomas.liaisoncas.com/> or may be obtained by contacting:

AACOMAS P.O. Box 9137  
Watertown, MA 02474  
Telephone (617) 612-2889

To initiate the application process, applicants must apply directly to AACOMAS.

AACOMAS is available to the students for the entering class from May through March of the year applying. Detailed instructions can be accessed through:

<https://aacomas.liaisoncas.com/>

Applicants must request all official transcripts from all colleges and universities attended to be mailed directly from the institution(s) to the AACOMAS office. Students should also ensure all MCAT scores are forwarded directly to AACOMAS from the AAMC.

Applicants who have taken course work and/or have earned a degree from a foreign institution must also submit to AACOMAS an evaluation of their transcripts in a course-by-course fashion from one of the AACOMAS-approved evaluation services. The evaluation service must verify course work completed at an institution outside of the US is comparable to a regionally accredited US college or university in a course-by-course fashion.

### **Step 2: CUSOM Secondary Application Process**

After receipt of the primary application, CUSOM performs an initial screening of the application. Applicants who pass the initial screening may be invited to submit an electronic Secondary Application and supporting documents. Please note CUSOM screens all primary applications and not all applicants will receive the invitation to submit a Secondary Application.

Applicants invited to submit a Secondary Application receive an email notification. This email will contain information and instructions on how to complete the Secondary Application and submit the processing fee. A non-refundable fee of \$50.00 is payable upon submission of the Secondary Application for admission. CUSOM waives this fee if the applicant has an approved AACOMAS fee waiver document.

In addition to the Secondary Application and non-refundable processing fee, applicants must submit two required letters of recommendation. Letters of recommendation must be originals on professional or college/university letterhead, and signed by the evaluator. Letters of recommendation may not be written by a relative, including relatives through marriage. CUSOM accepts letters through AACOMAS, VirtualEvals, Interfolio and mail.

Letters of recommendation which are included as a part of the pre-health committee packet or letters from an official evaluation collection service (AACOMAS, Interfolio or VirtualEvals) recognized by CUSOM as a part of their official packet and are accepted without signature or letterhead, as long as the letters are sent directly from the authors to the pre-health committee. If the applicant's school does not utilize a pre-health committee, a letter must be from a science faculty member (typically a PhD)-familiar with the academic work of the applicant. A second letter of recommendation must be from either an osteopathic physician (DO) or an allopathic physician (MD). Although a letter from an osteopathic physician is not required, it is strongly recommended.

While shadowing experience with a DO is not required, applicants who have shadowing experience with an osteopathic physician demonstrate commitment to the profession and understanding of the practice of osteopathic medicine.

CUSOM welcomes additional letters of support or recommendation from those who are acquainted with the student's academic or professional ability. All additional letters of recommendation must be originals on professional or college/university letterhead, signed by the evaluator and sent directly to the CUSOM Office of Admissions.

## **2.9 CUSOM Selection Process**

To be considered for an interview, each applicant must meet all the preceding admissions requirements and Technical Standards for admission and have a complete application file, including: the AACOMAS application, a Secondary Application, proof of US Citizenship (Passport or Green Card), a form/letter of recommendation from either an osteopathic or allopathic physician, a recommendation form/letter from a pre-medical or pre-health committee, or science faculty member (typically a PhD) and the processing fee.



After receipt of all of these materials, the applicant's file is reviewed by the Office of Admissions to determine eligibility for an interview based on criteria established by the Admissions Committee.

Each applicant who accepts an invitation to interview is invited to campus where he/she will interview with members of the CUSOM faculty, staff and administration. During the interview, the applicant's academic history and knowledge may be reviewed as well as the attributes that demonstrate the potential to become a caring and competent osteopathic physician and fit for CUSOM's Mission.

At the conclusion of the interviews, the interviewers submit their recommendation through WebAdMIT for review by the Director of Admissions, and these recommendations are presented and discussed during an Admissions Committee meeting. The Admissions Committee reviews each applicant who interviews with CUSOM and makes a recommendation of either "accept" or "deny" admission to the Dean.

The Dean, as the Chief Academic Officer, makes all final decisions on candidate status. The Dean decides to grant or deny acceptance of each candidate. This decision is provided to the applicant in a timely manner, usually by email notification within 2-4 weeks of the interview date. A formal letter informing the candidate of the Dean's offer of acceptance is sent at a later date.

Intentional misrepresentation or omission of information on any form or records relevant to admissions subjects the applicant to a retraction of an offer for admission, or dismissal of the student in the case the misrepresentation/omission is discovered after matriculation. CUSOM reserves the right to deny admission to any applicant for any reason it deems sufficient. Matriculation may be denied to applicants who have failed to maintain a good record of scholastic performance or good record of personal conduct between the time of their acceptance and their matriculation at CUSOM.

Inability to *maintain* compliance with educational training technical standards, including required immunizations for healthcare workers, may also result in the revocation of acceptance or matriculation.

Additionally, applicants found to have screening tests positive for alcohol, prescription medications without a valid prescription, or substances which are illegal in the state of North Carolina may result in revocation of an offer of acceptance or dismissal in the case that positive tests are discovered after matriculation. Controlled substance screening results are viewed in light of North Carolina and federal laws governing illegal substances.

For example, although the use of marijuana is legal in some states, the US Federal Drug Enforcement Agency lists it as an illegal drug. Its use or abuse impairs the ability of a healthcare professional to provide optimal care to his or her patients. As such, the use of marijuana in any form is a violation of University policy.

## **2.10 Transfer Applicants**

CUSOM may consider acceptance of transfer applications. Potential transfer students must submit certified and official transcripts from all post-secondary educational institutions, achieve passing grades in all subjects at the time of transfer, and have an overall 3.2 GPA or higher on a 4.0 scale at their current medical school.

Transfer students leaving an accredited medical school must request a letter from both the Dean and one Associate Dean from all prior medical schools attended.

Transfer credit will be dependent on coursework completed by the applicant and will be subject to the final approval from the Dean based on the recommendation of the CUSOM Admissions Committee. Students who have completed two years of course work at another medical school will not be considered if they have not passed COMLEX-USA Level 1. Credits will only be transferred from COMs accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) or from schools of medicine accredited by the Liaison Committee on Medical Education (LCME). An *ad hoc* committee appointed by the Dean conducts an evaluation of courses for transfer.

Students transferring from another medical school to CUSOM will be required to complete at least the last two years at CUSOM prior to graduation. In addition, all transfer students must meet CUSOM's osteopathic manipulative medicine training requirements, including the understanding and knowledge of osteopathic philosophy prior to graduation. Each transfer applicant's materials will be reviewed by the Admissions Committee, and the applicant will be interviewed prior to the approval of a transfer.

CUSOM has the right to require additional courses to be taken or clinical rotations added if deemed necessary to ensure the graduates are of the highest quality and contributes to CUSOM successfully meeting its Mission. The Dean determines satisfactory completion of these requirements. Students must fulfill all requirements for graduation, including passing COMLEX-USA Level 1, COMLEX-USA Level 2-CE, and COMLEX-USA Level 2-PE licensing examinations, to receive the DO degree from CUSOM.

## **2.11 Transfers from Accredited Schools of Medicine**

Credits are only transferrable from COMs accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) or from schools of medicine accredited by the Liaison Committee on Medical Education (LCME). Students wishing to transfer must have completed all course work with passing grades at the time of the transfer request and have at least a 3.2 or greater GPA on a 4.0 scale. Each course is evaluated by the Office of Academic Affairs as to course content, equivalency, and credit hours prior to any credit being transferred.

Transferred credits are only accepted if the student is eligible for readmission to a previously attended COCA-accredited COM or LCME-accredited school of medicine or is currently an osteopathic medical student or allopathic medical student with overall good standing at the institution from which they are seeking transfer. Letters from the Dean and Associate Dean(s) of the previously attended medical school(s) are required to verify the student is in good standing and is eligible for readmission to their institution.

LCME transfer students must complete the CUSOM requirement for osteopathic manipulative medicine including the demonstration of the requisite knowledge and application of osteopathic philosophy prior to graduation.

The Dean, as the Chief Academic Officer, makes all final decisions on transfer requests.

## **2.12 International Student Applicants**

CUSOM may accept students who are US-born citizens, naturalized citizens, green card holders, student visa holders or are in Deferred Action for Childhood Arrival (DACA) status. Applicants need to understand that for intern and residency sites, clearance for the permission to participate in clinical training is determined by the site, not CUSOM. Certain sites have more time-consuming clearance processes, such as Veterans Administration hospitals and other federal facilities. CUSOM cannot guarantee clearance for the permission to participate in clinical training at a specific site, but will work to place students at the necessary sites to complete their educational requirements.

CUSOM policy requires applicants who have completed coursework at foreign institutions be evaluated for U.S. equivalence by one of the evaluation services listed on the AACOM website:

<http://www.aacom.org>

The evaluation service must verify course work completed at an institution outside of the US is comparable to a regionally-accredited US college or university in a course-by-course fashion.

**CUSOM does not accept transfer students from international medical schools.**

## **2.13 Technical Standards for Admission to CUSOM**

The requirements to succeed at CUSOM are those necessary to successfully complete the curriculum and to practice osteopathic medicine with full practice rights. Students must be able to function in a variety of learning and clinical settings, and to quickly, accurately, and consistently learn and process data. Osteopathic physicians utilize palpation (clinically appropriate touching) as part of the osteopathic approach to treatment. As part of the educational process, CUSOM students must be able to tolerate being touched, examined and receive osteopathic manipulation by members of both genders, and to touch, examine and provide osteopathic manipulation to others (of both genders) in order to acquire the skills necessary for palpation and examination. This palpation is performed in a professional and appropriate manner.

Acquiring the skills to palpate and examine patients requires a student to examine partially disrobed patients of both genders and is mandatory for successful completion of the curriculum at CUSOM. Students are required to participate fully as both the examiner and examinee in various clinical laboratory experiences. In Clinical Skills and Osteopathic Manipulative Medicine laboratory experiences, as well as other clinical laboratories where skills are acquired, students are required to participate in the examination of fellow students of both genders who may be partially disrobed.

In order to be able to gain appropriate clinical exposure to the regions being examined and osteopathic manipulative techniques to be provided, students need to wear attire such as shorts and are expected to partially disrobe for certain laboratory experiences. Please refer to the Dress Code Policy for additional information.

Additionally, CUSOM utilizes cadavers in the gross anatomy laboratory. As such, CUSOM students must be able to tolerate working with, and touching, cadavers.

Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy, clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

CUSOM students also participate in ultrasound labs and, as such, will be required to perform ultrasound examination of fellow students of both genders who may be partially disrobed.

These are requirements for all students, regardless of cultural or religious beliefs, in order for the student to acquire the skills necessary to practice osteopathic medicine. Students who have any concern regarding these requirements should discuss them with the Director of Admissions prior to applying.

CUSOM will make reasonable accommodations as required by law for students whose disabilities will not prevent them from successfully completing the entire CUSOM curriculum and graduating as an osteopathic physician. Students, however, are required to function with independence and perform at all skill levels described below which CUSOM holds as mandatory for the safe and effective practice of osteopathic medicine.

CUSOM is committed to patient safety and assuring a safe and effective environment that does not place patients, students, or others at risk. Each Technical Standard has been chosen from standards osteopathic physicians deem necessary for the safe and effective practice of osteopathic medicine.

***Applicants who do not meet the Technical Standards should not apply to CUSOM.***

**Students / Applicants must possess the abilities and skills in the following five areas:**

### **1. Observation**

The student must be able to visually observe laboratory demonstrations, microscopic tissue with the aid of the microscope, and electronic images used in classroom presentations and laboratory demonstrations. The student must be able to visually and accurately observe physical signs and symptoms of a patient used in diagnosis and clinical management.

The use of a trained intermediary in such cases would compromise performance, as it would be mediated by another individual's power of selection, observation, and experience. Observation requires the functional use of vision and somatic sensations and, is often enhanced by the sense of smell.

### **2. Communication**

The student must be able to communicate effectively in English, as the curriculum and clinical experiences are offered exclusively in English. Students are encouraged to learn other languages for medical communication; however, the entire curriculum and all assessment exercises are provided in English. CUSOM requires the functional ability to speak, hear, and observe patients in order to elicit accurate medical information. The student must be able to both describe changes in mood, activity, posture, and other physical characteristics and to perceive nonverbal communication.

The student must be able to communicate effectively and efficiently in verbal and written form. The student must be able to communicate effectively and efficiently with patients and with all members of the healthcare team in order to successfully complete the curriculum.

### **3. Motor**

The student must have sufficient motor function to gather information from patients by palpation, percussion, and other diagnostic measures. The student must have sufficient motor function to carry out maneuvers of general and emergent care and of osteopathic manipulation. Examples of emergent motor functions include, but are not limited to, cardiopulmonary resuscitation, administration of intravenous fluids and intravenous medications, management of an obstructed airway, hemorrhage control, wound closure by suturing, and obstetrical deliveries. In addition, osteopathic manipulation requires the use of extremities in palpation, positioning, and carrying out maneuvers of manipulation. These actions require fine and gross motor control, as well as the sense of touch and adequate vision for inspection. Students must be able to generate sufficient force, and be able to receive these same forces, to successfully learn and provide effective osteopathic manipulative treatments for all techniques which include, but are not limited to, muscle energy, counterstrain, Still technique, and high-velocity, low amplitude (HVLA) taught in the curriculum.

### **4. Intellectual**

The student must have the ability to reason, calculate, analyze, measure, and synthesize information delivered in a variety of formats, including, but not limited to, electronic/digital sources, EKGs, medical images and similar modalities. The student must be able to comprehend, learn, synthesize, and recall a large amount of information without assistance, to successfully complete the curriculum.

The student must be able to comprehend and understand/apply three-dimensional and spatial relationships to successfully complete the curriculum and apply fundamental concepts to the provision of patient care. The student must be able to acquire and synthesize knowledge through various types of learning materials and formats utilized in the CUSOM curriculum. In addition, students must be able to perform pattern recognition, recall information, identify and discriminate important information, problem solve, calculate and make decisions in timed situations and in the presence of noise and distractions.

The above intellectual abilities are essential, as students and graduates are expected and required to perform pattern recognition, immediate recall of learned material, discrimination to elicit important information, problem solving, and decision-making in the emergent diagnosis and treatment of patients. Students must be able to recall and apply important information to generate a differential diagnosis and to develop a therapeutic management for emergent conditions. This type of demonstrated intellectual ability must be performed in a rapid and time-efficient manner in order to provide appropriate care to patients with emergent conditions.

It is common for emergent situations to occur in the presence of visually distracting and noisy environments. Such emergent situations include, but are not limited to, cardiopulmonary compromise, cardiopulmonary resuscitation, obstetrical and neonatal emergencies, trauma presentations, toxic exposures, shock, and hemorrhage.

## **5. Behavioral and Social Attributes**

The student must possess the emotional health needed for full use of his/her intellectual capabilities at all times. The emotional health required for effective communication and for professional, mature, sensitive, and compassionate patient/physician or patient/student relationships must be present.

Students must be able to function effectively under stress and with physically taxing workloads, such as during lectures, labs, written and practical examinations, and clinical rotations. Students must have the emotional stability and motivation to deliver patient care and to make emergent decisions at all times.

The ability to adapt to changing environments and stressful situations and to display compassion and integrity, while maintaining the necessary intellectual capacity to care for patients, is one evaluated during the interview process and throughout the student's progress in the medical school curriculum.

An ability to demonstrate the emotional health necessary for the delivery of quality and safe medical care is mandatory throughout medical school. CUSOM considers drug and alcohol addiction or abuse a significant risk factor for providing unsafe patient care and poor patient outcomes. As such, CUSOM has developed clear policies regarding alcohol and substance abuse which are described elsewhere in this Bulletin.

Applicants must identify to the Office of Admissions all areas where there is any question regarding their ability to meet these Technical Standards. If an applicant has a question about his/her ability to meet the minimal Technical Standards, the applicant is required to notify the Office of Admissions in advance of applying.

An offer of acceptance may be rescinded should an accepted applicant be found to not be able to meet the Technical Standards.

For matriculated students, inability to maintain compliance with educational training Technical Standards may result in dismissal from the program.

If an applicant signs that he/she meets the minimum health requirements, including required immunization standards, and Technical Standards for admission, but it is discovered after matriculation that the student signed knowing he/she did not meet these minimum standards, then the student may receive sanctions up to and including dismissal from the program.

## **2.14 Americans with Disabilities Act**

CUSOM operates in compliance with the Americans with Disabilities Act of 1990 (ADA), and the ADA Amendments Act of 2008 (ADAAA), both as amended, to assure that its facilities, programs and student policies are accessible to individuals with disabilities. Applicants and students with specific needs should contact the Director of Student Affairs.

## **2.15 CUSOM Matriculation and Enrollment Policies**

All accepted students must meet the following requirements prior to matriculation:

### **Health, Vaccine, and Immunizations Requirements**

All deposited CUSOM students are required to submit the following to the Office of Clinical Affairs:

1. Completed medical history form
2. Proof of all CUSOM immunization requirements
3. Completed controlled substance screen (described below)
4. Completed physical examination conducted by a licensed physician using the appropriate CUSOM form

Students must obtain all CUSOM-required immunizations and corresponding titers, prior to matriculation and remain compliant with all immunization requirements through graduation in order to complete all required supervised clinical practice experiences in the CUSOM curriculum. Students who fail to comply with this requirement by the end of Block 1 will be referred to the Academic Performance, Promotion and Standards (APPS) Committee. Please refer to the CUSOM Immunization Policy for a complete description of all immunization requirements. A copy of this policy is available in the Office of Student Affairs.

Entering MS-1 (first year) students who have not completed all CUSOM immunization requirements by the end of Block 1 will not be permitted to participate in the White Coat ceremony and will be called to the Academic Performance, Promotion and Standards (APPS) Committee for review and adjudication as delineated in Section 5.10 of the Academic Bulletin.



In addition, non-compliance with CUSOM Immunization Requirements will result in inability to participate in any clinical experiences (including but not limited to standardized patient OSCEs, early clinical experiences, and clinical rotations). This may result in unexcused absences leading to failure of a course or clinical rotation, academic probation, Academic Performance, Promotion and Standards (APPS) Committee hearing, delay in graduation, or even dismissal from the program.

All students must provide written documentation utilizing the AAMC Standardized Immunization Form (completed and signed by their health care provider or institutional representative) verifying that all CUSOM-required immunization and titer requirements, as listed below, and in accordance with the CDC Guidelines (<https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>), have been met, for the following:

- Diphtheria, Pertussis and Tetanus
  - All students must submit documentation (physician signature or vaccination record) of immunization with a \*Tdap booster (Boostrix® or Adacel®) since the year 2005.
  - Following the Tdap booster, proof of a Td routine booster is required every ten (10) years
- TB test (prior to matriculation and again prior to each year of clinical rotations)
  - There are two (2) acceptable methods for TB screening and all students must provide documentation of the results from ONE of the two methods:
    - A two-step tuberculin skin test (TST)
    - An Interferon-Gamma Release Assay (IGRAs) blood test
  - The TB test must be obtained within six (6) months of matriculation
- Hepatitis B virus (quantitative titer)
  - Students must provide dates and verification (vaccination record) of completing a Hepatitis B vaccination series consisting of three (3) hepatitis B injections
  - In addition, verification of quantitative antibody titers demonstrating immunity to hepatitis B must be provided
    - Students who do not show immunity following the vaccination series should refer to the Immunization Policy for further steps
- MMR: Measles (Rubeola), Mumps and Rubella
  - Students must provide dates and verification (vaccination record) of two (2) MMR vaccinations, occurring at least 28 days apart
    - If the student is able to provide an immunization record or physician signature verifying the dates of these two (2) vaccinations, no titer will be required

- Students unable to provide immunization records or physician signature verifying completion of the MMR series have two (2) options:
  - Repeat the MMR series of two (2) vaccinations at least 28 days apart and provide documentation verifying completion of the series
  - Obtain titers for measles, mumps, and rubella
- Varicella (quantitative titer by the time of matriculation)
- Influenza vaccination every year

In some situations, clinical sites may have additional immunization requirements above those required by CUSOM.

CUSOM does not waive immunization or student health requirements for religious, medical or personal preferences.

Entering MS-1 (first year) students who have not completed all CUSOM immunization requirements by the end of Block 1 will not be permitted to participate in the White Coat Ceremony and will be called to the Academic Performance, Promotion and Standards (APPS) Committee for review and adjudication as delineated in Section 5.10 of the Academic Bulletin.

In addition, non-compliance with CUSOM Immunization Requirements will result in inability to participate in any clinical experiences (including but not limited to standardized patient OSCEs, early clinical experiences, and clinical rotations). This may result in unexcused absences leading to failure of a course or clinical rotation, academic probation, Academic Performance, Promotion and Standards (APPS) Committee hearing, delay in graduation, or even dismissal from the program.

CUSOM may revise the immunization requirements at any time as deemed necessary, and all students will be required to comply with any subsequent changes.

### **National Background Checks**

CUSOM applicants are required to self-disclose **any** charges, arrests or convictions including misdemeanors, felonies, deferred adjudications, traffic violations, military non-judicial punishment, courts martial, and general or less-than-honorable discharge from the military, (all hereinafter “Offenses”) with the understanding that non-disclosure/falsification of any previous or pending Offenses may result in the revocation of the offer of admission.

If a student has any Offenses pending final adjudication at any time during the application process, at the time of matriculation, or following matriculation it is the student’s responsibility to immediately inform CUSOM.

Additionally, in response to requirements in the professional practice environment, and to minimize the risk to patients, a background check will be completed on all accepted applicants prior to matriculation, and on any student whose actions could potentially be considered a risk to others at any time.

Should any Offenses, including deferred adjudications occur after matriculation, (1) the student must report the Offenses to the Director of Student Affairs within thirty (30) days of the incident, or (2) if Offenses occurring prior to matriculation are not reported to CUSOM at the time of application but are subsequently discovered following matriculation, the Offense will be reviewed pursuant to the Procedures for Non-Academic Misconduct under Section 5.10.

A national background check is done on each student prior to the start of clinical rotations, and **all results are shared with the clinical sites**. By matriculating to CUSOM, the student agrees that CUSOM will share background check information in full with the student's respective clinical site(s).

Additional national background checks may be performed at the discretion of CUSOM or its partnering institutions before accepting a student into a clinical rotation.

National background checks may also be required at any time deemed appropriate by CUSOM. Discovery of any previously non-reported Offense(s) may lead to referral to the Academic Performance, Promotion and Standards (APPS) Committee and possible sanctions, up to and including dismissal from the program.

CUSOM has no control over the content of third-party background checks. Even expunged records may appear on these background checks. Background checks revealing prior Offenses, even charges which may have been dismissed by the courts, could still result in consequences affecting clinical rotations, acceptance into residency programs, future licensing, specialty board certification, and/or employment opportunities.

If a student is unable to complete clinical rotations due to the inability to pass background check requirements, they will not be capable of making academic progress or be able to meet graduation requirements. In addition, and as such, they will be referred to the APPS committee for possible sanctions, up to, and including, dismissal from the program.

A student with any Offenses is encouraged to contact the licensure boards in the state of intended practice to ensure the aforementioned Offense will not inhibit the ability to obtain a medical license upon graduation.

All current or former students returning from an approved extended period away from CUSOM, such as a Leave of Absence or an offer to repeat an academic year, must notify CUSOM in writing of any Offenses, including deferred adjudications, at least sixty (60) days prior to the anticipated return date. An Offense occurring less than sixty (60) days prior to the anticipated return date must be reported to the Director of Student Affairs within 24 hours of the Offense. Non-disclosure or falsification of any information related to an Offense may result in the revocation of the offer to return to CUSOM, or if already returned to CUSOM, referral to the APPS Committee for possible sanctions up to, and including, dismissal from the program.

CUSOM retains the right to relinquish the seat of any current or former student returning from an extended absence if they have been criminally *charged or convicted* of a misdemeanor, felony, or traffic violation. Students who have already resumed classes following an extended absence, who have been or are criminally charged or convicted of a misdemeanor, felony, or traffic violation will be referred to the APPS Committee for sanctions up to, and including, dismissal from the program. As future physicians, students are held to a high standard of professionalism, ethics and honor, and CUSOM has a duty to protect the public from potential harm by its students.

All current or former students returning from an approved period away from CUSOM, such as a Leave of Absence or an offer to repeat an academic year, minimally must submit a completed Secondary Application, national background check, and controlled substance screen within a timeframe designated by CUSOM, but no later than sixty (60) days prior to the anticipated return date. Additional requirements, such as a psychiatric or medical evaluation, may be placed on returning students as deemed appropriate.

Students who do not return on the approved date, or otherwise do not fulfill all of the requirements for return, will have to re-apply through AACOMAS and will not be guaranteed re-admission.

### **Driver's License**

As the clinical campus system of CUSOM is widespread across the states of North and South Carolina, all applicants must provide evidence of a valid driver's license to allow for travel to clinical rotations. Students may have to drive up to an hour from the premier educational partner of their respective regional site for an assigned rotation. Therefore, evidence of a valid driver's license must be provided to the Office of Student Affairs by the end of the first year of medical school. Failure to provide evidence of this item by the end of the first year of medical school may prevent the student from being promoted to the second year of medical school.

## **Basic Life Support Skills**

CUSOM students are required to have Basic Life Support (BLS) training prior to matriculation and must maintain active certification through graduation. Each student must provide a copy of their American Heart Association CPR card, documenting current BLS for Healthcare Providers certification, to the Office of Clinical Affairs prior to matriculation. CUSOM only accepts BLS for Healthcare Provider courses authorized by the American Heart Association. Failure to provide evidence of appropriate certification may result in revocation of an offer of acceptance.

## **Controlled Substance Screening**

In response to requirements in the professional practice environment and to minimize the risk to patients, a controlled substance screening must be completed by all accepted applicants prior to matriculation. This screening must meet CUSOM's standards and be conducted by an agency approved by CUSOM.

Controlled substance screening results are viewed in light of North Carolina and federal laws governing illegal or controlled substances. Depending on the recommendation of the *ad hoc* committee, the student's acceptance may be rescinded.

For example, although the use of marijuana is legal in some states, the US Federal Drug Enforcement Agency lists it as an illegal drug. Its use or abuse impairs the ability of a healthcare professional to provide optimal care to his or her patients. As such, the use of marijuana in any form is a violation of University policy.

By signing the Attestation confirming that students have read and acknowledge compliance with the precepts contained in the CUSOM Academic Bulletin, each applicant to CUSOM promises he/she is not currently using, and that he/she will not use while a CUSOM student, any products or substances in any manner which are illegal in the state of North Carolina.

CUSOM has no control over the content of third-party background checks, which may include charges of driving under the influence. Even expunged records may appear on these checks. Background checks revealing prior Offenses, even Offenses which may have been dismissed by the courts, could still result in consequences affecting clinical rotations, acceptance into residency programs, future licensing, specialty board certification, and/or employment opportunities.

A random controlled substance screening is required prior to starting clinical rotations, and all results are shared with the clinical sites. Additional screenings may be required, at any time, at the discretion of CUSOM or partnering-institutions. By matriculating to CUSOM, the student agrees that CUSOM may share controlled substance screening results as deemed necessary.

If either of the following events occur, the matter will be referred for review in accordance with the Procedures for Non-Academic Misconduct under Section 5.10:

Any substance-related incident which occurs *before or after* matriculation, including, but not limited to, charges/arrests for Driving Under the Influence, must be reported by the student to the CUSOM Office of Student Affairs within thirty (30) days of the occurrence.

If the controlled substance screening test result is positive (i.e. evidence of a controlled substance) or shows other abnormalities including, but not limited, to excessively diluted urine.

## **Transcripts**

All CUSOM students are required to provide official transcripts from all colleges and universities attended if they have course work that was not included or degree(s) not conferred with the transcripts submitted through AACOMAS. All transcripts are included in the student's original AACOMAS application so students are only required to provide CUSOM official transcripts from coursework completed and degree(s) conferred after the AACOMAS application was submitted.

All students must submit all required paperwork by the published deadlines. Failure to submit information could result in an offer of admission being rescinded. Falsification of any document or omission of any pertinent information may result in dismissal from the program if discovered after matriculation.

## **2.16 Early Acceptance Program for Medicine**

Campbell University's Jerry M. Wallace School of Osteopathic Medicine offers an Early Acceptance Program for Medicine to attract prospective students who are interested in attending medical school after completing their undergraduate studies.

Through this program, seats are reserved in future medical school classes for exceptional students matriculating at Campbell University as freshmen.

All Campbell University applicants may compete for the Early Acceptance Program for Medicine, and finalists will be interviewed by the School of Osteopathic Medicine's Admission Committee as part of the selection process.

Campbell's Doctor of Osteopathic Medicine (DO) degree program offers an innovative and proven medical curriculum. Students in the School of Osteopathic Medicine actively learn in an environment that provides clinical training while integrating biomedical sciences with hands-on experiences using modern technology.

Students in the Early Acceptance Program for Medicine will be eligible to participate in several specialized medically-related experiences during their undergraduate years based on availability. These may include:

- Shadowing physicians
- Participating in Interprofessional Education (IPE) events with fellow students who are preparing to enter a healthcare field such as pharmacy, nursing, physical therapy or physician assistant
- Attending select medical school lectures
- Participating in select simulation medicine events
- Working with medical school faculty on research and scholarly projects and other special opportunities not typically afforded to undergraduate students

Additional information concerning the Early Acceptance for Medicine Program may be found at:

<https://medicine.campbell.edu/admissions/osteopathic-medicine-admissions/early-acceptance-program/>

### **3. STUDENT EXPENSES AND FINANCIAL AID**

#### **3.1 Application Fee**

A non-refundable fee of \$50.00 is payable upon submission of the Secondary Application for admission. Details regarding fee submission are included in the email invitation to submit a Secondary Application. CUSOM will waive this fee if the applicant has an approved AACOMAS fee waiver document.

#### **3.2 Acceptance Fee**

Accepted students must submit a non-refundable fee of \$1,500.00 to CUSOM by the deadline designated in their offer of acceptance. Payment is credited toward tuition upon matriculation.

#### **3.3 Tuition and Fees**

Tuition is subject to change annually. Tuition for the 2019-2020 Academic Year is \$50,600 with additional fees of \$1,850 to cover recreation, technology and other needs. Campbell University's Board of Trustees reserves the right to change the schedule of tuition and fees without advance notice, and to make such changes applicable to present, as well as future students of CUSOM. The Board of Trustees may also establish additional fees or charges for special services whenever, in the Board of Trustee's opinion, such actions are deemed advisable.

Students receiving federal aid or scholarships that have not arrived by the beginning of the academic year must have written assurance that the funds are awarded. Students must pay any outstanding tuition and fees. When those funds are distributed, any funds that exceed tuition and fees will be refunded.

All inquiries concerning the above policies and all requests for refunds should be directed to CUSOM's Office of Financial Aid:

[CUSOMFinancialAid@Campbell.edu](mailto:CUSOMFinancialAid@Campbell.edu)

#### **Student Fees**

Students in Years One and Two are assessed an annual student fee of \$1,850 and students in Years Three and Four are assessed an annual student fee of \$1,580. These fees are used to cover costs of laboratory equipment, computer software and maintenance, professional organization membership, student activities, technology, and health services. The Campbell University Board of Trustees reserves the right to change this fee schedule without notice.



### **3.4 Financial Aid**

CUSOM's Office of Financial Aid makes every effort to ensure that no qualified applicant is denied the opportunity to study medicine due to financial reasons. A financial aid program assists students in the form of institutional scholarships and student loans. The Office provides financial aid counseling to prospective applicants to CUSOM graduates and beyond.

The CUSOM Office of Financial Aid is responsible for the administration of the student financial aid program. Financial aid counseling is provided to all prospective students as part of the applicant interview process. During each applicant interview session, a financial aid counselor provides a financial aid presentation. Personal financial aid counseling is also available to students by appointment.

The Office of Financial Aid will email all accepted students information related to applying for financial aid. Students interested in applying for financial aid are required to complete the Free Application for Federal Student Aid (FAFSA), and the Statement of Financial Responsibility. Students must also provide any other documentation required by federal, state, and private financial assistance programs to determine eligibility for student financial assistance.

Financial aid counseling is presented to incoming students at the Financial Aid Entrance Interview Presentation during Orientation. Attendance at the financial aid presentation is mandatory for all students. During the presentation, federal entrance counseling requirements are discussed including aid eligibility calculations, borrower rights and responsibilities, and loan information. A review of the financial aid application process, loan disbursements, billing process, deferments, record keeping and debt management are also discussed. Students may meet individually with the financial aid counselor if they have specific questions regarding their financial aid package or if the counselor requests a special meeting.

The CUSOM Office of Financial Aid provides personal counseling with students receiving financial aid throughout each academic year. CUSOM students are offered periodic updates regarding changes in financial aid regulations and application procedures. Such information is provided to students through their CUSOM email. Students are encouraged to call, email, or stop by the Office of Financial Aid for further individual assistance.

The CUSOM Office of Financial Aid also provides Debt Management Counseling sessions for medical students. These sessions include budgeting tips, responsible borrowing strategies, loan terms and conditions, default prevention, student loan debt in relation to monthly payment amounts and average physician salaries,

deferment, forbearance, repayment and consolidation options, record keeping, and helpful websites for additional financial aid resources. Satisfactory Academic Performance (SAP) is one of the factors that determine if a student will qualify for renewal of financial aid. The SAP at CUSOM currently is set at a minimum GPA of 2.0 on a 4.0 scale.

The CUSOM Office of Financial Aid conducts Exit Counseling sessions for any student who withdraws or graduates from CUSOM. During these sessions, federal exit counseling requirements are discussed including borrower rights and responsibilities, instructions on how to access and interpret National Student Loan Data System (SLDS), loan terms and conditions, default prevention, repayment options and strategies, consolidation, deferment, forbearance, record keeping and helpful websites for additional financial aid resources. Students may meet individually with the financial aid counselor if they have specific questions regarding their financial aid or if the counselor requests a special meeting. In compliance with federal government regulations for students who withdraw and do not meet with the financial aid counselor, the exit information is mailed to the student's address of record.

### **Financial Aid Renewal**

Students receiving financial aid are expected to make reasonable and timely Satisfactory Academic Progress (SAP) towards their graduate degree during all periods of enrollment. Campbell University is consistent in applying the SAP policies to full- and part-time students. The cumulative GPA for achieving SAP for CUSOM is currently 2.0 on a 4.0 scale.

Additional information regarding financial aid can be found on the Campbell University Website:

<https://assets.campbell.edu/wp-content/uploads/2016/12/19113125/grad-sap-policy-revised-01132017.pdf>

In addition, should there be an outstanding balance at the end of the semester, students will be placed on a Business Office Hold and will not be registered for the following semester and not eligible for financial aid until the Business Office Hold is cleared.

### 3.5 Refund Policy

Tuition and fees are refunded in accordance with the Campbell University Refund/Repayment Policy.

To officially withdraw from CUSOM, a student is required to complete an official withdrawal form available from the Office of the Student Affairs. The official form must be completed with proper signatures obtained and turned into the Director of Student Affairs. Once all signatures are obtained, the Director of Student Affairs provides a copy to the Registrar for placement in the student's permanent file.

Upon the completion of the official withdrawal form and the receipt of said form in the CUSOM Office of the Registrar, class registration is updated as a withdrawal or separation from the University denoting the "Effective Date".

The Campbell University Business Office verifies all classes have been updated accordingly and reassesses student tuition and fee charges. CUSOM students' tuition refunds are issued for a University Withdrawal ("W" status). To be eligible for a University Withdrawal tuition refund, the student must withdraw from CUSOM and all classes are subsequently assigned a "W" status. Withdrawal tuition refunds will be based on the effective date of status change and calculated in accordance with the schedule as follows:

<b>Graduate &amp; First Professional Programs Full University Withdrawal ("W" status assigned) All Semesters</b>	
<b>Timeframe</b>	<b>Tuition Refund</b>
Days 1-5	100%
Days 6 – End of Semester	No Refund

The Campbell University Business Office is responsible for the reassessment of student account charges; however, it is the responsibility of the CUSOM Office of Financial Aid to ensure financial aid awards have been evaluated and reassessed accordingly. The Campbell University Business Office reserves the right to hold refund of credit balances until the CUSOM Office of Financial Aid has evaluated and approved the release of funds awarded to students who withdraw from the University.

Any student account balance resulting from a University withdrawal or separation is the responsibility of the student and subject to the collections process. Students will not have grades entered on transcripts, or have transcripts available, if there is an outstanding balance owed the University.

### **3.6 Student Scholarships**

CUSOM awards merit scholarships to a limited number of admitted students as an effort to recruit highly qualified medical students. Scholarship criteria are based primarily on cumulative GPA, science GPA, MCAT score, applicant interview, and scholarship essay. The Scholarship Committee may also consider other factors, such as undergraduate university, interest in osteopathic medicine, and commitment to service.

#### **Scholarship Criteria\***

*\*Scholarship Criteria are intended to serve as guidelines and may be modified as necessary by the Dean.*

#### **Presidential Scholarship**

In order to be considered for a Presidential Scholarship, the student must have a Cumulative and Science GPA of 3.50 or higher on a 4.0 scale, AND an MCAT score of  $\geq 75^{\text{th}}$  percentile. Presidential Scholarship recipients receive a \$20,000 tuition scholarship, which may be annually renewed.

#### **Dean's Scholarship**

In order to be considered for a Dean's Scholarship, the student must have a Cumulative and Science GPA of 3.50 or higher on a 4.0 scale, with an MCAT score of  $\geq 45^{\text{th}}$  percentile OR a Cumulative and Science GPA of 3.30 or higher on a 4.0 scale and an MCAT score of  $\geq 75^{\text{th}}$  percentile. Dean's Scholarship recipients receive a \$10,000 tuition scholarship, which may be annually renewed.

#### **Campbell University Scholarship**

In order to be considered for the Campbell University Scholarship, the student must be a Campbell University graduate and have a cumulative and science GPA of 3.30 or higher on a 4.0 scale, and an MCAT score of  $\geq 45^{\text{th}}$  percentile. Campbell University Scholarship recipients receive up to a \$10,000 tuition scholarship, which may be annually renewed. This award may be in addition to other Campbell University scholarships.

Scholarship candidates are prescreened by the Assistant Director of Financial Aid and eligible candidates are recommended to the Endowed and Annual Scholarship Committee. Scholarship Committee members review each candidate and forward recommendations to the Dean for approval of scholarship consideration. Once approved by the Dean, all decisions are final.

Candidates selected for scholarship consideration are emailed a letter by the CUSOM Assistant Director of Financial Aid inviting them to apply for the respective scholarship. An invitation to submit an essay does not guarantee the student a scholarship.

In order to be considered for scholarship, a student must complete and return an essay, of no more than 500 words, explaining the following:

- Why the student would be an excellent candidate for scholarship assistance
- How the student will contribute to improving health care in North Carolina
- What the student will contribute to Campbell University

All scholarship essays must be returned to CUSOM by the due date specified on the scholarship invitation. Completed essays should be submitted via email to:

[CUSOMFinancialAid@Campbell.edu](mailto:CUSOMFinancialAid@Campbell.edu)

The Assistant Director of Financial Aid reviews the essay content and makes scholarship recommendations to the Dean who will make all final scholarship decisions. The Assistant Director of Financial Aid notifies scholarship recipients of their award by a formal scholarship notification letter and an email.

Along with the award notification, students receive a Scholarship Acceptance Contract, which must be completed and returned to CUSOM's Assistant Director of Financial Aid by the due date. Failure to complete and return the contract by the due date will result in forfeiture of the scholarship.

To accept a scholarship officially, the student must return their Admissions Acceptance Form, Scholarship Acceptance Contract, "Thank you letter" to the naming donor if applicable, and submit their acceptance deposit by the due date indicated on the scholarship letter. Students who fail to submit all of these items by the due date will forfeit their CUSOM scholarship. CUSOM grants scholarships until funding is exhausted or as long as the qualified candidate pool exists.

If a student selected to receive a Presidential or Dean's Scholarship also receives a full tuition scholarship from an external source (e.g., Health Professions Scholarship Program (HPSP) or the National Health Service Corps Scholarship), **they relinquish eligibility for the Presidential, Dean's and Campbell University Scholarships.**

The Scholarship Committee may also evaluate candidates for other outside or endowed scholarships as appropriate.

## **Scholarship Renewal Criteria**

The Presidential, Dean's and Campbell University Scholarships may be renewed annually providing the student maintains a Cumulative CUSOM grade point average of 3.50 or above on a 4.0 scale for Presidential scholars, and 3.30 or above on a 4.0 scale for Dean's and Campbell University scholars, at the end of each year of study. Cumulative grade point averages are not rounded (e.g., a GPA of 3.49 or 3.19 will void a scholarship).

Students must also abide by all aspects of the CUSOM Honor Code. Violations of the Honor Code may result in revocation of a scholarship. Students placed on academic or non-academic probation will be ineligible for renewal of their CUSOM scholarship. If a scholarship is revoked, it will not be reinstated in subsequent years.

## **4. STUDENT POLICIES AND SERVICES**

### **4.1 Health Insurance**

All CUSOM students are required to have health insurance coverage. Before registration and before the beginning of class or rotations annually, all students must either provide proof of health insurance or purchase the health insurance made available through Campbell University.

Any medical costs incurred by students as a result of needle sticks or exposure to infectious diseases or materials, while in training, are the responsibility of the student and his/her health insurance carrier. Information on Campbell University Student Health Insurance can be found using the following link:

<https://www.campbell.edu/students/student-health-insurance/>

### **4.2 Immunizations**

Prior to matriculation, all students are required to provide to the Office of Clinical Affairs a completed medical history form, proof of immunization, a completed controlled substance screen (described below) and a completed physical examination conducted by a licensed physician.

The Immunization Policy, with a complete description of all immunization requirements, is available in the Office of Clinical Affairs. All students must provide written documentation utilizing the AAMC Standardized Immunization Form, completed and signed by their health care provider or institutional representative, verifying that all CUSOM immunization and titer requirements, in accordance with the CDC Guidelines (<https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>) have been met as listed below:

- Diphtheria, Pertussis and Tetanus
  - All students must submit documentation (physician signature or vaccination record) of immunization with a \*Tdap booster (Boostrix® or Adacel®) since the year 2005.
  - Following the Tdap booster, proof of a Td routine booster is required every ten (10) years
- TB test (prior to matriculation and again prior to each year of clinical rotations)
  - There are two acceptable methods for TB screening and all students must provide documentation of the results from ONE of the two methods:
    - A two-step tuberculin skin test (TST)
    - An Interferon-Gamma Release Assay (IGRAs) blood test
  - The TB test must be obtained within six (6) months of matriculation

- Hepatitis B virus (quantitative titer)
  - Students must provide dates and verification (vaccination record) of completing a Hepatitis B vaccination series consisting of three (3) hepatitis B injections
  - In addition, verification of quantitative antibody titers demonstrating immunity to hepatitis B must be provided
    - Students who do not show immunity following the vaccination series should refer to the Immunization Policy for further steps
- MMR: Measles (Rubeola), Mumps and Rubella
  - Students must provide dates and verification (vaccination record) of two (2) MMR vaccinations, occurring at least 28 days apart
    - If the student is able to provide an immunization record or physician signature verifying the dates of these two (2) vaccinations, no titer will be required
  - Students unable to provide immunization records or physician signature verifying completion of the MMR series have two (2) options:
    - Repeat the MMR series of two (2) vaccinations at least 28 days apart and provide documentation verifying completion of the series
    - Obtain titers for measles, mumps, and rubella
- Varicella (quantitative titer by the time of matriculation)
- Influenza vaccination every year

In some situations, clinical sites may have additional immunization requirements above those required by CUSOM. CUSOM does not waive immunization or student health requirements for religious, medical or personal preferences.

CUSOM may revise the immunization requirements at any time as deemed necessary, and all students will be required to comply with subsequent changes.

### 4.3 Student Health

CUSOM students are able to utilize the Campbell University Health Center for medical concerns; personal medical information is kept confidential, in compliance with all HIPAA regulations. Student Health Center office hours can be found on the health center website:

<https://www.campbell.edu/health-center/>

All students are required to maintain health insurance coverage from matriculation through graduation.

For medical emergencies and after-hours healthcare, students are encouraged to access appropriate care as warranted by their situation including local Urgent Care facilities, Emergency Departments and Emergency Medical Services. In an emergency, students should access EMS and the 911-dispatch system.



For students on Clinical Rotations away from CUSOM needing health services, please refer to the site-specific or rotation-specific guidelines in the Clinical Rotation Manual for incident reporting and accessing health care. Further information may be found at:

<https://www.campbell.edu/health-center/>

#### **4.4 Counseling Services**

Confidential counseling services are available 24-hours-a-day, seven-days-a-week in a confidential manner through a combination of resources which includes clinical services offered by the CUSOM Department of Behavioral Health (CUSOM BH) under the leadership of the Departmental Chair and Clinical Director (<https://medicine.campbell.edu/behavioral-health>), and StudentLinc, a student assistance program.

Working with Academic and Student Affairs, the Director of Behavioral Health, a licensed mental health professional, and other CUSOM Behavioral Health clinical staff are available during normal business hours for direct student contact. CUSOM Behavioral Health clinical staff are also available as a point-of-contact for after-hours issues in conjunction with StudentLinc described below.

CUSOM Behavioral Health clinical staff provide counseling for CUSOM students in two (2) on-campus locations based on student preference: Leon Levine Hall and the Campbell Health Center (129 T.T. Lanier Street). In addition to publication in the Academic Bulletin, students are advised of the location of this service and how to access behavioral health services during Orientation as well as periodically throughout the year. More information regarding Behavioral Health services may be found at:

<https://medicine.campbell.edu/behavioral-health>

Students on clinical rotations who are unable to travel to the on-campus locations can meet with a CUSOM Department of Behavioral Health counselor via WebX, a secure videoconferencing system which meets HIPAA and FERPA standards. This approach makes communication with, and counseling for, CUSOM students on rotations much more accessible and convenient. Students may also utilize video, phone or web-based counseling through StudentLinc.

Counseling is encouraged for students experiencing anxiety, academic stress, relationship problems, loneliness, depression, alcohol or substance abuse, sexuality conflicts, test anxiety and concerns related to medical school adjustment. Students may self-refer or may be identified by, and referred to CUSOM Behavioral Health by others, all in a confidential manner.

For students found to have needs beyond those provided via CUSOM Behavioral Health, confidential referrals are made to appropriate community health providers by CUSOM Behavioral Health or StudentLinc.

In addition to Behavioral Health clinical staff, CUSOM utilizes the services of StudentLinc, a 24/7/365 student assistance program that offers wrap-around psychosocial support services. Services are accessed through StudentLinc's online web portal:

<https://www.mystudentlinc.com/> or via their mobile application.

StudentLinc Core Services include but are not limited to:

- Unlimited confidential tele-counseling with StudentLinc providers by phone, video or web-based chat
- Five (5) sessions at no cost with community providers for an unlimited number of unrelated issues
- Crisis counseling/management
- Case management and referral to community resources
- Financial counseling
- Access to online information and training repository

Students on clinical rotations may use StudentLinc or obtain information concerning Behavioral Health services within their local region through the CUSOM Office of Clinical Affairs or the local Regional Assistant Dean's office.

**For emergency situations, students should call 9-1-1.**

For non-emergency situations Monday through Friday 9am-5pm, student should call Campus Safety and ask for the Behavioral Health practitioner. After 5pm and on weekends and holidays, student should contact StudentLinc.

#### **4.5 Campbell University Behavioral Intervention Team - School of Osteopathic Medicine (CUBIT-SOM)**

##### **Purpose**

The Campbell University Behavioral Intervention Team for the School of Osteopathic Medicine (**CUBIT-SOM**), is a sub-committee of the APPS Committee. It serves osteopathic medical students by working with them and faculty to address or remediate any concerning event or pattern of personal behavior and/or professional interaction **that implies a student may be at risk of harming themselves or others.**

## **Committee Members**

### *Ex officio* (non-voting)

- Campbell University Vice President for Student Life
- Campbell University General Counsel
- Director of Campus Safety

### Voting

- Chair, Department of Behavioral Health for CUSOM
- Vice Dean for Academic Affairs
- Associate Dean for Clinical Integration
- Associate Dean for Clinical Affairs
- Associate Dean for Biomedical Affairs
- Director of Student Affairs

## **Follow-Up/After-Care Members**

- MS-1 and MS-2 students
  - CUSOM Department of Behavioral Health
    - Director of Student Affairs
      - Assistant Director of Student Affairs
- MS-3 and MS-4 students
  - CUSOM Department of Behavioral Health
    - Regional Deans or Directors of Student Medical Education (DSME), as appropriate
      - Regional Coordinators

All other members will be as needed and contingent upon the faculty/staff who are pertinent to the case.

## **Initiation/Committee Process**

Concerned students, faculty or staff may contact the Director of Behavioral Health or fill out the case referral form on the Behavioral Health portion of the CUSOM webpage:

<https://medicine.campbell.edu/behavioral-health/behavioral-intervention/>

Upon receipt of a report, the referring faculty or staff are contacted for follow-up regarding the situation, and a team meeting scheduled (typically within 1-2 business days). During the meeting, team members who have interacted with the student as well as other pertinent campus and community individuals will present pertinent information related to the student and/or specific concerns prompting the CUBIT referral.

Upon conclusion, the CUBIT-SOM committee may choose one of the following options:

- a. Recommend the student's continued enrollment or dismissal
- b. Continue to gather information and meet again
- c. Monitor the situation for new, additional developments

The Vice Dean for Academic Affairs will send a formal letter detailing the team's decision to the student and appropriate Associate Dean as soon as practical. A decision reached by CUBIT-SOM and/or sanctions imposed by CUBIT-SOM may be appealed by the student within three (3) business days of notification of the decision. All appeals must be made in writing, and delivered to the Office of the Dean. If the request is filed in a timely manner, the matter may be returned to CUBIT-SOM to allow reconsideration of the original decision and/or sanction. CUBIT-SOM would then reconvene within ten (10) business days to hear the appeal.

If the CUBIT-SOM decision is upheld or accepted by the student, the appropriate Associate Dean or designee will meet with the student (typically 1-2 business days) after the meeting to discuss the outcome and give the student a copy of the recommendation letter. Students have **24-48 hours or 1-2 business** days to sign and return the letter. The student receives a copy for their personal records.

Students will be asked to sign waivers for basic information related to their case to be discussed with the following personnel to maintain continuity of care and compliance with recommendations:

- a. Chair, Department of Behavioral Health
- b. Director, Office of Student Affairs
- c. Regional Dean and/or Regional Site Coordinator

Students receive follow-up contact, outlined below, by appropriate after-care personnel.

Students receive notification of the committee's decision.

**The CUBIT-SOM will use policies outlined in the Academic Bulletin as a framework for its recommendations; however, the team reserves the right to utilize creativity to find the most appropriate solution as long as it falls in line with the policies of Campbell University and the School of Osteopathic Medicine. All discussions and deliberations of the CUBIT-SOM shall be in compliance with the Family Educational Rights and Privacy Act.**

## **After-Care Process**

If the CUBIT-SOM decision is upheld or accepted by the student, the following procedures will occur:

- MS-1 and MS-2 students will be followed by the Office of Student Affairs at CUSOM and MS-3 and MS-4 students will be followed by the respective Regional Dean or DSME, as appropriate, and constituent coordinators
  - Given the CUBIT-SOM recommendations, Student Affairs will make contact to ascertain if the student is in compliance
    - Depending on the recommendations, if the student is not in compliance (e.g., missing required appointments), they are given one warning and attempt to comply with the recommendations
- If the student is found in non-compliance again, the CUBIT-SOM will be notified and will re-examine the case prior to the end of the Block

## **4.6 Controlled Substance Screening Protocol**

Controlled substance screening of learners and staff members is mandatory at most healthcare facilities prior to participating in patient care. As such, a controlled substance screening test showing no evidence of alcohol, illicit substances, prescription medications without a valid prescription, or substances, which are illegal in the state of North Carolina, is required before matriculation into CUSOM, and again before the start of Year Three of the program. Additional screening or confirmatory tests may be required as determined by CUSOM or the clinical training sites.

CUSOM reserves the right to require controlled substance testing or a psychiatric evaluation on any student when there is an incident of erratic or unusual behavior, or there is a reasonable concern due to a student's behavior, appearance or performance.

Refusal or failure to submit to testing may result in disciplinary action up to, and including, dismissal from the program. Students found to have screening tests positive for alcohol, illicit substances, and controlled substances (defined as a drug or substance that is listed in Schedules I through V of the Federal Controlled Substances Act (21 U.S.C. §812)) or prescription medications without a valid prescription may be subject to disciplinary action up to, and including, dismissal. Please note this also includes substances which are illegal in the state of North Carolina, but which may be legal in other states.

For example, although the use of marijuana is legal in some states, the US Federal Drug Enforcement Agency lists it as an illegal drug. Its use or abuse impairs the ability of a healthcare professional to provide optimal care to his or her patients. As such, the use of marijuana in any form is a violation of University policy.

CUSOM will provide clinical rotation sites with a copy of the results of any controlled substance screening performed on students prior to, and for the duration of, their placement at the site. By matriculating at CUSOM, students grant CUSOM the right to share this information as deemed appropriate. Clinical education sites may set their own standards in regards to who they will permit to participate in clinical rotations based on the results of the substance abuse screening or require students undergo further testing.

CUSOM has no control over the content of third-party background checks, which may include charges of Driving Under the Influence. Even expunged records may appear on these checks. Background checks revealing prior criminal activity, even charges which may have been dismissed by the courts, could still result in consequences affecting clinical rotations, acceptance into residency programs, future licensing, specialty board certification, or employment opportunities.

If a student is unable to complete clinical rotations due to the inability to pass controlled substance testing requirements, they will not be capable of making academic progress or be able to meet graduation requirements. In addition, and as such, they will be referred to the APPS committee for possible sanctions, up to, and including, dismissal from the program.

### **Prior to starting Year 3:**

Students must have the controlled substance screening sample collected at a facility approved by CUSOM.

If the test result is positive or shows other abnormalities, such as but not limited to excessively dilute urine, the Dean will appoint an *ad hoc* subcommittee, a subset of the CUSOM APPS Committee, to review the information and make a recommendation to the Dean regarding the appropriate action. Depending on the decision, the student's advancement to the third year of the curriculum (clinical rotations) may be delayed based on the results. Results of controlled substance screenings are made available to clinical rotation sites. By matriculating at CUSOM, students grant CUSOM the right to share this information as deemed appropriate.

All controlled substance screening tests are maintained in a secure location to ensure confidentiality. Routine access to this information is limited to the Director of Student Affairs, the Associate Dean for Clinical Affairs, the CUSOM Dean (or Vice Dean as the Dean's designee), and the Campbell University General Counsel.

Results from positive controlled substance screens are shared with the Director of Behavioral Health in the event the student requires drug/alcohol counseling.

The entire cost of any testing is the responsibility of the student.

If a student is unable to complete clinical rotations due to the inability to pass controlled substance testing requirements, they will not be capable of making academic progress or be able to meet graduation requirements. In addition, and as such, they will be referred to the APPS committee for possible sanctions, up to, and including, dismissal from the program.

#### **4.7 Infection Control**

Students exposed to infectious diseases should consult the Campbell University's Health Center (910) 893-1560 for information regarding appropriate evaluation, testing or treatment. Students presenting with signs or symptoms of infectious or communicable disease should consult with Campbell University's Health Center or the infection control office at the clinical site to determine if it is safe for them to continue providing care, and if not, when it is safe to resume.

##### **Standard Precautions**

The Centers for Disease Control (CDC) has developed precautions to prevent accidental spread of infectious disease in healthcare settings. These include standard precautions for all patient care and transmission-based precautions for situations in which specific infections are identified or suspected. A comprehensive description of these precautions are found on the CDC website at:

<https://www.cdc.gov/infectioncontrol/basics/index.html>

Standard precautions make use of common-sense practices and personal protective equipment to protect healthcare providers from infection and prevent the spread of infection from patient to patient; examples include, but are not limited to, the following:

##### **Handwashing (or using an antiseptic hand rub)**

- After touching blood, body fluids, secretions, excretions and contaminated items
- Immediately after removing gloves
- Between patient contact
- Comprehensive CDC guidelines for hand hygiene in healthcare settings are found at:

<https://www.cdc.gov/handhygiene/providers/index.html>

##### **Gloves**

- For contact with blood, body fluids, secretions and contaminated items
- For contact with mucous membranes and non-intact skin

**Masks, goggles, face masks**

- Protect mucous membranes of eyes, nose and mouth when contact with blood or body fluids is likely

**Gowns**

- Protect skin from blood or body fluid contact
- Prevent soiling of clothing during procedures that may involve contact with blood or body fluid

**Linen**

- Handle soiled linen as to prevent touching skin or mucous membranes
- Do not pre-rinse soiled linens in patient care areas

**Patient care equipment**

- Handle soiled equipment in a manner to prevent contact with skin or mucous membranes and to prevent contamination of clothing or the environment
- Clean reusable equipment prior to reuse

**Environmental cleaning**

- Routinely care, clean and disinfect equipment and furnishings in patient care areas

**Sharps**

- Avoid recapping used needles
- Avoid removing used needles from disposable syringes
- Avoid bending, breaking or manipulating used needles by hand
- Place used sharps in puncture-resistant containers
- Additional information is found at:

<https://www.cdc.gov/sharpssafety/>

**Patient resuscitation**

- Use mouthpieces, resuscitation bags or other ventilation devices to avoid mouth- to-mouth resuscitation

**Patient placement**

- Place patients who contaminate the environment or cannot maintain appropriate hygiene in private rooms



## Needle sticks

Incidents involving needle sticks and potential exposure to blood-borne pathogens require immediate action to protect a student's health and safety. CDC guidelines for the prevention of blood-borne infectious disease following an exposure are found at:

<https://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

If a student sustains a needle stick or is exposed to infectious materials s/he should:

- Immediately wash exposure site thoroughly with soap and water (or water only for mucous membranes).
- Immediately notify the clinical supervisor at the rotation site for assistance.
- Call/go to the Campbell University's Health Center or the occupational health clinic or area of the clinical facility designated for treating needle stick exposures. Timely consultation concerning appropriate tests, risk-assessment counseling and chemoprophylaxis decisions are critical.
- Be evaluated immediately following an exposure event to determine HIV post-exposure prophylaxis is appropriate. HIV post-exposure prophylaxis is most effective when initiated within the first few hours following an exposure so it is critical that students are evaluated in a timely manner. This will ensure that if post-exposure prophylaxis is indicated, then it is started as early as possible in order to increase its effectiveness.
- Proceed immediately to the Emergency Department for evaluation if exposure has occurred after normal business hours, or are for any other reason unable to be evaluated at one of the above locations.
- Complete an incident report from the facility in which the incident occurred and have a copy of the report sent to the Campbell University's Health Center (PO Box: 565, 129 T.T. Lanier St., Buies Creek, NC 27506).
- Send treatment and testing bills to the student's insurance company.
- Students are responsible for all costs not covered by their insurance.
- CDC guidelines for the prevention of blood borne infectious disease following an exposure are found at:

<https://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

In the event of an exposure, the **National Clinician's Post-Exposure Prophylaxis Hotline (PEpline)** is available by phone, (888) 448-4911, 11am-8pm Eastern, seven days per week to provide guidance in managing exposures. For exposures or questions that occur outside these hours, a PEP Quick Guide for Occupational Exposures is available at their website:

<http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/>

Additional CDC guidelines for the prevention of infection transmission in health care settings are found at the following websites and should be reviewed carefully before participating in any patient care activities:

<https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf>  
<https://www.cdc.gov/infectioncontrol/basics/index.html>

## **Medical Emergencies**

The safety of students, faculty, staff and visitors to the Health Science Campus is of utmost concern and the utilization of a standard approach to medical emergencies will ensure the provision of the most timely, efficient, and appropriate care in a medical emergency. As a school of osteopathic medicine, CUSOM's focus and expertise is in the domain of medical education.

While many capable and compassionate health care providers are present on our campus on any given day, their role in this setting is as educators and administrators rather than as clinicians. While able to render immediate assistance in a life-threatening emergency, they should not be consulted to make treatment or disposition recommendations in non-emergent situations. Anyone suffering from a medical emergency must be evaluated by Emergency Medical Services (EMS) which is activated by dialing 9-1-1.

If anyone on the Health Science Campus suffers from a medical emergency, the person of first contact with the patient should dial 911 immediately to summon EMS assistance. Following activation of the EMS system, security must be notified of the situation and will also be responsible for contacting EMS to confirm the need for emergency response as well as to provide them with more detailed information regarding the location of the patient and instructions for appropriate access to the building. Security will complete, and maintain, an incident report form for any situation in which EMS is called to provide assistance, even if the patient ultimately refuses treatment and/or transport.



## **Incident Reporting**

If a student suffers an accident resulting in an injury during a CUSOM activity while on campus, the student must complete an incident report, and call/go to the Campbell University's Health Center for consultation and assistance. Incident reports can be obtained from Campbell University's Health Center (910) 893-1560.

If the accident occurs at a clinical training facility, that facility's incident report form should be completed, and the clinical supervisor, Director of Student Medical Education or Director of Medical Education, the Regional Dean and the CUSOM Associate Dean for Clinical Affairs should be contacted for assistance. A copy of the facility's incident report must be sent to:

Campbell Student Health Services  
PO Box: 565  
129 T.T. Lanier St.  
Buies Creek, NC 27506

## **4.8 OSHA and HIPAA Training**

CUSOM is committed to ensuring the privacy and security of all patient health information as required by the Health Insurance Portability and Accountability Act (HIPAA). As such, all students are required to complete HIPAA training each academic year.

To support our commitment to patient confidentiality, CUSOM and its clinical partners have developed processes to ensure that the appropriate steps are taken to verify the identity and authority of individuals and entities requesting protected health information, as required under 45 C.F.R. §164.514(h) and other applicable federal, state, and/or local laws and regulations.

Additionally, CUSOM ensures the confidentiality, integrity, and availability of its information systems containing electronic protected health information by implementing policies to prevent, detect, mitigate, and correct security violations.

CUSOM is in compliance with the US Department of Health and Human Services' Privacy Rule as it applies to the creation, collection, use or disclosure of all individual health information (whether identifiable or not) ("Information") in connection with CUSOM.

In addition, CUSOM requires that all students who have contact with patients receive OSHA Blood-Borne Pathogens (BBP) training which addresses the prevention of transmission of communicable pathogens. Students complete OSHA training annually during which time they review OSHA rules, requirements, appropriate plans and practices.

CUSOM has the following plans in place:

- Blood-borne Pathogen Exposure Plan
- Infectious Waste Management Plan
- Biohazard Waste Management Plan

The intent of these plans is to prevent blood borne infections by eliminating or minimizing employees and students exposure to blood, blood products, and other potentially infectious materials.

#### **4.9 Professional Liability Insurance**

Students are covered by professional liability insurance for incidents involving patients, which occur during participation in their clinical training curriculum. Any incidents that occur in the clinical interaction with patients must be reported to the clinical supervisor on-site, the Regional Dean, the Associate Dean for Clinical Affairs, and the Campbell University General Counsel's Office at PO Box 114, Buies Creek, NC 27506, (910) 893-1217.

#### **4.10 Exercise and Fitness**

CUSOM students have access to all Campbell University recreational facilities, including the Student Fitness Center, Aquatic Center, running and walking track, Keith Hills Golf Course, tennis courts, Carter Gym, cross country course, disc golf course and other recreational facilities. Additional opportunities include intramural and club sports.

#### **4.11 Food and Dining**

Java City Coffee Café is located on the first floor of the Leon Levine Hall of Medical Science. Offerings include sandwiches, wraps, sushi and salads, as well as fresh produce, bakery and coffee selections. Other dining facilities include Chick-fil-A, Keith Hills Snack Shop, Marshbanks Dining Hall, Moe's Southwest Grill, P.O.D. Market, Shouse Dining Hall, Starbucks, Greens to Go, Oath Pizza, Boar's Head Deli, Burger Studio, and The Oasis, which are located on main campus. A complete list of dining options and locations can be found at:

<http://www.campbell.campusdish.com/>.

#### **4.12 Banking**

Full range banking services provided by First Citizens Bank are available on the main campus. Additional banking facilities are located in Lillington (3 miles), Erwin (5 miles), Coats (3 miles), Angier (10 miles), Dunn (10 miles) and Fuquay-Varina (15 miles).

#### **4.13 Postal Services**

A U.S. Post Office (Zip Code 27506) is located on the main campus of Campbell University and has sufficient postal boxes available to serve all students and residents of the community.

#### **4.14 Student Union**

CUSOM students have access to the Campbell University Student Union and other facilities on main campus.

#### **4.15 Student Clubs and Organizations**

Student clubs and organizations are a very important part of the Campbell University School of Osteopathic Medicine (CUSOM). The service performed by members of student organizations benefits not only the community and the region, but also the members, as they gain valuable knowledge, skills, and experience.

Many CUSOM students are actively involved in at least one organization, and some students are members of several. CUSOM students may serve as officers or committee members at the state, regional or national level. The goals of student clubs and organizations relate to the [Mission of CUSOM](#) and the osteopathic profession. As such, the following are the endorsed student clubs and organizations at CUSOM:

- American Medical Association – Medical Student Section (AMA-MSS)
- Anesthesiology Interest Group (AIG)
- Campbell University Care Clinic
- Christian Medical and Dental Association (CMDA)
- Dermatology Club
- Emergency Medicine Club (American College of Osteopathic Emergency Physicians (ACOEP)
- Family Medicine Club (ACOFM and AAFP)
- Internal Medicine Club (ACOI and ACP)
- Global Health/Medical Missions Club
- Obstetrics and Gynecology Club
- Pathology Club
- Pediatrics Club (American College of Osteopathic Pediatricians (ACOP))
- Physical Medicine and Rehabilitation Club (PM&R)
- Point of Care Ultrasound Club (POCUS)
- Preventative Medicine Club
- Psychiatry Club
- Sports Medicine Club (American Osteopathic Academy of Sports Medicine (AOASM))
- Student Advocate Association (SAA)

- Student American Association of Osteopathy (SAAO)
- Student Association of Military Osteopathic Physicians and Surgeons (SAMOPS)
- Student Government Association (SGA)
- Student Interest Group in Neurology (SIGN)
- Student National Medical Association (SNMA)
- Student Osteopathic Medical Association (SOMA)
- Student Osteopathic Surgical Association (SOSA)
- Wilderness Medicine Club
- Women in Medicine Club

### **Grade Requirements**

Students must have a cumulative GPA of  $\geq 3.0$  on a 4.0 scale as calculated at the end of each grading period, no course failures, and be in good academic standing in order to:

- Serve as an SGA officer
- Serve as a CUSOM club or organization officer
- Serve on a CUSOM committee
- Attend any off-campus conference/meeting
- Participate in medical mission trips
- Serve as a teaching assistant
- Participate in research, including the summer research scholars program

The above list may not be all-inclusive and is subject to change at any time.

Students may enter leadership roles beginning at the conclusion of Block 3 in Year 1 and transition their roles to the incoming leadership at the end of Block 6/start of Block 7 in Year 2. The cumulative GPA of each student wishing to participate in any of the above roles is reviewed by the Director of Student Affairs and the Registrar after each academic Block and, if the cumulative GPA falls below 3.0, the student must relinquish his/her leadership role or other duties/privileges mentioned above.

For an activity requiring pre-approval for participation, such as a mission trip or a research project, the cumulative GPA at the time of application for the activity is utilized; however, if the cumulative GPA drops below 3.0 by the start of the activity, the student may not be allowed to participate in order to allow them to focus on for their academic well-being.

## **CUSOM Student Government**

The Student Government serves as a voice for all students. The organization is open to all students and welcome proposals and participation from the entire student body. The responsibilities of Student Government include collecting and expressing student opinions, acting as a liaison for the student body, promoting osteopathic medicine, supporting club and class activities and working to improve the quality of life for all students at CUSOM. The Office of Student Affairs serves as the liaison between the administration and Student Government.

## **Recognition of Student Organizations**

The first step in obtaining recognition for a new student organization is the submission of a petition to the Office of Student Affairs. The petition must include the goals of the organization, the proposed charter, and the name of the proposed faculty advisor. Once the petition has been approved by the Director of Student Affairs, the petition is forwarded to the Dean for final approval.

## **Use of College Logo**

Students and faculty may not represent themselves verbally, in print, or electronically (including use of Campbell University or CUSOM logos, titles, letterhead, or stationery) as representing Campbell University or CUSOM without the express written permission of the CUSOM Dean and University Communications and Marketing. Failure to comply may result in disciplinary action, up to and including dismissal from the program. The request form to use the school logo for any merchandise must be submitted to the Director of Student Affairs who will process the request and grant final approval.

## **Student Sponsored Events**

Any event conducted by a student club or organization recognized by CUSOM is considered a student-sponsored event. Events of this nature require the approval of the Office of Student Affairs and requests must be submitted in writing to the Office of Student Affairs. Requests must include a statement of purpose and the facilities required for the event. Event scheduling forms requiring the use of institutional facilities are available through the Office of Student Affairs. Alcoholic beverages are prohibited at any on- or off-campus student club or organization event or activity.

## **Scheduling Extracurricular Activities**

Students, or student organizations, wishing to host events involving extracurricular academic activities (i.e., speakers, mini-courses, pharmaceutical exhibits, or non-credit courses) must have the approval of the Office of Student Affairs. Written requests or activities request forms for approval must be submitted to the Office of Student Affairs. All off-campus events sponsored by a CUSOM club or organization must receive approval from the Office of Student Affairs prior to the event or activity and prior to contacting any off-campus facility or organization to schedule or host the event.

## **Attending Conferences**

Students who meet the required criteria may be permitted to attend conferences (not greater than three consecutive days). Only students in good academic standing are eligible to attend, and time away from campus is counted per the CUSOM Attendance Policy. Copies of the Student Organizations Handbook are available from the Office of Student Affairs.

### **4.16 Campbell Medicine Student Ambassadors Program**

The Campbell Medicine Student Ambassadors Program allows current medical students to serve as Ambassadors for CUSOM. Student Ambassadors help with recruiting events and on-campus events.

Participants in the Student Ambassador Program will help generate positive energy through word-of-mouth and online interactions about CUSOM. Student Ambassadors assist in the efforts to recruit talented students and to lead as servant leaders to their classmates.

Students must be in good academic standing (cumulative GPA of  $\geq 3.0$  on a 4.0 scale) and must complete an application to become a Student Ambassador. Once the application is received, the student goes through a screening process conducted by the Offices of Student Affairs, Academic Affairs, Marketing and Communications, and the Dean. Selected students are notified by CUSOM email of their appointment followed by an official letter from the Dean.

Student Ambassadors are required to participate in the following:

1. Visit their alma mater for CUSOM recruiting
2. Participate in a recruiting event for CUSOM
3. Participate in at least one on-campus event for CUSOM (Open House, Accepted Students Day, Orientation, White Coat Ceremony, Commencement)
4. Volunteer for Admissions Interview day lunches and tours
5. Contribute to Campbell Medicine's social media platforms such as Facebook, Instagram, Twitter, YouTube and LinkedIn to generate content that resonates with future DO's.



Student Ambassadors meet with the Office of Admissions, Office of Student Affairs, and the Office of Marketing and Communications to review the official CUSOM recruiting presentations and marketing procedures.

Benefits of being a Student Ambassador include the following:

1. Students develop leadership skills and networking abilities
2. Students will receive recognition of their service in their MSPE letter
3. Once students have completed the requirements, they will receive a \$150 stipend from the Office of Student Affairs

The Offices of Admissions and Recruitment will notify students of upcoming recruiting opportunities. Student Ambassadors are to notify the Admissions Counselor and Recruiter when they would like to participate in a recruiting event. Student Ambassadors may also reach out to their alma mater to set up an individual event. Student Ambassadors correspond with the Director and Assistant Director of Student Affairs to volunteer for on-campus events that are not recruitment related. Student ambassadors will help build excitement about various events through social media.

When a Student Ambassador leads or participates in a recruiting event for CUSOM, the Office of Admissions will provide them with all of the recruitment materials needed for the event.

When a student completes an activity for CUSOM, they fill out the Student Ambassador Event Completion Form and turn it in to the Director of Student Affairs for record keeping purposes.

#### **4.17 Sigma Sigma Phi Honor Society**

Sigma Sigma Phi is an Honorary Osteopathic Service Fraternity. It's objectives and purposes are: to further the Science of Osteopathic Medicine and its standards of practice, to improve the scholastic standing and promote a higher degree of fellowship among its students, to bring about a closer relationship and understanding between the student bodies and the officials and members of the faculties of our Colleges, and to foster allegiance to the American Osteopathic Association and to perpetuate these principles and the teachings through the maintenance and development of this organization.

Sigma Sigma Phi is an Honorary Osteopathic Service Fraternity. It's objectives and purposes are: to further the Science of Osteopathic Medicine and its standards of practice, to improve the scholastic standing and promote a higher degree of fellowship among its students, to bring about a closer relationship and understanding between the student bodies and the officials and members of the faculties of our Colleges, to foster allegiance to the American Osteopathic Association and to perpetuate these principles and teachings through the maintenance and development of organization.

## **Chi Upsilon Chapter**

Chi Upsilon is the CUSOM chapter of Sigma Sigma Phi

### **General Membership Information**

#### **Membership Criteria**

- A. Choice of pledges is based upon scholarship and service to the college, profession, or community.
- B. Applicants must be in good academic and professional standing at CUSOM. As such, they must Not have remediated any courses for academic reasons or have any professionalism or Honor Code violations.
- C. Membership criteria: In order to gain and maintain membership, students must:
  - 1. Have successfully completed the 1<sup>st</sup> semester (Blocks 1 and 2)
  - 2. Achieved and maintained the required scholastic standing (Grade Point Average)
    - a. Induction requirements:
      - i. First and second year students must have a cumulative GPA at or above a 3.6 on a 4.0 point scale.
    - b. Maintenance of membership
      - i. First and second year students must maintain a cumulative GPA at or above a 3.5 on a 4.0 point scale.
  - 3. Community/Volunteer Service
    - a. Induction requirements
      - i. Students must have completed at least ten (10) hours of community/volunteer service at the time of application.
    - b. Maintenance of membership: in order to maintain their membership in SSP, all students must:
      - i. Complete twenty (20) hours of community/volunteer service each academic year during MS-1/2
      - ii. Complete ten (10) hours of community/volunteer service each academic year during MS-3/4
      - iii. Volunteer at least once for White Coat Ceremony or Commencement
- D. In accordance with the rules of the Grand Chapter, membership shall not exceed 25% of the regular enrollment of students in the MS-1, MS-2, MS-3, and MS-4 classes.
- E. Candidacy Evaluation Process
  - 1. First and second year students must submit their membership applications by the end of Block 3 (MS-1) or Block 7 (MS-2).
  - 2. The membership committee shall review each candidate's application and generate a report with recommendations to the chapter at the next meeting. The report shall include the following candidate information:

- a. Scholastic standing
  - b. Acceptance by fellow students
  - c. Abilities
  - d. Character
  - e. Habits
  - f. Demeanor
  - g. Ability and willingness to work with others
3. Candidates will be selected by the Membership Committee and the recommendation must be 90% favorable of all members' present
- F. Membership Induction: First year students will be inducted during Block 4 and second year students during Block 8.

#### Chapter Financial Requirements

- A. Each Chapter must file a 990-N each year. The tax ID number is individual to the Chapter and is NOT the same as CUSOM/Campbell's tax ID.
- B. Each subordinate chapter must pay the Grand Chapter a fee of \$40.00 per person for each new initiate at the time of initiation into that chapter.
- C. CUSOM will charge a onetime fee of \$60 to new members.

#### SSP Annual Meetings

- A. The annual SSP Grand Chapter meeting will take place annually at OMED and the Grand Chapter will pay for the hotel and airfare for one representative.
- B. One (1) delegate for each fifteen (15) active members in good standing from each chapter may also attend.
- C. Attendees will be chosen by chapter membership

Records of any new or deleted members from the chapter must be sent copy to the Grand Chapter secretary.

The campus organization is known as the Chi Upsilon Chapter of Sigma Sigma Phi – National, Honorary Osteopathic Service Fraternity. The Chi Upsilon Chapter shall have its headquarters in Leon Levine Hall of Medical Sciences located in Lillington, North Carolina as authorized by its Charter from the Grand Chapter enabling it to legally exist and function.

Following initiation into Sigma Sigma Phi Chi Upsilon chapter, the new member shall receive a certificate of membership signed by the President and Secretary of the Chi Upsilon chapter. In the event of severance with the Chi Upsilon chapter, the member shall be obligated to surrender the certificate. At the time of Commencement, the member shall receive an official certificate of membership in the Grand Chapter.

#### Sigma Sigma Phi Chapter Officers

- A. Officer positions shall include:
  - 1. President
  - 2. Vice President
  - 3. Secretary/Treasurer
  - 4. Editor
  - 5. Community Service Coordinator
- B. Election of officers shall be held by secret, written ballot with names presented in open nomination from the floor.
- C. Club leadership is elected in the spring and shall consist of MS1 students who will serve their term until the spring of their second year.

#### Standing Committees of the Chapter

- A. Standing committees are appointed at the beginning of the term of office of each newly elected President and include the following:
  - 1. Awards
  - 2. Membership
  - 3. Pledging
  - 4. Initiation
  - 5. Social
  - 6. Finance
  - 7. Community Service Coordination
- B. Regular meetings shall occur as deemed necessary by the Chapter Officers.

### **4.18 Student Parking**

The Department of Campus Safety is responsible for assigning parking lots on campus, enforcement of parking regulations and collecting parking fees/fines. Students are prohibited from parking in areas designated as Faculty/Staff (F/S).

Parking on the brick sidewalks or other areas not conducive to the aesthetics of Campbell University for the purpose of loading and unloading is prohibited unless it is deemed necessary and approved by the Director of Student Affairs.

Additional information on Campbell University Parking Policy can be found at:

<https://www.campbell.edu/campus-safety/parking/>

Any violations of the parking policy may result in disciplinary action.

A student may obtain a parking permit by visiting:

<https://www.campbell.edu/campus-safety/parking/vehicle-bicycle-registration/>  
and completing the vehicle information.

#### **4.19 Student Lockers**

Lockers are available within Levine Hall to all first- and second-year students. At the end of the Academic Year, all students must remove the locks and empty the lockers for the summer. Failure to remove personal locks will result in the Office of Student Affairs removing the locks and disposing of all contents.

#### **4.20 Student Study Space**

Study spaces are available to CUSOM students, and are located on all floors of Levine Hall on a first-come, first-serve basis. Designated and approved spaces include lecture halls, small group study rooms, the medical school library, and common spaces with cubicles. Conference rooms are not approved study spaces, and must be reserved within each appropriate CUSOM department for official, organized student meetings or events. Additional study space is available in Wiggins Memorial Library on main campus.

#### **4.21 Student Conduct**

All CUSOM students are expected to conduct themselves in a professional and ethical manner at all times. Establishing and maintaining the highest concepts of honor and personal integrity during medical school is critical to the training of physicians. It is the responsibility of the student to support the standards of student conduct and it is reasonable to expect this of all students attending CUSOM.

All CUSOM students have the rights and obligations of other citizens and measure the urgency of these obligations in the light of responsibilities to colleagues, to their profession, and to the institution. When CUSOM students speak or act as private citizens, they must avoid creating the impression of speaking or acting for their School or the University. As such, they should not identify themselves as CUSOM students when posting comments or material on websites, social media, or other forms of communication without the express permission of the Dean.

As citizens engaged in a profession that depends upon freedom for its health and integrity, students have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.

## **Student Statement of Professional Ethics**

As a CUSOM student, I will...

- Be guided by a deep conviction of the worth and dignity of all human life;
- Pursue the advancement of knowledge and recognize the special responsibilities placed upon me;
- Adhere to the policies and procedures of CUSOM in all matters;
- Seek and communicate truth;
- Promote scholarly competence and integrity;
- Practice intellectual honesty;
- Uphold scholarly and ethical standards;
- Demonstrate respect for peers, faculty, staff, administration and the community in general;
- Foster honest academic conduct and ensure student evaluations reflect the student's true merit;
- Promote appropriate interaction between students and faculty, students and administration, and students and staff;
- Avoid any exploitation, harassment, or discriminatory treatment;
- Respect and defend the free inquiry of associates' exchange of ideas and show respect for the opinions of others;
- Give due regard to the paramount responsibilities within the institution in determining the amount and character of work done outside it.

## **Respect for Patients**

CUSOM takes the utmost care to ensure patient respect and confidentiality. As osteopathic medical students, students must demonstrate respect for patients through appropriate language and behavior, including that which is non-threatening and non-judgmental. This respect extends to interactions with standardized patients, including simulated patients, during all OSCE, clinical skills, OMM, and simulation experiences/labs.

In order to maintain professional relationships with patients and their families, patient privacy and modesty will be respected during history taking, physical examinations, and any other contact. It is critical for students to be truthful and not intentionally mislead or give false information. Students should avoid disclosing information to a patient that only the patient's physician should reveal. Students should always, or at the request of the patient, consult more experienced members of the medical team regarding patient care.

## **Respect for Faculty, Staff, Colleagues, Hospital Personnel, and Community**

Students will respect faculty, staff, colleagues, and others, including hospital personnel, guests, and members of the general public. This respect should be demonstrated by punctuality in relationships with patients and peers, prompt

execution of reasonable instructions, and deference to those with superior knowledge, experience or capabilities. Students should express views in a calm and respectful manner when in disagreement with another individual, understanding that a mutual agreement will not always be reached.

### **Respect for Self**

All students should uphold a high level of personal ethics, beliefs, and morals in their daily conduct.

### **Respect for Laws, Policies and Regulations**

Students must respect and obey the laws, policies, and regulations at all levels of the University and the local community, state and federal government.

## **4.22 Chaperoned Physical Exam Policy**

### **Purpose**

The purpose of this policy is to define the need for, and usage of, chaperones in patient care, simulation, and teaching environments of Campbell University and its affiliated sites.

Patient/learner trust cannot be maintained without a basic understanding of the limits and responsibilities of the professional's role. The valued human experience of the physician-patient relationship is damaged when there is either confusion regarding professional roles and behavior or clear lack of integrity that allows sexual exploitation and harm.

Sexual impropriety may comprise behavior, gestures, or expressions that are seductive, sexually suggestive, disrespectful of patient privacy, or sexually demeaning to a patient, that may include, but are not limited to:

1. Neglecting to employ appropriate disrobing or draping practices respecting the patient's privacy, or deliberately watching a patient dress or undress;
2. Subjecting a patient to an intimate examination in the presence of medical students or other parties without the patient's informed consent or in the event such informed consent has been withdrawn;
3. Examination or touching of genital mucosal areas without the use of gloves;
4. Inappropriate comments about or to the patient, including but not limited to, making sexual comments about a patient's body or underclothing, making sexualized or sexually demeaning comments to a patient, criticizing the patient's sexual orientation, or making comments about potential sexual performance during an examination;

5. Using the physician-patient relationship to solicit a date or romantic relationship;
6. Initiation by the physician of conversation regarding the sexual problems, preferences, or fantasies of the physician;
7. Performing an intimate examination or consultation without clinical justification;
8. Performing an intimate examination or consultation without explaining to the patient the need for such examination or consultation even when the examination or consultation is pertinent to the issue of sexual function or dysfunction; and/or
9. Requesting details of sexual history or sexual likes or dislikes when not clinically indicated for the type of examination or consultation.

## **Policy**

Medical students at any level of training are held to the same ethical standards as established by the medical profession.

Efforts to provide a comfortable and considerate atmosphere for the patient and the learner are part of respecting patients' dignity. These efforts may include, but are not limited to, providing appropriate gowns, private facilities for undressing, sensitive use of draping, and clearly explaining various components of the physical examination. Having chaperones present during the physical exam can also help prevent misunderstandings between patient and learner or health care provider.

CUSOM students and faculty should:

1. Adhere to a policy that patients are free to request a chaperone during the medical encounter and ensure that the policy is clearly communicated to patients.
2. Always honor a patient's request to have a chaperone.
3. Never perform invasive or sensitive exams such as breast, pelvic, rectal, and genitourinary exams without the presence of an authorized chaperone.
4. Have an authorized member of the health care team serve as a chaperone. Physicians should establish clear expectations that chaperones will uphold professional standards of privacy and confidentiality.
5. Use a chaperone even when a patient's trusted companion or family member is present.
6. Provide opportunity for private conversation with the patient without the chaperone present. Physicians should minimize inquiries or history taking of a sensitive nature during a chaperoned examination.
7. Have chaperones available regardless of the physician's gender.



8. Inform the patient that an appropriate staff member can act as a chaperone if required and where possible this will be a staff member of the same gender as the patient.
9. Respect that the patient has the right, at all times, to decline a particular person as chaperone.
10. Utilize the learning or simulation environment in a manner consistent with respecting patient privacy.
11. Utilize same gender models for sensitive physical exam demonstrations whenever possible (cardiac exam, sacral exam, etc...).
12. Perform Osteopathic Manual Manipulation (OMM) only on subjects or patients who are adequately clothed to cover all sensitive areas.
13. Not perform OMM as an invasive procedure.
14. Respect the right of a patient participating in an educational activity (such as, but not limited to OMM lab, ultrasound lab, clinical skills) to refuse any component of the physical exam.
15. Respect the right of a child volunteer in the OMM or Clinical Skills lab to refuse any component of a physical exam, even if approval to perform the exam has been given by the parent. Children participating in OMM or Clinical Skills labs must never be forcefully subjected to any physical exam, even if the exam is not considered sensitive in nature.

Family members or friends of the patient should not be expected to undertake any formal chaperone role. There is a risk of inadvertent breaches of confidentiality and embarrassment if friends or relatives are chaperones, and they are best avoided unless there is no alternative than postponing an immediately necessary physical examination. There is also the possibility of collusion between the patient and friend/relative/caregiver to conspire where any complaint of abuse is made.

Medical students must not conduct any intimate examination unsupervised even if the patient provides permission for them to proceed with the examination without a chaperone.

Medical students cannot act as a chaperone to their clinical partner (another medical student) or another health care provider for intimate examinations.

It is important that students seek verbal consent from patients for any form of examination. For intimate examinations, informed consent is particularly important. Intimate examinations include the following:

- Vaginal examination
- Rectal examination
- External genitalia examination
- Breast examination
- Any other examination that might embarrass patients through the removal of clothes, particularly those examinations that might expose external genitalia or breasts

## Procedure

Communicate the chaperone protocol to patients by prominent notice through conversation with the patient.

- Honor all requests for a chaperone.
- Utilize private facilities for undressing, incorporate sensitive use of draping, and provide clear explanations on the various components of the physical examination to be performed.
  - The nature of the procedure/examination should be explained
  - The purpose of the procedure/examination should be clearly stated, (e.g. “it is to help me learn how to...”)
  - There should be an explanation, where relevant, of what will happen to the information collected (e.g., “I will record my findings in the medical notes...”)
  - The patient’s understanding and acceptance of the procedure/examination should be assessed and documented
- Utilize chaperones on a consistent basis, particularly for intimate examinations and those that may be construed as such regardless of physician or learner’s gender.
- When a chaperone is present, keep patient inquiries of a sensitive nature to a minimum. Provide a separate opportunity for a private conversation between the patient and the physician, in order to protect the patient’s personal health information (PHI).
- Provide an authorized health professional to serve as the chaperone whenever possible.
- During a rectal/vaginal examination, surgical gloves must be worn. Gloves act as a barrier and thus help to maintain the clinical nature of the exam.
- Throughout the examination the healthcare professional must remain alert to verbal and non-verbal indications of distress from the patient. Any request for the examination to be discontinued should be respected and documented in the patients records.
- Any discussion during the examination should be kept relevant avoiding any unnecessary personal comments regardless of whether a chaperone is present. A person who is feeling embarrassed or vulnerable is more likely to misinterpret a comment.
- Document in the patient note or chart the presence of a chaperone with any intimate examination or those that may be construed as such.

The American Academy of Pediatrics (AAP) offers the following additional guidance on the use of chaperones for children and adolescents.

- In the medical office setting, the physical examination of an infant, toddler, or child should always be performed in the presence of a parent or guardian.

- If a parent or guardian is unavailable or the parent's presence will interfere with the physical examination, such as in a possible case of abuse or parental mental health issues, a chaperone should be present during the physical examination.

### **Consequences of non-compliance**

Items of potential non-compliance are of serious concern and will require confirmation via investigation of any allegation. Due to the sensitive nature of the grievance, CUSOM will require that all real and standardized patient interactions involving the accused be immediately suspended at the time of the grievance, pending the investigation conclusion.

As outlined in the Academic Bulletin, the APPS Committee is responsible for the review of situations where students are involved in academic misconduct, or unprofessional conduct. The CUSOM Honor Code will guide this review.

Outcomes of an APPS committee intervention may include, but are not limited to, any of the following levels of discipline:

- Disciplinary Probation
- Suspension
- Withdrawal
- Dismissal from the program without the option to return
- Revocation of Degree

Violations of patient rights are serious matters and may result in criminal charges. FERPA privacy laws do not protect violations of a criminal nature.

### **Conclusions regarding fitness to practice and treatment if appropriate.**

According to the recommendations made by the Federation of State Medical Boards, Campbell University supports the loss of enrollment into the school, as well as revocation of degree upon confirmed misconduct.

## **4.23 Accommodations Policy**

Campbell University is committed to providing equal educational opportunity for persons with disabilities in accordance with the nondiscrimination policy of the University and in compliance with Section 504 of the Rehabilitation Act of 1973, with Title II of the Americans with Disabilities Act of 1990, and with the ADA Amendments Act of 2008.

The law states that a person with a “disability” is:

*“Someone with a physical or mental impairment which substantially limits one or more of the major life activities of such individual; or a person with a record of such impairment; or a person who is regarded as having such an impairment.”* (Section 504 of the Rehabilitation Act of 1973)

Equal educational opportunity means that a person with a disability who is qualified for admission must have access to the same university programs, services, and activities as all other students. If necessary to provide equal opportunity, Campbell will make reasonable modifications to its policies, practices and procedures, unless doing so would fundamentally alter the nature of the service, program, or activity or pose an undue administrative or financial burden.

Under the provisions of Section 504, universities may not discriminate in the recruitment, admission, educational process, or treatment of students. Students who have self-identified, provided documentation of disability, and requested reasonable accommodations are entitled to receive approved modifications of programs, appropriate academic adjustments, or auxiliary aids that enable them to participate in and benefit from all educational programs and activities. Section 504 specifies that universities may not limit the number of students with disabilities admitted, make preadmissions inquiries as to whether or not an applicant has a disability, use admission tests or criteria that inadequately measure the academic qualifications of students with disabilities because special provisions were not made, exclude a qualified student with a disability from any course of study, or establish rules and policies that may adversely affect students with disabilities.

In support of its commitment to provide equal educational opportunity, Campbell provides a variety of services and accommodations to students with documented disabilities. Campbell University’s [Student Guide for Accessing Disability Services](#) can be accessed [here](#). Questions or comments about this manual should be directed to:

Laura Rich  
Director of Disability Services  
Student Services, Room 113  
(910) 814-4364  
Fax (910) 814-5710  
[richl@campbell.edu](mailto:richl@campbell.edu)

## **Matriculating or Current CUSOM Students with Disabilities**

### **Section I – Who to Contact**

Students with documented disabilities who desire modifications or accommodations must contact the CUSOM Director of Student Affairs:

Jennifer Parrish, MEd, LPCA  
CUSOM Director of Student Affairs  
Leon Levine Hall of Medical Sciences, Room 115  
(910)-893-1846  
[jparrish@campbell.edu](mailto:jparrish@campbell.edu)

No accommodations will be made without approval through the University's process. A medical, psychological or other diagnosis may rise to the level of a disability if it substantially limits one or more major life functions, one of which is learning. A disability may be temporary or ongoing.

### **Section II: How to Obtain Services**

#### **General Procedure for Receiving Accommodations**

- Step 1:** Incoming or current students are requested to contact the Director of Student Affairs to request services as soon as possible. The University is not responsible for identifying students with disabilities and is not required to provide services unless proper procedures have been followed in making a request.
- Step 2:** The student must schedule a meeting with the Director of Student Affairs, who consults with the Director of Student Success/ADA/504 Compliance Officer to provide documentation of the disability and to complete the appropriate paperwork.
- Step 3:** The Director of Student Affairs reviews the student's request and supporting documentation, if needed. The process of review depends in part on the nature of the student's disability. Decisions regarding accommodations are made on a case-by-case basis. There is no standard accommodation for any particular disability. CUSOM will make reasonable modifications to its policies, practices and procedures, unless doing so would fundamentally alter the nature of the service, program, or activity or pose an undue administrative or financial burden.

**Step 4:** If the request for accommodations is approved, the Director of Student Affairs generates a Letter of Accommodation (LOA) documenting the student's individual, approved accommodations. The Office of Students Affairs coordinates dissemination of the LOA. Any student whose requested accommodations are not approved is encouraged to meet with the Director of Student Affairs to discuss the reasons for the denial. The Director may discuss the grievance procedure with the student at this time.

### **Additional Information Regarding Accommodations Documentation**

For any student deemed eligible, CUSOM provides accommodations or modifications to policies and practices in order to ensure that all students have equal access to all CUSOM programs, services, and activities.

The purpose of accommodations is not to ensure success, but rather to provide access and equal educational opportunity.

Accommodations are not provided retroactively. Any student approved for accommodations is entitled to services and accommodations only from the date that approval is given. Even if the student can establish that he or she had a disability at the time of the course in question, CUSOM will not expunge or re-examine coursework completed before the student was reviewed and approved for accommodation.

No student is required to disclose his or her disability to the University. However, as discussed above, any student who discloses and receives approved accommodations after he or she has begun study at CUSOM will not receive any retroactive accommodations on work completed before the approval for accommodations was made.

Documentation of a student's disability is only shared with relevant CUSOM faculty, staff or administration on a need-to-know basis with a release of information signed by the student.

### **Service Animal Information**

According to the Americans with Disabilities Act (ADA), a service animal is defined as "any animal individually trained to work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals to an impending seizure or protecting individuals during one, alerting individuals who are hearing impaired to intruders, pulling a wheelchair

and fetching dropped items”. Providing comfort or support does not qualify an animal as a service animal. If there are any questions as to whether an animal qualifies as a service animal, a determination is made by Director of Student Affairs with consultation with the Director of Student Success/ADA/504 Compliance Officer.

In compliance with the ADA, service animals are welcome in all buildings on campus and may attend any class, meeting, or other event. Service animals are expected to exhibit reasonable behavior while on campus. The owners of disruptive and aggressive service animals may be asked to remove them from university facilities. If the improper behavior happens repeatedly, the owner may be told not to bring the service animal into any facility until they take significant steps to mitigate the behavior.

Emotional support animals are animals that provide comfort and relieve symptoms of mental health disorders. Emotional support animals are not allowed in other campus buildings, including classrooms and dining facilities unless it is deemed as a reasonable accommodation and will be included in the student’s Letter of Accommodation (LOA) from CUSOM. The CUSOM Director of Student Affairs can provide further information.

Cleanliness of any approved service animal on campus is mandatory. Consideration of others must be taken into account when providing maintenance and hygiene of animals. The owner is expected to clean and dispose of all animal waste.

### **Confidentiality of Information**

Information received from a student is governed under the provisions of the Family Education Rights and Privacy Act of 1974. Under the provisions of this law, students in post-secondary education have the right to inspect and review their school records as defined by law. Other than for “Directory Information”, Campbell University will release information only with the student’s written consent and will use “Directory Information” in the best interests of the student.

CUSOM is committed to ensuring all information compiled concerning a student remains confidential as required by applicable law. Any information monitored or collected is used for the benefit of the student.

Only those faculty and staff members of CUSOM have access to information collected for use in accomplishing necessary tasks for the student. Any information gathered is not released to third parties except in accordance with state and federal law.

A student must give written authorization to release information when s/he wishes to share it with others. The student must specify the information to be released, the purpose of the release, and to whom the information is to be forwarded. This release may be handwritten, or a form from CUSOM Office of Student Affairs may be used.

By matriculating at CUSOM, a student agrees that CUSOM may share their Match data. A student has the right to review his/her own file and as a courtesy to the individual, copies of documents and information obtained will be provided at no cost with limitations.

### **Section III: Student Responsibilities**

#### **General Student Responsibilities**

1. Identify him/herself to the Director of Student Affairs to begin the process of requesting accommodations. CUSOM is not responsible for identifying students with disabilities or for contacting such students to begin the accommodation request process.
2. Provide documentation which conforms to the University's guidelines. If the student's documentation is insufficient for any reason, the student is responsible for pursuing whatever additional documentation is required and to pay any costs thereof. CUSOM reserves the right not to provide services or accommodations until all of the documentation specified in the guidelines is provided.
3. Any student approved for accommodations is responsible for retrieving his or her Letter of Accommodation (LOA) and Release of Information Form from the Director of Student Affairs or available at:

<https://cuweb.wufoo.com/forms/cusom-release-of-information/>

#### **Responsibilities of a Student Approved for Testing Accommodations**

Testing accommodations require frequent communication between the student and the Office of Assessment, Accreditation and Medical Education (Years 1 and 2) or Department of Clinical Affairs (Years 3 and 4). It is very important that testing information be shared with these offices in a timely manner.



At the beginning of the semester, and at least one week prior to the first scheduled test, the student should discuss with the Office of Assessment, Accreditation and Medical Education or the Department of Clinical Affairs all approved testing accommodations. This discussion should address the questions of how, when and where the Office of Assessment, Accreditation and Medical Education or the Department of Clinical Affairs will provide the testing accommodations. The student should make sure to have a calendar and a copy of the LOA with him/her at the time of this discussion. The student should also remind the Office of Assessment, Accreditation and Medical Education or the Department of Clinical Affairs of their need for accommodations at least one week prior to each test/exam.

If at any time you feel that the Office of Assessment, Accreditation and Medical Education, or the Department of Clinical Affairs is not adequately meeting your accommodations, discuss this with the Office of Assessment, Accreditation and Medical Education or Department of Clinical Affairs and the Director of Student Affairs immediately.

Remember, the Office of Assessment, Accreditation and Medical Education or the Department of Clinical Education is only required to provide accommodations specifically listed in the Letter of Accommodation.

### **Responsibilities of a Student Approved for Handicapped Parking**

Students who use handicapped parking on campus must maintain state-issued handicap parking permits. The student is also required to purchase an appropriate parking sticker from the Campbell University Department of Campus Safety.

If a student has consistent problems finding necessary handicapped parking near his/her class buildings, notify the Director of Student Affairs and the Campbell University Department of Campus Safety immediately.

## **Section IV: Documenting a Disability**

### **General Documentation Guidelines**

To ensure that reasonable and appropriate services and accommodations are provided to students with disabilities, students requesting such accommodations and services must provide current documentation of their disability. Such documentation generally must include the following:

- A clear diagnostic statement of the disability prepared by a licensed professional
- A description of the manner in which the disability limits the student in a specified major life activity and the severity of the limitation

It is the responsibility of the student requesting the accommodations and services to document the disability. As such, the cost of evaluations required pursuant to these guidelines is to be borne by the student. If there is a change in the student's condition, he/she may request modifications to previously approved accommodations.

The student will have to provide current supporting documentation for review at that time. An Individualized Education Plan (IEP) or a 504 plan may help to supplement documentation, but are generally insufficient documentation when presented alone.

### **Guidelines for Documenting a Learning Disability**

Every report should be on letterhead, typed, dated, signed and otherwise legible, and be comprised of the following elements:

- **Evaluator Information:** The name, title, and credentials of the qualified professional who conducted the assessment should begin the report. Please note that members of the student's family are not considered appropriate evaluators.
- **Recent Assessment:** The report must provide adequate information about the student's current level of functioning. If such information is missing, the student may be asked to provide a more recent or complete assessment.
- **Testing:** There should be a discussion of all tests that were administered, observations of the student's behavior during testing, and a listing of all of his/her test scores (i.e. domain, cluster, subtest, index, etc.) represented in standard scores and/or percentile ranks.

Informal assessment, an Individualized Education Plan (IEP), or a 504 plan may help to supplement a more comprehensive test battery but are generally insufficient documentation when presented alone.

In addition, a clinical summary and a clearly stated diagnosis are helpful and should be included in the report. The summary should integrate the elements of the battery with background information, observations of the client during the testing situation, and the student's current academic situation. This summary should present evidence of a substantial

limitation to learning and explain how the patterns of strength and weakness are sufficiently significant to substantiate a learning disability diagnosis. It should also demonstrate that the evaluator has ruled out alternative explanations for the learning problem. If social or emotional factors are found to be possible obstacles to learning, they should be discussed. This summary may include recommended accommodations, but these are in no way binding to the University. CUSOM reserves the right to evaluate all documentation and determine appropriate accommodations in each case.

## **Section V: Grievance Procedure**

All requests for accommodations or special services should first be brought to the CUSOM Director of Student Affairs. Problems with approved accommodations or services should first be reported in writing to the CUSOM Director of Student Affairs.

If the student is unable to resolve the matter with the CUSOM Director of Student Affairs, the student and the CUSOM Director of Student Affairs should forward the complaint to the Director of Student Success/ADA/504 Compliance Officer for an informal resolution. The Director of Student Success/ADA/504 Compliance Officer will arrange a meeting with the student and CUSOM Director of Student Affairs within ten (10) business days of receiving the complaint.

In the event that the student is dissatisfied with the informal resolution, he/she may file a complaint with the Vice President for Student Life and Dean of Students. The Vice President for Student Life and Dean of Students will arrange a meeting with the student and Director of Student Success/ADA/504 Compliance Officer within ten (10) business days of receiving the complaint.

In the event that the student is dissatisfied with the informal resolution, he/she may file a complaint with the Vice President for Academic Affairs and Provost if the issue involves denial of an academic accommodation.

Students are also encouraged to exercise their rights of complaint through the Department of Education, Office of Civil Rights and other legal channels if needed.

## **4.24 CUSOM Alumni**

### **Student Society for Alumni and Friends**

The Student Society for Alumni and Friends (SSAF) is a student organization sponsored by the Campbell Medicine Alumni Association; the Director of Alumni Engagement serves as the club advisor.

The mission of SSAF is to connect students, alumni and friends of CUSOM by providing leadership opportunities, educating students about the impact of philanthropic engagement with CUSOM and the University, and inspiring future generation of alumni. SSAF helps students communicate the goals, purpose and impact of CU Advancement and Alumni Engagement while giving them the opportunity to educate other students about the importance of giving back.

SSAF consists of a group of highly motivated students interested in the promotion of philanthropic awareness on campus and are leaders and volunteers for events such as Campbell Medicine Golf Classic, TAG Day, Founders Week, and Campbell Day of Giving. Students who serve as club officers receive training in event planning, project management, fundraising, strategic planning and marketing.

SSAF members serve as ambassadors to students, alumni and friends of CUSOM. Members serve as agents for their respective classes during their tenure as students and throughout their lifetime as alumni. Membership is free and participation in initiatives and events will be taken into consideration when offering exclusive opportunities.

### **Alumni Engagement & Alumni Association**

The Campbell Medicine Alumni Association was founded by the inaugural Class in 2017 as a dues based organization. The association provides meaningful communication and fosters relationships through opportunities for engagement and service such as scholarships, awards, and mentorship as well as social events to connect with fellow Campbell Physicians, faculty, staff and students.

The alumni association has flexible membership options that reflect alumni's advancement in their career: Resident (years 1-3 total) \$25.00; Young Alumni \$50.00 annual membership for years 4-6 post-graduation; Annual Alumni Dues \$100.00 Lifetime Membership \$750 resident/young alumni (\$1,000 6+ years after graduation).

The Campbell Medicine Alumni Association Board is comprised of four Class Representatives per class. The Campbell Medicine Alumni Association may nominate two members to serve on the University Alumni Board of Directors.

The Medicine Alumni Board will establish the bylaws, mission, vision and goals for the Campbell Medicine Alumni Association and work with the Alumni Office to add benefits for the Association and plan special events. They are the Alumni voice for Campbell Medicine in the Medical School and University communities.

## **5. ACADEMIC INFORMATION AND POLICIES**

### **5.1 Advising and Faculty Access**

CUSOM believes strong academic counseling should provide students with excellent longitudinal guidance and support starting during the pre-matriculation phase and continuing through graduation. CUSOM's comprehensive academic counseling process includes a series of academic transition support activities, long-term, consistent mentorship from academic advisors, board and residency preparation support, the training and allocation of peer-tutors, learning enrichment programs, and targeted individual and group workshops through its Academic Center of Excellence (CUSOM ACE).

#### **Organizational Structure of the ACE**

CUSOM ACE, under the directorship of the two Assistant Deans of Academic Success and the support of an Executive Assistant, is responsible for the overall success of CUSOM students. CUSOM ACE manages academic support programs and learning services including, but not limited to: peer-tutor program, study skill development workshops, behavioral counseling, individual academic coaching, faculty advising support, and an on-line student forum. CUSOM ACE also hosts a collection of learning and Board preparation resources accessible to the CUSOM community through its computers or mini library. The CUSOM ACE Blackboard community and Facebook group pages provide additional platforms for disseminating information as well as promoting collaborative academic interactions.

#### **Academic Transition Activities**

CUSOM ACE is responsible for designing and leading activities and programs designed to assist matriculating students develop study skills and techniques, which will assist them in achieving academic success. Two weeks prior to Orientation of the new incoming class, ACE distributes a pre-matriculation reading assignment on the topic of "The Science and Strategies for Successful Learning and Study." This material, prepared by CUSOM ACE, is a collection of highlights and excerpts from the literature pertaining to critical skills essential for academic success in a high-volume, high-paced learning environment. This material provides students with foundational knowledge in areas such as growth mindset, metacognition, spaced practice, interleaving, etc., which is expanded upon during Orientation. During Block 1, two study skill workshops further discuss and expand on these topics. The last installment of this series focuses on test-taking skill development and utilizes an exam "autopsy" to provide feedback on refining study skills.

## **Long-term, Consistent Mentorship from Academic Advisors**

The academic Advisor-Advisee relationship is one of an institutional representative providing insight or direction to a student about academic, professional, scholarly, and career planning issues. The nature of this direction may be to inform, suggest, counsel, discipline, coach, mentor, or even teach. The CUSOM advising process ensures both biomedical science and clinical faculty are involved in student at advising and establishing relationships that create an atmosphere of trust and meaningful dialogue. The Advisor/Advisee relationship will ensure consistent feedback regarding academic performance and direct the student to additional resources within the institution as needed. All advisors play an important role in identifying students experiencing academic, personal or behavioral health problems and providing them with referrals to CUSOM ACE for individual study skill coaching or to Behavioral Health Services for assessment and appropriate treatment.

The Director of Student Affairs and the Assistant Dean for Faculty assign academic advisors, with input and approval by the Dean, to each incoming CUSOM student. Such mentorship is typically carried out through both mandatory group and individual meetings. In the first two years, this is facilitated through designated time on the academic calendar for the advisors to meet with their advisees. The frequency of meetings between students and their advisors during years 1 and 2 is as follows:

- During Blocks 1 and 2, students meet with their academic advisors at least once individually each Block, and once in a group setting each Block (4 meetings total). The purpose of these meetings is to provide the academic support to the students during this transitional period.
- During the remaining academic Blocks in the first and second years, students will meet with their advisors at least once a semester in an individual or group setting.

In addition to their role as specifically assigned academic advisors, faculty also meet with non-assigned students to provide additional help with course work. Faculty offer office hours individually and are available to students for any additional assistance. Scheduling may be done either directly with faculty, or through the appropriate administrative assistant.

By matriculating at CUSOM, students agree that their grades will be shared with their faculty advisors in an effort to facilitate advising effectiveness.

## **Board and Residency Preparation Support**

To help guide CUSOM students in preparation and planning for national licensing exams through the National Board of Osteopathic Medical Examiners (NBOME) and the National Board of Medical Examiners (NBME), the CUSOM Vice Dean for Academic Affairs and Executive Director of Assessment, Accreditation, and Medical Education provide presentations to MS-1 and MS-2 students, and also offer individualized advisement. These sessions and meetings offer insights, data, and guidance for studying and scheduling COMLEX-USA Level 1 exams.

As students enter third year, additional advising relationships are developed to support clinical rotation needs and residency specialty selection and application processes. Students are provided a list of clinical advisors/mentors classified by their areas of clinical expertise and may choose additional mentors according to their interest in a specific clinical discipline. Clinical advisors provide guidance to the students with a focus on the clinical path they are interested in pursuing. CUSOM Clinical Department Chairs provide guidance regarding clinical rotations, addressing any issues with rotation performance and meeting curricular requirements. The Clinical Department Chairs also provide support to students applying to residency programs in their specific or related fields by meeting with students to offer residency planning advice and providing letters of recommendations for student residency applications.

In the first month of their fourth-year, medical students complete the Residency Development course. This course includes OSCEs to prepare students for their COMLEX-USA Level 2-PE Exam. In addition, there are a series of lectures designed to prepare students for their transition into residency with topics including *Deciding on a Specialty and Advising Offered Through CUSOM*, *Applying for Residency Programs*, *Interviewing for Residency Programs*, *The Match and What Happens if I Don't*, and *What I Need to be Able to Do on Day One of Residency?* Additional information and resources are also provided including match results, resources available through the AAMC, templates and Curriculum Vitae writing support, and a FAQs book developed by CUSOM. Fourth-year students also participate in mock residency interviews during which they receive immediate feedback on their performance and specific advising regarding targeted areas for improvement in their interviewing skills.

In addition to individually scheduled meetings, email, and telephone interactions with faculty advisors, students have advising opportunities with CUSOM faculty during Call Back Fridays of their third- and fourth-years. Call Back Fridays are the last Friday of core clinical rotations when students are required to return to CUSOM to participate in end-of-rotation exams, didactic presentations, Osteopathic Principles & Practices sessions, professional seminars, and clinical faculty advising sessions.



Rising fourth-year students also participate in CUSOM's annual Residency Fair which is designed to help students narrow down their specialty selection and prepare for the process of applying to residency programs. The event includes a presentation on criteria to consider when selecting a specialty and a panel discussion including residency program directors, current residents from Campbell co-sponsored postgraduate training programs, and fourth-year students in the application process. Participating students have the opportunity to attend breakout sessions for two different specialties, presented by that discipline's Chair, where they are provided valuable information regarding the specialty (training, job opportunities/outlook, lifestyle etc.), evaluating their competitiveness for applying to that specialty, and key information and advice for that specialty's residency application process. Students also have the chance to talk directly with Program Directors and staff from residency programs.

### **Enrichment and Intervention Support from the Academic Center of Excellence (ACE)**

Through collaboration with the Department of Behavioral Health, CUSOM ACE assists students, directly and indirectly, to achieve academic excellence. The two Assistant Deans for Academic Success lead CUSOM ACE and provide counseling services for study skills, time management, test-taking skills, etc. directly to students in group settings or during one-on-one meetings. Individual meetings are scheduled based on need or according to the recommendation of Academic Performance, Promotion, and Standards (APPS) Committee or the Dean's office. Students who receive a grade of 75% or less on any integrated exam are recommended to contact their academic advisor or CUSOM ACE for an individual meeting. Meeting frequency is tailored to individual student needs based on academic performance, student requests, and/or recommendations of the ACE, faculty advisors, or the APPS Committee. Students who desire individual advising sessions can schedule additional meetings with their academic advisor or the Academic Center for Excellence at any time regardless of their academic performance. These meetings can be one-time only, weekly, or bi-weekly, whichever the students and CUSOM ACE directors deem appropriate. Recommendation to seek additional support from Behavioral Health when necessary is also an integral part of this process.

To maximize the effectiveness of faculty academic advisors, CUSOM ACE also organizes and/or participates in faculty development sessions to facilitate discussion, share best practices, and offer useful tools for mentoring students.

Beyond fostering MS-1 and MS-2 students' academic success within the CUSOM curriculum, CUSOM ACE also provides guidance and helpful resources for their Board preparation. Computers available through CUSOM ACE provide students protected, full access to many common Board study

programs and question banks. CUSOM ACE also has a private Facebook page, utilizing social media to deliver up-to-date information or daily practice questions to the CUSOM student community. In addition, CUSOM ACE, in collaboration with Behavioral Health, has facilitated a student forum on Board Preparation, organizing MS-3 students to offer support to MS2 students.

## **5.2 CUSOM Peer-Tutor Program**

CUSOM ACE also develops and manages additional academic support services through the CUSOM Peer-Tutor program and faculty development programs designed to enhance faculty advising skills. The CUSOM Peer-Tutor program is designed to assist students requesting tutoring service to become more proficient in subject-specific materials and more efficient and effective independent learners across a broad range of courses. Peer tutoring is intended to enhance, not replace, lecture attendance and personal study time. Tutors also act as facilitators for student learning, assisting with clarification of lecture and lab objectives, discussions, readings, or other assignments. CUSOM ACE identifies, trains, and appoints course-specific tutors. To become a certified tutor, students must meet the minimal academic requirements (ranking the top 25% of a specific course and maintaining a cumulative GPA  $\geq 3.3$ ), complete a Tutor Training Workshop provided by the ACE, and be approved by the Course Director(s). CUSOM MS-1 and MS-2 students who wish to receive peer-tutoring support place their requests by logging onto the Blackboard Class Community and complete a request form provided via a Wufoo link. The Academic Center for Excellence (ACE) will identify available certified peer-tutors who will then contact the tutees directly to arrange session(s) on a short- or long-term basis. The goal of tutoring sessions is to clarify and review concepts, explain processes, and assist in problem solving. The interactions between tutor and tutee are required to adhere to the rules of academic professionalism, confidentiality, and honesty according to the CUSOM Honor Code. The most updated CUSOM Peer-Tutor Program manual is published on the ACE Blackboard Community page.

As a student-centered institution, all CUSOM administrators are accessible to students when needed and based on availability. Administrative leadership also strives to conduct informal meetings with students on a regular basis, such as “Breakfast/Lunch with the Dean”, a twice-monthly meeting of small student groups with the Dean and Associate Deans. In summary, academic advisors, CUSOM Behavioral Health, the Academic Center for Excellence, faculty, Deans, and staff are available to discuss personal and academic problems that may arise throughout the four years of medical school, and provide guidance and/or referrals to other resources as necessary.

## 5.3 Attendance

### Attendance Policy

Attendance of first- and second-year students is expected at all lectures, and required at all labs and other scheduled curricular activities. Attendance will be monitored by the Office of Assessment, Accreditation and Medical Education (Med Ed) using the lecture hall cameras, and electronic attendance records are maintained. Absences for emergencies are considered on a case-by-case basis through Med Ed. Any falsification of attendance records is viewed as an Honor Code violation. Failure to maintain adequate attendance during the first two years of the curriculum may result in corrective action through the Academic Performance, Promotion and Standards (APPS) Committee.

Attendance of third- and fourth-year students is required for all requisite clinical duties of the particular rotation on a daily basis with any structured time away from the rotation approved at the discretion of the clinical site director. Students on clinical rotations are expected to be on time for all assigned activities associated with that particular rotation. Activities may include, but are not limited to, lectures, rounds, hospital committee meetings, on-call assignments, case presentations, etc... Students must abide by attendance requirements as described in the CUSOM Clinical Rotation Manual.

Violations of the attendance requirement policy may result in disciplinary action by the APPS Committee including, but not limited to, removal from any leadership position with a student club, organization or student government office, and possible notation of **policy violations or professionalism issues** in the Medical Student Performance Evaluation (MSPE). In extreme cases, absenteeism or tardiness may result in dismissal from the program.

### MS-1 and MS-2 Years

It is recognized there may be isolated instances when an individual must be absent; however, a student who misses a lecture, laboratory or workshop is not excused from the subject materials or duties of that particular period. The student may be required to make-up the missed educational session(s) during off-hours. Makeup laboratories are conducted only in extreme situations and at the discretion of the Course Director in consultation with the Block Leaders, Med Ed and Vice Dean for Academic Affairs when necessary.

The total number of absences must not exceed 20% of a course. No excused absences are granted while the 20% threshold has not been reached. Once a student has met or exceeded the 20% mark, the student may be eligible to request an excused absence through Med Ed by meeting one of the following qualifying criteria:

- For medical condition/illness, the student must provide Med Ed with a note from the examining physician (who is NOT a family member) indicating the medical visit, the amount of recommended time-off, and the student's return-to-class date.
- For personal leave, unless it is emergent in nature, the absence request must be submitted at least seven (7) days prior to the anticipated absence. Personal leave does not include vacations, weddings, graduations or other similar activities or events. Examples include:
  - Death in immediate family
  - Critical status secondary to accident/acute illness involving an immediate family member

**Note:** "Immediate family member" is defined as a student's parent, stepparent, grandparent, spouse, spouse's parent, child or sibling.

- For Jury Duty, the absence request and supporting documentation must be submitted at least seven (7) days prior to the anticipated absence.
- For attending CUSOM-related activities or national meetings of student clubs and organizations, an excused absence request must be submitted, in writing, to Med Ed at least seven (7) days prior to the anticipated absence(s). To be considered for such request, students must have a cumulative GPA  $\geq 3.0$  on a 4.0 scale, no prior course failures, and be in good academic standing. Students are allowed a maximum of two (2) excused absences per semester for voluntary attendance at conferences if all other excused absence criteria has been met. No travel arrangements should be made prior to approval being granted by Med Ed. CUSOM accepts no responsibility or liability for any losses as a consequence of any cancelled or delayed travel plans. Approved absences for students required to attend national conferences will not be subject the 20% rule; however, formal requests must be submitted for approval.
- Students may request an excused absence for religious holidays not included in the list of recognized University holidays.

Appropriate documentation to support the request is required, and must be submitted for approval to Med Ed.

As there is no 20% allowance for mandatory laboratory (OMM, Anatomy) Clinical Skills activity, or Interprofessional Education (IPE) activity a separate laboratory excused absence request must be completed and submitted to the Course Director and Med Ed. The same aforementioned criteria outlined above apply. Med Ed will notify the Course Director of the decision if approved. Approval must be granted and obtained in order to arrange a make-up with the Course Director. An unexcused absence from one of these activities may result in a grade of zero (0) or an overall grade deduction (refer to each specific course syllabus).

In the event of any absence from an examination or quiz, approval must be obtained from Med Ed to arrange a make-up (approvals based upon the qualifying criteria detailed above). It is essential each student make every effort not to miss any examination or quiz. Requests for make-up examinations or quizzes must be made in a timely manner with Med Ed. An unexcused absence from an examination or quiz, may result in a grade of zero (0) for that assessment.

For an absence to be considered excused, students must notify Med Ed and complete the appropriate lecture or lab “Excused Absence Request Form” online. Med Ed will determine if the excused absence is approved or denied, and the student will be notified of the decision in a timely manner. If a student is failing any course or has been placed on Academic Probation, they may not be approved for an excused absence unless for an extraneous situation determined on a case-by-case basis. The Vice Dean for Academic Affairs will resolve any disagreement concerning an attendance decision.

Once an absence request is approved, it is the student’s responsibility to contact Course Directors and Med Ed to arrange a makeup for missed laboratories and an examination/quiz where applicable. It is important to note that, although the Course Directors will do their best to accommodate the makeup requests, some missed experiences may not be replicable, and the arrangement is at the Course Directors’ discretion. In the case in which a missed experience is not replicable, and therefore unable to be made up, the student may receive a zero (0) for that assessment, which may lead to an overall failing course grade.

### **Official Holidays**

CUSOM observes the following University holidays.

- New Year’s Day
- Martin Luther King Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving (2 Days)
- Christmas (Varies)

Holidays falling on a weekend will be observed either on the Friday before or the Monday after the holiday, or as designated by Campbell University.

### **Jury Duty**

It is the duty of every citizen to serve on jury duty when called. If a CUSOM student is called to serve on a jury, or if a CUSOM student is ordered to appear in court as a witness, he or she should submit the appropriate lecture and/or lab excused absence request as outlined above, and advise the Associate Dean for Biomedical Affairs as soon as possible. As noted above, in the cases of Jury Duty, the absence request and supporting documentation must be submitted to Med Ed at least seven (7) days prior to the anticipated absence.

### **Consequences of Non-compliance**

**As professionals, students are expected to strictly adhere to the attendance policy. The Academic Performance, Promotion and Standards (APPS) Committee may consider non-compliance with the Attendance Policy by MS-1 and MS-2 students as a violation of CUSOM policy which may result in disciplinary action. APPS Committee actions include, but are not limited to, loss of remedial privileges; removal from any leadership position with any student club, organization, or student government office; and possible notation of policy violations or professionalism in the Medical Student Performance Evaluation (MSPE). In extreme cases, absenteeism or tardiness may result in dismissal from the program.**

### **MS-3 and MS-4 Years**

Students in third- and fourth-year clinical rotations must abide by the additional attendance requirements described in the CUSOM Clinical Rotation Manual.

One hundred percent (100%) attendance on all clinical rotations is expected. Failure to notify the clinical site/preceptor, Regional Site Coordinator, Regional Dean, and the corresponding Third- or Fourth-Year Student Medical Education Clinical Coordinator in the CUSOM Office of Clinical Affairs of **any absence** from a rotation, regardless of the reason or number of hours absent, may result in completion of a professionalism report with referral to the Academic Performance, Promotion and Standards (APPS) Committee. An unexcused absence will result in either a failing or an incomplete grade and result in referral to the Academic Performance, Promotion and Standards (APPS) Committee.

Students are required to be at their assigned supervised clinical education experience sites for a minimum of forty (40) hours per week, unless the clinical site is open less than forty (40) hours per week. The days and times a student is expected to report is determined by the preceptor and students may be assigned to day, evening, night, weekend or holiday work hours. Preceptors may ask students to rotate their scheduled work hours in order to gain the most clinical experience during times of peak patient flow. During certain clinical rotations, students may be assigned to Saturday and Sunday hours as well. The Campbell University holiday schedule is independent of the clinical rotation schedule. Third- and fourth-year students must follow the schedule as outlined by their preceptor for the month.

Students are expected to work forty (40) hours per week for four (4) weeks, for a total of 160 contact hours per each four (4) week clinical rotation.

### **Attendance**

Attendance at all scheduled workdays is mandatory. Students are expected to arrive at least fifteen (15) minutes early for each of their scheduled workdays.

Any length of absence (an hour, half day, full day, etc...) must be immediately reported to the Regional Site Coordinator, Regional Dean, Director of Student Medical Education (DSME) as appropriate and the corresponding Third- or Fourth-Year Student Medical Education Clinical Coordinator in the CUSOM Office of Clinical Affairs.

Extracurricular activities, vacations, or lack of childcare are NOT acceptable excuses for absences.

CUSOM E-mail is the primary method of communication between the Department of Clinical Affairs and students and thus students must check their CUSOM email regularly.

The student must maintain communication between him/herself, the rotation site and the Office of Clinical Affairs.

- This communication can include contact with the clerkship director, administrator, site director, and staff in the Office of Clinical Affairs.

1. Discretionary Days

Students are allowed three (3) discretionary days total annually. No more than one (1) day may be taken in any given clinical rotation, and discretionary days may NOT be used on a Call Back Friday (last Friday of the rotation). Discretionary days MUST be approved by both the preceptor and Office of Clinical Affairs in writing at least one (1) week in advance to the requested time off. Requests are to be submitted electronically via the CUSOM Absence Request/Submission Form (as identified below) to the corresponding Third- or Fourth-Year Student Medical Education Clinical Coordinator.

2. Sick Days

Students are allowed five (5) sick days annually. If more than five (5) sick days total are taken by a student, the student may be referred to the Office of Clinical Affairs and the Academic Performance, Promotion and Standards (APPS) Committee for review.

3. Family Emergencies / Death in Family

Due to the variability of circumstances, time-off requested for family emergencies or a death in the family will be reviewed by the Office of Clinical Affairs on a case-by-case basis.

4. Time off for Residency Interviews

Interviews at any CUSOM-sponsored residency program do not count against recorded absences.

Students may request no more than four (4) days off for interviews during any four-week rotation, and no more than two (2) days over any two-week rotation. This includes partial day absences of greater than four (4) hours. Students will be required to make up missed time at the rotation director's discretion.

All requests for time-off must include written verification of the interview location and date and be provided to the Office of Clinical Affairs at least one (1) week prior to the requested date of absence.

5. Conferences

Additional excused time off may be granted only if the student is presenting, is a national officer, or by special permission. All requests for conferences need prior approval by the Associate Dean for Clinical Affairs as noted above. Students are required to make up time off for conferences.



Failure to notify the clinical site/preceptor, Regional Site Coordinator, Regional Dean, and the corresponding Third- or Fourth-Year Student Medical Education Clinical Coordinator in the CUSOM Office of Clinical Affairs of *any absence* from a rotation, regardless of the reason or number of hours absent, may result in completion of a professionalism report with referral to the Academic Performance, Promotion and Standards (APPS) Committee.

Extracurricular activities, vacations, or lack of childcare are NOT acceptable excuses for absences.

Email is the primary method of communication between the Department of Clinical Affairs and students, and, thus, students must check their CUSOM email regularly. Students are required to attend all onsite meetings designated by the Regional Site Coordinator or Regional Dean (or DSME, as appropriate).

Students must contact their clinical site/preceptor as well as the Regional Site Coordinator, Regional Dean (or DSME, as appropriate), and either the Third- or Fourth-Year Student Medical Education Clinical Coordinator immediately if they are missing any clinical time due to illness (leaving early, arriving late, or missing a full day).

- If 2-4 hours of clinical time is missed, a half day will be documented. More than four (4) hours of missed clinical time equals a full day of sick leave.
- If an absence of greater than one (1) working day is necessary due to illness, that time must be made up. Arrangements for missed time will be coordinated with the Office of Clinical Affairs through the Regional Site Coordinator.
- If the student is absent from a single rotation for two (2) days or more due to illness, the student is required to submit a note from a licensed healthcare provider to the Office of Clinical Affairs defining the number of days absent and the expected date of return.
- If extraordinary circumstances require a prolonged absence (more than three (3) days in one rotation), the student may be encouraged to consider a Medical Leave of Absence which can be requested through the Office of Clinical Affairs. A Medical Leave of Absence may be required for students who miss more than three (3) days due to medical reasons and are unable to make up the missed time prior to the end of the rotation. A Medical Leave of Absence may delay the student's graduation. Each case is evaluated on a case-by-case basis.

- Students who require a Medical Leave of Absence will meet with the Associate Dean for Clinical Affairs and the Dean, and may be referred to the Academic Performance, Promotion and Standards (APPS) Committee. A Modified Course of Study will be developed in discussion with the Associate Dean for Clinical Affairs.

Permission for an absence must be obtained in advance with all of the following:

- CUSOM Office of Clinical Affairs,
- Clinical preceptor to whom student is assigned, and
- Regional Dean/DSME of the affiliated hospital.

**Student absence requests must be made utilizing the official CUSOM Absence Request / Submission form** and may be obtained from the Office of Clinical Affairs or found online at:

<https://cuweb.wufoo.com/forms/m63yfw91sige3g/>

**All absences, whether a current illness or a request for a future absence, must be completed using this form.**

There are no exceptions for this procedure and failure to follow the procedure will result in the student being assigned an unexcused absence.

Students who miss more than a total of four (4) days of a 4-week rotation, or two (2) days of a 2-week rotation, regardless of the reason, and who are unable to make up the missed time prior to the end of the rotation, may not receive credit for the rotation and will be required to appear before the APPS Committee. Failure to notify the clinical site/preceptor, Regional Site Coordinator, Regional Dean, **and** the corresponding Third- or Fourth-Year Student Medical Education Clinical Coordinator in the CUSOM Office of Clinical Affairs of **any absence** from a rotation, regardless of the reason or number of hours absent, may result in completion of a professionalism report with referral to the Academic Performance, Promotion and Standards (APPS) Committee.

If a student desires to participate in an activity that will take him/her away from an assigned clinical setting, the student must submit a written request fully explaining the nature of the activity identified in the request and detailing the time away from assigned duty. This request must be submitted to the Office of the Associate Dean for Clinical Affairs at least two (2) working days (weekdays), before the requested absence. Failure to notify the clinical site/preceptor, Regional Site Coordinator, Regional Dean, **and** the corresponding Third- or Fourth-Year Student Medical Education Clinical Coordinator in the CUSOM Office of Clinical Affairs of **any absence** from a rotation, regardless of the reason or number of hours

absent, may result in completion of a professionalism report with referral to the Academic Performance, Promotion and Standards (APPS) Committee. Students wishing to attend educational seminars or conferences, etc. must have approval from the Associate Dean for Clinical Affairs. Only students in good standing and with an overall GPA of 3.0 or higher on a 4.0 scale at the end of the MS-2 training will be considered.

In addition, in order for students to be considered for an absence to attend a conference, they must have up-to-date submissions of all clinical rotation evaluations, site evaluations, and clinical experience database logs. Approved time away from the rotation may be required to be made up. Educational presentations, such as posters or research, may be considered toward meeting the required contact hours at the discretion of the Associate Dean for Clinical Affairs.

As noted above, permission for time off for internship/residency interviews must be granted in advance with the aforementioned offices.

## **Training Hours**

Clear communication of the expectations between students, the Office of Clinical Affairs, and the training sites will permit flexibility within reasonable limits in a way that does not impact either clinical education or reflect poorly on a student's professionalism.

Four (4) weeks of vacation time is included in both the third- and fourth-years as a scheduled rotation block. Students are generally expected to work five (5) full days per week, averaging forty (40) hours weekly, but the length (hours) of some required "shift" schedules may be different for surgical, sub-internship, and emergency medicine rotations. Working hours in each of the services will be indicated and determined by the training site and the physician in charge of that service, in cooperation with the Associate Dean for Clinical Affairs and the Vice-President of Medical Education/Regional Dean/DSME of the CUSOM-affiliated training site. If call, night duty, or weekend duties are required, this will be indicated by the individual rotation.

The student may not substitute workday hours from one service to another and are required to remain on the clinical rotation to which s/he is assigned. A student may spend time in another department only if it is part of the assigned clinical rotation's curriculum and only with approval of their attending physician/clerkship director.

For example, it is acceptable for a student in general surgery to spend time in pathology seeking tissue and biopsy results to ensure proper follow-up and continuity of care. It is not acceptable, however, for a student to make-up missed hours of an Obstetrics/Gynecology rotation in the Emergency Department. Any questions regarding these training hour requirements should be directed to the Associate Dean for Clinical Affairs.

If a student works an on-call night weekend shift, he/she may be given compensatory time off at the discretion of the preceptor. Compensatory time off greater than two (2) days must be approved by the Office of Clinical Affairs. Students are not permitted to rearrange their normal working schedule to allow for time off during any rotation. The only exception may be the Emergency Medicine and inpatient Hospitalist rotations in order to accommodate shift schedules, provided it has been approved by the appropriate supervising physician.

Professionalism in patient care requires reliable attendance. The Office of Clinical Affairs will centrally track the number of days off for each student. No unexcused absences can be permitted from patient care activities. As noted above, students will be given a total of three (3) discretionary days and five (5) Sick Days (approved absences) per academic year. Any student in violation of attendance policies with more than two (2) days per rotation or a total of five (5) days per academic year of time off (not made up) will be referred to the Academic Performance, Promotion and Standards (APPS) Committee for further review.

Student absence requests must be made utilizing the official CUSOM Absence Request / Submission form which may be obtained from the Office of Clinical Affairs or found online at:

<https://cuweb.wufoo.com/forms/m63yfw91siqe3g/>

All absences, whether a current illness or a request for a future absence, must be completed using this form.

### **Make Up Time**

Students must be available to make up anticipated time off at the discretion of the rotation preceptor in order to maintain compliance with the CUSOM attendance policy. If a student's absence results in missing an examination, the student will retake the exam at the discretion of the Office of Clinical Affairs.

Students who miss more than a total of four (4) days of a four-week rotation, or two (2) days of a two-week rotation, regardless of the reason,

and who are unable to make up the missed time prior to the end of the rotation will be called to the APPS Committee. Failure to notify the clinical site/preceptor, Regional Site Coordinator, Regional Dean, **and** the corresponding Third- or Fourth-Year Student Medical Education Clinical Coordinator in the CUSOM Office of Clinical Affairs of **any absence** from a rotation, regardless of the reason or number of hours absent, may result in completion of a professionalism report with referral to the Academic Performance, Promotion and Standards (APPS) Committee.

### **Tardiness**

Promptness is a trait healthcare professionals must display and is expected of all CUSOM students. Tardiness is disruptive to the preceptor, patients and fellow students and is, thus, inconsiderate and disrespectful. Repeated violations are considered improper professional behavior and may result in disciplinary action.

Students on clinical rotations are expected to be on time for all assigned activities associated with that particular rotation. Activities may include, but are not limited to, lectures, rounds, hospital committee meetings, on-call assignments, case presentations, etc.

Violations related to tardiness may result in disciplinary action by the Academic Performance, Promotion and Standards (APPS) Committee including, but not limited to: loss of remedial privileges; removal from any leadership position with a student club, organization or student government office; and possible notation in the Medical Student Performance Evaluation (MSPE). In extreme cases, absenteeism or tardiness may result in dismissal from the program.

### **Call Back Fridays**

Students are required to return to Campbell University on the last Friday of the following core clinical rotations: Family Medicine, Internal Medicine II, Obstetrics/Gynecology, Pediatrics, Psychiatry, Surgery, and Emergency Medicine. During these sessions, end-of-rotation exams are taken, and rotation specific pre-preparation activities occur including, but not limited to, formal OSCEs; simulation; workshops; seminars; OMM practice, review and practical application; and interprofessional events.

Full attendance and participation in the entire day is MANDATORY. These sessions typically are scheduled from 8am–5pm; therefore, students should NOT make any travel plans prior to 5pm. These times may be subject to change.

In the event of illness, BOTH the end-of-rotation exam and the rotation specific pre-preparation activities must be completed in order to receive credit for completion of the rotation. Any emergency requiring absence from a Call Back Friday must be communicated to the corresponding Third- or Fourth-Year Student Medical Education Clinical Coordinator in the CUSOM Office of Clinical Affairs immediately.

#### **Fourth Year Call Back Requirements**

Attendance and active participation in a minimum of two (2) on-campus Call Back Friday OMM workshops is required during the fourth year. The first will occur during Residency Development Month, where the students are required to perform an OMM specific OSCE in a simulated outpatient setting. The second will occur when students return to campus to take their core emergency medicine end-of-rotation exam, and the students are required to attend an OMM workshop structured to help them develop strategies for integrating OMM into their post-graduate education.

Students are always encouraged to attend additional Call Back Friday activities as space allows.

#### **Holidays**

While on clinical rotations, students are excused only for holidays that are observed by their respective clinical site. If a student is assigned by a preceptor to work on a holiday, the student may NOT request the use of a discretionary day on that holiday.

**Third- and fourth-year students are required to follow the training site (e.g., hospital, clinic, office, health center) policies and procedures regarding holidays.** All major holidays are observed at the discretion of the affiliated training site and must be reported to the Office of Clinical Affairs. Students may request an excused absence for religious holidays not included in the list of recognized University holidays.

If a student is required to work on a major holiday, the student may be given a compensatory day off during the holiday week at the discretion of the Vice President of Medical Education/ Regional Dean/ DSME.

## **Jury Duty**

It is the duty of every citizen to serve on jury duty when called. If a CUSOM student is called to serve on a jury, or if a CUSOM student is ordered to appear in court as a witness, he/she should advise the Associate Dean for Clinical Affairs and respective Regional Assistant Dean (or DSME as appropriate) as soon as possible. As noted above, in the cases of Jury Duty, the absence request and supporting documentation must be submitted to Clinical Education at least seven (7) days prior to the anticipated absence.

## **Consequences of Non-compliance**

**As professionals, students are expected to strictly adhere to the attendance policy. For third- or fourth-year students any unexcused absence while on clinical rotation will automatically result in a failure for that rotation and the student will be referred to the Academic Performance, Promotion and Standards (APPS) Committee. In extreme cases, absenteeism or tardiness may result in dismissal from the program.**

## **Severe Weather Policy**

If inclement weather results in changes to class schedules or dining option changes, a message will be posted via the website at [www.campbell.edu](http://www.campbell.edu) and Facebook, Twitter, and through our inclement weather line:

On campus: dial 5700

Local, but not on campus: dial 910-814-5700

Long distance: 1-800-760-8980 then dial 5700

In the case of severe weather while on clinical rotations, students should follow the severe weather protocol **of their specific clinical site**. If the preceptor is present, the student should make every attempt to be present. If the student is unable to get to the clinical site due to unsafe road conditions, the student must communicate this to their preceptor, their Regional Site Coordinator and the Third- or Fourth-Year Student Medical Education Clinical Coordinator immediately. Any time missed due to severe weather must be made up at the discretion of the preceptor, Regional Dean (or DSME, as appropriate), and Associate Dean for Clinical Affairs, keeping in mind that students must complete the requirements for a four-week rotation block in order to receive credit for their rotation.

## Emergency Preparedness Plan

### Section One – Assessment of Risk

The guiding principle behind the assessment of risk for the Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM) shall be the protection of life and safety of our students, faculty, and staff. Communication and coordination between the CUSOM Clinical Affairs Department and Regional Deans (or DSME's, as appropriate) will be crucial to assessing risks within our respective clinical campus regions. CUSOM recognizes that, due to the geographic dispersion of the clinical campuses, events affecting one region might not affect all regions.

For events that are anticipated such as ice storms, hurricanes, or other known events, a meeting will be scheduled 4–5 days in advance of the event to include the Dean of CUSOM, Associate Dean for Clinical Affairs, Director and Assistant Director of Clinical Affairs, and Regional Deans (or DSME's, as appropriate) to discuss the projected events and the plan for response by each Regional Dean (or DSME's, as appropriate). Regional Deans (or DSME's, as appropriate) shall be prepared to discuss their response if the event is “Green” which would indicate minimal impact, “Yellow” which would indicate a medium level impact, and “Red” which would indicate a catastrophic event.

#### Event Category    Description

<b>Green Event</b>	Minimal impact to life and property in the region with expected loss of utilities to last no longer than 1-2 days.
<b>Yellow Event</b>	Moderate impact to life and property in the region with potential loss of life and moderate damage to local structures. Utility failure projections of at least 3-7 days.
<b>Red Event</b>	Severe impact to life and property in the region with loss of life and severe damage to local structures. Parts of the area are uninhabitable for weeks. Water and sewer system failure with power loss projections of greater than 7 days.

Regional Deans (or DSME's, as appropriate) will be the key point of contact for CUSOM and for its students in the respective regions and should print student contact information to keep with them until the event is over. The Regional Deans (or DSME's, as appropriate), or their representative, will be responsible for contacting each student in their region to make them aware of plans for response to the event at least two (2) days in advance (if known in advance).

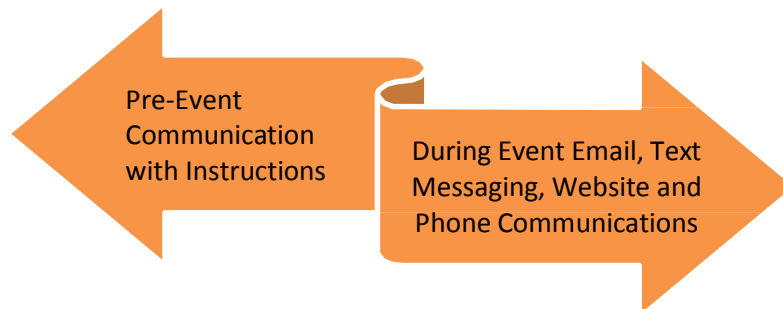


In an unanticipated event, Regional Deans (or DSME's, as appropriate) will have the authority to assess the risk and communicate their plans with students and CUSOM Administration their plans.

## **Section Two – Communication of Risk and Protection of Life Safety**

CUSOM will send disaster assessment information to students providing instructions on what to do, supplies they should have on hand, and key sources of credible information during the event.

The Regional Dean (or DSME's, as appropriate) will serve as the primary point of contact for students and communicate with them directly during a disaster by email, telephone, or text message.



## **Section Three – Identification of Student Whereabouts and Status**

Each clinical campus will keep a current list of student cell phone numbers and addresses in a printable format that can be taken home for reference by the Regional Dean (or DSME's, as appropriate) in an adverse event. If electronic communication is available, a survey may be conducted online requesting student response with their condition, location where sheltering, and any needs they may have.

## **Section Four – Returning to Clinical Rotations**

Regional Deans (or DSME's, as appropriate) will communicate in advance of an adverse event with students in the region to provide specific instructions regarding when students may return to the facility. In addition, Regional Deans (or DSME's, as appropriate) will provide students in the region information regarding any need for volunteers to assist in disaster response operations.

## **Section Five – Educational Program Continuity**

Regional Deans (or DSME's, as appropriate) in affected regions, along with the Clinical Affairs Department, will be in frequent contact to discuss

relocation of affected students, when necessary, in order to ensure educational program continuity. End-of-rotation exams and Call Back Fridays may be rescheduled or alternate days may be offered depending on the impact of the event on students.

### **Section Six – Resources for Displaced Students**

In the event of a catastrophic event, CUSOM may explore arranging temporary housing and assist with other needs to the extent possible.

#### **5.4 Dress Code Policy**

Students must maintain a professional appearance and professional attire whenever on CUSOM grounds, including adjacent property at Campbell University and on all clinical experiences or rotations. Students must be professionally dressed for all lectures, examinations, laboratory classes, and workshops. Men must wear dress trousers, appropriate shoes and socks, dress shirt and necktie. Women are required to wear appropriate dresses or skirts of reasonable length (no higher than 2" above the knee when sitting) or slacks with appropriate blouses. Changing areas and lockers are provided for students to change into appropriate dress for OMM, Clinical Skills, and Anatomy labs. Students may wear appropriate casual attire after the normal end of the school day, Monday through Friday, or on weekends, except when notified by the school administration. In addition, casual attire may be permitted during written exams during finals week at the discretion of the Director of Student Affairs. All students must have at least one short, white consultation jacket maintained in a clean and presentable condition.

A clean and well-cared-for appearance should be maintained. The apparel and appearance of faculty, staff, and students project, in part, the image the community has of the University. Faculty, staff, and students are expected to be neat, well groomed, and appropriately dressed for the work and study they do. The clothing selected should not be distracting to faculty, staff, or students.

Hairstyles should be clean and neat, avoiding extreme length, styles, or colors. Revealing or tight, form fitting clothing is unacceptable. Beards and mustaches must be neat and trimmed at all times. Excessive body piercings are not acceptable.

Shorts, jeans, sweatpants, and T-shirts are not permitted except in the OMM and Clinical Skills labs when appropriate. Hats (unless for religious reasons), caps, hoodies or sunglasses may not be worn during classes or examinations. Any student wearing a hat (unless for religious reasons), cap, hoodie, or sunglasses will be asked to remove it. Students who have tattoos must be aware that clinical rotation sites may require they be covered at all times while on the clinical service. As such CUSOM encourages all students to cover their tattoos starting early on in their medical career while on-campus, and during clinical rotations, except when exposure is required during OMM or Clinical Skills labs.

Students inappropriately dressed or groomed may be required to leave the campus or their clinical rotation and not return until appropriately attired. Any class, lab, or clinical rotation missed during this time will be considered an unexcused absence. Questionable or disputed cases of dress or grooming shall be presented to the Office of Student Affairs or Department of Clinical Affairs, whose decision will be final. Repeated infractions may be considered a professionalism issue resulting in referral to the Academic Performance, Promotion, and Standards (APPS) Committee.

### **Additional Dress Code Requirements:**

Certain educational experiences at CUSOM require a specific dress code. These include the laboratory classes of OMM, Anatomy, and Clinical Skills.

### **OMM Laboratory Dress Code**

The dress requirement in the OMM lab sessions is designed to promote learning by providing optimal access to diagnostic observation and palpation experience. Wearing inappropriate clothing interferes with a partner's experience of diagnosis and treatment.

Appropriate attire must be clean and includes any clothing that allows for easy visualization, examination, palpation, and treatment of the body areas being addressed.

Avoid any heavy or thick-seamed clothing, clothing that restricts movement or visualization of the area under examination, and any inappropriately revealing clothing. Students may need to remove their shirts to reveal the back, rib cage and abdomen. Women may wear sports bras or bathing suit tops beneath their shirts or scrubs during these lab sessions.

Students may wear scrubs, or other apparel approved by the Course Director, over laboratory attire when not in the role of the patient.

Students must remove their shoes when serving in the role of a patient (no shoes are permitted on the tables).

Hats or other head coverings (other than for religious purposes) are not permitted in the OMM lab. Religious head coverings are to be removed when they would obscure the immediate area to be examined or treated (e.g., head, neck, and upper back) and may be immediately replaced after this portion of OMM training.

## **Anatomy Laboratory Dress Code**

Lab coats are to be worn in the anatomy lab at all times. CUSOM provides, and launders lab coats and disposable latex-free gloves.

It is recommended that the student wear scrubs or old clothes and shoes that can be discarded when the gross anatomy curriculum is over.

Wear appropriate clothing and comfortable shoes. The lab is cool, so warm clothing is recommended. Close-toed shoes and long pants are required. Flip-flops, open-toed shoes, shorts and spaghetti-strap tops are not permitted. For ultrasound laboratories, appropriate attire must be clean and includes any clothing that allows for easy visualization, examination, and palpation of the body areas being addressed, which requires partial exposure of the body. On such days, students will be required to dress in a fashion that will allow examination of these areas (denoted as “OMM Dress Code”).

- Avoid any heavy or thick-seamed clothing; clothing that restricts movement or visualization of the area under examination; and any inappropriately revealing clothing.
- Students may need to remove tops their shirts to reveal the back, rib cage and abdomen. Women may wear sports bras or bathing suit tops beneath their shirts or scrubs during these lab sessions.

Hats or other head coverings (other than for religious purposes) are not permitted in anatomy or ultrasound labs. In ultrasound labs, religious head coverings are to be removed when they would obscure the immediate area to be examined (e.g., head, neck, and upper back) and may be immediately replaced after this portion of ultrasound training.

Lockers are available in the locker rooms adjacent to the lab where students may store their gross anatomy lab clothes. Students must provide their own locks and leave all their personal belongings in a locker instead of stacking them in the 4<sup>th</sup> floor lobby outside the laboratory.

Protective eyewear is suggested but not required (students provide own eyewear). **Soft contact lenses are NOT recommended in the lab** (they may absorb the chemicals used in the laboratory).

## **Clinical Skills Laboratory Dress Code**

Students are expected to dress appropriately for Clinical Skills laboratory exercises. Appropriate dress varies based on the activity of the day and will be clearly stated in the course syllabi. Unless otherwise stated, students will adhere to the standard “CUSOM dress code” as outlined in this Academic Bulletin. White consultation coats are required for all Clinical

Skills sessions.

The laboratory sessions during Clinical Skills involve physical examination of classmates, models, and standardized patients and students are expected to demonstrate professionalism when examining patients and classmates. The development of a professional approach is crucial. Students are required to fully participate in Clinical Skills labs which require physical examination. Randomly selected student lab partners allow for a broad range of exposure and experience diagnosing and treating patients with different body types, both male and female.

No student will be required to examine, or be examined by, a classmate or faculty member for breast, genital, or rectal exams. However, there will be sessions, such as when practicing examination of the heart, lungs, abdomen, or extremities, which will require partial exposure of the body. On such days, students will be required to dress in a fashion that will allow examination of these areas (denoted as “OMM Dress Code”). Ladies should wear sports bras or bathing suit tops when exposure of the thorax is needed. No short shorts, tight garments, or attire with inappropriate slogans, are allowed in Clinical Skills Lab sessions. Lab sessions requiring “scrubs” are announced in advance. For all encounters with Standardized Patients, formative and evaluated sessions, white coats are required to be worn. Professional dress and a white coat are required for ALL Final OSCE Examinations.

Faculty and staff reserve the right to refuse admission to students not compliant with dress code as set forth in this document. Students who are not permitted to participate in a clinical skills, simulation or OSCE lab or exam due to non-adherence to the dress code will receive an unexcused absence and may be issued a grade of zero (0) for any graded exercise.

NO open-toed shoes are permitted at any time during Clinical Skills sessions. You are permitted to wear neat, clean athletic shoes or clogs when wearing “scrubs” or “OMM dress code”.

The course syllabi may provide additional requirements.

## **5.5 Global Assessment**

Throughout the CUSOM curriculum, examinations and other assessments are administered to assess student knowledge and performance. Students are assessed to gauge satisfactory individual academic progress on the basis of performance on written and practical examinations, Objective Structured Clinical Examinations (OSCEs), in the clinical setting, and performance on national osteopathic board examinations.

The Executive Director of Assessment, Accreditation and Medical Education, the Office of Clinical Affairs, the Office of Academic Affairs (including the Registrar), as well as the Office of the Dean, work collaboratively with the Academic Performance, Promotion, and Standards Committee (APPS) Committee to determine each individual student's eligibility for promotion or graduation, consider the results of the student assessments and reports concerning attendance, and monitor conduct and potential professionalism issues. Students who fail to make satisfactory academic progress are addressed through the processes described in this Academic Bulletin. For example, under certain circumstances, students may be brought before the Academic Performance, Promotion, and Standards Committee (APPS) Committee for disciplinary action or academic review, with recommendations made to the Dean for final adjudication.

## **5.6 Credits, Grading, and Grade Point Average (GPA) Credit Assignment Process**

The Office of Academic Affairs is charged with ensuring the appropriateness of credit assignments within the CUSOM curriculum. Corresponding credits are assigned to all courses in the curriculum, including clinical rotations, based on contact hours.

Credit assignments are reviewed as described below, and the credit assignments are consistent with the definition of a credit hour as provided in the glossary of the Accreditation of Colleges of Osteopathic Medicine: COM Standards and Procedures:

<http://www.osteopathic.org/inside-aoa/accreditation/COM-accreditation/Documents/com-continuing-accreditation-standards.pdf>

The CUSOM Initial Review Committee (IRC, a subcommittee of the CUSOM Curriculum Committee), the CUSOM Curriculum Committee, and the Campbell University Curriculum Council (UCC) have reviewed the credit assignment process and CUSOM curriculum as part of the institutional accreditation process.

Campbell University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate, baccalaureate, masters, and doctorate degrees. Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Campbell University.

Campbell University was awarded Level VI accreditation by the SACSCOC on May 29, 2013, at which time SACSCOC approved the Doctor of Osteopathic Medicine (DO) degree program of CUSOM. The SACSCOC approval reads:

**“The Board of Trustees of the Southern Association of Colleges and Schools Commission on Colleges reviewed the materials seeking approval of the Doctor of Osteopathic Medicine degree**

**program. It was the decision of the Board to approve the program and include it in the scope of the current accreditation and to advance the institution to Level VI.”**

Campbell University is one of only four private universities in North Carolina to be awarded Level VI accreditation status by SACSCOC.

CUSOM’s integrated curricular approach utilizes biomedical science and clinical faculty to explain concepts and prepare students in a logical sequence to become more clinically adept as they progress towards clinical rotations. The third and fourth year clinical rotations provide opportunities for in-depth clinical exposure in a variety of core and elective rotations.

### **CUSOM Credit Calculation**

The CUSOM curriculum utilizes a process by which course grades are determined per Block of study with a designated number of weeks per Block. For the first two years of the curriculum, there are eight Blocks of study ranging from nine (9) weeks to eleven (11) weeks duration. For the third and fourth years, clinical rotations represent four-week (4) Blocks of time. Some clinical rotations may be divided into shorter time intervals, such as two (2) weeks, as described in the Clinical Rotation Manual, and as approved by the Associate Dean for Clinical Affairs.

CUSOM assigns grades to all credit-bearing courses, and credits for each course are determined based on contact hours utilizing 0.5 credit increments. A minimum number of contact hours per credit is delineated, and a course with contact hours not reaching the requirement for the next higher credit value is reported at the next lower credit value. For example, a 1.0 credit course requires 16 contact hours so a course of 10 contact hours would be assigned a value of 0.5 credit, not 1.0 credit. This credit hour calculation is consistent with US Department of Education standards.

### **Credit Review Process**

CUSOM assigns the amount of credit awarded for student work, and the criteria utilized in this process conform to commonly accepted practices of higher education. CUSOM awards credits to course offerings based on delivery method and duration, utilizing standards endorsed by the American Association of Collegiate Registrar’s and Admission Officers (AACRAO), as well as the minimum Federal Financial Aid regulations.

Review of the curriculum, including credits, is through the CUSOM Curriculum Committee, as well as the Campbell University Curriculum Council (UCC), as necessary.

To ensure appropriateness and consistency, CUSOM reviews credit assignments for the curriculum periodically as part of the curricular design review process. The process includes, but is not limited to, review of current standards of higher education, precedent established by other Colleges/Schools of Osteopathic Medicine, and consistency with the [CUSOM Mission](#). The records of review of the credit assignment as part of the overall curriculum review are maintained in the Office of Academic Affairs.

All proposed curricular changes, including minor and substantive changes, are brought to the Initial Review Committee (IRC), a subset of the Curriculum Committee, and also the full Curriculum Committee for review, consideration and approval. Minor changes include such matters as the addition/elimination of a course, modifications to an existing course, or minor changes to existing program requirements. Substantive changes are those that involve extensive new patterns of requirements for existing students, or those that have a significant impact on other programs within the University.

For proposed non-substantive curricular changes in years 1 and 2, with minimal impact on other programs or on student requirements, approval is required first through the Block Leaders and Course Directors, in consultation with the Assistant Dean for Curriculum, Associate Dean for Biomedical Affairs, Associate Dean for Clinical Integration, or the Vice Dean for Academic Affairs as necessary, the IRC, and finally by the Curriculum Committee.

For proposed non-substantive curricular changes in years 3 and 4, with minimal impact on other programs or on student requirements, approval is required first through the Clinical Department Chairs, in consultation with the Associate Dean for Clinical Affairs, Associate Dean for Clinical Integration, or the Vice Dean for Academic Affairs as necessary, the IRC, and finally by the Curriculum Committee.

Upon approval at all levels, the proposed changes are then presented to the Dean for review and final approval.

Any proposed *substantive* changes, as defined by the Commission on Osteopathic College Accreditation (COCA), would follow procedures and deadlines as outlined in the COCA Accreditation of Colleges of Osteopathic Medicine Accreditation Standards and Procedures document:

- The COCA must be notified of all substantive change requests, which the COM wishes to have reviewed at the next regularly scheduled meeting.
- The COM must notify the COCA of its substantive change request at least sixty (60) days prior to the next regularly scheduled meeting.



- The COM must submit to the COCA all material that supports their substantive change request at least thirty (30) days prior to the next regularly scheduled meeting.
- Documentation required for the substantive change submission would be submitted as required.
- COCA Substantive Change Policies and Procedures are found at:  
<https://osteopathic.org/wp-content/uploads/2018/02/coca-substantive-change-processes.pdf>

The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) is the regional body for the accreditation of degree-granting higher education institutions in the Southern states. As such, any proposed CUSOM substantive changes also would be reported to SACSCOC per their requirements and in a timely manner.

### **Grading**

CUSOM has developed and publicized a grading system, in keeping with the [CUSOM Mission](#), to assess the progress of each student toward acquiring the competencies essential to effective performance as an osteopathic physician.

Throughout all four years of the CUSOM curriculum, students must complete all required coursework and clinical rotations with passing grades as published in the Academic Bulletin. Students who fail any part of the curriculum will be referred to the Academic Performance, Promotion and Standards (APPS) Committee for review.

Additionally, CUSOM maintains longitudinal records marking the career tracks, choices, and achievements of graduates in a comprehensive assessment system.

This assessment includes: COMLEX-USA Level 1, COMLEX-USA Level 2-CE, COMLEX-USA Level 2-PE, and COMLEX-USA Level 3 passage rates; licensure; geographic area of practice; obtainment and completion of a postgraduate training program; and AOA or ABMS board certification. CUSOM publishes outcomes of student performance in annual reports to the faculty and Board of Trustees.

CUSOM has adopted the following schema for determining letter grades and clinical grades:

Grading Scale							
MS-1 and MS-2 Courses		Quality Points	MS-3 and MS-4 Rotations		Quality Points	Other Grades	
			Preceptor – Exam Grades	Overall Final Grade			
A	90-100 <sup>a</sup>	4.0	H-H	Honors	4.0	IC	Incomplete
B	80-89	3.0	H-HP	Honors	4.0	W	Withdrew
C	70-79	2.0	HP-HP	High Pass	3.5		
C <sup>*b</sup>	70	2.0	H-P	High Pass	3.5		
F	< 70	0.0	HP-P	High Pass	3.5		
P	≥ 70	4.0	P-P	Pass Clinical	3.0		
P <sup>*b</sup>	70	2.0	PC <sup>*b</sup>	Pass Clinical	2.0		
			FC	Fail Clinical	0.0		
FMP and PCC are P/F P = 4.0 QP F = 0.0 QP P* = 2.0 QP			PC = Pass Clinical  FC = Fail Clinical				

<sup>a</sup> The maximum percentage cannot exceed 100. Percentage grades are rounded to the tenth from 0.50 upwards, therefore 82.50-82.99 = 83, while 82.49 = 82.

<sup>b</sup> Denotes course was passed after successful remediation of an initial failing grade. Incomplete (IC) and Withdrew (W) do not carry any quality points.

## Remediation

Throughout all four years of the CUSOM curriculum, students must complete all required coursework and clinical rotations with passing grades as published in this Academic Bulletin. Students who fail any part of the curriculum are brought before the Academic Performance, Promotion and Standards (APPS) Committee for review and possible disciplinary action. The APPS Committee may offer students who fail any part of the curriculum an opportunity for remediation.

A student in the first (MS-1) or second (MS-2) year of studies, who fails any course, will appear before the APPS Committee. If the Committee grants the student the opportunity to remediate, the student will receive a grade of Incomplete (IC) until remediation is complete. The student will receive a grade of C\* for a graded course or P\* for a Pass/Fail course after the successful remediation of the failed course. The C\* or P\* will remain on the transcript with the notation that the student passed after remediation. A student will earn a grade of F if not allowed remediation or if the student fails the remediation.

A student in the third (MS-3) or fourth (MS-4) year of studies who fails a clinical rotation will appear before the APPS Committee. If the Committee grants the student the opportunity to remediate the rotation, the student will receive a grade of Incomplete (IC) until remediation is complete. The student will receive a PC\* after the successful remediation of the failed rotation, and the PC\* will appear on the transcript with the notation that the student passed the rotation after remediation. A student will earn a grade of FC if not allowed remediation or if the student fails the remediation.

**PLEASE NOTE THAT THE OPPORTUNITY TO REMEDIATE IS NOT GUARANTEED AND IS A DECISION MADE BY THE APPS COMMITTEE ON AN INDIVIDUAL BASIS. A STUDENT MUST NOT ASSUME THEY WILL BE GRANTED REMEDIATION.**

### **Grade Point Average (GPA), Quality Points and Class Rank**

A student's grade point average (GPA) is determined by dividing the total number of quality points earned by the total number of graded hours attempted. Note that for purposes of GPA calculations, a grade of "W" is not included in "graded hours attempted". If a student has earned 227 quality points on 61 graded hours attempted, the grade point average would be  $227/61 = 3.721$ .

In the first two years of the CUSOM curriculum, most courses use a traditional letter grade system (A, B, C or F) and are calculated into the GPA. In the third and fourth years of the CUSOM curriculum, all rotations have a clinical rotation grade as determined through the student's rotation evaluation, and all core rotations have clinical modules and end-of-rotation exam grades. Both the clinical rotation grade and the /module portions of the rotation grade use an Honors, High Pass, Pass Clinical (PC\*) Fail Clinical (FC) system. Successful completion of the rotation requires students to pass both the clinical rotation (preceptor evaluation) and the end-of-rotation exam and/or module portions of the course.

Students failing a post-rotation exam have a second opportunity to pass the exam within thirty (30) days of notification.

If the student fails the second attempt at the post-rotation exam, an F is recorded on the module/exam grade. Students who fail a clinical rotation either due to failure of the post-rotation exam or the preceptor evaluation will be reviewed and acted upon by the Academic Performance, Promotion and Standards (APPS) Committee. If the APPS Committee grants the student the opportunity to remediate the failed rotation, the entire rotation and post-rotation exam must be repeated in order to successfully remediate the rotation.

No course or clinical rotation grade will be changed unless the Office of Academic Affairs or the Office of Clinical Affairs certifies to the Registrar, in writing, that an error occurred or that remediation results in a grade change. A student may appeal to the Dean for consideration of a grade change only after the APPS Committee has convened and rendered their recommendation.

**NOTE: "F" grades.** A student who earned a grade of F initially and is eligible to remediate the course will have the grade reported as Incomplete (IC) on his/her transcript until the prescribed remediation is attempted and a new grade is issued. The Registrar will report current IC grades to the appropriate Associate Dean at the time the IC is assigned. Once an IC grade has been officially changed to a letter grade on the transcript, the Registrar will not retain a record of IC courses as part of the academic record. Students who fail to successfully remediate a grade of F will have failed the course and receive an F on the transcript. The highest grade that can be earned for a remediated course is 70%. The new grade, if remediated successfully, will have the letter grade C or P with an asterisk (C\* or P\*, respectively) associated with the course to reflect a repeated course on the transcript. The grade of C\* represents a remediated, passed Graded course, and a P\* represents a remediated, passed Pass-Fail course. A successfully remediated clinical rotation will be represented on the transcript as PC\*, with the asterisk denoting a remediated clinical rotation.

### **Quality Points**

Quality points are points assigned to grades in an academic “banking” system. CUSOM is on a four-point system. In this system, an "A" is worth four (4.0) points per hour, a "P" is worth four (4.0) points per hour, a "B" is worth three (3.0) points per hour, a "C" is worth two (2.0) points per hour, a "C\*" or "P\*" is worth two (2.0) points per hour, and zero (0) points awarded for "F" or failing grades. A student who earns an "A" in a three-hour course has 4.0 points per hour x 3 hours = 12 total quality points. Incomplete (IC), Withdraw (W), and 3<sup>rd</sup> and 4<sup>th</sup> Year Clinical Rotation grades do not carry any quality points.

### **Class Rank**

Students will be provided their class rank at the end of the first and second academic year. Class ranks are calculated after all final grades have been submitted at the end of each academic Block, from Block 1 through Block 8, in Years One and Two. Class ranks are no longer calculated once a student starts clinical rotations beginning in Year Three. Class ranks are provided for informational purposes only, and are only released to the student. Students who do not wish to receive information regarding their class rank may opt out of this notification by contacting the Registrar.

The class rank has no direct correlation to the student's cumulative GPA. Final grades in all courses and rotations are calculated into the cumulative GPA throughout all four years. Class ranks are based solely upon the numerical grades earned in each course across Blocks 1 through 8. For example, two students could have a 4.00 GPA but one could be ranked number 1 and the other ranked number 6. The student ranked first achieved higher numerical grades in some courses (e.g., Student 1 earned a grade of 99% in Anatomy while Student 6 earned a grade of 93% in Anatomy).

Class ranks are not reported on student transcripts, however higher ranks may be identified on the Medical Student Performance Evaluation.

### **Assessment**

Outcome objectives have been mapped to the courses in which they are covered, and evaluation strategies are utilized to ensure that all CUSOM graduates achieve the intended learning outcomes. The CUSOM Comprehensive Assessment Plan summarizes additional methods and metrics that are tracked for continual program evaluation and improvement. Assessment of knowledge is conducted by multiple-choice examinations and quizzes administered at scheduled and random intervals. Laboratory, including anatomy, OMM, clinical skills, simulation and OSCE assessments are in written or verbal exam format. Assessment of performance on clinical rotations is by end-of-rotation examinations, preceptor evaluations and related methods.

Assessment of performance compared to national cohorts occurs through the end-of-rotation COMAT exam and the Comprehensive Osteopathic Medical Licensing Examinations (COMLEX-USA Levels 1, 2-CE, 2-PE and 3).

### **Grading for Years One and Two Evaluation Categories**

For the purposes of this Grading Policy, CUSOM recognizes four categories of evaluation modalities, including, but not limited to:

1. Integrated written examinations
2. Laboratory practical examinations
3. Quizzes
4. Other (e.g., SIM performance, Early Clinical Experiences, Projects)

Each category is represented within the CUSOM curriculum. A course grade can be determined by any combination of the components listed above as determined by the Course Director and approved by the Associate Dean for Biomedical Affairs or Associate Dean for Clinical Integration.

## Process

In an effort to promote faculty flexibility in assigning grades through assessment venues for the four categories identified previously, yet also provide consistency across courses, CUSOM recognizes the following approach to testing and grading:

- Integrated exams typically occur three times in each Block in years 1 & 2.
- FMP, PCC, OMM and Clinical Skills course questions are not included on the integrated exams except where they are consistent with discipline content in other courses. All other courses may have questions on integrated exams. OMM and Clinical Skills have separate didactic exams, as well as their Practical and Lab exams, as required.
- Quizzes are typically administered each Friday morning of the MS-1 and MS-2 curriculum. These are integrated and include questions from lectures given in the specified preceding 3-4 instruction days.
- Quizzes may be administered at other times as determined by respective faculty.
- Course grades are typically determined based on percentage of total points earned out of total points possible.
- Grades are defined by the course-grading plan approved prior to start of the course and delineated in the course syllabi. As such, bonus points are not permitted.
- In rare instances, there may be exceptions to the established Grading Policy, which require justification for deviation from the original plan; however, every attempt is made to ensure the policy stated to the students at the start of the course is the policy by which they will receive their course grades.

## Grading for Years Three and Four

The primary basis for the core clinical rotation grade is the “CUSOM Student Evaluation Form” and the end-of-rotation exam. The end-of-rotation exam is given at the end of the four-week block for select core rotations. The CUSOM Student Evaluation Form is completed by the student’s clinical faculty preceptor or that clinical campus’s respective rotation clerkship director (or designee) following completion of the rotation and should be discussed with the student before submission. For rotations without an end-of-rotation exam, the student’s grade is based solely on the clinical faculty’s evaluation of the student.

1. Some selective and elective four-week rotations may be divided into two (2) different two-week experiences. In such cases, students will receive a grade as determined by the preceptor for each two-week experience. The overall grade for the four-week rotation will be the combination of the two (2) two-week experience grades. Students who fail either two-week

rotation, even if the average of the two rotation evaluations results in a passing grade, will receive an FC for the entire four-week rotation block and will be called to the APPS Committee for review.

## 2. *End-of-rotation Examination*

End-of-rotation exams are administered after the following third- and fourth-year rotations: Internal Medicine II, Surgery, Obstetrics/Gynecology, Family Medicine, Pediatrics, Psychiatry, and Emergency Medicine.

Students must pass the end-of-rotation exam to pass the rotation. Students who do not pass an end-of-rotation exam are allowed one chance to retake the exam. If the student passes the exam retake, the highest grade possible is a Pass Clinical (PC\*) and they are not eligible for High Pass (HP) or Honors (H) for that clinical rotation.

If the end-of-rotation exam is failed twice, the student will receive a failing grade for the rotation (Fail Clinical, FC) and be referred to the Academic Performance, Promotion and Standards (APPS) Committee. If the APPS Committee grants the student the opportunity to remediate the failed rotation, the entire rotation and post-rotation exam must be repeated in order to successfully remediate the rotation. If the student passes the remediation, a grade of PC\* is assigned. If remediation is failed, a grade of FC is assigned.

## 3. *Completion of Learning Modules on Clinical Rotation*

Various clinical rotations, such as Pediatrics, Internal Medicine, Family Medicine, General Surgery, Obstetrics/Gynecology, and Psychiatry utilize evidence-based, medical education online modules to supplement learning in an effort to unify the CUSOM curriculum across all of the Regional Sites. They are mandatory/required as described in the syllabi and are monitored by the respective CUSOM Clinical Chairs.

CUSOM Clinical Chairs select high-yield educational modules for the student to complete during the Clinical Rotation. Completion of these modules will be required in order to pass the rotation and advance to the next Clinical Rotation. The student must complete all educational modules to the required level of engagement which is verified by the respective Clinical Chair.

Completion of learning modules are due on the last Friday of the rotation. In extenuating circumstances, CUSOM Clinical Chairs may grant a limited time extension to complete the modules.

If the learning modules are not completed in the defined timeframe, the student will receive a failing grade (Fail Clinical, FC) and will be referred to the Academic Performance, Promotion and Standards (APPS) Committee.

4. *Preceptor Evaluation of the Student and Student Evaluation of the Preceptor*

All evaluations must be completed and submitted to the Office of Clinical Affairs within seven (7) days of completion of each rotation. Courses of eight (8) weeks duration (example: Internal Medicine) require an evaluation to be completed at the end of each four-week block. If a student has an approved rotation of two (2) weeks duration, the evaluation is to be completed at the end of the 2-week period. If a student does not receive a passing grade on the end-of-rotation evaluation from the preceptor, the student will fail the rotation and receive an FC grade on their transcript. Rotation grades for students who are permitted to split a four (4) week selective or elective rotation into two different two-week experiences will be the combination of the two 2-week experience grades. Students who fail either two-week rotation, even if the average of the two rotation evaluations results in a passing grade, will receive an FC for the entire four-week rotation block and will be called to the APPS Committee for review.

Competency-based rating forms with Entrustable Professional Activity (EPA) behavioral anchors are used by preceptors to evaluate each student's clinical skills and the application of medical knowledge in the clinical setting. A student failing a clinical rotation will be referred to the Academic Performance, Promotion and Standards (APPS) Committee. Students failing a rotation may be required to repeat the failed rotation and be placed on a Modified Course of Study, which may delay the student's date of graduation.

The CUSOM competency-based evaluation is based on the following core competencies in each area:

- Osteopathic Philosophy and Osteopathic Manipulative Medicine
- Medical Knowledge
- Patient Care
- Interpersonal and Communication Skills
- Professionalism
- Practice-Based Learning and Improvement
- Systems-Based Practice

In order to receive a grade for each rotation, the student must ensure the Student Evaluation Form, Site Evaluation Form, end-of-rotation examination, rotation learning modules, and the clinical experience database (logs) are complete and received by the CUSOM Office of Clinical Affairs. Failure to complete any rotation requirement or submit any required rotation documentation may result in a grade of Incomplete (IC) and referral to the APPS committee.



Items which may also be used to determine grades on clinical rotations include but are not limited to:

1. Educational modules – Lectures, cases, reading assignments and other forms of delivery that may be utilized in the third and fourth year curriculum.
2. Students Logs (Procedure Logs) – Students must submit rotation clinical patient logs and procedure logs.
3. Question Bank Review – Students are required to complete COMBANK questions during each clinical rotation in order to receive credit for the rotation.
4. Osteopathic Manipulative Medicine – Completion of OMM special assignments and participation in lab during Call Back Fridays for core rotations are required.
5. Objective Structured Clinical Performance Examination (OSCE) and Standardized Patient (SP) Exercises – OSCE and SP exercises demonstrate the student's ability to perform clinical skills and to evaluate patient presentations for the most common disorders found in adult and pediatric patients.

Multi-station OSCEs will be given at end of first, second, and third years of the CUSOM curriculum. These include taking a medical history, evaluating signs and symptoms to formulate a differential diagnosis, performing a physical examination, assessing the results of diagnostic exams to evaluate and narrow a differential diagnosis, demonstrating the ability to manage common medical scenarios, and providing appropriate documentation of the patient encounter in the form of a SOAP note. OSCE, Simulation and Clinical Skills may also be incorporated into Call Back Fridays.

### **Preceptor Evaluation of Student Performance**

A clinical faculty preceptor or a clinical campus's respective rotation clerkship director (or designee) will evaluate a student's performance during the respective rotation. The Student Evaluation Form will be completed by supervising physicians with input from appropriate hospital staff with direct knowledge of the student's performance. Based on the grading rubric, a grade of Honors, High Pass, Pass, or Fail Clinical for the preceptor evaluation will be submitted to the Registrar's Office. Students will have access to the electronic Student Evaluation Form (grade form), Site Evaluation Form, and procedure logs via the CUSOM web-based evaluation system. During the last week of each rotation the student must meet with the preceptor to review their performance and end of rotation evaluation.

Completed Student Evaluation Forms are due in the Office of Clinical Affairs within seven (7) days of completion of each rotation. If the student worked with several physicians, the student should have the principal evaluator or the clinical campus's respective rotation clerkship director (or designee) submit a composite evaluation based on the input of those physicians the student worked with. Evaluations of student performance must be completed by the principal evaluator who must be an attending physician. While resident physicians may provide input to aid the attending physician in completing the evaluation, residents are not permitted to serve as the primary evaluator. Students are not permitted to self-complete the evaluation and submit to the evaluator for a signature. Violation of this rule or falsification of any component of the Student Evaluation Form will be considered an Honor Code violation.

Violation of this policy will be subject to review by the Academic Performance, Promotion and Standards (APPS) committee and may result in a rotation failure or Incomplete (IC) grade. Any Incomplete (IC) grade will jeopardize student eligibility for financial aid and may also alter/delay their graduation date.

It is the student's responsibility to ensure that all clinical evaluation forms are either completed online or submitted to the Clinical Affairs Office within seven (7) days of completion of each rotation. It is the student's responsibility to expediently inform the Office of Clinical Affairs of any difficulty in obtaining an evaluation from the preceptor at the end of that rotation.

Only one Student Evaluation Form from the clinical faculty preceptor (preceptor of record), principal evaluator, rotation clerkship director (or designee) will be accepted. Students will not be permitted to add additional evaluation forms from other clinical faculty from the rotation into the final evaluation form.

All submitted Student Evaluation Forms are final. Any factual or typographical errors should be reported to the Third- or Fourth-Year Student Medical Education Clinical Coordinator, as appropriate. The Associate Dean for Clinical Affairs will review and approve any requested changes.

### **Composite Evaluations**

As mentioned in other sections of this bulletin, it is possible to have a Student Evaluation Form filled out by a clinical campus's respective rotation clerkship director (or designee). If such a composite evaluation is completed, it is expected the author of the evaluation form will consult with

other clinical faculty, nursing staff, and members of the healthcare team who interacted with the student during the clinical rotation to provide accurate and constructive feedback of the student's overall rotation performance.

Only one Student Evaluation Form from the rotation clerkship director (or designee) will be accepted. Students are not permitted to solicit additional evaluation forms from other clinical faculty on the rotation into the final evaluation form. Students who solicit additional evaluations may be brought before the APPS Committee.

All submitted Student Evaluation Forms are final. Any factual or typographical errors should be reported to the Third- or Fourth-Year Student Medical Education Clinical Coordinator, as appropriate. The Associate Dean for Clinical Affairs will review and approve any requested changes.

The overall responsibility to ensure that evaluations have been completed and returned to the Office of Clinical Affairs (or site coordinator if indicated) remains with the student. For this reason, students are responsible for setting up a time to review their final evaluation with their preceptor during the last week of the rotation to discuss their overall performance and obtain their preceptor signature on the evaluation.

While the summative Student Rotation Evaluation must be completed and submitted at the end of the rotation, students are to regularly, including the end of the first and every week of each clinical rotation, request feedback from the preceptor, (e.g., "How am I doing?", "Are there things I should improve?") on a regular basis, in order to continually address areas that need improvement. This provides students an opportunity to improve any deficient areas while on the rotation, and prevents an unexpected poor evaluation at the end of the rotation. Students bear total responsibility to seek this ongoing feedback.

Students should check with the Office of Clinical Affairs (or site coordinators if directed), regularly to confirm they have received the Student Rotation Evaluation. Clinical Affairs staff may assist the student in obtaining an evaluation if a preceptor fails to complete the evaluation form or to turn it in to the Office of Clinical Affairs or site coordinator in the required timeframe.

Preceptor comments from the Student Rotation Evaluations will be included on the Medical Student Performance Evaluation (MSPE).

## **Delinquent Evaluations**

During the second week of the rotation, the CUSOM Third- or Fourth-Year Student Medical Education Clinical Coordinator will enter the information provided by the Regional Site coordinators into CUSOM's web-based evaluation system.

It is CUSOM's expectation the Clinical Faculty preceptor will complete the Student Rotation Evaluation at the end of the fourth week of the rotation and review it with the student to provide constructive criticism and feedback.

Obtaining a Student Rotation Evaluation in a timely fashion is critical to ensure an up-to-date and accurate student academic record and transcript. At the end of the first week following a Clinical Rotation, the CUSOM Third- or Fourth-Year Student Medical Education Clinical Coordinator run a report in CUSOM's web-based evaluation system to see identify any incomplete Student Rotation Evaluations.

They report these findings to the corresponding student, Regional Site Coordinator (RSC), and Regional Dean (or DSME, as appropriate). The Regional Dean (or DSME, as appropriate) directly contacts the Clinical Faculty preceptor to remind him/her of the pending Rotation Evaluation. At the end of the second week following a Clinical Rotation, the CUSOM Third- or Fourth-Year Student Medical Education Clinical Coordinator run another report in CUSOM's web-based evaluation system to identify any remaining incomplete Student Rotation Evaluations. These are communicated to the corresponding student, Regional Site Coordinator, Regional Dean (or DSME, as appropriate), and Associate Dean for Clinical Affairs.

The Associate Dean for Clinical Affairs, in collaboration with the Regional Dean (or DSME, as appropriate), directly contacts the Clinical Faculty preceptor to obtain the pending Rotation Evaluation.

If the Clinical Rotation Evaluation is not completed by the third week following a Clinical Rotation, the Regional Dean (or DSME, as appropriate) or a designee completes the student's evaluation.

## During Rotation

### WEEK 1

Regional Site Student Medical Education Coordinator (RSC) obtain updated Clinical Faculty preceptor contact information from students.

### WEEK 2

Regional Site Student Medical Education Coordinator (RSC) input information provided by Regional Site Student Medical Education Coordinators into CUSOM's web-based evaluation system.

### WEEK 3

Regional Site Student Medical Education Coordinator (RSC) match student

### WEEK 4 (Week 2 if a two-week rotation)

Student Rotation Evaluation is completed at end of week and reviewed with student.

## Post-Rotation

### WEEK 1

CUSOM Coordinators run CUSOM's web-based evaluation system report of incomplete Student Rotation Evaluations and sends to the student, RSC and Regional Dean (RD) or DSME. RD/DSME contacts Clinical Faculty preceptor directly

### WEEK 2

CUSOM Coordinators re-run web-based evaluation system and sends to the student, RSC, RD/DSME and Associate Dean for Clinical Affairs (ADCA). ADCA & RD/DSME contact Clinical Faculty preceptor directly.

### WEEK 3

If Student Rotation Evaluation not complete, RD/DSME or designee will complete student's evaluation

## **Rotations, Course Remediation and Academic Probation**

Failure of a clinical rotation occurs if the student fails either the preceptor evaluation of the student or the end-of-rotation exam after his/her second attempt. Failure of a clinical rotation (grade of Fail Clinical, FC) for either reason will result in a referral to the APPS committee for review. If the student is permitted to remediate, they will be required to repeat the entire rotation, including any associated modules and end-of-rotation exam, and may be placed on Academic Probation. Mandatory repeating of a clinical rotation will result in the institution of a Modified Course of Study, which may result in a delay of graduation. The student will incur additional tuition costs for the repeated rotation. Failure of a second clinical rotation is evidence that the student is unprepared for the rigors of clinical practice and may result in dismissal from the program.

Students who fail a clinical rotation for any reason will come before the Academic Performance, Promotion and Standards (APPS) Committee. In addition, repeated performance evaluations in which items performed in a specific category or across categories are rated as “1’s” or “2’s”, even if the student achieves a passing rotation grade, will be reason for remediation at the discretion of the Associate Dean for Clinical Affairs in consultation with the Clinical Chair, the clinical faculty preceptor, or the APPS Committee.

The Associate Dean for Clinical Affairs will investigate any evaluation rating of “2’s” or less on any competency regardless of an overall passing grade. The findings of this investigation may lead to a follow-up meeting with the Associate Dean for Clinical Affairs, Regional Dean (or DSME, as appropriate), or Clinical Chair, or result in referral to the APPS Committee.

Students are expected show a progression of improvement in performance during the course of clinical rotations. Students who fail to perform satisfactorily on clinical rotations as described above, will be referred to the APPS Committee and may result in additional required curriculum, repeat of an academic year, or dismissal from the program.

Poor ratings or preceptor comments on the clinical evaluation in the professional and ethical areas of the assessment of a student are addressed by the Associate Dean for Clinical Affairs and may result in a remediation appropriate to correct the deficient area. The Associate Dean of Clinical Affairs may refer the student for an APPS Committee hearing which will act upon this referral depending on the severity and the area of the performance measure. Poor ratings related to professional and ethical behavior area must be accompanied by comments as to the exact nature of the rating.

## **Academic Probation**

MS-3 or MS-4 students may be placed on academic probation for:

- Failing to successfully remediate an end-of-rotation examination failure
- Failing a clinical rotation
- Failing a preceptor evaluation for any rotation
- Failing two end-of-rotation examinations for any two rotations.

### **5.7 Academic Standing and Academic Progress**

Academic Standing is defined as a student's status at any time within a given academic Block or clinical rotation of the CUSOM curriculum. A student who is in good academic standing is one with a passing grade in all courses or rotations at any given point in time. This information is used in determining eligibility for students to participate in CUSOM approved activities, such as conferences, student organizations, etc... Students wishing to serve as officers in clubs/organizations or participate in events, travel to meetings or other related activities must have a minimum GPA of 3.0 on a 4.0 scale to be considered.

Academic Progress for students in years 1 and 2 of the curriculum requires passing all courses in all Blocks, successfully completing all curricular requirements in the Blocks, passing all components of the end-of-year testing, and meeting the requirements as set forth by the Academic Performance, Promotion and Standards (APPS) Committee for students, including those in a Modified Course of Study. Students must also demonstrate adequate development in professionalism as determined by the faculty and administration.

In order to be permitted to sit for COMLEX-USA Level 1, students must achieve a passing score, as determined by CUSOM, on a CUSOM-identified Qualifying Exam.

Each student must pass COMLEX-USA Level 1 in order to be promoted to full third-year status.

Successful academic progress for students in Years 3 and 4 of the curriculum includes successful completion of all rotations, end-of-rotation exams, and any other requirements, including but not limited to, clinical modules, procedure and patient logs, Call Back Fridays, and their evaluations of the site and their preceptor. In addition, students who have been placed in a Modified Course of Study must meet any requirements set forth by the APPS Committee.

Each student must pass the COMLEX-USA Level 2 Cognitive Evaluation (CE) as well as the COMLEX-USA Level 2 Physical Examination (PE) prior to graduation.

In order to be permitted to sit for COMLEX-USA Level 2-CE, the student must achieve a passing score on a CUSOM-identified Qualifying Exam.

If a student fails to attain the passing score after three (3) attempts at the Qualifying Exam, the student will be required to successfully complete a board preparation program prescribed by CUSOM, such as Boards Boot Camp (<http://www.boardsbootcamp.com>), at the student's expense and not to exceed twelve (12) weeks duration, or as approved by the APPS Committee.

In order to be permitted to take COMLEX-USA Level 2-PE, the student must successfully pass an Objective Structural Clinical Examination (OSCE) administered during Residency Development month. If the student fails to pass this OSCE, they will undergo a remediation program at the direction of the Chair of Simulation Medicine or designee. Students are not released to take the COMLEX-USA Level 2-PE exam until approved by the Chair of Simulation Medicine or designee.

Students who experience difficulty successfully completing elements of the CUSOM curriculum or any level of the COMLEX examination series in a timely manner according to the academic calendar may be required to complete a board preparation program or be placed into a combination curriculum/remediation program (Modified Course of Study).

Students placed in a Modified Course of Study must agree to comply with the plan as determined by the APPS Committee. As long as the student is making satisfactory progress in the Modified Course of Study, they will remain in full-time status. Students who do not follow the Modified Course of Study, or who do not make satisfactory academic progress while in a Modified Course of Study, may be referred to the APPS Committee for additional required remediation, or additional sanctions up to, and including, dismissal from the program.

Fourth-year students should refer to the Graduation Requirements section for further information regarding graduation requirements. Students not making satisfactory academic progress towards graduation will be referred to the APPS Committee for review and further recommendations, which may include but is not limited to, placement on a Modified Course of Study, Academic Probation or Dismissal from the program.



## 5.8 National Board (Licensing) Exams

Students are required to pass the COMLEX-USA Level 1, COMLEX-USA Level 2-CE, and the COMLEX-USA Level 2-PE prior to graduation as outlined in the table of milestones below.

<b>Milestones for Each CUSOM Student</b>
Successful Completion of All Courses During Blocks 1-8
Satisfactory Completion of a Qualifying Exam for COMLEX-USA Level 1
Successful Completion of COMLEX-USA Level 1
Successful Completion of COMAT or Equivalent Subject Examinations for Core Rotations
Satisfactory Evaluation by Clinical Faculty for Each Clinical Rotation
Successful Completion of Third-Year OSCEs that Assesses Student Preparedness for the COMLEX-USA Level 2-PE Exam, and Core Entrustable Professional Activities (EPAs) for Entering Residency
Satisfactory Completion of a Qualifying Exam for COMLEX Level 2-CE
Successful Completion of COMLEX-USA Level 2-CE
Successful Completion of COMLEX-USA Level 2-PE

### **Accommodations on COMLEX-USA Exams**

Students who want to request accommodations for any COMLEX-USA examination must submit their applications directly to the NBOME within the timeframe designated by the NBOME. Please contact the NBOME directly for more information. CUSOM is not responsible for the request or approval for COMLEX testing accommodations.

## COMLEX-USA Level 1

CUSOM students complete the Clinical Applications of Biomedical Sciences (CABS) I and II courses in Blocks 5 and 8, respectively, and **MUST** sit for COMLEX-USA Level 1 prior to July 1 in the period between the second and third academic year. Prior to receiving their COMLEX-USA Level 1 scores, all students, including those on appeal for failure to complete any required coursework, may be considered “provisional” third year students and allowed to participate in clinical rotations. Full third-year status is not granted until a student passes COMLEX-USA Level 1.

Students are provided a course of study within Block 8 which serves as a capstone to the first two years of the curriculum, and also should assist in final preparation for national licensing exams. This course of study is credit-bearing and is provided by CUSOM.

In order to be permitted to sit for COMLEX-USA Level 1, the student must achieve a pre-identified “passing” score on a Qualifying Exam. CUSOM identifies the passing parameters by the end of Block 5 each year. CUSOM pays for the first Qualifying Exam, however students may be responsible for the cost of subsequent exams or programs. Students are allowed three (3) attempts to achieve a minimum pre-identified score on the Qualifying Exam.

Students are permitted to register for COMLEX-USA Level 1 prior to passing the qualifying exam; however, students failing to meet the minimum CUSOM pre-identified score are not permitted to take COMLEX-USA Level 1.

Students who do not pass the Qualifying Exam after three (3) consecutive attempts are referred to the APPS committee and placed in a Modified Course of Study, during which they will be required to complete a Boards preparation program, such as Boards Boot Camp (<http://www.boardsbootcamp.com>), at the student’s expense and not to exceed a timeframe established by the APPS Committee.

A Modified Course of Study (MCOS) is a credit-bearing, individualized study plan for students who require an alternative educational pathway for reasons such as mandated board preparation, required remediation, illness, leaves of absence, or withdrawals.

Students on a Modified Course of Study must agree to and comply with the conditions and schedule of the Modified Course of Study. Students not following the individualized plan may be placed on Suspension (thus ineligible for financial aid and not considered an active student) at any time

Upon successful completion of the designated board preparation course of the Modified Course of Study, the student is required to take COMLEX-USA Level 1 within a timeframe as approved by the APPS Committee. Students assigned to a Boards preparation program must meet all program requirements, which includes, but is not limited to, strict adherence to all timelines related to the completion of study assignments and assessment examinations. Failure to do so will result in a return visit to APPS Committee with possible sanctions imposed for non-adherence to the agreed process.

### **Failure of COMLEX-USA Level 1**

Any student who fails COMLEX-USA Level 1 must meet with the Academic Performance, Promotion and Standards (APPS) Committee. The student will be placed on Academic Probation and subject to sanctions as described below.

Students who fail COMLEX-USA Level 1 are required to complete a Boards preparation program prescribed by CUSOM, such as, but not limited to, Boards Boot Camp (<http://www.boardsbootcamp.com>), at the student's expense and within a timeframe as approved by the APPS Committee. This requires the student to enter a Modified Course of Study.

A student who fails COMLEX-USA Level 1 on their first attempt, but has already completed a CUSOM approved or designated Boards preparation program prior to taking COMLEX-USA Level 1, may be placed on Suspension (ineligible for financial aid and not an active student) or be required to complete a different preparation program prescribed by CUSOM, such as, but not limited to the PASS Program (<https://www.pass-program.com/>). Participation in the required preparation program will be at the student's expense and within a timeframe as approved by the APPS Committee.

This requires the student to enter a Modified Course of Study. If the student is already on a Modified Course of Study, adjustments to the MCOS may be required. In either case, a Modified Course of Study may result in a delay in the completion of program requirements and graduation, which may in turn affect their ability to participate in the residency match process. Upon successful completion of the remedial program, the student is required to retake COMLEX-USA Level 1 for the second attempt within a timeframe as approved by the APPS Committee.

Any student who fails COMLEX-USA Level 1 a second time must again meet with the APPS Committee. The student may be placed on Suspension (ineligible for financial aid and not an active student) or be required to complete a boards preparation program prescribed by CUSOM, such as, but not limited to, the PASS Program (<https://www.pass-program.com/>) at the student's expense and within a time frame as approved by the APPS Committee. This

requires the student to enter a Modified Course of Study. If the student is already on a Modified Course of Study, adjustments to the MCOS may be required. In either case, a Modified Course of Study may result in a delay in the completion of program requirements and graduation, which may in turn affect their ability to participate in the residency match process. Upon successful completion of the remedial program, the student is required to retake COMLEX-USA Level 1 for the third, and final, time within a timeline designated by the APPS Committee. A student is permitted only three (3) attempts to pass COMLEX-USA Level 1, after which they will be dismissed from the program.

Students who have been removed from clinical rotations for a COMLEX-USA Level 1 failure may be permitted to return to clinical rotations following their retaking of the exam, while waiting for release of their COMLEX-USA Level 1 score.

### **COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE**

Third year students must take and pass an end-of-rotation exam after each core rotation. In addition to demonstrating the student has learned the appropriate material on the rotation, the exams function to prepare students for COMLEX-USA Level 2-CE. In addition, at the end of the third year students must take and pass Standardized Patient (SP) Objective Structured Clinical Examination (OSCE) exams. These exams are administered to assure the student has competently achieved the clinical skills expected in the third year and to prepare the student for COMLEX-USA Level 2-PE testing.

**Students must schedule their COMLEX-USA Level 2-CE no later than March 15 of the MS-3 year and take the exam no later than November 1 of the MS-4 year unless otherwise approved.**

In order to sit for COMLEX-USA Level 2-CE, the student must achieve a passing score as determined by CUSOM on a Qualifying Exam, such as a CUSOM-proctored College of Osteopathic Medicine Self-Assessment Exam (COMSAE) or a similar exam.

CUSOM identifies the passing parameters for this exam and pays for the first Qualifying Exam, with students responsible for the cost of subsequent exams. Students are permitted to register for COMLEX-USA Level 2-CE prior to passing the Qualifying Exam; however, students failing to meet the minimum CUSOM pre-identified score on three (3) consecutive attempts are not permitted to take COMLEX-USA Level 2-CE.

If the student fails to attain the passing score on the designated qualifying exam after three attempts, the student is required to successfully complete a Boards preparation program prescribed by CUSOM, such as, but not limited to, Boards Boot Camp (<http://www.boardsbootcamp.com>). Participation in the required preparation program will be at the student's expense and within a timeframe as approved by the APPS Committee. The APPS Committee may recommend that a student be removed from clinical rotations while completing a Boards preparation program.

**Students assigned to a Boards preparation program must meet all program requirements, which includes, but is not limited to, strict adherence to all timelines related to the completion of study assignments and assessment examinations. Failure to do so will result in a return visit to APPS Committee with possible sanctions imposed for non-adherence to the agreed process.**

In order to sit for COMLEX-USA Level 2-PE, the student must successfully pass the Objective Structural Clinical Examinations (OSCE) that are administered during Residency Development month, which generally corresponds to the first rotation of the fourth year.

If the student fails to pass the OSCE, they will undergo a remediation program at the direction of the Simulation Medicine Department, Chair of Simulation Medicine or other designee. Students are not released to take the COMLEX-USA Level 2-PE exam until approved by the Chair of Simulation Medicine or other designee.

Students who fail the OSCE exam are required to successfully complete the designated remediation program a minimum of fourteen (14) days prior to taking COMLEX-USA Level 2-PE. Students who do not successfully remediate will have their COMLEX-USA Level 2-PE release withdrawn.

Students are required to take COMLEX-USA Level 2-PE by October 1 in their fourth year. As it takes a minimum of ninety (90) days to receive scores for COMLEX-USA Level 2-PE, it may be to the student's advantage to take this exam earlier in order to provide them with ample time to retake the exam prior to graduation in the case that they do not pass the exam.

Passing both COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE is required to graduate. In addition, most residency programs require students to pass COMLEX- USA Level 2-CE to match with their program. Some residency programs also require proof of passing COMLEX-USA Level 2-PE prior to interviewing with their program.

### **Failure of COMLEX-USA Level 2-CE or COMLEX-USA Level 2-PE**

Passing both COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE is required to graduate. Students who do not pass both CE and PE by graduation within the maximum number of three (3) attempts each will be placed on Suspension. Students on Suspension do not qualify for financial aid and are not active students.

Students are not removed from Suspension until they demonstrate a passing score on the deficient exam(s). Students on Suspension for a period exceeding six (6) months will be reviewed by the Academic Performance, Promotion and Standards (APPS) Committee and are subject to dismissal from the program.

Any student who fails their initial attempt on COMLEX-USA Level 2-CE will be immediately placed on Academic Probation and, as determined by the APPS Committee, will be withdrawn from clinical rotations until they successfully pass the exam. Any student who fails COMLEX-USA Level 2-CE must meet with the Associate Dean for Clinical Affairs and the APPS Committee within seven (7) days of receiving a failing score.

Students who fail COMLEX-USA Level 2-CE will be required to complete a remedial program prescribed by CUSOM, such as, but not limited to, Boards Boot Camp (<http://www.boardsbootcamp.com>), at the student's expense and within a time frame as approved by the APPS Committee. Upon successful completion of the remedial program, the student will be required to retake COMLEX-USA Level 2-CE within a timeframe as approved by the APPS Committee. Students assigned to a Boards preparation program must meet all program requirements, which includes, but is not limited to, strict adherence to all timelines related to the completion of study assignments and assessment examinations. Failure to do so will result in a return visit to APPS Committee with possible sanctions imposed for non-adherence to the agreed process.

Students who have been removed from clinical rotations due to a COMLEX-USA Level 2-CE failure are placed in a Modified Course of Study and may be permitted to return to clinical rotations following their retaking of the exam while waiting for release of their COMLEX-USA Level 2-CE score by the NBOME. Students who are unsuccessful on the second attempt of the COMLEX-USA Level 2-CE will be referred to the APPS Committee and may be placed on Suspension (ineligible for financial aid). Students on Suspension for a period exceeding six (6) months will be reviewed by the Academic Performance, Promotion and Standards (APPS) Committee and may be dismissed from the program. A student is permitted only three (3) attempts to pass COMLEX-USA Level 2-CE, after which they will be dismissed from the program.

A Modified Course of Study (MCOS) is individually designed based upon the student's performance and needs by the respective Associate Dean and approved by the APPS Committee. Students in a Modified Course of Study must agree to and comply with the conditions and schedule of the Modified Course of Study. Students not following the MCOS may be placed on Suspension (thus ineligible for financial aid and not considered an active student) at any time.

Students must pass COMLEX-USA Level 1, COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE in order to meet graduation requirements. Students are allowed a maximum of three (3) attempts to pass each of these exams. Failure to pass any of these exams during the required timeframe will result in a referral to the APPS Committee and will result in dismissal from the program.

## **5.9 Modified Courses of Study**

A Modified Course of Study (MCOS) is a credit-bearing, individualized study plan for students who require an alternative educational pathway for reasons such as mandated board preparation, required remediation, illness, leaves of absence, or withdrawals. The Modified Course of Study will be individually designed based upon the student's performance and needs by the respective Associate Dean and approved by the APPS Committee. Students in a Modified Course of Study must agree to, and comply with, the conditions and schedule of the Modified Course of Study. Students not following the MCOS may be placed on Suspension (ineligible for financial aid and not considered an active student) at any time.

During clinical rotations, students following a Modified Course of Study should be aware that they must complete all program requirements to graduate, enter ERAS (Electronic Residency Application Service) and participate in the Match. Students who fail COMLEX Level 2-PE or COMLEX Level 2-CE after the Match may lose their matched position. In addition, students who fail to meet their graduation requirements in adequate time to start their residency program may also lose their matched position. These decisions are made by the Residency Program Director or Director of Medical Education at the respective hospital.

A student in a Modified Course of Study who does not adhere to the requirements and parameters of the MCOS, including but not limited to, not following directions of an assigned program such as Boards Boot Camp or the PASS Program, may be placed on Suspension.

## **5.10 Academic Performance, Promotion and Standards (APPS) Committee**

The APPS Committee, in conjunction with the Office of Academic Affairs, monitors the academic progress achieved by all students throughout the entire CUSOM academic program.

The APPS Committee meets at the end of any Block or clinical rotation to review students who have achieved a failing course or clinical rotation grade, failed to successfully remediate a failed course, when a delay in a student's academic progress is identified, or when deemed necessary. The Chair of the APPS Committee or the appropriate Associate Dean for the academic year involved may also call a meeting of the APPS Committee in cases where the academic progress of a student is affected by a leave of absence or other factors.

Additionally, the APPS Committee is responsible for the review of situations where students are involved in academic misconduct (i.e., cheating or plagiarism), violations of the Honor Code or Code of Misconduct, or unprofessional conduct. Additional information regarding these violations is found in Section 10 of the Academic Bulletin – “Honor Code, Code of Misconduct, and Grievance Procedures”.

The APPS Committee is appointed by the Dean, and membership may be subject to change at any time. The Registrar and Director of Student Affairs participate as non-voting *ex officio* members. A quorum is defined as a simple majority of the members. The committee Chair, with approval of the Dean, may invite non-voting members to attend. As APPS Committee meetings are considered academic proceedings and not legal hearings attorneys or other representatives are not allowed.

### **Procedures for Calling and Conducting an APPS Committee Meeting**

APPS Committee meetings are held at the end of each Block or clinical rotation, after the Associate Dean for Biomedical Affairs or the Associate Dean for Clinical Affairs have determined all grades, or as needed. Reasons for an APPS Committee hearing include, **but are not limited to**, if a student has:

- Failed a course
- Attempted and failed to remediate a course
- Failed to pass any course while on Academic Probation
- Failed any clinical rotation
- Failed an end-of-rotation exam
- Violated the CUSOM Honor Code
- Violated any CUSOM or Campbell University policy/procedure
- Failed to pass a Qualifying Exam within the required number of attempts
- Failed to pass an appropriate COMLEX-USA examination
- Failed to make academic progress, or follow directives set forth, in an assigned remediation plan, any Board preparation programs, or any Modified Course of Study
- Failed a controlled substance screening test
- Received adverse findings on a criminal background check
- Failed to adhere to set timelines/due dates
- Failed to respond in timely manner to email and other forms of communication from CUSOM.



## **APPS Committee Procedures for Academic Performance Matters**

The Vice Dean for Academic Affairs, or designee, will Chair the APPS Committee. Members of the APPS Committee have the following roles:

- The appropriate Associate Dean for the academic year involved reports on the academic progress of student(s), as necessary.
- The Associate Dean may submit a written or oral report documenting assistance that the student has received or been offered, including but not limited to tutoring or advising.
- The Course Director, Department Chair, or the student's Faculty Advisor may be invited to an APPS Committee meeting to comment on student performance and related topics, as necessary.
- The Director of Student Affairs may report as *ex officio* on documentation that the Office of Student Affairs has which may be relevant to the student's academic progress. The Registrar will be available as *ex officio* to discuss the academic record if needed.
- The APPS Committee Chair shall identify a recording secretary for minutes and to ensure all communications occur in a timely manner.

Each student reviewed by the APPS Committee is provided the opportunity to make a maximum of a ten-minute presentation (no Powerpoints or handouts) relevant to any issues or considerations that they wish to make known to the APPS Committee. Members of the APPS Committee may then directly question the student. This is the only portion of the meeting at which the student may be physically present.

In lieu of an in-person presentation, the student may be allowed to phone in to the APPS Committee meeting, and has the option to submit a written document, no more than two pages, single-spaced. These options are only available upon approval by the Chair of the APPS committee, pending a valid reason for not presenting in person.

All aspects of the APPS Committee functions remain confidential *in perpetuity*.

For students failing to make academic progress including, but not limited to, multiple grades of IC in one block/clinical rotation or across more than one block/clinical rotation, failure of a course or any clinical rotation, or failure to successfully complete any curricular requirements, the APPS Committee may impose a sanction including, **but not limited to**, any combination of the following:

- Award a satisfactory grade (C\*, P\*, or PC\*) and promotion to the next Block/clinical rotation following satisfactory remediation
- Require remediation, further coursework, repeat of courses, or write a topic-specific paper

- Require to repeat multiple courses in which the student initially earned a failing grade
- Specify a timeline or manner in which any remediation must occur
- Require the successful completion of one or more additional clinical rotations and associated requirements including but not limited to educational modules, procedure logs and end-of-rotation exams (even if previously taken and passed)
- Place a student on a defined term of Academic Probation
- Extend a student's term of Academic Probation
- Remove a student from clubs/organizations or leadership roles
- Require more frequent meetings with CUSOM's Academic Center for Excellence or faculty advisors
- Request further assessment to verify the student has the ability to make satisfactory progress to become an osteopathic physician including but not limited to, psychological evaluations, controlled substance or alcohol screening/testing, or other evaluations. Such testing will be at the student's expense.
- Require the student to attend targeted workshops or programs such as, but not limited to, North Carolina Physician Help Program, sensitivity training, or anger management
- Require the student to repeat multiple courses in which the student initially earned a failing grade
- Assign a Modified Course of Study which may delay promotion and graduation until satisfactory progress through a directed remediation program has occurred

In addition to imposing the above sanctions for failure to make academic progress, the Committee may review student progress in order to remove students from Academic Probation or Suspension.

The APPS Committee may also recommend to the Dean Suspension or Dismissal of a student from the program when the student demonstrates that he/she is unable to make academic progress due to, **but not limited to**, any combination of the following:

- Failure of two or more courses in any one Block in Years 1 and 2 of the curriculum
- Failure of three or more total courses in Years 1 and 2 of the curriculum
- Failure of two or more total clinical rotations
- Failure of any course or clinical rotation while on a Modified Course of Study
- Failure of any course or clinical rotation while on Academic Probation
- Any other issues deemed relevant.

The APPS Committee Chair will notify the student in writing of the outcome of the APPS Committee meeting and any applicable sanctions as soon as practical. Upon receipt of notification, the student must sign a Notice of Decision either accepting the terms of the decision, or signing the Notice of Decision to appeal the decision, within the timeframe defined in the Notice of Decision.

An appeal of the APPS Committee decision by the student must be made in writing to the Dean within seven (7) calendar days of receipt of notification and be based only upon new and relevant information not available to the APPS Committee at the time of the hearing. The Dean will reply within fourteen (14) calendar days of receiving the written appeal. If the student does not appeal within seven (7) calendar days of receipt of notification, the APPS Committee decision is final.

An appeal not received in the Office of the Dean by 5:00pm Eastern on the seventh (7<sup>th</sup>) day after receipt of notification will not be considered, and the decision of the APPS Committee will be considered final.

The Dean does not meet with the student prior to receiving the required written appeal material, and the student must make no attempt to meet with the Dean immediately prior to the APPS Committee meeting or between the date of the APPS Committee meeting and the date of any potential appeal hearing.

The Dean's decision is final.

### **Procedures for Non-Academic Matters**

Allegations of misconduct may arise from an individual student, group of students, faculty member, adjunct faculty member, clinical preceptor or staff member. For issues arising from Honor Code, Code of Misconduct, or professionalism violations, the person(s) identifying the issue(s) should report the issue(s) to the Director of Student Affairs or the respective Associate Dean (Biomedical or Clinical) within seven (7) calendar days of the incident.

The Director of Student Affairs or respective Associate Dean will collect documentation which may be relevant to the alleged violation. This may include, but is not limited to, a written report from the student(s), faculty or staff involved with the incident(s). In the case where students are reporting the suspected violation, unless required at a hearing, confidentiality of the reporting student is maintained, and the Director of Student Affairs or respective Associate Dean will present the reporting student's testimony. Dated notes are taken to describe the discussion.

The Director of Student Affairs or respective Associate Dean, notifies the Associate Dean for Clinical Integration of the suspected misconduct or violation and provides him/her with a detailed summary of the reason for referral along with all supporting documentation. The Associate Dean for Clinical Integration then, (i) constitutes an *ad hoc* committee to investigate the suspected misconduct, who reports their findings in writing to the Vice Dean for Academic Affairs, or (ii) depending upon the severity of the allegations, refers the matter directly to the APPS Committee.

### ***Ad hoc* Committee Procedures**

If referred to an *ad hoc* Committee, the Chair of the *ad hoc* Committee will schedule a hearing with the *ad hoc* Committee and notify the accused student(s) (the “Respondent”) at least three (3) days prior to the hearing. This hearing typically is held as soon as practical following the referral of the case to the *ad hoc* Committee.

The Respondent(s) shall meet with the *ad hoc* Committee and be informed of the allegations and afforded an opportunity to explain him/herself and offer any mitigating factors. Although the hearing’s purpose is fact-finding, the Respondent(s) shall have the right to solicit advice and to offer witnesses to support his/her position.

All sessions of the *ad hoc* Committee are closed to all individuals except those immediately concerned in the case. No legal counsel shall be present, as this is not a legal proceeding. All persons present at the proceedings shall be bound to disclose no more than the Committee does in its official report on the case.

The testimony of each witness is conducted in private while the other witnesses in the case are out of the room.

After the *ad hoc* committee concludes its investigation, they shall provide a written report to the Vice Dean for Academic Affairs in a timely manner, that shall include a recommended finding of facts, and if the finding of facts is that a violation occurred, a recommended sanction. If the recommendations are that:

1. No violation occurred, the Vice Dean for Academic Affairs may accept the finding, and so notify the Respondents(s);
- 2a. No violation occurred, and the Vice Dean for Academic Affairs disagrees, he/she shall decide upon an appropriate sanction as set forth below and so notify the Respondents(s);
- 2b. No violation occurred, and the Vice Dean for Academic Affairs disagrees, he/she shall decide to forward the matter to the APPS Committee for further consideration;

3. A violation occurred, and the Vice Dean for Academic Affairs agrees with the finding and the sanction proposed by the *ad hoc* committee, and so notify the Respondents(s);
- 4a. A violation occurred, and the Vice Dean for Academic Affairs disagrees with the sanction proposed by the *ad hoc* committee, he/she shall decide upon an appropriate sanction as set forth below, and so notify the Respondents(s);
- 4b. A violation occurred, and the Vice Dean for Academic Affairs disagrees with the sanction, he/she shall decide to forward the matter to the APPS Committee for further consideration on the sanction only.

The Vice Dean for Academic Affairs notifies the student in writing of his/her decision and:

1. If the decision of the Vice Dean for Academic Affairs is No. 2a, 3, or 4a above and the Respondents(s) accepts the decision, the decision of the Vice Dean for Academic Affairs shall be final; or
2. If the decision of Vice Dean for Academic Affairs is No. 2a, 3, or 4a above, and Respondent(s) do not accept the decision of the Vice Dean for Academic Affairs, the Respondent(s) has (have) the right to appeal the decision to the APPS Committee.
3. If the decision of Vice Dean for Academic Affairs is No. 2b, or 4b above, the matter will be forwarded to the APPS Committee for further consideration.

An appeal of the Vice Dean's decision to the APPS Committee by the student must be made in writing to the Vice Dean within seven (7) calendar days of receipt of notification and be based only upon new and relevant information not available to the Vice Dean at the time of the hearing. If the student does not appeal within seven (7) calendar days of receipt of notification, the Vice Dean's decision is final.

### **APPS Committee Procedures**

The recommendations of the *ad hoc* committee or the decision of the Vice Dean for Academic Affairs are presented to the APPS Committee at the hearing. The Respondent(s), shall meet with the APPS Committee and be informed of the allegations and afforded an opportunity to explain him/herself and offer any mitigating factors.

All sessions of the Committee are closed to all individuals except those immediately concerned in the case. No legal counsel shall be present, as this is not a legal proceeding. All persons present at the proceedings shall be bound to disclose no more than the Committee does in its official report on the case.

The testimony of each witness is provided while the other witnesses in the case are out of the room.

The Committee may allow introduction of evidence other than testimony of witnesses provided the evidence is relevant to the question before the Committee on any matter. The Committee shall set rules for the conduct of all cases and all arrangements connected with collecting evidence. Timeframes for investigation of hearings and proceedings may be altered if circumstances warrant.

All APPS Committee meeting minutes and evidence are maintained in the Office of the Dean.

The decision of the APPS Committee shall be sent to the Respondent(s) in writing within seven (7) calendar days of the APPS decision. Upon receipt of notification, the student must sign a Notice of Decision either accepting the terms of the decision, or signing the Notice of Decision to appeal the decision.

An appeal to the Dean must be based only upon new and relevant information not available to the *ad hoc* Committee, the Vice Dean for Academic Affairs, or the APPS Committee at the time of the hearing and be made in writing to the Dean within seven (7) calendar days of receipt of notification. The Dean will reply within fourteen (14) calendar days of receiving the written appeal.

An appeal not received in the Office of the Dean by 5:00pm Eastern on the seventh (7<sup>th</sup>) day after receipt of notification will not be considered, and the decision rendered by the APPS Committee is final.

The Dean does not meet with the student prior to receiving the required written appeal material, and the student must make no attempt to meet with the Dean from the date of the written appeal and the date of any potential appeal hearing.

The Dean's decision is final.

### **Rights of the Respondent**

With respect to a hearing regarding academic misconduct, an alleged violation of the student Honor Code, or the Code of Misconduct, and/or professionalism standards, the Student/Respondent(s) is guaranteed the right to:

- a timely hearing, if requested
- receive notice of the allegation(s) at least three (3) days prior to the hearing
- a presumption of innocence until proven guilty
- solicit advice
- expect the case to be adjudicated in a confidential manner
- appeal the decision to the Dean

Deliberation of the *ad hoc* Committee or the APPS Committee shall take place in private and remain confidential, and the standard for a decision shall be based on a preponderance of the evidence (whether a violation is more likely than not to have occurred). If, based upon a preponderance of the evidence, the *ad hoc* Committee recommends, or the APPS Committee determines, the student was in violation of the Honor Code, the Code of Misconduct, a CUSOM policy, or the professional standards of CUSOM, the *ad hoc* Committee may recommend or the APPS Committee may render an appropriate sanction including, **but not limited to**:

- **Admonition:** Student will receive a written warning. An Admonition will not become a part of the student's longitudinal record and is not reported in the Medical Student Performance Evaluation (MSPE). An Admonition may not be appealed by the student.
- **Academic Probation:** Students may be placed on Academic Probation for a specified time period, until the deficiency is rectified, or otherwise designated by the Dean. The record of each student on Academic Probation is reviewed at the end of the specified time period, to evaluate the student's academic progress and the APPS Committee makes any recommendations regarding the continuation or removal of Academic Probation. Academic Probation will appear on the student's official transcript, along with the date the Academic Probation was rectified. Academic Probation will be reported in the MSPE.
- **Conduct Probation:** Conduct Probation is levied for a specified time period, determined by the circumstances of the case. It carries with it a warning that any further violations of CUSOM regulations will result in more serious disciplinary action up to and including dismissal. Conduct Probation will be reported in the MSPE. Third and Fourth Year Students on Conduct Probation may be required to complete all electives within the Campbell system, i.e. no "out rotations.
- **Suspension:** Suspension may be imposed for continued or flagrant violation of terms of a Disciplinary Probation, or it may be imposed directly in first-offense cases that warrant such action. In the case of Suspension, the student will be ineligible for financial aid and is barred from all campus and non-campus activities. Suspension will appear on the student's transcript and be reported in the MSPE.
  - Any student may be placed on Suspension pending an investigation into conduct violations, including Title IX violations.
- **Dismissal:** Dismissal from CUSOM is based upon recommendations made by the APPS Committee, with final approval for dismissal by the Dean.
- **Revocation of a Degree:** The revocation of the Doctor of Osteopathic Medicine degree following graduation may occur for discovered misconduct of the student(s) during his/her enrollment that would be grounds for dismissal at the time of the misconduct. In the event of the discovery of such misconduct, the former student will be given notice of a

hearing before the APPS Committee in accordance with the procedures set forth herein for a violation of the Code of Misconduct, provided that the former student may be entitled to legal representation at the hearing or any appeal.

Additional academic and professional sanctions may include, **but are not limited to:**

- Writing a paper;
- Receiving a grade reduction for an examination, assignment, or course;
- Repeating a course(s);
- Assigning additional clinical or laboratory activities or coursework;
- Repeating an examination, coursework or even an entire academic semester or year;
- Ineligibility for election to or removal from student office or organizational office for specified period of time;
- Withholding of official transcripts;
- Barring re-admission to CUSOM if dismissed;
- Prohibiting a student from enrolling for a specified period of time; or
- Restitution, whether monetary or by specific duties, or reimbursement for damages to or misappropriation of CUSOM, student, staff or faculty property.

Penalties or sanctions for violation of institutional policies or rules and regulations may be administered regardless of whether the actions of the student are also civil or criminal violations. Whenever disciplinary actions lead to the student leaving CUSOM, grades are assigned in accordance with the CUSOM grading policy.

In addition to the sanctions described above, the following actions may also be taken by the Dean in an appeal:

- **Withdrawal:** Withdrawal is the administrative removal of a student from a class or from CUSOM and may be imposed in instances of unmet financial obligations to CUSOM. The withdrawn student may also be barred from re-enrollment until specific conditions have been met.
- **Dismissal** from the program without the option to return.

### **Special Meetings of the APPS Committee**

The Dean may call a meeting of the APPS Committee to determine placement of a student who is returning from an approved extended leave or Suspension to determine where the student will resume the program and to determine if any additional action or supplementary educational curriculum is required.



## **5.11 Separation from CUSOM**

There are four (4) categories of separation from CUSOM:

- Leave of Absence
- Withdrawal
- Suspension
- Dismissal

The Dean makes all final decisions regarding any separation from CUSOM.

All current or former students returning from an approved period away from CUSOM, such as, but not limited to, a Leave of Absence or an offer to repeat an academic year, minimally must submit a completed Secondary Application, Background Check, and Controlled Substance Screen within a timeframe designated by CUSOM, but no later than sixty (60) days prior to the anticipated return date. Additional requirements, such as a medical or psychiatric evaluation, may be placed on returning students as deemed appropriate.

A subset of the Admissions Committee, consisting of the Vice Dean for Academic Affairs, Associate Dean for Biomedical Affairs, Associate Dean for Clinical Integration and Associate Dean for Clinical Affairs, will determine whether or not the student is offered acceptance.

Students who do not return on the approved date, or otherwise do not fulfill all of the requirements for return, will need to re-apply through AACOMAS and will not be guaranteed re-admission.

In order to return from any approved separation, the student must provide the Dean with documentation verifying completion of the terms of the approved separation.

Once approved for return, the APPS Committee will determine placement of a student who has taken an approved separation to determine where the student will resume the curriculum and to determine if any additional action or supplementary educational curriculum is required. Recommendations will be based on the requisite knowledge skills and abilities required to resume a specific point in the curriculum coupled with a focus on ensuring the appropriate continuum of the medical education curriculum and training required to be successful, perform well on board exams, and provide competent and compassionate patient care.

## **Leave of Absence**

A Leave of Absence is granted by the Dean. A leave of absence is a temporary separation from CUSOM which may not last longer than 180 calendar days. Reasons for a leave include, but are not limited to, academic, personal, medical, and maternity. If a leave exceeds beyond 180 calendar days, it will become a Withdrawal.

A Leave of Absence is requested in writing, addressed to the Dean and delivered to the Director of Student Affairs, who then provides it to the Dean. The Dean in turn makes the final determination on the Leave of Absence request.

A Leave of Absence request requires completion of a Leave of Absence form and may or may not require the return of CUSOM issued items depending upon the specific circumstances of the Leave of Absence.

The date for a Leave of Absence is the date of the Dean's approval of the Leave of Absence request.

## **Academic Leave of Absence**

An Academic Leave of Absence is a unique situation, usually of a one-year duration, which may be granted to students wishing to pursue additional educational, experiential activities or scholarly pursuits that interrupt a student's medical education. Upon completion of this additional educational, experiential activity or scholarly pursuit, the student minimally must submit a completed Secondary Application, Background Check, and Controlled Substance Screen within a timeframe designated by CUSOM, but no later than sixty (60) days prior to the anticipated return date.

In order to return from any approved Academic Leave of Absence, the student must provide documentation verifying completion of the terms of the approved Academic Leave of Absence.

Once approved for return, the APPS Committee will determine placement of a student who has taken an approved Academic Leave of Absence to determine where the student will resume the curriculum and to determine if any additional action or supplementary educational curriculum is required. Recommendations will be based on the requisite knowledge skills and abilities required to resume a specific point in the curriculum coupled with a focus on ensuring the appropriate continuum of the medical education curriculum and training required to be successful, perform well on board exams, and provide competent and compassionate patient care.

Students who do not return on the approved date, or otherwise do not fulfill all of the requirements for return, will need to re-apply through AACOMAS and will not be guaranteed re-admission.

### **Personal Leave of Absence**

A Personal Leave of Absence is granted by the Dean and may not last longer than 180 calendar days. A Personal Leave of Absence is available to address situations such as a death of a spouse, child, or such other severe circumstance that would interrupt a student's education.

In order to return from any approved Personal Leave of Absence, the student must provide the Dean with documentation verifying completion of the terms of the approved Personal Leave of Absence.

Once approved for return, the APPS Committee will determine placement of a student who has taken an approved separation to determine where the student will resume the curriculum and to determine if any additional action or supplementary educational curriculum is required. Recommendations will be based on the requisite knowledge skills and abilities required to resume a specific point in the curriculum coupled with a focus on ensuring the appropriate continuum of the medical education curriculum and training required to be successful, perform well on board exams, and provide competent and compassionate patient care.

Students who do not return on the approved date, or otherwise do not fulfill all of the requirements for return, will need to re-apply through AACOMAS and will not be guaranteed re-admission.

### **Medical Leave of Absence (Absence Less than 180 Calendar Days)**

A Medical Leave of Absence may be granted to students who are in good academic standing, who provide acceptable supporting documentation indicating a valid medical reason requiring a leave of less than 180 calendar days. Decisions regarding the granting of a medical leave are determined by the Dean. A Medical Leave of Absence may last no longer than 180 calendar days, if it extends beyond 180 calendar days it will become a Medical Withdrawal.

In order to return from an approved medical leave, the student must provide the Dean with documentation from a physician approving/releasing the student to return as a full time student in the curriculum.

Once approved for return, the APPS Committee will determine placement of a student who has taken an approved medical leave to determine where the student

will resume the curriculum and to determine if any additional action or supplementary educational curriculum is required. Recommendations will be based on the requisite knowledge skills and abilities required to resume a specific point in the curriculum coupled with a focus on ensuring the appropriate continuum of the medical education curriculum and training required to be successful, perform well on board exams, and provide competent and compassionate patient care.

Students who do not return on the approved date, or otherwise do not fulfill all of the requirements for return, will need to re-apply through AACOMAS and will not be guaranteed re-admission.

### **Medical Withdrawal (Absence Greater than 180 Calendar Days)**

A Medical Withdrawal may be granted to students who are in good academic standing and who have an approved medical reason for a medical leave of absence that exceeds 180 calendar days.

A student returning from an approved Medical Withdrawal minimally must submit a completed Secondary Application, Background Check, and Controlled Substance Screen within a timeframe designated by CUSOM, but no later than sixty (60) days prior to the anticipated return date. Additional requirements, such as a medical or psychiatric evaluation, may be placed on returning students as deemed appropriate.

In order to return from an approved Medical Withdrawal, the student must also provide the Dean with documentation from a physician approving/releasing the student to return as a full time student in the curriculum.

Once approved for return, the APPS Committee will determine placement of a student who has taken an approved medical leave to determine where the student will resume the curriculum and to determine if any additional action or supplementary educational curriculum is required. Recommendations will be based on the requisite knowledge skills and abilities required to resume a specific point in the curriculum coupled with a focus on ensuring the appropriate continuum of the medical education curriculum and training required to be successful, perform well on board exams, and provide competent and compassionate patient care.

Students who do not return on the approved date, or otherwise do not fulfill all of the requirements for return, will need to re-apply through AACOMAS and will not be guaranteed re-admission.

## **Student Maternity Leave of Absence**

CUSOM adheres to, and follows, federal guidelines for granting leave for students who give birth while enrolled in the curriculum. A Maternity Leave of Absence may be granted to students who are in good academic standing, who provide acceptable supporting documentation indicating the date of birth, a clearance from her treating physician and an expected date of return to CUSOM on a full-time, unrestricted basis. Decisions regarding the granting of a maternity leave are determined by the Dean.

A Maternity Leave of Absence extending more than 180 calendar days will require the student to file for a Medical Withdrawal.

The student will meet with either the Associate Dean for Biomedical Affairs (MS-1 & MS-2), or Associate Dean for Clinical Affairs (MS-3 & MS-4), and the Director of Student Affairs at the earliest available time to discuss the anticipated maternity leave.

The student will provide the Director of Student Affairs a proposed timeline of requested leave.

Once the student delivers, the student will provide a medical note from her medical provider with an anticipated return-to-school date. This date should be the date when the student is medically cleared to resume all activities of the curriculum as a full-time student, with no restrictions. If the treating physician places an activity or time restriction on the student, the nature of the restriction(s) and the time frame for these restrictions must be well defined.

Based on the date of return to full-time status, either the Associate Dean for Biomedical Affairs for MS-1 & MS-2 students, or the Associate Dean for Clinical Affairs for MS-3 & MS-4 students will develop a proposed Modified Schedule. The Associate Dean for Biomedical Affairs will work with the Course Directors, Medical Education, Registrar, and Student Affairs to develop the Modified Schedule for MS-1 and MS-2 students. The Associate Dean for Clinical Affairs will work with the student's Regional Dean/Director of Student Medical Education, clerkship coordinator, Registrar and Student Affairs to develop the Modified Schedule for MS-3 and MS-4 students.

The student will meet with either the Associate Dean for Biomedical Affairs (MS-1 & MS-2), or Associate Dean for Clinical Affairs (MS-3 & MS-4) and the Director of Student Affairs to review and discuss the proposed Modified Schedule. The student will sign the Attestation section after any additional changes are made and agreed upon by all parties.

The student will provide medical documentation to the Director of Student Affairs from their medical provider documenting full medical clearance for return, including a definitive date of return.

The Associate Dean for Biomedical Affairs (MS-1 & MS-2), will contact and inform the Course Directors and the Assistant Director of Medical Education for the affected courses of the Modified Schedule, and the Associate Dean for Clinical Affairs (MS-3 & MS-4) will contact and inform the appropriate Regional Dean/Director of Student Medical Education, clerkship coordinator and Registrar of the Modified Schedule. The Director of Student Affairs will notify the Chief of Operations of the Modified Schedule.

## **Withdrawal**

Withdrawal from CUSOM is granted by the Dean. A Withdrawal may be a temporary separation from CUSOM which may last longer than 180 calendar days or permanent separation from CUSOM. Reasons for a withdrawal include, but are not limited to, personal and medical.

A Withdrawal is requested in writing, addressed to the Dean and delivered to the Director of Student Affairs, who then provides it to the Dean. The Dean in turn makes the final determination on the Withdrawal request.

The student must complete a Withdrawal Form and return the form and any designated CUSOM issued items to the Office of Student Affairs before the student will be considered Withdrawn in Good Standing.

The date for a Withdrawal is the date of the Dean's approval of the withdrawal request.

**The Dean makes the final decision regarding Withdrawals. Students who discontinue their education at CUSOM, for any reason, are required to complete a Withdrawal Form.**

Upon receipt of the completed Withdrawal Form and CUSOM issued items, the student is Withdrawn in Good Standing from CUSOM and entitled to certain benefits, i.e., application for readmission or issuance of an official transcript if requested.

Students on Suspension may not withdraw.

Withdrawal must be completed prior to the beginning of the final course or clinical rotation assessment. Failure to withdraw by this date may result in issuance of a grade of F for all courses in that Block, or for that rotation, which will be recorded on the student's transcript and adversely affect the student's GPA.

A student may not withdraw if a grade has been assigned or if a final examination or assessment event has been started. Withdrawal from a course or clinical rotation after an examination has been administered and/or a clinical rotation completed, will result in the final grade being the grade of record. As such, a Withdrawal cannot remove a grade of F.

Students eligible to return from a Withdrawal from CUSOM, minimally must submit a completed Secondary Application, Background Check, and Controlled Substance Screen within a timeframe designated by CUSOM, but no later than sixty (60) days prior to the anticipated return date. Additional requirements, such as a medical or psychiatric evaluation, may be placed on returning students as deemed appropriate.

Students eligible to return from a Withdrawal may be required to provide the Dean with documentation verifying completion of the terms of the approved Withdrawal.

A subset of the Admissions Committee, consisting of the Vice Dean for Academic Affairs, Associate Dean for Biomedical Affairs, Associate Dean for Clinical Integration and Associate Dean for Clinical Affairs, will determine whether or not the student is offered acceptance.

Once approved for return, the APPS Committee will determine placement of the student in the curriculum and to determine if any additional action or supplementary educational curriculum is required. Recommendations will be based on the requisite knowledge skills and abilities required to resume a specific point in the curriculum coupled with a focus on ensuring the appropriate continuum of the medical education curriculum and training required to be successful, perform well on board exams, and provide competent and compassionate patient care.

### **Personal Withdrawal**

A Personal Withdrawal will be granted to students who wish to voluntarily leave CUSOM for personal reasons. Students withdrawing from CUSOM for personal reasons are not guaranteed re-admission. To be deemed Withdrawn in Good Standing, the student must have passed all classes and be in good academic standing, complete all required paperwork and follow all CUSOM procedures during the withdrawal process.

Students eligible to return from a Personal Withdrawal may be required to provide the Dean with documentation verifying completion of the terms of the approved withdrawal.

A subset of the Admissions Committee, consisting of the Vice Dean for Academic Affairs, Associate Dean for Biomedical Affairs, Associate Dean for Clinical Integration and Associate Dean for Clinical Affairs, will determine whether or not the student is offered acceptance.

Once approved for return, the APPS Committee will determine placement of the student in the curriculum and to determine if any additional action or supplementary educational curriculum is required. Recommendations will be based on the requisite knowledge skills and abilities required to resume a specific point in the curriculum coupled with a focus on ensuring the appropriate continuum of the medical education curriculum and training required to be successful, perform well on board exams, and provide competent and compassionate patient care.

### **Medical Withdrawal (Absence Greater than 180 Calendar Days)**

A Medical Withdrawal may be granted to students who are in good academic standing and who have an approved medical reason for a medical leave of absence that exceeds 180 calendar days.

A student returning from an approved Medical Withdrawal minimally must submit a completed Secondary Application, Background Check, and Controlled Substance Screen within a timeframe designated by CUSOM, but no later than sixty (60) days prior to the anticipated return date. Additional requirements, such as a medical or psychiatric evaluation, may be placed on returning students as deemed appropriate.

In order to return from an approved Medical Withdrawal, the student must also provide the Dean with documentation from a physician approving/releasing the student to return as a full time student in the curriculum.

Once approved for return, the APPS Committee will determine placement of a student who has taken an approved medical leave to determine where the student will resume the curriculum and to determine if any additional action or supplementary educational curriculum is required. Recommendations will be based on the requisite knowledge skills and abilities required to resume a specific point in the curriculum coupled with a focus on ensuring the appropriate continuum of the medical education curriculum and training required to be successful, perform well on board exams, and provide competent and compassionate patient care.

Students who do not return on the approved date, or otherwise do not fulfill all of the requirements for return, will need to re-apply through AACOMAS and will not be guaranteed re-admission.



## **Suspension**

Suspension is defined as a temporary separation from the institution and during this period **students are enrolled, not registered and are not eligible for financial aid**. The duration of the Suspension will be determined by the Dean and may include recommendations from the APPS Committee.

While on Suspension, students must not represent themselves as CUSOM students. In addition, they may not be on the University campus or affiliated clinical campuses, participate in any clinical activities or wear their CUSOM white coat.

Students on Suspension are not eligible to Withdraw.

If the terms set out under the Suspension are not fulfilled, or the period of Suspension is greater than 180 calendar days, the student will be dismissed from CUSOM.

## **Dismissal**

Dismissal from CUSOM is based upon recommendations made by the APPS Committee, with final approval for dismissal by the Dean.

**NOTE:** Although different categories of Withdrawal are identified, the student transcript will reflect a "W" for any approved Withdrawal.

### **5.12 Graduation Requirements**

The degree of Doctor of Osteopathic Medicine is granted to, and conferred upon, candidates who:

- Have satisfied all academic requirements, and completed the total number of credits required for their class as calculated at the time of graduation;
- Have passed COMLEX-USA Level 1, COMLEX-USA Level 2-CE, and COMLEX-USA Level 2-PE;
- Have demonstrated good moral, professional, and ethical character;
- Completed all required exit paperwork and settled all financial obligations with CUSOM, Campbell University and affiliate and collaborative partners incurred during the academic program.

To become eligible for graduation, each fourth-year student must successfully complete all the above requirements within six (6) years of matriculation. The six (6) years allow for the completion of a Modified Course of Study due to medical, academic, behavioral or other leaves of absence.

The Dean may, in exceptional circumstances, grant an extension to this 6-year rule.

Professional and ethical competence is required for graduation. Students must demonstrate the ethical and professional qualities deemed necessary for success and continued study and practice of osteopathic medicine; the suitability for the practice of medicine by dutiful and responsible acceptance for patient care; and integrity in the conduct of clinical duties. Students may be dismissed from CUSOM if any of these competencies are not met.

In addition, the revocation of the Doctor of Osteopathic Medicine degree may occur following graduation for discovered misconduct of prior students. Allegations of misconduct, which may result in a revocation of a granted degree, are considered by the Dean.

A student must complete all curricular requirements at CUSOM, or a minimum of two (2) years at CUSOM and another institution accredited by the Commission on Osteopathic College Accreditation (COCA) or Liaison Committee on Medical Education (LCME), between the date of matriculation and graduation. In addition to this requirement, the student must have been enrolled full-time at CUSOM during their third and fourth academic years.

A CUSOM student must complete to the satisfaction of the faculty, as determined by the individual course directors, clinical rotation preceptors and through the APPS Committee, all prescribed courses and clinical experiences to graduate. The Dean makes the determination on any student appeals of APPS Committee or Vice Dean recommendations, based solely upon new and meaningful information not available to the APPS Committee or Vice Dean at the time of the initial hearing and deliberation.

Students must meet with the Assistant Director of Financial Aid and Registrar to complete all required exit documentation in order to receive a diploma. CUSOM students must also attend the exit process and commencement program in order to receive a diploma.

Upon passage of COMLEX-USA Level 1, Level 2-CE, Level 2-PE, and all other requirements as delineated in this Academic Bulletin, the Faculty of CUSOM, through the Dean and President, recommends degree candidates to the Board of Trustees. Upon approval of the recommendation, the Board of Trustees confers the Doctor of Osteopathic Medicine degree on students successfully completing all requirements for graduation.

### **5.13 Delayed Graduation Policy**

If a student is suspended, takes a Leave of Absence, or is required to retake courses in the curriculum as a result of specific course or clinical rotation failures or a deficiency in overall academic performance, they will be placed in a Modified Course of Study (MCOS). As discussed in Section 5.9 of the Academic Bulletin, a Modified Course of Study (MCOS) is a credit-bearing, individualized study plan for students who require an alternative educational pathway for reasons such as board preparation, required remediation, illness, leaves of absence, or withdrawals. The institution of a MCOS will result in a delay in the scheduling and completion of a student's clinical rotations and graduation date.

Voluntary course withdrawals, temporary leaves of absence, suspensions secondary to academic or non-academic matters, or failure to pass Board exams consistent with CUSOM policy may also result in a delay in the scheduling and completion of a student's clinical rotations and graduation date. For students to be eligible to participate in, but will not receive a diploma at, the May graduation ceremony, they must have taken COMLEX USA Level 2-CE and Level 2-PE prior to graduation with the results available no later than six (6) weeks following graduation.

Any alteration in the normal curriculum progression may affect a student's financial aid status or qualification for education-based financial aid. In addition, placement in a Modified Course of Study may impact the student's ability to participate in the residency match process. Specific counseling and advice should be sought from the CUSOM Office of Academic Affairs and the University's Office of Financial Aid for these or other indicated situations.

### **5.14 Clinical Policies and Procedures**

Students should refer to the CUSOM Clinical Rotation Manual for a comprehensive review of all student policies relating to all clinical rotations.

#### **CUSOM Medical Student Shadowing**

Many students choose to engage in clinical shadowing experiences during breaks in the formal CUSOM curriculum such as during Block breaks, summer break or weekends. Shadowing experiences can be extremely valuable and students may choose to include these experiences in their Curriculum Vitae, personal statement or Medical Student Performance Evaluation (MSPE). Shadowing experiences can occur with CUSOM-appointed clinical faculty members or physicians not affiliated with CUSOM.

It is essential that students choosing to engage in shadowing experiences understand the differences between shadowing and the required clinical rotations students participate in as part of the CUSOM curriculum. Clinical rotations that occur in conjunction with the CUSOM clinical curriculum (Early Clinical Experiences, Outreach, International Medical Missions and MS-3 and MS-4 scheduled rotations) are completed under the supervision of CUSOM-appointed clinical faculty and follow very specific guidelines in regards to student's roles, responsibilities, supervision requirements, and feedback and evaluation processes.

In contrast to clinical curriculum experiences, shadowing experiences do not occur as part of the student's required CUSOM curriculum, and may lack the defined structure, supervision, feedback mechanisms and medical-legal protections provided by formal clinical rotations.

Students choosing to engage in a shadowing experience acknowledge they will do so while adhering to the following principles:

1. Shadowing experiences are meant to be **observational only** and if any hands-on activity occurs with patients, this should be limited to patient examination only, approved by the patient and supervising physician, and **MUST** be repeated by the physician. To protect patients and students, students are not to perform any invasive procedures while on shadowing experiences, including but not limited to suturing, endotracheal intubation, performing arterial blood gas testing, or placing IV's, Foley catheters, or central lines or perform exams of the pelvic, breast, rectal and genitourinary systems. Students should not perform any osteopathic manipulation while on shadowing experiences.
2. Students are not protected by malpractice insurance provided by Campbell University, Incorporated while engaged in physician shadowing experiences unless the experience is with a CUSOM-appointed faculty member. Students are required to let non-CUSOM appointed physicians they are shadowing know that they are not covered by malpractice insurance provided by Campbell University, Incorporated.
3. Students must follow all hospital system, facility, and ambulatory policies when engaging in any type of shadowing experience. Individual physicians chosen to shadow with may not be familiar with their facility or health care system policies so it is the student's responsibility to make sure they review and comply with any applicable policies.
4. Individual physicians may not know the student's level of training and it is therefore the student's ethical and professional duty to fully explain their level of training.

### Shadowing with CUSOM Clinical Faculty Members

1. Students who desire to shadow CUSOM clinical faculty must arrange the experience on their own.
2. Shadowing experiences with CUSOM clinical faculty members may be approved as Early Clinical Experiences (ECE).
3. Students shadowing with CUSOM clinical faculty members should wear their CUSOM name badge and white coat unless directed otherwise by their preceptor.
4. Students wishing to schedule a shadowing experience with a CUSOM clinical faculty member must submit the Shadowing Agreement Form, (available from the Office of Clinical Affairs) completed in its entirety, to the Office of Clinical Affairs.
5. Shadowing experiences should be arranged in conjunction with the preceptor and Regional Dean (when applicable), both of whom must sign the agreement form to indicate their approval.
6. Students must sign the form and initial all required attestations.
7. The completed form must be submitted to the Office of Clinical Affairs for review and approval at least two (2) weeks prior to the start of the requested shadowing experience.

### Shadowing with non-CUSOM Clinicians

1. Students who desire to shadow non-CUSOM clinicians must arrange the experience on their own.
2. Shadowing experiences with non-CUSOM clinical faculty members **will not be approved as Early Clinical Experiences (ECE)**.
3. These are non-CUSOM sanctioned experiences thus:
  - a. CUSOM will not obtain affiliation agreements with the sites in order to provide shadowing experiences.
  - b. CUSOM will not provide the clinician or site with any student records including, but not limited to, results of drug screens and background checks, immunization records, academic performance information or letters of recommendation.
  - c. Students **may not wear their CUSOM white coat or name tag**.
  - d. Students or the physician they are shadowing are **not protected by malpractice insurance through Campbell University, Incorporated**.
  - e. Students acknowledge that Campbell University, Incorporated will not be liable for any medical care or expenses if they are to be injured or become ill during the clinical shadowing experience. They also release Campbell University, Incorporated from any liability from any injury or illness that occurs during the shadowing experience.
4. Even if engaging in shadowing experiences with non-CUSOM clinicians or clinical sites, students must abide by all general guidelines noted previously in this document.

**Violation of any conditions of this Shadowing Policy is handled as a professionalism issue and may be referred to the Academic Performance, Promotion and Standards (APPS) Committee.**

#### **5.15 Academic Freedom Policy**

Faculty are entitled to full freedom in research and in the publication of the results, subject to the adequate performance of his/her other academic duties; but research for pecuniary return must be based upon an understanding with the authorities of the institution in advance of the acceptance of employment.

Faculty are entitled to freedom in the classroom in discussing his/her subject, but he/she should be careful not to introduce into his teaching controversial matter which has no relation to the subject. Limitations of academic freedom because of religious or other aims of the institution should be clearly stated in writing at the time of the appointment.

The University faculty is a citizen, a member of a learned profession, and an officer of an educational institution. His/her primary loyalty is to his/her institution, his/her profession, and his/her growth and development as a scholar, a person, and a teacher.

S/he possesses the right, as a citizen, to speak and write, subject to special obligations arising from his/her position as an employee of the University; to be accurate, to exercise proper restraint, to show respect for the opinions of others, and to make every effort to indicate that in his/her role as a citizen s/he is not an institutional spokesman. Moreover, s/he should allow for the fact that many members of the general public will find it difficult to disassociate his/her utterances as a citizen from his/her institutional identification. S/he should not use official university stationery, logos, watermarks or his/her institutional title in issuing public statements which s/he makes purely in his/her role as a citizen.

Students and faculty may not represent themselves verbally, in print, or electronically (including use of Campbell University and/or CUSOM logos, titles, letterhead, or stationery) as representing Campbell University or CUSOM without the express written permission of the Dean. Failure to comply may result in disciplinary action, up to and including dismissal.

## **6. OSTEOPATHIC MEDICINE CURRICULUM**

### **Academic Calendar**

Academic calendars are made available to all students. Weekly schedules vary based on course content and space needs but are generally structured so that lectures primarily take place in the morning, with labs and clinical skills typically taking place in the afternoons.

Morning lecture-discussions are complemented by afternoon labs and skills sessions, with embedded study time. OMM and other clinical skills are taught longitudinally throughout the first two years in a progression designed to integrate with, and provide a seamless transition to the third and fourth years. Content is presented by physicians and biomedical faculty using concepts of team-teaching and small group learning. For years three and four, clinical rotations are typically four (4) weeks in duration at the Regional Clinical sites.

Evaluation of performance during the first 8 Blocks includes integrated exams, quizzes, OSCE, clinical skills, anatomy, and OMM practical exams, and end-of-year evaluations. Weekly clinical case exercises, help students integrate and apply material presented during the week, and provide faculty with an assessment of student progress. For years three and four, student evaluation is performed by clinical preceptors at the end of each clinical rotation, and similarly students evaluate each clinical rotation to promote curricular improvement.

### **Programmatic Level Educational Outcome Objectives**

CUSOM has adopted the 2012 American Association of Colleges of Osteopathic Medicine ([AACOM\) Osteopathic Core Competencies for Medical Students](#) as the programmatic level educational outcome objectives for graduates, since these also align with the mission of the university and medical school.

These Osteopathic Core Competencies measure specific objectives along the following 14 competency domains:

1. Osteopathic Principles and Practices
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice
8. Counseling for Health Promotion/Disease Prevention
9. Cultural Competencies
10. Evaluation of Health Sciences Literature

11. Environmental and Occupational Medicine (OEM)
12. Public Health Systems
13. Global Health
14. Interprofessional Collaboration

The four-year Doctor of Osteopathic Medicine curriculum, which embodies the mind, body, spirit philosophy of the osteopathic profession and mission of Campbell University, is a traditional systems-based curriculum consistent with many medical schools in the United States. The four-year course of study begins with integrated biomedical and clinical didactic and laboratory activities leading up to the third- and fourth-year clinical rotations, which provide the necessary clinical training for transition to and success in subsequent residency programs.

For the full description and detailed listing of objectives, please refer to the official 2012 document published by AACOM linked [here](#).

## **6.1 Years 1 and 2 Curriculum**

The first two years of the CUSOM curriculum focus on teaching students fundamental principles of biomedical science with significant emphasis on clinical science, elements of clinical practice, and professionalism. Historically, the first two years of medical school instruction have been viewed as “pre-clinical” with the remaining two years being viewed as “clinical”. At CUSOM, the curriculum is integrated to provide a core of strong biomedical principles in addition to a robust foundation in clinical sciences and osteopathic principles, principles of clinical practice, and professionalism.

### **Curricular Content Overview**

All semesters of the first and second year are partitioned into two 9-week Blocks, with the exception of ten (10) weeks for Block 4 and eleven (11) weeks for Block 8. Within the first two Blocks, students are introduced to the biomedical foundational concepts of Anatomy, Biochemistry/Cell Biology, Microbiology/Immunology, Pathology, Pharmacology, and Physiology. Anatomy continues throughout the first year, integrating wherever possible with the systems approach of the remaining three semesters of the first two years.

In Blocks 3 through 8, the CUSOM curriculum follows an organ-system approach to medical education. Faculty utilize instructional materials that go beyond the basic biomedical principles mastered during the first semester. Biomedical faculty, primary care physicians, and sub-specialty physicians collaborate to deliver integrated content relating to the particular organ system.



The Clinical Skills and Osteopathic Manipulative Medicine courses address content that will allow CUSOM students to learn integrate and apply the basic philosophy, principles, and practice of osteopathic medicine. Hands-on diagnosis and treatment is the foundation of osteopathic whole-person health care. Lectures and labs incorporate state-of-the-art instruction. Additionally, Simulation and Standardized Patient experiences, allow students to enhance their clinical skills such as physical exam techniques, interviewing, counseling, and medical reporting skills necessary to progress to the third and fourth years.

The Foundations in Medical Practice (FMP) courses provide CUSOM students a broad overview of biostatistics, evidenced-based medicine, epidemiology, population health, research methodology, and experimental design. The students are exposed to the calculations and strategies required to appropriately locate, interpret, design and complete a research/scholarly paper with clinically relevant knowledge related to competent medical practice.

The Professional Core Competencies (PCC) courses are presented through all semesters of the first- and second-year curriculum, and are designed to teach the core competencies necessary for caring, compassionate, effective and holistic practice of osteopathic medicine throughout the physician's career. The use of lecture, discussion, and other unique activities, introduces students to medical humanities, biomedical ethics, medical law and jurisprudence, quality improvement and patient safety, global health issues, and professionalism.

## **6.2 Years 3 and 4 Rotation Structure**

Students are expected to work forty (40) hours per week for four (4) weeks, for a total of 160 contact hours per each four (4) week clinical rotation. The clinical campus student medical education coordinator in collaboration with the Office of Clinical Affairs schedules rotations according to the availability of rotation sites and numbers of requests. There is opportunity to participate in approved two-week elective and selective rotations. CUSOM selective rotations are chosen from the CUSOM selective lists and are based on educational standards and requirements, the student's self-assessment of areas where they would benefit most from further education and patient exposure, along with input from the Associate Dean for Clinical Affairs and the respective Clinical Chairs. The Primary Care, Medical, and Surgical Selective rotations are completed at CUSOM core sites where CUSOM has established rotations, affiliation agreements, and faculty.

Specific information regarding scheduling of third- and fourth-year selective rotations may be found in the CUSOM Clinical Rotation Manual.

Electives may also be scheduled outside CUSOM regional hospital sites; however, each elective site and rotation for electives scheduled outside CUSOM regional hospital sites must be requested, and all required documentation submitted, at least sixty (60) days in advance of the rotation start date and must be approved through the Associate Dean for Clinical Affairs.

### **Third Year Clinical Rotations**

CUSOM's third-year osteopathic medical students are required to complete twelve rotations. Each rotation consists of approximately 160 contact hours. The required rotations for third year are listed below; all core rotations are clinical rotations involving patient care, which must be completed at the student's respective clinical campus with CUSOM-appointed faculty. Core rotations are clinical rotations involving patient care which are required to be completed at a CUSOM clinical site with CUSOM faculty.

The third-year core rotations are Family Medicine, Internal Medicine I and II, Medical Selective, Obstetrics & Gynecology, Pediatrics, Psychiatry, Surgery, and Medical/Surgical Selective. All third year rotations must be successfully completed prior to progressing to the fourth year and must be completed at the student's Regional Clinical Training Site.

- Clinical Academic Assessment (CAA)/Simulation Medicine (SIM) (8 weeks)
- Internal Medicine I & II (IM) (8 weeks)
- Medical Selective (MS) (4 weeks)
- Surgery (SUR) (4 weeks)
- Obstetrics/Gynecology (OBG) (4 weeks)
- Family Medicine (FM) (4 weeks)
- Pediatrics (PED) (4 weeks)
- Psychiatry/Behavioral Medicine (PSY) (4 weeks)
- Rural/Underserved/International (R/U/I) (4 weeks)
- Medical/Surgical Selective (4 weeks)

### **Fourth Year Clinical Rotations**

CUSOM's fourth-year osteopathic medical students are required to successfully complete all fourth-year rotations to be eligible for graduation. Additionally, to become eligible for graduation, each fourth-year student must pass COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE. The required clinical rotations for fourth year are listed below.

The fourth-year core rotations are Emergency Medicine, Geriatrics, Medical Selective, Primary Care Selective, and Surgical Selective.

Students are also provided the opportunity to participate in twenty (20) weeks of elective rotations which may be done at non-core sites. These elective rotations are often utilized by students for audition rotations at sites with residency programs or to obtain additional experience in the student's areas of interest.

CUSOM's fourth-year osteopathic medical students will be required to complete the following clinical rotations:

- Electives\* I, II, III, IV, V (20 weeks)
- Emergency Medicine (4 weeks)
- Geriatrics (4 weeks)
- Medical Selective (4 weeks)
- Primary Care Selective (4 weeks)
- Residency Development (4 weeks)
- Surgical Selective (4 weeks)

**Students are required to complete a Sub-Internship (Sub-I) during one of their selective, elective, or Emergency Medicine rotations.**

In an effort to provide fourth-year students with increased flexibility and a greater opportunity to audition or rotate at sites they may be interested in for residency training, CUSOM allows students to do one (1) of the following three (3) required fourth-year rotations at a site with an ACGME-approved residency training program.

- Medical Selective\* (4 weeks)
- Primary Care Selective\* (4 weeks)
- Surgical Selective\* (4 weeks)

This flexibility provides students the opportunity to participate in up to six (6) rotations (five (5) electives plus one (1) of the above listed selectives) at sites outside CUSOM's core clinical training sites. In addition, the remaining two (2) fourth-year selectives may be completed at another CUSOM clinical campus as the rotation capacity provides.

Students are required to complete their Geriatrics and Emergency Medicine rotations at their respective CUSOM clinical campus.

\*All elective and selective rotations scheduled outside CUSOM regional affiliated sites must be approved in advance by the Associate Dean for Clinical Affairs. Most rotations are scheduled on a four-week basis; however, the Associate Dean for Clinical Affairs may approve students to participate in two-week elective and selective rotations.

## **Selective and Elective Rotations**

CUSOM selective rotations are chosen from the CUSOM surgical and medical selective lists and are based on educational standards and requirements, the student's self-assessment of areas where they would benefit most from further education and patient exposure, along with input from the Associate Dean for Clinical Affairs and respective Clinical Chairs. Electives may be scheduled outside CUSOM regional clinical training sites; however, each elective site and rotation requests must be submitted to the Department of Clinical Affairs at least sixty (60) days in advance of the rotation start date and approved by the Associate Dean for Clinical Affairs.

CUSOM does not arrange student electives or selectives outside CUSOM's regional clinical training sites. If a student chooses to do electives or selectives at hospitals with ACGME-accredited post-graduate programs or at a military facility (Health Professions Scholarship Program, HPSP students only), they must arrange those rotations themselves with appropriate notification to the respective clinical campus student medical education coordinator.

All required documentation for electives and selectives must be completed and submitted during the approved selection time period as noted by the Office of Clinical Affairs. All requests for selectives and elective rotations must be submitted to the Department of Clinical Affairs not less than sixty (60) days before the start of the rotation in order to be approved.

CUSOM does not approve selectives or electives taken outside of CUSOM core clinical training regions without appropriate prior notification or completion of the required documentation; no exceptions are granted. Student requests for outside electives or selectives must include all required information, including, but not limited to, rotation date, specialty, facility/practice, and preceptor.

Please note if an affiliation agreement with the requested clinical training site is not executed within thirty (30) days of the start of the clinical rotation despite meeting the aforementioned timelines, the student is required to select an alternate rotation at a site with an executed affiliation agreement.

Specific fourth-year scheduling guidelines are found in the CUSOM Clinical Rotation Manual. Students are responsible for knowing, and following, all guidelines and requirements in the Manual.

## Medical Selective Rotations

Medical Selectives in the third and fourth year should be hospital-based. With appropriate approval, selectives in the fourth year may either be hospital or ambulatory based. All Medical Selectives require prior approval by the Associate Dean for Clinical Affairs and are available pending rotation capacity.

At the time of publication of this Bulletin, the approved Medical Selective rotations are as follows:

MEDICAL SELECTIVE ROTATIONS		
	<u>Third Year</u>	<u>Fourth Year</u>
Allergy and Immunology	X	X
Cardiology	X	X
Clinical Cardiac Electrophysiology		X
Critical Care/ Intensive Care Unit	X	X
Dermatology		X
Emergency Medicine	X	X
Endocrinology		X
Gastroenterology	X	X
Hematology/Oncology	X	X
Hospice and Palliative Medicine		X
Internal Medicine	X	X
Infectious Disease	X	X
Nephrology	X	X
Neurology	X	X
Preventative Medicine		X
Pulmonology	X	X
Rheumatology		X
Sleep Medicine		X

## Primary Care Selective Rotations

Primary Care Selectives in the fourth-year can be either hospital or ambulatory based. If the rotation is selected as the student's subinternship, it **MUST** be hospital-based.

At the time of publication of this Bulletin, the approved Primary Care Selective rotations are as follows:

PRIMARY CARE SELECTIVE ROTATIONS	
Family Medicine	
General Internal Medicine	
Geriatrics	
Obstetrics/Gynecology	
Osteopathic Manipulative Medicine (OMM)	
Pediatrics	
Primary Care	
Psychiatry	
Sports Medicine	
Urgent Care	

## Surgical Selective Rotations

A minimum of two (2) Surgical Selective rotations must be taken from the following areas if the rotation is split into two-week rotations; Surgical Selective rotations may not be repeated in these disciplines (unless done as an elective).

The Associate Dean for Clinical Affairs may consider requests to participate in Medical/Surgical Selective experiences not listed below.

SURGICAL SELECTIVE ROTATIONS		
	<u>2 or 4 Weeks</u>	<u>4 Weeks</u>
Anesthesiology	X	
Cardiovascular Surgery		X
Colorectal Surgery	X	
General Surgery		X
Gynecology/Oncology Surgery		X
Neurosurgery		X
Ophthalmology	X	
Oromaxillofacial Surgery	X	
Orthopedics		X
Otorhinolaryngology	X	
Plastic Surgery	X	
Thoracic Surgery		X
Trauma Surgery		X
Urology	X	
Urogynecology		X
Vascular Surgery		X

## Elective Choices

All electives require prior approval by the Associate Dean for Clinical Affairs following the process outlined in the Clinical Rotation Manual.

### Elective\* rotations include:

- All rotations outlined in the third year core list
- All rotations included in the medical selective list
- All rotations included in the primary care selective list
- All rotations included in the surgery selective list

- The additional rotations of Addiction Medicine, Adolescent Medicine, Dermatology, Dermatopathology, Forensic Pathology, Gynecology (by itself), International Medical Missions, Maternal/Fetal Medicine, Occupational Medicine, Pathology, Pediatric subspecialties, Pain Management, Physical Medicine & Rehabilitation, Proctology, Radiology, Reproductive Endocrinology, CDC, NIH, or other federally sponsored rotations.
- Independent study electives include the Research Rotation, Medical Spanish, Online Radiology, and SIM Case Development.

A maximum of two independent study electives can be scheduled and completed in the fourth-year.

The Associate Dean for Clinical Affairs may consider requests for electives not listed above.

International Medical rotations must be at CUSOM affiliated sites and approved in advance by the Associate Dean for Clinical Affairs and the Dean. A signed affiliation agreement between CUSOM and the international organization must be in place prior to the clinical rotation. Requests to participate in international rotations that do not strictly adhere to all deadlines and requirements are not approved. CUSOM does not assume any travel expenses or liability for health or safety while on international rotations.

### **Course Overview and Philosophy of Clinical Training:**

The philosophical framework of clinical education and training at CUSOM is to prepare students to become osteopathic physicians possessing the highest competencies in the profession. The program educates students to be competent osteopathic physicians who clearly recognize their roles as professionals and providers of comprehensive healthcare to the individual and the family as a unit, and to the communities they serve.

Osteopathic physicians must be able to function in the role of the leader of a healthcare team to bring about needed change from the level of the individual to the level of the community. The ultimate intent of the program is to prepare patient-centered physicians who will positively impact the equality of healthcare and healthcare delivery systems, and will improve healthcare access for individuals and their families.

CUSOM believes the physician must assume a leadership role not only in the medical community, but also in the broader community in which he/she serves. Community leadership is an integral part of improving the healthcare of the community as-a-whole; thus, physicians must be committed to the prevention of illness and the upgrading of the delivery of healthcare services at extended levels.



In pursuit of excellence, the CUSOM clinical curriculum is a challenging blend of the traditional and innovative components, designed to:

- Foster the analytic and problem-solving skills requisite for physicians involved in disease prevention, diagnosis, and treatment in individual patients, families, communities, and populations at-large;
- Ensure the acquisition and application of basic clinical knowledge and essential clinical skills;
- Develop an understanding of contemporary healthcare delivery issues;
- Cultivate effective physician-patient relationships based upon integrity, respect, and compassion;
- Develop high ethical standards; and
- Promote a lifelong commitment to learning.

Following clinical training, students will be knowledgeable about the important roles of the primary care physician including, but not limited to, the ability to:

- Demonstrate clinical excellence, using current evidence-based medicine and biomedical knowledge to identifying and manage their patients' medical conditions.
- Provide continuing and comprehensive care to individuals and families.
- Integrate the behavioral, emotional, social, and environmental factors of individuals and families in promoting health and managing disease.
- Develop and maintain the knowledge, skills, and attitudes required for the delivery of best care and outcomes in modern medical practice in a rapidly changing world.
- Pursue a regular and systematic program of lifelong learning.
- Recognize indications for, and initiate, consultation with other medical specialists while maintaining continuity of care.
- Share tasks and responsibilities with other healthcare professionals.
- Be aware of the findings of relevant research; understand and critically evaluate this body of research; and apply the results of research to medical practice.
- Manage his/her practice in a business-like, cost-efficient manner that will provide professional satisfaction and time for a rewarding personal life.
- Serve as an advocate for the patient within the healthcare system.
- Assess the quality of care that s/he provides and actively pursue measures to continually improve.
- Use current medical knowledge to identify, evaluate, and minimize risks for patients and families.
- Recognize community resources as an integral part of the healthcare system; participate in improving the health of the community.
- Inform and counsel patients concerning their health problems, and recognizing and valuing differences in patient and physician backgrounds, beliefs, and expectations.

- Develop physician-patient relationships conducive to promoting comprehensive problem-identification and problem-solving.
- Balance potential benefits, costs, and resources in determining appropriate interventions.
- Integrate and effectively utilize osteopathic principles and practices in the delivery of optimal patient care.

The general expectations for all clinical rotations are designed to help students develop the fundamental skills of medical problem solving, case management, procedural expertise, and professional demeanor. Some clinical rotations focus on data acquisition (medical history, physical examination, laboratory data, or literature review), while others emphasize psychomotor skills or attitudes and feelings.

Clinical rotations are under the direct supervision of the CUSOM Office for Clinical Affairs, led by the Associate Dean for Clinical Affairs. CUSOM has established affiliations with a wide range of hospitals, clinics, and physicians offering diverse training opportunities. The clinical program has been organized to permit the greatest degree of educational exposure in a practical, clinical environment and to develop expertise in the areas of patient diagnosis and management.

The clinical rotations provided at each affiliated site, and the number of CUSOM students assigned to each affiliated site, are determined by mutual agreement with CUSOM, the Associate Dean for Clinical Affairs, the Hospital Administrator(s), Regional Dean, Vice-President for Medical Education (VPME) / Director of Medical Education (DME), Clinical Faculty and the Office for Clinical Affairs. Whenever possible, CUSOM utilizes hospitals with accredited postdoctoral programs approved by the Accreditation Council for Graduate Medical Education (ACGME) for postdoctoral training to provide assurance of adequate teaching material and faculty.

## **Clinical Modules**

Clinical Modules including videos, lectures and other educational materials are utilized to supplement knowledge and skill acquisition during clinical rotations. These modules are appropriate for both third- and fourth-year students and offer the learner flexibility. Modules and other educational materials supplement topics covered on clinical rotations and function as study guides for both the end-of-rotation exams, COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE.

Clinical Modules are an important supplement to a student's education, but do not replace the extensive reading, studying, patient contact, etc. students must achieve on clinical rotations.

Students are provided with required curricula during the third year and fourth year. Learning objectives and corresponding reading assignments are provided for the core discipline rotations.

## Graduate Medical Education

CUSOM strives to develop a sufficient number of residency training positions for our graduates. The Associate Dean for Postgraduate Affairs is responsible for facilitating residency program development and ensuring the placement of CUSOM graduates into graduate medical education programs. Regional Deans, who supervise third- and fourth-year student rotations at their site, also assist in the development of residency training programs. CUSOM's goal is to develop the same or greater number of GME positions as our number of graduates. These programs provide CUSOM graduating students postgraduate training opportunities and help meet the need for future physicians to care for the rural and underserved populations in North Carolina, the Southeastern United States and the nation.

### 6.3 Schedule of Course Offerings

FIRST YEAR			
SEMESTER 1 (FALL)		SEMESTER 2 (SPRING)	
Block 1 Integrated Basic Science & Clinical Courses	Block 2 Integrated Basic Science & Clinical Courses	Block 3 Musculoskeletal System	Block 4 Neuroscience & Human Behavior (Psychiatry)
OMED 511 Cell Biology/Biochemistry	OMED 522 Pharmacology	OMED 570 Musculoskeletal	OMED 581 Neuroscience
OMED 524 Microbiology/ Immunology	OMED 540 Physiology	OMED 590/590L Anatomy	OMED 583 Psychiatry
OMED 530/530L Anatomy	OMED 551 Pathology	OMED 508/508L OMM	OMED 594/594L Anatomy
OMED 500/500L OMM	OMED 560/560L Anatomy	OMED 509 Clinical Skills	OMED 515/515L OMM
OMED 501 Clinical Skills	OMED 504/504L OMM	OMED 513 FMP	OMED 516 Clinical Skills
OMED 502 FMP	OMED 505 Clinical Skills	OMED 514 PCC	OMED 517 FMP
OMED 503 PCC	OMED 506 FMP		OMED 518 PCC
	OMED 507 PCC		

OMM = Osteopathic Manipulative Medicine

FMP = Foundations of Medical Practice

PCC = Professional Core Competencies

SECOND YEAR			
SEMESTER 3 (FALL)		SEMESTER 4 (SPRING)	
Block 5 Cardiovascular & Respiratory Systems	Block 6 Hematology, Dermatology & Renal System	Block 7 Endocrine & Gastrointestinal Systems	Block 8 Reproductive System & Clinical Applications of Biomedical Sciences II
OMED 610 Cardiovascular System OMED 611 CABS I OMED 620 Respiratory System OMED 600/600L OMM OMED 601 Clinical Skills OMED 602 FMP OMED 603 PCC	OMED 631 Hematology OMED 640 Renal System OMED 650 Dermatology OMED 604/604L OMM OMED 605 Clinical Skills MED 606 FMP OMED 607 PCC	OMED 670 Endocrine System OMED 680 Gastrointestinal System OMED 608/608L OMM OMED 609 Clinical Skills OMED 613 FMP OMED 614 PCC	OMED 690 CABS II OMED 695 Reproductive System OMED 615/615L OMM OMED 616 Clinical Skills OMED 618 FMP OMED 619 PCC

OMM = Osteopathic Manipulative Medicine  
FMP = Foundations of Medical Practice  
PCC = Professional Core Competencies

CABS I = Clinical Applications of Biomedical Sciences I  
CABS II = Clinical Applications of Biomedical Sciences II

THIRD YEAR		FOURTH YEAR	
OMED 710	Internal Medicine I	OMED 810	Medical Selective
OMED 712	Internal Medicine II	OMED 820	Surgery Selective
OMED 714	Medical Selective	OMED 830	Primary Care Selective
OMED 720	Surgery	OMED 840	Geriatrics
OMED 730	Family Medicine	OMED 850	Emergency Medicine
OMED 740	Pediatrics	OMED 860	Elective I
OMED 750	Obstetrics and Gynecology	OMED 862	Elective II
OMED 760	Psychiatry	OMED 864	Elective III
OMED 770	Simulation Medicine	OMED 866	Elective IV
OMED 780	Rural/Underserved/International	OMED 868	Elective V
OMED 790	Medical/Surgical Selective	OMED 870	Residency Development
		OMED 880	International/Underserved Rotation
		OMED 890	Elective Sub Internship

## **6.4 Course Descriptions**

The curriculum in Blocks 1 and 2 of the first year introduces students to the foundational biomedical concepts of Cell and Molecular Biology, Genetics, Biochemistry, Gross Anatomy, Embryology, Histology, Immunology, Microbiology, Pathology, Pharmacology and Physiology. Coursework also consists of introductory clinical training in osteopathic principles and practice in addition to basic clinical skills. Concepts necessary for modern medical practice and professionalism are integrated throughout the courses. Beginning in Block 1, students participate in bi-weekly clinical case conferences designed to integrate material presented in previous lectures and labs.

### **Specific Course Overviews, Year 1, Semester 1, Blocks 1 And 2**

#### **OMED 500: Osteopathic Manipulative Medicine and Lab**

The initial course in Osteopathic Manipulative Medicine introduces the medical student to the principles, practice, and fundamental tenets of osteopathic medicine. Basic osteopathic medical terminology and biomechanical principles are defined including: five models of osteopathic care, tissue texture changes, implications of structural asymmetry, ranges of motion, motion barriers, planes of motion, spinal mechanics, and somatic dysfunction. Students learn to perform and interpret the osteopathic structural exam in order to scan, screen, and diagnose for somatic dysfunction in the cervical, thoracic, lumbar, upper extremity, and lower extremity regions. Fundamental principles and basic techniques of muscle energy and soft tissue methods of OMT are introduced. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy , clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

#### **OMED 501: Clinical Skills and Lab**

The Clinical Skills course is presented longitudinally over the first two years and prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, patient education and counseling. The Block 1 course focuses on professionalism, patient-centered interviewing techniques, and the essential content and structure of a medical history and its documentation. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy , clinical

skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 502: Foundations of Medical Practice**

This course provides a broad overview of evidenced-based medicine, biostatistics, epidemiology, research methodology, and experimental design. Students learn and apply calculations and strategies required to appropriately locate, interpret, and design a research paper. The goal of this course is to provide students with the requisite knowledge to understand the concepts of evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice.

The longitudinal Pass/Fail course, spanning all eight blocks of the students pre-clinical training, will introduce the foundations of evidence-based medicine to prepare for transition to their residency training environment including critical appraisal of current medical literature, develop a evidenced based approach to patient care and interaction, become proficient in the presentation of research in multiple formats, understand the process of medical research and its importance in their medical practice and produce a deliverable scholarly project at the culmination.

OMED 502 Foundations of Medical Practice introduces the student to an overview of research and scholarly work. The research process, ethics, and different types of research and scholarly work are also discussed.

The FMP Scholarly Project Requirement is introduced and discussed in detail to provide a staged timeline to allow the students ample time to complete their scholarly project in Block 8. The different types of studies discussed in this Block will provide the student some means of meeting the FMP Scholarly requirement.

### **OMED 503: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. This course, and its content, is designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. However, before being able to effectively care for patients, it is important for students to understand themselves, including important aspects of their personalities, implicit biases and how they best communicate with others to have optimal interaction with their patients, peers and colleagues. In Block 1,

using lecture discussion, self-directed learning modules, case-discussion and group exercises, students will begin this journey and learn to apply concepts relevant to a professional life in medicine.

#### **OMED 504: Osteopathic Manipulative Medicine and Lab**

This course in Osteopathic Manipulative Medicine builds on prior cognitive and psychomotor skills acquired in OMED 500 to refine and advance OMM diagnosis and treatment abilities. Topics covered include: osteopathic considerations of the thoracic cage, osteopathic reflexes and autonomics, OMM documentation, osteopathic considerations of the lymphatic system, and Chapman's reflexes. Key material from OMED 500 is reviewed. Principles and basic techniques of counterstrain, visceral, and lymphatic treatment methods are introduced. Additional soft tissue, counterstrain, and muscle energy treatments of the cervical, thoracic, lumbar, and rib regions are included in the laboratory sessions. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy , clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

#### **OMED 505: Clinical Skills and Lab**

The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum will prepare students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, formulating a differential diagnosis, laboratory interpretation, medical documentation and reporting, and patient education and counseling. Block 2 focuses on the complete head-to-toe physical exam and its documentation. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy , clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

#### **OMED 506: Foundations of Medical Practice**

OMED 506 Foundations of Medical Practice course focuses on important biostatistics principles required to interpret and apply epidemiological and evidence-based data. The FMP Scholarly Project timeline will include generation of project ideas/research questions.

### **OMED 507: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. This course, and its content, is designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. The Block 2 PCC course will focus on essential aspects of the professional and ethical expectations of a physician. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine.

### **OMED 511: Cell Biology/Biochemistry**

This course includes an integrative overview of biochemical pathways, structure and function of cellular components, and human genetics. The goal of this course is to enable students acquire foundational knowledge on core concepts of biochemistry, cell biology and molecular genetics that apply to human health and diseases. These basics will facilitate learning of disease processes and diagnostics and treatment decisions in system courses. Students will also be able to analyze and evaluate the most common biochemistry cited in medical literature.

### **OMED 522: Pharmacology**

The primary objective of this course is to provide the student with the fundamental information and general principles underlying the mechanisms and actions of pharmaceutical agents and their role in health and disease. The course is an introductory course, whose content will be built upon in the successive blocks and systems curriculum. This course provides a broad overview of pharmaceutical agents, with integrated clinical applications to aid students in understanding the critical role these agents play in maintaining health in the various systems of the human body.

### **OMED 524: Microbiology/Immunology**

Structured as an integrated course for the foundational study of medical microbiology and immunology, this course opens with the microbiome concept, followed by microbial nomenclature, classification, structure, metabolism, replication, and pathogenesis. Principles of infectious diseases, infection control, diagnostic microbiology, and antimicrobial management are also discussed. The immunology portion of the course provides core, foundational information and general principles underlying the human immune system and its role in health and disease. A broad overview of the human immune system, immune components, disease processes, immune manipulation,



and immunologic techniques are discussed. Major groups of medically important, common microorganisms are then introduced, according to their clinical significance in upper respiratory tract and gastrointestinal tract infections. In addition, infectious etiologies with high global impact, such as human immunodeficiency virus and mycobacteria are emphasized, and the discussion of their infections offers an integrated application opportunity of microbiology and immunology. Upon completing this course, the students will have a solid foundation of medical microbiology, immunology, and infectious and immunological diseases, which will be further expanded in the successive blocks and system-based courses by a well-designed spiral curricular integration.

### **OMED 530: Anatomy and Lab**

The first-year anatomy curriculum at CUSOM employs an interdisciplinary and system-based approach to teaching. The aim of this course is to provide the CUSOM student with a firm foundation of the structure of the skeletal system, introduce medical imaging and ultrasound technology, and provide foundational material for the study of histology and embryology. Teaching methods include cadaver dissection labs, assigned reading, and clinical correlations with diagnostic imaging. This knowledge will enable the physician to appropriately evaluate the patient's health and diagnose disease based on presenting signs and symptoms. The anatomical terminology taught throughout the course is the vocabulary for medical education. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy, clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 540: Physiology**

During this course, physiologic and pathophysiologic terminology and concepts are introduced, and clinically relevant examples are presented. Fundamental knowledge of the homeostatic functions of the autonomic nervous system, regulation of intercellular (electrical) conduction by cell membranes, and the maintenance of the body fluids is provided. This course also introduces the normal physiology of the cardiovascular, respiratory, renal, gastrointestinal, endocrine, reproductive and neural systems. First-year students are provided a solid foundation of normal physiology and principles that will be built upon in the subsequent systems courses and clinical applications.

### **OMED 551: Pathology**

Pathology is the study of disease. More specifically, pathology is the study of disease initiation, progression, and outcome (i.e. the pathogenesis) via the identification of structural, biochemical, and functional changes in cells, tissues, and organs. This course discusses the basic mechanisms of disease including injury, inflammation, and tumorigenesis. Special topics in pathology such as nutritional pathology, environmental and toxicological pathology, laboratory medicine and forensic pathology are presented. The course consists of didactic lectures, independent study, and case-based modalities. Principles learned in the course will be applied in concurrent and subsequent courses in the CUSOM curriculum.

### **OMED 560: Anatomy and Lab**

The first-year anatomy curriculum at CUSOM employs an interdisciplinary and system-based approach to teaching. Materials presented in this block of study (Block 2) include the gross anatomy, histology and embryology of the human thorax, abdomen and superficial perineum, with clinical correlations to illustrate application of principal concepts specific to osteopathic medicine. The primary objective of this course is to teach students the principles and concepts of the distinct components of anatomy as they pertain to clinical medicine. Teaching methods include cadaver dissection labs, independent study/self-study, assigned reading, and clinical correlations with diagnostic imaging. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy, clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

## **Specific Course Overviews, Year 1, Semester 2, Blocks 3 And 4**

### **OMED 508: Osteopathic Manipulative Medicine and Lab**

This course in Osteopathic Manipulative Medicine builds on prior cognitive and psychomotor skills acquired in OMED 500 and OMED 504 to refine and advance OMM diagnosis and treatment abilities. Students receive further instruction in osteopathic considerations, diagnosis, and treatment of the upper extremity, lower extremity, pelvis, and sacrum. Integration with the general clinical examination and treatment applications are emphasized during each session. Key material from OMED 500 and OMED 504 is reviewed. Additional Soft Tissue, Counterstrain, Articular, Muscle Energy, Lymphatic, and Chapman Point treatments are included in the laboratory sessions. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy, clinical skills, OMM,

Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 509: Clinical Skills and Lab**

The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, formulation of a differential diagnosis, laboratory interpretation, patient education and counseling. Block 3 focuses on the musculoskeletal system. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy , clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 513: Foundations of Medical Practice**

OMED 513 Foundations of Medical Practice will focus the students' ability to learn and apply calculations and strategies required to appropriately locate, interpret, and design a research paper. The goal of this course is to provide students with the requisite knowledge to understand the concepts of evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice. OMED 513 focuses on the critical foundational knowledge of epidemiology and population health.

The FMP Scholarly Project format will be discussed with formation of working teams will be proposed at the conclusion of this block.

### **OMED 514: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. This course, and its content, is designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine. During Block 3, students will focus on health care delivery in the United States including topics such as health care financing and regulations, medical trends in US health care and patient centered care.

### **OMED 515: Osteopathic Manipulative Medicine and Lab**

This course in Osteopathic Manipulative Medicine builds on prior cognitive and psychomotor skills acquired in OMED 500, OMED 504, and OMED 508 to refine and advance OMM diagnosis and treatment abilities. Students receive an introduction to the osteopathic considerations, diagnosis, and treatment with HVLA and cranial techniques. Students are introduced to case based learning involving low back pain and postural imbalances in preparation for the second year OMM curriculum placing an emphasis on systems based clinical application. Key material from OMED 500, OMED 504, and OMED 508 is reviewed. Additional Soft Tissue, Counterstrain, Articular, Muscle Energy, Lymphatic, and Chapman Point treatments are included in the laboratory sessions. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy, clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 516: Clinical Skills and Lab**

The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, formulation of a differential diagnosis, laboratory interpretation, patient education and counseling.. Block 4 focuses on the neurosensory and psychiatric systems. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy, clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 517: Foundations of Medical Practice**

OMED 517 Foundations of Medical Practice will focus on research process, ethics, and different types of research and scholarly work. The different types of studies and their related strength of evidence will be discussed in this block to provide students a means of meeting the FMP Scholarly requirement discussed in Block 1.

The FMP Scholarly Project timeline will require final definition of their project/clinical question and their team with submission of their proposal for approval.

### **OMED 518: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. This course, and its content, is designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine. Topics emphasized in Block 4 include end-of-life care, including hospice and palliative care, dealing with bad news, and spirituality in medicine.

### **OMED 570: Musculoskeletal System**

The aim of this course is to provide the student with a comprehensive review of the structure, function, and pathophysiology of the musculoskeletal system. This course emphasizes the integration of basic science concepts with clinical correlations in the diagnosis of musculoskeletal disorders. The course will also introduce medical terminology specific to the musculoskeletal system. Included in this course is an overview of antibiotics and anticancer drugs that will also be a foundation for further organ system studies. The expected outcome of the successful completion of this course is the ability to apply specific knowledge of the musculoskeletal system to the diagnosis and treatment of patients.

### **OMED 579: Neuroscience**

This course is intended to provide first year CUSOM students with an integrated approach to the structure, function and dysfunction of the human nervous system. Basic principles of the anatomy, histology, embryology, physiology, pathology and imaging of the nervous system will be presented in a clinically-relevant context. Upon completion of the course students will be able to recognize common neurological diseases and their underlying causes, and diagnose neurological diseases from the presenting signs and symptoms.

### **OMED 583: Psychiatry**

This course will review clinically relevant topics in psychiatry required to evaluate and treat mental illness using a biopsychosocial model of care. Psychiatric issues seen in primary care settings will be emphasized along with knowledge application to enable the student to appropriately evaluate a patient's mental health, to diagnose disease from the presenting signs and symptoms, and to formulate and appropriate treatment plan.

### **OMED 590: Anatomy and Lab**

Anatomy in Block 3 consists of the study of the upper and lower extremities, and the pelvis and perineum. Teaching methods include cadaver dissection labs, independent study, assigned reading, and clinical correlations with diagnostic imaging. This knowledge will enable the physician to appropriately evaluate the patient's health, as well as in diagnosis of disease, based on presenting signs and symptoms. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy, clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 594: Anatomy and Lab**

Anatomy in this block (Block 4) will provide the CUSOM student with a firm foundation of the structure of the brain, brainstem and the head and neck, with an emphasis on cranial nerve function and distribution. Teaching methods include cadaver dissection labs, independent study, assigned reading, and clinical correlations with diagnostic imaging. This knowledge will enable the physician to appropriately evaluate the patient's health, as well as in diagnosis of disease, based on presenting signs and symptoms. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy, clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **Specific Course Overviews, Year 2, Semester 3, Blocks 5 And 6**

The second year of instruction at CUSOM begins with a continuation of the systems format introduced in the first year and concludes with an integrated transition into the clinical years. Content in the second year is delivered in Blocks 5 through 8. Students will continue to participate in regular clinical case conferences designed to incorporate increasingly complex clinical case material from previous basic science and clinical material. Block 8 includes special content relevant to COMLEX-USA Level 1 passage and entry into the clinical rotations of years three and four.

### **OMED 600: Osteopathic Manipulation Medicine and Lab**

This course in Osteopathic Manipulative Medicine will incorporate and advance osteopathic principles presented in the previous blocks. Students will be introduced to a systems based approach to osteopathic diagnosis and treatment. Integrating viscerosomatic reflexes, evaluation of lymphatic structures,

Chapman points, biomedical knowledge, and osteopathic principles, students will develop an osteopathic treatment strategy for medical conditions commonly encountered in the respiratory and cardiovascular systems. Students will be instructed in balanced ligamentous tension as the exemplar treatment style for this system. Additionally, muscle energy treatment will be the primary technique reviewed to assist the students in maintaining their competence in this form of manipulation. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy , clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 601: Clinical Skills and Lab**

The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, formulation of a differential diagnosis, laboratory interpretation, patient education and counseling. Block 5 focuses on the cardiovascular and pulmonary systems. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy , clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 602: Foundations of Medical Practice**

OMED 602 Foundations of Medical Practice will continue and review and extend the OMED 517 research design and its importance in clinical research studies, the process of assessing a research method's quality and the critical underpinnings of several landmark studies. This will also include introduction to critical appraisal and basics of presenting and discussing current medical literature.

The FMP Scholarly Project timeline will be reviewed and reinforced to provide the students with ample time for successful completion. The final opportunity for adjustment or alteration of project definition and team composition.

### **OMED 603: Professional Core Competencies**

Professional Core Competencies is taught as a continuous didactic course throughout the first and second years, incorporating student-directed learning which may be done both individually and in teams. Block 5 focuses on topics such as communication, medical jurisprudence and professionalism. This course consists of didactic lectures, independent study, and clinical case exercises to enhance the comprehension process. Group activities are utilized to explore issues related to medical humanities. In order to optimize time spent in class, students are expected to be familiar with lecture topic material and assignments posted on Blackboard and complete any pertinent assignments before coming to class.

### **OMED 604: Osteopathic Manipulation Medicine and Lab**

This course in Osteopathic Manipulative Medicine will continue to incorporate and advance osteopathic principles presented in the previous blocks. Students will continue their studies using a systems based approach to osteopathic diagnosis and treatment. Integrating viscerosomatic reflexes, evaluation of lymphatic structures, Chapman points, biomedical knowledge, and osteopathic principles, students will develop an osteopathic treatment strategy for medical conditions commonly encountered in the genitourinary and lymphatic systems. Students will be instructed in facilitated positional release as the exemplar treatment style for this system. Additionally, counterstrain will be the primary technique reviewed to assist the students in maintaining their competence in this form of manipulation. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy , clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 605: Clinical Skills and Lab**

The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, formulation of a differential diagnosis, laboratory interpretation, patient education and counseling. Block 6 focuses on the dermatologic, hematologic, lymphatic, and renal systems. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy , clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.



### **OMED 606: Foundations of Medical Practice**

OMED 606 Foundations of Medical Practice focus on the implementation and integration of evidence-based medicine into daily clinical practice. Formal discussion of the approach to critical appraisal medical literature will be presented as well as the presentation of landmark studies in journal club format.

The FMP Scholarly Project timeline will be reviewed and each project team will be required to provide a progress report in order to ensure successful completion.

### **OMED 607: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. While teaching the art of medicine along with the science of medicine is challenging, this course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students are introduced and continuously exposed to concepts relevant to a professional life in medicine. The Block 6 PCC course focuses on patient safety, medical errors and methods of system improvement in both areas.

### **OMED 610: Cardiovascular System**

This course provides a comprehensive overview of the cardiovascular system including the normal physiology and pathophysiology of important disease states. Radiographic evaluation, electrocardiogram interpretation, electrolyte and fluid balance, neoplasia, infection, and medications related to the cardiovascular system are also covered. The goal of this course is to enable students to develop a clear understanding of both normal and abnormal cardiovascular function along with the differential diagnoses and treatment options of common cardiovascular disease processes.

### **OMED 611: Clinical Applications of Biomedical Sciences I**

The transition from the first year to the second year of medical instruction shifts from a more classroom and lecture/discussion focus, to that of a more clinical focus as seen during clinical rotations. Combined with this is preparation for National Boards, COMLEX-USA Level 1 and, for some students, USMLE Step 1 as well. The Clinical Application of Biomedical Sciences I course is the first of a two-part course offered as a capstone for entry into the third and fourth years of the curriculum.

This course is delivered through self-directed learning and group review/study with assessments provided to highlight key points from specific organ systems and across the continuum of health. The course is designed to integrate and consolidate the content from the first year with the increasing clinical content in the second year while also preparing the student with knowledge and skills required for success during the third and fourth years.

The overall goal of this course is for students to describe, discuss, and integrate the comprehensive assessment/examination of patients with a variety of potential disease processes, both common and uncommon, with the differential diagnosis, pathogenesis, and treatment of those processes.

### **OMED 620: Respiratory System**

This course provides a comprehensive overview of the pulmonary system including the normal physiology and pathophysiology of disease states. Radiographic evaluation, electrolyte and fluid balance, neoplasia, infection, and medications related to the pulmonary system are also covered. The goal of this course is to enable students to develop a clear understanding of both normal and abnormal pulmonary function along with the differential diagnoses and treatment options of common pulmonary disease processes.

### **OMED 631: Hematology**

The Hematology course presents the normal structure and function of the hematopoietic system, the pathophysiology of its disease states and finally, the clinical presentation, pathophysiology, and an approach to the diagnosis and management of hematologic diseases. The course begins with an overview of commonly encountered hematologic disorders. The course is then divided into three parts: the coagulation unit, the red blood cell unit and the white blood cell unit.

The coagulation unit first presents the normal structure and function of the coagulation system, including the laboratory evaluation of coagulation. Next, the unit presents the pathophysiology, genetics, epidemiology and clinical presentation of bleeding disorders and thrombotic disorders.

The red blood cell unit presents the normal structure and function of red blood cells, including their morphology and biochemistry. Next, the unit reviews the common disorders causing polycythemia as well as microcytic, macrocytic and normocytic anemia. The red blood cell unit also covers transfusion medicine, including the processing of blood products used in clinical practice and the recognition and management of transfusion reactions.

Finally, the white blood cell unit begins with the normal structure and function of white blood cells. Next, the unit covers the normal structure and function of the lymphatic system and an overview of commonly encountered non-malignant disorders presenting with clinically palpable lymphadenopathy. The unit continues with an overview of lymphomas, leukemias and plasma cell disorders.

Each unit concludes with clinical case based-application lectures illustrating commonly encountered hematologic disorders and an approach to their diagnosis and management. Integrated throughout the course are special topics in hematology including immunology, pharmacology, pregnancy-related issues in hematology, infectious disease and oncology. To effectively integrate hematology basic science with the clinical evaluation and management of hematologic disorders, the Hematology course includes our own CUSOM faculty as well as guest lecturers who are clinicians from academic and private practice.

#### **OMED 640: Renal System**

This course provides a comprehensive overview of the renal system including the normal physiology, pathology, and pathophysiology of common renal and urologic disease states. Radiographic evaluation, electrolyte and fluid balance, neoplasia, infection, and medications related to the renal and urologic system are also covered. The goal of this course is to enable students to develop an understanding of both normal and abnormal renal and urologic function along with the differential diagnoses and treatment options for common renal and urologic disease processes.

#### **OMED 651: Dermatology**

This course provides a comprehensive overview of dermatology the normal physiology and pathophysiology of common dermatologic related disease states. Imaging and diagnostic evaluation, neoplasia, infection, and medications related to the skin are also covered.

The goal of this course is to enable students to develop an understanding of both normal and abnormal dermatologic function along with the differential diagnoses and treatment options of common dermatologic related disease processes and diseases that include skin manifestations.

### **Specific Course Overviews, Year 2, Semester 4, Blocks 7 And 8**

#### **OMED 608: Osteopathic Manipulative Medicine and Lab**

This course in Osteopathic Manipulative Medicine will continue to incorporate and advance osteopathic principles presented in the previous blocks. Students will continue their studies using a systems based approach to osteopathic diagnosis and treatment. Integrating viscerosomatic reflexes, evaluation of

lymphatic structures, Chapman points, biomedical knowledge, and osteopathic principles, students will develop an osteopathic treatment strategy for medical conditions commonly encountered in the gastrointestinal system. Students will be instructed in Still technique as the exemplar treatment style for this system. Additionally, high-velocity, low amplitude, balanced ligamentous tension and counterstrain will be the primary techniques reviewed to assist the students in maintaining their competence in this form of manipulation. High yield board content will be reviewed through lectures and labs. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy , clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 609: Clinical Skills and Lab**

The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, formulation of a differential diagnosis, laboratory interpretation, patient education and counseling. Block 7 focuses on examination of the endocrine and gastrointestinal systems, the pediatric well-child history and physical exam and the male genital exam. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy , clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 613: Foundations of Medical Practice**

This course provides a broad overview of evidenced-based medicine, epidemiology, research methodology, and experimental design. Students learn and apply calculations and strategies required to appropriately locate, interpret, and design a research paper. The goal of this course is to provide students with the requisite knowledge to understand the concepts of evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice. The student will be exposed to the calculations and strategies required to locate, appropriately interpret, and design a research paper. The goal of this course is for students to grasp the concepts behind evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice. Block 7 discusses quality improvement studies and additional landmark studies, this time with a focus on obesity and diabetes.

### **OMED 614: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. This course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine. Block 7 PCC will incorporate topics including population health, community health and occupational and environmental health. Additionally, there will be a small group discussion of the ethics of bedside rationing of health care.

### **OMED 615: Osteopathic Manipulative Medicine and Lab**

This course in Osteopathic Manipulative Medicine will continue to incorporate and advance osteopathic principles presented in the previous blocks. Students will be introduced to an osteopathic treatment strategy for obstetrical patients and children. High yield board review content will be provided through lectures and labs. Students will also be provided with opportunities to review and refine manipulative techniques previously presented within an integrated osteopathic physical examination. Students will demonstrate their ability to perform an integrated osteopathic physical examination and treatment at a level commensurate with a student entering into clinical rotations. Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy , clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 616: Clinical Skills and Lab**

The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, formulation of a differential diagnosis, laboratory interpretation, patient education and counseling. Block 8 focuses on the reproductive system, including the sexual history, and the female genital and breast examination, and the newborn history and physical examination. Any device capable of capturing still or video images or audio recordings, including

cell phones, are not permitted in any laboratory (anatomy , clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, Early Clinical Experience, clinical rotations, and the student health clinic.

### **OMED 618: Foundations of Medical Practice**

This course provides a broad overview of evidenced-based medicine, epidemiology, research methodology, and experimental design. The student will be exposed to the calculations and strategies required to locate, appropriately interpret, and design a research paper. The goal of this course is for students to grasp the concepts behind evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice. Block 8 is the culmination of the series. Four self-directed learning sessions focus on the definition and history of human subjects' research and crucial ethical considerations. In addition, this Block also provides an opportunity for students to review Biostatistics and Epidemiology/Population Health concepts learned in earlier Blocks.

### **OMED 619: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. This course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine. Block 8 PCC will focus various ethical issues including human sexuality, human trafficking, statutory rape, child abuse/neglect, domestic violence, sexual assault, and pregnancy choices.

### **OMED 670: Endocrine System**

This course offers an in-depth study of the endocrine system including structure and function of endocrine organs, regulatory mechanisms of hormones, etiology and pathogenesis of endocrine disorders, and the diagnosis and management of patients presenting with symptoms of hormone under- or overproduction. Topics addressed include short and tall stature, the diabetic patient, multiple endocrine neoplasia syndromes, and endocrine emergencies. The course consists of didactic lectures, independent study, and case-based modalities. Principles learned will be utilized and applied in concurrent and subsequent courses in the medical curriculum and throughout medical training and practice.

### **OMED 680: Gastrointestinal System**

This course provides a comprehensive overview of the gastrointestinal system including the normal anatomy, physiology and pathophysiology of common gastrointestinal disease states. Radiographic evaluation, neoplasia, infection, and medications related to the gastrointestinal system are also covered. The goal of this course is to enable students develop an understanding of normal and abnormal digestive function along with the differential diagnoses and treatment options of common gastrointestinal disease processes.

### **OMED 690: Clinical Applications of Biomedical Sciences II**

The transition from the first two years of medical instruction that feature a more classroom and lecture/discussion focus, to the more clinical, hands-on focus utilized in the third and fourth years can be challenging for students. In an effort to ease this transition, to review key material necessary for clinical practice, and to integrate the key concepts and processes of the first two years instruction into future clinical practice, the Clinical Application of Biomedical Sciences II course is provided as a capstone for entry into the third and fourth years of the CUSOM curriculum.

This course is delivered as a mix of lecture/discussion review of material, case studies to highlight key points from specific organ systems and across the continuum of health, and group review/study. The course is likewise designed to integrate and consolidate the content from the first two years with requisite knowledge and skills of the third and fourth years. Completion of this course will prepare students for successful application and passage of COMLEX-USA Level 1, and entry into the third year.

### **OMED 695: Reproductive System**

The aim of this course is to provide the CUSOM student with a firm foundation of the structure, function, pathophysiology, pharmacology and clinical relevance of the reproductive system. The student will then be able to use this knowledge to provide thoughtful and competent care to the whole patient by integrating reproductive health needs.

### **OMED 698: Modified Course of Study**

A Modified Course of Study (MCOS) is a credit-bearing, individualized study plan for students who require an alternative educational pathway for reasons such as mandated board preparation, required remediation, illness, leaves of absence, or withdrawals. The Modified Course of Study will be individually designed based upon the student's performance and needs by the respective Associate Dean and approved by the APPS Committee. Students on a Modified Course of Study must agree to and comply with the conditions and schedule of

the Modified Course of Study. Students not following the individualized plan may be placed on Suspension (ineligible for financial aid and not considered an active student) at any time.

### **Rotation Descriptions/Third Year Rotations (MS-3)**

#### **Overview of Clinical Rotation Experiences**

CUSOM students in years three and four are assigned to regional clinical training sites. Clinical rotations occur within hospitals, in ambulatory practices, and in geriatric acute care and long-term facilities. All students will spend time in rural, small, urban and critical access hospitals for a rural/underserved care clinical experience.

The clinical rotations are designed to provide the student with clinical education and experience in the general areas of internal medicine, surgery, pediatrics, obstetrics/gynecology, psychiatry, family medicine, emergency medicine, and geriatrics.

All clinical rotations are under the direct supervision of Campbell University School of Osteopathic Medicine (CUSOM). CUSOM maintains affiliation agreements with all its clinical training sites and will continue to engage hospitals, clinics and physicians to offer diverse training opportunities. Clinical rotations are organized to provide the greatest degree of educational exposure in a practical, clinical environment and the opportunity to develop expertise in the area of patient diagnosis and management.

The clinical rotations provided at each affiliated site, and the number of students assigned to each affiliated site from CUSOM, are determined by mutual agreement with CUSOM, the Associate Dean for Clinical Affairs, the Hospital Administrator(s), Regional Dean, Vice-president for Medical Education (VPME) / Director of Medical Education (DME), Clinical Faculty and the Office for Clinical Affairs.

Whenever possible, CUSOM uses hospitals with accredited postdoctoral programs approved by the Accreditation Council for Graduate Medical Education (ACGME) for postdoctoral training to provide assurance of adequate teaching material and faculty.



## **Rotation Descriptions/ Third Year Rotations (MS-3)**

### **OMED 710 and OMED 712: Internal Medicine (IM) I and II**

The Internal Medicine rotations will expand the student's knowledge and competencies in Internal Medicine by working in a team managing patients in both hospital and outpatient settings. Students will assist in the management of patients under the supervision of attending physician(s) and other members of the interdisciplinary healthcare team, including interns and residents. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **OMED 714: Medical Selective (MS)**

The medical selective rotation is provided to enhance and improve students' knowledge and skills in medical subspecialty areas. Students will be able to expand their general Internal Medicine knowledge and apply it to specialty care. This rotation provides students to select a specialty based on their goals and interests to allow them to receive the maximum benefit from their experience and exposure to specialty care. Related ambulatory experiences will be integrated into this rotation as appropriate to enhance the students understanding of the specialty. The list of currently approved medical selectives is found elsewhere in this Bulletin and final approval by the Associate Dean for Clinical Affairs based on a number of factors, including but not limited to, availability, rotation schedules, and academic performance. The student is expected to participate in all patient care activities, teaching rounds, educational conferences and lectures.

### **OMED 730: Family Medicine (FM)**

The Family Medicine rotation will provide students with the opportunity to begin acquiring an understanding of the unique role of the osteopathic family physician along with the basic knowledge, skills, and attitudes necessary for a family physician to care for patients of all ages. Students will gain these skills, knowledge, and attitudes by engaging in structured learning activities, both in the outpatient and inpatient setting, which will prepare students for a unique role in patient management, problem solving, counseling, and coordination of health care for the individual and the family unit. The student is expected to participate in all patient care activities, teaching rounds, educational conferences and lectures.

### **OMED 750: Obstetrics and Gynecology (OBG)**

The Obstetrics and Gynecology rotation will provide students with an exposure to and understanding of routine OB/GYN care performed in the inpatient and

outpatient setting. Students will gain competency in recognizing both normal and abnormal findings encountered by the practitioner of both obstetrics and gynecology. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

#### **OMED 740: Pediatrics (PED)**

The Pediatrics rotation will provide student exposure to diagnosis and management of pediatric diseases as it applies to newborns, infants, and children. In addition, students will gain knowledge and skill in evaluating normal growth and development of the pediatric patient. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

#### **OMED 760: Psychiatry (PSY)**

The Psychiatry rotation will provide clinical experiences which enable students to acquire the knowledge and skills required to treat behavioral problems, which commonly present in a primary care office while paying particular attention to the stress factors that contribute to emotional dysfunction. This rotation will focus on the importance of the family in relation to individual behavior, and the ability to identify stressing conflicts and communication problems within the family. Students will gain knowledge and experience to care for common psychiatric disorders. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

#### **OMED 780: Rural/Underserved/International Medicine (R/U/I)**

The Rural/Underserved/International Medicine rotation will take place primarily in the outpatient setting and will offer a unique experience to the students because of the unique set of problems and challenges facing the practicing physician in those locales. The goal of this experience is to provide students an opportunity to enhance their knowledge, skills, and attitudes that are essential to a successful and satisfying practice in each of these venues. By developing an understanding of the personnel and material requirements of an R/U/I practice, developing a sensitivity to cultural differences, identifying community medical needs, providing care services, and understanding the physician's role in the community, this rotation will provide a sound grasp of the core competencies. The R/U/I rotation will be evaluated and approved by the Associate Dean for Clinical Affairs based on availability, rotation schedules and academic performance. An international rotation will also need the approval by the Chair of Community and Global Health. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **OMED 770: Simulation Medicine (SIM)**

Through the use of CUSOM's Simulation Center students will participate in a variety of hands-on activities in a safe learning environment that will help them transition into the clinical environment of patient care. Activities include including manikin-based simulation, Standardized Patient simulation, task trainer use, and detailed debriefing sessions. Students will learn many of the common clinical protocols, procedures, and techniques for providing patient care. During this rotation, students will obtain additional exposure to neuromusculoskeletal medicine by way of peer-to-peer interaction, facilitator-led instruction, mentoring, and teaching modules. Learning in the safe environment of simulation allows for self-reflection while ultimately helping to improve patient care, reduce medical errors, and increase patient safety.

Students will be prepared for entry into clinical rotations and through participation in a series of learning models that include, but are not limited to:

- Introduction to rotations
- The hospital environment
- Academic aspects of clinical rotations
- Occupational Safety and Health Administration (OSHA)
- Health Insurance Portability and Accountability Act (HIPAA)
- Electronic health record
- Billing and coding
- Osteopathic documentation
- State-wide core orientation
- Entrustable Professional Activities (EPA)
- Prescription writing and risk evaluation mitigation strategies (REMS)
- Behavior and professionalism in the workplace

Students will be certified in OSHA and HIPAA training upon successful completion of this course.

### **OMED 720: Surgery (SUR)**

The Surgery rotation will provide students an opportunity to learn, recognize, and assist in the treatment of patients with surgical diseases, while also assisting in the patient's treatment and recovery. Students will learn basic surgical procedures, aseptic technique; correct handling of tissues and instruments to assist the surgical team in the pre- and post- operative care and recovery of the patient. Students will learn various surgical techniques and recognize potential risks associated with surgical care. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **OMED 785: Medical/Surgical Selective**

Students will have the opportunity to select from a list of possible rotations in order to attain knowledge and skills in areas of special medical or surgical interest. These rotations will allow students to further enhance their professional development and performance as future osteopathic physicians. Selectives include any medical or surgical specialty and/or a specialty of interest to the individual student upon approval of the Office for Clinical Affairs. Students are strongly encouraged to utilize this time to strengthen areas of weakness and/or obtain a well-rounded education rather than concentrating on one specific area of medicine. All selectives must be patient-care oriented. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Rotation Descriptions/ Fourth Year Rotations (MS-4)**

#### **OMED 850: Emergency Medicine (EM)**

The Emergency Medicine rotation will be hospital-based and focus on the students participating in the delivery of emergency care to a diverse population of patients and the management of major and minor emergencies. Experiences will include diagnosis, management, and appropriate care of patients presenting to the Emergency Department. Students will develop skills for the immediate assessment and management of life-threatening and urgent conditions. Students will perform the initial patient evaluation, under physician supervision, and establish an appropriate plan of care. Students will learn such skills as cardiac life support, airway management, and critical emergency procedures. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

#### **OMED 840: Geriatrics (GER)**

The Geriatrics rotation will use a multidisciplinary approach and engage students in utilizing core competencies. This rotation will address the complex needs of the elderly and emphasize a holistic approach to functional independence, especially in those with a myriad of chronic diseases. This will require the student to interact with physicians, nurses, various social services, occupational therapists, and family members to provide both comprehensive, as well as end of life care for these patients with multiple needs. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **OMED 810, 814 and 816: Medical Selective, Surgical and Primary Care Selective**

There will be three (3) four-week selective rotations in year four. These are one (1) Medical Selective, one (1) Surgical Selective, and one (1) Primary Care Selective. The goal of selective rotations is to enhance and improve students' knowledge and skills in medical and surgical subspecialty areas. It is imperative that students be goal directed in their choice of selectives in order to obtain the maximum benefit from their experiences. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **OMED 860, 862, 864, 866, 868: Elective I, II, III, IV, V (ELEC) – Fourth Year**

Students will have the opportunity to select twenty (20) weeks of elective rotations provided four weeks are done as a Sub-Internship, see OMED 890 above, in order to further advance their knowledge and skills in areas of special medical or surgical interest. These rotations will allow students to further focus their professional development and performance as future osteopathic physicians. Students are strongly encouraged to utilize this time to choose electives at sites with residency programs of interest, strengthen areas of weakness or obtain further training that will help them transition into residency. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

Independent study electives will also be available to enhance student learning during the fourth year. They will immerse the student in a learning environment without the restrictions of a live, clinical rotation attendance policy. Students are permitted to do two (2) of these independent study electives in their fourth year.

### **OMED 870: Residency Development (RD)**

Students participate in a series of learning models that prepare, refine, and measure students' acquisition of knowledge and skills required during fourth year clinical rotations and beyond. Areas include refining approaches to the humanistic and biomedical domains of a patient encounter, approaches to leadership within the medical setting, and specific preparation for application to residency. The summative assessment (e.g., OSCE) yields critical information in determining the students' acquisition of knowledge and skills to prepare for standardized examinations and ultimate clinical care. Such assessment will evaluate critical thinking, decision-making, and problem-solving skills expected to develop during the third-year clinical rotations. This exercise will allow the Office of Clinical Affairs to further identify individuals who may need special emphasis or remediation to prepare for national licensing examinations and the

fourth year. This process allows students to achieve a level of competency of knowledge and clinical skills for the completion of the fourth-year graduation requirements and transition to residency.

#### **OMED 880: International/Underserved Rotation**

The International/Underserved Medicine rotation will take place in the outpatient and hospital settings and will offer a unique experience to the students because of the distinctive set of problems and challenges facing the practicing physician in those locales. The goal of this experience is to provide students an opportunity to enhance their knowledge, skills, and attitudes that are essential to a successful and satisfying practice in this setting. By developing an understanding of the personnel and material requirements of an I/U practice, developing a sensitivity to cultural differences, identifying community medical needs, providing care services, and understanding the physician's role in the community, this rotation will provide a sound grasp of the core competencies. The I/U rotation will be evaluated and approved by the Associate Dean for Clinical Affairs and the Chair of Community and Global Health, based on availability, rotation schedules, and academic performance. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

#### **OMED 890: Elective Sub-Internship (SUB I)**

This rotation is generally pursued in the field appropriate to the student's career interest. Students will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending physicians. Subsequent management will be the responsibility of the student in conjunction with the resident and attending physicians.

Students will write daily progress notes, perform indicated procedures on their patients, and interact with consultants and ancillary services as appropriate. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

#### **OMED 892: Primary Care Sub-Internship (SUB I)**

This rotation is pursued in the Primary Care field. Students will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending physicians. Subsequent management will be the responsibility of the student in conjunction with the resident and attending physicians.

Students will write daily progress notes, perform indicated procedures on their patients, and interact with consultants and ancillary services as appropriate. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

#### **OMED 894: Medical Selective Sub-Internship (SUB I)**

This rotation is pursued in the Medical Selective field. Students will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending physicians. Subsequent management will be the responsibility of the student in conjunction with the resident and attending.

Students will write daily progress notes, perform indicated procedures on their patients, and interact with consultants and ancillary services as appropriate. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

#### **OMED 896: Surgical Selective Sub-Internship (SUB I)**

This rotation is pursued in the Surgical Selective field. Students will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending physicians. Subsequent management will be the responsibility of the student in conjunction with the resident and attending.

Students will write daily progress notes, perform indicated procedures on their patients, and interact with consultants and ancillary services as appropriate. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **APPROVED ELECTIVES:**

#### **Anesthesiology**

This rotation provides the student with a broad and comprehensive exposure to Anesthesiology. Each student will be involved with all aspects of the pre-, intra-, and post-operative care of patients under direct clinical supervision. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

#### **Emergency Medicine**

This rotation builds on the introduction to the Emergency Medicine and exposes students to trauma and greater complexities of emergency care. The student will be assigned more complex patients where their advanced diagnostic skills will allow them evaluate patients, form a differential diagnosis, and diagnose and assist in the treatment of the acutely ill patient. Students will also have the opportunity to manage several patients simultaneously, participate in medical triage and care for patients suffering from traumatic injuries. The student will be assigned to various shifts ensure they achieve a diverse experience. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Family Medicine**

The Family Medicine elective will allow students to expand their involvement in patient care and enhance their experience with primary care. The student will receive a well- rounded understanding of the day-to-day operations of a family practice. Students will be given the opportunity to evaluate patients and carry out appropriate treatment under the guidance of physician faculty. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Cardiology**

This is an elective rotation within the Internal Medicine department. This rotation will emphasize physical diagnostic skills, and therapeutic cardiac procedures as related to the cardiac care of the patient. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Critical Care/Intensive Care**

This rotation provides the student with experience in ventilator management, as well as hemodynamic monitoring. Students will be involved in the initial diagnostic work up and evaluation of each patient admitted to the ICU. The student will be required to make rounds with the ICU physician daily or more frequently as needed. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Gastroenterology**

This is an elective rotation within the Internal Medicine department. The student will learn and be given the opportunity to formulate a differential diagnosis by assimilating clinical findings, lab results and procedures. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **General Internal Medicine**

The General Internal Medicine elective rotation will expand the student's knowledge and competency in Internal Medicine by working as a team with the intern and resident physicians in managing hospitalized patients. Students will oversee the management of patients under the supervision of the attending physician. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.



### **Medical Spanish (Independent Study)**

This independent study elective will introduce conversational and medically relevant Spanish phrases and terminology for the healthcare professional with limited proficiency in Spanish. Upon completion of this course, students will be able to greet the patient and introduce themselves and other members of the medical team to the patient, interpret basic responses from the patient, communicate and identify basic anatomical terminology, take a basic history of the present illness to determine the chief complaint and relevant information, conduct a general physical exam and communicate key findings to the patient.

### **Pulmonology**

This is an elective rotation designed to combine bedside rounds and teaching in the pulmonary laboratory. Students will learn to correlate pulmonary function tests with clinical findings. The student will participate in bronchoscopy and gain knowledge in diseases such as COPD, pneumonia, pulmonary fibrosis, asthma, ARDs, and other pulmonary conditions. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Pathology/Laboratory Medicine**

This elective rotation provides the student the opportunity to understand how lab tests are ordered and utilized most effectively in evaluating patients. The student will observe day-to-day operations of the lab, such as clinical chemistry, hematology, microbiology, blood bank and immunology. The student will become familiar with the various tests available and develop appropriate test ordering skills. The educational format will include review of test profiles, analysis of other laboratory data and clinical case studies with an emphasis on cost effective laboratory utilization. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Nephrology**

This elective rotation provides the student with the opportunity to learn the basic principles of evaluation and management of clinical renal syndromes and hypertension. An emphasis will be placed on the recognition, evaluation, and treatment of acid-based and fluid electrolyte disorders. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Osteopathic Manipulative Treatment**

This elective rotation will advance the student's application of osteopathic principles and treatment. The rotation will incorporate medical and structural exam findings, objective criteria and techniques to treat somatic dysfunction.

Evaluation of students by attending physicians is performed during patient care on a regular basis in order to affirm competency. The student is expected to participate in patient care, teaching rounds, educational conferences and lecture/lab sessions.

### **Ophthalmology**

This elective rotation will expose the student the basic knowledge of examination and diseases of the eye. The student will gain basic information regarding treatment and triage of diseases and injuries of the eye. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Orthopedic Surgery**

The objective of this rotation is to give the student the opportunity to gain a better understanding of the structure and function of the musculoskeletal system. The student will take part in consultations, rounds, surgical procedures and post-operative care. The student will also have the opportunity to participate in trauma cases in the emergency department. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Psychiatry/ Behavioral Health**

This elective rotation provides students with a more advanced knowledge base and experience in the assessment and treatment of psychiatric patients. The student works with the attending physician in both inpatient and outpatient settings. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Radiology**

During this rotation, students expand their knowledge with respect to radiographic procedures, anatomy and physiology of organ systems and pathologic processes as shown on diagnostic radiology studies. Students will expand their ability to select procedures most appropriate in the diagnoses of their patients. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Radiology (Independent Study)**

This independent study elective utilizes a significant amount of online module learning to help students develop a basic understanding of the principles and applications of medical imaging. The course focuses on a patient-centered approach to imaging and helps students build clinical problem-solving skills by utilizing the American College of Radiology Appropriateness criteria.

### **Research (Independent Study)**

The goal of this independent study elective is to provide the student an opportunity to engage in mentored hands-on research and scholarly activity to enhance evidence-based thought processes. This rotation is open to novice or experienced researchers. The research and scholarly activity can assume different types and includes, but is not limited to, a retrospective chart review study, survey study, meta-analysis, critical literature review, case report, quality improvement project, medical education topic, basic science discoveries, or a clinical investigation. A student can be engaged in various parts of the research process. Institutional Review Board approval is necessary for research and some types of scholarly activity.

### **Surgery/General**

Through participation in this rotation, the student will increase their knowledge base in preoperative, intra-operative and postoperative care. They will be working under the direct supervision of residents and attending physicians to learn/apply operative techniques, anatomy, physiology, and pathology. The student also has an opportunity to expand his/her manual skills while assisting in surgery. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Surgery/Vascular**

After completion of a General Surgery rotation, students may elect to do a Vascular Surgery rotation. In addition to assisting in surgery, the student will also partake in daily rounds, consults, and time spent in the surgeon's office. This rotation will expand on previously-learned surgical skills, giving the student an opportunity to work with the vascular surgeon. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

### **Surgery/Plastic and Reconstructive Surgery**

This is a fourth year surgical selective and the student must have successfully completed a General Surgery rotation. The training in this area will include repair, replacement, and reconstruction of defects in form and function. Emphasis will be placed on multiple components of plastic and reconstructive surgery, such as skin and soft tissue tumors, hand surgery and aesthetic surgery. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

The most up-to-date list of elective and selective rotations, along with their course descriptions and syllabi are maintained on the MYCUSOM intranet.

## **6.5 Curricular Integration of OPP and OMM**

CUSOM provides opportunities for integration of osteopathic philosophy, principles, and practices, including didactic and hands-on activities, through all four years of the curriculum. A standardized, competency-based syllabus format is utilized to deliver OPP and OMM throughout the first and second years of the curriculum in the following manner:

### **Year One**

Each student will receive a minimum of ½ day per week of lecture and hands-on OMM instruction under the supervision of an American Osteopathic Board of Neuromusculoskeletal Medicine Board certified physician and with the assistance of DO faculty table facilitators (approximate faculty to student ratio 1:10).

The first year courses will begin with the history of osteopathic medicine, research efforts in osteopathic medicine, body landmarks, and the introduction of anatomical and physiological principles of osteopathic medicine. Students will also learn the neuromusculoskeletal basis of disease and how it integrates with basic sciences such as anatomy, physiology, biochemistry, etc... In addition, students will learn and practice various osteopathic manipulative treatments such as soft tissue techniques, muscle energy, counterstrain, high-velocity, low amplitude (HVLA) and myofascial release techniques to manage certain disease states.

### **Year Two**

Each student will receive a minimum of ½ day per week of lecture and hands-on OMM instruction that is under the supervision of an American Osteopathic Board of Neuromusculoskeletal Medicine Board Certified physician and with the assistance of DO faculty table facilitators (approximate faculty to student ratio 1:10).

Throughout the second year, students will gain a deeper understanding of body system dysfunction and homeostasis and the role of osteopathic manipulative medicine in managing disease entities throughout the various body systems. Students will become more adept at utilizing these skills in managing all stages of patient care through infancy, adolescence, geriatrics, and pregnancy.

The OMM lab will also provide students with a regular review of common techniques used to manage conditions such as short lower extremity, tension and migraine cephalgia, and cervical/thoracic/lumbar dysfunctions.

## **Years Three and Four**

CUSOM has taken a structural, rather than a functional, approach to osteopathic (OMM) integration in the clinical years. The assessment of the cognitive learning and practical application of osteopathic manipulation will consist of evaluation and assessment of students' psychomotor learning through practical hands-on and oral evaluations under the supervision of clinical faculty. This method of assessment will assist students in their preparation for both the COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE.

Participation in "hands on" OMM experiences is included during the third- and fourth-year clinical rotations, Call Back Fridays and Residency Development month. Osteopathic education plays a key role in the entire curriculum and students will gain an understanding of the osteopathic profession regarding all aspects of healthcare.

OMM Comprehensive Osteopathic Medical Achievement Test (COMAT) Requirement: Osteopathic manipulative medicine reading assignments are included in each of the relevant core clinical rotations throughout the course of the third year of training. Students are required to complete these reading assignments concurrently with all other assigned modules for each clinical rotation. The information contained in the OMM reading assignments are assessed using the OMM COMAT scheduled during Residency Development Month. Students are required to take and pass the OMM COMAT defined as achieving a score within two (2) Standard Deviations of the mean.

Osteopathic medical knowledge consists of:

- Concepts basic to osteopathic healthcare including: the self-healing tendency/processes, the unity of the organism in its environment, and the indications and application of osteopathic diagnostic and therapeutic manipulative processes, and when and how to apply them.
- The philosophy and principles of osteopathic medicine.
- The history, growth, and development of the profession.
- The effects of growth, development, and aging on the musculoskeletal system (normal and variations of normal).
- Topical anatomy and neuroanatomy correlated with structural anatomy.
- Anatomical structures and their inter-relationships within the musculoskeletal system.
- Most frequently encountered structural anomalies and functional abnormalities in the musculoskeletal system at each age group.
- Somatic changes which occur as a result of distant disease processes and the relationship of these changes in delaying the resolution of the disease process.

- Musculoskeletal evaluation assessment techniques suitable for each age group and situation.
- Primary somatic changes resulting from anatomical syndromes and their relationship to other syndromes.
- The applications of osteopathic philosophy and principles in special situations within the life cycle.

Students will develop a deeper understanding of the following osteopathic principles:

- The relationship of the philosophy and principles of osteopathic medicine to concepts of health and disease.
- The relationship of the philosophy and principles of osteopathic medicine to patient management.
- The relevance of the philosophy and principles of osteopathic medicine to situations in each of the various specialty-specific conditions.
- The impact of the philosophy and principles of osteopathic medicine on the practice of sub-specialty areas of medicine.

During the third- and fourth-year, students are required to demonstrate knowledge and/or skills related to the following areas:

- Application of basic osteopathic concepts to healthcare (diagnosis, treatment, variations, and indications).
- Use of osteopathic manipulative techniques in diagnosing/treating problems in special situations (e.g., pregnancy, labor, pediatrics, surgery).
- Identifying indications/contraindications for osteopathic manipulative techniques in situations unique to the various specialties.
- Utilizing a variety of techniques in osteopathic manipulative medicine applied/ adjusted to the unique needs of the individual patient (e.g., in terms of age, development, disorder, body habitus).
- A recognition of the relationship of disease/disorder of the musculoskeletal system to total well-being.
- Writing of appropriate orders and progress notes relevant to the use of osteopathic manipulative treatment.

During clinical rotations, students are required to return to CUSOM on the last Friday (Call Back Friday) of the following core clinical rotations: Family Medicine, Internal Medicine II, Obstetrics, Pediatrics, Psychiatry, Surgery and Emergency Medicine. During these sessions, students take end-of-rotation exams, participate in clinical skills and OSCE experiences, and attend a variety of professional seminars conducted. Students returning from their pediatric and psychiatry rotations are also required to participate in Osteopathic Principles and Practice OSCE sessions. Full attendance and participation for the entire day is **MANDATORY. Call Back Friday sessions typically run from 8am–5pm; therefore students should NOT make any travel plans prior to 5pm.**

On each Call Back Friday, students take a COMAT or comparable exam (for designated rotations) from 8am-noon. During the afternoon sessions, which typically run from 1pm-5pm, students participate in clinical skills, OSCEs (including OMM specific OSCEs) and Simulation lab activities relevant to the student's upcoming clinical rotation or other educational session as described above. During fourth-year clinical rotations, students are required to attend and actively participate in a minimum of two (2) on-campus Call Back Friday Simulation/OSCE workshops during Residency Development Month and emergency medicine required rotations. Students are encouraged to attend additional Call Back Friday OMM workshops. During Residency Development Month, students are required to perform an OMM specific OSCE in a simulated outpatient setting. Students returning to campus to take their core emergency medicine end-of-rotation exam are required to attend an OMM workshop structured to help them develop strategies for integrating OMM into their post-graduate education.

## **7. EDUCATIONAL RECORDS**

### **7.1 Policy statement on student information and educational records**

It is the policy of CUSOM to release certain directory information of CUSOM students in compliance with the Family Educational Rights and Privacy Act (FERPA; 42 USCA 1232g, as amended). Under the provisions of this law, students in post-secondary education have the right to inspect and review their school records, as defined by law. Other than for "Directory Information," see:

[www.campbell.edu/registrar/family-education-rights-and-privacy-act-ferpa/](http://www.campbell.edu/registrar/family-education-rights-and-privacy-act-ferpa/)

Campbell University will release information only with the student's written consent or in compliance with federal law and regulation.

The CUSOM Registrar's Office will maintain a locked fireproof cabinet in a secure, locked room for the safekeeping of all CUSOM student academic records.

In addition, CUSOM has a secure, confidential, and onsite computerized record system with offsite secure network backup. All items entered into this system are retained as a part of the student's permanent record. The student's permanent record contains his/her transcript from CUSOM, transcripts and transcript evaluations from other educational agencies attended by the student, secondary school transcripts, Standardized test scores, the student's application for admission, general correspondence with the student, and if applicable, letters concerning misconduct. Upon appointment with the Registrar, a student may examine their transcript and contents of their permanent record. University officials with access to the student's educational records are the President, Provost, Academic Deans, Registrar, Director of Student Affairs, and designees of these University officials with a legitimate educational interest in the record.

Campbell University guarantees each student certain rights in compliance with FERPA. These include the right to or protection from:

- "Inspect and review their education records."
- "Challenge in a hearing the content of their education records, to ensure that they are not inaccurate, misleading, or in violation of their privacy rights."
- "Be granted an opportunity to correct or delete any inaccurate, misleading or inappropriate information contained in their education records."
- "Nondisclosure without prior consent of their educational records, or of any information in those records that could reasonably reveal the eligible student's identity." FERPA does allow nonconsensual disclosures of education records under specific limited circumstances.



- “Request nondisclosure of directory information without prior consent.” (Source: The FERPA Answer Book for Higher Education, 2009 Wiley Periodicals, Inc.) Campbell University will receive and consider any eligible student’s request to exercise these rights. Eligible students requesting hearings concerning amendments must make these requests in writing.

The health and safety emergency exception which states that the institution may disclose personally identifiable information from an education record to appropriate parties including parents in connection with an emergency if knowledge of the information is necessary to protect the health and safety of the student or other individuals.

More information can be found at:

<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>

## **8. FACILITIES AND CAMPUS POLICIES**

### **8.1 Campus Safety and Emergency Services**

The Campbell University Campus Safety Office is composed of both Harnett County Law Enforcement and University personnel. Through a contracted relationship with the Harnett County Sheriff's Office, a Sheriff's Department Captain currently serves as the Director of Campus Safety. A substation of the Harnett County Sheriff's Department is headquartered in the University's Campus Safety Office on Leslie Campbell Avenue.

Deputies are assigned for the purpose of providing 24-hour-a-day, seven-day-a-week police protection of the entire University campus including CUSOM. Campus Safety officers will provide coverage on the medical school property for lockup, unlocking and emergency response utilizing onsite personnel.

The Campus Safety Department maintains the safety and physical security of the campus through enforcement of local, state, and federal laws. It also conducts crime prevention awareness programs. Additionally, it establishes and enforces traffic and parking regulations.

There are four (4) emergency stations strategically located in the CUSOM parking lots. They are connected directly to Campus Safety.

Campus Safety may be reached at:

<http://www.campbell.edu/life/campus-safety/>

Campbell University recommends contacting extension 1-9-1-1 (on-campus) and 9-1-1 (off-campus) for emergencies.

Main Campus Safety phone numbers (for non-emergencies):

- |                          |                |
|--------------------------|----------------|
| • On-Campus              | Extension 1375 |
| • Off-Campus             | (910) 893-1375 |
| • TDD (hearing impaired) | (910) 893-1912 |

Additional services phone numbers:

- Leon Levine Hall of Medical Sciences (Security) (910) 893-1804
- Smith Hall of Nursing and Health Sciences (Security) (910) 893-4026
- Campbell University Parking (910) 893-1550  
<https://www.campbell.edu/campus-safety/parking/>
- Campbell University Community Health Center (910) 893-1560
- Dr. Daniel Marlowe, Director of Behavioral Health (914) 814-4959  
<https://www.campbell.edu/health-center/services/behavioral-health-services/>
- Dr. Jeffrey Krepps, Assistant Director of Behavioral Health (910) 893-1741  
<https://www.campbell.edu/health-center/services/behavioral-health-services/>
- Dr. Susan Stanton, Director of Clinical Services (910) 893-7830  
<https://www.campbell.edu/health-center/services/behavioral-health-services/>
- Samantha Turnipseed, Behavioral Health Clinician (910) 893-1780  
<https://www.campbell.edu/health-center/services/behavioral-health-services/>
- StudentLinc Counseling <https://www.mystudentlinc.com/>
- Carolinas Poison Control Center (800) 222-1222
- Harnett Health System (910) 892-1000
  - Betsy Johnson Regional Hospital, Dunn
  - Central Harnett Hospital, Lillington
- Harnett County Sheriff's Department (910) 893-9111
- Sexual Assault Family Emergency-SAFE of Harnett County (910) 893-7233

## 8.2 Health Services

CUSOM students are able to utilize the Campbell University Health Center for confidential medical and confidential personal health concerns. Student Health Center office hours are published and distributed to students at the start of each academic year and may be found online at:

<https://www.campbell.edu/health-center/>

All students are required to have health insurance at the time of matriculation and maintain health insurance coverage through graduation. Students are required to either enroll in Campbell University's health insurance plan (<https://www.campbell.edu/students/student-health-insurance/>) or provide proof of active health insurance coverage obtained through another company. Students without active health insurance coverage will not be permitted to participate in any patient care clinical activities.

For medical emergencies and after-hours health care, students are encouraged to access appropriate care as warranted by their situation which may include local urgent care facilities, Emergency Departments and Emergency Medical Services. In an emergency, students should access EMS and the 911-dispatch system.

If students on clinical rotations away from CUSOM need health services, they should refer to the site-specific or rotation-specific guidelines for incident reporting and accessing health care found in the Clinical Rotation Manual.

Further information may be found at:

<https://www.campbell.edu/health-center/>

### **8.3 Weapons**

The use, possession, carrying, or discharging of any weapon as defined and prohibited by North Carolina Law (NCGS §14-269.2) on the campus of Campbell University, any of its extended campuses, or in conjunction with any curricular or extracurricular activity sponsored by the University is prohibited unless otherwise permitted by the Board of Trustees.

Firearms are prohibited on the campus or in any building owned and operated by Campbell University, except those carried by on-duty law enforcement personnel. Knives, bows and other weapons are also prohibited.

Students who violate this policy are subject to disciplinary action up to and including Suspension or Dismissal from the program.

### **8.4 Smoking Policy**

Smoking or use of any tobacco product is prohibited in all University-owned buildings. There is to be no smoking or use of any tobacco products within fifty (50) feet of any building entrance, including doors, windows, and air-intake systems. There will be no smoking or use of any tobacco products in any University vehicle. Tobacco users will properly dispose of any waste products in the proper manner. The Health Sciences Campus is a tobacco-free campus.

### **8.5 Alcohol and Drugs**

Alcoholic beverages may not be served or consumed on the CUSOM campus and the illegal use or abuse of drugs or alcohol will not be tolerated whether on or off campus.

Consistent with its Mission, CUSOM will utilize educational strategies as the primary approach to substance abuse regulations, prevention and treatment. However, any violation of local, state, or federal laws will be subject to prosecution to the fullest extent of the law and school policy. Students who violate this policy are subject to disciplinary action up to and including Suspension or Dismissal from the program.

## **8.6 Library and Facilities**

CUSOM students and faculty are served by two libraries: Wiggins Memorial Library and Campbell University Medical Library. Wiggins Memorial Library and Campbell University Medical Library work cooperatively to collect and curate an extensive electronic medical library. Thanks to this digital collaboration, CUSOM students enjoy access to an outstanding and constantly evolving electronic collection which includes thousands of full textbooks, journals, databases, videos, diagnostic decision support programs and other evidence-based resources.

Wiggins Memorial Library, which is located on Campbell's main campus, is a busy and important hub of campus life. Its extensive collection includes thousands of books, journals, multimedia resources, databases and microforms. In addition to full-service reference services, Wiggins provides computer access, copier/printers, quiet study space and meeting rooms. When the CUSOM Medical Library is closed, Wiggins

Memorial Library has an overnight study area available. Wiggins Memorial Library also houses the College of Pharmacy and Health Sciences' Drug Information Center and a full-service Starbucks.

The 2,190 square foot Campbell University Medical Library is conveniently located on the second floor of the Leon Levine Hall of Medical Sciences, adjacent to the lecture halls. The Medical Library provides CUSOM students and faculty individualized research training and assistance, and is staffed by medical librarians who work directly with the main campus library.

The print collection consists of authoritative textbooks and journals in major biomedical and medical disciplines as well as a small collection of newspapers and general interest magazines. The Medical Library also provides copier/printers, quiet study space and desktop computers for use by students and faculty.

The Medical Library integrates library and student computer lab functions and maintains sufficient computer technology to support electronic resources available through the digital library. The digital library includes access to licensed internet resources, including full-text e-journals, electronic textbooks, bibliographic databases, streaming videos, clinical simulations, diagnostic decision support programs and evidence-based clinical information systems, as well as access to selected Web resources by subject. The digital library is available to all students during all four years of training to allow for consistency and availability of the teaching resources on clinical campuses. Additional information concerning the CUSOM Medical Library may be found at:

<https://medicine.campbell.edu/student-experience/location-facilities/medical-library/>

## **8.7 CUSOM Information Technology and Educational Resources**

The Acceptable Use Policy for Information Technology (IT) and Network Resources at CUSOM provides, promotes, and establishes the secure, ethical and legal use of data, devices, and electronic communications for all constituents of the institution. This includes staff, faculty, students, alumni, and guests. It is governed by institutional policies, as well as local, state, and federal laws relating to security, copyrights, and other statutes regarding electronic media. Please refer to institutional policy on the Campbell University web site at:

<https://www.campbell.edu/student-services/computing-services/policy/>  
for full disclosure.

## **8.8 Information Technology Resources and Computer Information CUSOM Helpdesk**

The CUSOM Helpdesk is staffed by a technical support team that provides prompt, knowledgeable and courteous computing support services over the phone, in person, and via email to the CUSOM community. The Helpdesk aims to resolve 80% of all interactions on the first call. If this is not possible, the inquiry is either escalated to another staff member or staff provides alternative referrals or resources. If the problem or request concerns an unsupported operating system, hardware, software, or service, staff will do their best to suggest other avenues of support.

### **Student Responsibilities**

When students contact the Helpdesk, they should:

- Be prepared to spend the time required to resolve the issue
- Be at the computer for which they are asking help
- Have their Campbell ID and phone number available
- Abide by the Helpdesk policies as stated by the Helpdesk Specialist

### **Helpdesk Contact Information**

The Helpdesk may be contacted by calling (910) 893-7911 (or extension 7911 on campus), sending an e-mail to [cusomhelpdesk@campbell.edu](mailto:cusomhelpdesk@campbell.edu) or stopping by the IT workroom (Room 171) in the South building of Levine Hall. The Helpdesk web page is available at:

<https://www.campbell.edu/information-technology-services/help-desk/>

### **Helpdesk Staff Availability and Response Time**

The Helpdesk is staffed from 7:30 am to 5:30 pm Monday through Friday.

If a Helpdesk Specialist is not immediately available via telephone, the customer may leave a voice mail message or access the Helpdesk via email or through the website. Voicemail received during normal business hours are generally responded to within two (2) hours. At times, there are University-wide issues that may cause heavy call volumes and prevent staff from responding within the standard timeframe.

The Helpdesk is available on a limited basis after hours. Support calls and emails received outside normal hours will be addressed as soon as possible.

## **Email and the Internet**

Campbell University provides email and Internet access to faculty, staff, and students for educational and research purposes. The Campbell University Technology Usage Policy outlines the expectations for and restrictions of using these and other forms of electronic communication while on the Campbell University Network.

<https://www.campbell.edu/information-technology-services/acceptable-use-policy/>

Student email accounts and Internet system provided by Campbell University are the property of Campbell University, and use is by the permission of Campbell University.

Prohibited uses of the email and/or Internet system include: commercial (for-profit) activities; the unauthorized acquisition, reproduction, or use of computer software; disruption or interference with network operations; or attempts to gain unauthorized access to network segments through “hacking.” Attempting to engage in software piracy, copyright infringement, email abuse, or for-profit ventures may be investigated by law enforcement officials.

The University monitors traffic on its email and Internet system and, at random, searches the Internet for references to Campbell University. The University employs programs to block the reception of sexually explicit and inflammatory material over the campus access network.

Vulgarity, obscenity and lewdness, profanity and threatening or abusive language are some examples of unprofessional behavior which may constitute a violation of the CUSOM Honor Code.

Students should avoid representing themselves in any way as agents of the University or using the University’s name in a manner that would imply an endorsement of their personal views or activities. University branding and/or the Campbell University name cannot be used for external or personal blogs or

websites (i.e. any site that is outside of the campbell.edu domain) as this is a violation of University licensing, copyright, and trademark policies.

<https://www.campbell.edu/university-communications/>

### **CUSOM Intranet (MYCUSOM)**

The CUSOM Intranet, **MYCUSOM**, is a portal for information and engagement for the CUSOM community located at the following address:

<https://cuhealth.campbell.edu/mycusom/>

This site contains useful tools and information, including, but not limited to calendars, policies, forms, links to resources, and many other tools to assist students, faculty and staff in optimizing daily activities.

### **Information Technology**

The Internet connection is provided as a privilege, not a right. It is the student's responsibility to adhere to all University policies. The network facilities are for the use of Campbell University students, faculty and staff and are limited to educational, academic, research and business purposes of the University only. Campbell University reserves the right to alter access, and availability of access, at any time and for any reason.

Students may not use any software or hardware designed to disrupt the security of the campus network or any devices attached to the network. Likewise, students may not engage in any activities designed to interrupt or intercept the network traffic of other users.

#### **Students may not:**

- Use University resources to support personal business interest(s).
- Sell or provide access to Campbell University networks to outside sources.
- Use University connections to engage in software piracy, copyright infringement, email abuse, other illegal activities and/or for-profit ventures. Any violation of these regulations may be investigated by law enforcement officials.
- Activate any type of shared file service or access to their personal computer by anyone other than themselves.



### **Informational and Technology Guidelines:**

- Students must respect the priority of academic use of the University network.
- Students are personally responsible for any activities originating from their network connection.
- Students are responsible for their personal computer's hardware and software.
- Students must maintain updated virus protection.
- Students are encouraged to contact the helpdesk if they need help choosing or installing a subscription-based antivirus program.
- Students running Windows XP/Vista/Windows 7 & 8 must enable the Windows firewall.
- All computers, regardless of OS, must be set to receive Automatic Updates from the OS manufacturer.

Campbell University assumes no liability for data loss or equipment damage pursuant to a student's use of a University data port. Precautions for natural disasters are the student's responsibility.

The use of the University's information resources on campus is governed by the policies and regulations as outlined in this document and those regarding student conduct found in the Academic Bulletin and as posted at:

<https://www.campbell.edu/information-technology-services/>

Violations of these regulations will be reported to the appropriate dean and/or department with appropriate disciplinary action to be taken.

If a student has reason to believe another user or group of users is interfering with access to the University network, he/she must report the problem to the Office of Student Affairs. Campbell University/CUSOM administrators will investigate and, if necessary, take corrective action.

Campbell University reserves the right to monitor traffic through any data connection for the purpose of checking compliance with this agreement.

Wireless broadcasting devices of any kind may not be used in any Campbell University building. Such devices including but not limited to wired or wireless routers and access points will be confiscated and the student may lose his/her network privileges if found in violation of this policy.

By connecting a computer, or other device, to the Campbell University network, students agree to abide by the terms and conditions set forth above. Students must signify that they have read and will abide by the terms of the Campbell University Acceptable Network Usage Policy and must accept this policy to use

the Campbell University network. The Acceptable Use Policy is posted on the University's policy web page, and information concerning the University's Information Technology Services can be accessed at:

<https://www.campbell.edu/information-technology-services/>

Informational Technology assistance may be accessed through the CUSOM IT Department, or through the following:

[cusomhelpdesk@campbell.edu](mailto:cusomhelpdesk@campbell.edu)

<https://www.campbell.edu/information-technology-services/help-desk/>

Extension 7911

(910) 893-7911

1-(800) 334-4111 Ext: 7911

## **8.9 Information Access and User Privacy**

### **Private Machines Connected to the University Network**

Electronic mail (email) and other information passing over the University network, including information stored in user accounts and computers, are considered to be private and confidential. Although this type of information must be accessed by system personnel for the purpose of backups, network management, etc., the content of user files and network transmissions will not be viewed, monitored, or altered without the express permission of the user except in the following circumstances:

- The University has reason to believe that an account or system has been breached and is being used by someone other than the authorized user.
- The University has received a complaint that an account or system is being used to gain unauthorized access or to attempt to gain unauthorized access to another network site.
- The University has reason to believe than an account or system is being used in violation of University policy or federal or state law.

Under these circumstances the university may authorize system support personnel to monitor the activities of a specified account or computer system and to search electronic information stored in that account. The authority for this search must be requested on an account-by-account basis, and monitoring will be restricted to the specified account. If this search provides evidence of violation, the account will be disabled and action taken with appropriate authorities.

It will become increasingly possible for computer systems owned by students, staff, or faculty to be attached directly to the Campbell network via on-campus attachment or off- campus VPN services. The owner of a personal machine or

device may use that machine at his or her discretion; however, the use of the University network is subject to all of the policies stated in this document.

- The owner of any device or machine connected to the Campbell network is responsible for the behavior of all users of that machine and for all network traffic to and from the machine. Campbell maintains no responsibility or liability for loss of data or hardware corruption on personal computer systems.
- A private machine or device connected to the University network may not be used to provide network access to individuals who would not otherwise have access through official Campbell channels. The private machine may not be used to redirect data to other networks, nor may it serve in any way as an electronic gateway to non-University affiliated systems.
- Private machines or devices may not use the University network for commercial gain or profit.
- Neither Campbell owned nor private computers or electronic devices may be used to serve files through any protocol (http, ftp, email, file sharing, IM, etc.) without application to Information Technology Services for an exception for scholarly use unless the computers are designated servers by Information Technology Services. Unless otherwise approved in writing, provisions for interactive login services for non-University affiliated users are prohibited.
- Should the University have reason to believe that a privately owned system is using the network inappropriately, network traffic to and from that system will be monitored and, if justified, the system will be disconnected, and appropriate punitive action will be taken.

## **Technology Usage**

Computer systems and networks allow for a free exchange of scholarly ideas and information. This exchange serves to enhance learning, teaching, critical thinking, and research, as well as to promote the sharing of moral standards. While the constitutional right of free speech applies to communication in all forms, the Christian atmosphere of Campbell University prescribes only civil and respectful discourse.

Campbell University computer and network services are available as a privilege to all full- time and adjunct faculty, staff, and students at the main and extended campuses. The number of people in the Campbell community dependent upon the University's computer and network services is sizable. Therefore, a respect for the needs of others is expected among users. To ensure access and service for all, eligible users must refrain from any action that interferes with normal system operation, such as:

- Using computer or network services for commercial purposes or personal profit
- Sending excessive email locally or over the network such as chain letters, advertisements, or solicitations
- Knowingly installing or running a program that will damage or place an undue burden on the system
- Knowingly acting in a manner that will disrupt normal operations of computers or the network
- Using computer or network services in a way that violates copyrights, patent protections or license agreement
- Gaining unauthorized access to information that is private or protected, or attempting to do so
- Attempting to gain system and/or network privileges to which you are not entitled
- Using the University computer system to disseminate materials that are not in keeping with the purposes of the institution

The University reserves the right to monitor the use of institutionally owned resources. Alleged inappropriate use of technology resources will be investigated. In instances of misuse, appropriate disciplinary actions, to include legal action, will be taken.

Copies of the Acceptable Use Policy are included in official University publications including, but not limited to, the graduate and undergraduate catalogs, staff/faculty/student handbooks, and selected course syllabi. The Acceptable Use Policy is also posted on the University's policy web page.

<https://www.campbell.edu/information-technology-services/acceptable-use-policy/>

### **Eligible Users**

Only the following properly authorized persons may access Campbell University computing facilities:

- Undergraduate, graduate, and professional students currently enrolled in Campbell University courses
- Non-degree seeking and special students currently enrolled in Campbell University courses
- Campbell University faculty (full and adjunct), staff, and administration
- Designated alumni
- Official guests of the President and the University
- Individuals formally associated with the University, upon verification of the appropriate dean and/or administrator

## **Original Work by Students Using Campbell University Technology Resources**

Original works created by students using Campbell University technological resources are the property of the creator. With the notable exceptions of the processes normally associated with grading, critique, assessment, and lecture or classroom illustrations, no other student, faculty, or staff member may make any use of another's work without the expressed consent of the creator. However, the Department and the University retain the right to display, copy, replicate, or distribute any work created through the use of the Department's production facilities for the purposes of promotion, representation, artistic display, publication, illustration, and recruiting, on the condition that the creator is given full, appropriately disclosed credit. No one, including the creator, may use the Department's production facilities for any commercial purpose.

## **Pornographic or Obscene Material**

Users are encouraged to use institutional resources in a responsible and respectful manner. Pornographic, obscene, or offensive material is prohibited on the Campbell University computers and network system.

The Campbell University Office of Information Technology Services is to be notified of the transmission of questionable or offensive materials via the institutional computer and network system. Treated as inappropriate use, these allegations will be investigated, and if warranted, appropriate disciplinary actions taken.

## **Electronic Communications**

The University provides Internet access to all eligible users through campus computing facilities. Electronic mail (email) is also provided to all eligible users. These services are provided only for University-related purposes.

## **Class Recordings**

Class materials (hereafter including PowerPoints, Handouts and Lecture Recordings) are distributed for the exclusive use of students in the Jerry M. Wallace School of Osteopathic Medicine. Student access to and use of materials are conditioned on agreement with the terms and conditions set out below. Any student who does not agree to them is prohibited from accessing or making any use of such materials.

Any student accessing class or other educational materials:

1. acknowledges the faculty members' intellectual property rights and that;
2. distribution of the materials violates the copyright policy;

3. recognizes the privacy rights of fellow students who speak in class;
4. accepts that distributing, posting, or uploading materials to students or any other third party not authorized to receive them or to those outside CUSOM is an Honor Code violation; and
5. agrees that the materials are to be accessed and used only as directed by the faculty member(s) teaching the course.

## **9. RESEARCH AND SCHOLARLY ACTIVITY**

### **9.1 Research at CUSOM**

Research is fundamental to, consistent with, and a prerequisite for excellence in teaching and the creation of a scholarly atmosphere for learning. CUSOM recognizes the critical role for developing its research capacity in order to continue to attract and retain top-tier faculty and students, thereby training students for productive careers in osteopathic medicine, biomedical research, and in making valuable contributions to society. Research and scholarly activity at CUSOM may take different forms, which may include basic biomedical research, translational research, clinical research, and medical educational research.

### **9.2 Policy Statement on Student Research and Scholarly Activity**

CUSOM strives to advance scientific and medical knowledge and to promote the distinctive philosophy and practice of osteopathic medicine. Whereas CUSOM specifically supports the academic and scholarly pursuits of students and faculty, this policy specifically addresses student research and scholarly activities. CUSOM does not require students to complete an independent research project or scholarly activity as a requirement for graduation. However, CUSOM is committed to supporting students in pursuing research and extracurricular scholarly opportunities. Whereas students are encouraged to participate in research, students are not permitted to act as a principal investigator (PI). Rather, they must partner with a faculty member or preceptor who takes on the role of PI. Furthermore, CUSOM requires all students who are interested in engaging in research to notify the Associate Dean for Research of their intent. As such, student-researchers are provided with an additional layer of oversight and support in addition to their faculty or preceptor mentor.

### **9.3 Education in Research Principles**

Principles of responsible conduct in research (RCR) are presented in the Foundations in Medical Practice (FMP) course throughout Years One and Two. Topics include general principles of research ethics, human subject protections and the responsibilities of CUSOM students in basic science and clinical research. Additional education opportunities in research, scientific method, statistics, and scholarly activities are presented throughout the curriculum and through workshops associated with extracurricular research activities. As active members of a research team, students may be required to complete the associated CITI training, if appropriate. If such training is required, the student must provide the Associate Dean of Research with documentation of completion prior to beginning work on the project. Additional training specific to the research project will be provided by the research mentors.

## **9.4 Student Presentation Processes**

Students are encouraged to present the results of their research through publication and presentation of their projects. The Associate Dean for Research oversees research publications and scholarly activities of students. Students are required to receive approval from the Associate Dean for Research prior to presentation or publication of any research project conducted while a CUSOM student. For meeting submissions, the final version of the abstract must be submitted and approved by the faculty mentor and the Associate Dean for Research. The Associate Dean for Research must review and approve all compliance requirements before submission of the abstract for any meeting.

For manuscript submissions (case report, original research, or any other publication), the final manuscript draft must be submitted and approved by the Associate Dean for Research prior to submission to any journals for consideration of publication. The final poster, presentation or manuscript must be reviewed and approved by the faculty mentor and all listed co-authors. The author(s) and mentor should be up to date on research compliance processes. Failure to adhere to any of these requirements will be considered professional misconduct and will be reported through the appropriate channels for consideration by the APPS committee as described elsewhere in this publication.

## **9.5 Research Opportunities**

CUSOM students may pursue research and scholarly activities in many areas of individual interest. Faculty mentors in areas of biomedical and clinical research are available to provide guidance for student scholarly work. The faculty mentor has overall responsibility for the conduct of research or scholarly activity, and is ultimately responsible for obtaining approval from regulatory committees as needed. As such, CUSOM requires that a faculty member approve all scholarly activity undertaken by students; however, student and faculty investigators may share the responsibility for complying with policies related to research ethics. For a student-initiated project, the student must have a faculty or preceptor sponsor, who will serve as the project PI and student mentor. The student may prepare the relevant proposals and applications in close cooperation with the mentor. Mentors and students are responsible for conducting their research in accordance within University and institutional affiliates' research policies.

Students wishing to earn credit for biomedical research, clinical research or other scholarly activities may enroll in the Research (Independent Study) clerkship elective during the fourth year. Description of the course requirements are available in the syllabus and elsewhere in this academic bulletin. Students participating in the research clerkship elective must comply with all appropriate regulatory requirements, which may include Institution Review Board approval prior to



initiation of the project. Students and their faculty mentors are responsible for knowing which compliance requirements are appropriate.

## **9.6 Medical Student Summer Research Scholars Program**

Each year a limited number of 7-week paid research fellowships are available to CUSOM medical students during the summer between their MS-1 and MS-2 years. These opportunities are designed to expose students to cutting-edge basic science, clinical or simulation medicine research to gain valuable experience in research and explore various clinical disciplines.

Students are incorporated in to the laboratories to work with fulltime CUSOM faculty or are placed in CUSOM clinical sites to work with practicing physicians. The scholars programs are designed to help medical students acquire a greater understanding of and application of methodologies that support healthcare innovation and to envision themselves as physician scientists. The program is competitive. Students accepted into the program will attend an RCR training workshop, work on a full-time basis during the summer months and receive a stipend at the conclusion of the summer.

## **9.7 Research Symposium**

Campbell University and CUSOM has a tradition of highlighting and showcasing student research interests. Annually, Campbell University hosts the Campbell University Interprofessional Education (IPE) Symposium, which is an adjudicated competition open to students, residents and faculty. The IPE research symposium is an opportunity for students to see other projects from their fellow students, as well as projects from other healthcare fields. CUSOM students also present posters and oral presentations at other local, regional and national events.

## 10. HONOR CODE, CODE OF MISCONDUCT, AND GRIEVANCE PROCEDURES

### 10.1 Honor Code

The Campbell University Jerry M. Wallace School of Osteopathic Medicine Honor Code of Conduct (CUSOM Honor Code) embodies a spirit of mutual trust, intellectual honesty, and professionalism between the School and the student body, and it is the highest expression of the values shared by the CUSOM and Campbell University communities. The CUSOM Honor Code is based on the fundamental belief that every student is worthy of trust and it is maintained to protect the right to participate in an academic environment free from injustice caused by dishonesty.

Further, CUSOM students are expected to conduct themselves in a professional and ethical manner befitting the honorable profession they are entering. Students have an obligation to maintain the highest standards of honesty and integrity. It is not possible to enumerate all examples of expected academic and professional behavior, nor is it possible to enumerate all behaviors considered inappropriate, unprofessional, unethical, or not in keeping with the standards of a CUSOM student. The following serves only as a guideline to students.

In general, the founding principles of the CUSOM Honor Code are the established rules and regulations of the CUSOM community. The CUSOM community includes CUSOM, affiliated hospitals, and any institution where CUSOM students pursue activities for academic credit. Violation of these rules and regulations may constitute a violation of the CUSOM Honor Code. In addition, specific examples of behavior that may constitute a violation of the CUSOM Honor Code include, but are not limited to the following:

1. **Cheating:** Providing, acquiring or receiving any unauthorized assistance or unfair advantage on any form of academic work, or attempt thereof. Sharing information from testing/exams is also considered a form of cheating.
2. **Plagiarism:** Copying the language, structure, ideas, algorithms, or computer code of another and representing it as one's own work on any form of academic work or attempt thereof.
3. **Falsification:** Fabrication of information on any form of academic work or attempt thereof; including but not limited to, the following:
  - a. Clinical requirements
  - b. Externships and clinical rotations
  - c. Assignments such as: obtaining patient histories, performing physical exams, ordering or interpreting laboratory tests, documenting and submitting rotation records, etc...
  - d. CUSOM lab, skills workshop, small group session, and clinical rotation attendance reports
  - e. Clinical preceptor or other faculty evaluation and/or grading forms

4. **Disruptive Behavior:** Any inappropriate etiquette or inappropriate disturbance either solely or repeated often enough to establish a disrespectful trend. Inappropriate disturbances include but are not limited to the following:
- a. Arriving late for class, lab, or clinical rotations, or
  - b. Disrupting class with pagers or cellular phones
  - c. Disrupting class with computers or computer games
  - d. Disrupting class with loud talking or other activities that create a distraction
  - e. Leaving trash in classrooms or academic areas, including student small group study rooms
  - f. Bringing food into unauthorized areas or hosting food functions without permission
  - g. Posting unapproved materials or posting approved materials in inappropriate areas
  - h. Parking in inappropriate or reserved spaces
5. **Unacceptable use of technology:** Any violation of the acceptable use guidelines as published by the CUSOM IT department or as noted in the Campbell University Technology Usage Policy:

<https://www.campbell.edu/information-technology-services/acceptable-use-policy/>

In addition, unacceptable uses of technology include but are not limited to the following:

- a. Using computers for purposes that are considered unprofessional or immoral
  - b. Accessing pornographic material at any time while on any campus of the CUSOM community or using any equipment of the CUSOM community to access such material
  - c. Distributing, posting, or uploading materials to students or any other third party not authorized to receive them or to those outside CUSOM is an Honor Code violation. Lecture materials, including PowerPoint presentations, and videos contain confidential and proprietary information and material protected by intellectual property laws. Students do not have permission to share them.
6. **Unprofessional or unethical behavior:** Behavior on or off the CUSOM campus that would or could cause a loss of respect or confidence in the offending student or in the CUSOM community by the public, faculty, staff, colleagues, or the-community- at-large.

Section 5.10 of the Academic Bulletin, “Academic Performance, Promotion and Standards (APPS) Committee”, describes the process for addressing cases related to allegations of misconduct or professionalism and/or Honor Code violations. In such cases, the Director of Student Affairs or respective Associate Dean, notifies the Associate Dean for Clinical Integration of the suspected violation and provides him/her with a detailed summary of the reason for referral along with all supporting documentation. The Associate Dean for Clinical Integration then, (i) constitutes an *ad hoc* committee to investigate the suspected misconduct, who reports their findings in writing to the Vice Dean for Academic Affairs, or (ii) depending upon the severity of the allegations, refers the matter directly to the APPS Committee. A complete description of the process may be found in section 5.10 of the Academic Bulletin.

Unprofessional or unethical behavior may include, but is not limited to, the following:

- a. Entering or using the facilities of the CUSOM community without appropriate authorization or during inappropriate times.
- b. Knowingly and purposely disrupting teaching, research, administrative, or student functions of the CUSOM community.
- c. Abusive or disrespectful conduct toward members of the faculty, administrative or professional staff, employees, students, patients, or visitors of the CUSOM community. Medical simulators should be treated with the same level of respect and professionalism as standardized or actual patients
- d. Disclosure of privileged information from campus activities or patient care.
- e. Taking pictures or recording video in the anatomy lab, clinical lab, OSCE rooms, or in any rooms housing clinical simulators.
- f. Improper relationships or activities involving persons entrusted to a student as part of educational requirements, which extend beyond those educational requirements. Entrusted persons may include, but are not limited to, patients or other students under supervision.
- g. Controlled substance screening tests which show abnormalities including, but not limited, to excessively dilute urine, or screening tests which are positive (i.e., evidence of the substance or showing presence) for alcohol, prescription medications without a valid prescription, or substances which are illegal in the state of North Carolina. Controlled substance screening results are viewed in light of North Carolina and federal laws governing illegal substances. For example, although the use of marijuana is legal in some states, the US Federal Drug Enforcement Agency lists it as an illegal drug. Its use or abuse impairs the ability of a healthcare professional to provide optimal care to patients. As such, the use of marijuana in any form is a violation of University policy. Another example is a breathalyzer result or a blood alcohol concentration sample identifying levels of alcohol above the legal limit in violation of law, such as in a Driving Under the Influence charge. The presence of these substances,

regardless of any legal considerations or adjudication by the courts, is considered unprofessional or unethical behavior by CUSOM.

- h. Breach of Integrity: Any behavior at any time that is considered a severe lapse in judgment and has the potential to damage the professional, ethical or moral integrity of the CUSOM community
- i. A violation of any policy of the University or CUSOM, including but not limited to the American Osteopathic Association Code of Ethics.

## **10.2 Code of Misconduct**

Violations may include, but are not limited to:

- Harassment (other than a violation of the Title IX Policy), harm, abuse, or damage to any person or property in the CUSOM community. This includes knowingly or purposely causing damage to or vandalizing CUSOM community property.
- Arrest for a criminal offense other than a minor traffic offense.
- Participating in academic or clinical endeavors in the CUSOM community while under the influence of alcohol, or controlled substances.
- Use, possession, or distribution of alcohol, illicit substances, prescription medications without a valid prescription, or substances which are illegal in the state of North Carolina may result in disciplinary action up to and including dismissal. Controlled substances will be viewed in light of North Carolina and federal laws governing illegal substances. Please note this includes substances which are illegal in the state of North Carolina, but which may be legal in other states.
- Communicating or posting of information or images in a public arena, including written or electronic/Internet communications, which could result in a loss of respect by patients or other members of the public toward the offending student or toward CUSOM.

### **Release of Information**

All documents and other information concerning student discipline, including written reprimands, are securely maintained in a confidential file. Such actions become a part of the student's permanent education record but are only released at the written discretion of the Dean. However, all disciplinary actions, with the exception of admonitions, are required to be reported on the Medical Student Performance Evaluation (MSPE).

## **10.3 Grievance Processes**

### **Resolution and Grievance Procedure**

CUSOM recognizes the need for students to voice grievances and to seek resolution to problems, disagreements with faculty/administrators, or interpretations of institutional policy. CUSOM also recognizes the responsibility of the student to express their concerns in a professional and ethical manner. Concerns may involve course grades other than a grade reviewed by the APPS Committee, promotion, behavioral issues, financial concerns or issues related to external (e.g. COCA, SACSCOC) accreditation standards and procedures. This grievance process shall not be used to appeal or review violations of the Honor Code or an appeal from the APPS Committee final decision by the Dean or the APPS Committee.

All grievances must be filed in writing to the CUSOM Office of the Dean. All grievance material is securely maintained in the Dean's Office in a specific student/employee/faculty file as appropriate to the grievance.

Each step of the Resolution and Grievance Procedure generally take two (2) weeks to complete, unless otherwise noted. Extensions or waivers to this timeframe may be granted on a case-by-case basis. Notice of a request for an extension from a student must be submitted in writing to the Dean within ten (10) calendar days prior to the deadline.

Decisions regarding the request for an extension shall be communicated to the student via letter within two (2) business days of receipt of the request for an extension. Likewise, if CUSOM needs to extend a deadline, the Office of the Dean shall provide said notice ten (10) days before the due date.

### **Grievance for Academic Resolutions and Appeals**

An individual concern that is academic in nature should be first discussed with the immediate instructor or preceptor and must be done in a professional manner. This concern generally includes those that arise from personal conflicts or actions taken against a student individually. For individual concerns, if resolution cannot be reached, the student may, within two (2) weeks of the failed resolution, appeal, in writing to the appropriate Associate Dean for the academic year involved.

If resolution cannot be reached from the prior appeals, the student may, within two (2) weeks of the failed resolution, appeal in writing to the Dean whose decision will constitute the final resolution. The Dean may refuse to meet with a student if the appeal has not been presented in writing, in advance of the meeting.

A concern over general course procedures or grading policies should be addressed through the Class President through the Curriculum Committee. If a resolution cannot be reached through the normal processes for an acceptable and reasonable request, the Class President may, within two (2) weeks of the failed resolution, appeal in writing to the appropriate Associate Dean for the academic year involved.

If resolution cannot be reached from the prior appeals, the Class President may, within two (2) weeks of the failed resolution, appeal in writing to the Dean whose decision will constitute the final resolution. The Dean may refuse to meet with the Class President if the appeal has not been presented in writing, in advance of the meeting.

A concern over CUSOM policies and procedures should be addressed through the SGA President and the Director of Student Affairs. If through the normal processes for an acceptable and reasonable request, a resolution cannot be reached, the Class President may, within two (2) weeks of the failed resolution, appeal in writing to the Dean whose decision will constitute the final resolution.

The Dean may refuse to meet with the Class President if the appeal has not been presented in writing, in advance of the meeting.

If the concern is financial, or with other areas of CUSOM, the student should follow the appropriate chain of command as defined by the CUSOM Organizational Chart.

Reminder: Course Assessment policies and test question challenges are not covered under student grievances. See course-specific syllabi for information regarding these issues.

### **Grievance Procedure for Harassment\* or Discrimination**

Students who feel they are being discriminated against have the right to exercise the Grievance Procedure.

Retaliation against any individual who files a grievance or participates in the grievance process is strictly prohibited. In the event a student or anyone who participated in the grievance process believes they have been subjected to retaliation, that individual may use the Harassment Grievance procedures listed below.

### **Step One: The Resolution Process**

Students who meet the Technical Standards for admission to CUSOM, as described in this Academic Bulletin, and feel they are being discriminated against shall first meet with the Director of Student Affairs to explain their grievance.

The student must schedule a meeting with the Director of Student Affairs within two (2) weeks from the date of the action being grieved or the date the student should have known about the action to initiate this discussion. The grievance complaint must be made in writing and signed by the person filing it. The Director of Student Affairs shall investigate the grievance within a one-week period. In the case where the discrimination is in any way threatening, the Director of Student Affairs shall investigate the complaint and bring it to the attention of the Dean immediately for intervention.

After the investigation period of one (1) week, the student filing the grievance, and the person against whom the grievance is filed shall meet with the Director of Student Affairs to discuss an informal resolution. This meeting shall be scheduled within fourteen (14) calendar days of the initial filing of the grievance.

A letter confirming the mutual decisions of the resolution shall be distributed, within ten (10) calendar days of the meeting, to all persons and kept within the permanent student and or employee files for possible future issues that may arise with the resolution.

If the Director of Student Affairs determines there is insufficient evidence to support the allegations, s/he may close the grievance and shall notify the student, within that two-week timeframe, of his/her findings and inform the student of their to request a grievance hearing.

The Director of Student Affairs shall keep a record of the grievance investigation, including all supporting documentation and a report of the findings. All material shall be filed as previously stated in this procedure.

### **Step Two: The Grievance Hearing Process**

If the student feels the informal resolution has not been successful, or disagrees with the informal resolution, s/he may request the Director of Student Affairs and the Dean to call a Grievance Hearing. The student has thirty (30) calendar days after receiving written notice of denial of the grievance to request such a hearing.



The request must be in writing, signed by the student, and include the following information:

- A clear and precise statement of the grievance;
- A statement explaining how the action is discriminatory or the decision unreasonable if it is a denial of a requested accommodation;
- The name the respondent parties (the person(s)) against whom the grievance is filed);
- An explanation of each respondent responsible for the action or decision;
- The requested remedy; and
- Any request to bring a non-participating observer to the hearing.

This information must be sent by certified mail or delivered with signature of receipt to both the Office of the Director of Student Affairs and the Office of the Dean. Upon receipt of the request for a Grievance Hearing, the following processes shall be followed:

- The Dean shall designate the Vice Dean for Academic Affairs to review the case within seven (7) calendar days to see if a peaceful and prompt resolution can be made between the parties. In cases where this cannot be accomplished, the Dean shall appoint a Grievance Hearing Board, including naming a Chair, at the end of the seven (7) days.
- The Grievance Hearing Board shall be appointed by the Dean who shall notify the Grievance Hearing Board in writing, of their appointment and inform them of the date of the hearing. The date of the hearing shall be within fourteen (14) calendar days of the notice. The Dean shall ensure that those participating on the Grievance Hearing Board are not a part of the alleged discrimination or the denial of accommodations. The Grievance Hearing Board shall consist of a Chair, two Associate Deans, two faculty members, one staff member, and one student.
- The Grievance Hearing Board shall hear the grievance by the student. The person filing the grievance, as well as the person against whom the grievance is alleged shall at this time bring all witnesses and/or evidence to the hearing for the Grievance Hearing Board to consider. The Grievance Hearing Board shall also review documentation, including the final report from the Director of Student Affairs relating to the grievance, and, as necessary, shall interview the Director as a witness in the grievance.

Prior to convening the grievance hearing meeting, the Grievance Hearing Board shall be trained on the specific grievance hearing procedures relating to the individual grievance and will be provided with additional educational material as appropriate.

- Following this initial hearing and presentation, if additional information is needed to render a decision, the Grievance Hearing Board may recess for a period of not greater than two (2) weeks. The Grievance Hearing Board, or the Director of Student Affairs at the request of the Grievance Hearing Board, shall conduct further investigation of the alleged grievances. The Grievance Hearing Board may, during this time, meet with CUSOM's legal counsel who has further expertise in the law regarding disability and discrimination.
- The second meeting of the Grievance Hearing Board, which shall occur within a two-week period, shall be to further discuss the grievance, the investigation, the educational materials provided, and the advice of legal counsel. The Grievance Hearing Board may require second interviews with the person filing the grievance or with those whom the grievance is filed against. The Grievance Hearing Board shall make a final ruling at this meeting. Minutes will be taken of all Grievance Hearing Board meetings. A letter shall be sent to the student within fourteen (14) calendar days of the final determination by the Grievance Hearing Board.

### **Step Three: Final Appeal Procedure**

The student has the right to appeal the decision of the Grievance Hearing Board to the Dean. The student has thirty (30) calendar days after receiving the Grievance Hearing Board decision letter to file for an appeal. All such requests must be in writing, signed by the student, and be sent via certified mail directly to the Office of the Dean. The Dean shall have a period of not greater than two (2) weeks to respond to the appeal. The Dean shall have the final determination as to the outcome.

## **Improper Relationships**

Relationships between a student and a faculty/staff member, including clinical preceptors, entrusted to oversee the student, which extend beyond the educational requirements or beyond CUSOM activities, are not permitted. Relationships with patients (by a student or faculty member) which extend beyond their care requirements are strictly prohibited.

Inquiries should be directed to the University's Title IX Coordinator:

Kellie Slappey Nothstine  
Dean of Campus Life and Title IX Coordinator  
Wallace Student Center, Room 237  
P.O. Box 95, Buies Creek, NC, 27506  
(910) 893-2039  
Fax (910) 893-1534  
[nothstine@campbell.edu](mailto:nothstine@campbell.edu)

Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, District of Columbia Office:

U.S. Department of Education  
400 Maryland Avenue  
S.W. Washington, DC 20202-1475  
Telephone: (202) 453-6020  
Fax (202) 453-6021  
Email: [OCR.DC@ed.gov](mailto:OCR.DC@ed.gov).

## **Consensual Relationships**

Consensual relationships between student and faculty, including clinical preceptors, or students and staff members are prohibited. Sexual activity is not permitted in any CUSOM setting.

## **Sexual Harassment**

Sexual harassment at the institution is unacceptable behavior and will not be tolerated. Sexual harassment includes sexual advances, requests for sexual favors, and other intimidating verbal or written communications or physical conduct of a sexual nature.

All allegations of sexual harassment will be directed to the University's Title IX Coordinator for review. The University's Title IX Coordinator is:

Kellie Slappey Nothstine  
Dean of Campus Life and Title IX Coordinator  
Wallace Student Center, Room 237  
P.O. Box 95, Buies Creek, NC, 27506  
(910) 893-2039  
Fax (910) 893-1534  
[nothstine@campbell.edu](mailto:nothstine@campbell.edu)

## **Complaints Regarding Non-compliance with American Osteopathic Association (AOA) Accreditation Standards**

CUSOM is committed to meeting and exceeding the standards for Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures as described by the Commission on Osteopathic College Accreditation (COCA). A copy of the standards is available upon the request from the Office of the Dean or at the AOA COCA's website at:

[www.osteopathic.org](http://www.osteopathic.org)

Students in the osteopathic medicine program who believe that CUSOM may not be in compliance with a standard of accreditation have the right to file a complaint through the following procedure:

- A written, dated and signed complaint must be filed with the Office of Student Affairs.
- The Office of Student Affairs will consult with the Vice Dean for Academic Affairs and form an *ad hoc* committee of administration and student government representatives to investigate the complaint.
- The results of the investigation will include findings of fact, a determination of standard compliance or non-compliance, and recommended corrective actions if indicated. The results will be communicated in writing to the Vice Dean for Academic Affairs, Office of Student Affairs and the student complainant.
- If corrective action is indicated, the Vice Dean for Academic Affairs will develop a description/plan for such action within thirty (30) days of receipt of the *ad hoc* committee results and deliver such plan to the Dean with a copy to the *ad hoc* committee. If corrective action is not

indicated, the *ad hoc* committee will inform the complainant of their results.

- Records of all proceedings regarding complaints will be maintained by the Office of Student Affairs.
- In the event that the student complainant is not satisfied with the *ad hoc* committee determination or correction action, the student may appeal the decision to the Dean.
- In the event that the student complainant is not satisfied with the *ad hoc* committee determination or corrective action, the student may communicate the complaint to:

COCA Assistant Secretary  
Commission on Osteopathic College Accreditation  
American Osteopathic Association  
142 East Ontario Street Chicago, IL 60611-2864  
Email: [predoc@osteopathic.org](mailto:predoc@osteopathic.org)  
Phone: (312) 202-8097  
Fax: (312) 202-8397

CUSOM recognizes the right of students to express complaints regarding COCA Accreditation Standards and procedures directly to the immediate accrediting body, the COCA.

### **Formal Federal Agency Grievance Procedures**

Students with grievances or complaints against CUSOM based upon violations of Section 504 or the ADA also have the right to file a complaint with the Office for Civil Rights by:

Mailing the grievance or complaint to:

U.S. Department of Education  
Office of Civil Rights  
400 Maryland Avenue SW  
Washington, DC 20202-1100; or

Faxing it to the Director at (202) 453-6012; or

Filing it electronically at:

<http://www.ed.gov/about/offices/list/ocr/complaintprocess.html>

For more information, students can contact the Office for Civil Rights:

Phone: 1-800-421-3481

E-mail: [OCR@ed.gov](mailto:OCR@ed.gov)

## AMERICAN OSTEOPATHIC ASSOCIATION CODE OF ETHICS

As an osteopathic institution, CUSOM requires that all students read and adhere to the following code of ethics.

All students and physician faculty are required to follow the code of ethics as adopted by the American Osteopathic Association (AOA), and as listed below:

- Section 1.** The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. The physician shall divulge information only when required by law or when authorized by the patient.
- Section 2.** The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.
- Section 3.** A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient; therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients because of the patient's race, creed, color, sex, national origin or handicap. In emergencies, a physician should make her/his services available.
- Section 4.** A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.
- Section 5.** A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.
- Section 6.** The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.
- Section 7.** Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities, which are false or misleading.
- Section 8.** A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

- Section 9.** A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.
- Section 10.** In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.
- Section 11.** In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable osteopathic hospital rules or regulations.
- Section 12.** Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no discipline/department of professional fees for referrals of patients.
- Section 13.** A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.
- Section 14.** In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.
- Section 15.** It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.
- Section 16.** Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

## NOTES AND DEFINITIONS

- The word “student” in this Bulletin refers to any person who is enrolled in any course offered by CUSOM.
- The words “professor” or “instructor” in this manual refer to any person who is authorized by the University to hold and teach a class sponsored by the University or precept a student during an on-campus or off-campus clinical practice experience.
- The words “University” and “School” refer to Campbell University and the Campbell University School of Osteopathic Medicine, respectively.
- The word “day(s)” refers to official school days — not holidays or weekends. The exception to this is in regards to days identified in the policies regarding Leave of Absence, Withdrawal, and Suspension, in which case “days” refer to calendar days, not school days. This distinction is clarified in the corresponding sections by utilizing the term “calendar” days.

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