



CAMPBELL
UNIVERSITY

Jerry M. Wallace

School of Osteopathic Medicine

Academic Bulletin

2017-2018

Contents

STATEMENTS OF COMPLIANCE	8
FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974	8
REHABILITATION ACT OF 1973	9
TITLE IX OF THE EDUCATION AMENDMENTS OF 1972 (20 U.S.C. §§ 1681, ET SEQ)	9
APPROVED	10
WELCOME FROM THE DEAN	11
1. GENERAL INFORMATION.....	12
1.1 CAMPBELL UNIVERSITY ADMINISTRATION	12
1.2 CUSOM ADMINISTRATION.....	12
1.3 HISTORY, BACKGROUND AND MISSION OF CAMPBELL UNIVERSITY	13
1.4 CUSOM MISSION STATEMENT.....	14
1.5 SCHOOL OF OSTEOPATHIC MEDICINE ACCREDITATION	15
1.6 OSTEOPATHIC HISTORY	17
1.7 OSTEOPATHIC OATH.....	17
2. ADMISSION TO THE SCHOOL OF OSTEOPATHIC MEDICINE	18
2.1 ADMISSIONS PROCESS	18
2.2 NON-DISCRIMINATION ADMISSION POLICY	19
2.3 REQUIREMENTS FOR ADMISSION.....	19
2.4 APPLICATIONS DEADLINE.....	20
2.5 EARLY DECISION ADMISSIONS TRACK.....	20
EARLY DECISION ADMISSIONS TRACK REQUIREMENTS	20
GUARANTEED INTERVIEW PROCESS.....	21
2.6 APPLICATION PROCESS.....	21
STEP 1: AACOMAS APPLICATION	21
STEP 2: CUSOM SECONDARY APPLICATION PROCESS.....	22
2.7 CUSOM SELECTION PROCESS	23
2.8 TRANSFER APPLICANTS.....	23
2.9 TRANSFER OF CREDIT.....	24
2.10 CLASS (CREDIT) WAIVERS.....	24
2.11 TRANSFERS FROM LCME-ACCREDITED SCHOOLS OF MEDICINE	24
2.12 INTERNATIONAL STUDENT APPLICANTS.....	25
2.13 TECHNICAL STANDARDS FOR ADMISSION TO CUSOM	25
2.14 AMERICANS WITH DISABILITIES ACT.....	28
2.15 CUSOM MATRICULATION AND ENROLLMENT POLICIES.....	28
HEALTH, VACCINE, AND IMMUNIZATIONS REQUIREMENTS	28
CRIMINAL BACKGROUND CHECKS	29
BASIC LIFE SUPPORT SKILLS.....	30
SUBSTANCE SCREENING	30
TRANSCRIPTS.....	30
3. STUDENT EXPENSES AND FINANCIAL AID	31
3.1 APPLICATION FEE	31
3.2 ACCEPTANCE FEE	31

3.3	TUITION AND FINANCIAL AID	31
	TUITION	31
	FEES	31
	FINANCIAL AID	31
	FINANCIAL AID RENEWAL	33
3.4	REFUND POLICY.....	33
3.5	STUDENT SCHOLARSHIPS	34
	PRESIDENTIAL SCHOLARSHIP	34
	DEAN'S SCHOLARSHIP	34
	CAMPBELL UNIVERSITY SCHOLARSHIP	34
	RENEWAL CRITERIA	36
4.	STUDENT POLICIES AND SERVICES.....	36
4.1	HEALTH INSURANCE.....	36
4.2	IMMUNIZATIONS	36
4.3	STUDENT HEALTH.....	36
4.4	COUNSELING SERVICES	37
4.5	SUBSTANCE ABUSE SCREENING PROTOCOL	39
	PROCEDURE FOR INCOMING STUDENTS.....	40
	PRIOR TO STARTING YEAR 3	40
4.6	INFECTION CONTROL	41
	STANDARD PRECAUTIONS	41
	HAND WASHING.....	41
	GLOVES.....	41
	MASKS, GOGGLES, FACE MASKS	41
	GOWNS.....	41
	LINEN	41
	PATIENT CARE EQUIPMENT	41
	ENVIRONMENTAL CLEANING	41
	SHARPS	42
	PATIENT RESUSCITATION	42
	PATIENT PLACEMENT	42
	NEEDLE STICKS	42
	INCIDENT REPORTING	42
4.7	OSHA AND HIPAA TRAINING.....	43
4.8	PROFESSIONAL LIABILITY INSURANCE	43
4.9	EXERCISE AND FITNESS	43
4.10	FOOD AND DINING.....	44
4.11	BANKING.....	44
4.12	POSTAL SERVICES.....	44
4.13	STUDENT CENTER	44
4.14	STUDENT CLUBS AND ORGANIZATIONS	44
	GRADE REQUIREMENTS	45
	HONOR SOCIETIES	45
	SIGMA SIGMA PHI.....	45
	GOLD HUMANISM HONOR SOCIETY	47

	CUSOM STUDENT GOVERNMENT	48
	RECOGNITION OF STUDENT ORGANIZATIONS.....	48
	USE OF COLLEGE LOGO	48
	STUDENT SPONSORED EVENT	49
	SCHEDULING EXTRACURRICULAR ACTIVITIES.....	49
	ATTENDING CONFERENCES.....	49
4.15	STUDENT PARKING	49
4.16	STUDENT LOCKERS.....	49
4.17	STUDENT CONDUCT.....	50
	STUDENT STATEMENT OF PROFESSIONAL ETHICS	50
	RESPECT FOR PATIENTS	51
	RESPECT FOR FACULTY, STAFF, COLLEAGUES, HOSPITAL PERSONNEL, AND COMMUNITY.....	51
	RESPECT FOR SELF	51
	RESPECT FOR LAWS, POLICIES AND REGULATIONS	51
4.18	ACCOMMODATIONS POLICY	51
	MATRICULATING OR CURRENT CUSOM STUDENTS WITH DISABILITIES	52
	SECTION I: WHO TO CONTACT	52
	SECTION II: HOW DOES A STUDENT OBTAIN SERVICES?	53
	SECTION III: STUDENT RESPONSIBILITIES.....	55
	SECTION IV: DOCUMENTING A DISABILITY	56
	SECTION V: GRIEVANCE PROCEDURE	57
5.	ACADEMIC INFORMATION AND POLICIES.....	58
5.1	ADVISING AND FACULTY ACCESS.....	58
5.2	STUDENT PEER TUTORING	60
5.3	ATTENDANCE.....	60
	ATTENDANCE POLICY	60
	MS-1 AND MS-2 YEARS.....	61
	MS-3 AND MS-4 YEARS.....	62
	ATTENDANCE	63
	TRAINING HOURS	65
	CALL BACK FRIDAYS.....	66
	HOLIDAYS.....	67
	SEVERE WEATHER POLICY	67
	EMERGENCY PREPAREDNESS PLAN.....	68
	MAKE UP TIME	70
	TARDINESS	70
	CONSEQUENCES OF NON-COMPLIANCE	70
	OFFICIAL HOLIDAYS	71
	JURY DUTY.....	71
5.4	DRESS CODE POLICY	71
	ADDITIONAL DRESS CODE REQUIREMENTS.....	72
	OMM LABORATORY DRESS CODE	72
	ANATOMY LABORATORY DRESS CODE.....	73
5.5	GLOBAL ASSESSMENT	73

5.6	CREDITS, GRADING, AND GRADE POINT AVERAGE (GPA).....	73
	CREDIT ASSIGNMENT PROCESS.....	73
	CUSOM CREDIT CALCULATION.....	74
	CREDIT REVIEW PROCESS.....	75
	GRADING.....	76
	REMEDATION	77
	GRADE POINT AVERAGE (GPA), QUALITY POINTS AND RANKING	78
	ASSESSMENT.....	79
	GRADING FOR YEARS ONE AND TWO.....	80
	EVALUATION CATEGORIES	80
	PROCESS.....	80
	GRADING FOR YEARS THREE AND FOUR	81
	PRECEPTOR EVALUATION OF STUDENT PERFORMANCE	83
	DELIQUENT EVALUATION PROCESS	84
	ROTATIONS, COURSE REMEDIATION AND ACADEMIC PROBATION	87
5.7	ACADEMIC STANDING AND ACADEMIC PROGRESS	88
5.8	NATIONAL BOARD EXAMS.....	89
	ACCOMMODATIONS ON COMLEX–USA EXAMS	89
	COMLEX-USA LEVEL 1	89
	FAILURE OF COMLEX-USA LEVEL 1.....	90
	COMLEX-USA LEVEL 2 CE, AND COMLEX-USA LEVEL 2 PE	91
	FAILURE OF COMLEX-USA LEVEL 2 CE OR COMLEX-USA LEVEL 2 PE	92
	ACADEMIC PROBATION.....	93
5.9	MODIFIED COURSES OF STUDY.....	94
5.10	ACADEMIC PERFORMANCE, PROMOTION AND STANDARDS (APPS)	
	COMMITTEE.....	94
	PROCEDURES FOR CALLING AND CONDUCTING AN APPS COMMITTEE MEETING	95
	APPS COMMITTEE PROCEDURES FOR ACADEMIC PERFORMANCE MATTERS.....	95
	APPS COMMITTEE PROCEDURES FOR NON-ACADEMIC MATTERS.....	97
	RIGHTS OF THE STUDENT	98
	SPECIAL MEETINGS OF THE APPS COMMITTEE.....	100
5.11	WITHDRAWAL/LEAVE PROCEDURES	100
	WITHDRAWAL.....	100
	MEDICAL LEAVE OF ABSENCE (ABSENCE OF LESS THAN 180 CALENDAR DAYS).....	100
	MEDICAL WITHDRAWAL (ABSENCE GREATER THAN 180 CALENDAR DAYS)	101
	MILITARY WITHDRAWAL.....	101
	PERSONAL WITHDRAWAL	101
	ADMINISTRATIVE LEAVE OF ABSENCE.....	101
	SUSPENSION	102
	DISMISSAL.....	102
	UNOFFICIAL WITHDRAWAL.....	102
	GENERAL WITHDRAWAL.....	102
5.12	GRADUATION REQUIREMENTS.....	103
5.13	DELAYED GRADUATION POLICY	104

5.14	CLINICAL POLICIES AND PROCEDURES	104
	CUSOM MEDICAL STUDENT SHADOWING	105
	SHADOWING WITH CUSOM CLINICAL FACULTY MEMBERS	106
	SHADOWING WITH NON-CUSOM PHYSICIANS	106
5.15	ACADEMIC FREEDOM POLICY	106
6.	OSTEOPATHIC MEDICINE CURRICULUM.....	107
6.1	YEARS 1 AND 2.....	107
	CURRICULAR CONTENT OVERVIEW	107
	ACADEMIC CALENDAR	108
6.2	YEARS 3 AND 4 ROTATION STRUCTURE	108
	THIRD YEAR CLINICAL ROTATIONS	109
	FOURTH YEAR CLINICAL ROTATIONS	110
6.3	SCHEDULE OF COURSE OFFERINGS.....	117
	BLOCK 1	117
	BLOCK 2	118
	BLOCK 3	118
	BLOCK 4	118
	BLOCK 5	118
	BLOCK 6	119
	BLOCK 7	119
	BLOCK 8	119
	FALL AND SPRING SEMESTER, YEAR 3	120
	FALL AND SPRING SEMESTER, YEAR 4	120
	COURSE DESCRIPTIONS.....	121
	SPECIFIC COURSE OVERVIEW, YEAR 1, SEMESTER 1, BLOCKS 1 AND 2.....	121
	SPECIFIC COURSE OVERVIEW, YEAR 1, SEMESTER 2, BLOCKS 3 AND 4.....	125
	SPECIFIC COURSE OVERVIEW, YEAR 2, SEMESTER 3, BLOCKS 5 AND 6.....	128
	SPECIFIC COURSE OVERVIEW, YEAR 2, SEMESTER 4, BLOCKS 7 AND 8.....	131
	ROTATION DESCRIPTIONS/THIRD YEAR ROTATIONS (MS-3).....	135
	OVERVIEW OF CLINICAL CLERKSHIP EXPERIENCES.....	135
	ROTATION DESCRIPTIONS/FOURTH YEAR ROTATIONS (MS-4)	138
	POSSIBLE ELECTIVES	141
6.4	CURRICULAR INTEGRATION OF OPP AND OMM.....	145
	YEAR ONE	145
	YEAR TWO.....	145
	YEARS THREE AND FOUR	146
7.	EDUCATIONAL RECORDS.....	148
7.1	POLICY STATEMENT ON STUDENT INFORMATION AND EDUCATIONAL RECORDS	148
8.	FACILITIES AND CAMPUS POLICIES	149
8.1	CAMPUS SAFETY AND EMERGENCY SERVICES.....	149
8.2	HEALTH SERVICES.....	150
8.3	WEAPONS	150
8.4	SMOKING POLICY.....	151
8.5	ALCOHOL AND DRUGS	151

8.6	LIBRARY AND FACILITIES.....	151
8.7	CUSOM INFORMATION TECHNOLOGY AND EDUCATIONAL RESOURCES	152
8.8	INFORMATION TECHNOLOGY RESOURCES AND COMPUTER INFORMATION	152
	CUSOM HELPDESK	152
	STUDENT RESPONSIBILITIES	152
	HELPDESK CONTACT INFORMATION	153
	HELPDESK STAFF AVAILABILITY AND RESPONSE TIME.....	153
	E-MAIL AND THE INTERNET	153
	CUSOM INTRANET	154
	INFORMATION TECHNOLOGY	154
8.9	INFORMATION ACCESS AND USER PRIVACY	155
	PRIVATE MACHINES CONNECTED TO THE UNIVERSITY NETWORK.....	155
	TECHNOLOGY USAGE	156
	ELIGIBLE USERS.....	157
	ORIGINAL WORK BY STUDENTS USING CAMPBELL UNIVERSITY TECHNOLOGY RESOURCES	158
	PORNOGRAPHIC OR OBSCENE MATERIAL	158
	ELECTRONIC COMMUNICATIONS	158
	CLASS RECORDINGS	158
9.	HONOR CODE, GRIEVANCE PROCEDURES AND AOA CODE OF ETHICS.....	159
9.1	MISCONDUCT/HONOR CODE	159
	RELEASE OF INFORMATION	161
9.2	GRIEVANCE PROCESSES	161
	RESOLUTION AND GRIEVANCE PROCEDURE	161
	GRIEVANCE FOR ACADEMIC RESOLUTIONS AND APPEALS	162
	GRIEVANCE PROCEDURE FOR HARASSMENT OR DISCRIMINATION	162
	STEP ONE: THE RESOLUTION PROCESS.....	163
	STEP TWO: THE GRIEVANCE HEARING PROCESS	164
	STEP THREE: FINAL APPEAL PROCEDURE	165
	IMPROPER RELATIONSHIPS.....	165
	CONSENSUAL RELATIONSHIPS	166
	SEXUAL HARASSMENT	166
	AMERICAN OSTEOPATHIC ASSOCIATION CODE OF ETHICS.....	168
	FORMAL FEDERAL AGENCY GRIEVANCE PROCEDURES	170
	NOTES AND DEFINITIONS	170

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.

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 the 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 defined as: name, academic majors and minors, academic classification (freshman, sophomore, etc.), and e-mail addresses.

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. Inquiries may be directed to James O. Roberts, Post Office Box 97, Buies Creek, North Carolina 27506 or 910-893-1241 and roberts@campbell.edu.

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

Campbell University complies fully with the provisions of this law. Inquiries may be directed Laura Rich, Student Services Building 113, P.O. Box 4260, Buies Creek, NC 27506. 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 Mrs. Kellie Slappey Nothstine, Title IX Coordinator, P.O. Box 95 (Wallace Student Center, Room 237), Buies Creek, NC, 27506, (910) 893-2039/Fax (910) 893-1534; 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.

Students who believe they have been subjected to discrimination or harassment in violation of Title IX should follow the procedure outlined in the Undergraduate Student Handbook (<https://www.campbell.edu/policies/title-ix/>) for a Title IX violation. If you believe you have been the subject of sexual assault, harassment, discrimination, or violence, this should be reported to the Title IX Coordinator. The process involves an immediate initial investigation to determine if there is reasonable cause to believe the Title IX Policy has been violated. If so, the University 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.

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 2017 are "stamped" with a 2017 starting term. The requirements for that starting term are reflected in the 2017 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.

Approved



July 1, 2017

Date

John M. Kauffman, Jr., DO, FACOI, FACP
Dean and Chief Academic Officer

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 from the Dean



GREETINGS! Thank you for your interest in the Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM). I am delighted to help you learn more about our institution, and I look forward to assisting you on your journey to become a physician.

Campbell University is located in the heart of eastern North Carolina and a short distance from the Research Triangle Park (RTP), which is one of the largest concentrations of research and technology in the world. Campbell is committed to excellence in teaching, research, and patient care.

The [Mission](#) of the Campbell University Jerry M. Wallace School of Osteopathic Medicine 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.

Our students learn the time-honored approach to healing based upon the teachings of Andrew Taylor Still, the founder of osteopathic medicine. We emphasize intellectual achievement and compassion, as well as mind-body-spirit centered patient care. We value diversity, mutual respect, teamwork, and open communication. Our students actively learn in an environment which provides excellent clinical training, while integrating the health sciences with clinical experiences through utilizing the latest technology.

Campbell University medical students delve deeply into areas of medical inquiry stimulated by intellectual curiosity and the desire to learn. Our school emphasizes critical thinking through participation in small group learning sessions using clinical cases to develop outstanding physicians dedicated to providing compassionate care.

I encourage you to take full advantage of the educational opportunity offered at the Campbell University Jerry M. Wallace School of Osteopathic Medicine and I look forward to having you join us as we train the next generation of physicians for North Carolina, the nation and the developing world.

Sincerely,

A handwritten signature in blue ink, appearing to read "John M. Kauffman Jr.", written in a cursive style.

John M. Kauffman Jr., DO, FACOI, FACP
Dean and Chief Academic Officer

1. GENERAL INFORMATION

1.1 Campbell University Administration

J. Bradley Creed, PhD, President
Jerry M. Wallace, ThM, MS, EdD, Chancellor
Mark Hammond, PhD, Provost and Vice President for Academic Affairs
Michael L. Adams, PharmD, Acting Vice President for Health Programs
James O. Roberts, MPA, Vice President for Business and Treasurer
Britt Davis, MS, EdD, Vice President for Institutional Advancement and Marketing
Dennis Bazemore, MDiv, DMin, Vice President for Student Life

1.2 CUSOM Administration

J. Bradley Creed, MDiv, PhD, President and Chief Executive Officer
John M. Kauffman, Jr., DO, Dean and Chief Academic Officer
James O. Roberts, MPA, Chief Financial Officer

Dean's Council

Michael P. Mahalik, PhD, Vice Dean for Academic Affairs
Grace Brannan, PhD, Associate Dean for Research
Eric E. Gish, DO, Associate Dean for Osteopathic Integration
Victoria S. Kaprielian, MD, Associate Dean for Faculty Development and Medical Education
Robin King-Thiele, DO, Associate Dean for Postgraduate Affairs
James E. Powers, DO, Associate Dean for Clinical Integration
Robert R. Terreberry, PhD, Associate Dean for Biomedical Affairs
David L. Tolentino, DO, Associate Dean for Clinical Affairs

Regional Deans and Assistant Deans

Igor Danelisen, MD, PhD, Assistant Dean for Faculty
Stephen Demeo, DO, MEd, Regional Assistant Dean
Steven J. Halm, Assistant Dean for Simulation
Terri S. Hamrick, PhD, Assistant Dean for Scholarly Affairs
Shannon Jimenez, DO, Regional Assistant Dean
Yen-Ping Kuo, PhD, Assistant Dean for Curriculum
Yunbo Li, MD, MPH, PhD, Assistant Dean for Biomedical Research
Donald C. Maharty, DO, Regional Assistant Dean
Andrea P. Mann, DO, Assistant Dean for Clinical Education
Patricia Matto, DO, Regional Associate Dean

1.3 History, Background and Mission of Campbell University

Campbell University was founded on January 5, 1887, as Buies Creek Academy by the Reverend James Archibald Campbell, a North Carolina preacher who believed students should not be denied admission because of the lack of ability to pay. In 1927, the school attained junior college status and changed its name from Buies Creek Academy, Incorporated to Campbell College, Incorporated. In 1961, Campbell became a four-year senior college. After the charter law class graduated on June 6, 1979, the name was changed to Campbell University, Incorporated.

Campbell University is a faith-based institution in the Baptist tradition and informed by a biblical worldview. Throughout these transformations, the university has remained true to its founding principles to address the most pressing needs of North Carolina and to educate men and women for Christian service around the world.

A testimony to how these founding principles still guide Campbell University today is the establishment of its School of Osteopathic Medicine. When Campbell University's medical school enrolled its first class of students in August 2013, it was the first one to open in North Carolina in 35 years. It emphasizes preparing primary care physicians to practice in underserved and rural areas.

The School of Osteopathic Medicine (2013) is one of ten schools at Campbell University. The others are the College of Arts and 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), the Divinity School (1996), Extended Programs (1999), Catherine W. Wood School of Nursing (2014), and the School of Engineering (2016).

In addition to its main campus in Buies Creek, Campbell University has extended campuses in Camp Lejeune, Fort Bragg/Pope Air Force Base, and Raleigh, where the law school relocated to in 2009. Since 1979, Campbell has also partnered with Tunku Abdul Rahman College in Kuala Lumpur, Malaysia, to offer a Bachelor of Science degree.

Today, Campbell University enrolls approximately 7,600 students, including over 5,400 undergraduate students on its main campus. Students are studying across nearly 100 disciplines in the liberal arts, health sciences, and professions -- and continuing the University's tradition of excellence in faith, learning, and service.

Five presidents have served Campbell University in its 128-year history:

- James Archibald Campbell, 1887-1934
- Leslie Hartwell Campbell, 1934-1967
- Norman Adrian Wiggins, 1967-2003
- Jerry McLain Wallace, 2003-2015
- J. Bradley Creed, 2015-present

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.

1.4 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.

1.5 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.

At its April 6-8, 2017 meeting, the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) reviewed and accepted the Initial Comprehensive site visit report from the January 25-27, 2017 visit to the Campbell University School of Osteopathic Medicine, located in Buies Creek, NC.

The COCA, voted to accept the site visit report with amendments and granted Campbell full accreditation status.

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 America Osteopathic Association (AOA)

Representing more than 78,000 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.

OPTI

CUSOM has joined 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 the potential for success in the Doctor of Osteopathic Medicine (DO) curriculum.
3. Assess the applicant's commitment and aptitude as a future practicing osteopathic physician.
4. Consider the 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.

CUSOM Admissions Process

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 meet our [mission](#) and align with our values and who are an asset to the profession of osteopathic medicine. When reviewing applications the goals of the Office of Admissions are to evaluate:

- each applicant as a whole person.
- each applicant's interest in serving the rural and underserved population.
- 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, under the direction of the Vice Dean for Academic Affairs, consider an applicant's academic background, achievements, personal statement, Medical College Admissions Test (MCAT) scores, letters of recommendation, health-related work or 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.

Through the evaluations provided after the candidates have been interviewed, the Admissions Committee will make a recommendation to the Dean on whether to “accept” or “deny acceptance” candidates. The Dean considers the recommendations from the committee before making the final decision on each candidate.

The CUSOM Office of Student Affairs will maintain pre-admission academic and demographic data for each matriculating class. Upon graduation, the Office of the Registrar will work in conjunction with the CUSOM Alumni Association and the Office of Assessment, Accreditation and Medical Education to track board certification rates, 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 will make every effort to recruit students from a diverse background to foster the cultural richness to meet its [mission, goals and objectives](#). 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 and any other characteristic protected by law.

2.3 Requirements for Admission

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

To be considered for admission, applicants must have earned or scheduled to earn a baccalaureate degree prior to matriculation, 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. For MCATs taken prior to April 2015, a score greater than 24 is preferred and, with the new MCAT, CUSOM favors scores at the 50th percentile or higher.

Applicants must earn a baccalaureate degree prior to matriculation. Applicants should have achieved at least a 3.2 cumulative grade point average (GPA) on a 4.0 scale to be considered. The most competitive applicants would have a science and cumulative GPA of 3.2 or higher.

The admissions process is competitive, and a higher grade point average and a competitive MCAT can increase chances for acceptance.

CUSOM also places emphasis on the applicant’s 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 Chemistry: One year with laboratory (8 semester hours/12 quarter hours)
- Organic Chemistry: One year with laboratory (8 semester hours/12 quarter hours)
- 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 for admission and continued enrollment and affirm that he or she meets the standards. Any falsification or misinformation regarding the ability to meet technical standards is a reason for dismissal.

Applicants must submit all required paperwork per deadlines. If paperwork is not submitted as required, an offer of admission may be retracted.

2.4 Applications Deadline

The official AACOMAS application is available online at <https://aacomas.liaisoncas.com/>. The deadline for CUSOM applicants will fall on March 1, but is subject to change annually. Applicants should consult the website. The last day for applicants to submit their secondary application and supporting materials is April 1, but earlier submission is highly encouraged.

2.5 Early Decision Admissions Track

The Early Decision Admissions Track is an admissions option for those candidates who identify CUSOM as their first choice for pursuing a medical education amongst both osteopathic and allopathic medical schools. In order 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.
- Recent MCAT score (by August of the calendar year; three years prior to the date of application) with an MCAT score of $\geq 24/50^{\text{th}}$ percentile.
- Submit an application, official transcript from all institutions attended, and MCAT scores to AACOMAS by July 1.

- 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, and a 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.

Guaranteed Interview Process

This is only applicable to Campbell University undergraduate students with:

- A minimum science and overall GPA of 3.30
- A recent MCAT score of $\geq 24/50^{\text{th}}$ percentile with a score of ≥ 8 or higher in biology or with a score of ≥ 124 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 senior year
- Positive evaluation from the Dean of their undergraduate college
- Guaranteed interview in September of senior year
- Guaranteed decision within two weeks of interviewing
- Acceptance contingent upon maintaining science and overall GPA grades.

2.6 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 to 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.

Step 2: CUSOM Secondary Application Process

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

Applicants who are invited to submit secondary application will receive an email notification inviting them to submit a secondary application. This email will contain information and instructions on how to complete the secondary application. A non-refundable fee of \$50.00 will be payable upon submission of the secondary application for admission. Instructions on how to submit the fee are included in the invite for secondary application email. CUSOM will waive the secondary application fee if the applicant has an approved AACOMAS fee waiver document.

The secondary application process consists of the CUSOM secondary application, a non-refundable processing fee, and two required letters of recommendation. Letters of recommendation may not be written by a relative, including relatives through marriage.

The first letter 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. The second letter must be from a premedical advisory committee or science faculty member (PhD) familiar with the academic work of the applicant.

Letters of recommendation which are included as a part of the pre-health committee packet or letters from an official evaluation collection service recognized by CUSOM (AACOMAS, Interfolio or VirtualEvals) as a part of their official packet will be accepted without signature or letterhead as long as the letters are sent directly from the authors to the pre-med advisors. CUSOM will accept letters through AACOMAS, VirtualEvals, Interfolio and mail. 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 Office of Admissions.

Applicants who are of Permanent Residency Status must provide a copy of their Green Card for consideration for admissions. Candidates born outside of the United States who have become United States Citizens must provide a copy of their Citizenship Certificate with their secondary application.

2.7 CUSOM Selection Process

To be considered for an interview, an applicant must meet all the preceding admissions requirements and technical standards for admissions and have a complete file, including the AACOMAS application, a secondary application, a form/letter of recommendation from either an osteopathic physician or allopathic physician, a recommendation form/letter from a pre-medical or pre-health committee, and the processing fee. After the Office of Admissions receives these materials, the applicant's file is reviewed to determine eligibility for an interview, based on the established criteria of the Admissions Committee.

Each applicant who accepts the interview will be invited to campus where he/she will interview with members of faculty, staff and/or administration. During the interview the applicant's academic history and knowledge may be reviewed and also the attributes that demonstrate the potential to become a quality osteopathic physician and fit for [CUSOM's mission](#).

At the conclusion of the interviews, the interviewers forward their recommendation to the Director of Admissions, and the recommendations are presented and discussed during the Admissions Committee meeting. The Admissions Committee makes one of the following recommendations: accept or deny. The Admissions Committee will review each applicant who interviews with CUSOM and make a recommendation to the Dean.

Once the Dean has reviewed the recommendations of the Admissions Committee, the decision will be made to accept, deny or waitlist the candidate. The decision will be provided to the applicant in a timely manner, usually within 2-3 weeks of the interview date.

Intentional misrepresentation or omission of information on any form relevant to admissions or records will subject the student to dismissal. CUSOM reserves the right to deny admission to any applicant for any reason it deems sufficient. Matriculation will be denied to applicants who have failed to maintain a good record of scholastic performance and/or good record of personal conduct between the time of their acceptance and their matriculation at CUSOM.

2.8 Transfer Applicants

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

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, and complete CUSOM's transfer recommendation form.

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 may 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 will conduct 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 applicant will be reviewed by the Admissions Committee and interviewed prior to the approval to transfer. CUSOM will have the right to require additional courses be taken or rotations added if deemed necessary to ensure the potential graduate will be of the highest quality and contribute to CUSOM successfully meeting its [mission](#). The Dean will determine satisfactory completion of these requirements.

2.9 Transfer of Credit

Credits may 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). Students wishing to transfer must have completed all course work with passing grades and have at least a 3.2 or greater GPA. Each course will be evaluated as to its course content, equivalency, and credit hours prior to any credit being waived. The CUSOM Registrar and Office of Academic Affairs will conduct this evaluation. Transferred credits will only be given 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 transferring.

2.10 Class (Credit) Waivers

Credits may only be transferred from COCA-accredited COMs or LCME-accredited schools of medicine. Students wishing to transfer must have completed all course work with passing grades and have at least a 3.2 or greater GPA. Each course will be evaluated as to its course content, equivalency, and credit hours prior to any credit being waived.

The CUSOM Registrar and Office of Academic Affairs will conduct this evaluation. Any course the transfer student has not taken will need to be taken at CUSOM prior to third year rotations. Regardless of credits, the last two years of instruction must be completed at CUSOM, and all requirements for graduation must be fulfilled, in order for the student to be eligible to receive the DO degree.

2.11 Transfers from LCME-Accredited Schools of Medicine

For students who will be transferring from an LCME-accredited school of medicine, at least the last two years of instruction must be completed at CUSOM. In addition, LCME transfer students must complete the CUSOM requirement for osteopathic manipulative medicine including the understanding and knowledge of osteopathic philosophy prior to graduation. Students wishing to transfer must have completed all course work with passing grades and

have at least a 3.2 or greater GPA. Each course will be evaluated as to its course content, equivalency, and credit hours prior to any credit being waived. The CUSOM Registrar and Office of Academic Affairs will conduct this evaluation.

Transfer credits will only be given if the student is in good standing and acquires letters from the Dean and Associate Dean(s) of the previously attended medical school(s). The letters must state that the student is eligible for readmission to the previously attended school(s) of medicine accredited by LCME and is in good standing with the institution from which the student is transferring. Final approval for all transfer applicants resides with the Dean.

2.12 International Student Applicants

CUSOM will not consider applications from international students unless applicants are a United States Citizen or Permanent Resident at the time of application.

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 web site <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. Applicants with Deferred Action for Childhood Arrivals (DACA) status are not considered.

2.13 Technical Standards for Admission to CUSOM

The requirements to succeed at CUSOM will be 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 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 disrobed patients of both genders and is mandatory for successful completion of the curriculum at CUSOM. In physical diagnosis 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.

Students need to wear attire such as shorts and partially disrobe for certain laboratory experiences. Please refer to Dress Code Policy for additional information.

Additionally, CUSOM utilizes cadavers as part of anatomy laboratories. As such, CUSOM students must be able to tolerate working with and touching cadavers. No photographic devices, including cell phones, are permitted in the gross anatomy lab.

CUSOM students also participate in ultrasound labs and, as such, may be required to perform ultrasound exams on each other.

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

CUSOM will make reasonable accommodations for students whose handicaps allow them to accomplish a successful career 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 above technical standards should not apply to CUSOM.

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 laboratory demonstrations. The student must be able to visually and accurately observe physical signs and symptoms of a patient used in diagnosis and 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 in English. Students are encouraged to learn other languages for medical communication; however, all curriculum and assessment are given 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 both to 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 the patient and with all members of the health-care team in order to successfully complete the curriculum.

3. Motor

Students must have sufficient motor function to elicit information from patients by palpation, percussion, and other diagnostic measures. The student must have sufficient motor function to carry out maneuvers of general and emergency care and of osteopathic manipulation. Examples of emergent motor functions include cardiopulmonary resuscitation, administration of intravenous fluids and intravenous medications, management of an obstructed airway, hemorrhage control, closure by suturing of wounds, and obstetrical deliveries. In addition, the delivery of osteopathic manipulation requires the use of extremities in palpation, positioning, and carrying out maneuvers of manipulation. These actions require fine and gross motor and sensory functions, as well as the senses of touch and adequate vision for inspection. Additionally, students must be able to generate sufficient force in order to successfully provide effective osteopathic manipulative treatments for all techniques taught in the curriculum.

4. Intellectual

Students 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, memorize, synthesize, and recall a large amount of information without assistance, to successfully complete the curriculum. The student must be able to comprehend three-dimensional relationships and to understand spatial relationships to succeed in school and to administer medical care. The student must be able to gain knowledge through all types of learning materials that the CUSOM curriculum offers and must be able to perform pattern identification, memorization, recall information, and to identify and discriminate important information, to problem solve, and to calculate and make decisions in timed situations and in the presence of noise and distraction.

The above intellectual abilities are necessary, as students and graduates will be expected and required to perform pattern identification, immediate recall of memorized material, identification, and discrimination to elicit important information, problem solving, and decision-making as to emergent diagnosis and treatment of patients. Students must be able to recall important information for diagnosis and to calculate therapeutic management of emergent conditions. This type of demonstrated intellectual ability must be performed in a rapid and time-efficient manner so as not to place patients in emergent conditions at risk.

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, poisonings and toxic exposures, shock, and hemorrhage.

5. Behavioral and Social Attributes

The student must have 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 on clinical rotations. Students must have the emotional health to be able to function without the aid of medications that are known to affect intellectual abilities and judgment. The student 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 observed during the interview process and throughout the progress in medical school. 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 as a risk factor for unsafe care

If an applicant has a question as to his/her ability to meet the minimal technical standards, the applicant is required to notify the Office of Admissions in advance of applying so reasonable testing may occur. Applicants must identify to the Office of Admissions all areas where there is question in meeting these technical standards.

2.14 Americans with Disabilities Act

CUSOM is operating in compliance with the timeline established by 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. Students and applicants with specific needs should contact the Director of Student Affairs.

2.15 CUSOM Matriculation and Enrollment Policies

Once accepted, students matriculating into CUSOM are required to meet the following:

Health, Vaccine, and Immunizations Requirements

All deposited CUSOM students are required to provide a completed medical history form, proof of immunization to the Office of Clinical Affairs, and a completed drug screen (as described below). A completed physical examination conducted by a licensed physician using the CUSOM form. Students are responsible for maintaining immunizations required by CUSOM in order to complete all required supervised clinical practice experiences in the osteopathic medical program curriculum. Please refer to the CUSOM

Immunization Policy available at MYCUSOM and in the Office of Student Affairs. All students must provide documented proof on the AAMC Standardized Immunization Form (completed and signed by your health care provider or institutional representative) of adequate immunization/immunity for the following:

- TB test (prior to matriculation and prior to clinical rotations)
- Tetanus toxoid immunization (Tdap)
- Hepatitis B virus (quantitative)
- Measles (Rubeola), Rubella and Mumps
- Varicella
- Influenza

Criminal Background Checks

CUSOM applicants are required to self-disclose any misdemeanors or felony arrests or convictions, including deferred adjudications and traffic violations, with the understanding that non-disclosure/falsification may result in the revocation of the offer of admission. Additionally, in response to requirements in the professional practice environment, and to minimize the risk to patients, a criminal background check will be completed on all accepted applicants prior to matriculation.

Should any misdemeanors or felony arrests or convictions, including deferred adjudications and traffic violations occur after matriculation, the student must report the incident to the Director of Student Affairs within 30 days of the incident. Following review, disciplinary action may be instituted, up to, and including, dismissal. A background check will be done prior to clinical rotations, and additional background checks may be done at the discretion of CUSOM and partnering institutions. Discovery of any previously non-reported incident may lead to referral to the APPS Committee and possible sanctions.

Campbell University requires criminal background checks before starting rotations. Your clinical sites may also require an additional criminal background check as part of its institutional policy before accepting you into a clinical rotation.

Background checks revealing prior criminal activity may result in consequences affecting clinical rotations, acceptance into residency programs, future licensing, specialty board certification, and/or employment opportunities.

If you are not able to complete rotations due to the inability to pass background check requirements you will not be able to meet graduation requirements.

Also, you may wish to contact the licensure boards in the state where you intend to practice to ensure the aforementioned offense will not prevent you from becoming licensed in that state in the future.

All students returning from an approved extended period away from CUSOM, such as a leave of absence or an offer to repeat an academic year, are required to self-disclose any misdemeanors or felony arrests or convictions, including deferred adjudications and traffic

violations, with the understanding that non-disclosure/falsification 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.

Further, should you be convicted of a misdemeanor, felony, or traffic violation, CUSOM retains the right to relinquish your seat in the class or to consider you for other disciplinary action per the Academic Bulletin. As a future physician, you will be held to a high standard of professionalism, ethics and honor.

Basic Life Support Skills

CUSOM students are required to have Basic Life Support training prior to matriculation. Each student must provide a copy of his or her CPR card to the Office of Clinical Affairs documenting successful completion of a Basic Life Support for Health Care Providers course. CUSOM will only accept courses authorized through American Heart Association.

Substance Screening

In response to requirements in the professional practice environment and to minimize the risk to patients, a 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. Any applicant who has a deficiency or abnormality discovered on the substance screening will be referred to a subset of the Admissions Committee appointed by the Dean for further investigation. The committee will make a recommendation to the Dean as to whether the offer of admission should be maintained or rescinded.

A substance screening will be required prior to clinical rotations, and additional screenings may be done at the discretion of CUSOM and partnering institutions. Should a substance-related incident occur after matriculation, the student must report the incident to CUSOM within 30 days of the occurrence. Following review, disciplinary action may be instituted, up to and including dismissal.

Transcripts

All CUSOM students will be required to provide official transcripts to CUSOM's Office of Registrar from all colleges and universities attended with the proof of an earned Bachelor's Degree.

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

3. STUDENT EXPENSES AND FINANCIAL AID

3.1 Application Fee

A non-refundable fee of \$50.00 will be payable upon submission of the secondary application for admission. Details of how to submit the fee are included in the email invitation to submit a secondary application.

3.2 Acceptance Fee

A non-refundable fee of \$1,500.00 is payable after a student has been accepted to CUSOM. Payment is credited toward the tuition fee upon matriculation.

3.3 Tuition and Financial Aid

Tuition

Tuition is subject to change annually. Tuition for the 2017-2018 academic year is \$45,900 with additional fees to cover recreational, 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 Trustees'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 before any over award will be refunded.

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

Fees

Students in Years one and two will be assessed an annual fee of \$1,680 and students in Years three and four will be assessed an annual fee of \$1,500. This fee covers such 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.

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 students loans. The office provides financial aid counseling to students every step of the way from prospective applicants to CUSOM graduates and beyond.

The CUSOM Office of Financial Aid is responsible for the administration of the student financial aid program. Campbell University's Director of Financial Aid establishes policies and procedures for the administration and management of the various financial aid programs. 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 will give a financial aid presentation.

Following acceptance to CUSOM, Financial Aid Application Process information will be emailed to accepted students. Students interested in applying for financial aid are required to complete the Free Application for Federal Student Aid (FAFSA) and the Authorization and Consent Form and provide any other documentation required by federal, state, and private financial assistance programs to determine eligibility for student financial assistance. Personal financial aid counseling will be available to students by appointment.

Financial aid counseling is also 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. Also discussed are the following: a review of the financial aid application process, loan disbursements, billing process, deferments, record keeping and debt management. 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 will be emailed to students. Students are encouraged to call, email, or stop by the Office of Financial Aid for further individual assistance.

The CUSOM Office of Financial Aid provides Debt Management Counseling sessions for medical students. These sessions will 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. Satisfactory academic performance (SAP) is one consideration whether or not a student will qualify for renewal of Financial Aid. The SAP at CUSOM is currently set at a minimum GPA of 3.0.

The CUSOM Office of Financial Aid conducts Exit Counseling sessions for any student who withdraws or graduates from CUSOM. During the presentation, 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. 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 will be mailed.

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 enrolment. Campbell University will be consistent in applying the SAP policies to full & part time students. The cumulative GPA set for CUSOM is 3.0.

Additional information can be found on Campbell University Website:
https://ww2.campbell.edu/pdf-top/financialaid/GRAD_SAP_Policy.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.

3.4 Refund Policy

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

To withdraw officially from the University during a semester, a student is required to complete an official Withdrawal Form available from the Office of the Student Affairs. The Withdrawal 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. Failure to withdraw properly will result in a non-prorated reassessment of charges to the student account.

Upon completion of the Withdrawal Form, the CUSOM Registrar's Office updates class registration as a withdrawal from the University denoting the "Withdrawal Effective Date" provided on the form.

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

Graduate & First Professional Programs Full University Withdrawal ("W" status assigned) All Semesters	
	Tuition Refund
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 Financial Aid Office 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 Financial Aid Office 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 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.

3.5 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 be guidelines and may be modified as necessary by the Dean.*

Presidential Scholarship

In order for a student to be considered for the 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 $\geq 30/75^{\text{th}}$ percentile. Presidential Scholarship recipients will be awarded a \$20,000 tuition scholarship, which may be renewed annually.

Dean's Scholarship

In order for a student to be considered for the 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 $\geq 24/45^{\text{th}}$ percentile OR an MCAT score of $\geq 30/75^{\text{th}}$ percentile with a science and cumulative GPA of 3.30 or higher on a 4.0 scale. Dean's Scholarship recipients will be awarded a \$10,000 tuition scholarship, which may be renewed annually.

Campbell University Scholarship

In order for a student 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 $\geq 24/45^{\text{th}}$ percentile. Campbell University Scholarship recipients will be awarded up to a \$10,000 tuition scholarship, which may be renewed annually. 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 Scholarship Committee. Recommended students will be discussed at the Scholarship Committee meeting, Committee members will vote, and scholarship recommendations will be forwarded to the Dean for approval. Once approved by the Dean, all decisions are final.

Candidates selected for scholarship consideration will be sent a letter inviting them to apply for the respective scholarship. The CUSOM Assistant Director of Financial Aid will send scholarship invitation letters to students via email. 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 student's scholarship invitation. Completed essays should be submitted via email to: CUSOMFinancialAid@Campbell.edu.

Once the due date has passed, the Assistant Director of Financial Aid will review the essay content and make scholarship recommendations to the Dean. The Dean will make all final scholarship decisions. The Assistant Director of Financial Aid will notify scholarship recipients of their award by sending a formal scholarship notification letter via mail and email.

Along with the award notification, students will also receive a scholarship contract, which must be completed and returned to CUSOM.

In order to officially accept this scholarship, the student must return their Admissions Acceptance Form, Scholarship Acceptance Contract, and submit their acceptance deposit by the due date indicated on the scholarship letter. Students who fail to submit all three items by the due date will not receive scholarship assistance.

CUSOM scholarships will be granted until funding is exhausted or as long as the qualified candidate pool exists.

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

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

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 3.20 or above on a 4.0 scale, for Dean's and Campbell University scholars, at the end of each year of study. 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 merit 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, 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

As stated previously, in order to enroll at CUSOM, all students are required to provide a completed medical history form, proof of immunization to the Office of Clinical Affairs, a completed drug screen (as described below) and completed physical examination conducted by a licensed physician using a CUSOM form.

Students are responsible for maintaining immunizations required by CUSOM in order to complete all required supervised clinical practice experiences in the osteopathic medical program curriculum. Please refer to the CUSOM Immunization Policy available at MyCUSOM and in the Office of Student Affairs. All students must provide proof of adequate immunization/immunity for the following:

- TB test (prior to matriculation and prior to clinical rotations)
- Tetanus toxoid immunization (Tdap)
- Hepatitis B virus (quantitative)
- Measles (Rubeola), Rubella and Mumps
- Varicella
- Influenza

4.3 Student Health

CUSOM students are able to utilize the Campbell University Health Center for medical concerns; personal medical information will be kept confidential. Student Health Center office hours are published and distributed to students at the start of each academic year, and can be found on the health center website: <https://www.campbell.edu/health-center/>. All students are required to have health insurance.

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. For true emergencies, students are asked to 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 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/>.

4.4 Counseling Services

Counseling services are available 24 hours a day, seven days a week in a confidential manner through a combination of resources which include the CUSOM Behavioral Health (CUSOM BH) services under the leadership of the Director of Behavioral Health (<http://www2.campbell.edu/cusom/current-students/cusom-behavioral-health/>) and ProtoCall Services ((866) 428-3591), a counseling service for students. Phone calls are answered by licensed counselors who have extensive clinical experience and are available to students 24/7.

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 is also available as a point of contact for after-hours issues in conjunction with ProtoCall Services described below. CUSOM Behavioral Health clinical staff provide counseling for CUSOM students in three on-campus locations based on student preference: Leon Levine Hall, the Campbell Health Center (129 T.T. Lanier Street), and at the Campbell Counseling Center (Lanier House, 233 Leslie Campbell Avenue). 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.

Students on clinical rotations who are unable to travel to one of the three on-campus locations can meet with a counselor via Thera-link (<https://www.thera-link.com/>), a secure videoconferencing system which meets HIPAA and FERPA standards. This approach makes communication with, and counseling for, CUSOM students on rotations much easier.

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

For students found to have needs beyond those provided via CUSOM BH, confidential referrals are made to appropriate community health providers.

In addition to behavioral health clinical staff, CUSOM utilizes the services of ProtoCall.

ProtoCall is currently used by CUSOM to provide 24 hour a day counseling service 365 days per year.

- The ProtoCall Counseling Helpline can be reached at (866) 428-3591
- The helpline is a free, confidential, non-judgmental telephone counseling and referral service available to all CUSOM students.
- When you call the secure helpline, you will be asked to provide your CU student I.D. number, address and phone number. You will then speak with an experienced counselor to help you through an immediate crisis, or determine the type of resources you need for further mental health services. Following the call, a secure report is generated by ProtoCall based on the triage assessment. This report will be housed at the ProtoCall facility. Confidentiality is a priority, only the Director of Behavioral Health will have access to the reports strictly for follow-up and referral purposes. CUSOM is required to follow all HIPAA and FERPA regulations.
- ProtoCall provides a toll-free number, which students can call at any time, day, or night, and be connected directly to a trained counselor who will triage the situation and refer the students to the appropriate counseling services in our area.
- The number given is specific to Campbell University and students are greeted as Campbell University students.
- There are standard protocols that govern the interaction such that counselors assess the student and determine if emergency intervention is needed.
- If it is determined that immediate attention is needed (i.e., a student may be a danger to themselves or others) then ProtoCall keeps the student on the line while simultaneously alerting on-campus security (if appropriate), as well as local emergency services.
- If emergency intervention is not needed then the student is counseled over the phone and subsequently referred to the CUSOM Director of Behavioral Health for follow up.

Once the call is completed, the counselor from ProtoCall creates a detailed report of the call and securely transmits the report to the CUSOM Director of Behavioral Health.

Students on clinical rotations may use ProtoCall 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, call 911. For non-emergency situations Monday through Friday 9am-5pm, call campus safety and ask for the Behavioral Health practitioner. After 5pm and on weekends and holidays, call ProtoCall at (866) 428-3591.

Campbell University Behavioral Intervention Team for the School of Osteopathic Medicine (CUBIT-SOM)

Purpose

In order to ensure the safety and continued success of our medical student body, the Campbell University Behavioral Intervention Team for the School of Osteopathic Medicine (**CUBIT-SOM**), a sub-committee of the APPS Committee, serves osteopathic medical students by working with them and faculty to address and/or remediate any concerning event or pattern of personal behavior and/or professional interaction.

Composition

CUBIT-SOM is composed of:

Ex-officio Members

- Director of Behavioral Health for CUSOM
- Vice President for Student Life
- Campbell University General Counsel

Voting Members

- Vice Dean for Academic Affairs
- Associate Dean for Biomedical Affairs
- Associate Dean for Clinical Affairs
- Director of Student Affairs

Faculty/staff that are pertinent to the case may be called upon to provide relevant facts but not be entitled to vote.

To initiate a referral, concerned faculty/staff may contact the Director of Behavioral Health by email (marlowed@campbell.edu), phone (910) 814-4959, or by filling out the online or PDF case referral form on the Behavioral Health portion of the CUSOM webpage (<http://ww2.campbell.edu/cusom/current-students/cusom-behavioral-health/cubit-som/>). Once a report is received, the referring faculty will be contacted within 24 hours for follow-up regarding the situation, and a team meeting will be scheduled. During the meeting, team members who have had interaction with the student, as well as other pertinent campus and community individuals will present information.

Upon conclusion, the CUBIT-SOM team may choose one of the following options: make a recommendation on the student's continued enrollment or dismissal; continue to gather information and meet again; or monitor the situation for new developments. A formal letter detailing the team's decision will be sent to the student and appropriate Associate Dean. The CUBIT-SOM will use policies outlined in the CUSOM Academic Bulletin and the Campbell University Student Handbook 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 (FERPA).

4.5 Substance Abuse Screening Protocol

Substance abuse screening is becoming mandatory at many healthcare facilities prior to participating in patient care, either as a learner or as a staff member. In light of this development, a negative substance abuse screening test is required before matriculation into osteopathic medical school, and again before advancement to year three. Therefore, applicants to osteopathic medical school will be notified of the background check and substance abuse screening protocol requirement as part of the application process. Additional screening tests may be required as determined by CUSOM or the clinical training sites.

CUSOM reserves the right to require drug or alcohol testing on any student when an incident of erratic or unusual behavior based on the student's appearance, behavior and/or performance

has been documented. Refusal or failure to submit to screening may result in disciplinary action up to, and including, dismissal. Students found to have screening tests positive for alcohol, illicit substances or prescription medications without a valid prescription may result in disciplinary action up to, and including, dismissal.

Clinical education sites may require CUSOM to provide them with a copy of the results of any substance abuse test performed on students prior to and for the duration of their placement at the site. Clinical education sites may set their own standards in regard to who they will admit based on the results of the substance abuse screening or require further screening. Students who are not willing to allow the release of the required personal information will not be able to be placed at an affiliated clinical education site, and thus cannot meet the requirements to continue their education and fulfill the curriculum requirements for graduation.

Procedure for incoming students:

- A substance abuse screening (urine drug screen) test must be completed on all accepted students to CUSOM prior to matriculation.
- The letter sent by CUSOM to each accepted applicant, as well as to selected wait-listed applicants, will include information about these requirements with the contingency that the final decision regarding matriculation will be made after institutional review of the accepted applicant's substance abuse screening test report.
- Appropriate authorization, with pertinent identifying information necessary to initiate the test, will be received from each accepted applicant prior to initiating a substance abuse screening test.
- Accepted students must have the sample collected at a facility approved by CUSOM.
- If the test result is positive, the Dean will appoint a subset of the CUSOM Admissions Committee to review the information and the application. Substance abuse screening results will be viewed in light of North Carolina and federal laws governing illegal substances. Depending on the recommendation of the subset of the Admissions Committee, the student's acceptance may be rescinded.
- All substance abuse screening tests are maintained in a secure location to ensure confidentiality. Routine access to the information will be limited to the Director of Admissions, the Director of Student Affairs, the CUSOM Dean, and the Campbell University General Counsel.
- The cost of the test is the responsibility of the student.
- The Dean will make the final determination regarding the applicant's status.

Prior to starting year 3:

- Students must have the substance abuse screening sample collected at the Campbell University's Health Center or another facility approved by CUSOM.
- If the test result is positive, the Dean will appoint a subset of the CUSOM Admissions 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 clinical year may be delayed based on the results.
- All substance abuse screening tests will be maintained in a secure location to ensure confidentiality. Routine access to the information will be limited to the Director of Student Affairs, the CUSOM Dean, and Campbell University General Counsel.

- Results from positive drug/alcohol screens will be shared with the Director of Behavioral Health in the event the student requires drug/alcohol counseling.
- The cost of the test is the responsibility of the student.

4.6 Infection Control

Students exposed to infectious diseases should consult the Campbell University's Health Center (910)-893-1560 for information. 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, about the advisability of working with patients and when it is safe to return to patient care.

Standard Precautions

The Centers for Disease Control (CDC) has developed precautions to prevent accidental spread of infectious diseases to both students and patients. These include:

Hand washing (or using an antiseptic hand rub)

- After touching blood, body fluids, secretions, excretions and contaminated items
- Immediately after removing gloves
- Between patient contact

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 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

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

- 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, the occupational health clinic or area of the clinical facility designated for treating needle stick exposures. Consult concerning appropriate tests, risk- assessment counseling and chemoprophylaxis.
- 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.
- In the event of an exposure, the National Clinician's Post-Exposure Prophylaxis Hotline (PEpline) is available by phone, (888) 448-4911, 24 hours per day, seven days per week, to provide guidance in managing exposures.

Incident Reporting

If a student suffers an accident during a CUSOM activity while on campus, the student must complete an incident report, and call/go to the Campbell University's Health 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 should be contacted for assistance. A copy of the facility's incident report must be sent to Campbell's Student Health Services (PO Box: 565, 129 T.T. Lanier St., Buies Creek, NC 27506).

4.7 OSHA and HIPAA Training

CUSOM requires that all students receive training on the Health Insurance Portability and Accountability Act (HIPAA).

CUSOM ensures the privacy and security of patient health information. In the normal course of business and operations, individuals receive requests to disclose patient health information for various purposes.

To support our commitment to patient confidentiality, CUSOM ensures 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 and be trained to prevent transmission of communicable pathogens. Students annually review OSHA rules and requirements and complete a yearly review of appropriate plans and practices.

CUSOM has in place the following:

- 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.

4.8 Professional Liability Insurance

Students are covered by professional liability insurance in the event of incidents involving patients during clinical training which is part of their curriculum. Any incidents that occur in the clinical interaction with patients should be reported to the clinical supervisor on-site, and the Campbell University General Counsel's Office at PO Box 116, Buies Creek, NC 27506, (910) 893-1217.

4.9 Exercise and Fitness

CUSOM students have access to all Campbell University recreational facilities, which include: 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.

4.10 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, Subway, The Groc 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/>.

4.11 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), and Dunn (10 miles).

4.12 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.

4.13 Student Center

Medical students have access to Campbell University Student activity facilities. Facilities include a snack bar, lounge areas, a large game room, a multipurpose room, and the office space for the Dean for Student Life, Director of Residence Life, Intramural Sports Office, and Campus Ministry.

4.14 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 will be actively involved in at least one organization, and some students may be members of several. CUSOM's students also 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)
- 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)
- Latino Medical Student Association (LMSA)

- 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 Club (SIGN)
- Student National Medical Association (SNMA)
- Student Osteopathic Medical Association (SOMA)
- Student Osteopathic Surgical Association (SOSA)
- Wilderness in Medicine Club

Grade Requirements

Students must have at least an overall 3.0 grade point average, no course failures, and be in good academic standing to:

- Serve as an officer in SGA
- Serve as an officer of a CUSOM club or organization
- Serve on a CUSOM committee
- Attend any off-campus conference/meeting
- Participate in medical mission trips
- Serve as a teaching assistant
- Participate in research projects

HONOR SOCIETIES

Sigma Sigma Phi (SSP)

Sigma Sigma Phi is an Honorary Osteopathic Service Fraternity. Its 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 go perpetuate these principles and the teachings through the maintenance and development of this organization.

Chi Upsilon Chapter

Chi Upsilon is the CUSOM chapter of Sigma Sigma Phi

General Membership Information

- Membership shall be based upon scholarship and service to the college, profession and/or community
- Chapter membership shall not exceed 25% of the total regular CUSOM enrollment
- Applicants must be in good academic and professional standing at CUSOM

Specific Membership Information

- Criteria for Membership
 - Candidate must be a CUSOM student who has successfully completed at a minimum, the 1st semester of classroom work
 - GPA requirement at induction:
 - ❖ Cumulative CUSOM GPA ≥ 3.6 on a 4.0 scale
 - Students can apply for membership at the end of Block 3 or Block 7
 - Pledges will be inducted into SSP during Block 4 or Block 8
 - Membership committee shall investigate each prospective candidate and recommend candidates for acceptance into the chapter at the next meeting
 - Investigation shall include the following candidate information:
 - Scholastic Standing
 - Community/Volunteer hours
 - ❖ Completed at least 10 community/volunteer service hours at time of application
 - Acceptance by fellow students
 - Abilities
 - Character
 - Habits
 - Demeanor
 - Ability and willingness to work with others
 - Candidate will be selected by Membership Committee
 - Election is by a 90% favorable vote of all members present and voting
- Criteria for Continuing Members
 - Scholastic Standing
 - Maintain scholastic standing not to be less than 80% and in no event be below C+ or its equivalent
 - Maintain a cumulative CUSOM GPA ≥ 3.5 on a 4.0 scale, calculated at the end of each academic year

- Community/Volunteer hours
 - Perform 20 hours of community/volunteer service each academic year during MS1/2 years
 - Perform 10 hours of community/volunteer service each academic year during MS3/4 years
 - All members have to volunteer at least once for Orientation, White Coat Ceremony, Accepted Students Day or Graduation Exercise

Gold Humanism Honor Society (GHHS)

Role of GHHS at CUSOM

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. Faculty, staff, and students at CUSOM are selected for their demonstrated values of teamwork, leadership, professionalism, integrity, diversity, and the ethical treatment of all humanity. CUSOM promotes these humanistic traits throughout the four year medical school curriculum. Humanistic values are also emphasized by faculty and residents in clinical teaching experiences during 3rd and 4th year rotations.

CUSOM has a strong commitment to service. The inaugural class of 2017 laid the groundwork for creating the Campbell University Community Care Clinic, a thriving student-run free clinic that provides desperately needed medical care to the uninsured population of Harnett County. This local need is also met by the Global Health and Outreach Club, whose members reach the migrant farmworkers in the area and provide care through medical buses. In addition, CUSOM students and faculty embark on several international mission trips each year, holding clinics in underserved areas of Jamaica, Haiti, and Honduras.

The GHHS chapter at CUSOM serves to both recognize those students, faculty, and residents who exemplify humanistic attributes and bring formal recognition to the value we place on compassionate, patient-centered care at our institution. CUSOM GHHS members will serve as leaders and role models who will enhance the culture of support and compassion for patients and health care providers.

Peer Nomination and Selection Process

In the February-March of the third year, students will be asked to fill out an online version of the Peer Nomination Survey (McCormack WT et al. *Peer nomination: a tool for identifying medical student exemplars in clinical competence and caring, evaluated at three medical schools*. Academic Medicine 2007; 82:1033-9). This will be executed via an online survey to the third year class. For each of the survey questions, students will list three students in their class who best fit the described situations. The survey results will produce a list of candidates who will then be further reviewed by a Selection Committee. The Selection Committee will be

comprised of deans, faculty, GHHS advisors, Leonard Tow Award recipients, and previously inducted GHHS student and resident members. Students in the top 20-25% of the ranked survey results will first be evaluated for academic standing, only students in good academic standing are eligible for GHHS membership. These students will then be asked to submit a curriculum vitae (CV) and a personal statement that addresses the question, *“If selected to become a member of GHHS, what programs will you develop to promote compassionate care and support for patients and health care providers in our teaching environment?”* The Selection Committee will meet in the spring to review, discuss, and select the nominees. The total number of GHHS members will be no more than 10-15% of the medical school class. Selected students will be notified and asked to accept GHHS membership and the results announced to the medical community. The newly selected GHHS members will meet with outgoing GHHS members to share ideas, pass along programs and activities, and to create a history and tradition for GHHS. As our GHHS chapter develops, each year up to four faculty members and up to two residents (as our residency programs develop) will also be selected by GHHS members for induction into GHHS.

CUSOM Student Government

The Student Government serves as a voice for all students. The organizations are open to all students and welcome proposals and participation from the entire student body. The responsibilities of Student Government include: collecting and expressing student opinion 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, the name of the faculty advisor, a list of club officers and a list of charter members. Once the petition has been approved by the Director of Student Affairs, the petition is forwarded to the Dean for final approval. The approved status of an organization is valid for one year, renewable on an annual basis.

Use of College Logo

Student clubs or organizations requesting the use of the CUSOM logo or any official Campbell University marks for correspondence or other purposes must have approval from the Director of Marketing and Communications. The request form to use the school logo for any merchandise must be submitted to the Director of Student Affairs with final approval of the design from the Director of Marketing and Communications.

Student Sponsored Event

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 should 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 CUSOM sponsored student club or organization off-campus 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 and/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 are allowed to attend conferences of no greater than three consecutive days at the discretion of the Dean. Only students in good academic standing will be considered as eligible, and time away from campus will be counted per the CUSOM Attendance Policy. Copies of the Student Organizations Handbook can be obtained from the Office of Student Affairs.

4.15 Student Parking

The Department of Campus Safety is responsible for assigning lots on campus, collecting fee/fines and enforcement of parking regulations. Students should not park 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 CU Parking Policy can be found at <https://www.campbell.edu/campus-safety/parking/>. Any violations of the parking policy may result in disciplinary action.

4.16 Student Lockers

Lockers are made available to all first and second year students. At the end of the academic year, all students will be asked to remove the locks and empty the lockers for the summer.

4.17 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 training is critical to the training of physicians. It is the responsibility of the student to support the standards and it is reasonable to expect this of all students attending CUSOM.

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.

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 persons, they avoid creating the impression of speaking or acting for their School or the University.

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.

Respect for Patients

CUSOM takes the utmost care to ensure patient respect and confidentiality. As osteopathic medical students, students need to demonstrate respect for patients through appropriate language and behavior, including that which is non-threatening and non-judgmental. Patient privacy and modesty should be respected as much as possible during history taking, physical examinations, and any other contact, to maintain professional relationships with the patients and their families. It is important 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 need to respect the laws, policies, and regulations at all levels of the University and the local community.

If a matter arises which may be considered to be a potential violation of law, the Dean (or Vice Dean for Academic Affairs in the Dean's absence) will be notified as soon as possible for referral to appropriate law enforcement authorities. All CUSOM students, faculty, and staff witnessing a crime in progress are expected to notify law enforcement immediately, while taking personal safety precautions.

4.18 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 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 Access and Outreach/ADA/504 Compliance Officer.

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

No accommodations will be made without approval through the University's process. A medical, psychological and/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 Does a Student Obtain Services?

General Procedure for Receiving Accommodations

- Step 1** The student must contact the Director of Student Affairs to request services prior to matriculation, or as a current CUSOM student. 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 student's request and supporting documentation is reviewed by the Director of Student Affairs. 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) which documents 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 Documentation and Accommodations

For any student who has been deemed eligible for special services, CUSOM provides accommodations and/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 will not be provided retroactively. Any student who is 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 generally 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 is approved for 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 will only be 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, and alerting individuals who are hearing impaired to intruders, or 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 will be 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. Reasonable behavior is expected from service animals 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. The CUSOM Director of Student Affairs can provide further information. Emotional Support Animals are not generally 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 from CUSOM.

Cleanliness of any animal living or working 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 will be 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 will not be released to third parties except in accordance with state and federal law.

A student must give written authorization to release information when he/she 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 can be handwritten or a form can be obtained from CUSOM.

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 LOA and Release of Information Form from the Director of Student Affairs or available at <https://cuweb.wufoo.com/forms/release-of-information-mc2a2oj0h17u9w/>

Responsibilities of a Student Approved for Testing Accommodations

Testing accommodations require frequent communication between the student and the Department of Medical Education or Department Clinical Education. It is critically important that testing information is shared with these individuals 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 Department of Medical Education or Department Clinical Education all approved testing accommodations. This discussion should answer the questions of how, when and where the Department of Medical Education or Department Clinical Education 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 Department of Medical Education or Department Clinical Education of their need for accommodations at least one week prior to each test/exam.

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

Remember, the Department of Medical Education or Department Clinical Education is only required to provide accommodations specifically listed in the LOA.

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 (e.g. commuter, law, north campus) from parking administration.

If a student has consistent problems finding necessary handicapped parking near his/her class buildings, notify the Director of Student Affairs and parking administrator 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 all 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), and/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. 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

1. 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 to the C U S O M Director of Student Affairs in writing.
2. 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.

3. 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.
4. 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.

5. ACADEMIC INFORMATION AND POLICIES

5.1 Advising and Faculty Access

The Academic Advisor-Advisee relationship is one of an institutional representative providing insight or direction to a student about academic, professional, and career planning issues. The nature of this direction may be to inform, suggest, counsel, discipline, coach, mentor, or even teach. The advisor/advisee relationship will ensure consistent feedback regarding academic performance and direct the student to additional resources within the institution as needed.

The Director of Student Affairs and Assistant Dean for Faculty assign academic advisors to each incoming CUSOM student. The list of academic advisors is then reviewed and approved by the Dean. Academic advisors provide guidance while students are attending CUSOM. The academic advisor, other 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.

As students enter clinical rotations, additional advising relationships are developed to support the specialty selection and residency application processes. CUSOM Clinical Department Chairs provide advice and support to students applying in their fields. Students are also provided a list of clinical advisors/mentors classified by their areas of clinical expertise, and are free to 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. Frequency of meetings between the clinical advisors and students will be decided through a direct interaction between the two parties.

Feedback to academic advisors on their advising performance is collected using standard survey methods and provided annually. Individual advising performance is also reviewed by the Assistant Dean for Faculty and Vice Dean for Academic Affairs. These data are kept in a secure online database, and are also made available to the Dean.

This advising policy ensures that both biomedical science and clinical faculty are involved in student advisement. This relationship endeavors to create an atmosphere of trust and meaningful dialogue. Significant personal or behavioral health problems will be referred to the Behavioral Health Services for assessment and potential referral for counseling. Students are also encouraged to develop relationships with biomedical/clinical faculty mentors of their choice.

The frequency of meetings between students and their advisors is as follows:

- During Blocks 1 and 2, students will meet with their academic advisor at least once individually each Block and once each Block in a group setting.
- During the rest of 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.
- Students who receive a grade of 75% or less in any integrated exam are recommended to contact their academic advisor for an individual meeting. The frequency of follow up meetings will be determined by the advisor or the Vice Dean for Academic Affairs.
- In addition to email and telephone interactions with faculty advisors, students have advising opportunities with CUSOM faculty during the Call Back Fridays of their third and fourth years. Call Back Fridays are the last Fridays of core clinical rotations when students are required to return to CUSOM and occur at the end of the following clinical rotations: Family Medicine, Internal Medicine II, Obstetrics, Pediatrics, Psychiatry and Surgery.
- During these sessions, end-of-rotation exams will be taken, presentations will occur, Osteopathic Principles & Practices sessions will be given and professional seminars will be conducted. Full attendance and participation in the entire day is MANDATORY. These sessions will run from 8am–5pm; therefore students should NOT make any travel plans prior to 5pm
- Fourth Year Callback Requirements: Attendance and active participation in a minimum of 4 on-campus call back Friday OMM / Simulation / OSCE workshops during required clerkships. Students must participate in the on-campus call back Friday workshops for their Geriatrics rotation and 3 of 5 required 4th year rotations they elect to do at CUSOM core clinical training sites. Students are always welcome to attend additional call-back OMM workshops.
- Students who desire individual advising sessions can schedule a meeting with their academic advisors at any time regardless of their academic performance.
- Students on academic probation will meet with academic advisors at least twice a month, or more frequently as required by the Academic Performance, Promotion, and Standards (APPS) Committee.
- Students and clinical advisors can also schedule group and individual meetings during the school year. The frequency of these meetings will be determined by the students and clinical advisors.

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

CUSOM is a student-centered institution. As such, all administrators will be accessible to students when needed and based on availability. Additionally, administrators will strive to have informal meetings on a regular basis, such as “Breakfast/Lunch with the Deans”, a twice-monthly meeting of small student groups with the academic Deans.

5.2 Student Peer Tutoring

Peer Tutoring Program

The CUSOM Peer Tutoring Program is a way to improve the learning experience, capabilities and results of students for both tutors and tutees. 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.

The Department of Medical Education (Med Ed) employs academically successful students to assist other students with their study habits, review material and participate in group learning activities. These activities are free and available to all students of both pre-clinical classes.

Med Ed utilizes on-line programs to engage students and to facilitate the tutoring activities. All sessions are reported and used to gauge participation and to remunerate the tutors.

Student Large-Group Tutoring

If there is an instance of a large-group tutoring session, tutors inform Med Ed of when their sessions are to take place and Med Ed sends out an announcement to the student body. Numbers of attendees are collated by Med Ed, who then assist in reserving the necessary space and, if necessary, allocate slots for multiple sessions.

5.3 Attendance

Attendance Policy

Attendance of MS-1 and MS-2 students is required at all lectures, labs, and other scheduled curricular activities. Attendance will be monitored using electronic verification. Absences for illness or emergencies will be considered appropriately. Any falsification of attendance will be viewed as an Honor Code violation and dealt with accordingly. 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 MS-3 and MS-4 students is required for all requisite clinical duties of the particular rotation on a daily basis with structured time away from the rotation 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.

Multiple violations may result in disciplinary action by the APPS Committee including, but not limited to, removal from any leadership position with any student club,

organization or student government office, and possible notation in the Dean's Letter of Evaluation. 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, the student who misses a lecture, laboratory, workshop, or rotation 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 will be conducted only in extreme situations and at the discretion of the Course Director with approval of the appropriate Associate or Assistant Dean. Each request for excused absence will be judged independently on a case-by-case basis. The total combined excused and unexcused absences must not exceed 20% of a course lecture/class time (no labs may be missed unless exceptional circumstances are documented); exceptions to this 20% rule include the following, **when approved**, excused absence requests:

- For medical condition/illness that is two days or greater, unless it is emergent in nature, notice must be received PRIOR TO the missed class or activity, AND a note from the examining physician (who is NOT a family member) indicating the time of medical visit and recommended time off and/or return date must be submitted upon the student's return to class.
- For personal leave that is two days or greater, unless it is emergent in nature, the absence request must be submitted at least seven (7) days prior to the anticipated absence. Examples include:
 - Death in immediate family
 - Critical status secondary to accident/acute illness involving immediate family member

“Immediate family member” is defined as a student’s parents, spouse, spouse’s parents, children, siblings, grandparents, and the parent’s spouse.

Appropriate documentation to support the request is required, and must be submitted for approval to the Executive Director of Assessment, Accreditation and Medical Education. Any requests not approved will be deducted from the 20% allocation.

- 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 must be submitted, in writing, to the appropriate Associate or Assistant Dean at least seven (7) days prior to the anticipated absence. To be considered for such request, the students must have at least an overall 3.0 grade point average, no prior course failure, and be in good academic standing. No travel arrangements should be made prior to approval being granted. CUSOM accepts no responsibility or liability for any losses as a consequence of any cancelled or delayed travel plans.
- Students may request an excused absence for religious holidays not included in the list of recognized University holidays.

In the event of any absence from an examination, quiz, or mandatory laboratory or Inter-professional Education (IPE) activities, approval must be obtained to arrange a make-up. It is essential that each student makes every effort not to miss any examination. Requests for make-up exams or quizzes must be made in a timely manner with the Course Director AND Medical Education. An unexcused absence from an examination, quiz, laboratory, IPE, or assignment may result in a grade of zero for that exercise. Approval of laboratory makeup, unless also approved as a part of excused absence, does not preclude the absence to be considered as part of the 20% rule. Absences in laboratory sessions are calculated as a two-hour session equivalent to one lecture hour.

For any absences to be considered excused, including those listed above, students must notify a Medical Education representative and complete an “Excused Absence Request Form” online. The Executive Director of Assessment, Accreditation and Medical Education will determine if the excused absence is approved or denied, and the student will be notified of the decision by Medical Education in a timely manner. If a student is failing in any course or has been placed on academic probation, they may not be approved for an excused absence unless for an extraneous situation determined case-by-case. The Associate Dean for Biomedical Affairs, or 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 Medical Education Department to arrange makeup for missed Lab and quiz/exam where applicable. It is important to note that, although the Course Directors will do their best to accommodate the makeup requests, some missed experience may not be replicable, and the arrangement is at the Course Directors’ discretion.

MS-3 and MS-4 Years

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

One hundred percent attendance on all clinical rotations is expected. There are no unexcused absences. Failure to notify both the Office of Clinical Affairs and/or the rotation site 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 40 hours per week, unless the clinical site is open less than 40 hours. 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. Campbell University Holiday schedule is independent of the clinical clerkship rotation schedule. MS-3 and MS-4 students must follow the schedule as outlined by their preceptor for the month.

Attendance

1. Attendance at all scheduled work days is mandatory. Students are expected to arrive at least 15 minutes early to each of their scheduled work days.
2. Any length of absence (an hour, ½ day, full day) must be immediately reported to the site coordinator, Regional Dean and the corresponding Director of 3rd Year or Director of 4th Year Rotations.
3. Extracurricular activities, vacations, or lack of childcare are NOT acceptable excuses for absences.
4. Email is the primary method of contact 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 Coordinator or Regional Dean.
5. Discretionary Days:

Students are allowed three (3) discretionary days total annually. No more than one (1) day may be taken in any given 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 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 Director of 3rd Year or Director of 4th Year Rotations.
6. Sick Days:

Students are allowed five (5) sick days annually. If more than five (5) sick days total are taken by a student, this may result in referral to the Office of Clinical Affairs and to the Academic Performance, Promotion and Standards (APPS) Committee to for review. A minimum of 160 contact hours are required for completion and credit assignment for each rotation. If fewer than 160 contact hours are completed the rotation is considered incomplete.

 - Students must contact their clinical site/preceptor as well as the site coordinator, Regional Dean and either the Director of 3rd Year or Director of 4th Year Rotations 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 clinic time is missed, a ½ day will be documented. More than four (4) hours of missed clinic time = a full day of sick leave.
 - If an absence of greater than one 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 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 to the Office of Clinical Affairs a note from a licensed healthcare provider defining the number of days absent, and the expected date of return.
 - If extraordinary circumstances require a student's 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 will be evaluated on a case-by-case basis.

- Students who require a Medical Leave of Absence will be reviewed the Associate Dean for Clinical Affairs, the Dean and may be referred to the Academic Performance, Promotion and Standards (APPS) Committee. Each case will be considered on an individual basis. A plan for deceleration, remediation, or withdrawal will be developed in discussion with the appropriate CUSOM Administrator.

7. Family emergencies/ Death in Family

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

8. 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 interviewing during any 4-week rotation, and no more than two (2) days over any 2-week rotation. This includes partial day absences of greater than four (4) hours. Students will be required to make up missed time at the clerkship director's discretion.
- All requests for time off must include written verification of the interview location and date, provided to the Office of Clinical Affairs at least one week prior to the requested date of absence.

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

- CUSOM Office of Clinical Affairs,
- Physician to whom student is assigned, and
- Regional Dean/Director of Medical Education of the affiliated hospital.

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.

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 be considered 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, may not receive credit for the rotation and will be called to the APPS committee.

The clerkship program is a full time educational experience, and any other activities will not take precedence or conflict with the student's assigned/required duties. An

unexcused absence may result in either a failing or an incomplete grade and referral to the Academic Performance, Promotion and Standards Committee (APPS) Committee.

If the 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 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 (week days), before the requested absence.

Students wishing to attend educational seminars, 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 at the end of the MS-2 training will be considered.

In addition, students must have up to date submissions of all clinical rotation evaluations, site evaluations and clinical experience database (logs). Time away from rotation should be made up to achieve the total of 160 contact hours required to receive full credit for the rotation. Educational presentations such as posters or research may be, at the discretion of the Associate Dean, counted toward the required 160 contact hours.

Any excused absence may be required to be made up in order to satisfy attendance requirements as noted in the Academic Bulletin.

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 on a student’s professionalism.

Four weeks of vacation time is included in both the 3rd and 4th years as a scheduled rotation block. Students are generally expected to work five (5) full days (an average of forty hours, with a guideline of sixty) per week, but the length (hours) of some required “work days” 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/Director of Medical Education 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 work day hours from one service to another and are required to stay on the clinical rotation to which he/she is assigned. A student may spend time in another department only if it is part of the assigned clinical rotation's curriculum.

For example, it is acceptable for a student in general surgery to spend time in pathology following 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 Ob/Gyn rotation in the Emergency Department. Any questions should be directed to the Associate Dean for Clinical Affairs.

If the student should work call, night duty or the weekend, he/she may be given compensatory time off. 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 three (3) discretionary days and five (5) Sick Days (approved absences) per academic year. Any student with more than two (2) days per rotation or a total of five (5) days per academic year of time off (not made up) may be referred to the Academic Performance, Promotion and Standards (APPS) Committee for further review.

Anticipated time off:

- *Conferences* -- Additional excused time off may be granted only if the student is presenting, is a national officer, or other situations by special permission. All requests for conferences will need prior approval by the Associate Dean for Clinical Affairs as noted above.
- *Residency interviews* – prior approval is required as noted above and must follow CUSOM procedure. Students are not permitted to miss more than four (4) days for a 4-week rotation or two (2) days for a 2-week rotation.
- *Jury Duty* -- Appropriate documentation must be provided and the student may be required to make up any extended missed days.

Unanticipated time off may be required for such events as:

- Personal medical illness
- Unexpected personal time needs (including funerals, family illness etc.)

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.

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

Call Back Fridays

Students are required to return to Campbell on the last Friday of core clinical rotations: Family Medicine, Internal Medicine II, Obstetrics, Pediatrics, Psychiatry and Surgery. During these sessions, end-of-rotation exams will be taken, presentations will occur,

Osteopathic Principles & Practices sessions will be given and professional seminars will be conducted. Full attendance and participation in the entire day is MANDATORY. These sessions will run from 8am–5pm; therefore students should NOT make any travel plans prior to 5pm.

In the event of illness, BOTH the shelf exam and the Osteopathic Principles & Practice session will need to 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 Office of Clinical Affairs immediately.

Fourth Year Callback Requirements: Attendance and active participation in a minimum of four (4) on-campus call back Friday OMM/Simulation/OSCE workshops during required clerkships. Students must participate in the on-campus call back Friday workshops for their Geriatrics rotation and 3 of 5 required 4th year rotations they elect to do at CUSOM core clinical training sites. Students are always welcome to attend additional call-back OMM workshops.

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 use of a discretionary day on the holiday.

The student is required to follow the training site (e.g., hospital, clinic, office, health center) policies and procedures regarding holidays.

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 and www.campbell.edu/cusom , Facebook, Twitter, and through our inclement weather line.

The numbers which persons may call for the announcement, are:

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 Director of 3rd Year or Director of 4th Year rotations immediately. Any time missed due to severe weather must be made up at the discretion of the preceptor, Regional Dean and Associate Dean for Clinical Affairs, keeping in mind that students must complete a minimum of 16 days on a 4-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 and CUSOM clinical affairs Department and Regional Deans will be crucial to assessing risks within our respective clinical campus regions. We recognize that, due to the geographic dispersion of our 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 to discuss the projected events and the plan for response by each Regional Dean. Regional Deans 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
Green Event	Minimal impact to life and property in the region with expected loss of utilities to last no longer than 1-2 days.
Yellow Event	Moderate impact to life and property in the region with expected loss of life and moderate damage to local structures. Utility failure projections of at least 3-7 days.
Red Event	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 will be the key point of contact for CUSOM and for its students in the respective regions and should print student contact information and carry it with them until the event is over. The Regional Deans, 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).

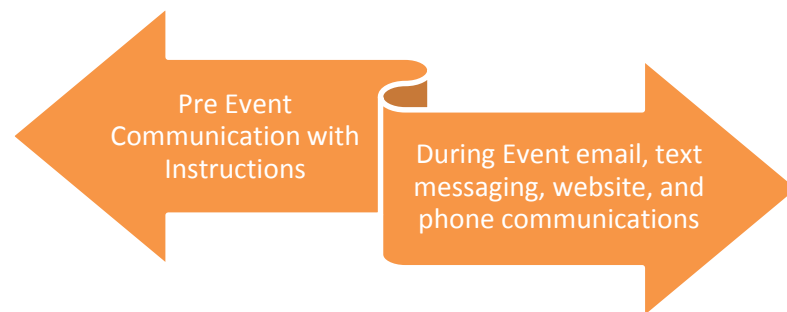
In an unanticipated event, Regional Deans will have the authority to assess the risk and communicate with students and CUSOM Administration their plans.

Section Two – Communication of Risk and Protection of Life Safety

CUSOM will send a post-disaster assessment communication to students giving them instructions on what to do, supplies they should have on hand, and key sources of credible information during the event.

Campbell University has also purchased an electronic text messaging system that can be used to notify our students of potential risks and response plans. This system, E2 Campus, will be utilized to communicate with students about potential adverse events and to communicate with students during an event for updates.

The Regional Dean will serve as the primary point of contact for students communicating with them directly during a disaster by email, telephone, and text message.



Section Three – Identification of Student Whereabouts and Status

Each clinical campus will keep a listing of student cell phone numbers and addresses in a printable format that can be taken home with the Regional Dean in an adverse event. If electronic communication is available, a survey could be conducted online to request student response with their condition, location where sheltering, and any needs they may have.

Section Four – Volunteer Coordination

Regional Deans will communicate in advance of an adverse event with students in the region that they are not to show up at the facility until specific instructions have been delivered to them by their Regional Dean.

Section Five – Educational Program Continuity

Regional Deans in affected regions along with the Clinical Affairs Department will have frequent contact to discuss placement of affected students in order to ensure educational program continuity. End of rotation exams may be rescheduled or alternate days may be offered depending on the impact of the event on students.

Section Six – Resources for Displaced Students

CUSOM is investigating the ability to arrange temporary dormitory housing and other resources from the University in a catastrophic event scenario. This effort would be secured in advance and would be confirmed after the Regional Dean's Assessment of Risk Meeting.

Make Up Time

The student will be expected to be available to make up anticipated time off at the discretion of the clerkship director in order to maintain compliance with the CUSOM attendance policy. If the student's absence will involve missing an examination, the student will need to 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 4-week rotation, or two (2) days of a 2-week rotation, regardless of the reason, may not receive credit for the rotation and will be called to the APPS committee.

Tardiness

Promptness is another trait healthcare professionals must display. Additionally, tardiness is disruptive to the preceptor, patients and fellow students and is thus inconsiderate and disrespectful. Repeated violations will be 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.

Multiple reported violations 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 any student club, organization or student government office; and possible notation in the Dean's Letter of Evaluation. In extreme cases, absenteeism or tardiness may result in dismissal from the program.

Consequences of Non-compliance

As professionals, students are expected to strictly adhere to the attendance policy. For MS-1 and MS-2 students, non-compliance of the Attendance Policy may be considered violations of CUSOM policy and result in disciplinary action by the Academic Performance, Promotion and Standards Committee including, but not limited to, loss of remedial privileges; removal from any leadership position with any student club, organization or student government office; and possible notation in the Dean's Letter of Evaluation. In extreme cases, absenteeism or tardiness may result in dismissal from the program.

For MS-3 or MS-4 students any unexcused absence while on clinical rotation will automatically result in a failure or incomplete for that rotation as prescribed by the Academic Performance, Promotion and Standards (APPS) Committee.

Official Holidays

CUSOM observes standard University holidays. The following days are currently observed:

- New Year's Day
- Martin Luther King Day
- Easter 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.
<https://www.campbell.edu/faculty-staff/human-resources/university-perks/>

The student is required to follow the training site (e.g., hospital, clinic, office, health center) policies and procedures regarding holidays. All major holidays will be observed at the discretion of the affiliated training site at the respective 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/ Director of Medical Education.

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 advise the respective Associate or Assistant Dean as soon as possible.

5.4 Dress Code Policy

Students must maintain a professional appearance. Professional attire must be maintained whenever the student is 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, or workshops. Changing areas and lockers are provided for students to change into appropriate dress for OMM labs, Clinical Skills labs, and Gross Anatomy labs. Students do not need to maintain professional attire after the normal end of the school day, Monday through Friday, or on weekends, except when notified by the school administration to be professionally attired. 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. 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. 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, T-shirts are not permitted except in the OMM lab and clinical skills 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 ensure they are covered at all times on-campus, unless required during OMM or Clinical Skills labs.

Students inappropriately dressed or groomed may be required to leave the campus and not return until appropriately attired. Any class missed during that time will be considered an unexcused absence. Questionable or disputed cases of dress or grooming shall be presented to the Office of Student Affairs, whose decision will be final. Repeated episodes may result in the problem being viewed as an issue to be addressed with the Academic Performance, Promotion, and Standards (APPS) Committee.

Additional Dress Code Requirements:

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

OMM Laboratory Dress Code

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

Appropriate attire must be clean and includes:

- Shorts which are several inches above the knee (mid-thigh).
 - No jean shorts, cut-offs, thick-seamed shorts, spandex, short shorts or knee length shorts.
- T-shirts.
 - Both sexes will be asked to remove t-shirts while acting as patients.
 - T-shirts and tops should be plain. No offensive words, emblems, or decorations of any kind.
- Sports bras or bathing suit tops for women.
 - These should expose the spine and ribs (not wide T-back styles).
- Remove shoes when you are the patient (no shoes are permitted on the tables).
- Student Doctors may wear scrubs (or other apparel approved by the Course

- Director) over laboratory attire when not in the role of the patient.
- Hats or head coverings (other than for religious purposes) are not permitted in OMM lab.
- Religious head coverings will need to be removed when they would obscure the immediate area to be examined or treated (e.g., head, neck, and upper back). They may be immediately replaced after this portion of clinical skills training.

Anatomy Laboratory Dress Code

Lab coats are to be worn in the anatomy lab at all times. Students must wear appropriate footwear that meets the needs of the environments. No flip-flops or open toed shoes are allowed in the anatomy laboratory. Long pants are also required while in the anatomy laboratory.

5.5 Global Assessment

Throughout the medical curriculum, examinations and other assessments are administered to assess student knowledge and performance. Students are assessed to gauge satisfactory individual academic progress (defined in 5.6) 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, as well as the Office of Academic Affairs, work collaboratively 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 relevant processes described elsewhere 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 and/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 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-accreditation-standards-7-1-16.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 approval process.

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.

The 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 three private universities in North Carolina to be awarded Level VI accreditation status by SACSCOC, the others being Duke University and Wake Forest University.

CUSOM’s integrated curricular approach utilizes biomedical science and clinical faculty who 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 clerkships 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 9 weeks to 11 weeks duration. For the third and fourth years, clinical rotations represent four-week Blocks of time. Some clinical rotations may be divided into shorter time intervals, such as two weeks, as described in the Clinical Clerkship Rotation Guide, or 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 with 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 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 UCC as necessary.

To ensure appropriateness and consistency, CUSOM has established a process relative to the systematic review of credit assignments for the curriculum through the Curriculum Committee. Review of credit assignments is conducted annually, usually at the first meeting of the Curriculum Committee upon conclusion of each academic year. 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 Curriculum Committee then makes pertinent recommendations to the Dean as appropriate. The records of review of the credit assignment as part of the overall curriculum review are maintained in the Office of Academic Affairs and as appropriate in the minutes of the Curriculum Committee.

All proposed curricular changes, including minor and substantive changes, are brought to the IRC and Curriculum Committee for review, followed by recommendations to the Dean for 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 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, the Associate Dean for Biomedical Affairs, and the Associate Dean for Clinical Integration.

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, the Associate Dean for Clinical Integration, and the Vice Dean for Academic Affairs as necessary.

Upon approval at all levels, the proposed change is then presented to the Dean after review by the Curriculum Committee. 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.

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 in a timely manner.

Grading

CUSOM has developed and publicized a system, in keeping with the [CUSOM mission and objectives](#), to assess the progress of each student toward acquiring the competencies essential to effective performance as an osteopathic physician. Throughout all four years, 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 and PE, and COMLEX-USA Level 3 passage rates; licensure; geographic area of practice; obtainment and completion of a postdoctoral 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 grading.

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

Grading Scale						
MS-1 and MS-2		QP	MS-3 and MS-4 Traditional Rotation Grades		Other Grades	
A	90-100 ^a	3.0	H-H	Honors	I	Incomplete
B	80-89	3.0	H-HP	Honors	IP	In Progress
C	70-79	2.0	HP-HP	High Pass	W	Withdraw
C*	70	2.0	H-P	High Pass		
F	<70	0.0	HP-P	High Pass		
P	≥70	4.0	P-P	Pass		
P*	70	2.0	PC*	Pass Clinical		
			FC	Fail Clinical		
^a The maximum percentage cannot exceed 100. Percentage grades are rounded to the tenth from 0.50 upwards, therefore 82.50-82.99 = 83 while 82.01 - 82.49 = 82. QP = Quality Points						

Remediation

Throughout all four years, 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 may be offered remediation. Under certain circumstances, students may be brought before the Academic Performance, Promotion and Standards (APPS) Committee for review and possible disciplinary action.

A student in their first and second year of studies, who fails any portion of a course, will appear before the APPS Committee. If the Committee grants the student the opportunity to remediate, and the student successfully passes the remediation, a grade of P* will be entered as a final grade. A student who does not successfully pass remediation will receive a grade of F for the course. If any student remediates, the * will remain on the student's transcript with the notation that the student passed after remediation. If any student fails a course without the opportunity to remediate, F will appear on the student's transcript. Any student who fails the course after remediation will also receive an F on the transcript.

Any student who is offered the opportunity to remediate, the final grade for said course will be withheld until the student completes the remediation process. The student will receive an “incomplete” until remediation is complete. If a course is successfully remediated an * will follow the final grade.

A student in their third and fourth year of studies who fails a rotation will appear before the APPS Committee. If the Committee grants the student the opportunity to remediate the rotation, the student will receive a PC* after the successful completion of said rotation. The notation will appear on the transcript noting that the student passed the rotation after remediation. A student will earn an F if not allowed remediation or if the student fails the remediation. Any student who is offered the opportunity to remediate, the final grade for that rotation will be withheld until the student completes the remediation process. The student will receive an “incomplete” until remediation is complete. If a rotation is successfully remediated, an * will follow the final grade.

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 Ranking

A student's grade point average or **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 $227/61 = 3.721$. Students may be required to remediate any course(s) within a Block where the student's grade falls below 70. Students are required to remediate or complete coursework where the student's grade falls in I (Incomplete) or IP (In Progress) status.

Students who do not successfully complete or remediate these courses are awarded an F or failing grade. A student will receive a grade of C* or P* (asterisk) for a remediated course as per the CUSOM grading protocol. Exceptions may be granted to students repeating an entire academic year.

For the first two years, most courses have a traditional letter grade (A, B, C or F) and are calculated into the GPA. For the third and fourth years, all rotations have a clinical rotation grade and all core rotations have clinical modules/exam grades. The clinical rotation grade and the module exam grade use the Honors, High Pass, Pass Clinical, Fail system. Successful completion of the rotation requires students to pass both the end of rotation exam and preceptor evaluation portions of the course. All rotations on which a student receives a failing rotation grade must be repeated. As a PC* is the highest grade that can be obtained on a repeated rotation, that grade will be recorded on the transcript. The final grade for each rotation during the third and fourth year is not calculated into the GPA.

Students failing a post-rotation exam have a second opportunity to pass the exam within 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, and the rotation must be repeated. Students who fail one or more rotations or more than one post-rotation exam will be reviewed and acted upon by the Academic Performance, Promotion and Standards (APPS) Committee.

No 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 the remediation results in a grade change. A student may appeal to the Dean for consideration only after the APPS Committee has met.

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

Quality Points: Points assigned to grades in an academic “banking” system. Campbell University School of Osteopathic Medicine is on the *four-point* system. Under this system, an "A" is worth four points per hour, a "P" is worth 4 points per hour, a "B" is worth three points per hour, a "C" is worth two points per hour, a "C*" or "P*" is worth two point per hour, and there are no points awarded for "F" or failing grades. A student who earns an "A" in a three-hour course has 3 hours X 4 points per hour = 12 total points.

Ranking: Students will be provided their class rank at the end of each academic year; however, they may request their class rank at any time by contacting the Registrar. Class ranks are provided for informational purposes. This class rank has no direct correlation to the student’s cumulative GPA. It is based upon the numerical grades earned in each course across all blocks. 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 of the courses (maybe 99% in Anatomy and the other student a 93% in Anatomy).

This information is provided for informational purposes only and it will not appear on the student’s transcript; however, for those who are on the higher end of class rank, it could be used as a portfolio item for residency applications.

Assessment

Outcome objectives have been mapped to the courses in which they are covered, and evaluation strategies are used to ensure that all 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 by multiple-choice examinations and quizzes administered at scheduled and random intervals. Laboratory and clinical skills assessments are in written and/or verbal exam format. Assessment of performance on clinical rotations is by end-of-rotation examinations, preceptor evaluations and related methods.

Grading For Years One and Two

Evaluation Categories

For the purposes of this Grading Policy, CUSOM recognizes four categories of evaluation modalities, with suggested percentages in the final course grade as delineated below:

- | | | |
|------|--|-----|
| i. | Integrated examinations, typically multiple choice questions (MCQs): | 90% |
| ii. | Laboratory practical examinations: | 50% |
| iii. | Quizzes: | 30% |
| iv. | Other (e.g., SIM performance, Early Clinical Experiences, Projects): | 70% |

The total percentage for a course should equal 100% and can be comprised of any combination of the above designated components as determined by the faculty with approval from the respective Associate Dean. Each category is represented within the CUSOM curriculum.

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 occur three times in each Block in years 1 and 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 may 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. The total percentage value of quizzes towards the total grade should not exceed the maximum identified above.
- Quizzes may be administered at other times as determined by respective faculty; however, the total percentage value of quizzes towards the total grade must not exceed the maximum identified above.
- 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. 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. The Dean authorizes any exception to the Grading Policy upon recommendation from the Dean's Council.

Grading for Years Three and Four

The primary basis for the core rotation grade is the “CUSOM Student Evaluation Form” and the end-of-rotation exam. The end-of-rotation exam will be given at the end of the four week block during select core rotations. The CUSOM Student Evaluation Form is completed by the attending physician and discussed with the student before submission. For rotations without an end-of-rotation exam, the student’s grade will be based solely on the preceptor evaluation of the student.

1. *End-of-rotation examination* - A post-rotation exam (e.g., COMAT, NBME Shelf Exam or equivalent) will be administered after the following third- and fourth-year rotations: Internal Medicine II, Surgery, Obstetrics/Gynecology, Family Medicine, Pediatrics, Psychiatry, and Emergency Medicine. New post-rotation exams will be added as they are developed and released.

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

If the exam is failed twice, the student will receive a failing grade (F) and be referred to the Academic Performance, Promotion and Standards (APPS) Committee. If remediation of the rotation is permitted and the student passes, a grade of PC* is assigned. If remediation is failed, a grade of FC is assigned.

In addition to the experiences received in the clinical training sites, students are expected to read the assigned text and complete all curricular assignments to prepare for these exams.

2. *Completion of Learning Modules on Clinical Rotation*

Various rotations, such as Pediatrics, Internal Medicine, Family Medicine, General Surgery, Ob/Gyn, 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 Chair.

Each CUSOM Clinical Chair will pick 20-25 high-yield educational modules for the student to complete during his/her Clinical Rotation. Completion of these modules will be required in order to advance to the next Clinical Rotation. The student must complete all of them to a satisfactory level of engagement as reported in their Student Progress Reports and Summary Statements.

Completion of learning modules are due on the last Friday of the rotation. If they are not completed on time, the student’s grade will remain “incomplete” until all learning modules are satisfactorily completed in a timeframe to be established by the Clinical Chair.

If the learning modules are not completed in that time frame, the “incomplete” grade will become a “failing” grade and the student will be referred to the Academic Performance, Promotion and Standards (APPS) Committee.

3. *Preceptor Evaluation of the Student and Student Evaluation of the Preceptor* - All evaluations must be completed within seven (7) days of completion of each rotation. Courses of 8 weeks duration (example: Internal Medicine) require an evaluation to be completed at the end of each 4-week block. If a student has a rotation that is approved and scheduled for 2 weeks, 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. Competency-based rating forms 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 enter into a Modified Course of Study, which may delay graduation, and may be required to repeat the failed rotation.

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

To receive a grade for each rotation, the student is responsible for ensuring the Student Evaluation Form, Site Evaluation Form, end-of-rotation examination, and the clinical experience database (logs) are received by the CUSOM Office of Clinical Affairs. Failure to submit any required rotation documentation may result in a grade of Incomplete and referral to the APPS committee.

Items which may also be used to determine grades on clinical rotations:

1. *Educational modules* – Lectures, cases, reading assignments and other forms of delivery are used in the third and fourth year curriculum.
2. *Students Logs (Procedure Logs)* – Students are expected to submit clinical patient logs and procedure logs.
3. *Question Bank Review* – Students are required to complete the 150 COMBANK questions during each clinical rotation in order to receive credit for the rotation.
4. *Osteopathic Manual Medicine* – Completion of OMM special assignments and participation in lab during Call Back Fridays for core rotations are required.

5. *Objective Structured Clinical Performance Examinations (OSCE) and Standardized Patients (SPs)* – OSCEs 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. These include taking a medical history, performing a physical examination, evaluating signs and symptoms to formulate a differential diagnosis, performing or assessing the results of diagnostic exams to evaluate and narrow a differential diagnosis, and common early management scenarios. OSCE, Simulation and Clinical Skills may also be incorporated into call-back Fridays.

Preceptor Evaluation of Student Performance

A clinical preceptor 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 will be submitted to the Registrar's Office. Students will have access to the questions on the electronic Student Evaluation Form (grade form), Site Evaluation Form, and clinical experience database. During the last week of each rotation block the student must meet with the preceptor to review their performance and end of rotation evaluation.

Student evaluations are due in the Office of Clinical Affairs at the completion of the rotation. If the student was with several physicians, the student should have the principal evaluator submit a composite evaluation. Attending 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 policy will be subject to review by the Academic Performance, Promotion and Standards (APPS) committee and may result in a failure or incomplete grade. Any incomplete 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 turned in to the Clinical Affairs Office at the completion of each rotation. It is the student's responsibility to expediently inform the Clinical Affairs Office of any difficulty in obtaining an evaluation from the preceptor at the end of that rotation. The overall responsibility to ensure that evaluations have been completed and returned to CUSOM (or site coordinator) remains with the student. For this reason, students are responsible for setting up a time for final evaluation during the final week of the rotation, requesting such a meeting at the beginning of the final week of the rotation. CUSOM students are expected to discuss their performance on the rotation and have their evaluation signed by the preceptor before leaving the rotation.

Students should check with the site coordinators regularly to assure they have received the evaluation. Clinical Affairs staff may assist the student in obtaining an evaluation if a preceptor is negligent by failing to complete the evaluation form or to turn it in to the regional coordinator.

Comments from the evaluations will be included on the Medical Student Performance Evaluation (MSPE, also known as the Dean's Letter).

The Honor Code applies to all examinations, including the end-of-rotation examination. Students not achieving the minimum passing score on the end-of-rotation examination will be allowed one retake. Students failing the exam a second time will receive a failing grade and will be referred to APPS Committee. The committee will review each student's overall academic performance on an individual basis to determine whether, and under what stipulations, the student may continue in the academic program.

Delinquent Evaluation Process

The process of establishing a Clinical Rotation Evaluation for a Clinical Faculty preceptor to complete in E*Value for a student's rotation performance is one of detail and collaboration between the Campbell University School of Osteopathic Medicine (CUSOM) Coordinators and the Regional Site Coordinators. During the first week of the rotation, the Regional Site Coordinators will obtain the most updated Clinical Faculty preceptor contact information from the students. This includes, but is not limited to, the Clinical Faculty preceptor's name, office address, and email address. During the second week of the rotation, the CUSOM coordinators will input the information provided by the Regional Site coordinators into E*Value. During the third week of the rotation, the Regional Site coordinators match the student to the appropriate Clinical Faculty preceptor such that an email communication is sent to the Clinical Faculty preceptor at the end of that week, indicating he/she has a Rotation Evaluation to complete. It is CUSOM's expectation the Clinical Faculty preceptor will complete that student's Rotation Evaluation at the end of the fourth week of the rotation and review it with him/her to provide the student with constructive criticism and feedback.

Overdue Clinical Rotation Evaluations

Obtaining a Clinical Rotation Evaluation in a timely fashion is a critical process to a student's academic record and transcript as it represents 50-100% of the grade for a rotation. At the end of the first week following a Clinical Rotation, the CUSOM Coordinators will run a report in E*Value to see which Rotation Evaluations are incomplete. They will report these findings to the corresponding student, Regional Site Coordinator, and Regional Dean. The Regional Dean will directly contact 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 Coordinators will run another report in E*Value to determine the remaining incomplete Rotation Evaluations. These will be communicated to the corresponding student, Regional Site Coordinator, Regional Dean, and Associate Dean for Clinical Affairs. The Associate Dean for Clinical Affairs, in collaboration with the Regional Dean, will directly contact the Clinical Faculty preceptor to complete the pending Rotation Evaluation.

If the Clinical Rotation Evaluation is not completed by the third week following a Clinical Rotation, the Regional Dean or a designee will complete the student's evaluation.

Any evaluations with a mean score of less than 2.5 are automatically reported to the Associate Dean of Clinical Affairs as they represent a failing grade for the rotation.

During Rotation

Week 1

Regional Site Coordinators (RSC) obtain updated Clinical Faculty preceptor contact information from students

Week 2

CUSOM coordinators input information provided by RSC's into E*Value

Week 3

RSC's match student to Clinical Faculty preceptor & email is sent at end of week notifying of Rotation Evaluation

Week 4

Rotation Evaluation completed at end of week and reviewed with student

Post-Rotation

Week 1

- CUSOM Coordinators run E*Value report of incomplete Rotation Evaluations for student, RSC, & Regional Dean (RD). RD directly contacts Clinical Faculty preceptor

Week 2

- CUSOM Coordinators re-run E*Value report for student, RSC, RD, and Associate Dean for Clinical Affairs (ADCA). ADCA & RD directly contact Clinical Faculty preceptor

Week 3

- If Clinical Rotation Evaluation not done, RD or designee will complete student's evaluation

Rotations, Course Remediation and Academic Probation

Failure of a clinical rotation requires repeating the rotation and the student will be put 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 repeat 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.

Students will be placed on academic probation for:

1. Failing to successfully remediate an end-of-rotation exam failure.
2. Failing a clinical rotation.
3. Failing a preceptor evaluation for any rotation.
4. Failing two end-of-rotation exams for any two rotations.

Students who fail a clinical rotation 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 “Unsatisfactory or Below Average” will be reason for remediation at the discretion of the Associate Dean for Clinical Affairs in consultation with the clinical chair, the preceptor, and/or the APPS Committee.

In general, students should show a progression of improvement in performance on clinical rotations. Students who fail to perform satisfactorily on clinical rotations will be referred to the APPS Committee and may result in additional required curriculum, repeat of an academic year, or dismissal from CUSOM.

Poor ratings 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. In the case of concerns in professional and/or ethical areas, the Associate Dean may refer the student to the Dean for an APPS Committee hearing. The Dean will act upon this referral depending on the severity and the area of the performance measure. Poor ratings in this area must be accompanied by comments as to the exact nature of the rating.

- **Documentation:** Students are expected to maintain a log to identify the procedures performed and the number of essential patient encounters.
- **Rotation Evaluations:** Clinical rotation evaluation begins the first week. Students are to request feedback from the preceptor, (e.g., "How am I doing?", "Are there things I should improve?") by the end of the first and every week of each clinical rotation, in order to continually address areas that need improvement. This provides students an opportunity to improve 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.

5.7 Academic Standing and Academic Progress

Academic Standing is defined as a student's grade status at any time within a given academic block or 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 and/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, although exceptions may be considered.

Academic progress for students in years 1 and 2 includes passing all courses in all Blocks, successfully completing all curricular requirements in the Blocks, passing all components of the end-of-year testing, and/or meeting the requirements as set forth by the Academic Performance, Promotion and Standards (APPS) Committee (for those students in a Modified Course of Study). Students must also demonstrate adequate development in professionalism as determined by the faculty and administration.

In order to sit for COMLEX-USA Level 1, the student 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 MS-3 status.

Successful academic progress for students in years 3 and 4 includes successful completion of all rotations and end-of-rotation exams, and meeting the requirements as set forth by the APPS Committee for those students in a Modified Course of Study. Each student must pass the COMLEX-USA Level 2 Cognitive Evaluation (CE) and as well as the COMLEX-USA Level 2 Physical Examination (PE) prior to graduation.

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) of the National Board of Osteopathic Medical Examiners (NBOME) or a similar exam.

If the student fails to attain the passing score after three attempts, the student will be required to successfully complete a remedial 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 sit for COMLEX-USA Level 2-PE, the student must successfully pass an Osteopathic Structural Clinical Examination (OSCE) that is administered during Residency Development month, the first rotation of the student's 4th year. If the student fails to pass the OSCE, they will undergo a remediation program at the direction of the Simulation Medicine Department.

Students who experience difficulty successfully completing elements of the CUSOM curriculum or COMLEX in a timely manner according to the academic calendar may 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 approved by the Dean as recommended by the respective Associate Dean. As long as the student is making satisfactory progress, 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 on the Modified Course of Study, may be referred to the APPS Committee for additional required remediation, or dismissal from CUSOM.

Fourth year students should refer to the Graduation Requirements section for further information about graduation requirements. Students who are not making academic progress will be placed on academic probation and may be dismissed from CUSOM.

5.8 National Board 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.

Milestones for Each CUSOM Student
Successful Completion of Preclinical Courses
Satisfactory Completion of a Qualifying Exam, such as COMSAE, for 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 a Third-Year OSCE that Assesses the Core Entrustable Professional Activities (EPAs) for Entering Residency
Satisfactory Completion of a Qualifying Exam, such as COMSAE, for Level 2
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 COMLEX-USA Level 1 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 testing accommodations.

COMLEX-USA Level 1

CUSOM students will 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 required coursework, may be considered “provisional” third year students. Full third year status is granted to all students passing COMLEX-USA Level 1.

Students will be 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 will be provided by CUSOM.

In order 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 will pay for the first Qualifying Exam with students potentially responsible for the cost of subsequent exams or programs. Students will have three attempts to achieve a minimum pre-identified score on the Qualifying Exam.

Students will be permitted to register for COMLEX-USA Level 1 prior to passing this qualifying exam; however, students failing to meet the minimum CUSOM pre-identified score will not be permitted to take COMLEX-USA Level 1.

Students who do not pass the Qualifying Exam after three consecutive attempts will be placed on a Modified Course of Study, during which they will be required to complete a remedial program, such as Boards Boot Camp (<http://www.boardsbootcamp.com>), at the student’s expense and not to exceed twelve (12) weeks duration. Upon successfully completing the Modified Course of Study, the student will be required to take COMLEX-USA Level 1 within eight (8) weeks (or as approved by the Dean).

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. The student also must meet with the Associate Deans for Biomedical and Clinical Affairs in person or by phone within seven (7) days of receiving a failing score, and they will assist the student in analyzing their deficiencies and assigning a remediation plan.

Students who fail COMLEX-USA Level 1 will be required to complete a remedial program prescribed by CUSOM, such as Boards Boot Camp (<http://www.boardsbootcamp.com>), at the student’s expense and not to exceed eight (8) weeks duration (or as approved by the Dean). This will require the student to enter a Modified Course of Study.

A student who fails COMLEX-USA Level 1 on their first attempt, but who may have had already completed the remedial program (e.g., Boards Boot Camp) prior to taking that COMLEX, may be suspended or may be required to complete a different remedial program prescribed by CUSOM, such as the PASS Program (<http://pass-program.com/>), at the student’s expense and not to exceed eight (8) weeks duration (or as approved by the Dean). This will require the student to enter a Modified Course of Study. Upon successfully completing the remedial program, the student will be required to retake COMLEX-USA Level 1 for the second attempt.

Any student who fails COMLEX-USA Level 1 a second time must meet with the APPS Committee. The student may be suspended or may be required to complete a remedial program prescribed by CUSOM, such as the PASS Program (<http://pass-program.com/>), at the student's expense and not to exceed eight (8) weeks duration (or as approved by the Dean). This will require the student to enter a Modified Course of Study. Upon successfully completing the remedial program, the student will be required to retake COMLEX-USA Level 1 for the third, and final, time. A student is permitted only three attempts to pass COMLEX-USA Level 1.

Students who have been taken off rotations for a COMLEX-USA Level 1 failure may be permitted to return to clinical rotations while waiting for release of their NBOME score. Students who are unsuccessful on the second attempt of the COMLEX-USA Level 1 may be placed on suspension (ineligible for financial aid) or may be placed on a Modified Course of Study (e.g., a residential program at student's expense, possibly eligible for financial aid). Students who do not pass COMLEX-USA Level 1 after three attempts may be dismissed from school.

A Modified Course of Study is individually planned based upon the student's performance and needs. Students are required to complete the modified course of study designed by the Dean (in consultation with the Associate Deans). Students not following the individualized plan for remediation may be suspended at any time. If a student decides upon an immersion course and is removed from fourth year clinical rotations, a Modified Course of Study may be designed by the Associate Dean for Clinical Affairs upon approval by the Dean.

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) and Objective Structured Clinical Exams (OSCEs). 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 sit for the exam no later than September 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 will pay for the first Qualifying Exam, with students responsible for the cost of subsequent exams. Students will be permitted to register for COMLEX-USA Level 2 CE prior to passing this Qualifying Exam; however, students failing to meet the minimum CUSOM pre-identified score on three consecutive attempts will not be permitted to take COMLEX-USA Level 2 CE.

If the student fails to attain the passing score after three attempts, the student will be required to successfully complete a remedial 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 sit for COMLEX-USA Level 2-PE, the student must successfully pass an Osteopathic Structural Clinical Examination (OSCE) that is administered during Residency Development month, the first rotation of the student's 4th year. If the student fails to pass the OSCE, they will undergo a remediation program at the direction of the Simulation Medicine Department.

Students who fail the SP or OSCE exams will be required to remediate the exam 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 November 30 in their fourth year, although it may be to the student's advantage to take this exam earlier as it takes a minimum of ninety (90) days to receive scores for COMLEX-USA Level 2 PE. If students fail COMLEX-USA Level 2 PE, they must have ample time to schedule and retake this exam prior to graduation.

Passing of both COMLEX-USA Level 2 CE and COMLEX-USA Level 2 PE is required to graduate. In addition, most residency programs require passage of COMLEX-USA Level 2 CE to match with their program. Some residencies also require proof of passing COMLEX-USA Level 2 PE prior to interviewing for residency.

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 attempts will be suspended. Students on suspension typically do not qualify for financial aid.

Students will not be 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 may be dismissed from CUSOM.

Any student who fails their initial attempt on COMLEX-USA Level 2-CE will be immediately placed on probation and, as determined by the APPS Committee, may 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. The Associate Dean for Clinical Affairs will assist the student in analyzing their deficiencies and assigning a remediation plan. Students who fail COMLEX- USA Level 2-CE will be required to complete a remedial program prescribed by CUSOM, such as Boards Boot Camp

(<http://www.boardsbootcamp.com>), at the student's expense and not to exceed 12 weeks duration. Upon completing the remedial program, the student will be required to retake COMLEX-USA Level 2-CE within eight (8) weeks.

Students who have been taken off rotations for a COMLEX-USA Level 2-CE failure will be placed on a modified course of study but may be permitted to return to clinical rotations while waiting for release of their score. Students who are unsuccessful on the second attempt of the COMLEX-USA Level 2-CE may be placed on suspension. 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 CUSOM. Students who do not pass COMLEX-USA Level 2-CE after three (3) attempts may result in dismissal.

A modified course of study is individually planned based upon the student's performance and needs. Students are required to complete the modified course of study designed by the Dean (in consultation with the Associate Deans). Students not following the individualized plan for remediation may be suspended at any time. If a student decides upon an immersion course and is removed from fourth year clinical rotations, a Modified Course of Study may be designed by the Associate Dean for Clinical Affairs upon approval by the Dean.

Students must pass COMLEX-USA Level 1, COMLEX-USA Level 2 CE and PE. They will be allowed a maximum of three (3) attempts for each of these exams. Failure to pass each of these exams may result in dismissal.

Academic Probation

In addition to the policies above, students may be placed on academic probation for the following reasons until the deficiency is rectified or otherwise designated by the Dean:

- the student receives an "F" at the end of the Block in any course or clinical experience,
- the student fails to score a 70% or above on the post-rotation exam on the second attempt,
- the student has repeated failures, or
- the student fails to successfully complete the COMLEX-USA Level 1 or 2 CE and PE exam(s) in the expected timeframe

The record of each student on academic probation will be reviewed as necessary to evaluate the student's academic progress. At the end of any Block or clinical rotation where the student on academic probation earns grades below 70% (or the equivalent), the APPS Committee may recommend promotion to the following year, repeating the year just completed, repeating a specific rotation, make-up examinations or dismissal.

Students may appeal the decision of the APPS Committee to the Dean based upon new and compelling information not available to the APPS Committee at the time of the decision. Academic probation appears on the transcript, along with the date when the academic probation was rectified. Academic probation may appear on the student's MSPE.

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 In Progress ("IP") on his/her transcript until the prescribed remediation is attempted and a new grade is issued. The Registrar will report current "IP" grades to the appropriate Associate Dean at the time the "IP" is assigned. Once an "IP" grade has been officially changed to a letter grade on the transcript, the Registrar will not retain a record of "IP" courses as part of the academic record. The appropriate Associate Dean, however, maintains a listing of previously satisfied F grades in courses and will report such grades to the APPS Committee as needed for assessment of the student's overall academic performance and progress. 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 given 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 student may receive any of the following grades for a clinical rotation: Honors, High Pass, Pass, or Fail. A successfully remediated clinical rotation will be represented on the transcript as PC*, with the asterisk denoting a remediated rotation.

5.9 Modified Courses of Study

All Modified Courses of Study are credit-bearing and must be prepared and designed by the appropriate Associate Dean and approved by the Dean. Students who are placed into, or request, a Modified Course of Study must agree to and comply with the Modified Course of Study. Students who do not comply with the Modified Course of Study may be suspended at any time by the Dean for failure to follow the plan. If a student has difficulty in following the assigned Modified Course of Study, the student must meet with the Dean, or appropriate Associate Dean.

In the clinical years, students following a Modified Course of Study should be aware that they must complete all requirements to graduate, enter ERAS and the Match. Students who fail COMLEX Level 2 PE or 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 and/or director of medical education at the respective hospital.

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 students throughout the academic program.

The APPS Committee meets at the end of any block or rotation to review students who have achieved a failing course grade, failed to successfully remediate an F, failed a course while on Academic Probation, when a delay in a student's academic progress (see 5.7) 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 leaves 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) or nonprofessional conduct. The Campbell University Jerry M. Wallace School of Osteopathic Medicine Honor Code will guide this review.

The APPS Committee is composed of following voting members: the Associate Dean for Biomedical Affairs, the Associate Dean for Clinical Affairs, the Vice Dean for Academic Affairs, the Director of Student Affairs and at least four faculty members to include clinical and biomedical faculty. The Dean appoints faculty members. A quorum is defined as a simple majority of the members present. The committee chair, with approval of the Dean, may invite non-voting members to attend. As this is not considered a legal hearing and is instead an academic proceeding, 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 rotation, after the Associate Dean for Biomedical Affairs and/or the Associate Dean for Clinical Affairs have determined all grades, or as needed. Additionally, any member may call for an APPS Committee hearing if a student has:

- Failed a course
- Attempted and failed to remediate a course resulting in an F
- Failed to pass any courses while on Academic Probation
- Failed any clinical rotation
- Failed a post-rotation exam twice
- Experienced repeated failures in the end of year testing exams
- Suspicion of any violation of the CUSOM Honor Code or other policies/procedures after appropriate preliminary procedures have occurred
- Failed to pass COMSAE
- Failed to pass an appropriate COMLEX-USA in the timeframe required
- Demonstrated inability to make academic progress by any other academic measures the faculty and/or administration have approved or for remediation programs including an altered degree plan, remediation courses assigned on or off campus, Modified Course of Study, and/or other directed CUSOM curriculum.

APPS Committee Procedures for Academic Performance Matters

The Vice Dean for Academic Affairs, or his/her designee, will Chair the APPS Committee.

Members of the APPS Committee have the following roles:

- The appropriate Associate Dean for the academic year involved will report on the academic progress (see 5.6) of the student(s), as necessary.
- The Associate Dean may submit a written report documenting assistance that the student has received or been offered, including but not limited to tutoring or advising.
- The Course Director, Department Chair, and/or the student's Faculty Advisor may be asked by the APPS Committee to comment on student performance and related topics, as necessary.

- The Director of Student Affairs may report on documentation that the Office of Student Affairs may have and which may be relevant to the student's academic progress. The Registrar will be available *ex officio* to discuss the academic record if needed.
- The APPS Committee Chair shall identify a recording secretary for minutes and to ensure all communication occurs in a timely manner.
- Each student reviewed by the APPS Committee will be given the opportunity to make a maximum of a ten-minute presentation of any issues or considerations that they wish to make known to the APPS Committee. Members of the APPS Committee may then direct questions to 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 has the option to submit a written document, no more than two pages, single-spaced.

For students deemed to not be making academic progress (see 5.6), including multiple grades in the I or IP range in one block/rotation or across more than one block/rotation or an F grade, following deliberations the APPS Committee may impose a sanction including but not limited to the following:

- Award a satisfactory grade (70%) and promotion to the next block following satisfactory remediation
- Require remediation, further coursework, or repeat of courses
- Require one or more additional clinical rotations with satisfactory performance
- Place or extend the student's term on academic probation
- Remove a student from academic probation
- Require more frequent meetings with faculty advisors for students on academic probation
- Specify a timeline or manner in which any remediation must occur
- Make a determination for dismissal, with or without the option to repeat the academic year
- Request further assessment prior to making sure the student has the ability to make satisfactory progress to become an osteopathic physician including but not limited to: psychological evaluations, drug or alcohol screening / testing, or other evaluations. Such testing will be at the student's expense.
- Recommend to the Dean removal of suspension
- Require to repeat multiple courses in which the student initially earned a failing grade
- Assign a Modified Course of Study that may delay promotion and graduation until satisfactory progress through a directed remediation program has occurred

The APPS Committee may also recommend to the Dean suspension or dismissal of a student when the student demonstrates that he/she is unable to make academic progress due to:

- Multiple failures in a preclinical Block
- An F grade on a modified course of study
- A history of multiple conditional grades and an F

- Failure of two or more clinical rotations in one academic year
- Failure of any course or rotation while on Academic Probation
- Failure of any course or rotation and cumulative evidence that demonstrate the student is not gaining the appropriate knowledge and/or qualifications to become an osteopathic physician
- Any other issues deemed relevant.

The APPS Committee Chair will notify the student of the outcome of the APPS Committee meeting and any sanctions if applicable. Upon notification, the student may accept the decision by signing the notification letter, or may appeal the decision in writing to the Dean within seven (7) calendar days of notification. The appeal should be based upon new and relevant information not available to the APPS Committee. The Dean will normally reply within fourteen (14) working days of receiving the written appeal. If the student does not appeal within seven (7) calendar days of notification, the APPS Committee recommendation will be final.

The Dean will not meet with the student prior to receiving the written appeal material. The Dean's decision will be final.

APPS Committee Procedures for Non-Academic Matters

For issues arising from Honor Code violations, the Director of Student Affairs will report on documentation the Office of Student Affairs may have which may be relevant to the alleged violation of the Honor Code. This may include a verbal report from faculty involved with the incident(s). In the case where students are involved with reporting the breach, confidentiality of the reporting student will be maintained and the Director of Student Affairs will represent the student's testimony.

All instances of suspected misconduct of the Honor Code must initially be reported through the Director of Student Affairs. The Director will in turn notify the Dean and appropriate Associate Dean of the suspected misconduct. The Dean then constitutes an *ad hoc* committee to investigate the charges, who report their findings to the Vice Dean for Academic Affairs.

Charges of misconduct may arise from a student (or group of students), professor, adjunct professor or preceptor. Within three (3) days of the alleged misconduct or discovery of alleged misconduct, the accuser(s) should discuss the situation with the Director of Student Affairs. Dated notes should be taken to describe the discussion. Every effort should be made to maintain confidentiality in these discussions.

The *ad hoc* committee investigates the charges and reports back to the Vice Dean for Academic Affairs in a timely manner. Whenever possible, the investigation should include a personal interview with the student(s), witnesses and others, as necessary. If the student(s) admits to the charges, the Vice Dean for Academic Affairs may either render adjudication directly or refer the case to the APPS Committee for resolution. If the student(s) does not admit to the charges, the case is referred to the APPS Committee for review.

The Chairperson of the APPS committee will notify the accused student(s) and will schedule a hearing with the Committee. This hearing typically will be held within ten (10) days of the referral of the case to the Committee.

Findings of the investigation shall be presented by the *ad hoc* committee to the APPS Committee at the hearing. The accused student(s) shall meet with the APPS Committee and be informed of the allegations and afforded an opportunity to defend him/herself. Although the hearing's purpose is fact-finding, the accused student(s) shall have the right to solicit advice and to offer witnesses to support his/her position.

All sessions of the Committee will be closed to all individuals except those immediately concerned in the case. No attorney 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 shall be given 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 that 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 taking evidence. Timeframes for investigation of hearings and proceedings may be altered if circumstances warrant.

All meeting minutes and evidence shall be maintained in the Office of the Dean.

Rights of the Student

With respect to violation of the student Honor Code, a student of CUSOM is guaranteed the following rights:

- The right to a prompt hearing
- The right to a reasonable amount of time to prepare for his/her hearing
- The right of being presumed innocent until proven guilty
- The right to solicit advice
- The right to appeal
- The right to expect Student Affairs will deal with the case in a confidential manner

Deliberation of the Committee shall take place in private and remain confidential. If the Committee determines that the student was in violation of the Honor Code, it will consider and render an appropriate sanction including, but not limited to:

- Admonition: This consists of a verbal or written warning. Admonitions will not become a part of the student's longitudinal record and may not be reviewed or appealed by the student.
- Ineligibility for election and/or removal from student office or organizational office for specified period of time.
- Withholding of official transcript, barring re-admission to CUSOM, and/or blocking a student from enrolling for a specified period of time.
- Restitution, whether monetary or by specific duties, or reimbursement for damages to or misappropriation of CUSOM, student, staff, or faculty property.

- Academic Sanctions: Writing a paper, reduction of grade on an examination, assignment, or course; repetition of a course(s); being assigned additional clinic or laboratory activities or coursework; repeating of an exam, coursework or even an entire academic year or semester or other appropriate penalties.
- Conduct Probation: A penalty levied for a specific time, the duration of which will be determined by the seriousness of the circumstances. It carries with it a warning that any further violations of CUSOM regulations will result in more serious disciplinary action. If no further conduct or behavioral infractions occur, the conduct probation will not appear on the transcript and may be included in the MSPE.

The APPS Committee may also recommend to the Dean Disciplinary Probation or Suspension of a student.

- Disciplinary Probation: A penalty for a definite period determined by the circumstances of the case. This is the most severe penalty under which a student may remain at CUSOM. Disciplinary probation may result in a warning that further violations may be cause for disciplinary suspension or expulsion. A record of disciplinary probation remains part of the student's longitudinal record in the Office of Student Affairs.
- Suspension: This penalty may be imposed for continued and/or flagrant violation of the disciplinary probation terms, or it may be imposed directly in first offense cases that warrant such action. In the case of suspension, the student will be barred from all campus and non-campus activities
- Any student may be placed on temporary suspension pending an investigation into conduct violations, including Title IX.

The APPS Committee Chair will notify the student of the outcome of the APPS Committee meeting and any sanctions if applicable. Upon notification, the student may accept the decision by signing the notification letter, or may appeal the decision in writing to the Dean within seven (7) calendar days of notification. The appeal should be based upon new and relevant information not available to the APPS Committee. The Dean will normally reply within 14 working days of receiving the written appeal. If the student does not appeal within seven (7) calendar days of notification, the APPS Committee recommendation will be final.

The Dean will not meet with the student prior to receiving the written appeal material. The Dean's decision will be final.

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 will be assigned in accordance with the CUSOM grading policy.

- Withdrawal: Withdrawal is administrative removal of a student from a class or from CUSOM and may be imposed in instances of unmet financial obligation to CUSOM. The withdrawn student may also be barred from re-enrollment until

- such time as specific conditions have been met.
- Dismissal without the option to return.
- Revocation of Degree: The revocation of degree may occur for discovered misconduct of prior students. Allegations of misconduct, which may result in a revocation of a granted degree, will be considered by the Dean.

Special Meetings of the APPS Committee

The Dean may call a meeting of the APPS Committee to determine placement of a student who has taken an approved extended leave, or has been on suspension to determine where the student will resume the curriculum and to determine if any additional action is needed.

5.11 Withdrawal/Leave Procedures

Withdrawal

All requests for withdrawal must be made in writing to the office of the Director of Student Affairs and must follow the following steps:

- A voluntary withdrawal is requested in writing through the Office of the Director of Student Affairs. The student must complete Change of Status Form and return the form and any designated CUSOM issued items to the Office of the Registrar before the student will be considered "withdrawn in good standing"
- The date for a voluntary withdrawal will be the date of the student's written request.
- Upon receipt of the completed Change of Status Form and CUSOM issued items, the student will be voluntarily withdrawn (in good standing) from CUSOM and entitled to certain benefits, i.e., application for readmission or an official transcript if requested.
- Any pre-approved leave of absence (to extend no longer than six months) will require 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 Dean, however, makes the final decision regarding withdrawals. Students who discontinue their education at CUSOM, for any reason, will be required to complete a withdrawal or Change of Status Form.

Medical Leave of Absence (absence of less than 180 calendar days)

A medical leave of absence may be granted to students who are in good academic standing, who provide documentation and are deemed to have a valid medical reason requiring the leave. The Associate Dean for Biomedical Affairs and/or the Associate Dean for Clinical Affairs may make the initial determination. The medical leave is determined by the Dean. A medical leave of absence may last no longer than six (6) months.

A medical leave of more than 180 calendar days will require the student to withdraw.

For students who are in good academic standing and returning from a medical leave, the Dean, Vice Dean for Academic Affairs, Associate Dean for Biomedical Affairs, and the Associate Dean for Clinical Affairs will determine the student's placement within the curriculum upon the student's return from the approved medical leave of absence with a physician release to return.

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 that exceeds 180 calendar days. Students may apply for re-admission through the CUSOM Admissions process if granted a medical withdrawal, but are not guaranteed a seat in a future class. The Admissions Committee will determine acceptance; the Vice Dean for Academic Affairs and Associate Deans will determine placement for all students who have withdrawn for medical purposes and are in good academic standing.

Military Withdrawal

Military withdrawal is granted to students whose military orders may require a period of absence from the academic program when they are called to extended active duty. Readmission is guaranteed pending proof of compliance with the minimal technical standards and the Honor Code.

If the student returns within five years, they will be placed in the curriculum as close to their current position as possible in order to provide them the appropriate continuum in the curriculum and the training required to be successful, competent, and able to perform well on their board exams. In any case, the student will not be charged any additional tuition from their original obligation. The Dean, Vice Dean for Academic Affairs and Associate Deans will meet with the individual student to determine the appropriate curriculum to be completed in the remainder of the degree program that will bring the student to a competency level equal to his or her peers.

Personal Withdrawal

Personal withdrawal will be granted to students who wish to voluntarily leave CUSOM for personal reasons. Students withdrawing from CUSOM are not guaranteed re-admission. To be deemed withdrawing in good standing, the student must complete all paperwork and follow all CUSOM procedures during the withdrawal process.

Administrative Leave of Absence

An administrative leave of absence is granted by the Dean. An administrative leave may last no longer than six (6) months as deemed appropriate and necessary. An administrative leave of absence is rare and is present to address such situations as a death of a spouse, child, or such other severe circumstance that would interrupt a student's education.

Suspension

Suspension is defined as a temporary separation from the institution. The duration of the suspension will be determined by the Dean and may include recommendations from the APPS Committee. Students may be assigned independent studies during suspension to remain current; however, these independent studies do not replace course attendance or rotation requirements. While on suspension, students are not eligible for financial aid and should not represent themselves as CUSOM students. They should not participate in any clinical activities and should not wear their CUSOM white coat. If the terms set out under the suspension are not fulfilled and the period of suspension is six months or greater, the student may be dismissed from CUSOM.

Dismissal

Dismissal from CUSOM will be based upon recommendations made by the APPS Committee, with final approval for dismissal by the Dean.

Unofficial Withdrawal

Any student who ceases to maintain adequate academic attendance in CUSOM or leaves without withdrawing officially will be considered for an unofficial withdrawal and receive a grade of "W" for each course.

General Withdrawal

- Failure to complete a Change of Status Form and to obtain the proper signatures will result in a hold placed on all academic records.
 - Tuition refunds will be based upon the schedule shown under the section on Refund Policy.
 - For any withdrawal, voluntary or involuntary, CUSOM recognizes and follows the date of determination as defined by the U.S. Department of Education in its Code of Federal Regulations.
- For any withdrawal, voluntary or involuntary, the student must return the following to Student Affairs at the time of departure:
 - Identification card
 - Parking decal
 - All CUSOM-supplied computers and peripherals including, but not necessarily limited to, laptops, iPads, ARS/clickers, chargers
 - White Coat, if applicable
 - Any other CUSOM-supplied items
- Withdrawal must be completed no later than two (2) business days prior to the end of a course or clinical rotation. Failure to withdraw by this date will result in issuance of a grade of F for all courses in that Block, or for that rotation, which will adversely affect the student's GPA.
- Withdrawal from a course or rotation after an exam has been administered and/or a rotation completed, will result in the final grade being the grade of record. As such, a Withdrawal cannot remove a grade of F.

- In instances when the Dean extends an offer of readmission, that offer may be rescinded if the student fails to provide requested documentation and written acceptance of terms in a timely manner as defined in the offer.

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 demonstrated good moral, professional, and ethical character;
- 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 the COMLEX-USA Level 1, COMLEX-USA Level 2 CE, and COMLEX-USA Level 2 PE;
- Completed all required exit paperwork and settled all financial obligations with CUSOM and affiliate and collaborative partners incurred during as a result of the academic program.

To become eligible for graduation, each fourth-year student must have successfully completed all the above requirements within six (6) years of matriculation. The six (6) years allow for the student to have been in a Modified Course of Study due to medical, academic, behavioral and/or other leaves of absence.

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.

A student must have completed 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 faculty, as determined by the individual course directors and clinical rotations supervisors and through the APPS Committee, all prescribed courses and clinical experiences to graduate. The Dean makes the determination on any appeals from APPS Committee recommendations, based solely upon new and meaningful information not available to the APPS Committee at the time of the deliberation. The Dean makes the determination on any appeal from the Dean's

recommendation, based solely upon new and meaningful information not available to the Dean at the time of his or her decision.

Students must meet with the Assistant Director of Financial Aid and Registrar to complete all required exit forms in order to receive a diploma. CUSOM students must also attend the exit process and the commencement program to receive a diploma.

Upon passage of COMLEX-USA Level 1 and Level 2 CE and Level 2 PE requirements, and all other requirements as delineated in the 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 DO 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 failure or a deficiency in overall academic performance, then a delay in scheduling clinical rotations will occur and the student's graduation will be delayed. Voluntary course withdrawals, temporary leaves of absence or suspensions secondary to academic, administrative suspensions or as a result of failure to pass boards consistent with CUSOM policy will also cause a delay in scheduling clinical rotations and a delay in 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, the placement on a Modified Course of Study may impact the student's ability to participate in the match process. Specific counseling and advice should be sought from the School's Office of Academic Affairs and the University's Office of Financial Aid for a particular situation.

5.14 Clinical Policies and Procedures

Please see the CUSOM Clinical Clerkship Guide and Rotation Manual for Student Policies relating to all clinical rotations. This manual is made available to students during year 2.

CUSOM Medical Student Shadowing

Many students choose to engage in clinical shadowing experiences during breaks in their formal medical school 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 resume, personal statement or Dean's letter (Medical Student Performance Evaluation or 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 clinical rotations students participate in as part of their medical school 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 done with clinically appointed CUSOM 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 medical school 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 following the principles.

1. Shadowing experiences are meant to be observational only and if any hands-on activity occurs with patients, this should be patient examination only 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 **exams such as pelvic, rectal and genitourinary**. 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/or ambulatory policies when engaging in any type of shadowing experience. Individual physicians you choose to shadow with may not be familiar with their facility or health care system policies so make sure that you review and comply with any applicable policies.
4. Individual physicians that you may be shadowing may not know your 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. Shadowing experiences with CUSOM clinical faculty members may be counted as Early Clinical Experiences (ECE).
2. Students shadowing with CUSOM clinical faculty members should wear their CUSOM name badge and white coat (unless directed otherwise by their preceptor).
3. Students wishing to schedule a shadowing experience with a CUSOM clinical faculty member must **submit the Shadowing Agreement Form**, completed in its entirety.
4. In general, shadowing experiences should be arranged in conjunction with the preceptor and Regional Dean (where applicable), both of whom must sign the form to indicate their approval.
5. In addition, the student must sign the form and initial all required attestations.
6. The completed form must be submitted to the Office of Clinical Affairs for review and approval at least 2 weeks prior to the start of the requested shadowing experience.

Shadowing with non-CUSOM physicians

1. Students who desire to shadow with non-CUSOM physicians must arrange the experience on their own.
2. Shadowing experiences with non-CUSOM clinical faculty members **will not be counted 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 physician 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 are **not protected by malpractice insurance**.
 - e. Students acknowledge that Campbell University will not be liable for any medical coverage if they are to be injured or become ill during the clinical shadowing experience. They also release Campbell University from any liability from any injury or illness that occurs on the shadowing experience.
4. Even if engaging in shadowing experiences with non-CUSOM faculty or clinical sites, students should abide by all general guidelines noted previously in this document.

Violation of any conditions of these Shadowing Guidelines will be handled as a professionalism issue and may be referred to the APPS committee.

5.15 Academic Freedom Policy

The teacher is 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.

The teacher is entitled to freedom in the classroom in discussing his subject, but he/she should be careful not to introduce into his teaching controversial matter which has no relation to his 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 teacher is a citizen, a member of a learned profession, 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. He/She 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 he/she is not an institutional spokesman. Moreover, he/she 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. He/She should not use official university stationery or his/her institutional title in issuing public statements which he/she 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

6.1 Years 1 and 2

The first two years of CUSOM's 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 weeks for Block 4 and eleven weeks for Block 8. Within the first two blocks, the students are introduced to the biomedical foundational concepts of Anatomy, Biochemistry/Cell Biology, Microbiology/Immunology, 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 uses an organ-system approach to medical education. Lecturers present instructional materials that go beyond the basic biomedical principles mastered during the first semester. Biomedical scientists, primary care physicians, and sub-specialty physicians deliver this material as it relates to the particular system.

Clinical Skills and Osteopathic Manipulative Medicine address content that will allow CUSOM students to learn and thrive in 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 3rd and 4th years.

The Foundations in Medical Practice (FMP) course provides CUSOM students with clinically relevant knowledge and instruction in topics directly related to competent medical practice. Through the use of lectures, cases, and self-directed learning modules, students through all semesters of years 1 and 2 learn relevant applicable skills and diagnostics in evidence-based medical practice, and the effective use of bioinformatics, epidemiology, as well as basic biomedical research skills and methods.

The Professional Core Competencies (PCC) course is presented through all semesters of the first and second year curriculum, and is designed to teach those core competencies necessary throughout the physician's career. Through the use of lecture, discussion, and other unique activities, students are introduced to and master such topics as medical humanities, biomedical ethics, medical law and jurisprudence, global health issues, and professionalism.

Academic Calendar

Academic calendars are made available to all students. Actual weekly schedules vary based on course content and space needs. 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 two years in a progression designed to integrate with, and provide seamless entry into, the third and fourth years. Content is presented by physicians and biomedical scientists using concepts of team teaching and team learning.

Evaluation includes integrated exams, quizzes, and end-of-block and end-of-year evaluations. Weekly clinical case exercises, with a team-based approach, help students remain on top of material presented during the week, and provide faculty with assessment of student progress.

6.2 Years 3 and 4 Rotation Structure

Minimum requirements for clinical rotations are typically 160 hours for each four-week rotation. The Office of Clinical Affairs will schedule the rotations according to the availability of rotation sites and numbers of requests. There is opportunity to participate in approved two-week rotations as noted in the scheduling document and fourth-year curriculum. CUSOM selectives 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. The Primary Care, Medical, and Surgical Selectives will be completed at CUSOM core sites where CUSOM has established rotations, affiliation agreements, and faculty.

Limited exceptions may be granted by the Associate Dean for Clinical Affairs. Specific information regarding scheduling of 3rd and 4th year selective rotations may be found in the Clinical Rotation Handbook.

Electives may also be scheduled outside CUSOM regional hospital sites; however, each elective site and rotation must be submitted at least 90 days in advance of start date and must be approved through the Associate Dean for Clinical Affairs.

Third Year Clinical Rotations

CUSOM's third year osteopathic medical students will be required to complete twelve rotations. Each rotation is estimated to consist of approximately 160 contact hours. The required rotations for third year are listed below; all core rotations must be taken and completed at CUSOM core rotation sites. 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 and Surgery. All third year rotations must be successfully completed to progress to the fourth year.

- 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 (R/U) (4 weeks)
- Elective (ELEC) (4 weeks)

Beginning with the Class of 2019

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 to progress to the fourth year and must be completed at the student's Regional 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 (R/U) (4 weeks)
- Medical/Surgical Selective (4 weeks)

Fourth Year Clinical Rotations

CUSOM's fourth year osteopathic medical students will be required to complete all third and fourth year rotations to be eligible for graduation. Additionally, to become eligible for graduation, each fourth year student must have passed COMLEX-USA Level 2-CE and PE. Each rotation is estimated to consist of approximately 160 contact hours. The required rotations for fourth year are listed below. The fourth-year core rotations are Emergency Medicine, Geriatrics, Medical Selective I and II, Primary Care Selective and Surgical Selective. Students are also provided the opportunity to participate in 16 weeks of electives which may be done at non-core sites. These electives 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 | (16 weeks) |
| • Emergency Medicine | (4 weeks) |
| • Geriatrics | (4 weeks) |
| • Medicine Selective I and II | (8 weeks) |
| • Primary Care Selective | (4 weeks) |
| • Residency Development | (4 weeks) |
| • Surgical Selective | (4 weeks) |

One of the fourth year electives, selectives, or Emergency Medicine month must be a Sub-Internship (Sub-I).

In an effort to provide 4th year students with increased flexibility and a greater opportunity to audition or rotate at sites they may be interested in for residency training, CUSOM will allow students to do 2 of the following 4 required 4th year rotations at a site with either an AOA or ACGME approved residency training program.

- Medical Selective I and II* (8 weeks)
- Primary Care Selective* (4 weeks)
- Surgical Selective* (4 weeks)

This flexibility will provide students the opportunity to participate in up to 6 rotations (4 electives plus 2 of the 4 above listed rotations) at sites outside CUSOM's core clinical training sites.

Students are required to complete their Geriatrics and Emergency Medicine rotations at a CUSOM affiliated site.

*All rotations (electives, selectives or Emergency Medicine) scheduled outside CUSOM regional affiliated sites must be approved in advance by the Associate Dean for Clinical Affairs.

Most rotations will be scheduled on a four-week basis. The scheduling document may accommodate approved two-week rotations.

Beginning with the Class of 2019

CUSOM's fourth year osteopathic medical students will be required to complete all third and fourth year rotations to be eligible for graduation. Additionally, to become eligible for graduation, each fourth year student must have passed COMLEX-USA Level 2-CE and PE. Each rotation is estimated to consist of approximately 160 contact hours. The required 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 20 weeks of electives which may be done at non-core sites. These electives 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, one of their elective, or the Emergency Medicine month.

In an effort to provide 4th year students with increased flexibility and a greater opportunity to audition or rotate at sites they may be interested in for residency training, CUSOM will allow students to do 1 of the following 3 required 4th year rotations at a site with either an AOA or ACGME approved residency training program.

- Medical Selective* (4 weeks)
- Primary Care Selective* (4 weeks)
- Surgical Selective* (4 weeks)

This flexibility will provide students the opportunity to participate in up to 6 rotations (5 electives plus 1 of the 3 above listed rotations) at sites outside CUSOM's core clinical training sites.

Students are required to complete their Geriatrics and Emergency Medicine rotations at a CUSOM affiliated site.

*All rotations (electives or selectives) scheduled outside CUSOM regional affiliated sites must be approved in advance by the Associate Dean for Clinical Affairs.

Most rotations will be scheduled on a four-week basis. The scheduling document may accommodate approved two-week rotations.

Selective and Elective Rotations

CUSOM selectives 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. Electives may also be scheduled outside CUSOM regional hospital sites; however, each elective site and rotations must be submitted at least 90 days in advance of start date and approved by the Associate Dean for Clinical Affairs.

CUSOM will not arrange student's electives or selectives outside CUSOM's regional sites. If a student chooses to do electives or selectives at hospitals where AOA or ACGME accredited post-graduate programs exists or at a military facility (Health Professions Scholarship Program, HPSP students only), they must arrange those rotations themselves with appropriate notification to Clinical Affairs.

All paperwork 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 not less than 90 days before the start of the rotation in order to be approved.

CUSOM will not approve selectives or electives taken outside of the CUSOM region without appropriate prior notification or completion of the required documentation. Students should not ask for an exception, as it will not be provided. Student requests for outside electives or selectives must include rotation date, specialty, facility/practice, and preceptor. The Office of Clinical Affairs will schedule the rotations according to the availability of rotation and numbers of requests.

Please note if an affiliation agreement is not executed within 30 days of the start of the clinical rotation despite meeting the aforementioned timelines, the student should be prepared to pick an alternate rotation.

Specific 4th year scheduling guidelines may be found in the CUSOM Clinical Rotation Handbook.

Medical Selective Rotations

Medical Selectives in the third and fourth year should be hospital-based. With appropriate approval, selectives in the fourth year can either be hospital or ambulatory based. All Medical Selectives require prior approval by the Associate Dean for Clinical Affairs.

- Allergy and Immunology (Fourth Year)
- Cardiology
- Clinical Cardiac Electrophysiology (Fourth Year)
- Critical Care/ ICU (Fourth Year)
- Dermatology (Fourth Year)
- Endocrinology (Fourth Year)
- Gastroenterology
- Hematology/Oncology
- Hospice and Palliative Medicine (Fourth Year)
- Internal Medicine
- Infectious Disease
- Nephrology
- Neurology (Fourth Year)
- Pulmonology
- Rheumatology (Fourth Year)
- Sleep Medicine (Fourth Year)

Primary Care Selective Rotations

Primary Care Selectives in the fourth year can either be hospital or ambulatory based. If this rotation is identified as the subinternship, it **MUST** be hospital based.

- Family Medicine
- General Internal Medicine
- Geriatrics
- Obstetrics/Gynecology
- Osteopathic Manipulative Medicine (OMM)
- Pediatrics
- Primary Care
- Psychiatry
- Sports Medicine

Surgical Selective Rotations

A minimum of two rotations must be taken from the following areas; rotations may not be repeated in these disciplines:

- Anesthesiology*
- Cardiovascular surgery
- Colorectal surgery*
- General Surgery
- Gynecology/Oncology surgery
- Neurosurgery
- Ophthalmology*
- Oromaxillofacial surgery*
- Orthopedics
- Otorhinolaryngology*
- Plastic surgery*
- Thoracic surgery
- Trauma Surgery
- Urology*
- Urogynecology
- Vascular surgery

** May be two or four weeks. Students should not schedule more than four two-week rotations.*

The Associate Dean for Clinical Affairs will consider other requests for the third year Medical/Surgical Selective that are not listed above.

Elective Choices

All electives require prior approval by the Associate Dean for Clinical Affairs.

Elective* rotations include:

- All rotations outlined in the third year core
- 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, Urgent Care, CDC, NIH, or other federally sponsored rotations. Independent study electives include the Research Rotation, Medical Spanish, Online Radiology, and SIM Case Development.

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. CUSOM does not assume any travel expenses, or liability for health or safety while on international rotations.

NOTE: The most up-to-date information is available at: <https://www.campbell.edu/cusom>.

Course Overview and Philosophy of Clinical Training:

The philosophic 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 will educate students to be competent 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 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 impact positively on the equality of healthcare and healthcare delivery systems, and will improve access for individuals and their families. In pursuit of excellence, the CUSOM clinical curriculum is a challenging blend of the traditional and innovative, designed to:

- Foster the analytic and problem-solving skill requisites for physicians involved in disease prevention, diagnosis, and treatment in individual patients, in families, in communities, and in populations at large;
- Ensure the acquisition of basic clinical knowledge and essential clinical skills;
- Develop an understanding of contemporary health care delivery issues;
- Cultivate effective physician-patient relationships based upon integrity, respect, and compassion;
- Develop high ethical standards; and
- Promote a lifelong commitment to learning.

**Other electives not included may be arranged on a case-by-case basis if approved by the Associate Dean for Clinical Affairs.*

As a result of the 2 years of clinical training, students will see the primary care physician as being able to:

- Demonstrate clinical excellence, using current evidence-based medicine, and biomedical knowledge in identifying and managing the medical problems presented by his/her patients.
- Provide continuing and comprehensive care to individuals and families.
- Demonstrate the ability to integrate the behavioral/emotional/social/environmental factors of families in promoting health and managing diseases.
- Recognize the importance of maintaining and developing the knowledge, skills, and attitudes required for the best in modern medical practice in a rapidly changing world.

- Pursue a regular and systematic program of lifelong learning.
- Recognize the need and demonstrate the ability to use consultation with other medical specialists while maintaining continuity of care.
- Share tasks and responsibilities with other health professionals.
- Be aware of the findings of relevant research; understand and critically evaluate this body of research; and apply the results of the 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 he/she provides and actively pursue measures to correct any identified deficiencies.
- Use current medical knowledge to identify, evaluate, and minimize risks for patient and family.
- Recognize community resources as an integral part of the health care system; participate in improving the health of the community.
- Inform and counsel patients concerning their health problems, recognizing and valuing differences in patient and physician backgrounds, beliefs, and expectations.
- Develop physician-patient relationships sufficient to promote 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 focus on data acquisition (medical history, physical examination, laboratory data, or literature review), while others emphasize psychomotor skills or attitudes and feelings.

Clerkships are under the direct supervision of the CUSOM Office for Clinical Affairs. CUSOM has established affiliations with a wide range of hospitals, clinics, and physicians offering diverse training opportunities. The 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 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 American Osteopathic Association (AOA) and the Accreditation Council for Graduate Medical Education (ACGME) for post-doctoral training to provide assurance of adequate teaching material and faculty.

Clinical Modules

- Clinical modules/videos/lectures will be utilized to supplement clinical rotations. These modules are designed to be appropriate for both third and fourth year students and offer the flexibility to fit student's schedules and needs whether traveling, on rotation, or at home. The supplement topics covered on clinical rotations and function as study guides for both the end of rotation exams, as well as COMLEX-USA Level 2.
- Clinical Modules are an important supplement to a student's education, but are not meant to 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 reading assignments are provided for the core discipline rotations and the reading assignments.

Graduate Medical Education

CUSOM strives to develop a sufficient number of residency positions for our graduates. The Associate Dean for Postgraduate Affairs is tasked with facilitating graduate placement, and Regional Deans are in place to oversee student rotations and assist in the development of residency programs. Our goal is to develop the same or greater number of new GME positions as our number of graduates. These programs will provide CUSOM graduating students' postgraduate training opportunities, as well as 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

Fall Semester, Year 1

Block 1

Course Number	Course Title
OMED 500	Osteopathic Manipulative Medicine and Lab
OMED 501	Clinical Skills and Lab
OMED 502	Foundation of Medical Practice
OMED 503	Professional Core Competencies
OMED 511	Cell Biology and Biochemistry
OMED 524	Microbiology and Immunology
OMED 530	Anatomy and Lab

Block 2

Course Number	Course Title
OMED 504	Osteopathic Manipulative Medicine and Lab
OMED 505	Clinical Skills and Lab
OMED 506	Foundations of Medical Practice
OMED 507	Professional Core Competencies
OMED 522	Pharmacology
OMED 540	Physiology
OMED 550	Pathology
OMED 560	Anatomy and Lab

Spring Semester, Year 1**Block 3**

Course Number	Course Title
OMED 508	Osteopathic Manipulative Medicine and Lab
OMED 509	Clinical Skills and Lab
OMED 513	Foundation of Medical Practice
OMED 514	Professional Core Competencies
OMED 570	Musculoskeletal System
OMED 590	Anatomy and Lab

Block 4

Course Number	Course Title
OMED 515	Osteopathic Manipulative Medicine and Lab
OMED 516	Clinical Skills and Lab
OMED 517	Foundation of Medical Practice
OMED 518	Professional Core Competencies
OMED 581	Neuroscience
OMED 583	Psychiatry
OMED 594	Anatomy and Lab

Fall Semester, Year 2**Block 5**

Course Number	Course Title
OMED 600	Osteopathic Manipulative Medicine and Lab
OMED 601	Clinical Skills and Lab
OMED 602	Foundation of Medical Practice
OMED 603	Professional Core Competencies
OMED 610	Cardiovascular System
OMED 611	Clinical Applications of Biomedical Sciences I
OMED 620	Respiratory System

Block 6

Course Number	Course Title
OMED 604	Osteopathic Manipulative Medicine and Lab
OMED 605	Clinical Skills and Lab
OMED 606	Foundation of Medical Practice
OMED 607	Professional Core Competencies
OMED 630	Hematology
OMED 640	Renal System
OMED 650	Dermatology

Spring Semester, Year 2**Block 7**

Course Number	Course Title
OMED 608	Osteopathic Manipulative Medicine and Lab
OMED 609	Clinical Skills and Lab
OMED 613	Foundation of Medical Practice
OMED 614	Professional Core Competencies
OMED 670	Endocrine System
OMED 680	Gastrointestinal System

Block 8

Course Number	Course Title
OMED 615	Osteopathic Manipulative Medicine and Lab
OMED 616	Clinical Skills and Lab
OMED 617	Introduction to Clinical Clerkships
OMED 618	Foundation of Medical Practice
OMED 619	Professional Core Competencies
OMED 690	Clinical Applications of Biomedical Sciences II
OMED 695	Reproductive System

Fall and Spring Semester, Year 3

Course Number	Course (Rotation) Title
OMED 710	Internal Medicine I
OMED 712	Internal Medicine II
OMED 714	Medical Selective
OMED 720	Surgery
OMED 730	Family Medicine
OMED 740	Pediatrics
OMED 750	Obstetrics and Gynecology
OMED 760	Psychiatry
OMED 770	Simulation Medicine
OMED 780	Rural/Underserved/International
OMED 790	Elective
OMED 795	Clinical Academic Assessment

Beginning with Class of 2019

Course Number	Course (Rotation) Title
OMED 710	Internal Medicine I
OMED 712	Internal Medicine II
OMED 714	Medical Selective
OMED 720	Surgery
OMED 730	Family Medicine
OMED 740	Pediatrics
OMED 750	Obstetrics and Gynecology
OMED 760	Psychiatry
OMED 770	Simulation Medicine
OMED 780	Rural/Underserved/International
OMED 790	Medical/Surgical Selective
OMED 795	Clinical Academic Assessment

Fall and Spring Semester, Year 4

Course Number	Course (Rotation) Title
OMED 810	Medical Selective I
OMED 812	Medical Selective II
OMED 820	Surgery Selective
OMED 830	Primary Care Selective
OMED 840	Geriatrics
OMED 850	Emergency Medicine
OMED 860	Elective I
OMED 862	Elective II
OMED 864	Elective III

OMED 866	Elective IV
OMED 870	Residency Development
OMED 890	Elective Sub Internship
OMED 892	Primary Care – Sub Internship
OMED 894	Medical Selective – Sub Internship
OMED 896	Surgical Selective – Sub Internship

Beginning with Class of 2019

Course Number	Course (Rotation) Title
OMED 810	Medical Selective
OMED 820	Surgery Selective
OMED 830	Primary Care Selective
OMED 840	Geriatrics
OMED 850	Emergency Medicine
OMED 860	Elective I
OMED 862	Elective II
OMED 864	Elective III
OMED 866	Elective IV
OMED 868	Elective V
OMED 870	Residency Development
OMED 890	Elective Sub Internship
OMED 892	Primary Care – Sub Internship
OMED 894	Medical Selective – Sub Internship
OMED 896	Surgical Selective – Sub Internship

COURSE DESCRIPTIONS

SPECIFIC COURSE OVERVIEWS, YEAR 1, SEMESTER 1, BLOCKS 1 AND 2

The curriculum in Block 1 and 2 of the first year is designed to introduce students to the 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 incorporate the material covered in previous lectures and Clinical Skills labs.

OMED 500: Osteopathic Manipulative Medicine and Lab

The initial course in Osteopathic Manipulative Medicine introduces the medical student to the practice and principles of osteopathic medicine. Basic terminology and osteopathic specific medical terminology are defined. Included are the performance and interpretation of the osteopathic structural exam, as well as fundamentals of soft tissue and counterstrain techniques. Clinical implications of muscle function and fascia are addressed.

OMED 501: Clinical Skills and Lab

The 2-year Clinical Skills 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, medical documentation and reporting, patient education and counseling for behavior change. Block 1 focuses on the medical interview, teaching students patient-centered interviewing technique, and the essential content and structure of a medical history.

OMED 502: Foundations of Medical Practice

This course provides a broad overview of evidenced-based medicine, epidemiology, research methodology, and experimental design. The students are exposed to the calculations and strategies required to appropriately locate, 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.

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. 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.

OMED 504: Osteopathic Manipulative Medicine and Lab

This course in Osteopathic Manipulative Medicine builds on prior cognitive and psychomotor skills. The course includes the segmental exam, thoracic cage mechanics, introduction to the lymphatic system and the models of osteopathic treatment. By the end of this course in Block 2, the osteopathic student will be able to treat every area of the body with at least one technique. No photographic devices are permitted in the lab.

OMED 505: Clinical Skills and Lab

The 2-year Clinical Skills 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, medical documentation and reporting, differential diagnosis, laboratory interpretation, patient education and

counseling. History taking and documentation is introduced in Block 1. Block 2 focuses on the screening physical exam, and teaches the students the techniques of the well patient exam. No photographic devices are permitted in the lab.

OMED 506: Foundations of Medical Practice

This course provides a broad overview of evidenced-based medicine, epidemiology, research methodology, and experimental design. The students are 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 2 Foundations of Medical Practice will focus on important biostatistics principles required to interpret and apply epidemiological and evidence based data.

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. 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.

OMED 511: Cell Biology/Biochemistry

This course involves the studies of biochemical processes, molecular and cellular structure and function, and medical genetics set forth the foundation for understanding the organ systems. Discussions include cellular and subcellular structure and function, cell division and proliferation, and gene expression. Biochemical concepts required to understand and apply normal and diseased metabolic processes are introduced, as well as foundational knowledge correlate with key concepts in pharmacology, pathology and clinical presentations. The course also aims to provide students with a basic understanding and readiness for future growth in the domain of medical genetics, preparing students for its application in human development, congenital diseases, diagnosis, consultation, and treatment.

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. It is designed to be an introductory course that will be built upon in the successive blocks and systems curriculum. This course gives a broad overview of pharmaceutical agents, with integrated clinical applications whenever possible and relevant so students can appreciate the critical role these agents play in maintaining health in the various systems of the human body.

OMED 524: Microbiology/Immunology

A study of the field of medical microbiology, this course will introduce microbial nomenclature, microbial structure, virulence factors, and mechanisms of tissue damage. Principles of infectious disease control, laboratory diagnosis, and antimicrobial management will be discussed. Major groups of infectious microbes are introduced, relating to their clinical significances in upper respiratory, gastrointestinal and zoonotic infections. General surveys of microorganisms implicated in global, bioterrorism-related, and local infections are also presented. The immunology portion of the course will provide a core of foundational information and general principles underlying the human immune system and its role in health and disease, giving a broad overview of the human immune system, immune components, disease processes, immune manipulation, and immunologic techniques. All of the course information will be built upon in the successive blocks and systems curriculum.

OMED 530: Anatomy and Lab

Anatomy is an essential component of medical education. 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 the student to medical imaging and ultrasound technology and provide foundational material for the histologic and embryologic aspects of the major body systems which will be addressed in subsequent Blocks. Dissection of the back and spinal cord will be performed. Teaching methods include cadaver dissection labs, independent study/self-study, assigned reading, and clinical correlations with diagnostic imaging. This knowledge will enable the physician to appropriately determine the patient's health, as well as in diagnosis of disease, from the presented signs and symptoms. The anatomical terminology which is taught throughout the course is the vocabulary for one's continuing medical education which will last the rest of your career. No photographic devices are permitted in the lab, and no body parts shall be removed from the lab.

OMED 540: Physiology

During this course physiologic and pathophysiologic terminology and concepts are introduced, and clinically relevant examples are presented. An overall understanding of the homeostatic functions of the autonomic nervous system and how cell membranes regulate intercellular (electrical) conduction, as well as the maintenance of the body fluids is provided. This course also provides a basic introduction to cardiovascular, respiratory, renal, gastrointestinal, endocrine, reproductive, and neurophysiology. The course provides first-year students with a solid foundation of normal physiology and principles that will be built upon in the subsequent systems courses and clinical applications.

OMED 550: 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, and nutritional deficiencies and excesses. Special topics in pathology such as environmental and toxicological pathology, laboratory medicine and forensic pathology will also be addressed. The course consists of didactic lectures, independent study, and case-based modalities. Principles learned will be used in essentially all concurrent and subsequent courses in the CUSOM curriculum.

OMED 560: Anatomy and Lab

Anatomy is an essential component of medical education. 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. No photographic devices are permitted in the lab, and no body parts shall be removed from the lab.

SPECIFIC COURSE OVERVIEWS, YEAR 1, SEMESTER 2, BLOCKS 3 AND 4

OMED 508: Osteopathic Manipulative Medicine and Lab

This course in Osteopathic Manipulative Medicine will build on prior cognitive and psychomotor skills. Clinical musculoskeletal problems are presented, as well as osteopathic problem-solving to facilitate the healing process. Integration and symmetry between the Anatomy course and the Osteopathic Manipulative Medicine course enhance the students understanding of basic principles and applications. No photographic devices are permitted in the lab.

OMED 509: Clinical Skills and Lab

The 2-year Clinical Skills 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, medical documentation and reporting, differential diagnosis, laboratory interpretation, patient education and counseling. Block 3 focuses on the musculoskeletal system and evaluation of functional capacity. No photographic devices are permitted in the lab.

OMED 513: Foundations of Medical Practice

This course provides a broad overview of evidenced-based medicine, epidemiology, research methodology, and experimental design. The students are 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 3 will focus on the critical foundational knowledge of epidemiology and population health.

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. 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. 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 will build on prior cognitive and psychomotor skills. Clinical musculoskeletal problems are presented, as well as osteopathic problem solving to facilitate the healing process. Integration and symmetry between the anatomy program and the osteopathic program enhance the students understanding of basic principles and applications. At the end of this block the student will have three or more techniques to address somatic dysfunction in every area of the body. No photographic devices are permitted in the lab.

OMED 516: Clinical Skills and Lab

The 2-year Clinical Skills 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, medical documentation and reporting, differential diagnosis, laboratory interpretation, patient education and counseling. Block 4 focuses on the neurosensory system and neurologic exam. No photographic devices are permitted in the lab.

OMED 517: Foundations of Medical Practice

This course provides a broad overview of evidenced-based medicine, epidemiology, research methodology and experimental design. The students are 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.

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. 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. 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 musculoskeletal system is an essential component of osteopathic medical education. Students will learn medical terminology specific to the musculoskeletal system and osteopathic medicine. The primary objective of this course is to teach students the musculoskeletal system including connective tissue as it pertains to clinical medicine with clinical correlations to illustrate application of principle concepts specific to osteopathic medicine. The aim of this course is to provide the CUSOM student with a firm foundation of the structure, function, pathophysiology, and clinical relevance of the peripheral nervous system. This knowledge will enable the physician to appropriately evaluate the patient's health and diagnosis of disease, from the presented signs and symptoms. The terminology taught is the vocabulary needed for continuing medical education, which will last the rest of one's career.

OMED 581: Neuroscience

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 central nervous system and special sensory structures. This knowledge will enable the physician to appropriately determine the patient's health, and diagnose neurological diseases from the presented signs and symptoms. The terminology taught is the vocabulary for continuing medical education that will last the rest of one's career.

OMED 583: Psychiatry

This course will review clinically relevant topics in psychiatry to better prepare students to evaluate and treat mental illness using a biopsychosocial model of care. Psychiatric issues seen in primary care settings will be emphasized. This knowledge will enable the physician to appropriately evaluate the patient's health and diagnosis disease from the presented signs and symptoms.

OMED 590: Anatomy and Lab

Anatomy in this block (Block 3) will consist of the study of the upper and lower extremities, and the pelvis and perineum. Teaching methods include cadaver dissection labs, independent study/self-study, assigned reading, and clinical correlations with diagnostic imaging. This knowledge will enable the physician to appropriately evaluate the patient's health and diagnose disease from the presented signs and symptoms. The anatomical terminology taught is the vocabulary needed for continuing medical education which will last the rest of one's career. No photographic devices are permitted in the lab, and no body parts shall be removed from the lab.

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/self-study, assigned reading, and clinical correlations with diagnostic imaging. This knowledge will enable the physician to appropriately evaluate the patient's health and diagnose disease from the presented signs and symptoms. The anatomical terminology taught is the vocabulary needed for continuing medical education which will last the rest of one's career. No photographic devices are permitted in the lab, and no body parts shall be removed from the lab.

SPECIFIC COURSE OVERVIEWS, YEAR 2, SEMESTER 3, BLOCKS 5 AND 6

The second year of instruction at CUSOM will begin with a continuation of the systems format introduced in the first year and will conclude with an integrated transition into the clinical years. Content in the second year will be delivered in Blocks 5, 6, 7, and 8. Students will continue to participate in regular clinical case conferences designed to incorporate increasingly complex clinical case material from previous lectures. Block 8 will have 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 supplement and complement the techniques and understanding of the osteopathic principles learned in the first year. Clinical problems related to the respiratory systems and cardiovascular systems will be addressed and treated. No photographic devices are permitted in the lab.

OMED 601: Clinical Skills and Lab

The two-year Clinical Skills 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, medical documentation and reporting, differential diagnosis, laboratory interpretation, patient education and counseling. Block 5 focuses on the cardiovascular and pulmonary systems. No photographic devices are permitted in the lab.

OMED 602: 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.

OMED 603: Professional Core Competencies

Professional Core Competencies is taught as a continuous didactic course throughout the first and second year with additional work in student directed learning which may be done both individually and in teams. The Fifth Block will focus on topics such as communication medical jurisprudence and professionalism. This course will consist of didactic lectures, independent study, and clinical case exercises to enhance the comprehension process. Group activities will be 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 supplement and complement the techniques and understanding of the osteopathic principles learned in the past year. Clinical problems will address varying populations such as the geriatric, the post-surgical patient, cancer patient and end of life issues by considering the most common dysfunctions in each of these populations and developing an osteopathic approach that recognizes the individuality of each patient. No photographic devices are permitted in the lab.

OMED 605: Clinical Skills and Lab

The two-year Clinical Skills 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, medical documentation and reporting, differential diagnosis, laboratory interpretation, patient education and counseling. Block 6 focuses on examination of the skin, lymph nodes, and renal system. No photographic devices are permitted in the lab.

OMED 606: 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.

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 will focus 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, as well as the pathophysiology of 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 classify and gain an expanded understanding of both normal and abnormal cardiovascular function along with differential diagnosis 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 features transition from a more classroom and lecture/discussion focus, to that of a more clinical focus as seen in the clinical years. 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 CUSOM clinical years.

This course is delivered through self-directed learning with assessments to highlight key points from specific organ systems and across the continuum of health, and group review/study. The course is designed to integrate and consolidate the content from the first year with upcoming greater clinical content in the second year while preparing the student for some of the necessary clinical tasks of the third and fourth years. Inherently, preparation for Boards should benefit from this offering.

The overall goal of this course is for students to describe, discuss, and integrate the comprehensive assessment/examination of persons with a variety of potential disease processes with the differential diagnosis, pathogenesis, and treatment of those processes including common disorders and selected examples of less common disorders.

OMED 620: Respiratory System

This course provides a comprehensive overview of the pulmonary system including the normal physiology, as well as the 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 classify and gain an expanded understanding of both normal and abnormal pulmonary function along with differential diagnosis and treatment options of common pulmonary disease processes.

OMED 630: Hematology

This course provides a comprehensive overview of the hematopoietic system to include coverage of the normal physiology and the pathophysiology of coagulation state, circulating blood cells and lymphoid tissues. The goal of this course is to enable students to classify both red and white blood cell disorders, develop a basic understanding of conditions that involve lymphoid tissues, and to incorporate laboratory findings into clinical problem solving to help establish a diagnosis and treat the patient. This course will consist of didactic lectures, independent study, and clinical case exercises to enhance the comprehension process.

OMED 640: Renal System

This course provides a comprehensive overview of the renal system including the normal physiology 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 classify and gain an expanded understanding of both normal and abnormal renal and urologic function along with differential diagnosis and treatment options of the common renal and urologic disease processes.

OMED 650: Dermatology

This course provides a comprehensive overview of the integumentary system including the normal physiology and pathophysiology of common dermatologic related disease states. Imaging and diagnostic evaluation, neoplasia, infection, and medications related to the integumentary system are also covered.

The goal of this course is to enable students to classify and gain an expanded understanding of both normal and abnormal integumentary system function along with differential diagnosis and treatment options of the common dermatologic related disease processes.

SPECIFIC COURSE OVERVIEWS, YEAR 2, SEMESTER 4, BLOCKS 7 AND 8

Semester 4 continues with system-format content delivery in Blocks 7 and 8. Block 8 will have special content relevant to entry into the clinical rotations of years three and four.

OMED 608: Osteopathic Manipulative Medicine and Lab

This course in Osteopathic Manipulative Medicine supplements/complements the techniques and understanding of the osteopathic principles learned to date. Clinical topics will address varying conditions of the endocrine, genitourinary, dermatologic and upper and lower GI systems. No photographic devices are permitted in the lab.

OMED 609: Clinical Skills and Lab

The 2-year Clinical Skills 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, medical documentation and reporting, differential diagnosis, laboratory interpretation, patient education and counseling. Block 7 focuses on examination of the endocrine and gastrointestinal systems, as well as the pediatric well-child history and physical exam and the male genital exam. No photographic devices are permitted in the lab.

OMED 613: 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.

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. 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. Block 7 PCC will incorporate topics including population health, community health and occupational and environmental health.

OMED 615: Osteopathic Manipulative Medicine and Lab

This course in Osteopathic Manipulative Medicine will build on the techniques and understanding of the osteopathic principles learned to date. Clinical problems will address primarily problems unique to the female patient but will include infants and young children. Preparation for boards and rotations will conclude the block. No photographic devices are permitted in the lab.

OMED 616: Clinical Skills and Lab

The two-year Clinical Skills 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, medical documentation and reporting, 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, as well as the newborn history and physical examination. No photographic devices are permitted in the lab.

OMED 617: Introduction to Clinical Clerkships

This course is presented following the completion of the systems-format curriculum. Combined with the Clinical Applications of Biomedical Sciences course, students will use this material to fully prepare themselves for entry to the third year clinical clerkships through the utilization of specific lecture materials, simulation, and standardized patients. Advanced cardiac life support (ACLS) is presented and passage required for completion of this course.

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.

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. 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.

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 to be addressed

include short and tall stature, obesity medicine, the diabetic patient, multiple endocrine neoplasia syndromes, and surgical aspects of endocrine disease and endocrine emergencies. The course consists of didactic lectures, independent study, and case-based modalities. Principles learned will be utilized and applied in essentially all concurrent and subsequent courses in the medical curriculum and throughout medical training.

OMED 680: Gastrointestinal System

This course provides a comprehensive overview of the gastrointestinal system including the normal 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 to classify and gain an expanded understanding of both normal and abnormal digestive function along with differential diagnosis and treatment options of the 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 that of a more clinical hands-on focus as seen in the years 3 and 4, is challenging for students. Throughout the first 7 Blocks of instruction, students have been exposed to a tremendously large amount of both basic science and clinical material. In an effort to ease that 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 clinical years of CUSOM.

This course will be 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 the necessary clinical tasks of the third and fourth years, and runs in parallel to the Introduction to Clinical Clerkships course. Once complete, 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. This knowledge will enable the physician to accurately determine the patient's health, as well as in diagnosis of disease, from the presented signs and symptoms. The terminology which is taught is the vocabulary for one's continuing medical education which will last the rest of one's medical career.

OMED 698: Modified Course of Study

An extensive study plan developed on an individual basis for students who require additional classroom learning for reasons beyond their control (i.e., board preparation, illness, or personal conflict). The modified course of study will be individually planned based upon the student's performance and needs. Students are required to complete the modified course of study designed by the Dean (in consultation with the Associate Deans). Students not following the individualized plan for remediation may be suspended at any time.

ROTATION DESCRIPTIONS/THIRD YEAR ROTATIONS (MS-3)

Overview of Clinical Clerkship Experiences

CUSOM students in years three and four are assigned to regional clinical sites. Clinical experiences occur within hospital sites for inpatient experiences, in ambulatory practices, and in acute care facilities. The clerkships or clinical rotations are designed to provide the student with an education in the general areas of medicine, surgery, pediatrics, obstetrics/gynecology, psychiatry, family medicine, and emergency medicine. All clerkships are organized to permit the greatest degree of educational exposure in a practical, clinical environment and to develop expertise in the area of patient diagnosis and management.

OMED 710 and OMED 712: Internal Medicine (IM) I and II

The general Internal Medicine clerkship experience will expand the student's knowledge and competencies in Internal Medicine by working in a team managing hospitalized patients. 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 714: Medical Selective (MS)

This selective rotation is provided to enhance and improve students' knowledge and skills in the medical subspecialty areas. Students will be able to expand their general Internal Medicine knowledge and apply it to specialty care. During this selective, it will be imperative that students be goal-directed in their choice of specialty, so they will 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 medicine selective will be evaluated and approved by the Associate Dean for Clinical Affairs based on availability, rotation schedules, and academic performance. The student will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 730: Family Medicine (FM)

The Family Medicine clerkship will provide students with the opportunity to begin acquiring an understanding of the unique role of the osteopathic family physician and 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. These will represent core competencies of the family physician, and 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 750: Obstetrics and Gynecology (OBG)

The Obstetrics and Gynecology clinical experience 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 740: Pediatrics (PED)

The Pediatrics clerkship 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 760: Psychiatry (PSY)

The Psychiatry clerkship 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 780: Rural/Underserved Medicine (R/U)

Rural and/or Underserved Medicine 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 practice, 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 rotation will be evaluated and approved by the Associate Dean for Clinical Affairs based on availability, rotation schedules and academic performance. The student will be 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 have the opportunity to 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. Students will learn and reinforce many of the common clinical protocols, procedures, and techniques for 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 will be exposed to a series of learning models that include, but are not limited to:

- Introduction to clerkships
- 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 clerkship 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 785: Medical/Surgical Selective (Beginning with Class of 2019)

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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 790: Elective (ELEC) – Third Year

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. Electives include any medical or surgical specialty or subspecialty and/or a special elective 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 electives must be patient-care oriented. The student will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

ROTATION DESCRIPTIONS/ FOURTH YEAR ROTATIONS (MS-4)

OMED 850: Emergency Medicine (EM)

Emergency Medicine 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 840: Geriatrics (GER)

Geriatrics 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 810, 812, 814 and 816: Medical Selective I and II, Surgical and Primary Care Selective

There will be four four-week selective rotations in year four. These are two Medical Selectives, one Surgical Selective, and one 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 810, 814 and 816: Medical Selective, Surgical and Primary Care Selective (Beginning with Class of 2019)

There will be four four-week selective rotations in year four. These are two Medical Selectives, one Surgical Selective, and one 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 860, 862, 864, 866: Elective I, II, III, IV (ELEC) – Fourth Year

Students will have the opportunity to select 16 weeks of elective rotations provided four weeks are done as a Sub-Internship, see OMED 890 below, 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 and/ or obtain further training that will help them transition into residency. The student will be 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 of these independent study electives in their fourth year.

OMED 860, 862, 864, 866, 868: Elective I, II, III, IV, V (ELEC) – Fourth Year (Beginning with Class of 2019)

Students will have the opportunity to select 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 and/ or

obtain further training that will help them transition into residency. The student will be 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 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 clerkships 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 890: Elective Sub-Internship (SUB I)

This rotation is generally pursued in the field appropriate to the student's career interest. They will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending. 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 will be 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. They will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending. 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 will be 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. They will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending. 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 will be 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. They will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending. 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

POSSIBLE 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 will be 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 will be 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 will be 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 will be 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 will be 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

General Internal Medicine

The General Internal Medicine experience will expand the student's knowledge and competency in Internal Medicine by working as a team with the interns and residents in managing hospitalized patients. Students will oversee the management of patients under the supervision of the attending physician. The student will be 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

Pathology/Laboratory Medicine

This elective 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 will be 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 will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

Osteopathic Manipulative Treatment

The student will be exposed to the history and theory of Osteopathic Manipulative Medicine. The rotation will include methods for conducting a structural exam, interpreting exam findings based on objective criteria and techniques to treat somatic dysfunction. Evaluation of students by attending physicians is required on a regular basis in order to affirm competency. The student will be expected to participate in patient care, teaching rounds, educational conferences and lectures.

Ophthalmology

The student will be exposed to the presentation of 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 will be 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 will be 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 will be 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 will be 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 thinking. 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 study, or a clinical study. A student can be engaged at any part of the research process.

Surgery/General

Through participation in this rotation, the student will increase his/her 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 will be 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 will be 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 will be 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.

6.4 Curricular Integration of OPP and OMM

CUSOM will provide for integration of osteopathic philosophy, principles, and practices, including didactic and hands-on opportunities, through each year of the curriculum. Students will use a standardized, competency-based syllabus format to deliver OPP and OMM throughout the first and second years of the curriculum in the following manner:

Year One:

As described above, each student will receive a minimum of ½ day per week of lecture and hands-on OMM instruction under the supervision of a American Osteopathic Board of Neuromusculoskeletal Medicine Board certified Physician with the assistance of DO faculty table facilitators (approximate faculty to student ratio 1:10).

The first year course will begin with the history of osteopathic medicine, the research efforts in osteopathic medicine, body landmarks, and the introduction of anatomical and physiological osteopathic medicine. Students will also learn the neuromusculoskeletal basis of diseases and how this integrates with the basic sciences such as anatomy, physiology, biochemistry, etc., as well as learn various OMM modalities such as muscle energy 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 under the supervision of a American Osteopathic Board of Neuromusculoskeletal Medicine Board Certified physician with the assistance of DO faculty table facilitators (approximate faculty to student ratio 1:10).

Throughout the second year, the students will gain a deeper understanding of body system dysfunction and homeostasis and the role of osteopathic medicine in managing disease entities throughout the various systems and/or specialties. 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 introduce students to more common techniques used to manage problems such as short lower extremity, tension 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 will assist students in their preparation for both the complex CE and PE exams.

Opportunities for "hands on" OMM experience are included during the third and fourth year. Osteopathic education plays a key role in the entire curriculum and students will gain an understanding of the osteopathic profession regarding all aspects of health care.

Knowledge consists of:

- Concepts basic to osteopathic health care including: the self-healing tendency/processes, the unity of the organism in its environment, and 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.
- Anatomy and physiology of component parts and their inter-relationships within the musculoskeletal system.
- Most frequently encountered structural anomalies and functional abnormalities in the musculoskeletal system at each age level.
- 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 procedures suitable for each age group/situation.
- Primary somatic changes resulting from anatomical syndromes and their relationship to other syndromes.
- The applications of philosophy and principles in special situations within the life cycle.

Understanding will be of:

- 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 specialties.
- The impact of the philosophy and principles of osteopathic medicine on the practice of sub-specialty areas.

During years three and four students are required to demonstrate:

- Application of basic osteopathic concepts to health care (diagnosis, treatment, variations, when and how to apply).
- Use of osteopathic manipulative techniques in diagnosing/treating problems in special situations (e.g., pregnancy, labor, pediatrics, surgery).
- Using indications/contraindications for osteopathic manipulative techniques in situations unique to the various specialties.
- Using 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).
- Recognizing the relationship of disease/disorder of the musculoskeletal system to total wellbeing.
- Writing of appropriate orders and progress notes relevant to the use of Osteopathic Manipulative Treatment.

In the clinical years, students and preceptors comprise the primary targets for OMM integration. Students have had substantial experience in developing an osteopathic approach to common medical problems in their first and second year. The purpose of clinical integration is to provide a major incentive to keep active with hands-on treatments throughout rotations.

During Call Back Fridays, students are required to return to CUSOM on the last Friday of the following core clinical rotations: Family Medicine, Internal Medicine II, Obstetrics, Pediatrics, Psychiatry and Surgery. During these sessions, end-of-rotation exams are taken, Osteopathic Principles and Practices sessions (with osteopathic manipulative medicine in the lab) are given and professional seminars are conducted. Full attendance and participation for the entire day is MANDATORY. **These sessions run from 8am–5pm; therefore students should NOT make any travel plans prior to 5pm.**

On each Call Back Friday, students take a COMAT exam (for designated rotations) from 8am-noon then, in the afternoon, students participate in a hands-on OMM laboratory and other professional seminars as required.

Fourth Year Callback Requirements: Attendance and active participation in a minimum of four (4) on-campus Call Back Friday OMM / Simulation / OSCE workshops during required clerkships. Students must participate in the on-campus call back Friday workshops for their Geriatrics rotation and 3 of 5 required 4th year rotations they elect to do at CUSOM core clinical training sites. Students are always welcome to attend additional call-back OMM workshops.

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 their 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," 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 defined as: name, academic majors and minors, academic classification (freshman, sophomore, etc.), and e-mail addresses.

CUSOM will continue this policy of releasing the directory information, such information being defined by the Act, in all of the following categories: the student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, yearbook pictures, dates of attendance, degrees, awards received, most recent or previous educational institution attended, electronic mail address, student's photograph, grade level, and enrollment status (undergraduate or graduate; full-time or part-time).

The CUSOM Registrar's office is responsible for the safekeeping of all CUSOM student academic records. A secure locked room, with a locked fireproof cabinet for student records will be contained in the CUSOM Registrar's office.

In addition, CUSOM has a secure, confidential, and onsite computerized record systems with offsite secure network backup. All items entered are kept as a part of the permanent student record. The student's record contains his/her transcript from CUSOM, transcripts and transcript evaluations from other educational agencies attended by the student, secondary school transcripts, Scholastic Aptitude and other 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, the student may examine the transcript and contents of the 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.

Exceptions to FERPA regulations include but are not limited to:

- The health and safety emergency exception 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://ed.gov/policy/gen/guid/fpc/ferpa/students.html>

8. FACILITIES AND CAMPUS POLICIES

8.1 Campus Safety and Emergency Services

The University Campus Safety Office is composed of both Harnett County and University personnel. Through a contracted relationship with the Harnett County Sheriff’s Office, a Sheriff’s Department lieutenant 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 emergency stations strategically located in the CUSOM parking lots. They are connected directly to campus security.

Campus Safety may be reached at <http://www.campbell.edu/life/campus-safety/>. Campbell University recommends contacting extension 1911 (on-campus) and 911 (off-campus) for emergencies.

Main 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 (Front Desk/Security) (910) 893-1804
- Smith Hall of Nursing and Health Sciences (Front Desk /Security) (910) 893-4026
- Campbell University Parking (910) 893-1550
- Campbell University Community Health Center (910) 893-1560
- Dr. Daniel Marlowe, Director of Behavioral Health (914) 814-4959
<https://www.campbell.edu/cusom/current-students/cusom-behavioral-health/>
- Dr. Jeffrey Krepps, Assistant Director of Behavioral Health (910) 893-1741
<https://www.campbell.edu/cusom/current-students/cusom-behavioral-health/>
- Samantha Norelli, Behavioral Health Clinician (910) 893-1780
<https://www.campbell.edu/cusom/current-students/cusom-behavioral-health/>
- ProtoCall Counseling Helpline (866) 428-3591
- 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.

For medical emergencies and after-hours health care, students are encouraged to access appropriate care as warranted by their situation including local urgent care facilities, Emergency Departments and Emergency Medical Services. For true emergencies, students are asked to 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) (https://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_14/GS_14-269.2.html) 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.

8.4 Smoking Policy

Smoking or use of all tobacco products is not permitted in all University-owned building. There is to be no smoking or use of any tobacco products within 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. 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.

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 text books, 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. Wiggins also provides 24-hour access during semester exam periods. 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.

Its 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.

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 e-mail to cusomhelpdesk@campbell.edu or stopping by the IT workroom (number 171) in the South building of Levine Hall. The Helpdesk web page is available at <https://www.cuhealthdesk.com>.

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. Voice-mail received during normal business hours are generally responded to within 2 hours. At times, there are University-wide issues that may cause heavy call volumes and may prevent staff from getting back to someone 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.

E-mail 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.

Prohibited uses of the system include: commercial (for-profit) activities; the unauthorized acquisition, reproduction, or use of computer software; to disrupt or interfere with network operations; or 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 all matters of concern. Such behavior is unprofessional and may constitute a violation of the 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.

CUSOM Intranet

The CUSOM Intranet is a portal for information and engagement for the CUSOM community located at the following address: <http://cuhealth.campbell.edu/mycusom/>. When you log into MYCUSOM, you will have access to useful tools and information, including but (not limited to): calendars, policies, forms, links to resources, and many other tools to assist you in optimizing your 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.

In General:

- 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 and/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/computing-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 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 Computing Services can be accessed at: <http://www.campbell.edu/student-services/computing-services/>.

Assistance may be accessed through the CUSOM IT Department, or through the following:

cusomhelpdesk@campbell.edu
<https://www.cuhealthdesk.com>
Extension 7911
(910) 893-7911
1-(800) 334-4111 x: 7911

8.9 Information Access and User Privacy

Private Machines Connected to the University Network

Electronic mail 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 that an account or system is being used in violation of University policy or the federal or state law.

Under these circumstances the Vice President for Business and Treasurer 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 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 a 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 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 may not use the University network for commercial gain or profit.
- Neither Campbell owned nor private computers may be used to serve files through any protocol (http, ftp, email, file sharing, IM, etc.) without application to Computing Services for an exception for scholarly use unless the computers are designated servers by Computing 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.

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, and/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, and/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, and/or offensive material is prohibited on the Campbell University computers and network system.

The Campbell University Office of Computing 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 recordings are distributed for the exclusive use of students in that CUSOM course. Student access to, and use of, class recordings 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 recordings.

Any student accessing class recordings, (1) acknowledges the faculty members' intellectual property rights in recorded lectures and class materials and understands that distribution of the recordings violates the CUSOM Copyright Policy; (2) recognizes the privacy rights of fellow students who speak in class; (3) accepts that distributing, posting, or uploading class recordings to students not authorized to receive them or to those outside CUSOM is an Honor Code violation; and (4) agrees that recordings are to be accessed and used only as directed by the faculty member(s) teaching the course.

9. HONOR CODE, GRIEVANCE PROCEDURES AND AOA CODE OF ETHICS

9.1 Misconduct/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 that trusting a student is an integral component in making them worthy of trust. It is maintained to protect the right to participate in an academic environment free from injustice caused by dishonesty.

Further, students at CUSOM are expected to conduct themselves in a professional and ethical manner befitting the honorable profession that they are entering. Students have an obligation to maintain the highest standards of 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 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 Misconduct or 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) Internships, and
 - c) Assignments such as: histories, physicals, laboratory tests, rotation records, etc.
- 4) Disruptive Behavior: Any inappropriate etiquette or inappropriate disturbance repeated often enough to establish a disrespectful trend. Inappropriate disturbances include but are not limited to the following:
 - a) Arriving late for class, or leaving class while in progress.
 - 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.
 - f) Bringing food into unauthorized areas or hosting food functions without permission.

- g) Posting unapproved materials or approved posting 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. 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) Sharing of videos and lecture outside of CUSOM. Lectures and videos contain confidential and proprietary information and material protected by intellectual property laws. You 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. Suspected violations in this category are referred, at the Dean's discretion, to the APPS Committee. If agreeable to the Dean, a student may request to waive a hearing by the APPS Committee for suspected violations in this category and have their case heard by the Dean only. In such cases, the Dean must agree to hear the case, and must accept the student's waiving of a hearing; the Dean's decision is final and cannot be appealed. 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.
 - d) Disclosure of privileged information from campus activities or patient care.
 - e) 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 the following: patients or other students under supervision.
 - f) Breach of Integrity: Any behavior at any time that is considered a severe lapse in judgment and damages the professional, ethical or moral integrity of the CUSOM community. Suspected violations in this category are referred, at the Dean's discretion, to the APPS Committee. If agreeable to the Dean, a student may request to waive a hearing by the APPS Committee for suspected violations in this category and have their case heard by the Dean only. In such cases, the Dean must agree to hear the case, and must accept the student's waiving of a hearing; the Dean's decision is final and cannot be appealed.
 - g) A violation of any policy of the University or CUSOM, including but not limited to the American Osteopathic Association Code of Ethics.

Misconduct may include, but is not limited to:

- Harassment, 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.
- Conviction of 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 illegal drugs on or off the CUSOM community campus at any time. This also includes the verbal or written discussion of the personal use of illegal drugs by a CUSOM student, the verbal or written promotion, or encouragement of illegal drug use by a CUSOM student, or similar types of activities.
- Communicating or posting of information or images in a public arena (including written or electronic/Internet communications) which would 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, shall be 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, as required on the Medical Student Performance Evaluation (Dean's letter), all disciplinary actions will be reported.

9.2 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, promotion, behavioral issues, financial concerns or issues related to external (e.g. SACS) accreditation standards and procedures. This grievance process shall not be used to appeal or review violations of the Misconduct/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 will be securely maintained on file in the Dean's office and the specific student/employee/faculty file as appropriate to the grievance.

Each step of the Resolution and Grievance Procedure generally take two 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 shall be submitted within ten (10) calendar days prior to the deadline.

Decisions about granting or denying the request for extension shall be communicated to the student via letter within two (2) business days of receipt of the request for 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 administrative officer may refuse the meeting 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 appropriate Curriculum and/or APPS Committee. 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 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 administrative officer may refuse the meeting 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 Class President and the Director of Student Affairs. If through the normal processes for an acceptable and reasonable request, a resolution cannot be reached, the SGA President may, within two (2) weeks of the failed resolution, appeal in writing to the Dean whose decision will constitute the final resolution. The administrative officer may refuse the meeting 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 syllabi for each course.

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 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 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 shall investigate the grievance within a one-week period. In the case where the discrimination is in any way threatening, the Director 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.

The Director of Student Affairs shall keep a record of the investigation, including a report of the findings. All material shall be filed as previously stated in this procedure.

If the Director of Student Affairs determines there is insufficient evidence to support the allegations, he/she may close the grievance and shall notify the student, within that two-week timeframe, of his/her findings and the student's right to request a grievance hearing.

The Director of Student Affairs shall keep a record of the investigation, including a report of the findings. All material shall be filed as previously stated in this procedure.

**Grievance procedures for sexual harassment are separate and can be found under the section: Sexual Harassment Complaints.*

***At the time of filing, the student should have followed all the procedures listed in this Academic Bulletin.*

Step Two: The Grievance Hearing Process

If the student feels the informal resolution has not been successful, or disagrees with the informal resolution, he/she 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;
- State how the action is discriminatory or the decision unreasonable if it is a denial of a requested accommodation;
- Name the respondent parties (the person(s)) against whom the grievance is filed);
- State how each respondent is responsible for the action or decision;
- State the requested remedy; and
- State whether a non-participating observer will be brought to the hearing.

This information must be sent by certified mail or delivered with signature of receipt to both offices. 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 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 two Associate Deans, two faculty members, one staff member, and one student. The Dean shall chair the Grievance Hearing Board and shall vote only in case of a tie.
- 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 the 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 legal counsel advice. 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 CUSOM's Dean. The student has thirty (30) 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. 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 entrusted to oversee the student, which extend beyond the educational requirements or beyond CUSOM activities, are not allowed. Relationships with patients (by a student or faculty member) which extend beyond their care requirements are also not allowed.

Inquiries should be directed to the University's Title IX Coordinator is Mrs. Kellie Slappey Nothstine, P.O. Box 95 (Wallace Student Center, Room 237), Buies Creek, NC, 27506, (910) 893-2039 / Fax (910) 893-1534; 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.

Consensual Relationships

Consensual relationships between student and faculty or students and staff members are not allowed. Sexual activity is not permitted in any CUSOM setting. See Code of Conduct in this Handbook for further information.

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.

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.aococa.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.
- 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. 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 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 and/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 and/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
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.

American Osteopathic Association Code of Ethics

As an osteopathic facility, CUSOM requires that all students read and follow 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.

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:

1. Mailing the grievance or complaint to U.S. Department of Education, Office of Civil Rights, 400 Maryland Avenue SW, Washington, DC 20202-1100; or
2. Faxing it to the Director at (202) 453-6012; or
3. 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 via phone: 1-800-421-3481 or via e-mail at: OCR@ed.gov.

Notes and Definitions

- The word “student” in this manual 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 off- campus practice experience.
- The words “University” and “School” refer to Campbell University and the Campbell University School of Osteopathic Medicine, respectively.
- The phrase APPS Committee refers to that committee that is assigned by the CUSOM Dean to review situations in which CUSOM students are involved in academic or professional misconduct.
- The word “handbook” in this manual refers to the current edition of Campbell University Academic Bulletin.
- The word “day(s)” refers to official school days — not holidays, weekends or summer session.

CUSOM reserves the right to change, delete, or modify any item in this document at any time. Proper notification concerning changes, deletions or modifications of said document will be sent to all students within four (4) weeks.

July 1, 2017