Academic Bulletin
2018-2019
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**Statements of Compliance**

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

Inquiries regarding the University’s equal opportunity policies may be directed to 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 set forth in the University’s FERPA policy found at [www.campbell.edu/registrar/family-education-rights-and-privacy-act-ferpa/](http://www.campbell.edu/registrar/family-education-rights-and-privacy-act-ferpa/). See page 194 below.

**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, MPA, 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 ADA Amendment Act (ADAAA) of 2008

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 Notstine, Title IX Coordinator, P.O. Box 95 (Wallace Student Center, Room 237), Buies Creek, NC, 27506, (910) 893-2039/Fax (910) 893-1534; notstine@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.

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

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

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

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

Changes in Bulletin

The University reserves the right to make changes to this Bulletin at any time. When students enter the University, the student file is "stamped" with a Bulletin year. Thus, students entering Campbell University in the fall semester 2018 are "stamped" with a 2018 starting term. The requirements for that starting term are reflected in the 2018-2019 CUSOM Academic Bulletin. Students are responsible for the degree for the academic year in which they enter the University. Any student whose continuous enrollment at the University is interrupted by a semester or more shall be subject to the graduation requirements in the Bulletin in effect at the time of readmission. The Dean, in consultation with the University Registrar, must approve any exception to this policy.

Academic Facilities

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

Approved

[Signature]

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 choosing 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 your participation as we train the next generation of physicians for North Carolina, the nation and the developing world.

Sincerely,

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

1.1 Campbell University Administration

President
J. Bradley Creed, MDiv, PhD

Chancellor
Jerry M. Wallace, ThM, MS, EdD

Provost and Vice President for Academic Affairs
Mark Hammond, PhD

Vice President for Business and Treasurer
James O. Roberts, MPA

Vice President for Institutional Advancement and Marketing
Britt J. Davis, MS, DPA

Vice President for Student Life
Dennis Bazemore, MDiv, DMin

1.2 CUSOM Administration

President and Chief Executive Officer
J. Bradley Creed, MDiv, PhD

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

Chief Financial Officer
James O. Roberts, MPA

Dean’s Council

Vice Dean for Academic Affairs
Michael P. Mahalik, PhD

Associate Dean for Research
Grace Brannan, PhD

Associate Dean for Osteopathic Integration
Eric E. Gish, DO, HPF

Associate Dean for Faculty Development and Medical Education
Victoria S. Kaprielian, MD, FAAFP

Associate Dean for Postgraduate Affairs
Robin King-Thiele, DO, FACOI
Associate Dean for Clinical Integration
James E. Powers, DO, FACEP, FAAFM

Associate Dean for Biomedical Affairs
Robert R. Terreberry, PhD

Associate Dean for Clinical Affairs
David L. Tolentino, DO, FACOI

**Regional Deans and Assistant Deans**

Regional Assistant Dean
Wayne “Wink” A. Cline, Jr., MD

Assistant Dean for Faculty
Igor Danelisen, MD, PhD

Regional Assistant Dean
Stephen D. DeMeo, DO, MEd

Assistant Dean for Simulation Medicine
Steven J. Halm, DO, FAAP, FACP

Assistant Dean for Scholarly Affairs
Terri S. Hamrick, PhD

Regional Assistant Dean
Shannon Jimenez, DO, FACOP

Assistant Dean for Curriculum and
Assistant Dean for Academic Success
Yen-Ping Kuo, MS, PhD

Assistant Dean for Biomedical Research
Yunbo Li, MD, MPH, PhD

Regional Associate Dean
Donald C. Maharty, DO, FACOP

Assistant Dean for Clinical Education
Andrea P. Mann, DO, FAAP

Assistant Dean for Academic Success
Daniel Marlowe, PhD, LMFT

Regional Associate Dean
Patricia Matto, DO, FACOP, FAAFP
1.3 History, Background and Mission of Campbell University

On Jan. 5, 1887, James Archibald Campbell - a 26-year-old Baptist minister - welcomed 16 students to a small church in Buies Creek, North Carolina, for the first day of classes, thus marking the founding of Buies Creek Academy. From that humble beginning, Buies Creek Academy evolved to become Campbell Junior College (1926), Campbell College (1961), and Campbell University (1979). Throughout these transformations, the institution 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 and leadership around the world. The University enjoys an autonomous and voluntary relationship with the Baptist State Convention of North Carolina.

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

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

Today, Campbell University enrolls approximately 7,000 students per year, including more than 5,000 undergraduate and graduate students on its main campus. Over 100 degree programs in the liberal arts, health sciences, fine arts, and professions are offered to them, continuing Campbell’s tradition of preparing students for purposeful lives and meaningful service.
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.
The American Osteopathic Association’s Commission on Osteopathic College Accreditation (COCA) granted the Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM) full accreditation status in 2017, with the next accreditation review tentatively scheduled for 2024.

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

Contact information for the COCA is as follows:

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

About the American Osteopathic Association (AOA)

Representing more than 81,000 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.

Postgraduate Medical Education

Sponsoring Institution

In 2015, Campbell University became the sponsoring institution for CUSOM “affiliated” residency programs in preparation for single accreditation. Between 2012 and 2016, we started 17 new residency program in Family Medicine, Internal Medicine, Obstetrics-Gynecology, Dermatology, Surgery, Sports Medicine, Osteopathic Manipulative Medicine and Psychiatry. The majority of these programs are now ACGME accredited.
CUSOM is a member of the Osteopathic Medical Network of Excellence in Education (OMNEE), which is committed to develop residency programs in North Carolina and the Southeastern United States. North Carolina has the medical facilities to provide sufficient training sites for CUSOM medical students and the opportunity to develop new GME training sites to ensure graduates will have residency positions available to them in North Carolina.

1.6 Osteopathic History

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

CUSOM takes pride in bringing the philosophies of Dr. Still to North Carolina. Over the years, the practice of medicine has evolved and so has the practice of osteopathic medicine. Today, doctors of osteopathic medicine (DOs) serve the public with full medical practice privileges. Osteopathic physicians are trained in all the modern practices science has to offer in medical and surgical care while incorporating the concept of treating the whole person throughout the training. Osteopathic physicians believe hands-on examination (palpation) is an essential part of making a physical diagnosis. In addition to pharmacologic treatment and surgery, manipulative medicine remains an important therapeutic tool utilized by osteopathic physicians in alleviating pain and treating illness. The training of osteopathic physicians has always stressed a primary care orientation.

Four Tenets of Osteopathic Medicine

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

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

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

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

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

2.1 Admissions Process

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

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

The goals of the CUSOM Office of Admissions are to:

1. Review each applicant as a whole person: Mind, Body, and Spirit.
2. Evaluate 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 align with our Mission and our values and who will be an asset to the profession of osteopathic medicine. When reviewing applications the goals of the Office of Admissions 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 Admissions maintains pre-admission academic and demographic data for each matriculating class. Upon graduation, the Office of the Registrar works in conjunction with the CUSOM Alumni Association and the Office of Assessment, Accreditation and Medical Education to track licensing examination performance, specialty certification, post-graduate employment and career activities for each graduating class.

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

2.2 Non-Discrimination Admission Policy

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

2.3 Requirements for Admission

To be considered for an interview, CUSOM applicants for admission are 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.

To be considered for admission, applicants must have earned, or have completed all graduation requirements and are 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. CUSOM no longer accepts scores from MCAT examinations taken prior to April 2015. For the current MCAT examination, CUSOM favors MCAT scores at the 500/50th percentile or higher.

Applicants should have achieved at least a 3.2 science and cumulative grade point average (GPA) on a 4.0 scale. The most competitive applicants have higher science and cumulative GPA. The admissions process is competitive, and a higher GPA 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/General 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 (e.g. not disclosing prior to matriculation a known pre-existing issue which would lead to not meeting the Technical Standards) regarding the ability to meet the Technical Standards may result in dismissal from the program.

Applicants must submit all required paperwork per 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 [www.aacomas.liaisoncas.com/](https://aacomas.liaisoncas.com/). The deadline for CUSOM applicants is March 1, but is subject to change annually. Applicants should consult the CUSOM 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 candidates who identify CUSOM as their first choice for pursuing a medical education amongst both osteopathic and allopathic medical schools. 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 500/50\textsuperscript{th} percentile
- Submit an application, official transcript from all institutions attended, and MCAT scores to AACOMAS by July 1 of the year preceding matriculation.
- Submit a letter of intent to the Office of Admissions indicating that CUSOM is your first choice for medical schools by July 1 and request review for Early Decision Admissions Track.
- Submit all secondary application materials including secondary application, application fee, letter of recommendation from a premedical advisor/science faculty member, 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 50\textsuperscript{th} percentile with a preferred score in the 40\textsuperscript{th} percentile or higher in Biological and Biochemical Foundations of Living Systems (BBFLS)
- Application, transcripts from all institutions attended, and MCAT scores submitted to AACOMAS in June/July of 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 minimum science and overall GPA of 3.30.

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

Applicants invited to submit a secondary application receive an email notification. This email will contain information and instructions on how to complete the secondary application. A non-refundable fee of $50.00 is payable upon submission of the secondary application for admission. Instructions on how to submit the fee are included in the invitation for secondary application email. CUSOM waives 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. CUSOM accepts letters through AACOMAS, VirtualEvals, Interfolio and mail. Letters of recommendation may not be written by a relative, including relatives through marriage.

Letters of recommendation which are included as a part of the pre-health committee packet or letters from an official evaluation collection service are recognized by CUSOM (AACOMAS, Interfolio or VirtualEvals) as a part of their official packet are accepted without signature or letterhead, as long as the letters are sent directly from the authors to the pre-health committee. If the applicant’s school does not utilize a pre-health committee, a letter must be from a science faculty member (typically a PhD) familiar with the academic work of the applicant.

Another letter of recommendation must be from either an osteopathic physician (DO) or an allopathic physician (MD). Although a letter from an osteopathic physician is not required, it is strongly recommended.
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.

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.

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 submission of the AACOMAS application, a secondary application, a form/letter of recommendation from either an osteopathic or allopathic physician, a recommendation form/letter from a pre-medical or pre-health committee, or science faculty member (PhD) 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 criteria established by the Admissions Committee.

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

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

The Dean decides to accept, deny or waitlist the candidate and this decision is provided to the applicant in a timely manner, usually within 2-4 weeks of the interview date.

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

Inability to maintain compliance with educational training technical standards may also result in the revocation of acceptance or matriculation.
Additionally, applicants found to have screening tests positive for alcohol, prescription medications without a valid prescription, or substances which are illegal in the state of North Carolina may result in revocation of an offer of acceptance or matriculation. Controlled substance screening results are viewed in light of North Carolina and federal laws governing illegal substances.

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

2.8 Transfer Applicants

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

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

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

Students transferring from another medical school to CUSOM are 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 is reviewed by the Admissions Committee and interviewed prior to the approval to transfer. CUSOM has the right to require additional courses be taken or rotations added if deemed necessary to ensure the graduate are of the highest quality and contribute to CUSOM successfully meeting its Mission. The Dean determines satisfactory completion of these requirements. Students must fulfill all requirements for graduation, including passing all NBOME licensing examinations, to receive the DO degree from CUSOM.
2.9 Transfer of Credit

Credits are only 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 on a 4.0 scale. Each course is evaluated as to its course content, equivalency, and credit hours prior to any credit being waived. The CUSOM Registrar and Office of Academic Affairs conducts this evaluation. Transferred credits are only 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 are only 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 on a 4.0 scale. Each course is evaluated as to its course content, equivalency, and credit hours prior to any credit being waived.

The CUSOM Registrar and Office of Academic Affairs conducts this evaluation. Any course the transfer student has not taken will need to be taken at CUSOM prior to third year clinical 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 requesting to transfer 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 requisite knowledge and application 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 on a 4.0 scale. Each course is evaluated as to its course content, equivalency, and credit hours prior to any credit being waived. The CUSOM Registrar and Office of Academic Affairs conducts this evaluation.

Transfer credits are only 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 may accept students who are US-born citizens, naturalized citizens, green card holders, student visa holders and in DACA status. Applicants need to understand that for intern and residency sites, clearance is determined by the site, not CUSOM. Certain sites have more time-consuming clearance processes, such as the VA and federal facilities. CUSOM cannot guarantee clearance, but will work to place students at the necessary sites to complete their education.

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.

2.13 Technical Standards for Admission to CUSOM

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

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

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

Additionally, CUSOM utilizes cadavers in the gross anatomy laboratory. As such, CUSOM students must be able to tolerate working with, and touching, cadavers. 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 examination of fellow students of both genders who may be partially
disrobed.

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

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

CUSOM is committed to patient safety and assuring a safe and effective environment that does not place patients, students, or others at risk. Each technical standard has been chosen from standards osteopathic physicians deem necessary for the safe and effective practice of osteopathic medicine. **Applicants who do not meet the technical standards should not apply to CUSOM.**

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

1. **Observation**

   The student must be able to visually observe laboratory demonstrations, microscopic tissue with the aid of the microscope, and electronic images used in 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 to both describe changes in mood, activity, posture, and other physical characteristics and to perceive nonverbal communication.

   The student must be able to communicate effectively and efficiently in verbal and written form. The student must be able to communicate effectively and efficiently with patients and with all members of the health-care team in order to successfully complete the curriculum.
3. **Motor**

Students must have sufficient motor function to gather information from patients by palpation, percussion, and other diagnostic measures. The student must have sufficient motor function to carry out maneuvers of general and emergency care and of osteopathic manipulation. Examples of emergent motor functions include, but are not limited to, cardiopulmonary resuscitation, administration of intravenous fluids and intravenous medications, management of an obstructed airway, hemorrhage control, 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, and be able to receive these same forces, to successfully learn and provide effective osteopathic manipulative treatments for all techniques taught in the curriculum. These techniques include, but are not limited to, muscle energy, counterstrain, Still technique, and high-velocity, low amplitude (HVLA) techniques.

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

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

The ability to adapt to changing environments and stressful situations and to display compassion and integrity, while maintaining the necessary intellectual capacity to care for patients, is one evaluated during the interview process and throughout the student’s progress in the medical school curriculum. An ability to demonstrate the emotional health necessary for the delivery of quality and safe medical care is mandatory throughout medical school. CUSOM considers drug and alcohol addiction or abuse a significant risk factor for the provision of unsafe patient care and poor patient outcomes. As such, CUSOM has developed clear policies regarding alcohol and substance abuse which are described elsewhere in this bulletin.

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

CUSOM will determine the type of testing required based on the area(s) identified by the applicant. All testing must be performed by a licensed healthcare professional practicing at the highest level of their respective licensure. The applicant must provide CUSOM a written statement by the treating provider that the testing supports that the student is capable of meeting the technical standards and physical requirements of the curriculum.

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

For matriculated students, inability to maintain compliance with educational training technical standards may result in dismissal from the program.
If an applicant signs that he/she meets the minimum health requirements and technical standards for admission, but it is discovered after matriculation that the student signed knowing he/she did not meet these minimum standards, then the student may receive sanctions up to and including dismissal from the program.

2.14 Americans with Disabilities Act

CUSOM 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 submit the following to the Office of Clinical Affairs:

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

Students must obtain all CUSOM required immunizations and corresponding titers, prior to matriculation and remain compliant with all immunization requirements through graduation. Students must maintain all immunizations as 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. A complete description of all immunization requirements is available in the Office of Student Affairs.

All students must provide written documentation utilizing the AAMC Standardized Immunization Form (completed and signed by their health care provider or institutional representative) verifying that all CUSOM immunization and titer requirements, as listed below and in accordance with the CDC Guidelines (https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html) have been met, affording adequate immunization/immunity for the following:
• Diphtheria, Pertussis and Tetanus
  o All students must submit documentation (physician signature or vaccination record) of immunization with a *Tdap booster (Boostrix or Adacel) since the year 2005.
  o Following the Tdap booster, proof of a Td routine booster is required every 10 years
• TB test (prior to matriculation and prior to clinical rotations)
  o There are two acceptable methods for TB screening and all students must provide documentation of the results from ONE of the two methods:
    ▪ A two-step tuberculin skin test (TST)
    ▪ An Interferon-Gamma Release Assay (IGRAs) blood test
• The TB test must be obtained within 6 months of matriculation
• Hepatitis B virus (quantitative titer)
  o Students must provide dates and verification (vaccination record) of completing a Hepatitis B vaccination series consisting of three (3) hepatitis B injections
  o In addition verification of quantitative antibody titers demonstrating immunity to hepatitis B must be provided
    ▪ Students who do not show immunity following the vaccination series should refer to the immunization policy for further steps
• MMR: Measles (Rubeola), Mumps and Rubella
  o Students must provide dates and verification (vaccination record) of 2 MMR vaccinations, occurring at least 28 days apart
    ▪ If the student is able to provide an immunization record or physician signature verifying the dates of these 2 vaccinations, no titer will be required
  o Students unable to provide immunization records or physician signature verifying completion of the MMR series have 2 options:
    ▪ Repeat the MMR series of 2 vaccinations at least 28 days apart and provide documentation verifying completion of the series
    ▪ Obtain titers for measles, mumps, and rubella
• Varicella (quantitative titer by the time of matriculation)
• Influenza vaccination every year

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

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

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

If prior Offenses are not reported but are discovered after matriculation, a student may receive sanctions up to and including dismissal from the program. If a student has any Offenses pending final adjudication, it is the student’s responsibility to immediately inform CUSOM.

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

Should any Offenses, including deferred adjudications, occur after matriculation, the student must report the incident to the Director of Student Affairs within thirty (30) days of the incident. Following review, disciplinary action may be instituted, up to and including dismissal from the program.

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

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

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

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

If a student unable to complete clinical rotations due to the inability to pass background check requirements, they will not meet graduation requirements. In addition, and as such, they will be referred to the APPS committee.
Also, a student with any Offenses is encouraged to contact the licensure boards in the state of intended practice to ensure the aforementioned Offense will not inhibit the ability to obtain a medical license upon graduation.

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

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

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

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

**Driver’s License**

As the clinical campus system of CUSOM is widespread across the state of North Carolina, all applicants must provide evidence of a valid driver’s license to allow for travel to various clinical rotations. Students may have to drive up to an hour from the premier educational partner of their respective regional site for an assigned rotation. Therefore, evidence of a valid driver’s license must be provided to the Office of Student Affairs by the end of the first year of medical school. Failure to provide evidence of this item by the end of the first year of medical school may result in not being permitted to begin the second year of medical school.
Basic Life Support Skills

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

Emergency Medical Training

CUSOM has developed a uniquely designed Emergency Medical Training (EMT) program for inclusion in the medical student curriculum. The addition of this program, which will lead to state and national EMT certification, will significantly enhance the clinical training and experiences of medical students.

Participation in EMT training will provide a number of benefits to medical student education.

- By providing an experiential context for content taught in basic sciences, the experiences encountered during an EMT training program strengthen student understanding, assist in the consolidation of knowledge and improve retention of both basic science and clinical information.
- Participation in an EMT training program has been shown to provide increased motivation for studying basic sciences by demonstrating the relationship between basic science knowledge and the clinical practice of medicine.
- Students completing an EMT training program learn how to promote the importance of professionalism, good communication and the building of provider-patient relationships.
- Completion of an EMT training program has been shown to improve clinical performance in many health professions including improved clinical rotation grades, faculty feedback, letters of recommendation, and most importantly, patient care.
- Obtaining EMT certification during school may provide a valuable addition to the strength of an application to a residency.
- Studies have indicated that students in healthcare related professional programs often feel they are inadequately prepared and lack the training needed to provide lifesaving care in an emergency. Completion of the EMT program will provide medical students with the acquisition of critical lifesaving skills and medical experience to enable them to administer lifesaving care in any situation.
Controlled Substance Screening

Pre-Matriculation

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

Any substance-related incident which occurs before matriculation, including, but not limited to, charges/arrests for driving under the influence, must be reported by the student to the CUSOM Office of Student Affairs within thirty (30) days of the occurrence. Following review, the student’s acceptance may be rescinded.

If the test result is positive (i.e. evidence of a controlled substance) or shows other abnormalities including, but not limited, to excessively dilute urine, the Dean will appoint an ad hoc committee consisting of members of the CUSOM Admissions Committee to review the test results and the application for admission.

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

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

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

Post-Matriculation

Any substance-related incident which occurs after matriculation, including, but not limited to, charges/arrests for driving under the influence, must be reported by the student to the CUSOM Office of Student Affairs within thirty (30) days of the occurrence. Following review, disciplinary action may be instituted, up to and including dismissal from the program.

A controlled substance screening is required prior to starting clinical rotations, and all results are shared with the clinical sites. Additional screenings may be required, at any time, at the discretion of CUSOM or partnering-institutions. By accepting admission to CUSOM and matriculating, the student agrees that CUSOM may share controlled substance screening results as deemed necessary.
CUSOM has no control over the content of third-party background checks, which may include charges of driving under the influence. Even expunged records may appear on these checks. Background checks revealing prior Offenses, even Offenses which may have been dismissed by the courts, could still result in consequences affecting clinical rotations, acceptance into residency programs, future licensing, specialty board certification, and/or employment opportunities.

If the test result is positive (i.e. evidence of a controlled substance) or shows other abnormalities including, but not limited, to excessively dilute urine, the Dean will appoint an *ad hoc* committee consisting of members of the CUSOM APPS Committee to review the test results and the application for admission.

Controlled substance screening results are viewed in light of North Carolina and federal laws governing illegal or controlled substances. A more detailed description of CUSOM’s Substance Abuse Screening Protocol is found elsewhere in this Bulletin.

**Transcripts**

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

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

**2.16 Early Acceptance Program for Medicine**

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

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

All Campbell University applicants may compete for the Early Acceptance Program for Medicine, and finalists will be interviewed by the School of Osteopathic Medicine’s Admission Committee as part of the selection process.
Campbell’s Doctor of Osteopathic Medicine (DO) degree program offers an innovative and proven medical curriculum. Students in the School of Osteopathic Medicine actively learn in an environment that provides clinical training while integrating biomedical sciences with hands-on experiences using modern technology.

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

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

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

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

3. STUDENT EXPENSES AND FINANCIAL AID

3.1 Application Fee

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

3.2 Acceptance Fee

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

3.3 Tuition and Financial Aid Tuition

Tuition is subject to change annually. Tuition for the 2018-2019 academic year is $47,900 with additional fees to cover recreation, technology and other needs. Campbell University’s Board of Trustees reserves the right to change the schedule of tuition and fees without advance notice, and to make such changes applicable to present, as well as future students of CUSOM. The Board of Trustees may also establish additional fees or charges for special services whenever, in the Board of Trustee’s opinion, such actions are deemed advisable.
Students receiving federal aid or scholarships that have not arrived by the beginning of the academic year must have written assurance that the funds are awarded. Students must pay any outstanding tuition and fees when those funds are distributed 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 Office of Financial Aid.

**Student Fees**

Students in Years One and Two are assessed an annual student fee of $1,760 and students in Years Three and Four are assessed an annual fee of $1,500 to cover costs of laboratory equipment, computer software and maintenance, professional organization membership, student activities, technology, and health services. The Campbell University Board of Trustees reserves the right to change this fee schedule without notice.

**Financial Aid**

CUSOM’s Office of Financial Aid makes every effort to ensure that no qualified applicant is denied the opportunity to study medicine due to financial reasons. A financial aid program assists students in the form of institutional scholarships and student loans. The office provides financial aid counseling to 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. Financial aid counseling is provided to all prospective students as part of the applicant interview process. During each applicant interview session, a financial aid counselor provides a financial aid presentation. Personal financial aid counseling is also available to students by appointment.

The Office of Financial Aid will email all accepted students information related to applying for financial aid. Students interested in applying for financial aid are required to complete the Free Application for Federal Student Aid (FAFSA), and the 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 is available to students by appointment.

Financial aid counseling is presented to incoming students at the Financial Aid Entrance Interview Presentation during Orientation. Attendance at the financial aid presentation is mandatory for all students. During the presentation, federal entrance counseling requirements are discussed including aid eligibility calculations, borrower rights and responsibilities and loan information. 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 is 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 include budgeting tips, responsible borrowing strategies, loan terms and conditions, default prevention, student loan debt in relation to monthly payment amounts and average physician salaries, deferment, forbearance, repayment and consolidation options, record keeping and helpful websites for additional financial aid resources. Satisfactory Academic Performance (SAP) is one consideration whether or not a student will qualify for renewal of Financial Aid. The SAP at CUSOM currently is set at a minimum GPA of 2.0 on a 4.0 scale.

The CUSOM Office of Financial Aid conducts Exit Counseling sessions for any student who withdraws or graduates from CUSOM. During 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 for additional financial aid resources. Students may meet individually with the financial aid counselor if they have specific questions regarding their financial aid or if the counselor requests a special meeting. In compliance with federal government regulations for students who withdraw and do not meet with the financial aid counselor, the exit information is mailed.

**Financial Aid Renewal**

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

Additional information can be found on the Campbell University Website: [https://ww2.campbell.edu/pdf-top/financialaid/GRAD_SAP_Policy.pdf](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 is refunded in accordance with the Campbell University Refund/Repayment Policy.

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

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

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

<table>
<thead>
<tr>
<th>Graduate &amp; First Professional Programs</th>
<th>Full University Withdrawal (&quot;W&quot; status assigned)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Semesters</td>
<td></td>
</tr>
<tr>
<td><strong>Timeframe</strong></td>
<td><strong>Tuition Refund</strong></td>
</tr>
<tr>
<td>Days 1-5</td>
<td>100%</td>
</tr>
<tr>
<td>Days 6 – End of Semester</td>
<td>No Refund</td>
</tr>
</tbody>
</table>

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

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

### 3.5 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 serve as 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 ≥75th percentile. Presidential Scholarship recipients receive a $20,000 tuition scholarship, which may be annually renewed.

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 ≥45th percentile OR an MCAT score of ≥75th percentile with a science and cumulative GPA of 3.30 or higher on a 4.0 scale. Dean’s Scholarship recipients receive a $10,000 tuition scholarship, which may be annually renewed.

Campbell University Scholarship

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

Scholarship candidates are prescreened by the Assistant Director of Financial Aid and eligible candidates are recommended to the Scholarship Committee. Recommended students are reviewed at Scholarship Committee meetings, Committee members vote, and scholarship recommendations are forwarded to the Dean for approval. Once approved by the Dean, all decisions are final.

Candidates selected for scholarship consideration are emailed a letter inviting them to apply for the respective scholarship. The CUSOM Assistant Director of Financial Aid sends 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.

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

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

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

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

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

**Scholarship Renewal Criteria**

The Presidential, Dean’s and Campbell University Scholarships may be renewed annually providing the student maintains a cumulative CUSOM grade point average of 3.50 or above on a 4.0 scale for Presidential scholars, and 3.20 or above on a 4.0 scale for Dean’s and Campbell University scholars, at the end of each year of study. Cumulative grade point averages are not rounded (e.g., 3.49 or a 3.19 will void a scholarship).

Students must also abide by all aspects of the CUSOM Honor Code. Violations of the Honor Code may result in revocation of a scholarship. Students placed on academic or non-academic probation will be ineligible for renewal of their 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

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

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

- Diphtheria, Pertussis and Tetanus
  - All students must submit documentation (physician signature or vaccination record) of immunization with a *Tdap booster (Boostrix or Adacel) since the year 2005.
  - Following the Tdap booster, proof of a Td routine booster is required every 10 years
- TB test (prior to matriculation and prior to clinical rotations)
  - There are two acceptable methods for TB screening and all students must provide documentation of the results from ONE of the two methods:
    - A two-step tuberculin skin test (TST)
    - An Interferon-Gamma Release Assay (IGRAs) blood test
- The TB test must be obtained within 6 months of matriculation
- Hepatitis B virus (quantitative titer)
Students must provide dates and verification (vaccination record) of completing a Hepatitis B vaccination series consisting of three (3) hepatitis B injections.

In addition, verification of quantitative antibody titers demonstrating immunity to hepatitis B must be provided.

- Students who do not show immunity following the vaccination series should refer to the immunization policy for further steps.

**MMR: Measles (Rubeola), Mumps and Rubella**

- Students must provide dates and verification (vaccination record) of 2 MMR vaccinations, occurring at least 28 days apart.
  - If the student is able to provide an immunization record or physician signature verifying the dates of these 2 vaccinations, **no titer will be required**.
  - If not, students unable to provide immunization records or physician signature verifying completion of the MMR series have 2 options:
    - Repeat the MMR series of 2 vaccinations at least 28 days apart and provide documentation verifying completion of the series.
    - Obtain titers for measles, mumps, and rubella.

- Varicella (quantitative titer by the time of matriculation)
- Influenza vaccination every year

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

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

### 4.3 Student Health

CUSOM students are able to utilize the Campbell University Health Center for medical concerns; personal medical information are kept confidential, in compliance with all HIPAA regulations. Student Health Center office hours can be found on the health center website: [https://www.campbell.edu/health-center/](https://www.campbell.edu/health-center/). All students are required to maintain health insurance coverage from matriculation through graduation.

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

For students on Clinical Rotations away from CUSOM needing health services, please refer to the site-specific or rotation-specific guidelines 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/](https://www.campbell.edu/health-center/).
4.4 Counseling Services

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

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

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

Students on clinical rotations who are unable to travel to the on-campus locations can meet with a counselor via WebX, a secure videoconferencing system which meets HIPAA and FERPA standards. This approach makes communication with, and counseling for, CUSOM students on rotations much 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 StudentLinc, a 24/7/365 student assistance program that offers wrap-around psychosocial support services. Services are accessed through StudentLinc’s online web portal (https://www.mystudentlinc.com/) or via their mobile application.
StudentLinc Core Services include but are not limited to:

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

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

For emergency situations, students should call 911. For non-emergency situations Monday through Friday 9am-5pm, students should call campus safety and ask for the Behavioral Health practitioner. After 5pm and on weekends and holidays, students should contact StudentLinc.

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

**Purpose**

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

**Committee Members**

*Ex officio* (non-voting)
- Campbell University Vice President for Student Life
- Campbell University legal counsel
- Director of Campus Safety

Voting
- Chair, Department of Behavioral Health for CUSOM
- Vice Dean for Academic Affairs
- Associate Dean for Clinical Integration
- Associate Dean for Clinical Affairs
- Associate Dean for Biomedical Affairs
- Director of Student Affairs
Follow-Up/After-Care Members

- MS-1 and MS-2:
  - Office of Student Affairs- CUSOM
    - Director of Student Affairs
    - Assistant Director of Student Affairs
- MS-3 and MS-4:
  - Regional Administrative Staff
    - Regional Deans
    - Regional Coordinators

All other members will be *ad hoc* and contingent upon the faculty/staff that are pertinent to the case.

Initiation/Committee Process

I. Concerned faculty or staff may contact the Director of Behavioral Health or fill out the case referral form on the Behavioral Health portion of the CUSOM webpage:
   https://medicine.campbell.edu/behavioral-health/behavioral-intervention/

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

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

IV. If the CUBIT-SOM decision is upheld or accepted by the student, the Associate Dean or designee will meet with the student (typically 1-2 business days) after the meeting to discuss the outcome and give the student a copy of the recommendation letter. Students have **24-48 hours or 1-2 business** days to sign and return the letter. The student receives a copy for their personal records.
   a. Students will be asked to sign waivers for basic information related to their case to be discussed with the following personnel to maintain continuity of care and compliance with recommendations:
      i. Chair, Department of Behavioral Health
      ii. Office of Student Affairs
      iii. Regional Dean and/or Regional Coordinator
V. Students receive follow-up contact, outlined below, by appropriate after-care personnel.
VI. Cases are re-examined at the end of each block by the committee to determine if the plan needs to be: a) maintained, b) amended and/or c) discontinued. Students receive notification of the committee’s decision.

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

After-Care Process

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

MS-1 and MS-2 Students:
• Will be followed by the Office of Student Affairs at CUSOM
  o Given the committee recommendations, Student Affairs will make contact once or more per month to ensure the student is in compliance
    ▪ Depending on recommendations, if the student is not in compliance (e.g., missing required appointments), they are given one warning and attempt to comply with the recommendations
    ▪ If the student is found in non-compliance again, the committee will be notified and will re-examine the case prior to the end of the block
  o Each month, a report is generated regarding progress, and kept in a secure file storage system that all committee members will be able to access.

MS-3 and MS-4 Students:
• Will be followed by the Regional Deans and their constituent coordinators
  o Given the committee recommendations, contact will be made with each student once or more per month to ensure the student is in compliance
    ▪ Depending on recommendations, if the student is not in compliance (e.g., missing therapy appointments), they are given one warning and attempt to comply with recommendations
    ▪ If they are found in non-compliance again, the committee will be notified and re-examine the case prior to the end of the block
  o Each month, a report is generated regarding progress, and kept in a secure file storage system that all committee members will be able to access.
4.5 Controlled Substance Screening Protocol

Controlled substance 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 controlled substance screening test showing no evidence of alcohol, illicit substances, prescription medications without a valid prescription, or substances, which are illegal in the state of North Carolina, is required before matriculation into CUSOM, and again before advancement to year three. Additional screening and/or confirmatory tests may be required as determined by CUSOM or the clinical training sites.

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

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

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

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

CUSOM has no control over the content of third-party background checks, which may include charges of driving under the influence. Even expunged records may appear on these checks. Background checks revealing prior criminal activity, even charges which may have been dismissed by the courts, could still result in consequences affecting clinical rotations, acceptance into residency programs, future licensing, specialty board certification, and/or employment opportunities.
Prior to starting Year 3:

- Students must have the controlled substance screening sample collected at the Campbell University’s Health Center or another facility approved by CUSOM.
- If the test result is positive or shows other abnormalities, such as excessively dilute urine, the Dean will appoint an *ad hoc* subcommittee, a subset of the CUSOM APPS Committee, to review the information and make a recommendation to the Dean regarding the appropriate action. Depending on the decision, the student’s advancement to the clinical year may be delayed based on the results. Results of controlled substance screenings are made available to clinical rotation sites. A student agrees to sharing this information when they matriculate at CUSOM.
- All controlled substance screening tests are maintained in a secure location to ensure confidentiality. Routine access to this information is limited to the Director of Student Affairs, the Associate Dean for Clinical Affairs, the CUSOM Dean (or Vice Dean as the Dean’s designee), and the Campbell University General Counsel.
- Results from positive controlled substance screens are shared with the Director of Behavioral Health in the event the student requires drug/alcohol counseling.
- The entire cost of any testing is the responsibility of the student.

4.6 Infection Control

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

**Standard Precautions**

The Centers for Disease Control (CDC) has developed precautions to prevent accidental spread of infectious disease. In the health care setting. These include both standard precautions for all patient care, and transmission-based precautions for situations in which specific infections are identified or suspected. A comprehensive description of these precautions are found on the CDC website at [https://www.cdc.gov/infectioncontrol/basics/index.html](https://www.cdc.gov/infectioncontrol/basics/index.html).

Examples of standard precautions that make use of common sense practices and personal protective equipment to protect healthcare providers from infection and prevent the spread of infection from patient to patient, include, but are not limited to, the following:
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
- Comprehensive CDC guidelines for hand hygiene in healthcare settings are found at https://www.cdc.gov/handhygiene/providers/index.html

Gloves

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

Masks, goggles, face masks

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

Gowns

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

Linen

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

Patient care equipment

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

Environmental cleaning

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

Sharps

- Avoid recapping used needles
- Avoid removing used needles from disposable syringes
- Avoid bending, breaking or manipulating used needles by hand
- Place used sharps in puncture-resistant containers
- Additional information is found at https://www.cdc.gov/sharpssafety/
**Patient resuscitation**
- Use mouthpieces, resuscitation bags or other ventilation devices to avoid mouth-to-mouth resuscitation

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

**Needle sticks**

Incidents involving needle sticks and potential exposure to blood borne pathogens require immediate action to protect a student’s health and safety. If a student sustains a needle stick or is exposed to infectious materials she/he should:

- CDC guidelines for the prevention of blood borne infectious disease following an exposure are found at: 
  [https://www.cdc.gov/niosh/topics/bbp/emergnedl.html](https://www.cdc.gov/niosh/topics/bbp/emergnedl.html)
- 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. Timely consult concerning appropriate tests, risk-assessment counseling and chemoprophylaxis decisions are critical.
- HIV post-exposure prophylaxis is most effective when initiated within the first few hours following an exposure so it is critical that students be evaluated immediately following any exposure incident. This will ensure that if post-exposure prophylaxis is indicated, that it is started as early as possible in order to increase its effectiveness.
- Students who have an exposure after normal business hours, or are for any other reason unable to be evaluated at one of the above locations, should proceed immediately to the Emergency Department for evaluation.
- 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, 6am-5pm (Pacific) seven days per week, (or [http://nccc.ucsf.edu/](http://nccc.ucsf.edu/)): to provide guidance in managing exposures.

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

- [https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf](https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf)
- [https://www.cdc.gov/infectioncontrol/basics/index.html](https://www.cdc.gov/infectioncontrol/basics/index.html)
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 Center for consultation and assistance. Incident reports can be obtained from Campbell University’s Health Center (910) 893-1560.

If the accident occurs at a clinical training facility, that facility’s incident report form should be completed, and the clinical supervisor, Director of Student Medical Education or Director of Medical Education, the Regional Dean and the CUSOM Associate Dean for Clinical Affairs should be contacted for assistance. A copy of the facility’s incident report must be sent to Campbell’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 are mandated to review OSHA rules, requirements, appropriate plans and practices.

CUSOM has the following plans in place:

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

The intent of these plans is to prevent blood borne infections by eliminating or minimizing employees and students exposure to blood, blood products, and other potentially infectious materials.
4.8 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, the Regional Dean, the Associate Dean for Clinical Affairs, and the Campbell University General Counsel’s Office at PO Box 114, Buies Creek, NC 27506, (910) 893-1217.

4.9 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, 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), Angier (10 miles), Dunn (10 miles) and Fuquay-Varina (15 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

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

- American Medical Association – Medical Student Section (AMA-MSS)
- Anesthesiology Interest Group (AIG)
- Campbell University Care Clinic
- Christian Medical and Dental Association (CMDA)
- Dermatology Club
- Emergency Medicine Club (American College of Osteopathic Emergency Physicians (ACOEP))
- Family Medicine Club (ACOFP 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 Medicine Club
- Women in Medicine Club
Grade Requirements

Students must have at least a cumulative 3.0 GPA on a 4.0 scale as calculated at the end of each grading period, 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

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

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

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

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 opinions, acting as a liaison for the student body, promoting osteopathic medicine, supporting club and class activities and working to improve the quality of life for all students at CUSOM. The Office of Student Affairs serves as the liaison between the administration and Student Government.

Recognition of Student Organizations

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

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

Student Sponsored Events

Any event conducted by a student club or organization recognized by CUSOM is considered a student-sponsored event. Events of this nature require the approval of the Office of Student Affairs and requests must be submitted in writing to the Office of Student Affairs. Requests 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 on- or off-campus student club or organization event or activity.

Scheduling Extracurricular Activities

Students, or student organizations, wishing to host events involving extracurricular academic activities, i.e., speakers, mini-courses, pharmaceutical exhibits, or non-credit courses, must have the approval of the Office of Student Affairs. Written requests 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 may attend conferences (not greater than three consecutive days). Only students in good academic standing are eligible to attend, and time away from campus are counted per the CUSOM Attendance Policy. Copies of the Student Organizations Handbook are available from the Office of Student Affairs.

4.15 Campbell Medicine Student Ambassadors Program

The Campbell Medicine Student Ambassadors Program allows current medical students to serve as Ambassadors for CUSOM. Student Ambassadors help with recruiting events and on-campus events. Participants in the Student Ambassador program will help generate positive energy through word-of-mouth and online interactions about CUSOM. Student Ambassadors assist in the efforts to recruit talented students and to lead as servant leaders to their classmates.
Students must be in good academic standing (cumulative GPA of ≥ 3.0 on a 4.0 scale) and must complete an application to become a Student Ambassador. Once the application is received, the student goes through a screening process by the Offices of Student Affairs, Academic Affairs, Marketing and Communications, and the Dean. Selected students are notified by email of their appointment followed by an official letter from the Dean.

Student Ambassadors are required to participate in the following:

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

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

Benefits for being a Student Ambassador include the following:

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

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

When a Student Ambassador does a recruiting event for CUSOM, they are provided with all of the recruitment materials needed for the event that they pick up from the Office of Admissions.

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

Sigma Sigma Phi (SSP)

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

I. Membership Criteria
   A. Choice of pledges is based upon scholarship and service to the college, profession, or community.
   B. Applicants must be in good academic and professional standing at CUSOM.
      1. Not have remediated any courses for academic reasons.
      2. Not have any professionalism or Honor Code violations.
   C. Members must:
      1. Be students who have successfully completed the 1st semester (Blocks 1 and 2) of classroom work.
      2. Scholastic standing (Grade Point Average)
         a. Induction requirements:
            i. First and second year students
               • Cumulative GPA must be at or above a 3.6 on a 4.0 point scale.
            ii. Third year students
                • Must have attained a final cumulative GPA of 3.6 or above on a 4.0 scale during the first two years
                • During 3rd year rotations, must have earned a High Pass or Honors on all clinical rotation evaluations and COMAT exams.
         b. Maintain membership
            i. First and second year students
               • Maintain a cumulative GPA at or above a 3.5 on a 4.0 point scale.
            ii. Third and fourth year students
               • Must earn a High Pass or Honors on all clinical rotation evaluations and COMAT exams.
   3. Community/Volunteer Service
      a. Induction requirements
         i. Completed at least 10 community/volunteer service hours at the time of application.
b. Maintain membership
   i. Complete 20 hours of community/volunteer service each academic year during MS-1/2
   ii. Complete 10 hours of community/volunteer service each academic year during MS-3/4
   iii. All students must volunteer at least once for White Coat or Graduation.

D. Chapter membership shall not exceed 25% of the regular enrollment of students in the MS-1, MS-2, MS-3, and MS-4 classes.

E. Candidacy Evaluation
   1. First and second year students must submit their membership applications by the end of Block 3 (MS-1) or Block 7 (MS-2).
   2. Third year students must submit their membership applications by March 1st of their 3rd year.
   3. The membership committee shall review each candidate’s application and generate a report with recommendations to the chapter at the next meeting.
   4. The report shall include the following candidate information:
      a. Scholastic standing
      b. Acceptance by fellow students
      c. Abilities
      d. Character
      e. Habits
      f. Demeanor
      g. Ability and willingness to work with others
   5. Candidate will be selected by Membership Committee
      a. The recommendation must be 90% favorable of all members’ present

F. Induction
   1. First and second year students
      a. Induction will occur during Block 4 for first year students and Block 8 for second year students
   2. Third year students
      a. Induction will occur during Residency Development Month between MS-3 and MS-4 years

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

III. Annual Meeting
A. The annual SSP Grand Chapter meeting will take place annually at OMED
B. National SSP will pay for the hotel and airfare for one representative.
C. One (1) delegate for each fifteen (15) active members in good standing from each chapter may also attend.
D. Attendees will be chosen by chapter membership
IV. Records of any new or deleted members from the chapter must be sent copy to the Grand Chapter secretary.

V. The campus organization is known as the Chi Upsilon Chapter of Sigma Sigma Phi – National, Honorary Osteopathic Service Fraternity.

VI. Headquarters – Stand Alone Campuses
A. Chi Upsilon Chapter shall have its headquarters in Leon Levine Hall of Medical Sciences located in Lillington, North Carolina as authorized by its Charter from the Grand Chapter enabling it to legally exist and function.

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

VIII. Chapter Officers
a. President
b. Vice President
c. Secretary/Treasurer – will send full names of all candidates listed and classified according to their year of anticipated graduation along with accompanying funds to cover Grand Chapter fees.
d. Editor
e. Community Service Coordinator
f. Election of officers shall be held by secret, written ballot; names presented in open nomination from the floor.
g. Club leadership is elected in the spring and will be MS1 students who will serve the term until following spring as MS2 students.

IX. Standing Committees of the chapter
1. Appointed at the beginning of the term of office of each newly elected President
   a. Awards
   b. Membership
   c. Pledging
   d. Initiation
e. Social
f. Finance
g. Community Service Coordination

B. Regular meetings shall occur as deemed necessary by the Chapter Officers.
4.17 Student Parking

The Department of Campus Safety is responsible for assigning parking lots on campus, enforcement of parking regulations and collecting parking fees/fines. Students 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 Campbell University Parking Policy can be found at: https://www.campbell.edu/campus-safety/parking/. Any violations of the parking policy may result in disciplinary action.

A student may obtain a parking permit by visiting https://www.campbell.edu/campus-safety/parking/vehicle-bicycle-registration/ and completing the vehicle information.

4.18 Student Lockers

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

4.19 Student Study Space

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

4.20 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.

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 must 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.
Student Statement of Professional Ethics

As a CUSOM student, I will…

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

Respect for Patients

CUSOM takes the utmost care to ensure patient respect and confidentiality. As osteopathic medical students, students must demonstrate respect for patients through appropriate language and behavior, including that which is non-threatening and non-judgmental. In order to maintain professional relationships with patients and their families, patient privacy and modesty will be respected during history taking, physical examinations, and any other contact. It is critical for students to be truthful and not intentionally mislead or give false information. Students should avoid disclosing information to a patient that only the patient’s physician should reveal. Students should always, or at the request of the patient, consult more experienced members of the medical team regarding patient care.
Respect for Faculty, Staff, Colleagues, Hospital Personnel, and Community

Students will respect faculty, staff, colleagues, and others, including hospital personnel, guests, and members of the general public. This respect should be demonstrated by punctuality in relationships with patients and peers, prompt execution of reasonable instructions, and deference to those with superior knowledge, experience or capabilities. Students should express views in a calm and respectful manner when in disagreement with another individual, understanding that a mutual agreement will not always be reached.

Respect for Self

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

Respect for Laws, Policies and Regulations

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

Chaperoned Physical Exam Policy

Purpose

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

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

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

1. neglecting to employ disrobing or draping practices respecting the patient’s privacy, or deliberately watching a patient dress or undress;
2. subjecting a patient to an intimate examination in the presence of medical students or other parties without the patient’s informed consent or in the event such informed consent has been withdrawn;
3. examination or touching of genital mucosal areas without the use of gloves;
4. inappropriate comments about or to the patient, including but not limited to, making sexual comments about a patient’s body or underclothing, making sexualized or sexually demeaning comments to a patient, criticizing the patient’s sexual orientation, making comments about potential sexual performance during an examination;
5. using the physician-patient relationship to solicit a date or romantic relationship;
6. initiation by the physician of conversation regarding the sexual problems, preferences, or fantasies of the physician;
7. performing an intimate examination or consultation without clinical justification;
8. performing an intimate examination or consultation without explaining to the patient the need for such examination or consultation even when the examination or consultation is pertinent to the issue of sexual function or dysfunction; and/or
9. requesting details of sexual history or sexual likes or dislikes when not clinically indicated for the type of examination or consultation.

Policy

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

Efforts to provide a comfortable and considerate atmosphere for the patient and the learner are part of respecting patients’ dignity. These efforts may include providing appropriate gowns, private facilities for undressing, sensitive use of draping, and clearly explaining various components of the physical examination. Having chaperones present during the physical exam can also help prevent misunderstandings between patient and learner or health care provider.

Medical students and CUSOM faculty should:

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

9. Respect that the patient has the right, at all times, to decline a particular person as chaperone.

10. Utilize the learning or simulation environment in a manner consistent with respecting patient privacy.

11. Utilize same gender models for sensitive physical exam demonstrations whenever possible (cardiac exam, sacral exam, etc...).

12. Perform Osteopathic Manual Manipulation (OMM) only on subjects or patients who are adequately clothed to cover all sensitive areas.

13. Not perform OMM as an invasive procedure.

14. Respect the right of a patient participating in an educational activity (such as, but not limited to OMM lab, ultrasound lab, clinical skills) to refuse any component of the physical exam.

15. Respect the right of a child volunteer in the OMM or Clinical Skills lab to refuse any component of a physical exam, even if approval to perform the exam has been given by the parent. Children participating in OMM or Clinical Skills labs must never be forcefully subjected to any physical exam, even if the exam is not considered sensitive in nature.

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

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

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

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

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

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

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

- In the medical office setting, the physical examination of an infant, toddler, or child should always be performed in the presence of a parent or guardian.
- If a parent or guardian is unavailable or the parent’s presence will interfere with the physical examination, such as in a possible case of abuse or parental mental health issues, a chaperone should be present during the physical examination.

**Consequences of non-compliance**

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

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

Outcomes of an APPS committee intervention include any of the following levels of discipline:

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

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

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

According to the recommendations made by the Federation of State Medical Boards, Campbell University supports the loss of enrollment into the school, as well as revocation of degree upon confirmed misconduct.
4.21 **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 Student Success/ADA/504 Compliance Officer.

Laura Rich  
Student Services, Room 113  
(910) 814-4364  
Fax (910) 814-5710  
[richl@campbell.edu](mailto:richl@campbell.edu)
Matriculating or Current CUSOM Students with Disabilities

Section I – Who to Contact

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

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

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

Section II: How to Obtain Services

General Procedure for Receiving Accommodations

Step 1: Incoming or current students are requested to contact the Director of Student Affairs to request services as soon as possible. The University is not responsible for identifying students with disabilities and is not required to provide services unless proper procedures have been followed in making a request.

Step 2: The student must schedule a meeting with the Director of Student Affairs, who consults with the Director of Student Success/ADA/504 Compliance Officer to provide documentation of the disability and to complete the appropriate paperwork.

Step 3: The Director of Student Affairs reviews the student’s request and supporting documentation, if needed. The process of review depends in part on the nature of the student’s disability. Decisions regarding accommodations are made on a case-by-case basis. There is no standard accommodation for any particular disability. CUSOM will make reasonable modifications to its policies, practices and procedures, unless doing so would fundamentally alter the nature of the service, program, or activity or pose an undue administrative or financial burden.
Step 4: If the request for accommodations is approved, the Director of Student Affairs generates a Letter of Accommodation (LOA) documenting the student’s individual, approved accommodations. The Office of Students Affairs coordinates dissemination of the LOA. Any student whose requested accommodations are not approved is encouraged to meet with the Director of Student Affairs to discuss the reasons for the denial. The Director may discuss the grievance procedure with the student at this time.

Additional Information Regarding Documentation and Accommodations

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

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

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

Service Animal Information

According to the Americans with Disabilities Act (ADA), a service animal is defined as “any animal individually trained to work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals to an impending seizure or protecting individuals during one, 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 is made by Director of Student Affairs with consultation with the Director of Student Success/ADA/504 Compliance Officer.
In compliance with the ADA, service animals are welcome in all buildings on campus and may attend any class, meeting, or other event. Service animals are expected to exhibit reasonable behavior while on campus. The owners of disruptive and aggressive service animals may be asked to remove them from university facilities. If the improper behavior happens repeatedly, the owner may be told not to bring the service animal into any facility until they take significant steps to mitigate the behavior.

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

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 is used for the benefit of the student.

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

A student must give written authorization to release information when 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 may be handwritten, or a form from CUSOM Office of Student Affairs may be used.

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

General Student Responsibilities

1. Identify him/herself to the Director of Student Affairs to begin the process of requesting accommodations. CUSOM is not responsible for identifying students with disabilities or for contacting such students to begin the accommodation request process.

2. Provide documentation which conforms to the university’s guidelines. If the student’s documentation is insufficient for any reason, the student is responsible for pursuing whatever additional documentation is required and to pay any costs thereof. CUSOM reserves the right not to provide services or accommodations until all of the documentation specified in the guidelines is provided.

3. Any student approved for accommodations is responsible for retrieving his or her Letter of Accommodation (LOA) and Release of Information Form from the Director of Student Affairs or available at: https://cuweb.wufoo.com/forms/cusom-release-of-information/

Responsibilities of a Student Approved for Testing Accommodations

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

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

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

Remember, the Office of Assessment, Accreditation and Medical Education or the Department of Clinical Education is only required to provide accommodations specifically listed in the Letter of Accommodation.
Responsibilities of a Student Approved for Handicapped Parking

Students who use handicapped parking on campus must maintain state-issued handicap parking permits. The student is also required to purchase an appropriate parking sticker from 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 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**

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

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

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

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

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

5.1 Advising and Faculty Access

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

The Academic Advisor-Advisee relationship is one of an institutional representative providing insight or direction to a student about academic, professional, scholarly, and career planning issues. The nature of this direction may be to inform, suggest, counsel, discipline, coach, mentor, or even teach. The 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, CUSOM Behavioral Health, the Academic Center for Excellence, faculty, Deans, and staff are available to discuss personal and academic problems that may arise throughout the four years of medical school, and provide guidance and/or referrals to other resources as necessary.

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 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.

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 are referred to the Behavioral Health Services for assessment and potential referral for counseling.

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 remaining academic blocks in the first and second years, students will meet with their advisors at least once a semester in an individual or group setting.
• Students who receive a grade of 75% or less on any integrated exam are recommended to contact their academic advisor or the Academic Center for Excellence for an individual meeting. The frequency of follow-up meetings will be determined by the advisor or the Academic Center for Excellence.

• Students who desire individual advising sessions can schedule additional meetings with their academic advisors or the Academic Center for Excellence at any time regardless of their academic performance.

• Students on Academic Probation will meet with academic advisors or the Academic Center for Excellence at least twice a month, or as may be required by the Academic Performance, Promotion, and Standards (APPS) Committee.

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

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

5.2 CUSOM Tutoring Program

The program is to help students requesting tutoring service (tutees) become more proficient in subject materials and more efficient as independent learners across a broad range of courses through individual, peer tutoring sessions.

Overview of Program

CUSOM MS1 and MS2 students who wish to receive peer-tutoring support will place their requests by logging onto the Blackboard Class Community and fill in a form following the Wufoo link. The Academic Center for Excellence (ACE) will identify available certified peer tutors, and the tutors will contact the tutees directly to arrange session(s) on a short- or long-term basis. The aim of tutoring sessions is to clarify and review concepts, explain processes, and assist in problem solving. The interactions between tutor and tutees should adhere to the rules of academic professionalism, confidentiality and honesty according to the Honor Code.

Qualification, Selection, Certification, and Benefits of Tutors

Being a certified tutor can be a very rewarding experience. In addition to acquiring teaching skills through training, obtaining formal recognition of the qualification, and receiving monetary compensation for the service, tutors gain the satisfaction of helping other students achieve their success, which is very gratifying. Teaching others is also a great means to augment one’s own study skills and enhance understanding of particular content; it also serves as great motivation when it comes to preparation for Board Exams.
Academic Requirements

1. Student tutors apply for positions and are assigned to specific CUSOM courses.
2. Eligibility
   a. Students must rank in the top 25% of the specific course.
   b. Students must have a cumulative GPA of 3.3 or greater.
   c. Course Director(s) of intended course must review and approve student tutors.

Selection and Certification

1. Students eligible for a tutor position based on the academic requirements must attend mandatory tutor trainings offered by ACE prior to providing tutoring.
2. Students who attend the trainings and demonstrate satisfactory participation become eligible to receive an official CUSOM Course Tutor appointment.
3. The last step prior to becoming a certified CUSOM Course Tutor requires students to meet with the Course Director(s) of the intended course of appointment. The Course Director(s) will provide specific guidance and explain expectations.
4. Students who complete all of the above requirements will formally become a certified CUSOM Course Tutor and ACE will make tutoring assignments.

Compensation

Tutor compensation is contact hours based and has a cap of 20 hours maximum over a two-week period. Certified Tutors must contact the Campbell University Human Resource Department to complete all necessary paperwork for payment of services rendered. The current rate of compensation is $10/hour, and is subject to change per Campbell University policy. Student Tutors are responsible for submitting their hours of service to ACE using the provided Wufoo link; the confirmed and approved billable hours will be forwarded to the Payroll Department for processing payment.

Supervision and Support

Tutors needing support for tutoring skills can contact ACE or the individual Course Director(s) at any time. Tutees may evaluate student tutors for the purposes of providing feedback to improve individual skills and program efficiency. If such data is collected, it will be confidential in nature to protect individual identities. End-of-course meetings of the ACE Directors, Tutors, and Course Directors may occur for program-improvement discussions.
Responsibilities of Tutees and Tutors

Tutees:

1. Initiate tutoring service request by filling out the Wufoo Tutor Request Form located on Blackboard Class Community.
2. Respond to all communications from ACE and assigned tutor(s) in a timely manner.
3. Clearly communicate the objectives of the tutoring sessions with the tutor(s) in advance.
4. Fill out a post-tutoring evaluation if notified by ACE.

Tutors:

1. Attend all required training sessions and meetings.
2. Complete paperwork for payroll with University HR department.
3. Respond to all communication from ACE, Course Director(s), and assigned tutee(s) in a timely manner.
4. Manage tutoring appointments effectively, including setting up initial or recurring appointments.
5. Maintain and submit accurate logs of tutoring sessions.
6. Prior and during tutoring sessions:
   a. Be prepared to address the objectives and the subject areas identified by the tutee.
   b. Maintain confidentiality of tutee’s personal information.
   c. Listen and respond to the tutees’ academic needs with sensitivity and apply sound tutoring skills to help them maximize their academic potential.
   d. Reinforce understanding and sharing tips for success.
   e. Refer tutees to other content or support resources if necessary.

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

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

**MS-1 and MS-2 Years**

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

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

- For medical condition/illness, the student must provide Med Ed with a note from the examining physician (who is NOT a family member) indicating the 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, unless it is emergent in nature, the absence request must be submitted at least seven (7) days prior to the anticipated absence. Examples of emergent situations include:
  - Death in immediate family
  - Critical status secondary to accident/acute illness involving immediate family member

  **Note:** “Immediate family member” is defined as a student’s parent, stepparent, grandparent, spouse, spouse’s parent, child or sibling.
Appropriate documentation to support the request is required, and must be submitted for approval to Med Ed.

- 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 Med Ed at least seven (7) days prior to the anticipated absence(s). To be considered for such request, students must have a cumulative GPA ≥ 3.0 on a 4.0 scale, no prior course failures, 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.

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

In the event of any absence from an examination, quiz, or Interprofessional Education (IPE) activity, approval must be obtained to arrange a make-up. It is essential each student makes every effort not to miss any examination or quiz. Requests for make-up examinations or quizzes must be made in a timely manner with Med Ed. An unexcused absence from an examination, quiz, laboratory, IPE event, or assignment may result in a grade of zero (0) for that exercise.

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

Once an absence request is approved, it is the student’s responsibility to contact Course Directors and Med Ed to arrange a makeup for missed laboratories and an examination/quiz where applicable. It is important to note that, although the Course Directors will do their best to accommodate the makeup requests, some missed experiences may not be replicable, and the arrangement is at the Course Directors’ discretion.
Official Holidays

CUSOM observes the following University holidays.

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

Holidays falling on a weekend will be observed either on the Friday before or the Monday after the holiday, or as designated by Campbell University. [https://www.campbell.edu/faculty-staff/human-resources/university-perks/](https://www.campbell.edu/faculty-staff/human-resources/university-perks/)

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 Dean for Clinical Affairs and Regional Assistant Dean as soon as possible.

Consequences of Non-compliance

As professionals, students are expected to strictly adhere to the attendance policy. The Academic Performance, Promotion and Standards (APPS) Committee may be consider non-compliance of the Attendance Policy by MS-1 and MS-2 students as a violation of CUSOM policy and result in disciplinary action. APPS actions include, but are not limited to, loss of remedial privileges; removal from any leadership position with any student club, organization or student government office; and possible notation in the Medical Student Performance Evaluation (MSPE), the Dean's Letter of Evaluation. In extreme cases, absenteeism or tardiness may result in dismissal from the program.
MS-3 and MS-4 Years

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

One hundred percent (100%) attendance on all clinical rotations is expected. Failure to notify both the Office of Clinical Affairs and the Regional Site Coordinator 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 rotation schedule. Third- and fourth-year students must follow the schedule as outlined by their preceptor for the month.

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.

Attendance

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

Any length of absence (an hour, ½ day, full day) must be immediately reported to the Regional Site Coordinator, Regional Dean and the corresponding Director of Third Year or Director of Fourth Year Rotations.

1. 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 one (1) week in advance to the requested time off. Requests are to be submitted electronically via the CUSOM Absence Request/Submission Form (as identified below) to the corresponding the either the 3rd Year Student Medical Education Clinical Coordinator or the 4th Year Student Medical Education Clinical Coordinator.
2. **Sick Days:**

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

3. **Family emergencies/ Death in Family**

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

4. **Time off for residency interviews:**

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

Students may request no more than four (4) days off for 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 rotation 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 (1) week prior to the requested date of absence.

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

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

Students must contact their clinical site/preceptor as well as the Regional Site Coordinator, Regional Dean and either the 3rd Year Student Medical Education Clinical Coordinator or the 4th Year Student Medical Education Clinical Coordinator immediately if they are missing any clinical time due to illness (leaving early, arriving late, or missing a full day).

- If 2-4 hours of clinical time is missed, a $\frac{1}{2}$ day will be documented. More than four (4) hours of missed clinical 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 Regional Site Coordinator.
• If the student is absent from a single rotation for two (2) days or more due to illness, the student is required to submit a note from a licensed healthcare provider defining the number of days absent, and the expected date of return to the Office of Clinical Affairs.

• If extraordinary circumstances require a prolonged absence (more than three (3) days in one rotation), the student may be encouraged to consider a Medical Leave of Absence which can be requested through the Office of Clinical Affairs. A Medical Leave of Absence may be required for students who miss more than three (3) days due to medical reasons and are unable to make up the missed time prior to the end of the rotation. A Medical Leave of Absence may delay the student’s graduation. Each case is evaluated on a case-by-case basis.

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

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

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

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

https://cuweb.wufoo.com/forms/m63yfw91sise3g/

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

There are no exceptions for this procedure and failure to follow the procedure will result in 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 required to appear before the APPS committee.

The rotation 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 a student desires to participate in an activity that will take him/her away from an assigned clinical setting, the student must submit a written request fully explaining the request and detailing the time away from assigned duty. This request must be submitted to the Office of the Associate Dean for Clinical Affairs at least two (2) working days (weekdays), before the requested absence.

Students wishing to attend educational seminars or conferences, etc. must have approval from the Associate Dean for Clinical Affairs. Only students in “good standing” and with an overall GPA of 3.0 or higher on a 4.0 scale at the end of the MS-2 training will be considered.

In addition, students must have up-to-date submissions of all clinical rotation evaluations, site evaluations and clinical experience database (logs). Time away from rotation must 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 for Clinical Affairs, 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 (4) weeks of vacation time is included in both the third and fourth years as a scheduled rotation block. Students are generally expected to work five (5) full days (an average of forty (40) hours, with a guideline of sixty (60) per week, but the length (hours) of some required “shift” schedules may be different for Surgical, Sub-Internship, and Emergency Medicine rotations. Working hours in each of the services will be indicated and determined by the training site and the physician in charge of that service, in cooperation with the Associate Dean for Clinical Affairs and the Vice President of Medical Education/Regional Dean/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 workday 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 and only with approval of their attending physician/clerkship director.
For example, it is acceptable for a student in general surgery to spend time in pathology 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 Obstetrics/Gynecology rotation in the Emergency Department. Any questions should be directed to the Associate Dean for Clinical Affairs.

If a 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 in violation of attendance policies with more than two (2) days per rotation or a total of five (5) days per academic year of time off (not made up) 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 by special permission. All requests for conferences need prior approval by the Associate Dean for Clinical Affairs as noted above. Students are required to make up time off for conferences.
- **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. Students may be required to make up time off for residency interviews.
- **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 (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 at [https://cuweb.wufoo.com/forms/m63yfw91siqe3g/](https://cuweb.wufoo.com/forms/m63yfw91siqe3g/).

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

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

Students who miss more than a total of four (4) days of a 4-week rotation, or two (2) days of a 2-week rotation, regardless of the reason, may not receive credit for the rotation and may be called to the APPS committee.

Tardiness

Promptness is a trait healthcare professionals must display and is expected of all CUSOM students. Tardiness is disruptive to the preceptor, patients and fellow students and is thus inconsiderate and disrespectful. Repeated violations are considered improper professional behavior and may result in disciplinary action. Students on clinical rotations are expected to be on time for all assigned activities associated with that particular rotation. Activities may include, but are not limited to, lectures, rounds, hospital committee meetings, on-call assignments, case presentations, etc.

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

Call Back Fridays

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

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

In the event of illness, BOTH the Shelf exam and the rotation specific pre-preparation activities 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 Call Back Requirements

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

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

Holidays

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

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

If a student is required to work on a major holiday, the student may be given a compensatory day off during the holiday week at the discretion of the Vice President of Medical Education/Regional Dean/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 Dean for Clinical Affairs and Regional Assistant Dean as soon as possible.

Consequences of Non-compliance

As professionals, students are expected to strictly adhere to the attendance policy. 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 and the student referred to the Academic Performance, Promotion and Standards (APPS) Committee. In extreme cases, absenteeism or tardiness may result in dismissal from the program.
Severe Weather Policy

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

On campus: dial 5700
Local, but not on campus: dial 910-814-5700
Long distance: 1-800-760-8980 then dial 5700

In the case of severe weather while on clinical rotations, students should follow the severe weather protocol of their specific clinical site. If the preceptor is present, the student should make every attempt to be present. If the student is unable to get to the clinical site due to unsafe road conditions, the student must communicate this to their preceptor, their Regional Site Coordinator and the 3rd Year Student Medical Education Clinical or the 4th Year Student Medical Education Clinical Coordinator immediately. Any time missed due to severe weather must be made up at the discretion of the preceptor, Regional Dean and Associate Dean for Clinical Affairs, keeping in mind that students must complete a minimum of 120 hours 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 the CUSOM Clinical Affairs Department and Regional Deans will be crucial to assessing risks within our respective clinical campus regions. CUSOM recognizes that, due to the geographic dispersion of the clinical campuses, events affecting one region might not affect all regions.

For events that are anticipated such as ice storms, hurricanes, or other known events, a meeting will be scheduled 4–5 days in advance of the event to include the Dean of CUSOM, Associate Dean for Clinical Affairs, Director and Assistant Director of Clinical Affairs, and Regional Deans 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

<table>
<thead>
<tr>
<th>Event Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Green Event</strong></td>
<td>Minimal impact to life and property in the region with expected loss of utilities to last no longer than 1-2 days.</td>
</tr>
<tr>
<td><strong>Yellow Event</strong></td>
<td>Moderate impact to life and property in the region with potential loss of life and moderate damage to local structures. Utility failure projections of at least 3-7 days.</td>
</tr>
<tr>
<td><strong>Red Event</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>

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.

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 current list of student cell phone numbers and addresses in a printable format that can be taken home for reference by the Regional Dean in an adverse event. If electronic communication is available, a survey may be conducted online requesting student response with their condition, location where sheltering, and any needs they may have.

Section Four – Volunteer Coordination

Regional Deans will communicate in advance of an adverse event with students in the region to provide specific instructions regarding when students may return to the facility.

Section Five – Educational Program Continuity

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

Section Six – Resources for Displaced Students

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

5.4 Dress Code Policy

Students must maintain a professional appearance and professional attire whenever on CUSOM grounds, including adjacent property at Campbell University and on all clinical experiences or rotations. Students must be professionally dressed for all lectures, examinations, laboratory classes, or workshops. Changing areas and lockers are provided for students to change into appropriate dress for OMM, Clinical Skills, 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. 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 and Clinical Skills labs when appropriate. Hats (unless for religious reasons), caps, hoodies or sunglasses may not be worn during classes or examinations. Any student wearing a hat (unless for religious reasons), cap, hoodie or sunglasses will be asked to remove it. Students who have tattoos must ensure they are covered at all times on-campus, and during clinical rotations, except when exposure is required during OMM or Clinical Skills labs.

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

**Additional Dress Code Requirements:**

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

**OMM Laboratory Dress Code**

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

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

Avoid any heavy or thick-seamed clothing; clothing that restricts movement or visualization of the area under examination; any inappropriately revealing clothing. Students may need to remove tops to reveal back, rib cage and abdomen. Sports bras and bathing suit tops are appropriate for this.

Student Doctors may wear scrubs (or other apparel approved by the Course Director) over laboratory attire when not in the role of the patient.

Remove shoes when you are the patient (no shoes are permitted on the tables).
Hats or other head coverings (other than for religious purposes) are not permitted in the OMM lab. Religious head coverings are to be removed when they would obscure the immediate area to be examined or treated (e.g., head, neck, and upper back) and may be immediately replaced after this portion of OMM training.

**Anatomy Laboratory Dress Code**

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

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

Wear appropriate clothing and comfortable shoes. The lab is cool, so **warm clothing is recommended.** Close-toed shoes and long pants are required. Flip-flops, open toe shoes, shorts or spaghetti-strap tops are not permitted.

For ultrasound laboratories, appropriate attire must be clean and includes any clothing that allows for easy visualization, examination, and palpation of the body areas being addressed, which requires partial exposure of the body. On such days, students will be required to dress in a fashion that will allow examination of these areas (denoted as “OMM Dress Code”).

- Avoid any heavy or thick-seamed clothing; clothing that restricts movement or visualization of the area under examination; any inappropriately revealing clothing.
- Students may need to remove tops to reveal back, rib cage and abdomen. Sports bras and bathing suit tops are appropriate for this.

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

Lockers are available in the locker rooms adjacent to the lab where students may store their gross clothes. Students must provide their own locks. Leave all of your personal belongings in a locker versus stacking them in the 4th floor lobby outside the laboratory.

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

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

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

No student will be required to examine, or be examined by, a classmate or faculty member for breast, genital, or rectal exams. However, there will be sessions, such as when practicing examination of the heart, lungs, abdomen, or extremities, which will require partial exposure of the body. On such days, students will be required to dress in a fashion that will allow examination of these areas (denoted as “OMM Dress Code”). Ladies should wear sports bras or bathing suit tops when exposure of the thorax is needed. No short shorts, tight garments, or attire with inappropriate slogans, are allowed in Clinical Skills Lab sessions. Lab sessions requiring “scrubs” are announced in advance. For all encounters with Standardized Patients, formative and evaluated sessions, white coats are required to be worn. Professional dress and a white coat are required for ALL Final OSCE Examinations. Faculty and staff reserve the right to refuse admission to students not compliant with dress code as set forth in this document.

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

The course syllabi may provide additional requirements.

5.5 **Global Assessment**

Throughout the C U S O M curriculum, examinations and other assessments are administered to assess student knowledge and performance. Students are assessed to gauge satisfactory individual academic progress on the basis of performance on written and practical examinations, Objective Structured Clinical Examinations (OSCEs) in the clinical setting, and performance on national osteopathic board examinations.
The Executive Director of Assessment, Accreditation and Medical Education, the Office of Clinical Affairs, the Office of Academic Affairs (including the Registrar), as well as the Office of the Dean, work collaboratively 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 processes described in this Academic Bulletin. For example, under certain circumstances, students may be brought before the Academic Performance, Promotion, and Standards Committee (APPS) Committee for disciplinary action or academic review, with recommendations made to the Dean for final adjudication.

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

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

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


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.

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

“The Board of Trustees of the Southern Association of Colleges and Schools Commission on Colleges reviewed the materials seeking approval of the Doctor of Osteopathic Medicine degree program. It was the decision of the Board to approve the program and include it in the scope of the current accreditation and to advance the institution to Level VI.”

Campbell University is one of only 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 to explain concepts and prepare students in a logical sequence to become more clinically adept as they progress towards clinical rotations. The third and fourth year clinical rotations provide opportunities for in-depth clinical exposure in a variety of core and elective rotations.

**CUSOM Credit Calculation**

The CUSOM curriculum utilizes a process by which course grades are determined per Block of study with a designated number of weeks per Block. For the first two years of the curriculum, there are eight Blocks of study ranging from 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 Rotation Guide, and as approved by the Associate Dean for Clinical Affairs.

CUSOM assigns grades to all credit-bearing courses, and credits for each course are determined based on contact hours 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 Campbell University Curriculum Council (UCC), as necessary.

To ensure appropriateness and consistency, CUSOM reviews credit assignments for the curriculum periodically as part of the curricular design review process. The process includes, but is not limited to, review of current standards of higher education, precedent established by other Colleges/Schools of Osteopathic Medicine, and consistency with the CUSOM Mission.

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

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

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

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

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

- The COCA must be notified of all substantive change requests, which the COM wishes to have reviewed at the next regularly scheduled meeting.
- The COM must notify the COCA of its substantive change request at least sixty (60) days prior to the next regularly scheduled meeting.
- The COM must submit to the COCA all material that supports their substantive change request at least thirty (30) days prior to the next regularly scheduled meeting.
- Documentation required for the substantive change submission would be submitted as required.

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

CUSOM has developed and publicized a system, in keeping with the CUSOM Mission, to assess the progress of each student toward acquiring the competencies essential to effective performance as an osteopathic physician. Throughout all four years of the CUSOM curriculum, students must complete all required coursework and clinical rotations with passing grades as published in the Academic Bulletin. Students who fail any part of the curriculum will be referred to the Academic Performance, Promotion and Standards (APPS) Committee for review.

Additionally, CUSOM maintains longitudinal records marking the career tracks, choices, and achievements of graduates in a comprehensive assessment system. This assessment includes: COMLEX-USA Level 1, COMLEX-USA Level 2 CE, COMLEX-USA Level 2 PE, and COMLEX-USA Level 3 passage rates; licensure; geographic area of practice; obtainment and completion of a postgraduate program; and AOA or ABMS board certification. CUSOM publishes outcomes of student performance in annual reports to the faculty and Board of Trustees.

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

<table>
<thead>
<tr>
<th>Grading Scale</th>
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<tbody>
<tr>
<td>MS-1 and MS-2 Courses</td>
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<tr>
<td>A</td>
</tr>
<tr>
<td>B</td>
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<tr>
<td>C</td>
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<tr>
<td>C&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td>F</td>
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<tr>
<td>P</td>
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<tr>
<td>P&lt;sup&gt;b&lt;/sup&gt;</td>
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<sup>a</sup>The maximum percentage cannot exceed 100. Percentage grades are rounded to the tenth from 0.50 upwards, therefore 82.50-82.99 = 83, while 82.49 = 82.

<sup>b</sup>Denotes course was passed after successful remediation of an initial failing grade.
Remediation

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

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

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

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

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

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

In the first two years of the CUSOM curriculum, most courses use a traditional letter grade system (A, B, C or F) and are calculated into the GPA. In the third and fourth years of the CUSOM curriculum, all rotations have a clinical rotation grade provided by the clinical preceptor and all core rotations have clinical modules/exam grades. Both the clinical rotation grade and the module exam portions of the rotation grade use an Honors, High Pass, Pass Clinical, Fail Clinical system. Successful completion of the rotation requires students to pass both the clinical rotation (preceptor evaluation) and the end-of-rotation exam portions of the course.
Students failing a post-rotation exam have a second opportunity to pass the exam within thirty (30) days of notification. If the student fails the second attempt at the post-rotation exam, an F is recorded on the module/exam grade, the entire rotation and post-rotation exam must be repeated. Students who fail a clinical rotation either due to failure of the post-rotation exam or the preceptor evaluation will be reviewed and acted upon by the Academic Performance, Promotion and Standards (APPS) Committee.

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 remediation results in a grade change. A student may appeal to the Dean for consideration of a grade change only after the APPS Committee has met.

**NOTE: "F" grades:** A student who earned a grade of F initially and is eligible to remediate the course will have the grade reported as Incomplete (IC) on his/her transcript until the prescribed remediation is attempted and a new grade is issued. The Registrar will report current IC grades to the appropriate Associate Dean at the time the IC is assigned. Once an IC grade has been officially changed to a letter grade on the transcript, the Registrar will not retain a record of IC courses as part of the academic record. 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 clinical rotation.

**Quality Points**

Quality points are points assigned to grades in an academic “banking” system. CUSOM is on a four-point system. In this system, an "A" is worth four points per hour, a "P" is worth four (4.0) points per hour, a "B" is worth three (3.0) points per hour, a "C" is worth two (2.0) points per hour, a "C*" or "P*" is worth two (2.0) points per hour, and no (0) points awarded for "F" or failing grades. A student who earns an "A" in a three-hour course has 4.0 points per hour x 3 hours = 12 total quality points.
Class Rank

Students will be provided their class rank at the end of the first and second academic year. Class ranks are calculated at the end of each academic Block through Block 8 after all final grades have been submitted in years one and two. Class ranks are no longer calculated once a student starts clinical rotations beginning in year three. Class ranks are provided for informational purposes only, and are only released to the student.

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

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

Assessment

Outcome objectives have been mapped to the courses in which they are covered, and evaluation strategies are utilized to ensure that all CUSOM graduates achieve the intended learning outcomes. The CUSOM Comprehensive Assessment Plan summarizes additional methods and metrics that are tracked for continual program evaluation and improvement. Assessment of knowledge is by multiple-choice examinations and quizzes administered at scheduled and random intervals. Laboratory, including anatomy, OMM, clinical skills and OSCE 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.

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

Grading For Years One and Two Evaluation Categories

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

i. Integrated written examinations
ii. Laboratory practical examinations
iii. Quizzes
iv. Other (e.g., SIM performance, Early Clinical Experiences, Projects)

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

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

- Integrated exams typically occur three times in each Block in years 1 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.
- Quizzes may be administered at other times as determined by respective faculty.
- Course grades are typically determined based on percentage of total points earned out of total points possible.
- Grades are defined by the course-grading plan approved prior to start of the course. As such, bonus points are not permitted.
- In rare instances, there may be exceptions to the established Grading Policy, which require justification for deviation from the original plan; however, every attempt is made to ensure the policy stated to the students at the start of the course is the policy by which they will receive their course grades.

Grading for Years Three and Four

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

1. Some selective and elective four (4) week rotations may be divided into two different two-week experiences. In such cases, students will receive a grade as determined by the preceptor for each two-week experience. The overall grade for the 4-week rotation will be the combination of the two 2-week experience grades. Students who fail either two-week rotation, even if the average of the two rotation evaluations results in a passing grade, will receive an FC for the entire four-week rotation block and will be called to the APPS Committee for review.
2. **End-of-rotation examination**

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.

A post-rotation exam (e.g., COMAT, NBME Shelf Exam or equivalent) is administered after the following third- and fourth-year rotations: Internal Medicine II, Surgery, Obstetrics/Gynecology, Family Medicine, Pediatrics, Psychiatry, and Emergency Medicine.

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

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

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

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

Each CUSOM Clinical Chair selects high-yield educational modules for the student to complete during the Clinical Rotation. Completion of these modules will be required in order to pass the rotation and advance to the next Clinical Rotation. The student must complete all educational modules to a satisfactory level of engagement which is monitored and reported in the Student Progress Reports and Summary Statements.

Completion of learning modules are due on the last Friday of the rotation. If the modules are not completed on time, the student’s grade will remain Incomplete (IC) until all learning modules are satisfactorily completed in a timeframe to be established by the CUSOM Clinical Chair.

If the learning modules are not completed in the defined timeframe, the Incomplete (IC) grade will become a failing grade (FC) and the student will be referred to the Academic Performance, Promotion and Standards (APPS) Committee.
4. Preceptor Evaluation of the Student and Student Evaluation of the Preceptor

All evaluations must be completed and submitted to the Office of Clinical Affairs within seven (7) days of completion of each rotation. Courses of eight (8) weeks duration (example: Internal Medicine) require an evaluation to be completed at the end of each 4-week block. If a student has an approved rotation of two (2) weeks duration, the evaluation is to be completed at the end of the 2-week period. If a student does not receive a passing grade on the end-of-rotation evaluation from the preceptor, the student will fail the rotation. 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 be required to repeat the failed rotation and be placed on a Modified Course of Study, which may delay the student’s date of graduation.

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

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

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

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

1. *Educational modules* – Lectures, cases, reading assignments and other forms of delivery that may be utilized in the third and fourth year curriculum.
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 Examination (OSCE) and Standardized Patient (SP) Exercises** – OSCE and SP exercises demonstrate the student's ability to perform clinical skills and to evaluate patient presentations for the most common disorders found in adult and pediatric patients. Multi-station OSCEs will be given at end of first, second, and third years of the CUSOM curriculum. These include taking a medical history, 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 demonstrating the ability to manage common medical 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 for the preceptor evaluation 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 the student must meet with the preceptor to review their performance and end of rotation evaluation.

Completed Student Evaluation Forms are due in the Office of Clinical Affairs within seven (7) days of completion of each rotation. If the student worked with several physicians, the student should have the principal evaluator submit a composite evaluation based on the input of those physicians the student worked with. Evaluations of student performance must be completed by the principal evaluator who must be an attending physician. While resident physicians may provide input to aid the attending physician in completing the evaluation, residents are not permitted to serve as the primary evaluator. Students are not permitted to self-complete the evaluation and submit to the evaluator for a signature.

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

It is the student's responsibility to ensure that all clinical evaluation forms are either completed online or submitted to the Clinical Affairs Office within seven (7) days of completion of each rotation. It is the student's responsibility to expediently inform the 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 the Clinical Affairs Office (or site coordinator if indicated) remains with the student. For this reason, students are responsible for setting up a time to review their final evaluation with their preceptor during the last week of the rotation during which they will discuss their overall performance and obtain their preceptor signature on the evaluation.

While the summative Student Rotation Evaluation must be completed and submitted at the end of the rotation, students are to request feedback from the preceptor, (e.g., "How am I doing?", "Are there things I should improve?") by regularly, including 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 any deficient areas while on the rotation, and prevents an unexpected poor evaluation at the end of the rotation. Students bear total responsibility to seek this ongoing feedback.

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

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

**Delinquent Evaluation Process**

The process of establishing a Student Rotation Evaluation for a Clinical Faculty preceptor to complete in CUSOM’s web-based evaluation system for a student’s rotation performance involves collaboration between the CUSOM Office of Clinical Affairs Third and Fourth Year Coordinators and the Regional Site Coordinators. During the first week of the rotation, the Regional Site Coordinators will obtain the Clinical Faculty preceptor contact information from the students, which 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 enter the information provided by the Regional Site coordinators into CUSOM’s web-based evaluation system. 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 Student Rotation Evaluation to complete. It is CUSOM’s expectation the Clinical Faculty preceptor will complete the Student Rotation Evaluation at the end of the fourth week of the rotation and review it with the student to provide constructive criticism and feedback.
**Overdue Clinical Rotation Evaluations**

Obtaining a Student Rotation Evaluation in a timely fashion is critical to ensure an up-to-date and accurate student academic record and transcript. At the end of the first week following a Clinical Rotation, the CUSOM Coordinators run a report in CUSOM’s web-based evaluation system to see which Student Rotation Evaluations are incomplete. They report these findings to the corresponding student, Regional Site Coordinator, and Regional Dean. The Regional Dean directly contacts the Clinical Faculty preceptor to remind him/her of the pending Rotation Evaluation. At the end of the second week following a Clinical Rotation, the CUSOM Coordinators run another report in CUSOM’s web-based evaluation system to determine the remaining incomplete Student Rotation Evaluations. These are 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, directly contacts the Clinical Faculty preceptor to obtain the pending Rotation Evaluation.

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

Any evaluations with a mean score of less than 2.5 indicate poor performance and 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 Student Medical Education Coordinators obtain updated Clinical Faculty preceptor contact information from students

**Week 2**
CUSOM Student Medical Education Coordinators input information provided by Regional Site Student Medical Education Coordinators into CUSOM’s web-based evaluation system

**Week 3**
Regional Site Student Medical Education Coordinators match student to Clinical Faculty preceptor & email is sent at end of week notifying of rotation evaluation

**Week 4** (Week 2 if a 2-week rotation)
Student Rotation Evaluation is completed at end of week and reviewed with student
Post-Rotation

Week 1
CUSOM Coordinators run CUSOM’s web-based evaluation system report of incomplete Student Rotation Evaluations and sends to the student, RSC and Regional Dean (RD). RD contacts Clinical Faculty preceptor directly

Week 2
CUSOM Coordinators re-run web-based evaluation system and sends to the student, RSC, RD and Associate Dean for Clinical Affairs (ADCA). ADCA & RD contact Clinical Faculty preceptor directly

Week 3
If Student Rotation Evaluation not complete, RD or designatee will complete student's evaluation

Rotations, Course Remediation and Academic Probation

Failure of a clinical rotation occurs if the student fails either the preceptor evaluation of the student or the end-of-rotation exam after their second attempt. Failure of a clinical rotation for either reason will result in a referral to the APPS committee for review. If the student is permitted to remediate, they may be required to repeat the entire rotation, including any associated modules and post-rotation exam, and will also be placed on Academic Probation. Mandatory repeating of a clinical rotation will result in the institution of a Modified Course of Study, which may result in a delay of graduation. The student will incur additional tuition costs for the 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 from the program.

Students who fail a clinical rotation for any reason will come before the Academic Performance, Promotion and Standards (APPS) Committee. In addition, repeated performance evaluations in which items performed in a specific category or across categories are rated as “Unsatisfactory or Below Average”, even if the student achieves a passing rotation grade, will be reason for remediation at the discretion of the Associate Dean for Clinical Affairs in consultation with the Clinical Chair, the preceptor, and/or the APPS Committee.
The Associate Dean for Clinical Affairs will investigate any evaluation rating of “Below Average” or less on any competency regardless of an overall passing grade. The findings of this investigation may lead to a follow-up meeting with the Associate Dean for Clinical Affairs, Regional Dean, or clinical chair or result in referral to the APPS Committee.

Students should show a progression of improvement in performance during the course of clinical rotations. Students who fail to perform satisfactorily on clinical rotations as described above, will be referred to the APPS Committee and may result in additional required curriculum, repeat of an academic year, or dismissal from the program.

Poor ratings 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 or ethical areas, the Associate Dean of Clinical Affairs may refer the student for an APPS Committee hearing. The APPS Committee 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.

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 or participate in events, travel to meetings or other related activities must have a minimum GPA of 3.0 on a 4.0 scale to be considered.

Academic progress for students in years 1 and 2 of the curriculum requires passing all courses in all Blocks, successfully completing all curricular requirements in the Blocks, passing all components of the end-of-year testing, and meeting the requirements as set forth by the Academic Performance, Promotion and Standards (APPS) Committee for students 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 third year status.
Successful academic progress for students in years 3 and 4 of the curriculum includes successful completion of all rotations, end-of-rotation exams, and any other requirements, including but not limited to, clinical modules, procedure and patient logs, Call Back Fridays, and their evaluations of the site and their preceptor. In addition, students who have been placed on Modified Course of Study must be meeting any requirements set forth by the APPS Committee.

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.

If the student fails to attain the passing score after three attempts at the Qualifying Exam, the student will be required to successfully complete a board preparation program prescribed by CUSOM, such as Boards Boot Camp (http://www.boardsbootcamp.com), at the student’s expense and not to exceed twelve (12) weeks duration, or as approved by the APPS Committee.

In order to sit for COMLEX-USA Level 2 PE, the student must successfully pass an Objective Structural Clinical Examination (OSCE) administered during Residency Development month, which normally corresponds to the first rotation of the student’s fourth year. If the student fails to pass the OSCE, they will undergo a remediation program at the direction of the Chair of Simulation Medicine or other designee. Students are not released to take the COMLEX-USA Level 2 PE exam until approved by the Chair of Simulation Medicine or other designee.

Students who experience difficulty successfully completing elements of the CUSOM curriculum or any level of the COMLEX examination series in a timely manner according to the academic calendar may be required to complete a board preparation program or placed into a combination curriculum/remediation program (Modified Course of Study).

Students placed in a Modified Course of Study must agree to comply with the plan as determined by the APPS Committee. As long as the student is making satisfactory progress in the Modified Course of Study, they will remain in full-time status. Students who do not follow the Modified Course of Study, or who do not make satisfactory academic progress while in a Modified Course of Study, may be referred to the APPS Committee for additional required remediation, or dismissal from CUSOM.

Fourth year students should refer to the Graduation Requirements section for further information about graduation requirements. Students not making academic progress will be referred to the APPS Committee for review and further recommendations, which may include but is not limited to, placement on a Modified Course of Study, Academic Probation or Dismissal from 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.

<table>
<thead>
<tr>
<th>Milestones for Each CUSOM Student</th>
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<tr>
<td>Successful Completion of Preclinical Courses</td>
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<tr>
<td>Satisfactory Completion of a Qualifying Exam for Level 1</td>
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<tr>
<td>Successful Completion of COMLEX-USA Level 1</td>
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<tr>
<td>Successful Completion of COMAT or Equivalent Subject Examinations for Core Rotations</td>
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<tr>
<td>Satisfactory Evaluation by Clinical Faculty for Each Clinical Rotation</td>
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<tr>
<td>Successful Completion of a Third-Year OSCE that Assess the Core Entrustable Professional Activities (EPAs) for Entering Residency</td>
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<tr>
<td>Successful Completion of Third-Year OSCEs that Assess student preparedness for the COMLEX-USA Level 2 PE Exam, and the Core Entrustable Professional Activities (EPAs) for Entering Residency</td>
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<tr>
<td>Satisfactory Completion of a Qualifying Exam for Level 2</td>
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<tr>
<td>Successful Completion of COMLEX-USA Level 2 CE</td>
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<td>Successful Completion of COMLEX-USA Level 2 PE</td>
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</tbody>
</table>

Accommodations on COMLEX-USA Exams

Students who want to request accommodations for any COMLEX-USA examination must submit their applications directly to the NBOME within the timeframe designated by the NBOME. Please contact the NBOME directly for more information. CUSOM is not responsible for the request or approval for COMLEX testing accommodations.

COMLEX-USA Level 1

CUSOM students complete the Clinical Applications of Biomedical Sciences (CABS) I and II courses in Blocks 5 and 8, respectively, and MUST sit for COMLEX-USA Level 1 prior to July 1 in the period between the second and third academic year. Prior to receiving their COMLEX-USA Level 1 scores, all students, including those on appeal for failure to complete any required coursework, may be considered “provisional” third year students and allowed to participate in clinical rotations. Full third year status is not granted until a student passes COMLEX-USA Level 1.

Students are provided a course of study within Block 8 which serves as a capstone to the first two years of the curriculum, and also should assist in final preparation for national licensing exams. This course of study is credit-bearing and is provided by CUSOM.
In order to sit for COMLEX-USA Level 1, the student must achieve a pre-identified “passing” score on a Qualifying Exam. CUSOM identifies the passing parameters by the end of Block 5 each year. CUSOM pays for the first Qualifying Exam with students potentially responsible for the cost of subsequent exams or programs. Students have three attempts to achieve a minimum pre-identified score on the Qualifying Exam.

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

Students who do not pass the Qualifying Exam after three consecutive attempts are referred to the APPS committee and placed on a Modified Course of Study, during which they will be required to complete a boards preparation program, such as Boards Boot Camp (http://www.boardsbootcamp.com), at the student’s expense and not to exceed twelve (12) weeks duration. Upon successful completion of the designated board preparation course of the Modified Course of Study, the student is required to take COMLEX-USA Level 1 within eight (8) weeks, or as approved by the APPS Committee.

**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 must also meet with the Associate Deans for Biomedical and/or Clinical Affairs in-person or by phone, typically within seven (7) days of receiving a failing score, for assistance in analyzing the student’s deficiencies and assigning a remediation plan.

Students who fail COMLEX-USA Level 1 are required to complete a boards preparation 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 APPS Committee. This requires the student to enter a Modified Course of Study.

A student who fails COMLEX-USA Level 1 on their first attempt, but has already completed a boards preparation program (e.g., Boards Boot Camp) prior to taking COMLEX-USA Level 1, may be placed on Suspension (ineligible for financial aid and not an active student) or be required to complete a different preparation program prescribed by CUSOM, such as the PASS Program (https://www.pass-program.com/), at the student’s expense and not to exceed eight (8) weeks duration, or as approved by the APPS Committee. This requires the student to enter a Modified Course of Study. Upon successful completion of the remedial program, the student is required to retake COMLEX-USA Level 1 for the second attempt within eight (8) weeks, or as approved by the APPS Committee.
Any student who fails COMLEX-USA Level 1 a second time must again meet with the APPS Committee. The student may be placed on Suspension (ineligible for financial aid and not an active student) or be required to complete a boards preparation program prescribed by CUSOM, such as the PASS Program (https://www.pass-program.com/) at the student’s expense and not to exceed eight (8) weeks duration, or as approved by the APPS Committee. This requires the student to enter a Modified Course of Study. Upon successful completion of the remedial program, the student is required to retake COMLEX-USA Level 1 for the third, and final, time within a timeline designated by the APPS Committee. A student is permitted only three attempts to pass COMLEX-USA Level 1, after which they will be subject to dismissal from the program.

Students who have been removed from clinical rotations for a COMLEX-USA Level 1 failure may be permitted to return to clinical rotations following their retaking of the exam, while waiting for release of their COMLEX-USA Level 1 retake 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 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 the program.

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 APPS Committee. Students not following the individualized plan for remediation may be placed on Suspension (ineligible for financial aid and not an active student) 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 with approval by the APPS Committee. The Dean serves as the point of appeal.

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 Examination (OSCE) exams. These exams are administered to assure the student has competently achieved the clinical skills expected in the third year and to prepare the student for COMLEX-USA Level 2 PE testing.

Students must schedule their COMLEX-USA Level 2 CE no later than March 15 of the MS-3 year and 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 pays for the first Qualifying Exam, with students responsible for the cost of subsequent exams. Students are permitted to register for COMLEX-USA Level 2 CE prior to passing this Qualifying Exam; however, students failing to meet the minimum CUSOM pre-identified score on three consecutive attempts are not permitted to take COMLEX-USA Level 2 CE.

If the student fails to attain the passing score on the designated qualifying exam after three attempts, the student is required to successfully complete a boards preparation program prescribed by CUSOM, such as 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 the Objective Structural Clinical Examinations (OSCE) that are administered during Residency Development month, which generally corresponds to the first rotation of the fourth year. If the student fails to pass the OSCE, they will undergo a remediation program at the direction of the Simulation Medicine Department, Chair of Simulation Medicine or other designee. Students are not released to take the COMLEX-USA Level 2 PE exam until approved by the Chair of Simulation Medicine or other designee.

Students who fail either the SP or OSCE exam are required to successfully complete the designated remediation program a minimum of fourteen (14) days prior to taking COMLEX-USA Level 2 PE. Students who do not successfully remediate will have their COMLEX-USA Level 2 PE release withdrawn.

Students are required to take COMLEX-USA Level 2 PE by November 30 in their fourth year. As it takes a minimum of ninety (90) days to receive scores for COMLEX-USA Level 2 PE, it may be to the student’s advantage to take this exam earlier in order to provide them with ample time to retake the exam prior to graduation in the case that they fail the exam.

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

**Failure of COMLEX-USA Level 2 CE or COMLEX-USA Level 2 PE**

Passing both COMLEX-USA Level 2 CE and COMLEX-USA Level 2 PE is required to graduate. Students who do not pass both CE and PE by graduation within the maximum number of attempts will be placed on Suspension. Students on Suspension do not qualify for financial aid and are not active students.

Students are not removed from Suspension until they demonstrate a passing score on the deficient exam(s). Students on Suspension for a period exceeding six (6) months will be reviewed by the Academic Performance, Promotion and Standards (APPS) Committee and are subject to dismissal from the program.
Any student who fails their initial attempt on COMLEX-USA Level 2 CE will be immediately placed on Academic Probation and, as determined by the APPS Committee, 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 twelve (12) weeks duration. Upon successful completion of the remedial program, the student will be required to retake COMLEX-USA Level 2 CE within eight (8) weeks, or as approved by the APPS Committee.

Students who have been removed from clinical rotations due to a COMLEX-USA Level 2 CE failure are placed in a Modified Course of Study and may be permitted to return to clinical rotations following their retaking of the exam while waiting for release of their NBOME score. Students who are unsuccessful on the second attempt of the COMLEX-USA Level 2 CE will be referred to the APPS Committee and may be placed on Suspension (ineligible for financial aid). Students on Suspension for a period exceeding six (6) months will be reviewed by the Academic Performance, Promotion and Standards (APPS) Committee and may be dismissed from the program. A student is permitted only three attempts to pass COMLEX-USA Level 2 CE, after which they will be subject to dismissal from the program.

A Modified Course of Study (MCOS) is a credit-bearing, individualized study plan for students who require an alternative educational pathway for reasons such as board preparation, required remediation, illness, leaves of absence, or withdrawals. The Modified Course of Study will be individually designed based upon the student’s performance and needs by the respective Associate Dean and approved by the APPS Committee. Students on a Modified Course of Study must agree to and comply with the conditions and schedule of the Modified Course of Study. Students not following the individualized plan may be placed on Suspension (ineligible for financial aid and not considered an active student) at any time.

Students must pass COMLEX-USA Level 1, COMLEX-USA Level 2 CE and COMLEX-USA Level PE in order to meet graduation requirements. Students are allowed a maximum of three (3) attempts to pass each of these exams. Failure to pass any of these exams during the required timeframe will result in a referral to the APPS Committee and may result in dismissal from the program.
5.9 Modified Courses of Study

A Modified Course of Study (MCOS) is a credit-bearing, individualized study plan for students who require an alternative educational pathway for reasons such as board preparation, required remediation, illness, leaves of absence, or withdrawals. The Modified Course of Study will be individually designed based upon the student’s performance and needs by the respective Associate Dean and approved by the APPS Committee. Students on a Modified Course of Study must agree to and comply with the conditions and schedule of the Modified Course of Study. Students not following the individualized plan may be placed on Suspension (ineligible for financial aid and not considered an active student) at any time.

During clinical rotations, students following a Modified Course of Study should be aware that they must complete all requirements to graduate, enter ERAS (Electronic Residency Application Service) and participate in the Match. Students who fail COMLEX Level 2 PE or COMLEX Level 2 CE after the Match may lose their matched position. In addition, students who fail to meet their graduation requirements in adequate time to start their residency program may also lose their matched position. These decisions are made by the Residency Program Director or Director of Medical Education at the respective hospital.

A student on a Modified Course of Study who does not adhere to the requirements and parameters of the MCOS, including not following directions of an assigned program such as Boards Boot Camp or the PASS Program, may be placed on Suspension.

5.10 Academic Performance, Promotion and Standards (APPS) Committee

The APPS Committee, in conjunction with the Office of Academic Affairs, monitors the academic progress achieved by all students throughout the entire CUSOM academic program.

The APPS Committee meets at the end of any Block or rotation to review students who have achieved a failing course or clinical rotation grade, failed to successfully remediate a failed course, when a delay in a student's academic progress is identified, or when deemed necessary. The Chair of the APPS Committee or the appropriate Associate Dean for the academic year involved may also call a meeting of the APPS Committee in cases where the academic progress of a student is affected by 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), violations of the Honor Code or Code of Misconduct, or unprofessional conduct.

The APPS Committee is composed of following voting members: Associate Dean for Biomedical Affairs, Associate Dean for Clinical Affairs, Associate Dean for Clinical Integration, Vice Dean for Academic Affairs, Chief of Operations, Executive Director of Medical Education, Assessment and Accreditation, a minimum of four (4) faculty members appointed by the Dean (to include clinical and biomedical faculty), and one Regional Dean if possible. This membership may be subject to change at any time. The Registrar and Director of Student Affairs participate as ex officio 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 or the Associate Dean for Clinical Affairs have determined all grades, or as needed. Reasons for an APPS Committee hearing include, but are not limited to, if a student has:

- Failed a course
- Attempted and failed to remediate a course
- Failed to pass any course while on Academic Probation
- Failed any clinical rotation
- Failed a post-rotation exam
- Violated the CUSOM Honor Code
- Violated any CUSOM or Campbell University policy/procedure
- Failed to pass COMSAE
- Failed to pass an appropriate COMLEX-USA examination
- Failure to make academic progress, or follow directives set forth, in an assigned remediation plan, any Board preparation programs (such as Boards Boot Camp or PASS Program), and/or any Modified Course of Study
- Failed controlled substance screening test
- Adverse findings on criminal background check.

**APPS Committee Procedures for Academic Performance Matters**

The Vice Dean for Academic Affairs, or designee, will Chair the APPS Committee. Members of the APPS Committee have the following roles:

- The appropriate Associate Dean for the academic year involved reports on the academic progress of student(s), as necessary.
- The Associate Dean may submit a written or oral report documenting assistance that the student has received or been offered, including but not limited to tutoring or advising.
- The Course Director, Department Chair, or the student’s Faculty Advisor may be 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 as *ex officio* to discuss the academic record if needed.
- The APPS Committee Chair shall identify a recording secretary for minutes and to ensure all communication occur in a timely manner.
Each student reviewed by the APPS Committee is 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.

All aspects of the APPS Committee functions remain confidential in perpetuity.

For students deemed not to be making academic progress including, but not limited to, multiple grades of IC in one block/rotation or across more than one block/rotation, failure of a course or any clinical rotation, or failure to successfully complete any curricular requirements, the APPS Committee may impose a sanction including, but not limited to, any combination of the following:

- Award a satisfactory grade (70%) and promotion to the next Block/rotation following satisfactory remediation
- Require remediation, further coursework, or repeat of courses
- Require the successful completion of one or more additional clinical rotations and associated requirements including but not limited to educational modules, procedure logs and end of rotation exams (even if previously taken and passed)
- Place or extend the student’s term on Academic Probation
- Remove a student from Academic Probation
- Remove a student from clubs/organizations or leadership roles
- Require more frequent meetings with Academic Center for Excellence or faculty advisors for students on Academic Probation
- Specify a timeline or manner in which any remediation must occur
- 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, controlled substance or alcohol screening/testing, or other evaluations. Such testing will be at the student's expense.
- Require to repeat multiple courses in which the student initially earned a failing grade
- Assign a Modified Course of Study which may delay promotion and graduation until satisfactory progress through a directed remediation program has occurred
- Make a recommendation for removal of Suspension

The APPS Committee may also recommend to the Dean Suspension or Dismissal with or without the option to repeat the academic year of a student when the student demonstrates that he/she is unable to make academic progress due to, but not limited to, any combination of the following:

- Multiple failures in a preclinical Block
- A failing grade on a Modified Course of Study
- Failure of two or more clinical rotations in one academic year
- Failure of any course or clinical rotation while on Academic Probation
- Any other issues deemed relevant.
The APPS Committee Chair will notify the student in writing of the outcome of the APPS Committee meeting and any applicable sanctions. Upon notification, the student must sign a Notice of Decision either accepting the terms of the decision, or signing the Notice of Decision to appeal the decision.

An appeal must be based only upon new and relevant information not available to the APPS Committee at the time of the hearing, and be made in writing to the Dean within seven (7) calendar days of notification. 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 is final. An appeal not received in the Office of the Dean by 5:00pm Eastern on the seventh (7th) day after notification will not be considered, and the decision of the APPS Committee is deemed final.

The Dean does not meet with the student prior to receiving the required written appeal material.

The Dean's decision is final.

**Procedures for Non-Academic Matters**

Allegations of misconduct may arise from an individual student, group of students, professor, adjunct professor or preceptor. For issues arising from Honor Code or Code of Misconduct violations, or professionalism violations, the person(s) identifying the issue(s) should report the issue(s) to the Director of Student Affairs and the respective Associate Dean (Biomedical or Clinical) in a timely manner, preferably within seven (7) calendar days of the incident.

The Director of Student Affairs or respective Associate Dean will collect all documentation which may be relevant to the alleged violation. This may include a written report from faculty or staff involved with the incident(s). In the case where students are reporting the suspected violation, unless required at a hearing, confidentiality of the reporting student is maintained, and the Director of Student Affairs or respective Associate Dean will present the reporting student’s testimony. Dated notes are taken to describe the discussion.

The Director of Student Affairs or respective Associate Dean, notifies the Associate Dean for Clinical Integration of the suspected misconduct or violation. The Associate Dean for Clinical Integration then, (i) constitutes an *ad hoc* committee to investigate the suspected misconduct, who reports their findings in writing to the Vice Dean for Academic Affairs, or (ii) depending upon the severity of the allegations, refers the matter directly to the APPS Committee.
Ad Hoc Committee Procedures

If referred to an ad hoc Committee, the Chair of the ad hoc Committee will notify the accused student(s) (the “Respondent”) and schedule a hearing with the ad hoc Committee. This hearing typically is held within ten (10) days of the referral of the case to the ad hoc Committee.

The Respondent(s) shall meet with the ad hoc Committee and be informed of the allegations and afforded an opportunity to explain him/herself and offer any mitigating factors. Although the hearing’s purpose is fact-finding, the Respondent(s) shall have the right to solicit advice and to offer witnesses to support his/her position.

All sessions of the ad hoc Committee are closed to all individuals except those immediately concerned in the case. No legal counsel shall be present, as this is not a legal proceeding. All persons present at the proceedings shall be bound to disclose no more than the Committee does in its official report on the case.

The testimony of each witness is given while the other witnesses in the case are out of the room.

After the ad hoc committee concludes the investigation, they shall provide a written report to the Vice Dean for Academic Affairs in a timely manner, that shall include a recommended finding of facts, and if the finding of facts is that a violation occurred, a recommended sanction. If the recommendations are that:

1. No violation occurred, the Vice Dean for Academic Affairs may accept the finding and so notify the Respondent(s);
2. No violation occurred and the Vice Dean for Academic Affairs disagrees, he/she shall decide upon an appropriate sanction as set forth below and notify the Respondents(s), or forward the matter to the APPS for further consideration;
3. A violation occurred, and the Vice Dean for Academic Affairs agrees with the finding and the sanction, so notify the Respondent(s).
4. A violation occurred, and the Vice Dean for Academic Affairs disagrees with the sanction, he/she shall decide upon an appropriate sanction as set forth below and notify the Respondent(s), or forward the matter to the APPS for further consideration on the sanction only.

The Vice Dean for Academic Affairs notifies the student in writing of his/her decision and:

1. If the decision of the Vice Dean for Academic Affairs is No. 2, 3, or 4 above without a referral to the APPS Committee, and the Respondent(s) accepts the decision, the decision of the Vice Dean for Academic Affairs shall be final; or
2. If the decision of Vice Dean for Academic Affairs is No. No. 2, 3, or 4 above, and the Vice Dean for Academic Affairs has not referred the matter to the APPS Committee, the Respondent(s) has the right to appeal the decision to the APPS Committee.

**APPS Committee Procedures**

If there is a referral by the Vice Dean for Academic Affairs or an appeal by the Respondent(s) to the APPS Committee, the Chair of the APPS Committee will notify the Respondent(s), and schedule a hearing with the Committee. This hearing typically is held within ten (10) days of the referral of the case to the APPS Committee.

The recommendations of the *ad hoc* committee and/or the decision of the Vice Dean for Academic Affairs are presented to the APPS Committee at the hearing. The Respondent(s), shall meet with the APPS Committee and be informed of the allegations and afforded an opportunity to defend him/herself.

All sessions of the Committee are closed to all individuals except those immediately concerned in the case. No legal counsel shall be present, as this is not a legal proceeding. All persons present at the proceedings shall be bound to disclose no more than the Committee does in its official report on the case.

The testimony of each witness is 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 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 APPS Committee meeting minutes and evidence are maintained in the Office of the Dean.

The decision of the APPS Committee shall be sent to the Respondent(s) in writing within seven (7) calendar days of the APPS decision. The Respondent(s) may accept the decision of the APPS Committee or appeal the decision to the Dean.

An appeal to the Dean must be based only upon new and relevant information not available to the *ad hoc* Committee, the Vice Dean for Academic Affairs, or the APPS Committee at the time of the hearing and be made in writing to the Dean within seven (7) calendar days of notification. 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 decision rendered by the Vice Dean for Academic Affairs is final.
An appeal not received in the Office of the Dean by 5:00pm Eastern on the seventh (7th) day after notification will not be considered, and the decision rendered by the APPS Committee is final.

The Dean does not meet with the student prior to receiving the required written appeal material.

The Dean's decision is final.

Rights of the Respondent

With respect to an alleged violation of the student Honor Code or the Code of Misconduct, the Respondent(s) is guaranteed the right to:

- a prompt hearing if requested
- notice of the charges
- a reasonable amount of time to prepare for his/her hearing
- be presumed innocent until proven guilty
- solicit advice
- appeal
- expect the case to be adjudicated in a confidential manner

Deliberation of the ad hoc Committee or the APPS Committee shall take place in private and remain confidential, and the standard for a decision shall be based on a preponderance of the evidence (whether a violation is more likely than not). If, based upon a preponderance of the evidence, the ad hoc Committee recommends, or the APPS Committee determines, the student was in violation of the Honor Code or the Code of Misconduct, a CUSOM policy, or the professional standards of CUSOM, the ad hoc Committee may recommend or the APPS Committee may render an appropriate sanction including, but not limited to:

- **Admonition**: A verbal or written warning. Admonitions will not become a part of the student’s longitudinal record and is not reported in the MSPE. Admonition may not be reviewed or appealed by the student.
- **Academic Sanction**: 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 an exam, coursework or even an entire academic year or semester or other appropriate penalties.
- **Academic Probation**: Students may be placed on Academic Probation for a specified time period, until the deficiency is rectified, or otherwise designated by the Dean. The record of each student on Academic Probation is reviewed to evaluate the student’s academic progress. Academic Probation appears on the transcript, along with the date the Academic Probation was rectified. Academic Probation will appear on the student’s MSPE.
- **Conduct Probation**: A penalty levied for a specified time period, determined by the circumstances of the case. It carries with it a warning that any further violations of CUSOM regulations will result in more serious disciplinary action. The conduct probation will be included in the MSPE. Students on conduct probation may be required to do all electives in the Campbell system.
Disciplinary Probation: A penalty for a specified time period determined by the circumstances of the case. This is the most severe penalty under which a student may remain at CUSOM. Disciplinary Probation will 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 and will appear on the MSPE.

Suspension: This penalty may be imposed for continued 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 is barred from all campus and non-campus activities.

Ineligibility for election or removal from student office or organizational office for specified period of time.

Withholding of official transcripts, barring re-admission to CUSOM if Dismissed, or prohibiting 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.

Any student may be placed on Suspension pending an investigation into conduct violations, including Title IX violations.

Penalties or sanctions for violation of institutional policies or rules and regulations may be administered regardless of whether the actions of the student are also civil or criminal violations. Whenever disciplinary actions lead to the student leaving CUSOM, grades are assigned in accordance with the CUSOM grading policy.

In addition to sanctions described above, the following actions may also be taken by the Dean in an appeal:

Withdrawal: Withdrawal is the administrative removal of a student from a class or from CUSOM and may be imposed in instances of unmet financial obligations to CUSOM. The withdrawn student may also be barred from re-enrollment until specific conditions have been met.

Dismissal from the program without the option to return.

Revocation of Degree: The revocation of the Doctor of Osteopathic Medicine degree may occur for discovered misconduct of prior students. Allegations of misconduct, which may result in a revocation of a granted degree, are 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 program and to determine if any additional action is required.
5.11 Withdrawal/Leave Procedures

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

- A voluntary withdrawal is requested in writing through the Office of the Director of Student Affairs. The student must complete a Withdraw/Separation 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 is the date of the student's written request.
- Upon receipt of the completed Change of Status Form and CUSOM issued items, the student is voluntarily Withdrawn in Good Standing from CUSOM and entitled to certain benefits, i.e., application for readmission or an official transcript if requested.
- A pre-approved leave of absence less than six (6) months in duration requires completion of a Leave of Absence form and may or may not require the return of CUSOM issued items depending upon the specific circumstances of the leave of absence.

Additionally, students on Suspension may not Withdraw. Students failing a course, though, may possibly be permitted to Withdraw prior to the start of the last exam or assessment event of the course they may be failing. A student may not Withdraw if a grade has been assigned or if a final examination has been started.

The Dean makes the final decision regarding withdrawals. Students who discontinue their education at CUSOM, for any reason, are required to complete a Withdrawal/Separation Form.

Medical Leave of Absence (Absence Less than 180 Calendar Days)

A Medical Leave of Absence may be granted to students who are in good academic standing, who provide acceptable supporting documentation indicating a valid medical reason requiring a leave of less than 180 calendar days. Decisions regarding the granting of a medical leave are determined by the Dean. A medical leave of absence may last no longer than 180 calendar days, after which it will become a medical withdrawal.

A Medical Leave of Absence extending more than 180 calendar days will require the student to file a Medical Withdrawal.

In order to return from medical leave, the student must supply documentation from a physician approving/releasing the student to return as a full time student in the curriculum. The Dean may call a meeting of the APPS Committee to determine placement of a student who has taken an approved extended leave, withdrawal, or has been on suspension to determine where the student will resume the curriculum and to determine if any additional action is required.
Medical Withdrawal (Absence Greater than 180 Calendar Days)

A Medical Withdrawal may be granted to students who are in good academic standing and who have an approved medical reason for medical leave of absence 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. A subset of the Admissions Committee, consisting of the Vice Dean for Academic Affairs, Associate Dean for Biomedical Affairs, Associate Dean for Clinical Integration and Associate Dean for Clinical Affairs, will determine whether or not the student is offered acceptance. The committee will also determine the placement in the curriculum for all students who have withdrawn for medical purposes and are in good academic standing.

All current or former students returning from an approved period away from CUSOM, such as a leave of absence or an offer to repeat an academic year, minimally must submit a completed Secondary Application, Background Check, and Controlled Substance Screen within a timeframe designated by CUSOM, but no later than sixty (60) days prior to the anticipated return date. Additional requirements, such as a psychiatric evaluation, may be placed on returning students as deemed appropriate.

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

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 Technical Standards, background check, substance abuse screening, and the CUSOM Honor Code.

If the student returns within two 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. For students with a military leave of two or more years, the request to return will be reviewed on a case-by-case basis.

In any case, the student will not be charged any additional tuition from their original obligation. The Dean, Vice Dean for Academic Affairs, Associate Dean for Biomedical Affairs, Associate Dean for Clinical Integration and Associate Dean for Clinical Affairs 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 for personal reasons are not guaranteed re-admission. To be deemed Withdrawn in Good Standing, the student must have passed all classes and be in good academic standing, complete all 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 not last longer than 180 calendar days 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. The Dean may call a meeting of the APPS Committee to determine placement of a student who has taken an approved extended leave, withdrawal, or has been on suspension to determine where the student will resume the curriculum and to determine if any additional action is required.

Suspension

Suspension is defined as a temporary separation from the institution and during this period students are not considered “active” and may not be eligible for financial aid. 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 must not participate in any clinical activities or not wear their CUSOM white coat. If the terms set out under the Suspension are not fulfilled and the period of Suspension is greater than 180 calendar days, the student may be dismissed from CUSOM. Students on Suspension may not Withdraw.

Dismissal

Dismissal from CUSOM is 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 required 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:
  - CUSOM Identification card
  - Campbell University parking decal
  - All CUSOM-supplied computers and peripherals including, but not necessarily limited to, laptops, iPads, ARS/clickers, and 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 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;
- Have demonstrated good moral, professional, and ethical character;
- Completed all required exit paperwork and settled all financial obligations with CUSOM and affiliate and collaborative partners incurred during 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 completion of a Modified Course of Study due to medical, academic, behavioral 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.

In addition, the revocation of the Doctor of Osteopathic Medicine degree may occur following graduation for discovered misconduct of prior students. Allegations of misconduct, which may result in a revocation of a granted degree, are considered by the Dean.

A student must 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 the faculty, as determined by the individual course directors, clinical rotations supervisors and through the APPS Committee, all prescribed courses and clinical experiences to graduate. The Dean makes the determination on any student appeals of APPS Committee recommendations, based solely upon new and meaningful information not available to the APPS Committee at the time of the initial hearing and deliberation. The Dean makes the determination on any appeal of 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 attend the exit process and commencement program in order 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 Doctor of Osteopathic Medicine degree on students successfully completing all requirements for graduation.
5.13 Delayed Graduation Policy

If a student is Suspended, takes a Leave of Absence, or is required to retake courses in the curriculum as a result of specific course failure or a deficiency in overall academic performance, they will be placed on a Modified Course of Study (MCOS) which delays the scheduling of clinical rotations and the student’s graduation date. Voluntary course withdrawals, temporary leaves of absence or suspensions secondary to academic, administrative suspensions or as a result of failure to pass Board exams consistent with CUSOM policy may 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, placement in a Modified Course of Study may impact the student’s ability to participate in the residency match process. Specific counseling and advice should be sought from the CUSOM Office of Academic Affairs and the University’s Office of Financial Aid for these or other indicated situations.

5.14 Clinical Policies and Procedures

Students should refer to the CUSOM Clinical Rotation Manual for a comprehensive review of all student policies relating to all clinical rotations.

CUSOM Medical Student Shadowing

Many students choose to engage in clinical shadowing experiences during breaks in the formal CUSOM curriculum such as during Block breaks, summer break or weekends. Shadowing experiences can be extremely valuable and students may choose to include these experiences in their Curriculum Vitae, personal statement or Medical Student Performance Evaluation (MSPE). Shadowing experiences can occur with CUSOM-appointed clinical faculty members or physicians not affiliated with CUSOM.

It is essential that students choosing to engage in shadowing experiences understand the differences between shadowing and the required clinical rotations students participate in as part of the CUSOM curriculum. Clinical rotations that occur in conjunction with the CUSOM clinical curriculum (Early Clinical Experiences, Outreach, International Medical Missions and MS-3 and MS-4 scheduled rotations) completed under the supervision of CUSOM-appointed clinical faculty and follow very specific guidelines in regards to student’s roles, responsibilities, supervision requirements, and feedback and evaluation processes.

In contrast to clinical curriculum experiences, shadowing experiences do not occur as part of the student’s required CUSOM curriculum, and may lack the defined structure, supervision, feedback mechanisms and medical-legal protections provided by formal clinical rotations.

Students choosing to engage in a shadowing experience acknowledge they will do so while adhering to the following principles.
1. Shadowing experiences are meant to be **observational only** and if any hands-on activity occurs with patients, this should be limited to patient examination only, approved by the patient and supervising physician, and MUST be repeated by the physician. To protect patients and students, students are not to perform any invasive procedures while on shadowing experiences, including but not limited to suturing, endotracheal intubation, performing arterial blood gas testing, or placing IV’s, Foley catheters, or central lines or perform exams of the pelvic, breast, rectal and genitourinary systems. Students should not perform any Osteopathic manipulation while on shadowing experiences.

2. Students are not protected by malpractice insurance provided by Campbell University, Incorporated while engaged in physician shadowing experiences unless the experience is with a CUSOM-appointed faculty member. Students are required to let non-CUSOM appointed physicians they are shadowing know that they are not covered by malpractice insurance provided by Campbell University, Incorporated.

3. Students must follow all hospital system, facility, or ambulatory policies when engaging in any type of shadowing experience. Individual physicians chosen to shadow with may not be familiar with their facility or health care system policies so it is the student’s responsibility to make sure they review and comply with any applicable policies.

4. Individual physicians may not know the student’s level of training and it is therefore the student’s ethical and professional duty to fully explain their level of training.

**Shadowing with CUSOM Clinical Faculty Members**

1. 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, to the Department of Clinical Affairs.
4. In general, shadowing experiences should be arranged in conjunction with the preceptor and Regional Dean (when applicable), both of whom must sign the agreement form to indicate their approval.
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 two (2) weeks prior to the start of the requested shadowing experience.
Shadowing with non-CUSOM Clinicians

1. Students who desire to shadow with non-CUSOM clinicians 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 clinician or site with any student records including, but not limited to, results of drug screens and background checks, immunization records, academic performance information or letters of recommendation.
   c. Students may not wear their CUSOM white coat or name tag.
   d. Students or the physician they are shadowing are not protected by malpractice insurance.
   e. Students acknowledge that Campbell University, Incorporated 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, Incorporated from any liability from any injury or illness that occurs on the shadowing experience.
4. Even if engaging in shadowing experiences with non-CUSOM clinicians or clinical sites, students must abide by all general guidelines noted previously in this document.

Violation of any conditions of these Shadowing Guidelines is handled as a professionalism issue and may be referred to the Academic Performance, Promotion and Standards (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/her subject, but he/she should be careful not to introduce into his teaching controversial matter which has no relation to the subject. Limitations of academic freedom because of religious or other aims of the institution should be clearly stated in writing at the time of the appointment.

The university teacher is a citizen, a member of a learned profession, and an officer of an educational institution. His/her primary loyalty is to his/her institution, his/her profession, and his/her growth and development as a scholar, a person, and a teacher.

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, logos, watermarks or his/her institutional title in issuing public statements which he/she makes purely in his/her role as a citizen.
6. **OSTEOPATHIC MEDICINE CURRICULUM**

**Academic Calendar**

Academic calendars are made available to all students. Actual weekly schedules vary based on course content and space needs but are generally structured so that lectures primarily take place in the morning, with labs and clinical skills typically taking place in the afternoons.

Morning lecture-discussions are complemented by afternoon labs and skills sessions, with embedded study time. OMM and other clinical skills are taught longitudinally throughout the first two years in a progression designed to integrate with, and provide a seamless transition to the third and fourth years. Content is presented by physicians and biomedical faculty using concepts of team-teaching and small group learning. For years three and four, clinical rotations are typically four (4) week duration at the Regional Clinical sites.

Evaluation of performance during the first eight blocks includes integrated exams, quizzes, OSCE, clinical skills, anatomy, and OMM exams, and end-of-block and end-of-year evaluations. Weekly clinical case exercises, help students integrate and apply material presented during the week, and provide faculty with an assessment of student progress. For years three and four, student evaluation is performed by clinical preceptors at the end of each clinical rotation, and similarly students evaluate each clinical rotation to promote curricular improvement.

**6.1 Years 1 and 2 Curriculum**

The first two years of the CUSOM curriculum focus on teaching students fundamental principles of biomedical science with significant emphasis on clinical science, elements of clinical practice, and professionalism. Historically, the first two years of medical school instruction have been viewed as “pre-clinical” with the remaining two years being viewed as “clinical”. At CUSOM, the curriculum is integrated to provide a core of strong biomedical principles in addition to a robust foundation in clinical sciences and osteopathic principles, principles of clinical practice, and professionalism.

**Curricular Content Overview**

All semesters of the first and second year are partitioned into two 9-week Blocks, with the exception of ten (10) weeks for Block 4 and eleven (11) weeks for Block 8. Within the first two Blocks, the students are introduced to the biomedical foundational concepts of Anatomy, Biochemistry/Cell Biology, Microbiology/Immunology, Pathology, Pharmacology, and Physiology. Anatomy continues throughout the first year, integrating wherever possible with the systems approach of the remaining three semesters of the first two years.

In Blocks 3 through 8, the CUSOM curriculum uses an organ-system approach to medical education. Faculty utilize instructional materials that go beyond the basic biomedical principles mastered during the first semester. Biomedical faculty, primary care physicians, and sub-specialty physicians collaborate to deliver integrated content relating to the particular organ system.
The Clinical Skills and Osteopathic Manipulative Medicine courses address content that will allow CUSOM students to learn 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 third and fourth years.

The Foundations in Medical Practice (FMP) courses provide CUSOM students 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, design and complete a research/scholarly paper with clinically relevant knowledge related to competent medical practice. The FMP paper is a means for students to participate in student-driven or faculty-driven research and scholarly activity.

The Professional Core Competencies (PCC) courses are presented through all semesters of the first and second year curriculum, and are designed to teach the core competencies necessary for caring, compassionate, effective and holistic practice throughout the physician’s career. The use of lecture, discussion, and other unique activities, introduces students to medical humanities, biomedical ethics, medical law and jurisprudence, quality improvement and patient safety, global health issues, and professionalism.

6.2 Years 3 and 4 Rotation Structure

Minimum requirements for clinical rotations are typically 160 hours for each four-week rotation. The Office of Clinical Affairs schedules the rotations according to the availability of rotation sites and numbers of requests. There is opportunity to participate in approved two-week elective and selective rotations. CUSOM selective rotations are chosen from the CUSOM selective lists and are based on educational standards and requirements, the student's self-assessment of areas where they would benefit most from further education and patient exposure, along with input from the Associate Dean for Clinical Affairs and the discipline Chairs. The Primary Care, Medical, and Surgical Selective rotations are 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 third and fourth year selective rotations can be found in the CUSOM Clinical Rotation Manual.

Electives may be scheduled outside CUSOM regional hospital sites; however, each elective site and rotation request must be submitted to the Department of Clinical Affairs at least ninety (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 are required to complete twelve rotations. Each rotation consists of approximately 160 contact hours. The required rotations for third year are listed below; all core rotations must be taken and completed at CUSOM core rotation sites with CUSOM appointed faculty. Core rotations are clinical rotations involving patient care which are required to be completed at a CUSOM clinical site with CUSOM faculty.

The third year core rotations are Family Medicine, Internal Medicine I and II, Medical Selective, Obstetrics & Gynecology, Pediatrics, Psychiatry, Surgery, and Medical/Surgical Selective. All third year rotations must be successfully completed prior to progressing to the fourth year and must be completed at the student’s Regional Site.

- Clinical Academic Assessment (CAA)/Simulation Medicine (SIM) (8 weeks)
- Internal Medicine I & II (IM) (8 weeks)
- Medical Selective (MS) (4 weeks)
- Surgery (SUR) (4 weeks)
- Obstetrics/Gynecology (OBG) (4 weeks)
- Family Medicine (FM) (4 weeks)
- Pediatrics (PED) (4 weeks)
- Psychiatry/Behavioral Medicine (PSY) (4 weeks)
- Rural/Underserved/International (R/U/I) (4 weeks)
- Medical/Surgical Selective (4 weeks)

Fourth Year Clinical Rotations

CUSOM’s fourth year osteopathic medical students are required to successfully complete all fourth year rotations to be eligible for graduation. Additionally, to become eligible for graduation, each fourth year student must have passed COMLEX-USA Level 2 CE and COMLEX-USA Level 2 PE. Each rotation is 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 twenty (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 fourth year students with increased flexibility and a greater opportunity to audition or rotate at sites they may be interested in for residency training, CUSOM allows students to do two (2) of the following four (4) required fourth 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 provides students the opportunity to participate in up to six (6) rotations (Four (4) electives plus two (2) of the four (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 or selectives) scheduled outside CUSOM regional affiliated sites must be approved in advance by the Associate Dean for Clinical Affairs.

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

**Selective and Elective Rotations**

CUSOM selective rotations are chosen from the CUSOM surgical and medical selective lists and are based on educational standards and requirements, the student's self-assessment of areas where they would benefit most from further education and patient exposure, along with input from the Associate Dean for Clinical Affairs and discipline Chairs. Electives may be scheduled outside CUSOM regional hospital sites; however, each elective site and rotation requests must be submitted to the Department of Clinical Affairs at least ninety (90) days in advance of start date and approved by the Associate Dean for Clinical Affairs.
CUSOM does 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 the Office of Clinical Affairs as outlined above.

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 to the Department of Clinical Affairs not less than ninety (90) days before the start of the rotation in order to be approved.

CUSOM does not approve selectives or electives taken outside of the CUSOM region without appropriate prior notification or completion of the required documentation; no exceptions are granted. Student requests for outside electives or selectives must include all required information, including but not limited to rotation date, specialty, facility/practice, and preceptor. The Office of Clinical Affairs schedules the rotations according to the availability of rotation and numbers of requests.

Please note if an affiliation agreement with the requested clinical training site is not executed within thirty (30) days of the start of the clinical rotation despite meeting the aforementioned timelines, the student is required to select an alternate rotation.

Specific fourth year scheduling guidelines are found in the CUSOM Clinical Rotation Manual. Students are responsible for knowing, and following, all guidelines and requirements in the Manual.

**Medical Selective Rotations**

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

Currently approved Medical Selective rotations are as follows:

- Allergy and Immunology (Fourth Year)
- Cardiology
- Clinical Cardiac Electrophysiology (Fourth Year)
- Critical Care/ ICU (Fourth Year)
- Dermatology (Fourth Year)
- Emergency Medicine
- 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 be either hospital or ambulatory based. If the rotation is selected as the student’s subinternship, it MUST be hospital-based. Currently approved Primary Care Selective rotations are as follows:

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

Surgical Selective Rotations

A minimum of two Surgical Selective rotations must be taken from the following areas; Surgical Selective rotations may not be repeated in these disciplines (unless done as an elective):

*May be two (2) or four (4) weeks. Students should not schedule more than four (4) two-week rotations.

The Associate Dean for Clinical Affairs may consider requests to participate in Medical/Surgical Selective experiences not listed below.

• 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
Elective Choices

All electives require prior approval by the Associate Dean for Clinical Affairs following the process outlined in the Clinical Rotation Manual.

Elective* rotations include:

- All rotations outlined in the third year core list
- All rotations included in the medical selective list
- All rotations included in the primary care selective list
- All rotations included in the surgery selective list
- The additional rotations of Addiction Medicine, Adolescent Medicine, Dermatology, Dermatopathology, Forensic Pathology, Gynecology (by itself), International Medical Missions, Maternal/Fetal Medicine, Occupational Medicine, Pathology, Pediatric subspecialties, Pain Management, Physical Medicine & Rehabilitation, Proctology, Radiology, Reproductive Endocrinology, Urgent Care, CDC, NIH, or other federally sponsored rotations. Independent study electives include the Research Rotation, Medical Spanish, Online Radiology, and SIM Case Development.

The Associate Dean for Clinical Affairs may consider requests for electives not listed above.

International Medical rotations must be at CUSOM affiliated sites and approved in advance by the Associate Dean for Clinical Affairs and the Dean. A signed affiliation agreement between CUSOM and the international organization must be in place prior to the clinical rotation. Requests to participate in International rotations that do not strictly adhere to all deadlines and requirements are not approved. CUSOM does not assume any travel expenses, or liability for health or safety while on international rotations.

Course Overview and Philosophy of Clinical Training:

The philosophical framework of clinical education and training at CUSOM is to prepare students to become osteopathic physicians possessing the highest competencies in the profession. The program will educate students to be competent osteopathic physicians who clearly recognize their roles as professionals and providers of comprehensive healthcare to the individual and the family as a unit, and to the communities they serve.

Osteopathic physicians must be able to function in the role of leader of a healthcare team to bring about needed change from the level of the individual to the level of the community. The ultimate intent of the program is to prepare patient-centered physicians who will positively impact the equality of healthcare and healthcare delivery systems, and will improve healthcare access for individuals and their families.
CUSOM believes the physician must assume a leadership role not only in the medical community, but also in the broader community in which he/she serves. Community leadership is an integral part of improving the healthcare of the community as a whole; thus, physicians must be motivated toward the prevention of illness and the upgrading of the delivery of healthcare services at extended levels.

In pursuit of excellence, the CUSOM clinical curriculum is a challenging blend of the traditional and innovative, designed to:

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

Following clinical training, students will be knowledgeable about the important roles of the primary care physician including, but not limited to, the ability to:

- Demonstrate clinical excellence, using current evidence-based medicine, and biomedical knowledge in identifying and managing the medical problems presented by his/her patients.
- Provide continuing and comprehensive care to individuals and families.
- Integrate the behavioral/emotional/social/environmental factors of individuals and families in promoting health and managing disease.
- Develop and maintain the knowledge, skills, and attitudes required for the best care and outcomes in modern medical practice in a rapidly-changing world.
- Pursue a regular and systematic program of lifelong learning.
- Recognize indications for and initiate consultation with other medical specialists while maintaining continuity of care.
- Share tasks and responsibilities with other healthcare professionals.
- Be aware of the findings of relevant research; understand and critically evaluate this body of research; and apply the results of research to medical practice.
- Manage his/her practice in a business-like, cost-efficient manner that will provide professional satisfaction and time for a rewarding personal life.
- Serve as an advocate for the patient within the healthcare system.
- Assess the quality of care that he/she provides and actively pursue measures to continually improve.
- Use current medical knowledge to identify, evaluate, and minimize risks for patient and family.
- Recognize community resources as an integral part of the healthcare system; participate in improving the health of the community.
• Inform and counsel patients concerning their health problems, and recognizing and valuing differences in patient and physician backgrounds, beliefs, and expectations.
• Develop physician-patient relationships conducive to promoting comprehensive problem-identification and problem-solving.
• Balance potential benefits, costs, and resources in determining appropriate interventions.
• Integrate and effectively utilize osteopathic principles and practices in the delivery of optimal patient care.

The general expectations for all clinical rotations are designed to help students develop the fundamental skills of medical problem solving, case management, procedural expertise, and professional demeanor. Some focus on data acquisition (medical history, physical examination, laboratory data, or literature review), while others emphasize psychomotor skills or attitudes and feelings.

Rotations are under the direct supervision of the CUSOM Office for Clinical Affairs, led by the Associate Dean for Clinical Affairs. CUSOM has established affiliations with a wide range of hospitals, clinics, and physicians offering diverse training opportunities. The clinical program has been organized to permit the greatest degree of educational exposure in a practical, clinical environment and to develop expertise in the areas of patient diagnosis and management.

The rotations provided at each affiliated site, and the number of CUSOM students assigned to each affiliated site, are determined by mutual agreement with CUSOM, the Associate Dean for Clinical Affairs, the Hospital Administrator(s), Regional Dean, Vice-president for Medical Education (VPME) / Director of Medical Education (DME), Clinical Faculty and the Office for Clinical Affairs. Whenever possible, CUSOM utilizes hospitals with accredited postdoctoral programs approved by the American Osteopathic Association (AOA) and the Accreditation Council for Graduate Medical Education (ACGME) for postdoctoral training to provide assurance of adequate teaching material and faculty.

Clinical Modules

Clinical Modules including videos, lectures and other educational materials are utilized to supplement clinical rotations. These modules are appropriate for both third and fourth year students and offer the learner flexibility. These supplement topics covered on clinical rotations and function as study guides for both the end-of-rotation exams, and COMLEX-USA Level 2 CE and COMLEX-USA Level 2 PE.

Clinical Modules are an important supplement to a student’s education, but do not replace the extensive reading, studying, patient contact, etc. students must achieve on clinical rotations.

Students are provided with required curricula during the third year and fourth year. Learning objectives and corresponding reading assignments are provided for the core discipline rotations.
Graduate Medical Education

CUSOM strives to develop a sufficient number of residency positions for our graduates. The Associate Dean for Postgraduate Affairs is responsible for facilitating residency program development and ensuring the placement of CUSOM graduates into graduate medical education programs. Regional Deans, who supervise third and fourth year student rotations at their site, also assist in the development of residency training programs. CUSOM’s goal is to develop the same or greater number of GME positions as our number of graduates. These programs provide CUSOM graduating students postgraduate training opportunities, and help meet the need for future physicians to care for the rural and underserved populations in North Carolina, the Southeastern United States and the nation.

6.4 Schedule of Course Offerings

Fall Semester, Year 1

Block 1

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>OMED 500</td>
<td>Osteopathic Manipulative Medicine and Lab</td>
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<td>OMED 501</td>
<td>Clinical Skills and Lab</td>
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<tr>
<td>OMED 502</td>
<td>Foundation of Medical Practice</td>
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<td>OMED 503</td>
<td>Professional Core Competencies</td>
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<tr>
<td>OMED 511</td>
<td>Cell Biology and Biochemistry</td>
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<td>OMED 524</td>
<td>Microbiology and Immunology</td>
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<td>OMED 530</td>
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Block 2

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<td>OMED 506</td>
<td>Foundations of Medical Practice</td>
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<td>Professional Core Competencies</td>
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<td>OMED 522</td>
<td>Pharmacology</td>
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<td>OMED 540</td>
<td>Physiology</td>
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<td>OMED 551</td>
<td>Pathology</td>
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### Spring Semester, Year 1

**Block 3**

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<td>OMED 509</td>
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<td>OMED 514</td>
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<td>OMED 570</td>
<td>Musculoskeletal System</td>
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**Block 4**

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<td>OMED 518</td>
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<tr>
<td>OMED 579</td>
<td>Neuroscience</td>
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<td>OMED 583</td>
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### Fall Semester, Year 2

**Block 5**

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<td>OMED 610</td>
<td>Cardiovascular System</td>
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<td>OMED 611</td>
<td>Clinical Applications of Biomedical Sciences I</td>
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<td>OMED 620</td>
<td>Respiratory System</td>
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**Block 6**

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<td>OMED 607</td>
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<td>OMED 631</td>
<td>Hematology</td>
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<td>OMED 640</td>
<td>Renal System</td>
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<td>OMED 651</td>
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### Spring Semester, Year 2

**Block 7**

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<td>Professional Core Competencies</td>
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<td>OMED 670</td>
<td>Endocrine System</td>
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<td>OMED 680</td>
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**Block 8**

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### Fall and Spring Semester, Year 3

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<th>Course (Rotation) Title</th>
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<td>OMED 710</td>
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<td>OMED 712</td>
<td>Internal Medicine II</td>
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<td>OMED 714</td>
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<td>OMED 720</td>
<td>Surgery</td>
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<td>Family Medicine</td>
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<td>Pediatrics</td>
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<td>OMED 750</td>
<td>Obstetrics and Gynecology</td>
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<td>Psychiatry</td>
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<td>OMED 770</td>
<td>Simulation Medicine</td>
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<tr>
<td>OMED 780</td>
<td>Rural/Underserved/International</td>
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<tr>
<td>OMED 790</td>
<td>Medical/Surgical Selective</td>
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### Fall and Spring Semester, Year 4

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<td>OMED 810</td>
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<td>OMED 820</td>
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<td>OMED 830</td>
<td>Primary Care Selective</td>
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<td>OMED 840</td>
<td>Geriatrics</td>
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<td>OMED 850</td>
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<td>OMED 870</td>
<td>Residency Development</td>
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<td>OMED 880</td>
<td>International/Underserved Rotation</td>
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<td>OMED 890</td>
<td>Elective Sub Internship</td>
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<td>OMED 892</td>
<td>Primary Care – Sub Internship</td>
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<td>OMED 894</td>
<td>Medical Selective – Sub Internship</td>
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<tr>
<td>OMED 896</td>
<td>Surgical Selective – Sub Internship</td>
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</table>

### COURSE DESCRIPTIONS

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

The curriculum in Blocks 1 and 2 of the first year introduces 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 integrate material presented in previous lectures and labs.

#### OMED 500: Osteopathic Manipulative Medicine and Lab

The initial course in Osteopathic Manipulative Medicine introduces the medical student to the principles, practice, and fundamental tenets of osteopathic medicine. Basic osteopathic medical terminology and biomechanical principles are defined including: five models of osteopathic care, tissue texture changes, implications of structural asymmetry, ranges of motion, motion barriers, planes of motion, spinal mechanics, and somatic dysfunction. Students learn to perform and interpret the osteopathic structural exam in order to scan, screen, and diagnose for somatic dysfunction. Fundamental principles and basic techniques of muscle energy and soft tissue methods of OMT are introduced. No photographic devices are permitted in the lab.
OMED 501: Clinical Skills and Lab
The Clinical Skills course is presented longitudinally over the first two years and prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, patient education and counseling. The Block 1 course focuses on the medical interview and teaching students patient-centered interviewing techniques, 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, biostatistics, epidemiology, research methodology, and experimental design. Students learn and apply calculations and strategies required to appropriately locate, interpret, and design a research paper. The goal of this course is to provide students with the requisite knowledge to understand the concepts of evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice. OMED 502 introduces the student to an overview of research and scholarly work. The research process, ethics, and different types of research and scholarly work are also discussed. The FMP Scholarly Project Requirement is also discussed to allow the students ample time to meet the requirements. The different types of studies discussed in this Block will provide the student some means of meeting the FMP Scholarly requirement.

OMED 503: Professional Core Competencies
Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. This course, and its content, is designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine.

OMED 504: Osteopathic Manipulative Medicine and Lab
This course in Osteopathic Manipulative Medicine builds on prior cognitive and psychomotor skills acquired in OMED 500 to refine and advance OMM diagnosis and treatment abilities. Topics covered include: osteopathic considerations of the thoracic cage, osteopathic reflexes and autonomies, OMM documentation, autonomies, viscerosomatics, osteopathic considerations of the lymphatic system, and Chapman’s reflexes. Key material from OMED 500 is reviewed. Principles and basic techniques of counterstrain and visceral treatment methods are introduced. Additional soft tissue and muscle energy treatments are included in the laboratory sessions. No photographic devices are permitted in the lab.
OMED 505: Clinical Skills and Lab

The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum will prepare students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, formulating a differential diagnosis, laboratory interpretation, medical documentation and reporting, and patient education and counseling. 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. Students learn and apply calculations and strategies required to appropriately locate, interpret, and design a research paper. The goal of this course is to provide students with the requisite knowledge to understand the concepts of evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice. The Block 2 Foundations of Medical Practice course focuses 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. This course, and its content, is designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine.

OMED 511: Cell Biology/Biochemistry

This course, which involves the study of biochemical processes, molecular and cellular structure and function, and medical genetics sets 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 and foundational knowledge required to understand and apply normal and pathologic metabolic processes are introduced and correlated with key concepts in pharmacology, pathology and clinical presentations. The course also provides students with the foundational knowledge and preparation to apply medical genetics to 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. The course is an introductory course, whose content will be built upon in the successive blocks and systems curriculum. This course provides a broad overview of pharmaceutical agents, with integrated clinical applications to aid students in understanding the critical role these agents play in maintaining health in the various systems of the human body.

OMED 524: Microbiology/Immunology

A study of the field of medical microbiology, this course introduces microbial nomenclature, microbial structure, virulence factors, and mechanisms of tissue damage. Principles of infectious disease control, laboratory diagnosis, and antimicrobial management are discussed. Major groups of infectious microbes and their clinical significance are introduced, including those from the respiratory and gastrointestinal tracts as well as those associated with 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. This foundational information will be built upon in the successive blocks and system-based curricula.

OMED 530: Anatomy and Lab

The first-year anatomy curriculum at CUSOM employs an interdisciplinary and system-based approach to teaching. The aim of this course is to provide the CUSOM student with a firm foundation of the structure of the skeletal system, introduce medical imaging and ultrasound technology, and provide foundational material for the study of histology and embryology. Dissection of the back and spinal cord will be performed. Teaching methods include cadaver dissection labs, assigned reading, and clinical correlations with diagnostic imaging. This knowledge will enable the physician to appropriately evaluate the patient’s health and diagnose disease based on presenting signs and symptoms. The anatomical terminology taught throughout the course is the vocabulary for medical education. 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. Fundamental knowledge of the homeostatic functions of the autonomic nervous system, regulation of intercellular (electrical) conduction by cell membranes, and the maintenance of the body fluids is provided. This course also introduces the normal physiology of the cardiovascular, respiratory, renal, gastrointestinal, endocrine, reproductive and neural systems. First-year students are provided a solid foundation of normal physiology and principles that will be built upon in the subsequent systems courses and clinical applications.

OMED 551: Pathology

Pathology is the study of disease. More specifically, pathology is the study of disease initiation, progression, and outcome (i.e. the pathogenesis) via the identification of structural, biochemical, and functional changes in cells, tissues, and organs. This course discusses the basic mechanisms of disease including injury, inflammation, tumorigenesis, and nutritional deficiencies and excesses. Special topics in pathology such as environmental and toxicological pathology, laboratory medicine and forensic pathology are presented. The course consists of didactic lectures, independent study, and case-based modalities. Principles learned in the course will be applied in concurrent and subsequent courses in the CUSOM curriculum.

OMED 560: Anatomy and Lab

The first-year anatomy curriculum at CUSOM employs an interdisciplinary and system-based approach to teaching. Materials presented in this block of study (Block 2) include the gross anatomy, histology and embryology of the human thorax, abdomen and superficial perineum, with clinical correlations to illustrate application of principal concepts specific to osteopathic medicine. The primary objective of this course is to teach students the principles and concepts of the distinct components of anatomy as they pertain to clinical medicine. Teaching methods include cadaver dissection labs, independent study/self-study, assigned reading, and clinical correlations with diagnostic imaging. 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 builds on prior cognitive and psychomotor skills acquired in OMED 500 and OMED 504 to refine and advance OMM diagnosis and treatment abilities. Students receive an introduction to the osteopathic considerations, diagnosis, and treatment of the upper extremity, lower extremity, pelvis, and sacrum. Integration with the general clinical examination and treatment applications are emphasized during each session. Key material from OMED 500 and OMED 504 is reviewed. Additional Soft Tissue, Counterstrain, Articular, Muscle Energy, Lymphatic, and Chapman Point treatments are included in the laboratory sessions. No photographic devices are permitted in the lab.
OMED 509: Clinical Skills and Lab
The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, formulation of a differential diagnosis, laboratory interpretation, patient education and counseling. Block 3 focuses on the musculoskeletal system 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. Students learn and apply calculations and strategies required to appropriately locate, interpret, and design a research paper. The goal of this course is to provide students with the requisite knowledge to understand the concepts of evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice. Block 3 focuses 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. This course, and its content, is designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine. During Block 3, students will focus on health care delivery in the United States including topics such as health care financing and regulations, medical trends in US health care and patient centered care.

OMED 515: Osteopathic Manipulative Medicine and Lab
This course in Osteopathic Manipulative Medicine builds on prior cognitive and psychomotor skills acquired in OMED 500, OMED 504, and OMED 508 to refine and advance OMM diagnosis and treatment abilities. Students receive an introduction to the osteopathic considerations, diagnosis, and treatment with HVLA and cranial techniques. Students are introduced to case based learning involving low back pain and postural imbalances in preparation for the second year OMM curriculum placing and emphasis on systems based clinical application. Key material from OMED 500, OMED 504, and OMED 508 is reviewed. Additional Soft Tissue, Counterstrain, Articular, Muscle Energy, Lymphatic, and Chapman Point treatments are included in the laboratory sessions. No photographic devices are permitted in the lab.
OMED 516: Clinical Skills and Lab
The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, formulation of a differential diagnosis, laboratory interpretation, patient education and counseling. Block 4 focuses on the neurosensory 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. Students learn and apply calculations and strategies required to appropriately locate, interpret, and design a research paper. The goal of this course is to provide students with the requisite knowledge to understand the concepts of evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice. In Block 4, students learn about the research process, ethics, and different types of research and scholarly work. The different types of studies discussed in this block provide students a means of meeting the FMP Scholarly requirement discussed in Block 1.

OMED 518: Professional Core Competencies
Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. This course, and its content, is designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine. Topics emphasized in Block 4 include end-of-life care, including hospice and palliative care, dealing with bad news, and spirituality in medicine.

OMED 570: Musculoskeletal System
The aim of this course is to provide the CUSOM student with a firm foundation of the structure, function, pathophysiology, and clinical relevance of the musculoskeletal system and the peripheral nervous system. The course emphasizes clinical correlations to illustrate the application of concepts specific to osteopathic medicine. Additionally, the course introduces medical terminology specific to the musculoskeletal system and osteopathic medicine. The knowledge acquired from this course will enable the physician to appropriately evaluate the patient’s health and diagnosis of disease, from the presenting signs and symptoms.
OMED 579: Neuroscience
This course is intended to provide first year CUSOM students with an integrated approach to the structure, function and dysfunction of the human nervous system. Basic principles of the anatomy, histology, embryology, physiology, pathology and imaging of the nervous system will be presented in a clinically-relevant context. Upon completion of the course students will be able to recognize common neurological diseases and their underlying causes, and diagnose neurological diseases from the presenting signs and symptoms.

OMED 583: Psychiatry
This course will review clinically relevant topics in psychiatry required to evaluate and treat mental illness using a biopsychosocial model of care. Psychiatric issues seen in primary care settings will be emphasized along with knowledge application to enable the student to appropriately evaluate a patient’s mental health and diagnose disease from the presenting signs and symptoms.

OMED 590: Anatomy and Lab
Anatomy in Block 3 consists of the study of the upper and lower extremities, and the pelvis and perineum. Teaching methods include cadaver dissection labs, independent study, assigned reading, and clinical correlations with diagnostic imaging. This knowledge will enable the physician to appropriately evaluate the patient’s health, as well as in diagnosis of disease, based on presenting signs and symptoms. 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, assigned reading, and clinical correlations with diagnostic imaging. This knowledge will enable the physician to appropriately evaluate the patient’s health, as well as in diagnosis of disease, based on presenting signs and symptoms. 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 begins with a continuation of the systems format introduced in the first year and concludes with an integrated transition into the clinical years. Content in the second year is delivered in Blocks 5, 6, 7, and 8. Students will continue to participate in regular clinical case conferences designed to incorporate increasingly complex clinical case material from previous basic science and clinical material. Block 8 includes special content relevant to COMLEX-USA Level 1 passage and entry into the clinical rotations of years three and four.
OMED 600: Osteopathic Manipulation Medicine and Lab
This course in Osteopathic Manipulative Medicine will incorporate and advance osteopathic principles presented in the first year. Students will be introduced to a systems based approach to osteopathic diagnosis and treatment. Integrating viscerosomatic reflexes, evaluation of lymphatic structures, Chapman points, biomedical knowledge, and osteopathic principles, students will develop an osteopathic treatment strategy for medical conditions commonly encountered in the respiratory and cardiovascular systems. Students will be instructed in balanced ligamentous tension as the exemplar treatment style for this system. Additionally, muscle energy treatment will be the primary technique reviewed to assist the students in maintaining their competence in this form of manipulation. No photographic devices are permitted in the lab.

OMED 601: Clinical Skills and Lab
The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, formulation of a differential diagnosis, laboratory interpretation, patient education and counseling. Block 5 focuses on the cardiovascular and pulmonary systems. 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. Students learn and apply calculations and strategies required to appropriately locate, interpret, and design a research paper. The goal of this course is to provide students with the requisite knowledge to understand the concepts of evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice. Block 5 discusses research design and its importance in clinical research studies, the process of assessing a research method’s quality and the critical underpinnings of several landmark studies.

OMED 603: Professional Core Competencies
Professional Core Competencies is taught as a continuous didactic course throughout the first and second year incorporating student-directed learning which may be done both individually and in teams. The Fifth Block focuses on topics such as communication medical jurisprudence and professionalism. This course consists of didactic lectures, independent study, and clinical case exercises to enhance the comprehension process. Group activities are utilized to explore issues related to medical humanities. In order to optimize time spent in class, students are expected to be familiar with lecture topic material and assignments posted on Blackboard and complete any pertinent assignments before coming to class.
OMED 604: Osteopathic Manipulation Medicine and Lab

This course in Osteopathic Manipulative Medicine will continue to incorporate and advance osteopathic principles presented in the first year. Students will continue their studies using a systems based approach to osteopathic diagnosis and treatment. Integrating viscerosomatic reflexes, evaluation of lymphatic structures, Chapman points, biomedical knowledge, and osteopathic principles, students will develop an osteopathic treatment strategy for medical conditions commonly encountered in the genitourinary and lymphatic systems. Students will be instructed in facilitated positional release as the exemplar treatment style for this system. Additionally, counterstrain will be the primary technique reviewed to assist the students in maintaining their competence in this form of manipulation. No photographic devices are permitted in the lab.

OMED 605: Clinical Skills and Lab

The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, formulation of a differential diagnosis, laboratory interpretation, patient education and counseling. Block 6 focuses on 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 focuses on patient safety, medical errors and methods of system improvement in both areas.
OMED 610: Cardiovascular System

This course provides a comprehensive overview of the cardiovascular system including the normal physiology and pathophysiology of important disease states. Radiographic evaluation, electrocardiogram interpretation, electrolyte and fluid balance, neoplasia, infection, and medications related to the cardiovascular system are also covered. The goal of this course is to enable students to develop a clear understanding of both normal and abnormal cardiovascular function along with the differential diagnoses and treatment options of common cardiovascular disease processes.

OMED 611: Clinical Applications of Biomedical Sciences I

The transition from the first year to the second year of medical instruction shifts from a more classroom and lecture/discussion focus, to that of a more clinical focus as seen during clinical rotations. Combined with this is preparation for National Boards, COMLEX-USA Level 1 and, for some students, USMLE Step 1 as well. The Clinical Application of Biomedical Sciences I course is the first of a two-part course offered as a capstone for entry into the third and fourth years of the curriculum.

This course is delivered through self-directed learning and group review/study with assessments provided to highlight key points from specific organ systems and across the continuum of health. The course is designed to integrate and consolidate the content from the first year with the increasing clinical content in the second year while also preparing the student with knowledge and skills required for success during the third and fourth years.

The overall goal of this course is for students to describe, discuss, and integrate the comprehensive assessment/examination of patients with a variety of potential disease processes, both common and uncommon, with the differential diagnosis, pathogenesis, and treatment of those processes.

OMED 620: Respiratory System

This course provides a comprehensive overview of the pulmonary system including the normal physiology and pathophysiology of disease states. Radiographic evaluation, electrolyte and fluid balance, neoplasia, infection, and medications related to the pulmonary system are also covered. The goal of this course is to enable students to develop a clear understanding of both normal and abnormal pulmonary function along with the differential diagnoses and treatment options of common pulmonary disease processes.
OMED 631: Hematology

The Hematology course provides a comprehensive understanding of hematologic and immunologic processes through the integration of the basic and clinical sciences with emphasis on the evaluation of the healthy patient and patients with hematologic and immunologic disorders. The goal of this course is to enable students to classify red blood cell, coagulation, and white blood cell disorders, and to incorporate laboratory and morphologic findings into clinical problem solving in order to determine an appropriate diagnosis and treatment plan. Through coordinated activities that include expert-guided, self-directed, and team-based learning modalities, students will gain knowledge that will serve as the foundation for examining relevant clinical scenarios and for continuing to build on growing concepts in the fields of Hematology and Immunology. This course consists of didactic lectures, independent study, practice questions, and clinical case application exercises to enhance the learning 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 develop an understanding of both normal and abnormal renal and urologic function along with the differential diagnoses and treatment options for common renal and urologic disease processes.

OMED 651: Dermatology

This course provides a comprehensive overview of 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 develop an understanding of both normal and abnormal integumentary system function along with the differential diagnoses and treatment options of common dermatologic related disease processes.
OMED 608: Osteopathic Manipulative Medicine and Lab

This course in Osteopathic Manipulative Medicine will continue to incorporate and advance osteopathic principles presented in the first year. Students will be continue their studies using a systems based approach to osteopathic diagnosis and treatment. Integrating viscerosomatic reflexes, evaluation of lymphatic structures, Chapman points, biomedical knowledge, and osteopathic principles, students will develop an osteopathic treatment strategy for medical conditions commonly encountered in the gastrointestinal system. Students will be instructed in Still technique as the exemplar treatment style for this system. Additionally, high-velocity, low amplitude, balanced ligamentous tension and counterstrain will be the primary techniques reviewed to assist the students in maintaining their competence in this form of manipulation. High yield board content will be reviewed through lectures and labs on the following topics: Cephalgia, Upper Extremity, and Lower Extremity. No photographic devices are permitted in the lab.

OMED 609: Clinical Skills and Lab

The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, formulation of a differential diagnosis, laboratory interpretation, patient education and counseling. Block 7 focuses on examination of the endocrine and gastrointestinal systems, the pediatric well-child history and physical exam and the male genital exam. 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. Students learn and apply calculations and strategies required to appropriately locate, interpret, and design a research paper. The goal of this course is to provide students with the requisite knowledge to understand the concepts of evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice. The student will be exposed to the calculations and strategies required to locate, appropriately interpret, and design a research paper. The goal of this course is for students to grasp the concepts behind evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice. Block 7 discusses quality improvement studies and additional landmark studies, this time with a focus on obesity and diabetes.
OMED 614: Professional Core Competencies

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. This course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine. Block 7 PCC will incorporate topics including population health, community health and occupational and environmental health.

OMED 615: Osteopathic Manipulative Medicine and Lab

This course in Osteopathic Manipulative Medicine will continue to incorporate and advance osteopathic principles presented in the first year. Students will be continue their studies using a systems based approach to osteopathic diagnosis and treatment. Integrating viscerosomatic reflexes, evaluation of lymphatic structures, Chapman points, biomedical knowledge, and osteopathic principles, students will develop an osteopathic treatment strategy for obstetrical patients and children. High yield board content will be reviewed through lectures and labs on the following topics: short leg syndrome and thoracic outlet syndrome. No photographic devices are permitted in the lab.

OMED 616: Clinical Skills and Lab

The 2-year Clinical Skills course is presented longitudinally over the first two years and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, formulation of a differential diagnosis, laboratory interpretation, patient education and counseling. Block 8 focuses on the reproductive system, including the sexual history, and the female genital and breast examination, and the newborn history and physical examination. No photographic devices are permitted in the lab.
OMED 618: Foundations of Medical Practice
This course provides a broad overview of evidenced-based medicine, epidemiology, research methodology, and experimental design. The student will be exposed to the calculations and strategies required to locate, appropriately interpret, and design a research paper. The goal of this course is for students to grasp the concepts behind evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice. Block 8 is the culmination of the series. Four self-directed learning sessions focus on the definition and history of human subjects’ research and crucial ethical considerations. In addition, this Block also provides an opportunity for students to review Biostatistics and Epidemiology/Population Health concepts learned in earlier Blocks.

OMED 619: Professional Core Competencies
Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. This course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine.

OMED 670: Endocrine System
This course offers an in-depth study of the endocrine system including structure and function of endocrine organs, regulatory mechanisms of hormones, etiology and pathogenesis of endocrine disorders, and the diagnosis and management of patients presenting with symptoms of hormone under- or overproduction. Topics addressed include short and tall stature, obesity medicine, the diabetic patient, multiple endocrine neoplasia syndromes, 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 concurrent and subsequent courses in the medical curriculum and throughout medical training and practice.

OMED 680: Gastrointestinal System
This course provides a comprehensive overview of the gastrointestinal system including the normal anatomy, physiology and pathophysiology of common gastrointestinal disease states. Radiographic evaluation, neoplasia, infection, and medications related to the gastrointestinal system are also covered. The goal of this course is to enable students to develop an understanding of normal and abnormal digestive function along with the differential diagnoses and treatment options of common gastrointestinal disease processes.
OMED 690: Clinical Applications of Biomedical Sciences II

The transition from the first two years of medical instruction that feature a more classroom and lecture/discussion focus, to the more clinical, hands-on focus utilized in the third and fourth years can be challenging for students. In an effort to ease this transition, to review key material necessary for clinical practice, and to integrate the key concepts and processes of the first two years’ instruction into future clinical practice, the Clinical Application of Biomedical Sciences II course is provided as a capstone for entry into the third and fourth years of the CUSOM curriculum.

This course is delivered as a mix of lecture/discussion review of material, case studies to highlight key points from specific organ systems and across the continuum of health, and group review/study. The course is likewise designed to integrate and consolidate the content from the first two years with requisite knowledge and skills of the third and fourth years. Completion of this course will prepare students for successful application and passage of COMLEX-USA Level 1, and entry into the third year.

OMED 695: Reproductive System

The aim of this course is to provide the CUSOM student with a firm foundation of the structure, function, pathophysiology, pharmacology, and clinical relevance of the reproductive system. This knowledge will enable the physician to accurately determine the patient’s health, and diagnosis the presence of disease, from the presenting signs and symptoms.

OMED 698: Modified Course of Study

A Modified Course of Study (MCOS) is a credit-bearing, individualized study plan for students who require an alternative educational pathway for reasons such as board preparation, required remediation, illness, leaves of absence, or withdrawals. The Modified Course of Study will be individually designed based upon the student’s performance and needs by the respective Associate Dean and approved by the APPS Committee. Students on a Modified Course of Study must agree to and comply with the conditions and schedule of the Modified Course of Study. Students not following the individualized plan may be placed on Suspension (ineligible for financial aid and not considered an active student) at any time.
Overview of Clinical Rotation Experiences

CUSOM students in years three and four are assigned to regional sites. Clinical rotations occur within hospitals, in ambulatory practices, and in geriatric acute care and long-term facilities. All students will spend time in rural, small, urban and/or critical access hospitals for a rural/underserved care clinical experience.

The clinical rotations are designed to provide the student with clinical education and experience in the general areas of medicine, surgery, pediatrics, obstetrics/gynecology, psychiatry, family medicine, and emergency medicine.

All rotations are under the direct supervision of Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM). CUSOM has made affiliations and will continue to engage hospitals, clinics and physicians to offer diverse training opportunities. The rotations have been organized to provide the greatest degree of educational exposure in a practical, clinical environment and the opportunity to develop expertise in the area of patient diagnosis and management.

The rotations provided at each affiliated site, and the number of students assigned to each affiliated site from CUSOM, are determined by mutual agreement with the hospital/training site and the CUSOM Office of 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 postdoctoral training, to provide assurance of adequate teaching material and faculty.

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

The Internal Medicine rotations will expand the student’s knowledge and competencies in Internal Medicine by working in a team managing patients in both hospital and outpatient settings. Students will assist in the management of patients under the supervision of attending physician(s) and other members of the interdisciplinary healthcare team, including interns and residents. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.
OMED 714: Medical Selective (MS)
The medical selective rotation is provided to enhance and improve students' knowledge and skills in medical subspecialty areas. Students will be able to expand their general Internal Medicine knowledge and apply it to specialty care. This rotation provides students to select a specialty based on their goals and interests to allow them to receive the maximum benefit from their experience and exposure to specialty care. Related ambulatory experiences will be integrated into this rotation as appropriate to enhance the students understanding of the specialty. The list of currently approved medical selectives is found elsewhere in this Bulletin and final approval by the Associate Dean for Clinical Affairs based on a number of factors, including but not limited to, availability, rotation schedules, and academic performance. The student is expected to participate in all patient care activities, teaching rounds, educational conferences and lectures.

OMED 730: Family Medicine (FM)
The Family Medicine rotation will provide students with the opportunity to begin acquiring an understanding of the unique role of the osteopathic family physician along with the basic knowledge, skills, and attitudes necessary for a family physician to care for patients of all ages. Students will gain these skills, knowledge, and attitudes by engaging in structured learning activities, both in the outpatient and inpatient setting, which will prepare students for a unique role in patient management, problem solving, counseling, and coordination of health care for the individual and the family unit. The student is expected to participate in all patient care activities, teaching rounds, educational conferences and lectures.

OMED 750: Obstetrics and Gynecology (OBG)
The Obstetrics and Gynecology rotation will provide students with an exposure to and understanding of routine OB/GYN care performed in the inpatient and outpatient setting. Students will gain competency in recognizing both normal and abnormal findings encountered by the practitioner of both obstetrics and gynecology. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 740: Pediatrics (PED)
The Pediatrics rotation will provide student exposure to diagnosis and management of pediatric diseases as it applies to newborns, infants, and children. In addition, students will gain knowledge and skill in evaluating normal growth and development of the pediatric patient. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.
OMED 760: Psychiatry (PSY)
The Psychiatry rotation will provide clinical experiences which enable students to acquire the knowledge and skills required to treat behavioral problems, which commonly present in a primary care office while paying particular attention to the stress factors that contribute to emotional dysfunction. This rotation will focus on the importance of the family in relation to individual behavior, and the ability to identify stressing conflicts and communication problems within the family. Students will gain knowledge and experience to care for common psychiatric disorders. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 780: Rural/Underserved/International Medicine (R/U/I)
The Rural/Underserved/International Medicine rotation will take place primarily in the outpatient setting and will offer a unique experience to the students because of the unique set of problems and challenges facing the practicing physician in those locales. The goal of this experience is to provide students an opportunity to enhance their knowledge, skills, and attitudes that are essential to a successful and satisfying practice in each of these venues. By developing an understanding of the personnel and material requirements of an R/U/I practice, developing a sensitivity to cultural differences, identifying community medical needs, providing care services, and understanding the physician's role in the community, this rotation will provide a sound grasp of the core competencies. The R/U/I rotation will be evaluated and approved by the Associate Dean for Clinical Affairs based on availability, rotation schedules and academic performance. An international rotation will also need the approval by the Chair of Community and Global Health. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 770: Simulation Medicine (SIM)
Through the use of CUSOM’s Simulation Center students will participate in a variety of hands-on activities in a safe learning environment that will help them transition into the clinical environment of patient care. Activities include including manikin-based simulation, Standardized Patient simulation, task trainer use, and detailed debriefing sessions. Students will learn many of the common clinical protocols, procedures, and techniques for providing patient care. During this rotation, students will obtain additional exposure to neuromusculoskeletal medicine by way of peer-to-peer interaction, facilitator-led instruction, mentoring, and teaching modules. Learning in the safe environment of simulation allows for self-reflection while ultimately helping to improve patient care, reduce medical errors, and increase patient safety.
Students will be prepared for entry into clinical rotations and through participation in a series of learning models that include, but are not limited to:

- Introduction to rotations
- The hospital environment
- Academic aspects of clinical rotations
- Occupational Safety and Health Administration (OSHA)
- Health Insurance Portability and Accountability Act (HIPAA)
- Electronic health record
- Billing and coding
- Osteopathic documentation
- State-wide core orientation
- Entrustable Professional Activities (EPA)
- Prescription writing and risk evaluation mitigation strategies (REMS)
- Behavior and professionalism in the workplace

Students will be certified in OSHA and HIPAA training upon successful completion of this course.

**OMED 720: Surgery (SUR)**

The Surgery rotation will provide students an opportunity to learn, recognize, and assist in the treatment of patients with surgical diseases, while also assisting in the patient's treatment and recovery. Students will learn basic surgical procedures, aseptic technique; correct handling of tissues and instruments to assist the surgical team in the pre- and post-operative care and recovery of the patient. Students will learn various surgical techniques and recognize potential risks associated with surgical care. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

**OMED 785: Medical/Surgical Selective**

Students will have the opportunity to select from a list of possible rotations in order to attain knowledge and skills in areas of special medical or surgical interest. These rotations will allow students to further enhance their professional development and performance as future osteopathic physicians. Selectives include any medical or surgical specialty and/or a specialty of interest to the individual student upon approval of the Office for Clinical Affairs. Students are strongly encouraged to utilize this time to strengthen areas of weakness and/or obtain a well-rounded education rather than concentrating on one specific area of medicine. All selectives must be patient-care oriented. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.
OMED 850: Emergency Medicine (EM)

The Emergency Medicine rotation will be hospital-based and focus on the students participating in the delivery of emergency care to a diverse population of patients and the management of major and minor emergencies. Experiences will include diagnosis, management, and appropriate care of patients presenting to the Emergency Department. Students will develop skills for the immediate assessment and management of life-threatening and urgent conditions. Students will perform the initial patient evaluation, under physician supervision, and establish an appropriate plan of care. Students will learn such skills as cardiac life support, airway management, and critical emergency procedures. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 840: Geriatrics (GER)

The Geriatrics rotation will use a multidisciplinary approach and engage students in utilizing core competencies. This rotation will address the complex needs of the elderly and emphasize a holistic approach to functional independence, especially in those with a myriad of chronic diseases. This will require the student to interact with physicians, nurses, various social services, occupational therapists, and family members to provide both comprehensive, as well as end of life care for these patients with multiple needs. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

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

There will be four (4) 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 is expected to participate in patient care, teaching rounds, educational conferences and lectures.

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

Students will have the opportunity to select twenty (20) weeks of elective rotations provided four weeks are done as a Sub-Internship, see OMED 890 above, in order to further advance their knowledge and skills in areas of special medical or surgical interest. These rotations will allow students to further focus their professional development and performance as future osteopathic physicians. Students are strongly encouraged to utilize this time to choose electives at sites with residency programs of interest, strengthen areas of weakness or obtain further training that will help them transition into residency. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.
Independent study electives will also be available to enhance student learning during the fourth year. They will immerse the student in a learning environment without the restrictions of a live, clinical rotation attendance policy. Students are permitted to do two (2) of these independent study electives in their fourth year.

**OMED 870: Residency Development (RD)**

Students participate in a series of learning models that prepare, refine, and measure students' acquisition of knowledge and skills required during fourth year clinical rotations and beyond. Areas include refining approaches to the humanistic and biomedical domains of a patient encounter, approaches to leadership within the medical setting, and specific preparation for application to residency. The summative assessment (e.g., OSCE) yields critical information in determining the students’ acquisition of knowledge and skills to prepare for standardized examinations and ultimate clinical care. Such assessment will evaluate critical thinking, decision-making, and problem-solving skills expected to develop during the third year clinical rotations. This exercise will allow the Office of Clinical Affairs to further identify individuals who may need special emphasis or remediation to prepare for national licensing examinations and the fourth year. This process allows students to achieve a level of competency of knowledge and clinical skills for the completion of the fourth year graduation requirements and transition to residency.

**OMED 880: International/Underserved Rotation**

The International/Underserved Medicine rotation will take place in the outpatient and hospital settings and will offer a unique experience to the students because of the distinctive set of problems and challenges facing the practicing physician in those locales. The goal of this experience is to provide students an opportunity to enhance their knowledge, skills, and attitudes that are essential to a successful and satisfying practice in this setting. By developing an understanding of the personnel and material requirements of an I/U practice, developing a sensitivity to cultural differences, identifying community medical needs, providing care services, and understanding the physician's role in the community, this rotation will provide a sound grasp of the core competencies. The I/U rotation will be evaluated and approved by the Associate Dean for Clinical Affairs and the Chair of Community and Global Health, based on availability, rotation schedules, and academic performance. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

**OMED 890: Elective Sub-Internship (SUB I)**

This rotation is generally pursued in the field appropriate to the student’s career interest. Students will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending physicians. Subsequent management will be the responsibility of the student in conjunction with the resident and attending physicians.
Students will write daily progress notes, perform indicated procedures on their patients, and interact with consultants and ancillary services as appropriate. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 892: Primary Care Sub-Internship (SUB I)

This rotation is pursued in the Primary Care field. Students will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending physicians. Subsequent management will be the responsibility of the student in conjunction with the resident and attending physicians.

Students will write daily progress notes, perform indicated procedures on their patients, and interact with consultants and ancillary services as appropriate. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 894: Medical Selective Sub-Internship (SUB I)

This rotation is pursued in the Medical Selective field. Students will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending physicians. Subsequent management will be the responsibility of the student in conjunction with the resident and attending.

Students will write daily progress notes, perform indicated procedures on their patients, and interact with consultants and ancillary services as appropriate. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

OMED 896: Surgical Selective Sub-Internship (SUB I)

This rotation is pursued in the Surgical Selective field. Students will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending physicians. Subsequent management will be the responsibility of the student in conjunction with the resident and attending.

Students will write daily progress notes, perform indicated procedures on their patients, and interact with consultants and ancillary services as appropriate. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.
APPROVED ELECTIVES:

Anesthesiology
This rotation provides the student with a broad and comprehensive exposure to Anesthesiology. Each student will be involved with all aspects of the pre-, intra-, and post-operative care of patients under direct clinical supervision. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

Emergency Medicine
This rotation builds on the introduction to the Emergency Medicine and exposes students to trauma and greater complexities of emergency care. The student will be assigned more complex patients where their advanced diagnostic skills will allow them to 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 to ensure they achieve a diverse experience. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

Family Medicine
The Family Medicine elective will allow students to expand their involvement in patient care and enhance their experience with primary care. The student will receive a well-rounded understanding of the day-to-day operations of a family practice. Students will be given the opportunity to evaluate patients and carry out appropriate treatment under the guidance of physician faculty. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

Cardiology
This is an elective rotation within the Internal Medicine department. This rotation will emphasize physical diagnostic skills, and therapeutic cardiac procedures as related to the cardiac care of the patient. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

Critical Care/Intensive Care
This rotation provides the student with experience in ventilator management, as well as hemodynamic monitoring. Students will be involved in the initial diagnostic work up and evaluation of each patient admitted to the ICU. The student will be required to make rounds with the ICU physician daily or more frequently as needed. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.
Gastroenterology
This is an elective rotation within the Internal Medicine department. The student will learn and be given the opportunity to formulate a differential diagnosis by assimilating clinical findings, lab results and procedures. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

General Internal Medicine
The General Internal Medicine elective rotation will expand the student’s knowledge and competency in Internal Medicine by working as a team with the intern and resident physicians in managing hospitalized patients. Students will oversee the management of patients under the supervision of the attending physician. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

Medical Spanish (Independent Study)
This independent study elective will introduce conversational and medically relevant Spanish phrases and terminology for the healthcare professional with limited proficiency in Spanish. Upon completion of this course, students will be able to greet the patient and introduce themselves and other members of the medical team to the patient, interpret basic responses from the patient, communicate and identify basic anatomical terminology, take a basic history of the present illness to determine the chief complaint and relevant information, conduct a general physical exam and communicate key findings to the patient.

Pulmonology
This is an elective rotation designed to combine bedside rounds and teaching in the pulmonary laboratory. Students will learn to correlate pulmonary function tests with clinical findings. The student will participate in bronchoscopy and gain knowledge in diseases such as COPD, pneumonia, pulmonary fibrosis, asthma, ARDs, and other pulmonary conditions. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

Pathology/Laboratory Medicine
This elective rotation provides the student the opportunity to understand how lab tests are ordered and utilized most effectively in evaluating patients. The student will observe day-to-day operations of the lab, such as clinical chemistry, hematology, microbiology, blood bank and immunology. The student will become familiar with the various tests available and develop appropriate test ordering skills. The educational format will include review of test profiles, analysis of other laboratory data and clinical case studies with an emphasis on cost effective laboratory utilization. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.
Nephrology
This elective rotation provides the student with the opportunity to learn the basic principles of evaluation and management of clinical renal syndromes and hypertension. An emphasis will be placed on the recognition, evaluation, and treatment of acid-based and fluid electrolyte disorders. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

Osteopathic Manipulative Treatment
This elective rotation will advance the student’s application of osteopathic principles and treatment. The rotation will incorporate medical and structural exam findings, objective criteria and techniques to treat somatic dysfunction. Evaluation of students by attending physicians is performed during patient care on a regular basis in order to affirm competency. The student is expected to participate in patient care, teaching rounds, educational conferences and lecture/lab sessions.

Ophthalmology
This elective rotation will expose the student the basic knowledge of examination and diseases of the eye. The student will gain basic information regarding treatment and triage of diseases and injuries of the eye. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

Orthopedic Surgery
The objective of this rotation is to give the student the opportunity to gain a better understanding of the structure and function of the musculoskeletal system. The student will take part in consultations, rounds, surgical procedures and post-operative care. The student will also have the opportunity to participate in trauma cases in the emergency department. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

Psychiatry/Behavioral Health
This elective rotation provides students with a more advanced knowledge base and experience in the assessment and treatment of psychiatric patients. The student works with the attending physician in both inpatient and outpatient settings. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

Radiology
During this rotation, students expand their knowledge with respect to radiographic procedures, anatomy and physiology of organ systems and pathologic processes as shown on diagnostic radiology studies. Students will expand their ability to select procedures most appropriate in the diagnoses of their patients. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.
**Radiology (Independent Study)**

This independent study elective utilizes a significant amount of online module learning to help students develop a basic understanding of the principles and applications of medical imaging. The course focuses on a patient-centered approach to imaging and helps students build clinical problem-solving skills by utilizing the American College of Radiology Appropriateness criteria.

**Research (Independent Study)**

The goal of this independent study elective is to provide the student an opportunity to engage in mentored hands-on research and scholarly activity to enhance evidence-based thought processes. This rotation is open to novice or experienced researchers. The research and scholarly activity can assume different types and includes, but is not limited to, a retrospective chart review study, survey study, meta-analysis, critical literature review, case report, quality improvement project, medical education topic, basic science discoveries, or a clinical investigation. A student can be engaged in various parts of the research process. Institutional Review Board approval is necessary for research and some types of scholarly activity.

**Surgery/General**

Through participation in this rotation, the student will increase their knowledge base in preoperative, intra-operative and postoperative care. They will be working under the direct supervision of residents and attending physicians to learn/apply operative techniques, anatomy, physiology, and pathology. The student also has an opportunity to expand his/her manual skills while assisting in surgery. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

**Surgery/Vascular**

After completion of a General Surgery rotation, students may elect to do a Vascular Surgery rotation. In addition to assisting in surgery, the student will also partake in daily rounds, consults, and time spent in the surgeon’s office. This rotation will expand on previously-learned surgical skills, giving the student an opportunity to work with the vascular surgeon. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

**Surgery/Plastic and Reconstructive Surgery**

This is a fourth year surgical selective and the student must have successfully completed a General Surgery rotation. The training in this area will include repair, replacement, and reconstruction of defects in form and function. Emphasis will be placed on multiple components of plastic and reconstructive surgery, such as skin and soft tissue tumors, hand surgery and aesthetic surgery. The student is expected to participate in patient care, teaching rounds, educational conferences and lectures.

The most up to date list of elective and selective rotations, along with their course descriptions and syllabi are maintained on the MYCUSOM intranet.
6.4 Curricular Integration of OPP and OMM

CUSOM provides opportunities for integration of osteopathic philosophy, principles, and practices, including didactic and hands-on activities, through all four years of the curriculum. Students 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

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

The first year course will begin with the history of osteopathic medicine, research efforts in osteopathic medicine, body landmarks, and the introduction of anatomical and physiological principles of osteopathic medicine. Students will also learn the neuromusculoskeletal basis of disease and how it integrates with basic sciences such as anatomy, physiology, biochemistry, etc… In addition, students will learn and practice various osteopathic manipulative treatments such as including soft tissue techniques, muscle energy, counterstrain, high-velocity, low amplitude (HVLA) and myofascial release techniques to manage certain disease states.

Year Two

Each student will receive a minimum of ½ day per week of lecture and hands-on OMM instruction that is under the supervision of an American Osteopathic Board of Neuromusculoskeletal Medicine Board Certified physician and with the assistance of DO faculty table facilitators (approximate faculty to student ratio 1:10).

Throughout the second year, the students will gain a deeper understanding of body system dysfunction and homeostasis and the role of osteopathic manipulative medicine in managing disease entities throughout the various body systems 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 review students on common techniques used to manage conditions such as short lower extremity, tension and migraine cephalgia, and cervical/thoracic/lumbar dysfunctions.

Years Three and Four

CUSOM has taken a structural, rather than a functional, approach to osteopathic (OMM) integration in the clinical years. The assessment of the cognitive learning and practical application of osteopathic manipulation will consist of evaluation and assessment of students’ psychomotor learning through practical hands-on and oral evaluations under the supervision of clinical faculty. This will assist students in their preparation for both the COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE exams.
Participation in a “hands on” OMM experience is included during the third and fourth year clinical rotations, Call Back Fridays and Residency Development month. Osteopathic education plays a key role in the entire curriculum and students will gain an understanding of the osteopathic profession regarding all aspects of health care.

OMM COMAT Requirement: Osteopathic manipulative medicine reading assignments are included in each of the relevant core rotations throughout the course of the 3rd year of training. Students are required to complete these reading assignments concurrently with all other assigned modules for each rotation. The information contained in the OMM reading assignments are assessed using the OMM COMAT scheduled during Residency Development Month. Students are required to take and pass the OMM COMAT within two (2) standard deviations of the mean.

Osteopathic medical knowledge consists of:

- Concepts basic to osteopathic health care including: the self-healing tendency/processes, the unity of the organism in its environment, and the indications and application of osteopathic diagnostic and therapeutic manipulative processes, and when and how to apply them.
- The philosophy and principles of osteopathic medicine.
- The history, growth, and development of the profession.
- The effects of growth, development, and aging on the musculoskeletal system (normal and variations of normal).
- Topical anatomy and neuroanatomy correlated with structural anatomy.
- Anatomical structures and their inter-relationships within the musculoskeletal system.
- Most frequently encountered structural anomalies and functional abnormalities in the musculoskeletal system at each age 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 assessment techniques suitable for each age group/situation.
- Primary somatic changes resulting from anatomical syndromes and their relationship to other syndromes.
- The applications of osteopathic philosophy and principles in special situations within the life cycle.

Students will develop a deeper understanding of the following osteopathic principles:

- The relationship of the philosophy and principles of osteopathic medicine to concepts of health and disease.
- The relationship of the philosophy and principles of osteopathic medicine to patient management.
- The relevance of the philosophy and principles of osteopathic medicine to situations in each of the various specialty-specific conditions.
- The impact of the philosophy and principles of osteopathic medicine on the practice of sub-specialty areas.
During the third and fourth year, students are required to demonstrate:

- Application of basic osteopathic concepts to health care (diagnosis, treatment, variations, indications, and applications).
- 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, body habitus).
- A recognition of the relationship of disease/disorder of the musculoskeletal system to total well-being.
- Writing of appropriate orders and progress notes relevant to the use of Osteopathic Manipulative Treatment.

During clinical rotations, students and preceptors comprise the primary audience 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 clinical rotations, students are required to return to CUSOM on the last Friday (Call Back Friday) of the following core clinical rotations: Family Medicine, Internal Medicine II, Obstetrics, Pediatrics, Psychiatry, Surgery and Emergency Medicine. During these sessions, students take end-of-rotation exams, clinical skills and OSCE experiences are given, and a variety of professional seminars conducted. Students returning from their pediatric and psychiatry rotations are also required to participate in Osteopathic Principles and Practice OSCE sessions (with debriefing sessions in the OMM Lab). 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 (or comparable) exam (for designated rotations) from 8am–noon then, in the afternoon, students participate in OSCEs (including OMM specific OSCEs) and Simulation lab activities relevant to the student’s upcoming rotation or other educational session as described above.

Fourth Year Call Back Requirements: Attendance and active participation in a minimum of two (2) on-campus Call Back Friday Simulation/OSCE workshops during residency development month and emergency medicine required rotations. Students are encouraged to attend additional Call Back OMM workshops. During Residency Development Month, students are required to perform an OMM specific OSCE in a simulated outpatient setting. Students returning to campus to take their core emergency medicine end of rotations exam are required to attend an OMM workshop structured to help them develop strategies for integrating OMM into their post-graduate education.
6.5 Juris Doctor and Doctor of Osteopathic Medicine (JD/DO) Dual Degree Program

Campbell University offers a six-year combined program of study (JD/DO Dual Degree Program) leading to awarding of both the Juris Doctor (JD) degree and the Doctor of Osteopathic Medicine (DO) degree upon successful completion of all requirements. One goal is to complete the program in six years, thereby reducing the amount of time it would otherwise take to earn these two degrees by one calendar year.

This program is designed for those students who wish to pursue both the Juris Doctor and Doctor of Osteopathic Medicine degrees by reducing the amount of time it would otherwise take to earn these two degrees. Campbell JD/DO graduates will most likely practice in just one of the professions; however, their studies will provide them with exceptional insights into today’s complex medico-legal issues. This program is a rigorous and demanding program; enrollment will be limited to those students meeting the criteria for both Campbell University School of Law and Campbell University School of Osteopathic Medicine Admissions Standards.

Students admitted to the JD/DO program complete both degrees in six years typically, beginning their studies in the Campbell University School of Law. During the first year, the student would begin law school studies during the Summer Semester followed by law school classes in fall, spring and summer semesters. The second year, the student would begin medical studies at Campbell University School of Osteopathic Medicine and complete three years in medical studies before returning to the law school.

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

North Carolina has six ABA-accredited law schools:

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

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

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

CUSOM is the only osteopathic medical school in North Carolina, and the JD/DO program is unique. In North Carolina, at the time of this Bulletin only Duke University has a similar dual-degree program. In the United States, the only other osteopathic medical school with a similar joint degree program is Rowan University is New Jersey.
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," see [www.campbell.edu/registrar/family-education-rights-and-privacy-act-ferpa](http://www.campbell.edu/registrar/family-education-rights-and-privacy-act-ferpa). Campbell University will release information only with the student’s written consent or in compliance with federal law and regulation.

The CUSOM Registrar’s Office 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, Standardized test scores, the student’s application for admission, general correspondence with the student, and if applicable letters concerning misconduct. Upon appointment with the Registrar, a student may examine their transcript and contents of their permanent record. University officials with access to the student’s educational records are the President, Provost, Academic Deans, Registrar, Director of Student Affairs, and designees of these University officials with a legitimate educational interest in the record.

Campbell University guarantees each student certain rights in compliance with FERPA. These include the right to or protection from:

- “Inspect and review their education records.”
- “Challenge in a hearing the content of their education records, to ensure that they are not inaccurate, misleading, or in violation of their privacy rights.”
- “Be granted an opportunity to correct or delete any inaccurate, misleading or inappropriate information contained in their education records.”
- “Nondisclosure without prior consent of their educational records, or of any information in those records that could reasonably reveal the eligible student’s identity.” FERPA does allow nonconsensual disclosures of education records under specific limited circumstances.
- “Request nondisclosure of directory information without prior consent.” (Source: The FERPA Answer Book for Higher Education, 2009 Wiley Periodicals, Inc.) Campbell University will receive and consider any eligible student’s request to exercise these rights. Eligible students requesting hearings concerning amendments must make these requests in writing.
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/fpco/ferpa/students.html](https://ed.gov/policy/gen/guid/fpco/ferpa/students.html)

8. FACILITIES AND CAMPUS POLICIES

8.1 Campus Safety and Emergency Services

The Campbell University Campus Safety Office is composed of both Harnett County and University personnel. Through a contracted relationship with the Harnett County Sheriff’s Office, a Sheriff’s Department Captain currently serves as the Director of Campus Safety. A substation of the Harnett County Sheriff’s Department is headquartered in the University’s Campus Safety Office on Leslie Campbell Avenue.

Deputies are assigned for the purpose of providing 24-hour-a-day, seven-day-a-week police protection of the entire University campus including CUSOM. Campus Safety officers will provide coverage on the medical school property for lockup, unlocking and emergency response utilizing onsite personnel.

The Campus Safety Department maintains the safety and physical security of the campus through enforcement of local, state, and federal laws. It also conducts crime prevention awareness programs. Additionally, it establishes and enforces traffic and parking regulations.

There are four 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/](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 (Security) (910) 893-1804
- Smith Hall of Nursing and Health Sciences (Security) (910) 893-4026
- Campbell University Parking (910) 893-1550
  https://www.campbell.edu/campus-safety/parking/
- Campbell University Community Health Center (910) 893-1560
- Dr. Daniel Marlowe, Director of Behavioral Health (914) 814-4959
  https://www.campbell.edu/health-center/services/behavioral-health-services/
- Dr. Jeffrey Krepps, Assistant Director of Behavioral Health (910) 893-1741
  https://www.campbell.edu/health-center/services/behavioral-health-services/
- Dr. Monica Stanton, Director of Clinical Services (910) 893-7830
  https://www.campbell.edu/health-center/services/behavioral-health-services/
- Samantha Norelli, Behavioral Health Clinician (910) 893-1780
  https://www.campbell.edu/health-center/services/behavioral-health-services/
- StudentLinc Counseling
  https://www.mystudentlinc.com/
- Carolinas Poison Control Center (800) 222-1222
- Harnett Health System (910) 892-1000
  o Betsy Johnson Regional Hospital, Dunn
  o 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. In an emergency, students should access EMS and the 911 dispatch system.

If students on clinical rotations away from CUSOM need health services, they should refer to the site-specific or rotation-specific guidelines for incident reporting and accessing health care found in the Clinical Rotation Manual.

Further information may be found at https://www.campbell.edu/health-center/.
8.3 Weapons

The use, possession, carrying, or discharging of any weapon as defined and prohibited by North Carolina Law (NCGS §14-269.2) on the campus of Campbell University, any of its extended campuses, or in conjunction with any curricular or extracurricular activity sponsored by the University is prohibited unless otherwise permitted by the Board of Trustees.

Firearms are prohibited on the campus or in any building owned and operated by Campbell University, except those carried by on-duty law enforcement personnel. Knives, bows and other weapons are also prohibited.

Students who violate this policy are subject to disciplinary action up to and including Suspension or Dismissal from the program.

8.4 Smoking Policy

Smoking or use of any tobacco product is prohibited in all University-owned buildings. There is to be no smoking or use of any tobacco products within 50 feet of any building entrance, including doors, windows, and air-intake systems. There will be no smoking or use of any tobacco products in any University vehicle. Tobacco users will properly dispose of any waste products in the proper manner. The Health Sciences Campus is a tobacco-free campus.

8.5 Alcohol and Drugs

Alcoholic beverages may not be served or consumed on the CUSOM campus and the illegal use or abuse of drugs or alcohol will not be tolerated whether on or off campus.

Consistent with its Mission, CUSOM will utilize educational strategies as the primary approach to substance abuse regulations, prevention and treatment. However, any violation of local, state, or federal laws will be subject to prosecution to the fullest extent of the law and school policy. Students who violate this policy are subject to disciplinary action up to and including Suspension or Dismissal from the program.

8.6 Library and Facilities

CUSOM students and faculty are served by two libraries: Wiggins Memorial Library and Campbell University Medical Library. Wiggins Memorial Library and Campbell University Medical Library work cooperatively to collect and curate an extensive electronic medical library. Thanks to this digital collaboration, CUSOM students enjoy access to an outstanding and constantly evolving electronic collection which includes thousands of full textbooks, journals, databases, videos, diagnostic decision support programs and other evidence-based resources.

Wiggins Memorial Library, which is located on Campbell’s main campus, is a busy and important hub of campus life. Its extensive collection includes thousands of books, journals, multimedia resources, databases and microforms. In addition to full-service reference services, Wiggins provides computer access, copier/printers, quiet study space and meeting rooms. When the CUSOM Medical Library is closed, Wiggins
Memorial Library has an overnight study area available. Wiggins Memorial Library also houses the College of Pharmacy and Health Sciences’ Drug Information Center and a full-service Starbucks.

The 2,190 square foot Campbell University Medical Library is conveniently located on the second floor of the Leon Levine Hall of Medical Sciences, adjacent to the lecture halls. The Medical Library provides CUSOM students and faculty individualized research training and assistance, and is staffed by medical librarians who work directly with the main campus library.

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. Additional information concerning the CUSOM Medical Library may be found at:

https://medicine.campbell.edu/student-experience/location-facilities/medical-library/

8.7 CUSOM Information Technology and Educational Resources

The Acceptable Use Policy for Information Technology (IT) and Network Resources at CUSOM provides, promotes, and establishes the secure, ethical and legal use of data, devices, and electronic communications for all constituents of the institution. This includes staff, faculty, students, alumni, and guests. It is governed by institutional policies, as well as local, state, and federal laws relating to security, copyrights, and other statutes regarding electronic media. Please refer to institutional policy on the Campbell University web site at: https://www.campbell.edu/student-services/computing-services/policy/ for full disclosure.

8.8 Information Technology Resources and Computer Information  CUSOM Helpdesk

The CUSOM Helpdesk is staffed by a technical support team that provides prompt, knowledgeable and courteous computing support services over the phone, in person, and via email to the CUSOM community. The Helpdesk aims to resolve 80% of all interactions on the first call. If this is not possible, the inquiry is either escalated to another staff member or staff provides alternative referrals or resources. If the problem or request concerns an unsupported operating system, hardware, software, or service, staff will do their best, to suggest other avenues of support.
Student Responsibilities

When students contact the Helpdesk, they should:

• Be prepared to spend the time required to resolve the issue
• Be at the computer for which they are asking help
• Have their Campbell ID and phone number available
• Abide by the Helpdesk policies as stated by the Helpdesk Specialist

Helpdesk Contact Information

The Helpdesk may be contacted by calling (910) 893-7911 (or extension 7911 on campus), sending an e-mail to cusomhelpdesk@campbell.edu or stopping by the IT workroom (number 171) in the South building of Levine Hall. The Helpdesk web page is available at: https://www.campbell.edu/information-technology-services/help-desk/

Helpdesk Staff Availability and Response Time

The Helpdesk is staffed from 7:30 am to 5:30 pm Monday through Friday. If a Helpdesk Specialist is not immediately available via telephone, the customer may leave a voice mail message or access the Helpdesk via email or through the website. Voicemail received during normal business hours are generally responded to within two (2) hours. At times, there are University-wide issues that may cause heavy call volumes and 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.

Email and the Internet

Campbell University provides email and Internet access to faculty, staff, and students for educational and research purposes. The Campbell University Technology Usage Policy outlines the expectations for and restrictions of using these and other forms of electronic communication while on the Campbell University Network. https://www.campbell.edu/information-technology-services/acceptable-use-policy/. Student email accounts provided by Campbell University are the property of Campbell University, the Internet system is owned by Campbell University, and use is by the permission of Campbell University.

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/. This site contains useful tools and information, including, but not limited to calendars, policies, forms, links to resources, and many other tools to assist students, faculty and staff in optimizing daily activities.

**Information Technology**

The Internet connection is provided as a privilege, not a right. It is the student’s responsibility to adhere to all University policies. The network facilities are for the use of Campbell University students, faculty and staff and are limited to educational, academic, research and business purposes of the University only. Campbell University reserves the right to alter access, and availability of access, at any time and for any reason.

Students may not use any software or hardware designed to disrupt the security of the campus network or any devices attached to the network. Likewise, students may not engage in any activities designed to interrupt or intercept the network traffic of other users.

**Students may not:**

- Use University resources to support personal business interest(s).
- Sell or provide access to Campbell University networks to outside sources.
- Use University connections to engage in software piracy, copyright infringement, email abuse, other illegal activities and/or for-profit ventures. Any violation of these regulations may be investigated by law enforcement officials.
- Activate any type of shared file service or access to their personal computer by anyone other than themselves.
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 the 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/information-technology-services/. Violations of these regulations will be reported to the appropriate dean and/or department with appropriate disciplinary action to be taken.

If a student has reason to believe another user or group of users is interfering with access to the University network, he/she must report the problem to the Office of Student Affairs. Campbell University/CUSOM administrators will investigate and, if necessary, take corrective action.

Campbell University reserves the right to monitor traffic through any data connection for the purpose of checking compliance with this agreement.

Wireless broadcasting devices of any kind may not be used in any Campbell University building. Such devices including but not limited to wired or wireless routers and access points will be confiscated and the student may lose his/her network privileges if found in violation of this policy.

By connecting a computer 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: https://www.campbell.edu/information-technology-services/.
Assistance may be accessed through the CUSOM IT Department, or through the following:

cusomhelpdesk@campbell.edu
https://www.campbell.edu/information-technology-services/help-desk/
Extension 7911
(910) 893-7911
1-(800) 334-4111 Ext: 7911

8.9 Information Access and User Privacy

Private Machines Connected to the University Network

Electronic mail (email) and other information passing over the University network, including information stored in user accounts and computers, are considered to be private and confidential. Although this type of information must be accessed by system personnel for the purpose of backups, network management, etc., the content of user files and network transmissions will not be viewed, monitored, or altered without the express permission of the user except in the following circumstances:

• The University has reason to believe that an account or system has been breached and is being used by someone other than the authorized user.
• The University has received a complaint that an account or system is being used to gain unauthorized access or to attempt to gain unauthorized access to another network site.
• The University has reason to believe than an account or system is being used in violation of University policy or 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

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The University reserves the right to monitor the use of institutionally owned resources. Alleged inappropriate use of technology resources will be investigated. In instances of misuse, appropriate disciplinary actions, to include legal action, will be taken.

Copies of the Acceptable Use Policy are included in official University publications including, but not limited to, the graduate and undergraduate catalogs, staff/faculty/student handbooks, and selected course syllabi. The Acceptable Use Policy is also posted on the University’s policy web page. https://www.campbell.edu/information-technology-services/acceptable-use-policy/

**Eligible Users**

Only the following properly authorized persons may access Campbell University computing facilities:

- Undergraduate, graduate, and professional students currently enrolled in Campbell University courses
- Non-degree seeking and special students currently enrolled in Campbell University courses
- Campbell University faculty (full and adjunct), staff, and administration
- Designated alumni
- Official guests of the President and the University
- Individuals formally associated with the University, upon verification of the appropriate dean and/or administrator

**Original Work by Students Using Campbell University Technology Resources**

Original works created by students using Campbell University technological resources are the property of the creator. With the notable exceptions of the processes normally associated with grading, critique, assessment, and lecture or classroom illustrations, no other student, faculty, 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 materials (hereafter including PowerPoints, Handouts and Lecture Recordings) are distributed for the exclusive use of students in the Jerry M. Wallace School of Osteopathic Medicine. Student access to and use of materials are conditioned on agreement with the terms and conditions set out below. Any student who does not agree to them is prohibited from accessing or making any use of such materials.

Any student accessing materials (1) acknowledges the faculty members’ intellectual property rights and that distribution of the materials violates the CUSOM Copyright Policy; (2) recognizes the privacy rights of fellow students who speak in class; (3) accepts that distributing, posting, or uploading materials to students or any other third party not authorized to receive them or to those outside CUSOM is an Honor Code violation; and (4) agrees that the materials are to be accessed and used only as directed by the faculty member(s) teaching the course. Students are not permitted to take photographs or screenshots of any screens or projected materials during lectures, exams or quizzes. Audio recording are also not permitted outside of what is provided through the recorded Tegrity sessions.
9. **HONOR CODE, GRIEVANCE PROCEDURES AND AOA CODE OF ETHICS**

9.1 Honor Code

The Campbell University Jerry M. Wallace School of Osteopathic Medicine Honor Code of Conduct (CUSOM Honor Code) embodies a spirit of mutual trust, intellectual honesty, and professionalism between the School and the student body, and it is the highest expression of the values shared by the CUSOM and Campbell University communities. The CUSOM Honor Code is based on the fundamental belief that every student is worthy of trust and 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 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 only as a guideline to students.

In general, the founding principles of the CUSOM Honor Code are the established rules and regulations of the CUSOM community. The CUSOM community includes CUSOM, affiliated hospitals, and any institution where CUSOM students pursue activities for academic credit. Violation of these rules and regulations may constitute a violation of the CUSOM Honor Code. In addition, specific examples of behavior that may constitute a violation of the CUSOM Honor Code include, but are not limited to the following:

1) Cheating: Providing, acquiring or receiving any unauthorized assistance or unfair advantage on any form of academic work, or attempt thereof. Sharing information from testing/exams is also considered a form of cheating.

2) Plagiarism: Copying the language, structure, ideas, algorithms, or computer code of another and representing it as one’s own work on any form of academic work or attempt thereof.

3) Falsification: Fabrication of information on any form of academic work or attempt thereof; including but not limited to, the following:
   a) Clinical requirements,
   b) Internships, and
   c) Assignments such as: obtaining patient histories, performing physical exams, ordering or interpreting laboratory tests, documenting and submitting 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, including student small group study rooms.
f) Bringing food into unauthorized areas or hosting food functions without permission.
g) Posting unapproved materials or approved posting materials in inappropriate areas.
h) Parking in inappropriate or reserved spaces.

5) Unacceptable use of technology: Any violation of the acceptable use guidelines as published by the CUSOM IT department. 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 lecture materials and videos outside of CUSOM. Lecture materials, including PowerPoint presentations, and videos contain confidential and proprietary information and material protected by intellectual property laws. Students do not have permission to share them.

6) Unprofessional or unethical behavior: Behavior on or off the CUSOM campus that would or could cause a loss of respect or confidence in the offending student or in the CUSOM community by the public, faculty, staff, colleagues, or the-community-at-large. 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, or his/her designee only. In such cases, the Dean, or his/her designee only must agree to hear the case, and must accept the student’s waiving of a hearing; the Dean, or his/her designee only 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, patients or other students under supervision.
f) Screening tests which show abnormalities including, but not limited, to excessively dilute urine, or screening tests which are positive (i.e., evidence of the substance or showing presence) for alcohol, prescription medications without a valid prescription, or substances which are illegal in the state of North Carolina. Controlled substance screening results are viewed in light of North Carolina and federal laws governing illegal substances. For example, although the use of marijuana is legal in some states, the US Federal Drug Enforcement Agency lists it as an illegal drug. Its use or abuse impairs the ability of a healthcare professional to provide optimal care to patients. As such, the use of marijuana in any form is a violation of University policy. Another example is a breathalyzer result or a blood alcohol concentration sample identifying levels of alcohol above the legal limit in violation of law, such as in a Driving Under the Influence charge. The presence of these substances, regardless of any legal considerations or adjudication by the courts, is considered unprofessional or unethical behavior by CUSOM.
g) Breach of Integrity: Any behavior at any time that is considered a severe lapse in judgment and has the potential to damage the professional, ethical or moral integrity of the CUSOM community. 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, or his/her designee only. In such cases, the Dean or his/her designee 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.
h) A violation of any policy of the University or CUSOM, including but not limited to the American Osteopathic Association Code of Ethics.

9.2 Code of Misconduct

Violations may include, but are not limited to:

- Harassment (other than a violation of the Title IX Policy), harm, abuse, or damage to any person or property in the CUSOM community. This includes knowingly or purposely causing damage to or vandalizing CUSOM community property.
- 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 alcohol, illicit substances, prescription medications without a valid prescription, or substances which are illegal in the state of North Carolina may result in disciplinary action up to and including dismissal. Controlled substances will be viewed in light of North Carolina and federal laws
governing illegal substances. Please note this includes substances which are illegal in the state of North Carolina, but which may be legal in other states.

- Communicating or posting of information or images in a public arena, including written or electronic/Internet communications, which 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, are securely maintained in a confidential file. Such actions become a part of the student's permanent education record but are only released at the written discretion of the Dean. However, as required on the Medical Student Performance Evaluation (MSPE, Dean’s letter), all disciplinary actions are reported.

### 9.3 GRIEVANCE PROCESSES

**Resolution and Grievance Procedure**

CUSOM recognizes the need for students to voice grievances and to seek resolution to problems, disagreements with faculty/administrators, or interpretations of institutional policy. CUSOM also recognizes the responsibility of the student to express their concerns in a professional and ethical manner. Concerns may involve course grades other than a grade reviewed by the APPS Committee, promotion, behavioral issues, financial concerns or issues related to external (e.g. COCA, SACSCOC) accreditation standards and procedures. This grievance process shall not be used to appeal or review violations of the Honor Code or an appeal from the APPS Committee final decision by the Dean or the APPS Committee.

All grievances must be filed in writing to the CUSOM Office of the Dean. All grievance material is securely maintained in the Dean’s Office in a specific student/employee/faculty file as appropriate to the grievance.

Each step of the Resolution and Grievance Procedure generally take two (2) weeks to complete, unless otherwise noted. Extensions or waivers to this timeframe may be granted on a case-by-case basis. Notice of a request for an extension from a student shall be submitted in writing to the Dean within ten (10) calendar days prior to the deadline.

Decisions regarding the request for an extension shall be communicated to the student via letter within two (2) business days of receipt of the request for an extension. Likewise, if CUSOM needs to extend a deadline, the Office of the Dean shall provide said notice ten (10) days before the due date.
Grievance for Academic Resolutions and Appeals

An individual concern that is academic in nature should be first discussed with the immediate instructor or preceptor and must be done in a professional manner. This concern generally includes those that arise from personal conflicts or actions taken against a student individually. For individual concerns, if resolution cannot be reached, the student may, within two (2) weeks of the failed resolution, appeal, in writing to the appropriate Associate Dean for the academic year involved.

If resolution cannot be reached from the prior appeals, the student may, within two (2) weeks of the failed resolution, appeal in writing to the Dean whose decision will constitute the final resolution. The 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 Curriculum or APPS Committee. If a resolution cannot be reached through the normal processes for an acceptable and reasonable request, the Class President may, within two (2) weeks of the failed resolution, appeal in writing to the appropriate Associate Dean for the academic year involved.

If resolution cannot be reached from the prior appeals, the Class President may, within two (2) weeks of the failed resolution, appeal in writing to the Dean whose decision will constitute the final resolution. The 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 course-specific syllabi for information regarding these issues.

Grievance Procedure for Harassment* or Discrimination

Students who feel they are being discriminated against have the right to exercise the Grievance Procedure.

Retaliation against any individual who files a grievance or participates in the grievance process is strictly prohibited. In the event a student or anyone who participated in the grievance process believes they have been subjected to retaliation, that individual may use the Harassment Grievance procedures listed below.
Step One: The Resolution Process

Students who meet the Technical Standards for admission to CUSOM, as described in this Academic Bulletin, and feel they are being discriminated against shall first meet with the Director of Student Affairs to explain their grievance.

The student must schedule a meeting with the Director of Student Affairs within two (2) weeks from the date of the action being grieved or the date the student should have known about the action to initiate this discussion. The grievance complaint must be made in writing and signed by the person filing it. The Director 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.

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 all supporting documentation and a report of the findings. All material shall be filed as previously stated in this procedure.

*Procedures for sexual harassment in violation of the Title IX Policy are separate and can be found at page 9 of this Bulletin. 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;
- A statement explaining how the action is discriminatory or the decision unreasonable if it is a denial of a requested accommodation;
- The name the respondent parties (the person(s)) against whom the grievance is filed);
- An explanation of each respondent is responsible for the action or decision;
- The requested remedy; and
- Identify 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 the Office of the Director of Student Affairs and the Office of the Dean. Upon receipt of the request for a Grievance Hearing, the following processes shall be followed.

- The Dean shall designate the Vice Dean for Academic Affairs to review the case within seven (7) calendar days to see if a peaceful and prompt resolution can be made between the parties. In cases where this cannot be accomplished, the Dean shall appoint a Grievance Hearing Board, including naming a Chair, at the end of the seven (7) days.
- The Grievance Hearing Board shall be appointed by the Dean who shall notify the Grievance Hearing Board in writing, of their appointment and inform them of the date of the hearing. The date of the hearing shall be within fourteen (14) calendar days of the notice. The Dean shall ensure that those participating on the Grievance Hearing Board are not a part of the alleged discrimination or the denial of accommodations. The Grievance Hearing Board shall consist of a Chair, two Associate Deans, two faculty members, one staff member, and one student.
- The Grievance Hearing Board shall hear the grievance by the student. The person filing the grievance, as well as the person against whom the grievance is alleged shall at this time bring all witnesses and/or evidence to the hearing for the Grievance Hearing Board to consider. The Grievance Hearing Board shall also review documentation, including the final report from the Director of Student Affairs relating to the grievance, and, as necessary, shall interview the Director as a witness in the grievance.
Prior to convening the grievance hearing meeting, the Grievance Hearing Board shall be trained on the specific grievance hearing procedures relating to the individual grievance and will be provided with additional educational material as appropriate.

- Following this initial hearing and presentation, if additional information is needed to render a decision, the Grievance Hearing Board may recess for a period of not greater than two (2) weeks. The Grievance Hearing Board, or the Director of Student Affairs at the request of the Grievance Hearing Board, shall conduct further investigation of the alleged grievances. The Grievance Hearing Board may, during this time, meet with CUSOM's legal counsel who has further expertise in the law regarding disability and discrimination.

- The second meeting of the Grievance Hearing Board, which shall occur within a two-week period, shall be to further discuss the grievance, the investigation, the educational materials provided, and the advice of legal counsel. The Grievance Hearing Board may require second interviews with the person filing the grievance or with those whom the grievance is filed against. The Grievance Hearing Board shall make a final ruling at this meeting. Minutes will be taken of all Grievance Hearing Board meetings. A letter shall be sent to the student within fourteen (14) calendar days of the final determination by the Grievance Hearing Board.

**Step Three: Final Appeal Procedure**

The student has the right to appeal the decision of the Grievance Hearing Board to the Dean. The student has thirty (30) 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, including clinical preceptors, 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:

Mrs. Kellie Slappey Notstine  
P.O. Box 95 (Wallace Student Center, Room 237)  
Buies Creek, NC, 27506  
(910) 893-2039  
Fax (910) 893-1534  
nothstine@campbell.edu

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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, including clinical preceptors, or students and staff members are not allowed. Sexual activity is not permitted in any CUSOM setting.

Sexual Harassment

Sexual harassment at the institution is unacceptable behavior and will not be tolerated. Sexual harassment includes sexual advances, requests for sexual favors, and other intimidating verbal or written communications or physical conduct of a sexual nature.

All allegations of sexual harassment will be directed to the University’s Title IX Coordinator for review. The University’s Title IX Coordinator is:

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
Complaints Regarding Non-compliance with American Osteopathic Association (AOA) Accreditation Standards

CUSOM is committed to meeting and exceeding the standards for Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures as described by the Commission on Osteopathic College Accreditation (COCA). A copy of the standards is available upon the request from the Office of the Dean or at the AOA COCA’s website at: www.osteopathic.org. 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 thirty (30) days of receipt of the ad hoc committee results and deliver such plan to the Dean with a copy to the ad hoc committee. If corrective action is not indicated, the ad hoc committee will inform the complainant of their results.
- Records of all proceedings regarding complaints will be maintained by the Office of Student Affairs.
- In the event that the student complainant is not satisfied with the ad hoc committee determination or correction action, the student may appeal the decision to the Dean.
- In the event that the student complainant is not satisfied with the ad hoc committee determination or corrective action, the student may communicate the complaint to:

  COCA Assistant Secretary  
  Commission on Osteopathic College Accreditation  
  American Osteopathic Association  
  142 East Ontario Street Chicago, IL 60611-2864  
  Email: predoc@osteopathic.org  
  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 institution, CUSOM requires that all students read and adhere to the following code of ethics.

All students and physician faculty are required to follow the code of ethics as adopted by the American Osteopathic Association (AOA), and as listed below:

**Section 1.** The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. The physician shall divulge information only when required by law or when authorized by the patient.

**Section 2.** The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

**Section 3.** A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient; therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients because of the patient's race, creed, color, sex, national origin or handicap. In emergencies, a physician should make her/his services available.

**Section 4.** A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

**Section 5.** A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

**Section 6.** The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

**Section 7.** Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities, which are false or misleading.
Section 8. A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

Section 9. A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.

Section 10. In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

Section 11. In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable osteopathic hospital rules or regulations.

Section 12. Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no discipline/department of professional fees for referrals of patients.

Section 13. A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

Section 14. In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

Section 15. It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

Section 16. Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.
Formal Federal Agency Grievance Procedures

Students with grievances or complaints against CUSOM based upon violations of Section 504 or the ADA also have the right to file a complaint with the Office for Civil Rights by:

Mailing the grievance or complaint to:

U.S. Department of Education
Office of Civil Rights
400 Maryland Avenue SW
Washington, DC 20202-1100; or

Faxing it to the Director at (202) 453-6012; or

Filing it electronically at:
http://www.ed.gov/about/offices/list/ocr/complaintprocess.html

For more information, students can contact the Office for Civil Rights 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 clinical practice experience.
- The words “University” and “School” refer to Campbell University and the Campbell University School of Osteopathic Medicine, respectively.
- The word “day(s)” refers to official school days — not holidays, weekends or summer session. The exception to this is in regards to days identified in the policies regarding leave of absence, withdrawal, and suspension, in which case “days” refer to calendar days, not school days. This distinction is clarified in the corresponding sections by utilizing the term “calendar” days.