



**CAMPBELL**  

---

**U N I V E R S I T Y**  

---

JERRY M. WALLACE  
SCHOOL OF OSTEOPATHIC MEDICINE

# **Academic Bulletin**

## **2014-2015**

Revised and approved, April 10, 2012  
Last revised, December 3, 2014

## Contents

STATEMENTS OF COMPLIANCE.....	5
FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974.....	5
REHABILITATION ACT OF 1973 .....	5
TITLE IX OF THE EDUCATION AMENDMENTS OF 1972 (20 U.S.C. §§ 1681, ET SEQ) .....	6
WELCOME FROM THE DEAN .....	7
1. GENERAL INFORMATION .....	8
1.1 CAMPBELL UNIVERSITY ADMINISTRATION.....	8
1.2 CUSOM ADMINISTRATION AND ADMINISTRATIVE POSITIONS .....	8
1.3 CUSOM MISSION STATEMENT.....	9
GOALS, VISION, AND OBJECTIVES OF THE SCHOOL OF OSTEOPATHIC MEDICINE.....	9
1.4 HISTORY AND BACKGROUND OF CAMPBELL UNIVERSITY .....	10
1.5 SCHOOL OF OSTEOPATHIC MEDICINE ACCREDITATION.....	10
1.6 OSTEOPATHIC HISTORY .....	11
1.7 OSTEOPATHIC OATH.....	11
2. ADMISSION TO THE SCHOOL OF OSTEOPATHIC MEDICINE.....	13
2.1 ADMISSIONS PROCESS .....	13
2.2 NON-DISCRIMINATION ADMISSION POLICY .....	14
2.3 MINIMUM REQUIREMENTS FOR ADMISSION .....	14
2.4 APPLICATIONS DEADLINE.....	15
2.5 EARLY DECISION ADMISSIONS TRACK .....	15
2.6 APPLICATION PROCESS .....	16
2.8 TRANSFER APPLICANTS.....	17
2.9 TRANSFER OF CREDIT .....	18
2.10 CLASS (CREDIT) WAIVERS.....	18
2.11 TRANSFERS FROM LCME ACCREDITED SCHOOLS OF MEDICINE.....	18
2.12 INTERNATIONAL STUDENT APPLICANTS .....	19
2.13 TECHNICAL STANDARDS FOR ADMISSION TO CUSOM .....	19
2.14 AMERICANS WITH DISABILITIES ACT .....	21
2.15 CUSOM MATRICULATION AND ENROLLMENT POLICIES .....	22
3. STUDENT EXPENSES AND FINANCIAL AID.....	24
3.1 APPLICATION FEE.....	24
3.2 ACCEPTANCE FEE .....	24
3.3 TUITION AND FINANCIAL AID .....	24
3.4 REFUND POLICY.....	25
3.5 STUDENT SCHOLARSHIPS.....	26
4. STUDENT POLICIES AND SERVICES .....	29
4.1 HEALTH INSURANCE .....	29
4.2 IMMUNIZATIONS .....	29
4.4 COUNSELING SERVICES .....	30
4.5 SUBSTANCE ABUSE SCREENING PROTOCOL.....	32

4.6	INFECTION CONTROL .....	33
4.7	OSHA AND HIPAA TRAINING.....	35
4.8	PROFESSIONAL LIABILITY INSURANCE .....	35
4.12	EXERCISE AND FITNESS .....	36
4.13	JAVA CITY COFFEE CAFÉ .....	36
4.14	BANKING.....	36
4.15	POSTAL SERVICES .....	36
4.16	STUDENT CENTER .....	36
4.17	STUDENT CLUBS AND ORGANIZATIONS.....	36
4.18	STUDENT PARKING .....	38
4.19	STUDENT LOCKERS .....	38
4.20	STUDENT CONDUCT .....	38
4.21	ACCOMMODATIONS POLICY.....	40
5.	ACADEMIC INFORMATION AND POLICIES .....	42
5.1	ADVISING AND FACULTY ACCESS .....	42
5.2	ATTENDANCE.....	42
5.3	DRESS CODE POLICY .....	45
5.4	GLOBAL ASSESSMENT .....	46
5.5	CREDITS, GRADING, AND GRADE POINT AVERAGE (GPA) .....	46
5.6	ACADEMIC STANDING AND ACADEMIC PROGRESS .....	52
5.7	NATIONAL BOARD EXAMS.....	53
5.8	ACADEMIC PROBATION .....	55
5.9	MODIFIED COURSES OF STUDY .....	55
5.10	ACADEMIC PERFORMANCE, PROMOTION AND STANDARDS (APPS) COMMITTEE .....	56
5.11	WITHDRAWAL/LEAVE PROCEDURES .....	60
5.12	GRADUATION REQUIREMENTS .....	62
5.13	DELAYED GRADUATION POLICY .....	63
5.14	CLINICAL POLICIES AND PROCEDURES.....	63
5.15	ACADEMIC FREEDOM POLICY.....	63
6.	OSTEOPATHIC MEDICINE CURRICULUM.....	65
6.1	YEARS 1 AND 2.....	65
6.2	YEARS 3 AND 4 .....	69
6.3	SCHEDULE OF COURSE OFFERINGS .....	75
6.4	CURRICULAR INTEGRATION OF OPP AND OMM.....	99
7.	EDUCATIONAL RECORDS .....	101
7.1	POLICY STATEMENT ON STUDENT INFORMATION AND EDUCATIONAL RECORDS.....	101
8.	FACILITIES AND CAMPUS POLICIES .....	103
8.1	CAMPUS SAFETY AND EMERGENCY SERVICES .....	103
8.2	HEALTH SERVICES.....	104
8.3	WEAPONS.....	104
8.4	SMOKING POLICY.....	104
8.6	LIBRARY AND FACILITIES.....	105

<b>8.7 CUSOM INFORMATION TECHNOLOGY AND EDUCATIONAL RESOURCES .....</b>	<b>105</b>
<b>8.8 INFORMATION TECHNOLOGY RESOURCES AND COMPUTER INFORMATION .....</b>	<b>105</b>
<b>8.9 INFORMATION ACCESS AND USER PRIVACY.....</b>	<b>108</b>
<b>9.2 HONOR CODE, GRIEVANCE PROCEDURES AND AOA CODE OF ETHICS.....</b>	<b>111</b>

**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.

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

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

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

## **Statements of Compliance**

Campbell University reaffirms its standing policy of nondiscrimination. It is the intention of the University to cooperate as fully as possible with the applicable requirements and provisions of the various state and federal employment, educational, and labor laws, including but not limited to Titles VI and VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, the Americans with Disabilities Act, Executive Order 11246, Sections 503 and 504 of the Rehabilitation Act of 1973, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, the Veterans Employment Opportunities Act of 1998, Title IX of the Education Amendments of 1972 (Title IX), or any other federal or state nondiscrimination laws, rules, or regulations.

The University is committed to administering all educational programs and employment activities without discrimination as to race, creed, ethnicity, color, sex, gender, religion, veteran or military status, national origin, age or disabilities or any other class protected by applicable law. This policy of nondiscrimination is applied to the recruitment, hiring, assignment, retention, and discharge of employees. Employees, students, and applicants 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 a violation of any of the foregoing laws.

Campbell University also maintains affirmative action programs to implement our equal employment opportunity policy. Employees or applicants who wish to review appropriate portions of these affirmative action programs may schedule an appointment to do so by contacting the Vice President for Business and Treasurer at the Buies Creek campus, during normal business hours.

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

Under the provisions of this law, students in post-secondary education have the right to inspect and review their school records, as defined by law. Other than for "Directory Information," Campbell University will release information only with the student's written consent and/or in compliance with federal law and regulation, and will use "Directory Information" in the best interests of the student. "Directory Information" at Campbell University is defined as: name, academic majors and minors, academic classification (freshman, sophomore, etc.), and e-mail addresses.

## **Rehabilitation Act of 1973**

In accordance with Sections 503 and 504 of the Rehabilitation Act of 1973, Campbell University does not discriminate on the basis of handicap in admission or access to, or treatment or employment in, its programs and activities. Inquiries may be directed to James O. Roberts, Post Office Box 97, Buies Creek, North Carolina 27506.

## **Americans with Disabilities Act of 1990 (ADA) as amended (ADAAA)**

Campbell University complies with the provisions of this law. Inquiries may be directed to James O. Roberts, Post Office Box 97, Buies Creek, North Carolina 27506.

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

Campbell University is committed to a policy of equal opportunity for men and women, and as such, does not discriminate on the basis of race, color, ethnicity, sex, gender, age, national origin, religion or disability, or status as a veteran, except where exemption is appropriate and allowed by law in admissions nor in the administration of educational programs, activities, and policies and Title IX requires it not discriminate in such a manner.

Students who believe they have been subjected to discrimination or harassment in violation of this policy should follow the procedure outlined in the Student Handbook for a Title IX violation. Inquiries regarding the application of Title IX and other laws, regulations and policies prohibiting discrimination may be directed to: Mr. Robert C. Cogswell, Jr., Title IX Coordinator, 95 Bolton Rd., Buies Creek, NC, 27506, 910-893-1217/FAX 910-814-4361; cogswell@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; Facsimile: (202) 453-6021; Email: OCR.DC@ed.gov

If you believe you have been the subject of sexual assault, harassment, discrimination, or violence, this should be reported to the Title IX Coordinator. The process involves an immediate initial investigation to determine if there is reasonable cause to believe the nondiscrimination policy has been violated. If so, the University will initiate a prompt, thorough, and impartial investigation. This investigation is designed to provide a fair and reliable determination about whether the university's nondiscrimination 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.

From one year to the next, subtle changes may occur in the content represented in the Bulletin. When students enter the University, the student file is "stamped" with a bulletin year. Thus, students entering Campbell University in the fall semester 2013 are "stamped" with a 2013 starting term. The requirements for that starting term are reflected in the 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 quite worthy in themselves, and of benefit to the community, are not to interfere with that primary function.

## **Approved**

A handwritten signature in blue ink, appearing to read "John M. Kauffman".

Dr. John M. Kauffman  
Dean and Chief Academic Officer

A handwritten signature in blue ink, appearing to read "Ronald W. Maddox".

Dr. Ronald W. Maddox  
Vice President for Health Programs

## Welcome from the Dean



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

Campbell University is located in the heart of eastern North Carolina and a short distance from The Research Triangle, 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 prepare students to be lifelong learners and excellent practitioners.

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

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

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

Sincerely,

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

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

**NOTE:** The Commission on Osteopathic College Accreditation (COCA) decided at its April 21, 2012 meeting to award CUSOM Provisional accreditation status effective July 1, 2012. Provisional accreditation status, as outlined by the COCA, allowed the school to actively recruit students, matriculate new students, and offer a program of medical instruction with an approved osteopathic curriculum. Provisional status can last for no more than five years and can extend until CUSOM graduates its first class in May 2017.

## **1. GENERAL INFORMATION**

### **1.1 Campbell University Administration**

Jerry M. Wallace, B.A., B.D., Th.M., M.S., Ed.D., President

Mark Hammond, B.A., Ph.D., Provost and Vice President for Academic Affairs

Ronald W. Maddox, Pharm.D., Vice President for Health Programs

James O. Roberts, B.A., M.P.A., Vice President for Business and Treasurer, Chief Financial Officer, Campbell University School of Osteopathic Medicine.

Britt Davis, B.A., M.S., Ed.D., Vice President for Institutional Advancement and Marketing.

Dennis Bazemore, B.A., M.Div., D.Min., Vice President for Student Life

### **1.2 CUSOM Administration and Administrative Positions**

Jerry M. Wallace, B.A., B.D., Th.M., M.S., Ed.D., President and CEO

Ronald W. Maddox, Pharm.D., Vice President for Health Programs

James O. Roberts, B.A., M.P.A., Vice President for Business and Treasurer, Chief Financial Officer,

John M. Kauffman, Jr., D.O., Dean and Chief Academic Officer

Michael P. Mahalik, Ph.D., Senior Associate Dean for Academic Affairs and Research, and Associate Dean for Biomedical Affairs

Robert T. Hasty, D.O., Associate Dean for Postgraduate Affairs and Regional Associate Dean

Victoria Kaprielian, M.D., Associate Dean for Faculty Development and Medical Education

Brian A. Kessler, D.O., Associate Dean for Clinical Affairs

Dennis E. Agostini, Ph.D., D.O., Regional Associate Dean

Robin King-Thiele, D.O., Regional Assistant Dean

Mattie Bendall, Executive Director for Student Affairs



### **1.3 CUSOM Mission Statement**

#### **MISSION STATEMENT OF THE SCHOOL OF OSTEOPATHIC MEDICINE**

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

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

#### **GOALS, VISION, AND OBJECTIVES OF THE SCHOOL OF OSTEOPATHIC MEDICINE**

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

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

## **1.4 History and Background of Campbell University**

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

Throughout the University's long and successful history, the mission of Campbell has been to educate students for Christian service throughout the world. The University also introduces students to the option of a Christian world-view and personal development, which is characterized by a wholeness of body, mind, and spirit.

Campbell's unduplicated enrollment for the 2010-2011 academic year exceeded 8,000 students. The main campus in Buies Creek enrolled more than 4,300 students in the 2010-2011 academic year, including 2,900 undergraduate and 1,400 graduate students. In an average year, the student body comes from 90 of North Carolina's 100 counties. Additionally, all 50 states and more than 40 countries of the world are represented in the student body. Sixty-six percent of Campbell's students come from North Carolina and 20 percent are minority students.

The University offers seventy-one undergraduate degree programs, ten master's degree programs, and five doctoral degree programs (Doctor of Osteopathic Medicine, Doctor of Pharmacy, Juris Doctor, Doctor of Ministry, and Doctor of Physical Therapy) in seven schools: Arts and Sciences, Business, Education, Divinity, Law, Pharmacy and Health Sciences, and Osteopathic Medicine. Graduate programs began in 1977 with the Master of Education degree. The Campbell University School of Law was founded in 1976, and the Lundy-Fetterman School of Business opened in 1983. The Schools of Pharmacy and Education were established in 1985. The Divinity School was established in 1996, and the School of Osteopathic Medicine was founded in 2011.

The University occupies an 850-acre campus in the residential community of Buies Creek, North Carolina, located in Harnett County, halfway between North Carolina's thriving metropolitan areas of Raleigh and Fayetteville. The Triangle Region, 30 miles north of the main campus, is recognized as one of the most prestigious education centers in the nation. Within an hour's drive from the campus are the internationally known Research Triangle Park and the city of Durham. The University also extended campuses adjacent to Research Triangle Park, Fort Bragg/Pope Air Force Base, and Camp Lejeune. The law school is located in downtown Raleigh, and Campbell offers an undergraduate degree program at a sister university in Kuala Lumpur, Malaysia.

Four presidents have served Campbell University in its 126-year history:

- James Archibald Campbell, 1887-1934
- Leslie Hartwell Campbell, 1934-1967
- Norman Adrian Wiggins, 1967-2003
- Jerry McLain Wallace, 2003-present

## **1.5 School of Osteopathic Medicine Accreditation**

Campbell University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate, baccalaureate, master's, 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.

Campbell University School of Osteopathic Medicine has conducted its initial feasibility study, initial site-visit, and has been granted Provisional Accreditation status with the American Osteopathic Association's Commission on Osteopathic College Accreditation.

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

## **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 (D.O.s) serve the public with full medical practice privileges. Osteopathic physicians are trained in all the modern practices science has to offer in medical and surgical care while incorporating the concept of treating the whole person throughout the training. Osteopathic physicians believe hands-on examination (palpation) is an essential part of making a physical diagnosis. In addition to pharmacologic treatment and surgery, manipulative medicine remains an important therapeutic tool utilized by osteopathic physicians in alleviating pain and treating illness. The training of osteopathic physicians has always stressed a primary care orientation.

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

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

## **1.7 Osteopathic Oath**

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

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

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

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

## **2. Admission to the School of Osteopathic Medicine**

### **2.1 Admissions Process**

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

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

The goals of the CUSOM Office of Admissions are to:

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

### **CUSOM Admissions Process**

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

CUSOM is committed to selecting applicants who meet our missions and aligns with our values and who are an asset to the profession of osteopathic medicine. When reviewing applications the goals of the Office of Admissions is to evaluate

- each applicant as a whole person
- each applicant who has interest in serving the rural and underserved population
- each applicant potential success as a Doctor of Osteopathic Medicine
- each applicant for their compassion, knowledge and commitment to health care and the CUSOM Mission

The CUSOM Admissions Committee, under the direction of the Senior Associate Dean for Academic Affairs, consider applicants 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 decide on whether to accept, deny acceptance or waitlist interview candidates.

The CUSOM Office of Student Affairs will maintain pre-admissions academic and demographic data for each matriculating class. Upon graduation the Office of the Registrar will work in conjunction with the planned CUSOM Alumni Association to track board certification rates, post graduate employment and career activities for each graduating class. Through this process CUSOM is able to evaluate and adjust recruitment practices and policies to ensure the Mission and goals of the institution are being met.

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

The CUSOM Office of Admissions will make every effort to recruit students from a diverse background to foster this richness to meet its mission, goals and objectives. The CUSOM Student Admission Policy stipulates CUSOM applicants will not be discriminated against on the basis of race, creed, ethnicity, color, sex, gender, religion, veteran or military status, national origin, age or disabilities or any other class protected by applicable law.

## **2.3 Minimum Requirements for Admission**

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

Applicants must earn a baccalaureate degree prior to matriculation. Applicants should have achieved at least a 3.2 cumulative grade point average (GPA) on a 4.0 scale to be considered. The admissions process is competitive, and a higher grade point average (above 3.0) results in improved chances for acceptance. The most competitive applicants would have a science GPA of 3.2 or higher. CUSOM also places emphasis on the applicant's interview.

The required undergraduate courses for entry are:

- Biological Sciences: One year with laboratory (8 semester hours/12 quarter hours)
- Physics: One year (6 to 8 semester hours/9 to 12 quarter hours)
- Inorganic Chemistry: One year with laboratory (8 semester hours/12 quarter hours)
- Organic Chemistry: One year with laboratory (8 semester hours/12 quarter hours)
- English: One year (6 semester hours/8 quarter hours)
- Six (6) additional science hours are highly recommended. CUSOM recommends courses in the 300/400 level or beyond in subjects that will enhance performance in medical school such as Anatomy, Physiology, Biochemistry, Genetics, Microbiology, 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 must submit scores from the Medical College Admission Test (MCAT). For the current admissions cycle, CUSOM will accept the April MCAT administration from up to three years prior to the date of matriculation; however, the Dean may grant exceptions to this timeline. A competitive MCAT score usually begins at 24; however, at CUSOM the MCAT is weighed in connection with grades, personal qualities and the student interview.

Applicants are required to meet the Technical Standards for admission and continued enrollment and affirm that he or she meets the standards. Any falsification or misinformation regarding the ability to meet technical standards is a reason for dismissal.

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

## **2.4 Applications Deadline**

The official AACOMAS application is available online at [www.aacom.org](http://www.aacom.org). The deadline for CUSOM applicants will fall on March 1, but is subject to change annually. Applicants should consult the website. The last day for applicants to submit their Secondary Application and supporting materials will be April 15, but should be done much earlier in order to be competitive.

## **2.5 Early Decision Admissions Track**

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

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

- Minimum Science and Overall GPA of 3.50.
- Recent MCAT score (by April of the calendar year three years prior to the date of application) with a minimum score of 24.
- Submit an application, official transcript from all institutions attended, and MCAT scores to AACOMAS by July 1.
- Submit a letter of intent to the Office of Admissions indicating that CUSOM is your first choice for medical schools by July 1 and request review for Early Decision Admissions Track.
- Submit all Secondary Application materials including Secondary Application, application fee, letter of recommendation from a premedical advisor/science faculty member, and a letter of recommendation from an osteopathic 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 advised 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
- Recent MCAT score of 24 or higher with an 8 or higher in biology
- Submit an application, transcripts from all institutions attended, and MCAT scores to AACOMAS in June/July of senior year
- Receive a positive evaluation from the Dean of their college major
- Will have a guaranteed interview in September of Senior Year
- Will have a guaranteed decision within two weeks of interviewing
- Acceptance is contingent upon maintaining science and overall GPA grades

## **2.6 Application Process**

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

CUSOM participates with other osteopathic colleges in a centralized application processing service called the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS). An application may be submitted online at [www.aacom.org](http://www.aacom.org) or may be obtained by contacting:

AACOMAS  
5550 Friendship Boulevard, Suite 310  
Chevy Chase, MD 20815-7231  
Telephone: (301) 968-4190

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 [www.aacom.org](http://www.aacom.org). Applicants must request all official transcripts from all colleges and universities attended 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 your primary application, CUSOM will do an initial screening of your application. Applicants who meet all admissions requirements (via the AACOMAS application process) will be invited to submit the Secondary Application and supporting documents. Please note CUSOM screens all applications and not all applicants will receive the invitation to submit a secondary application.

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

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

The first letter must be from either an osteopathic physician (D.O.) or an allopathic physician (M.D.). Although a letter from an osteopathic physician is not required, it is strongly recommended.

While shadowing of a D.O is not required applicants who have shadowing experience with a D.O. demonstrate commitment to the profession and understanding of the practice of osteopathic medicine. The second letter must be from a premedical advisory committee or science faculty member (PhD) familiar with the academic work of the applicant.



Letters of recommendation which are included as part of a the pre-health committee packet or letters from an official evaluation collection service recognized by CUSOM (Interfolio or VirtualEvals) which are part of their official packet will be accepted without signature or letterhead as long as the letters are sent directly from the authors to the pre-med advisors. CUSOM will accept letters through VirtualEvals and Interfolio. CUSOM welcomes additional letters of support or recommendation from those who are acquainted with the student's academic or professional ability. All letters of recommendation must be originals on professional or college/university letterhead, signed by the evaluator and sent directly to the Office of Admissions.

Applicants who are of Permanent Residency Status must provide a copy of their Green Card for consideration for admissions.

Candidates born outside of the United States who have become United States Citizens should provide a copy of their Citizenship Certificate.

## **2.7 CUSOM Selection Process**

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

The Admissions Committee will review each applicant who interviews with CUSOM. An admissions decision, based on academic performance, professional experience, and interview, will be provided to the applicant in a timely manner, usually within 2-3 weeks of the interview date.

Intentional misrepresentation or omission of information on any form relevant to admissions or records will subject the student to dismissal. CUSOM reserves the right to deny admission to any applicant for any reason it deems sufficient. Matriculation will be denied to applicants who have failed to maintain a good record of scholastic performance and/or good record of personal conduct between the time of their acceptance and their matriculation at CUSOM. At the conclusion of the interviews, the interviewers forward their recommendation to the Admissions Committee. The Admissions Committee may make any of the following recommendations: to accept, to deny, or to place the applicant on an alternate or hold list.

## **2.8 Transfer Applicants**

CUSOM will consider acceptance of transfer applications. Potential transfer students must submit certified and official transcripts from all post-secondary educational institutions; complete CUSOM's transfer application; achieve passing grades in all subjects at the time of transfer; have an overall 3.2 GPA or higher at the 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, and complete CUSOM's transfer recommendation form. Transfer credit will be dependent on course work completed by the applicant and will be subject to the final approval from the Dean based on the recommendation of the CUSOM Admissions Committee. Students who have completed two years of course work at another medical school will not be considered if they have not passed COMLEX-USA Level 1.

Credits may only be transferred from COMs accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) or from schools of medicine accredited by the Liaison Committee on Medical Education (LCME). An *ad hoc* committee appointed by the Dean will conduct evaluation of courses for transfer. Students transferring from another medical school to CUSOM will be required to complete at least the last two years at CUSOM prior to graduation. In addition, all transfer students must meet CUSOM's osteopathic manipulative medicine training requirements, including the understanding and knowledge of osteopathic philosophy prior to graduation. Each applicant will be reviewed by the admissions committee and interviewed prior to the approval to transfer. CUSOM will have the right to require additional courses be taken or rotations added if deemed necessary to ensure the potential graduate will be of the highest quality and contribute to CUSOM successfully meeting its mission. The Dean will determine satisfactory completion of these requirements.

## **2.9 Transfer of Credit**

Credits may only be transferred from COMs accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) or from schools of medicine accredited by the Liaison Committee on Medical Education (LCME). Students wishing to transfer must have completed all course work with passing grades and have at least a 3.2 or greater GPA. Each course will be evaluated as to its course content, equivalency, and credit hours prior to any credit being waived. The CUSOM Admissions Committee will conduct this evaluation. Transfer credits will only be given if the student is eligible for readmission to a previously attended COCA-accredited COM or LCME-accredited school of medicine or is currently an osteopathic medical student or allopathic medical student with overall good standing at the institution from which they are transferring.

## **2.10 Class (Credit) Waivers**

Credits may only be transferred from COCA-accredited COMs or LCME-accredited schools of medicine. If the student wishing to transfer has passed all course work with passing grades and has at least a 3.2 or greater GPA, all coursework from the transferring school will be credited to the student. Each course will be evaluated as to its course content, equivalency, and credit hours prior to any credit being waived.

An *ad hoc* committee that will be appointed by the Dean will conduct this evaluation. Any course the transfer student has not taken will need to be taken at CUSOM prior to third year rotations. Regardless of credits, the last two years of instruction must be completed at CUSOM, and all requirements for graduation must be fulfilled, in order for the student to be eligible to receive the D.O. degree.

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

For students who will be transferring from an LCME accredited school of medicine, at least the last two years of instruction must be completed at CUSOM. In addition, LCME transfer students must complete the CUSOM requirement for osteopathic manipulative medicine including the understanding and knowledge of osteopathic philosophy prior to graduation. The Dean will determine satisfactory completion of these requirements.

Transfer credits will only be given if the student is in good standing and acquires a letter from the Dean and Associate Dean(s) of the previously attended medical school(s). The letter 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.

## **2.12 International Student Applicants**

CUSOM requires verification of applicant's credentials from a college or University outside of the United States which have met the equivalency for the minimum requirements for admission.

CUSOM 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 at:

<http://www.aacom.org/Documents/AACOMASInstructions.pdf>

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.

CUSOM does not accept applications from students requiring F-1 student visa status until such time that approval is granted by the Department of Homeland Security (DHS) and US Immigration and Custom Enforcement (ICE).

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

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

Additionally, CUSOM utilizes cadavers as part of anatomy laboratories. As such, CUSOM students must be able to tolerate working with and touching cadavers.

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

Acquiring the skills to palpate and examine patients requires a student to examine disrobed patients of both genders and is mandatory to successful completion of the curriculum at CUSOM. In physical diagnosis and osteopathic manipulative medicine laboratory experiences, as well as other clinical laboratories where skills are acquired, students are required to participate in the examination of fellow students of both genders who may be partially disrobed. Students need to wear attire such as shorts and partially disrobe for certain laboratory experiences. Please refer to 5.3 Dress Code Policy for additional information.

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

CUSOM will make reasonable accommodations for students whose handicaps allow them to accomplish a successful career as an osteopathic physician. Students, however, are required to function with independence and perform at all skill levels described below which CUSOM holds as mandatory for the safe and effective practice of osteopathic medicine.

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

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

### **1. Observation**

The student must be able to visually observe laboratory demonstrations, microscopic tissue with the aid of the microscope, and computer based pictures 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 enhanced by the sense of smell.

### **2. Communication**

The student must be able to communicate effectively in English as the curriculum and clinical experiences are offered in English. Students are encouraged to learn other languages for medical communication; however, all curriculum and assessment are given in English. CUSOM requires the functional ability to speak, hear, and observe patients in order to elicit accurate medical information. The student must be able both to describe changes in mood, activity, posture, and other physical characteristics and to perceive nonverbal communication. The student must be able to communicate effectively and efficiently in verbal and written form. The student must be able to communicate effectively and efficiently with the patient and with all members of the health care team in order to successfully complete the curriculum.

### **3. Motor**

Students must have sufficient motor function to elicit information from patients by palpation, percussion, and other diagnostic measures. The student must have sufficient motor function to carry out maneuvers of general and emergency care and of osteopathic manipulation. Examples of emergent motor functions are 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 function, as well as the senses of touch and adequate vision for inspection.

### **4. Intellectual**

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

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

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

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

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

Students must be able to function effectively under stress and with physically taxing workloads. Students must have the emotional health to be able to function without the aid of medications that are known to effect intellectual abilities and judgment. The student must have the emotional stability and motivation to deliver patient care and to make emergent decisions at all times.

The ability to adapt to changing environments and stressful situations and to display compassion and integrity, while maintaining the necessary intellectual capacity to care for patients is one that is observed during the interview process and throughout the progress in medical school. An ability to demonstrate the emotional health necessary for the delivery of quality and safe medical care is mandatory throughout medical school. CUSOM considers drug and alcohol addiction or abuse as a risk factor for unsafe care.

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

### **2.14 Americans with Disabilities Act**

CUSOM is operating in compliance with the timeline established by the Americans with Disabilities Act of 1990 (ADA), and the ADA Amendments Act of 2008, 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 CUSOM Office of Student Services.

The University's ADA Coordinator is Robert C. Cogswell, Jr. (910-893-1217) [cogswell@campbell.edu](mailto:cogswell@campbell.edu)

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

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

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

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

All students must provide proof of adequate immunization/immunity for the following:

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

### **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

### **Criminal Background Checks**

CUSOM applicants are requested to self-disclose any misdemeanors or felony convictions, including deferred adjudications and traffic violations, with the understanding that non-disclosure/falsification may lead to dismissal and disclosure may prevent enrollment. Additionally, in response to requirements in the professional practice environment stating that facilities providing care to patients must minimize the risk to patients that may be presented by persons with prior criminal activity, a criminal background check will be completed on all accepted applicants prior to matriculation. Additional background checks may be done as necessary.

### **Basic Life Support Skills**

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

### **Substance Abuse Screening**

All CUSOM students are required to have a substance abuse screening (Urine-10 drug/tox screen) test prior to matriculation. This screening must meet CUSOM's standards, be conducted by an agency approved by CUSOM, and occur prior to matriculation into the class. Any applicant who has a deficiency or abnormality discovered on the drug screening will be referred to a subset of the Admissions Committee for further investigation. The committee will make a recommendation to the Dean as to whether the offer of admission should be maintained or rescinded.

### **Transcripts**

All CUSOM students will be required to provide official transcripts from all colleges and universities attended with the proof of an earned Bachelor's Degree. The official transcript must be sent directly from the educational institution to the Registrar.

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

### **3. Student Expenses and Financial Aid**

#### **3.1 Application Fee**

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

#### **3.2 Acceptance Fee**

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

#### **3.3 Tuition and Financial Aid**

##### **Tuition**

Tuition is subject to change annually. Tuition for the 2014-2015 academic year is \$40,600 with additional fees to cover health/recreational, technology and other needs. Campbell University's Board of Trustees reserves the right to change the schedule of tuition and fees without advance notice, and to make such changes applicable to present, as well as future, students of CUSOM. The Board of Trustees may also establish additional fees or charges for special services whenever, in the Board of 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 Financial Aid Office.

##### **Fees**

All students will be assessed an annual fee of \$1,500. This fee covers the cost 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. Our robust financial aid program assists students in the form of institutional scholarships and students loans. The office provides financial aid counseling to students every step of the way from prospective applicants to CUSOM graduation and beyond.

The CUSOM Office of Financial Aid is responsible for the administration of the student financial aid program. The Assistant Director of Financial Aid establishes policies and procedures for the administration and management of the various financial aid programs. Financial aid counseling is provided to all prospective students as part of the applicant interview process. During each applicant interview session, a financial aid counselor will give a financial aid presentation.



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

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

The CUSOM Office of Financial Aid provides personal counseling with students receiving financial aid throughout each academic year. CUSOM students are offered periodic updates regarding changes in financial aid regulations and application procedures. Information will be emailed or mailed to students. Students are encouraged to call, email, or stop on an individual basis by the Office of Financial Aid for further assistance.

The CUSOM Office of Financial Aid provides Debt Management Counseling sessions for medical students. These sessions will include budgeting tips, responsible borrowing strategies, loan terms and conditions, default prevention, student loan debt in relation to monthly payment amounts and average physician salaries, deferment, forbearance, repayment and consolidation options, record keeping and helpful websites.

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

### **3.4 Refund Policy**

Tuition and fees will be refunded as following the Campbell University Refund / Repayment Policy.

To withdraw officially from the University during a semester, a student is required to complete an official Withdrawal Form available from the Office of the Registrar. The Withdrawal Form must be completed with proper signatures obtained, and turned into the Registrar's Office for placement in the student's permanent file. Failure to withdraw properly will result in a non-prorated reassessment of charges to the student account.

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

The Campbell University Business Office verifies all classes have been updated accordingly and reassesses student tuition and fee charges. Housing and meal plan assignments are reviewed to ensure their correct reassessment.

A refund is prorated at 5% increments with no refund available after 60% of usage. Exceptions for refunds at a percent of usage beyond 60% may be considered for students receiving medical withdrawals approved by the CUSOM Office of Student Affairs and the Dean. Tuition and fees proration schedule is as follows:

### **Tuition and fees proration schedule**

<b>Week</b>	<b>Prorated tuition Charge</b>
<b>Week 1</b>	No charge
<b>Week 2</b>	5%
<b>Week 3</b>	10%
<b>Week 4</b>	15%
<b>Week 5</b>	20%
<b>Week 6</b>	25%
<b>Week 7</b>	30%
<b>Week 8</b>	35%
<b>Week 9</b>	40%
<b>Week 11</b>	45%
<b>Week 12</b>	50%
<b>Week 13</b>	55%
<b>Week 14</b>	100%

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

### **3.5 Student Scholarships**

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

#### **Scholarship Criteria<sup>1</sup>**

##### **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 AND an MCAT score of 30 or above (rounding up GPA is permitted by the Committee). Presidential Scholarship recipients will be awarded a \$20,000 tuition scholarship, which may be renewed annually.

---

<sup>1</sup> Scholarship Criteria are intended to be guidelines and may be modified as necessary by the Dean.

### **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 with an MCAT of 24 or higher, OR an MCAT score of 30 or higher with a science and cumulative GPA of 3.30 or higher (rounding up GPA is permitted by the Committee). Dean's Scholarship recipients will be awarded a \$10,000 tuition scholarship, which may be renewed annually.

### **Campbell University Scholarship:**

In order for a student to be considered for the Campbell University Scholarship, the student must be a Campbell University graduate and have a cumulative and science GPA of 3.30 or higher and an MCAT score of 24 or above (rounding up GPA is permitted by the Committee). Campbell University Scholarship recipients will be awarded a \$10,000 tuition scholarship, which may be renewed annually. This award may be in addition to other Campbell University scholarships.

### **Academic Excellence Award and Jerry M. Wallace Scholar Award:**

Each academic year a fixed amount of money is awarded to support the Deans and Presidential scholarships mentioned above. Should there be any funding available at the beginning of the academic year, this money will be allocated to the Academic Excellence Award and Jerry M. Wallace Scholar Award.

The Academic Excellence award is given to students who have achieved a GPA of 4.0 in the academic year. The Jerry M. Wallace Scholar award is given to the students who have achieved a GPA of 3.5-3.9. These awards are not renewable and are only awarded based on the availability of any funding.

### **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 3.5 or above for Presidential scholars, and 3.0 or above for Dean's and Campbell University scholars, at the end of each year of study. Students must also abide by all aspects of the CUSOM Honor Code. Violations of the Honor Code may result in revocation of 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.

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

Candidates selected for scholarship consideration will be sent a letter inviting them to apply for the respective scholarship. The CUSOM Assistant Director of Financial Aid will send scholarship invitation letters to students via email. An invitation to submit an essay does not guarantee the student a scholarship.

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

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

All scholarship essays must be returned to CUSOM by the due date specified on the student's scholarship invitation. Completed essays should be submitted via email to: CUSOMFinancialAid@Campbell.edu.

Once the due date has passed, the Assistant Director of Financial Aid will evaluate submitted essays. The Assistant Director of Financial Aid will review the essay content and make scholarship recommendations to the Dean. The Dean will make all final scholarship decisions. The Assistant Director of Financial Aid will then notify scholarship recipients of their award by sending a formal scholarship notification letter via mail and email. Along with the award notification, students will also receive a scholarship contract, which must be completed and returned to CUSOM.

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

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

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

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

## **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: <http://www.campbell.edu/student-services/health-services/>

### **4.2 Immunizations**

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

Students are responsible for maintaining immunizations required by the CUSOM in order to complete all required supervised clinical practice experiences in the osteopathic medical program curriculum.

All students must provide proof of adequate immunization/immunity for the following:

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

### **4.3 Student Health**

CUSOM students utilize the Campbell University Health Center for confidential medical concerns. Student Health Center office hours are published and distributed to students at the start of each academic year. All students are required to have health insurance.

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

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 <http://www.campbell.edu/student-services/health-services/>

#### 4.4 Counseling Services

Counseling services are available 24 hours a day, seven days a week in a confidential manner through a combination of resources which include the CUSOM behavioral health services under the leadership of the Director of Behavioral Health (<http://www.campbell.edu/cusom/current-students/cusom-behavioral-health/>) and ProtoCall Services (866-428-3591), a counseling service for students. Phone calls are answered by licensed counselors who have extensive clinical experience and are available to students 24/7. Working with Academic and Student Affairs, the Director of Behavioral Health, a licensed mental health professional, is available during normal business hours for direct student contact. This individual also is available as a point of contact for after-hours issues in conjunction with ProtoCall Services described below. The Director for Behavioral Health provides counseling in a building located on the main campus to ensure confidentiality. The building is located at 95 Pope Street and is identified accordingly. 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.

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 the Director of Behavioral Health by others, all in a confidential manner.

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

In addition to a Director of Behavioral Health, CUSOM utilizes the services of ProtoCall.

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

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

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

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

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

### **Purpose**

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

### **Composition**

CUBIT-SOM is composed of:

#### *Ex-officio* Members

- Director of Behavioral Health for CUSOM
- Vice President for Student Life
- Campbell University legal counsel

#### Voting Members

- Senior Associate Dean for Academic Affairs and Research
- Associate Dean for Clinical Affairs
- Executive Director of Student Affairs

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

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

Upon conclusion, the CUBIT-SOM team may choose one of the following options: make a recommendation on the student's continued enrollment or dismissal; continue to gather information and meet again; or monitor the situation for new developments. A formal letter detailing the team's decision will be sent to the student and appropriate academic dean. The CUBIT-SOM will use policies outlined in the CUSOM Academic Bulletin and the Campbell University Student Handbook as a framework for its recommendations; however, the team reserves the right to utilize creativity to find the most appropriate solution as long as it falls in line with the policies of Campbell University and the School of Osteopathic Medicine. All discussions and deliberations of the CUBIT-SOM shall be in compliance with the Family Educational Rights and Privacy Act.

## **Behavioral Health: Keeping Students Safe**

For emergency situations, call 911. For non-emergency situations Monday through Friday 9am-5pm, call campus safety and ask for the Behavioral Health practitioner. After 5pm and on weekends and holidays, call Protocol at 866-428-3591.

### **4.5 Substance Abuse Screening Protocol**

Substance abuse screening is becoming mandatory at many healthcare facilities prior to participating in patient care, either as a learner or as a staff member. In light of this development, a negative substance abuse screening test is required before matriculation into osteopathic medical school, and again before advancement to year three. Therefore, applicants to osteopathic medical school will be notified of the background check and substance abuse screening protocol requirement as part of the application process. Additional screening tests may be required as determined by CUSOM or the clinical training sites. CUSOM reserves the right to require drug or alcohol testing on any student when reasonable suspicions exist. Refusal or failure to submit to screening may result in disciplinary action up to and including dismissal. Students found to have screening tests positive for alcohol, illicit substances or prescription medications without a valid prescription may result in disciplinary action up to and including dismissal.

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

#### **Procedure for incoming students:**

- A substance abuse screening (Urine-10 drug/tox screen) test will be completed on all applicants to CUSOM prior to matriculation.
- The letter sent by CUSOM to each accepted applicant, as well as to selected wait-listed applicants, will include information about these requirements with the contingency that the final decision regarding matriculation will be made after institutional review of the accepted applicant's substance abuse screening test report.
- Appropriate authorization, with pertinent identifying information necessary to initiate the test, will be received from each accepted applicant prior to initiating a substance abuse screening test.
- Prospective students must have the sample collected at a facility approved by CUSOM.
- If the test result is positive, the Dean will appoint a subset of the CUSOM Admissions Committee to review the information and the application. Substance abuse screening results will be viewed in light of North Carolina and federal laws governing illegal substances. Depending on the recommendation of the subset of the Admissions Committee, the student's acceptance may be rescinded.
- All substance abuse screening tests will be maintained in a secure location to ensure confidentiality. Routine access to the information will be limited to the Director of Admissions, the Executive Director for Student Affairs, the CUSOM Dean, and the Campbell University General Counsel.
- The cost of the test is the responsibility of the student.
- The Dean will make the final determination regarding the applicant's status.



**Prior to starting Year 3:**

- Students must have the substance abuse screening sample collected at the Campbell University's Health Center or another facility approved by CUSOM.
- If the test result is positive, the Dean will appoint a subset of the CUSOM Admissions Committee to review the information and make a recommendation to the Dean regarding the appropriate action. Depending on the decision, the student's advancement to the clinical year may be delayed based on the results.
- All substance abuse screening tests will be maintained in a secure location to ensure confidentiality. Routine access to the information will be limited to the Executive Director for Student Affairs, the CUSOM Dean, and Campbell University General Counsel.
- Results from positive drug/alcohol screens will be shared with the Director of Behavioral Health in the event the student requires drug/alcohol counseling.
- The cost of the test is the responsibility of the student.

**4.6 Infection Control**

Students exposed to infectious diseases should consult the Campbell University's Health Center (910-893-1560) for information. Students presenting with signs or symptoms of infectious or communicable disease should consult with the Campbell University's Health Center or the infection control office at the clinical site about the advisability of working with patients and when it is safe to return to patient care.

**Standard Precautions**

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

**Hand washing** (or using an antiseptic hand rub)

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

**Gloves**

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

**Masks, goggles, face masks**

- Protect mucous membranes of eyes, nose and mouth when contact with blood and 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 fluids

## **Linen**

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

## **Patient care equipment**

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

## **Environmental cleaning**

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

## **Sharps**

- Avoid recapping used needles
- Avoid removing used needles from disposable syringes
- Avoid bending, breaking or manipulating used needles by hand
- Place used sharps in puncture-resistant containers

## **Patient resuscitation**

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

## **Patient placement**

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

## **Needle sticks**

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

- Wash exposure site thoroughly with soap and water (or water only for mucous membranes).
- Immediately notify the clinical supervisor at the rotation site for assistance.
- Call/go to the Campbell University's Health Center, the occupational health clinic or area of the clinical facility designated for treating needle stick exposures. Consult concerning appropriate tests, risk-assessment counseling and chemoprophylaxis.
- Complete an incident report from the facility in which the incident occurred and have a copy of the report sent to the Campbell University's Health Center (PO Box: 565, 129 T.T. Lanier St., Buies Creek, NC 27506).
- Send treatment and testing bills to the student's insurance company.
- In the event of an exposure, the National Clinician's Post Exposure Prophylaxis Hotline is available by phone, 888-448-4911, 24 hours per day, seven days per week, to provide guidance in managing exposures.

## **Incident Reporting**

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

If the accident occurs at a clinical training facility, that facility's incident report form should be completed, and the clinical supervisor, Director of Student Medical Education or Director of Medical Education should be contacted for assistance. A copy of the facility's incident report must be sent to Campbell's Student Health Services (PO Box: 565, 129 T.T. Lanier St., Buies Creek, NC 27506).

### **4.7 OSHA and HIPAA Training**

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

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

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

Additionally, Campbell University School of Osteopathic Medicine's ensures the confidentiality, integrity, and availability of its information systems containing electronic protected health information by implementing policies to prevent, detect, mitigate, and correct security violations.

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

In addition, CUSOM requires that all students who have contact with patients receive OSHA Blood Borne Pathogens (BBP) training and be trained to prevent transmission of communicable pathogens. Students annually review OSHA rules and requirements and complete a yearly review of appropriate plans and practices.

CUSOM has in place the following:

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

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

### **4.8 Professional Liability Insurance**

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

#### **4.12 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 Hill Golf Course, Tennis Courts, Carter Gym, Cross County Course, Disc Golf Course and other recreational facilities. Additional opportunities include intramural and club sports.

#### **4.13 Java City Coffee Café**

The CUSOM cafe is located on the first floor of the medical school facility. Offerings include sandwiches, wraps, sushi and salads, as well as fresh produce, bakery and coffee selections.

#### **4.14 Banking**

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

#### **4.15 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.

#### **4.16 Student Center**

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

#### **4.17 Student Clubs and Organizations**

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

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

- Emergency Medicine Club (American College of Osteopathic Emergency Physicians (ACOEP))
- Family Medicine Club (ACOFM and AAFP)
- Christian Medical and Dental Association (CMDA)
- Internal Medicine Club (ACOI and ACP)
- Pediatrics Club (American College of Osteopathic Pediatricians (ACOP))
- Psychiatry Club
- Obstetrics and Gynecology Club
- Sports Medicine Club (American Osteopathic Academy of Sports Medicine (AOASM))
- Student Association of Military Osteopathic Physicians and Surgeons (SAMOPS)
- Student Government Association (SGA)

- Student National Medical Association (SNMA)
- Student Osteopathic Medical Association (SOMA)
- Student Osteopathic Surgical Association (SOSA)
- Student American Association of Osteopathy (SAAO)
- Medical Missions Club

## **Grade Requirements**

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

- Serve as an officer in SGA
- Serve as an officer of a CUSOM club or organization
- Serve on a CUSOM committee
- Attend any off-campus conference/meeting

## **CUSOM Student Government**

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

## **Recognition of Student Organizations**

The first step in obtaining recognition for a new student organization is the submission of a petition to the Office of Student Affairs. The petition must include the goals of the organization, the proposed charter, the name of the faculty advisor, a list of club officers and a list of charter members. Once the petition has been approved by the Executive Director of Student Affairs, the petition is forwarded to the Dean for final approval. The approved status of an organization is valid for one year, renewable on an annual basis.

## **Use of College Logo**

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

## **Student Sponsored Event**

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

## **Scheduling Extracurricular Activities**

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

## **Attending of Conferences**

Students are allowed to attend conferences of not greater than three consecutive days at the discretion of the Dean.

Only students in good academic standing will be considered as eligible.

Copies of the Student Organizations Handbook can be obtained from the Office of Student Affairs.

### **4.18 Student Parking**

The Department of Campus Safety is responsible for assigning lots on campus, collecting fee/fines and enforcement of parking regulations. Students should not park in areas designated as Faculty/Staff

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 Executive Director of Student Affairs.

Additional information on CU Parking Policy can be found at <http://www.campbell.edu/life/parking/>

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

### **4.19 Student Lockers**

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

### **4.20 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.

## **Student Statement of Professional Ethics**

As a CUSOM student, I will...

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

All CUSOM students have the rights and obligations of other citizens and measure the urgency of these obligations in the light of responsibilities to colleagues, to their profession, and to the institution. When CUSOM students speak or act as private persons, they avoid creating the impression of speaking or acting for their School or the University.

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

### **Respect for Patients**

Take the utmost care to ensure patient respect and confidentiality. As osteopathic medical students, students need to demonstrate respect for patients through appropriate language and behavior, including that which is non-threatening and non-judgmental. Patient privacy and modesty should be respected as much as possible during history taking, physical examinations, and any other contact, to maintain professional relationships with the patients and their families. It is important for students to be truthful and not intentionally mislead or give false information. Students should avoid disclosing information to a patient that only the patient's physician should reveal. Students should always consult more experienced members of the medical team regarding patient care, or at the request of the patient.

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

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

## **Respect for Self**

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

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

Students need to respect the laws, policies, and regulations at all levels of the University and the local community.

### **4.21 Accommodations Policy**

Students requesting accommodations or special services from CUSOM because of learning disabilities are required to submit documentation in writing to determine eligibility for the accommodations and services in accordance with Section 504 and the Americans with Disabilities Act (ADA). A diagnosis of a learning disability does not necessarily qualify a student for academic accommodations under the law. To establish a student is covered under section 504 of the ADA, the documentation must include the disability substantially limits some major life activity, including learning.

All students who seek an accommodation must submit documentation in writing to verify the existence of a disability. The documents serve to determine eligibility for accommodation (s) and the type of accommodations (s) CUSOM can reasonably provide. The student will be asked to complete and sign a Release of Information Form. This form will allow the Executive Director of Student Affairs to discuss the accommodations requested by the student with the appropriate members of CUSOM administration

The following guidelines are provided in the interest of assuring documentation of a learning disability is complete and supports the students request for accommodations. CUSOM will determine eligibility and appropriate services, case by case, based on the quality and completeness of the documentation submitted. Documentation must be less than one year old and must be provided by an appropriately credentialed healthcare professional. CUSOM reserves the right to verify any written documentation.

The following requirements provide students, schools, and professional diagnosticians with a common understanding of the components of documentation that are necessary to validate the existence of a learning disability, the impact on the individual's educational performance, and the need for academic accommodations for the purpose of the ADA and Section 504.



## Learning Disability Documentation Requirements

- **Qualified Person Must Conduct the Evaluation**

A trained, qualified, and licensed professional (e.g., psychologist or psychiatrist) who has direct experience with adolescents and adults with learning disabilities must administer the assessment.

- **Documentation must be current**

Reasonable accommodations are based on the current impact of the disability on academic performance. In most cases this means that a diagnostic evaluation should be age appropriate and relevant to the students learning environment, and show the students' current level of functioning. If documentation does not address the individual's current level of functioning, a re-evaluation may be required. Medical students must submit their evaluation and supporting documentations thirty days prior to matriculation.

- **Documentation Must Include Specific Diagnosis**

The report must include a clear and direct statement that a learning disability does or does not exist, including a rule out of alternative explanations of learning problems. Terms such as "learning difficulty", "appears", "suggests" or "probable" do not support a conclusive diagnosis.

- **Documentation Must Be Comprehensive**

The documentation must include a summary containing relevant historical information, instructional interventions, related services and age of initial diagnosis. The documentation must also include objective data regarding aptitude, achievement and information processing. Test scores (standard scores, percentiles, and grade equivalents) must also be included in the documentation.

- **Recommendation for Accommodations**

A diagnostic report may include specific recommendations for accommodation(s). A prior history of an accommodation, without a demonstration of a current need, does not in and of itself warrant the provision of that accommodation. Each accommodation recommended by an evaluator should include a rationale. The evaluation should support the recommendations with specific test results or clinical observations. If an accommodation is not clearly identified in the diagnostic report, CUSOM will seek clarification and/or additional information either from the student's evaluator or from another trained professional chosen by CUSOM.

CUSOM will make the final decision as to whether appropriate and reasonable accommodations are warranted and can be provided. CUSOM reserves the right to request reassessment of the student's disability when questions arise regarding previous assessment or provision of services or accommodations or when the student requests additional services or accommodations above and beyond what has been previously provided to the student.

- **Process for Receiving Reasonable Accommodations**

All documentation related to the students disability and accommodations shall be maintained by the Executive Director of Student Affairs in a secure location. Student Affairs must receive all requests including supporting documents no later than July 1<sup>st</sup> of the year of matriculation. Upon receipt of the documentation, the Executive Director of Student Affairs will meet with the Dean, Director of Behavioral Health and the Senior Associate Dean for Academic Affairs to determine what reasonable accommodations can be given or whether to deny the request. The student will then be contacted to discuss and arrange for the accommodation should it be granted. Additionally a letter will be given to student advising the student of the outcome of the meeting.

If a problem arises concerning reasonable accommodation, the student should contact the Executive Director of Student Affairs.

## **5. Academic Information and Policies**

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

Students are assigned a faculty advisor upon matriculation who serves as the advisor for all four years. Additional advising on clinical rotations is available through the Regional Deans and Office of Clinical Affairs, as well as local clinical faculty. The advisor/advisee relationship will provide consistent feedback regarding academic performance and direct the student to additional resources within the institution as needed. Biomedical science and clinical faculty are involved in student advisement. This relationship endeavors to create an atmosphere of trust and meaningful dialogue. Significant personal or behavioral health problems will be referred to the Director of Behavioral Health for assessment and potential referral for counseling.

The academic advisor/advisee relationship provides mentoring between faculty and students on both academic and personal levels. Students are required to meet with their faculty advisor at least twice per semester. Students on probation will meet with faculty advisors at least twice a month or more frequently as required by the Academic Performance, Promotion, and Standards Committee (APPS). The Executive Director of Student Affairs assigns faculty advisors to each student. Advisors provide guidance while students are attending the school. The faculty advisor, the Dean, and the staff are available to discuss personal and academic problems that may arise and provide guidance and/or referrals to other resources as necessary.

In addition to their role as student advisors, faculty also meets with students to provide additional help with course work. Students are encouraged to schedule meetings with faculty advisors when necessary. Faculty will publish office hours for students during specific courses and be available to students for additional assistance. Scheduling will be either directly with faculty or through the appropriate administrative assistant. CUSOM is a student-centered institution. As such, all administrators will be accessible to students when needed and based on availability. Additionally, administrators will strive to have informal meetings on a regular basis, such as “Breakfast/Lunch with the Dean”, a twice-monthly meeting of small student groups with the academic deans.

### **5.2 Attendance**

#### **Attendance Policy**

Attendance of MS-1 and MS-2 students is required at all lectures, labs, and other scheduled curricular activities. Attendance will be monitored using electronic verification. Absences for illness or emergencies will be considered appropriately. Any falsification of attendance will be viewed as an Honor Code violation and dealt with accordingly.

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.

Failure to maintain adequate attendance during the first two years of the curriculum will result in corrective action through the Academic Performance, Promotion and Standards (APPS) Committee

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

Multiple violations may result in disciplinary action by the APPS Committee including, but not limited to, loss of remedial privileges, removal from any leadership position with any student club, organization or student government office, and possible notation in the Dean's Letter of Evaluation. In extreme cases, absenteeism or tardiness may result in dismissal from the program.

## **MS-1 and MS-2**

Excused absences for illness or requests for a personal leave may be granted by the appropriate Associate Dean. It is recognized there may be isolated instances when an individual must be absent; however, the student who misses a lecture, laboratory, workshop, or rotation is not excused from the subject materials or duties of that particular period. The student may be required to make-up the missed educational session(s) during off-hours. Makeup laboratories will be conducted only in extreme situations and at the discretion of the Course Director with approval of the appropriate Associate Dean.

For an absence to be considered excused for medical reasons, notice must be received by CUSOM prior to the missed class or activity. A note must be submitted from the examining physician upon the student's return to class if medical condition/illness is three days or greater.

Students may receive excused absences to attend CUSOM-related activities or national meetings of student clubs and organizations. No absences will be excused without approval from the appropriate Associate Dean. Any request for an excused absence must be submitted, in writing, to the appropriate Associate Dean at least 10 days prior to the anticipated absence.

In the event of an excused absence from an examination, written permission to take a make-up examination must be obtained from the Senior Associate Dean for Academic Affairs. It is essential that each student make every effort not to miss any examination. Requests for make-up exams or quizzes must be made in a timely manner. An unexcused absence from an examination, quiz, laboratory, or assignment may result in a grade of zero for that exercise.

For any absences to be considered excused, students must obtain an "Excused Absence Request Form" from a Medical Education representative or the Office of Academic Affairs. This form must be filled out by the student and returned to Med Ed. The Senior Associate Dean for Academic Affairs will determine if the excused absence is approved or denied and the student will be notified of the decision by Med Ed in a timely manner.

If a student is failing in any course they may not be approved for an excused absence. Each request for excused absence will be judged independently on a case-by-case basis.

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.

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

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

Students on rotation may wish to participate in an activity that will take them away from an assigned clinical setting. For such activity the student must submit a written request fully explaining 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 working days (week days) before any absences. No travel arrangements should be made prior to approval being granted.

Similarly, MS-3 and MS-4 students wishing to attend educational seminars, conferences, etc. must have approval from the Associate Dean of Clinical Affairs. Only students in good academic standing will be considered. In addition, students must be up-to-date on submissions of all clinical rotation evaluations, site evaluations, and clinical experience databases (logs).

Any excused absence may, at the request of the preceptor, DME, or Associate Dean/Assistant Dean of Clinical Education, be required to be made up later.

### **Tardiness**

Promptness is another trait health care professional must display. Additionally, tardiness to class disturbs both the professor and the students in class, and is thus markedly inconsiderate and disrespectful. Repeated violations will be considered improper professional behavior and may result in disciplinary action.

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

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

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

As professionals, students are expected to strictly adhere to the attendance policy. Unexcused absences which exceed 15% of a course lecture time will be considered violations of CUSOM policy and may result in disciplinary action by the Academic Performance, Promotion and Standards (APPS) Committee including, but not limited to; loss of remedial privileges; removal from any leadership position with any student club, organization or student government office; and possible notation in the Dean's Letter of Evaluation. In extreme cases, absenteeism or tardiness may result in dismissal from the program. Any unexcused absence while on clinical rotation will automatically result in a failure for that rotation as prescribed by the APPS Committee.

### **Official Holidays**

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

- New Year
- Martin Luther King Day
- Easter Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas

**Holidays falling on the weekend will be observed either on the Friday before the holiday or the Monday after the holiday.**

### **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 as soon as possible.

### 5.3 Dress Code Policy

Students must maintain a professional appearance. Professional attire must be maintained whenever the student is on CUSOM grounds including adjacent property at Campbell University, and on all clinical experiences or rotations. Students must be professionally dressed for all lectures, examinations, laboratory classes, or workshops. Student changing areas and lockers are provided to change into appropriate dress for OMM labs, Clinical Skills labs, and Gross Anatomy labs. Students do not need to maintain professional attire after the normal end of the school day, Monday through Friday, or on weekends, except when notified by the school administration to be professionally attired. All students must have at least one short, white consultation jacket maintained in a clean and presentable condition.

A clean and well-cared-for appearance should be maintained. The apparel and appearance of faculty, staff, and students project, in part, the image the community has of the University. Faculty, staff, and students are expected to be neat, well groomed, and appropriately dressed for the work and study they do. The clothing selected should not be distracting to faculty, staff, or students. Men must wear dress trousers, appropriate shoes and socks, dress shirt and necktie. Women are required to wear appropriate dresses or skirts of reasonable length (no higher than 2" above the knee when sitting) or slacks with appropriate blouses. Hairstyles should be clean and neat, avoiding extreme length, styles, or colors. Revealing or tight, form fitting clothing is unacceptable. Beards and mustaches must be neat and trimmed at all times. Excessive body piercings are not acceptable. Shorts, jeans, T-shirts are not permitted except in the OMM lab and clinical skills when appropriate. Hats (unless for religious reasons), caps or sunglasses may not be worn during classes or examinations. Any student wearing a hat (unless for religious reasons), cap or sunglasses will be asked to remove it. Students who have tattoos must ensure they are covered at all times on-campus, unless required for OMM or Clinical Skills labs.

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

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

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

#### **OMM Laboratory Dress Code** (adapted from nationally accepted standards)

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

Appropriate attire must be clean and includes:

- Shorts which are several inches above the knee (mid-thigh).
  - No jean shorts, cut-offs, thick-seamed shorts, spandex, short shorts or knee length shorts.
- T-shirts.
  - Both sexes will be asked to remove t-shirts while acting as patients.
  - T-shirts and tops should be plain. No offensive words, emblems, or decorations of any kind.
- Sports bras or bathing suit tops for women.
  - These should expose the spine and ribs (not wide T-back styles).

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

### **Anatomy Laboratory Dress Code**

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

## **5.4 Global Assessment**

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

The Director of Assessment, Planning and Accreditation, as well as the Office of Academic Affairs, work collaboratively to determine each individual student's eligibility for promotion or graduation, consider the results of the student assessments and reports concerning attendance, and monitor conduct and potential professionalism issues. Students who fail to make satisfactory academic progress through the curriculum may be allowed to remediate.

Under certain circumstances, students may be brought before the Academic Performance, Promotion, and Standards Committee (APPS) Committee for disciplinary action.

## **5.5 Credits, Grading, and Grade Point Average (GPA)**

### Credit Assignment Process

The Office of Academic Affairs is charged with ensuring appropriateness of credit assignments within the CUSOM curriculum. Corresponding credits are assigned to all courses in the curriculum, including clinical rotations, based on contact hours as described below. Credit assignments are continually evaluated and the credit assignments are consistent with the definition of a credit hour as provided in the glossary of the Accreditation of Colleges of Osteopathic Medicine: COM Standards and Procedures:

<http://www.osteopathic.org/inside-aoa/accreditation/predoctoral%20accreditation/Pages/standards-and-procedures-disclaimer.aspx>

The CUSOM Curriculum Committee, the Campbell University Curriculum Council, and the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) have approved the CUSOM curriculum. The SACSCOC is the institutional accrediting body for Campbell University.

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

### CUSOM Credit Calculation

The CUSOM curriculum utilizes an approach 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: six are nine-week Blocks, the fourth Block is ten weeks and the eighth Block is eleven weeks. For the third and fourth years, each clinical rotation is a four-week Block of time.

CUSOM assigns grades to all credit-bearing courses, and credits are determined based on contact hours for each course. The minimum number of contact hours per credit is delineated in the table below. Contact hours not reaching the limit for the next higher credit value are reported at the next lower credit value. For example, a course of 10 contact hours would be assigned a value of 0.5 credits. The credit hour calculation process described above is consistent with US Department of Education standards.

Contact hours per credit

Contact Hours	Credits	Contact Hours	Credits
8	0.5	88	5.5
16	1.0	96	6.0
24	1.5	104	6.5
32	2.0	112	7.0
40	2.5	120	7.5
48	3.0	128	8.0
56	3.5	136	8.5
64	4.0	144	9.0
72	4.5	152	9.5
80	5.0	160	10.0

## 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 Block credit values 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.

## **Grading**

CUSOM has developed and publicized a system, in keeping with the CUSOM mission and objectives, to assess the progress of each student toward acquiring the competencies essential to effective performance as an osteopathic physician. Throughout all four years students must complete all required course work and clinical rotations with passing grades as published in the Academic Bulletin. Students who fail any part of the curriculum may be offered remediation. Under certain circumstances, students may be brought before the APPS Committee for disciplinary action.

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 and COMLEX-USA Level 3 passage rates; licensure; geographic area of practice; obtainment and completion of a postdoctoral program; and AOA or ABMS board certification. CUSOM publishes outcomes of student performance in annual reports to the faculty and Board of Trustees. CUSOM has adopted the following schema for determining grading.

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

Grading Scale							
MS-1 and MS-2		QP	MS-3 and MS-4 <sup>a</sup> Traditional Rotation Grades		QP <sup>b</sup>	Other Grades	
A	90-100 <sup>c</sup>	4.0	H	Honors	4.0	I	Incomplete
B	80-89	3.0	HP	High Pass	3.0	IP	In Progress
C	70-79	2.0	PC	Pass Clinical	2.0	WM	Withdrew-Medical
F	<70	0.0	FC	Fail Clinical	0.0	WP	Withdrew-Passing
P	≥70	4.0				WF	Withdrew-Failing
FMP and PCC are P/F; P = 4.0 QP, F = 0.0 QP Remediated P = 2.0 QP			PC and FC = Pass Clinical and Fail Clinical, respectively				

<sup>a</sup>Both traditional grades and clinical modules/exam grades are assigned in MS-3 and MS-4.

<sup>b</sup>QP = Quality Points: points assigned to grades in an academic "banking" system. Under CUSOM's grading system, an A is worth 4 QP/hour, a B is 3 QP/hour, a C is 2 QP/hour, and no points for F or failing grades. A student who earns an A in a 3-hour course has 3 hours X 4 QP/hour = 12 total points

<sup>c</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 82.01 - 82.49 = 82.

**NOTE:** Successfully remediated courses are designated as C\* or a P\*. The \* differentiates between the students who pass during the normal block or rotation with a C or P.



## Assessment

Outcome objectives have been mapped to the courses in which they will be covered, and evaluation strategies will be used to ensure that all graduates achieve the intended learning outcomes. A comprehensive assessment plan summarizes additional methods and metrics that will be tracked for continual program evaluation and improvement. Assessment of knowledge is by multiple-choice examinations and quizzes administered electronically at scheduled and random intervals. Laboratory and clinical skills assessments are in written and/or verbal exam format. Assessment of performance on clinical rotations is by end-of-rotation examinations and related methods.

## Grading For Years One and Two

### Evaluation Categories

For the purposes of this Grading Policy, CUSOM recognizes four categories of educational effort, with the maximum percentage of the final course grade allowed by each category as delineated below:

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

The total for a course must equal 100% and can be comprised of any combination of the above designated components as determined by the faculty member with approval from the respective Associate Dean.

Each category is represented within the CUSOM curriculum.

### Process

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

- Integrated exams occur three times in each Block in years 1 and 2.
- FMP and PCC course questions are not included on the integrated exams except where they are consistent with discipline content in other courses. All other courses, including OMM and Clinical Skills, may have questions on integrated exams.
- Quizzes are administered each Friday morning in the Case Presentation sessions of the curriculum. These will be a maximum of 10 questions, and interdisciplinary when possible
- Quizzes may be administered at other times as determined by respective faculty; however, the total percentage value of quizzes towards the total grade must not exceed the maximum identified above.
- Quizzes can only be administered by using the Audience Response System (ARS) or through Blackboard quizzes. Laboratory practical exams typically are separate from integrated exams; however, often content may be similar on both.
- Course grades are determined based on total points and the percentage of total points earned.
- Each Course Director, in consultation with other faculty, propose to the Dean's Council a grading plan for her/his course. This must be submitted no later than one month prior to the start of the course.
- The Dean's Council reviews each submitted grading proposal to ensure it is consistent with the CUSOM Grading Policy. The Course Director, in turn, is advised if the proposed grading plan is appropriate, or if changes need to be made.

- Grades are defined by the course-grading plan approved prior to start of the course. As such, bonus points are not permitted.
- In rare instances, there may be exceptions to the established Grading Policy, which require justification for deviation from the original plan; however, every attempt is made to ensure the policy stated to the students at the start of the course is the policy by which they will receive their course grades. The Dean authorizes any exception to the Grading Policy upon recommendation from the Dean's Council.

### Grading for Years Three and Four

- **Educational modules:** Lectures, cases, and other forms of delivery are used in the third and fourth year curriculum.
- **Post-rotation exams:** Each student, for core rotations, is required to pass a post-rotation exam to assure that the expected medical knowledge has been acquired. In addition to the experiences received in the clinical training sites, students are expected to read in the assigned text and complete all curricular assignments to prepare for these exams.
- **Objective Structured Clinical Performance Examinations (OSCE) and Standardized Patients (SPs):** OSCEs and standardized patient 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. SP exercises or OSCE's will be done at the end of each block. Multi-station OSCEs will be given at end of first, second, and third years. These include taking a medical history, performing a physical examination, evaluating signs and symptoms to formulate a differential diagnosis, performing or assessing the results of diagnostic exams to evaluate and narrow a differential diagnosis, and common early management scenarios.
- **Clinical Rotation Evaluation:** 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. The CUSOM competency-based evaluation is based on the following core competencies in each area:
  - 1) Osteopathic Philosophy and Osteopathic Manipulative Medicine
  - 2) Medical Knowledge
  - 3) Patient Care
  - 4) Interpersonal and Communication Skills
  - 5) Professionalism
  - 6) Practice-Based Learning and Improvement
  - 7) Systems-Based Practice

During the curriculum delivery and assessment in all four years the staff, patients, and/or standardized patients with whom the student comes in contact may be asked to evaluate the student's communication and interpersonal skills. These evaluations are primarily completed in the ambulatory and testing setting and are a part of the grading process.

Students who fail a clinical rotation will be required to repeat that rotation. Students who have a repeat failure or fail more than one clinical rotation will come before the APPS Committee. In addition, repeated performance evaluations in which items performed in a specific category or across categories are rated as never or seldom will be reason for remediation at the discretion of the Associate Dean for Clinical Affairs in consultation with the clinical chair, the preceptor, and/or the APPS Committee.

In general, students should show a progression of improvement in performance on clinical rotations. Those students who continually score in the "unsatisfactory" category or repeated "performs some of the time, but needs improvement" and do not improve over time may be deemed as not making academic progress and, as a result, may be required to complete additional curriculum or may be referred to the APPS Committee. Failure on a clinical rotation will result in academic probation. Failure to perform satisfactorily on two or more clinical rotations are referred to the APPS Committee and may result in an additional required curriculum, repeat of an academic year, or dismissal from CUSOM.

Poor ratings on the clinical evaluation in the professional and ethical areas of the assessment of a student are addressed by the Associate Dean for Clinical Affairs and may result in a remediation appropriate to correct the deficient area. In the case of concerns in professional and/or ethical areas, the Associate Dean may refer the student to the Dean for an APPS Committee hearing. The Dean will act upon this referral depending on the severity and the area of the performance measure. Poor ratings in this area must be accompanied by comments as to the exact nature of the rating.

- **Documentation:** Students are required to maintain a log to identify the procedures performed and the number of essential patient encounters. The faculty member will verify logged information at the end of the rotation, either online using a password signature or by signing the log.
- **Rotation Evaluations:** Clinical rotation evaluation begins the first week. Students are to request feedback from the preceptor, (e.g., "How am I doing?", "Are there things I should improve?") by the end of the first and every week of each clinical rotation, in order to continually address areas that need improvement. This provides students an opportunity to improve while on the rotation, and prevents unexpected poor evaluation at the end of the rotation. Students bear total responsibility to seek this ongoing feedback.

It is the student's responsibility to ensure that all clinical evaluation forms are either completed online or turned in to the Clinical Affairs Office at the completion of each rotation. It is the student's responsibility to expediently inform the Clinical Affairs Office of any difficulty in obtaining an evaluation from the preceptor at the end of that rotation. The overall responsibility to ensure that evaluations have been completed and returned to CUSOM (or site coordinator) remains with the student. For this reason, students are responsible for setting up a time for final evaluation during the final week of the rotation, requesting such a meeting at the beginning of the final week of the rotation. At this meeting, students should supply the preceptor with the evaluation form and an envelope addressed to the site coordinator (or ensure that the preceptor is completing the form online at the time of the evaluation).

It will be CUSOM policy for students not to leave a rotation without the evaluation being discussed and signed by the preceptor. If a rotation form is not completed and turned in to the site coordinator or Director of Clinical Rotations within 90 days of the rotation, the rotation may be considered not completed or failed. Students should check with the site coordinators monthly to assure they have received the evaluation. Clinical affairs staff may assist the student in obtaining an evaluation if a preceptor is negligent by refusing to complete the evaluation form or to turn it in to the regional coordinator.

### **Grade Point Average (GPA)**

The grade point average (GPA) is the sum of earned grade points divided by the sum of Block-hour credits passed and failed. Students may be required to remediate all courses within a Block where the student's grade falls below 70. Students are required to remediate or complete a curriculum where the student's grade falls in I (Incomplete) or IP (In Progress) status.

Students who do not successfully complete or remediate these courses are awarded an F or failing grade. A student will receive a grade of C for a remediated course. Exceptions may be granted to students repeating an entire academic year.

For the first two years, most courses have a traditional letter grade (A, B, C, and F) and are calculated into the GPA. For the third and fourth years, all rotations have a clinical rotation grade and all core rotations have clinical modules/exam grades. The clinical rotation grade and the module exam grade use the Honors, High Pass, Pass, Fail system. Students must pass both the "educational module" and "rotation" portions of the course. All rotations on which a student receives a failing rotation grade must be repeated. The grade earned on the repeated clinical rotation will be recorded on the transcript.

Students failing a module or post-rotation exam have a second opportunity to pass the exam within 30 days of notification. If the student fails the second attempt at the post-rotation exam, an F is recorded on the module/exam grade, and the rotation must be repeated. Students who fail one or more rotations or more than one post-rotation exam will be reviewed and acted upon by the APPS Committee.

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

Assessment of performance compared to national cohorts is through the Comprehensive Osteopathic Medical Licensing Examination-USA Levels 1, 2 and 3.

## **5.6 Academic Standing and Academic Progress**

Academic Standing is defined as the grade status at any time within a given block or rotation. 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. The Senior Associate Dean for Academic Affairs may grant exceptions for participation.

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

In order to sit for COMLEX-USA Level 1, the student must achieve a score consistent with "Acceptable or Good Performance" as defined by the National Board of Osteopathic Medical Examiners (NBOME) for the College of Osteopathic Medicine Self-Assessment Exam (COMSAE) (see <http://www.nbome.org/comsae.asp>).

Each student must pass the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) – USA Level 1 in order to be promoted to full MS-3 status.

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

Students who experience difficulty successfully completing elements of the CUSOM curriculum or COMLEX exams in a timely manner according to the academic calendar may be placed into a combination curriculum/remediation program (Modified Course of Study). Students placed in a Modified Course of Study must sign and agree to comply with the plan approved by the Dean recommended by the Associate Dean. As long as the student is making satisfactory progress, they will remain in a full-time status. Students who do not follow the Modified Course of Study or who do not make academic progress on the modified course of study may be referred to the APPS Committee for additional required remediation, or dismissal from CUSOM.

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

## **5.7 National Board Exams**

Students are required to pass the COMLEX-USA Level 1, COMLEX-USA Level 2 CE, and COMLEX-USA Level 2 PE prior to graduation.

### **Accommodations on COMLEX Exams**

Students who request accommodations for COMLEX-USA Level 1 (COMLEX 1) must submit their applications directly to the NBOME at least 90 days prior to their COMLEX 1 date in order to allow time for NBOME's decision. Therefore, students must request COMLEX 1 accommodations from NBOME in writing by April 15<sup>th</sup> to meet the end of July deadline for taking the exam. Please contact the NBOME directly for more information.

### **COMLEX-USA Level 1**

CUSOM students will complete the Clinical Applications of Biomedical Sciences in Block 8, and MUST sit for COMLEX-USA Level 1 prior to July 31<sup>st</sup> in the period between the second and third academic year. Prior to receiving their COMLEX-USA Level 1 grade all students, including those on appeal, will be considered "provisional" third year students. Full third year status will be granted to all students passing COMLEX-USA Level 1.

In order to sit for COMLEX 1, the student must achieve a pre-identified "passing" score on a qualifying exam, such as the College of Osteopathic Medicine Self-Assessment Exam (COMSAE). CUSOM will identify the passing parameters by the end of Block 5. CUSOM will pay for the first exam with students responsible for the cost of subsequent exams. Students will have three attempts to pass this exam: the first opportunity at the beginning of Block 7, a second opportunity at the beginning of Block 8, and the third opportunity at the end of Block 8.

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

Students will be provided a mandatory board review course at the end of Block 8. This review course of study will be provided by CUSOM. Students who do not pass the qualifying exam after three attempts (including after the required review course) will be required to use their vacation, the first block of their third year, to take a remedial program identified by CUSOM at the student's expense. At the end of this remedial program, the student will be permitted to take COMLEX-USA Level 1.

### **Failure of COMLEX-USA Level 1**

Any student who fails COMLEX-USA Level 1 will be immediately placed on probation and, as determined by the APPS Committee, may be withdrawn from clinical rotations until they successfully pass the exam.

Any student who fails COMLEX-USA Level 1 must meet with the Associate Dean for Biomedical Affairs. The Associate Dean for Biomedical Affairs will assist the student in analyzing their deficiencies and developing a remediation plan. Students who fail COMLEX-USA Level 1 without successfully passing the qualifying exam will be required to take a residential review program at their own expense.

Students who have been taken off rotations for a COMLEX-USA Level 1 failure will not be permitted to return to clinical rotations until they receive a passing score. Students who do not pass COMLEX-USA Level 1 after three attempts may be dismissed from school.

### **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 clinical rotation. In addition to demonstrating the student has learned the appropriate materials on the rotation, the exams function to prepare students for COMLEX-USA Level 2 CE. In addition, students must take and pass Standardized Patient and Objective Structured Clinical Exams. These exams are done to assure the student has competently achieved the clinical skills expected in the third year and they will prepare the student for COMLEX-USA Level 2 PE testing.

Students who fail the Standardized Patient or OSCE exams will be required to remediate the exam a minimum of 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 strongly recommended to take COMLEX-USA Level 2 PE by the end of December in the fourth year. This is recommended as it takes a minimum of 90 days to receive scores for COMLEX-USA Level 2 PE. If students fail COMLEX-USA Level 2 PE, they must have ample time to schedule and retake this exam prior to graduation.

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

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

Students who fail COMLEX-USA Level 2 CE or PE MUST meet with the Associate Dean for Clinical Affairs to develop an individualized remediation plan and must follow that plan. Students who fail COMLEX-USA Level 2 CE or COMLEX-USA Level 2 PE may be allowed to continue in fourth year rotations. Passage of both COMLEX-USA Level 2 CE and COMLEX-USA PE is required in order to graduate. Students who do not pass both CE and PE by graduation will be suspended. Students on suspension do not qualify for financial aid. Students will not be removed from suspension until they demonstrate a passing score on the deficient exam(s). Students on suspension for a period exceeding six months will be reviewed by the APPS Committee and may be dismissed from CUSOM.

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

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

## 5.8 Academic Probation

In addition to the policies above, students will be automatically placed on academic probation for the following reasons:

- the student receives an "F" at the end of the Block in any course or clinical experience, or
- the student fails to score a 70% or above on the post rotation exam on the second attempt, or
- the student fails to successfully complete a portion of the COMLEX exam in the expected time frame

The record of each student on academic probation will be reviewed by the APPS Committee each Block or clinical rotation to evaluate the student's academic progress. At the end of any block where the student on academic probation earns grades below 70%, the APPS Committee may recommend promotion to the following year, repetition of the year just completed, repetition of a specific course or system, make-up examinations, summer courses, or dismissal. In general, students are not allowed to repeat an entire course more than once.

The APPS Committee may, on a rare occasion, allow a student to repeat a course or Block. Students may appeal the decision of the APPS Committee to the Dean based upon new and compelling information not available to the APPS Committee at the time of the decision.

**NOTE "F" grades:** A student who earned a grade of "F" initially and is eligible to remediate the course will have the grade reported as In Progress ("IP") on his/her transcript until the prescribed remediation is attempted and a new grade is issued. The Registrar will report current "IP" grades to the appropriate Associate Dean at the time the "IP" is assigned. Once an "IP" grade has been officially changed to a letter grade on the transcript, the Registrar will not retain a record of "IP" courses as part of the academic record. The appropriate Associate Dean, however, maintains a listing of previously satisfied F grades in courses and will report such grades to the APPS Committee as needed for assessment of the student's overall academic performance and progress. Students who fail to remediate a grade of "F" will have failed the course and receive an F on the transcript. If a student is allowed by the APPS Committee to repeat a failed course, the F will remain on the transcript.

The highest grade that can be given for a remediated course is 70%. The new grade, if remediated successfully, will have the letter grade C or P with an asterisk (C\* or P\*, respectively) associated with the course to reflect a repeated course on the transcript. The grade of C\* represents a remediated, passed graded course, and a P\* represents a remediated, passed Pass-Fail course.

A student may receive any of the following grades for a clinical rotation: Honors, High Pass, Pass, or Fail. A successfully remediated clinical rotation will be represented on the transcript as PC\*, with the asterisk denoting a remediated rotation.

## 5.9 Modified Courses of Study

Students who are placed into a Modified Course of Study by the Dean or either Associate Dean for Biomedical / Clinical Affairs are required to sign the documented Modified Course of Study. Students who do not comply with the Modified Course of Study may be suspended at any time by the Dean for failure to follow the plan. If a student has difficulty in following the assigned Modified Course of Study, they must meet with the Dean, or appropriate Associate Dean.

Students following a Modified Course of Study should be aware that they must be on track to complete all requirements to graduate by July 1st to enter ERAS and the Match. Students who fail COMLEX Level 2 PE or CE after the match and complete graduation requirements after July 1<sup>st</sup> may lose their matched position; this decision is made by the residency program director and/or director of medical education at the respective hospital.

## **5.10 Academic Performance, Promotion and Standards (APPS) Committee**

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

The APPS Committee meets at the end of any block in which a student has achieved a failing course grade, failed to successfully remediate an F, failed a course while on Academic Probation, when a delay in a student's academic progress is identified, or when deemed necessary. The Dean 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 similar factors.

Additionally, the APPS Committee is responsible for the review of situations where students are involved in academic misconduct (i.e., cheating or plagiarism) or nonprofessional conduct. The Campbell University School of Osteopathic Medicine Honor Code published elsewhere in the Academic Bulletin shall guide this review.

The APPS Committee is composed of following voting members: the Associate Dean for Biomedical Affairs, the Associate Dean for Clinical Affairs, the Senior Associate Dean for Academic Affairs and Research, the Executive Director for Student Affairs and four faculty members to include at least one primary care clinical faculty member, one specialty clinical faculty member, and one biomedical faculty member. The Dean appoints faculty members. A quorum is defined as a simple majority of members present in person or by teleconference.

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, after the Associate Dean for Biomedical Affairs and/or the Associate Dean for Clinical Affairs have determined all grades, or as needed. Additionally, the Senior Associate Dean for Academic Affairs and Research will call for an APPS Committee hearing and serve as the Chair of the APPS Committee if a student has:

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



## **APPS Committee Procedures for Academic Performance Matters**

The Senior Associate Dean for Academic Affairs and Research will Chair the APPS Committee.

Members of the APPS Committee have the following roles:

- The appropriate Associate Dean for the academic year involved will report on the academic progress of the student(s), as necessary.
- The Associate Dean may submit a written report documenting assistance that the student has received or been offered, including but not limited to tutoring or advising.
- The Course Director, Department Chair, and/or the students' Faculty Advisor may be asked by the APPS Committee to comment on student performance and related topics, as necessary.
- The Executive Director for Student Affairs may report on documentation that the Office of Student Affairs may have which may be relevant to the student's academic progress. The Registrar will have the student's entire academic record available (course evaluations, performance assessments and the student's transcript) for the members to reference if needed.
- The Executive Assistant to the Dean shall serve as the secretary recording minutes and ensuring all communication occurs in a timely manner.
- Each student reviewed by the APPS Committee will be given the opportunity to make a maximum of 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.
- For issues arising from Honor Code violations, the Executive Director for Student Affairs will report on documentation that the Office of Student Affairs may have which may be relevant to the alleged violation of the Honor Code. This may include a verbal report from faculty involved with the incident(s). In the case where students are involved with reporting the breach, confidentiality of the reporting student will be maintained and the Executive Director for Student Affairs will represent the student's testimony. See below under Non-Academic Matters.

For students deemed to not be making academic progress, including multiple grades in the I or IP range in one block or across more than one block or an F grade, following deliberations the APPS Committee may make recommendations including but not limited to the following for final action by the Dean:

- Award of a satisfactory grade (70%) and promotion to the next block following satisfactory remediation
- Require remediation, further coursework, or repeat of a course
- Require one or more additional clinical rotations with satisfactory performance
- Place, not place, or extend the student's term on academic probation
- Require more frequent meetings with faculty advisors with those students on academic probation
- Specify a timeline or manner in which any remediation must occur.
- Make a determination for dismissal, or repeat of academic year.
- Request further assessment prior to making sure the student has the ability to make satisfactory progress to become an osteopathic physician including but not limited to: psychological evaluations, drug or alcohol screening / testing, or other evaluations. Such testing will be at the student's expense.
- Suspend with reinstatement pending satisfactory performance.
- Suspend of a student with reinstatement decisions pending further evaluation and treatment.
- Repeat of multiple courses in which the student initially earned a F grade,
- Repeat of an entire academic year, or
- Assign of a Modified Course of Study that will delay promotion until satisfactory a progress through a directed remediation program has occurred, or dismissal.

The APPS Committee may recommend dismissal of a student when the student demonstrates that he/she is unable to make academic progress through:

- Multiple failures in a preclinical Block
- An F grade on a modified course of study
- A history of multiple conditional grades and an F
- Failure of two or more clinical rotations in one academic year
- Failure to pass any courses while on Academic Probation
- Failure and cumulative evidence that demonstrate the student is not gaining the appropriate knowledge and/or qualifications to become an osteopathic physician
- Any other issues deemed relevant.

The appropriate Associate Dean will notify the student of the outcome of the APPS Committee meeting and any sanctions if applicable. Upon notification, the student may appeal the decision in writing to the Dean within seven calendar days of notification. The appeal should be based upon new and relevant information. The Dean will normally reply within 14 working days of receiving the written appeal.

The Dean will not meet with the student prior to receiving the written appeal material. In the case of an appeal, the student may appeal to the Dean based only upon new and meaningful information not available to the APPS Committee. The Dean's decision will be final.

#### **APPS Committee Procedures for Non-academic Matters**

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

All instances of suspected misconduct by a student must initially be reported through the Executive Director of Student Affairs. The Executive Director will in turn notify the Dean and appropriate Associate Dean of the suspected misconduct. The Dean then constitutes an *ad hoc* committee to investigate the charges.

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

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

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

All sessions of the Committee will be closed to all individuals except those immediately concerned in the case. No attorney shall be present, as this is not a court of law. All persons present at the proceedings shall be bound to disclose no more than the Committee does in its official report on the case. Revelation of such details will be considered a violation of the Honor Code. The testimony of each witness shall be given while the other witnesses in the case are out of the room.

The Committee may allow introduction of evidence other than testimony of witnesses provided that the evidence is relevant to the question before the Committee on any matter. The Committee shall set rules for the conduct of all cases and all arrangements connected with taking evidence. Time frames for investigation of hearings and proceedings may be altered if circumstances warrant.

Deliberation of the Committee shall take place in private and remain confidential. Voting on decisions of whether misconduct has occurred shall be by secret ballot and determined by a simple majority. If the Committee determines that the student was in violation of the Honor Code, it will consider and recommend an appropriate penalty. The APPS Committee forwards its recommendations to the Dean for action. The CUSOM Dean may uphold or reject any decision or penalty recommended by the Committee. The student will be informed of the decision and, if violation (s) is determined, the recommended penalty. A letter from the Dean's office will serve as the official notice of the outcome of the proceedings.

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

The APPS Committee may recommend to the Dean imposition of one or more of the following sanctions upon individuals determined to have violated the Honor Code:

- Admonition: This consists of a verbal or written warning. Admonitions will not become a part of the student's longitudinal record and may not be reviewed or appealed by the student.
- Ineligibility for election and/or removal from student office or organizational office for specified period of time.
- Withholding of official transcript, barring re-admission to CUSOM, and/or blocking a student from enrolling for a specified period of time.
- Restitution, whether monetary or by specific duties, or reimbursement for damages to or misappropriation of CUSOM, student, staff, or faculty property.
- Academic sanctions: Writing a paper, reduction of grade on an examination, assignment, or course; repetition of a course(s); being assigned additional clinic or laboratory activities or coursework; repeating of an exam, coursework, or even an entire academic year or semester or other appropriate penalties.
- Conduct Probation: A penalty levied for a specific time, the duration of which will be determined by the seriousness of the circumstances. It carries with it a warning that any further violations of CUSOM regulations will result in more serious disciplinary action. Conduct probation will be removed from the student's longitudinal record in the Office of Student Affairs.
- Disciplinary Probation: A penalty for a definite period determined by the circumstances of the case. This is the most severe penalty under which a student may remain at CUSOM. Disciplinary probation may result in a warning that further violations may be cause for disciplinary suspension or expulsion. A record of the disciplinary probation remains a part of the student's longitudinal record in the Office of Student Affairs.
- Suspension: This penalty may be imposed for continued and/or flagrant violation of the disciplinary probation terms, or it may be imposed directly in first offense cases that warrant such action. In the case of suspension, the student will be barred from all campus and non-campus activities.
- Withdrawal: Withdrawal is administrative removal of a student from a class or from CUSOM and may be

imposed in instances of unmet financial obligation to CUSOM. The withdrawn student may also be barred from re-enrollment until such time as specific conditions have been met.

- Expulsion: Expulsion is permanent severance from CUSOM.
- Revocation of Degree: The revocation of degree may occur for discovered misconduct of prior students. Allegations of misconduct, which may result in a revocation of a granted degree, will be considered by the Dean.

All minutes and evidence shall be placed in the permanent files of the APPS Committee, and a copy will be sent to the Dean's Office where it shall remain until the student graduates or leaves CUSOM.

### **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 pick up in the curriculum and to determine if any additional curriculum is needed.

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

## **5.11 Withdrawal/Leave Procedures**

### **Withdrawal**

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

- A voluntary withdrawal is requested in writing through the Office of the Executive Director for Student Affairs. The student must complete an Change of Status Form and return the form and any designated CUSOM issued items to the Office of the Registrar before the student will be considered "withdrawn in good standing"
- The date for a voluntary withdrawal will be the date of the student's written request.
- Upon receipt of the completed Change of Status Form and CUSOM issued items, the student will be voluntarily withdrawn (in good standing) from CUSOM and entitled to certain benefits, i.e., application for readmission or an official transcript if requested.
- Any pre-approved leave of absence (to extend no longer than six months) will require completion of an Change of Status Form and may or may not require the return of CUSOM issued items (depending upon the specific circumstances of the leave of absence).

The Dean, however, makes the final decision regarding withdrawals. Students who discontinue their education at CUSOM, for any reason, will be required to complete a withdrawal or Change of Status Form.

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

A medical leave of absence may be granted to students who are in good academic standing, who provide documentation and are deemed to have a valid medical reason requiring the leave. The Associate Dean for Biomedical Affairs and/or the Associate Dean for Clinical Affairs may make the initial determination. The medical leave is determined by the Dean. A medical leave of absence may last no longer than six months. A medical leave of more than 180 calendar days will require the student to withdraw.

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

### **Medical Withdrawal (absence greater than 180 calendar days)**

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

### **Military Withdrawal**

Military withdrawal is granted to students whose military reserve obligations may require a period of absence from the academic program when they are called to extended active duty. Readmission is guaranteed pending proof of compliance with the minimal technical standards and the Honor Code. If the student returns within five years, they will be placed in the curriculum as close to their current position as possible in order to provide them the appropriate continuum in the curriculum and the training required to be successful, competent, and able to perform well on their board exams. In any case, the student will not be charged any additional tuition from their original obligation. The Dean and Associate Deans will meet with the individual student to determine the appropriate curriculum to be completed in the remainder of the degree program that will bring the student to a competency level equal to his or her peer.

### **Personal Withdrawal**

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

### **Administrative Leave of Absence**

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

### **Suspension**

Suspension is defined as a temporary separation from the institution. The duration of the suspension will be determined by the Dean and may include recommendations from the APPS Committee or the Professional Ethics Standards Board, or CUSOM's Honor Code Committee. Students may be assigned independent studies during suspension to remain current; however, these independent studies do not replace course attendance or rotation requirements. If the terms set out under the suspension are not fulfilled and the period of suspension is six months or greater, the student may be dismissed from CUSOM.

## **Dismissal**

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

## **Unofficial Involuntary Withdrawal (Pending)**

Any student who ceases to maintain adequate academic attendance in CUSOM will be considered for an involuntary withdrawal.

## **General Withdrawal**

- Failure to complete a Change of Status Form and to obtain the proper signatures will result in a hold placed on all academic records.
  - Tuition refunds will be based upon the schedule shown under the section on Refund Policy.
  - For any withdrawal, voluntary or involuntary, CUSOM recognizes and follows the date of determination as defined by the U.S. Department of Education in its Code of Federal Regulations.
- For any withdrawal, voluntary or involuntary, the student must return the following to Student Affairs at the time of departure:
  - Identification card
  - Parking decal
  - All computers and peripherals including, but not necessarily limited to, laptops, iPads, ARS/clickers, chargers
  - White Coat, if applicable
  - Any other CUSOM-supplied items
- 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.

## **5.12 Graduation Requirements**

The degree of Doctor of Osteopathic Medicine is granted to and conferred upon candidates who:

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

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

Professional and ethical competence is required for graduation. Students must demonstrate the ethical and professional qualities deemed necessary for success and continued study and practice of osteopathic medicine; the suitability for the practice of medicine by dutiful and responsible acceptance for patient care; and integrity in the conduct of clinical duties. Students may be dismissed from CUSOM if any of these competencies are not met.

A student must have completed all curricular requirements at CUSOM, or a minimum of two years at CUSOM and another eligible institution which is accredited by the Commission on Osteopathic College Accreditation (COCA) or Liaison Committee on Medical Education (LCME), between the date of matriculation and graduation. In addition to this requirement, the student must have been enrolled full time at CUSOM during their third and fourth academic years.

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

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

### **5.13 Delayed Graduation Policy**

If an osteopathic medical student is required to re-take courses in the curriculum as a result of specific course failure or a deficiency in overall academic performance, then a delay in scheduling clinical rotations will occur and the student's graduation will be delayed. Voluntary course withdrawals, temporary leaves of absence or suspensions secondary to academic, administrative suspensions or as a result of failure to pass boards consistent with CUSOM policy will also cause a delay in scheduling clinical rotations and a delay in graduation. Any alteration in the normal curriculum progression may affect a student's financial aid status or qualification for education-based financial aid. Specific counseling and advice should be sought from the School's Office of Academic Affairs and the University's Office of Financial Aid for a particular situation.

### **5.14 Clinical Policies and Procedures**

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

### **5.15 Academic Freedom Policy**

Academic freedom refers to the environment provided by the University that permits faculty and students to engage in their scholarly pursuits of teaching, research, and related activities at institutions of higher education. Academic freedom embodies the University's mission of creating new knowledge and the effective communication of cumulated knowledge.

This policy applies to faculty members and students at CUSOM. As an academic institution, CUSOM exists 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.

Free inquiry and free expression are indispensable to the attainment of CUSOM's goals. As members of the academic community, faculty and students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth.

Freedom to teach and freedom to learn are inseparable facets of academic freedom. The freedom to learn depends upon appropriate opportunities and conditions in the classroom, on the campus, and in the larger community. The University, the faculty and students have a responsibility to protect and promote the learning process in all endeavors.

CUSOM affirms its commitment to academic freedom, and adopts the following statement of academic freedom principles applicable to faculty and students.

Faculty and students are expected to remember the public may judge the profession and institution by their utterances. Hence, faculty and students agree at all times to be accurate, to exercise appropriate restraint, and to show respect for the opinions of others.

CUSOM subscribes fully to the 1940 Statement of Principles of the American Association of University Professors regarding academic freedom:

- Faculty is entitled to freedom in the classroom. The faculty member is responsible, however, for maintaining academic standards in the presentation of course materials.
- As members of the academic community, students should be encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for the truth.
- Faculty and students in the classroom and in conference should encourage free discussion, inquiry, and expression. Student performance should be evaluated solely on an academic basis, not on opinions or conduct in matters unrelated to academic standards.
- Students should be free to take reasoned exception to the information or views offered in any course of study and to reserve judgment about matters of opinion, but students are responsible for learning the content of the course of study in which they are enrolled.
- Students should have protection through orderly grievance procedures against prejudiced or capricious evaluations. At the same time, students are responsible for complying with the standards of academic performance established by the School.
- Faculty members are entitled to full freedom in research or other services of his/her own undertaking, and in the publication of the results, subject to the adequate performance of other academic duties.
- When faculty and students speak or write as members of the community, they are free from institutional censorship or discipline, but they are expected to remember the public may judge the profession and institution by their utterances.

Students and faculty may not represent themselves verbally, in print, or electronically (including use of Campbell University and/or CUSOM logos, titles, letterhead, or stationery) as representing Campbell University or CUSOM without the express written permission of the Dean. Failure to comply may result in disciplinary action, up to and including dismissal from the School.



## **6. Osteopathic Medicine Curriculum**

### **6.1 Years 1 and 2**

The first two years of CUSOM's curriculum focus on teaching students fundamental principles of biomedical science with significant emphasis on clinical science, elements of clinical practice, and professionalism. Historically, the first two years of medical school instruction have been viewed as "pre-clinical" with the remaining two years being viewed as "clinical". At CUSOM, the curriculum is highly 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.

In years one and two, content is presented in integrated course series mainly delivered within 9-week blocks, with the exception of ten weeks in Block 4 and eleven weeks in Block 8, over four semesters. The week between Blocks is vacation time for students unless remediation is warranted. Each course series contains specific courses and content typical of those found among osteopathic medicine curricula nationwide. More detailed and specific course descriptions are contained elsewhere in the Academic Bulletin.

**Foundations in Biomedical Science** – Blocks 1 and 2 are primarily fundamental basic sciences (e.g., Anatomy, Biochemistry, Cell Biology, Cellular and Metabolic Pathology, Microbiology, Immunology, Pharmacology and Physiology). Content in these courses is coordinated, and integrative case exercises at the end of each week demonstrate application to clinical problems.

**Organ Systems** – In Blocks 3-8 basic and clinical sciences are integrated through organ system-based instruction, with material specific to each system and its disease states.

**Clinical Skills and Osteopathic Manipulative Medicine** – Students receive extensive training in osteopathic principles and practice (OPP) and osteopathic manipulative medicine (OMM). The Clinical Skills program (CS) includes didactic instruction supplemented by practice using simulation, standardized patients, and early clinical experiences (ECE).

**Foundations in Medical Practice (FMP)** – includes epidemiology, research skills, and evidence-based medicine.

**Professional Core-Competencies (PCC)** – focuses on the seven AACOM Core Competencies including medical humanities, health systems, global health, ethics, and professionalism.

### **Curricular Content Overview**

All semesters of the first and second year are partitioned into two 9-week blocks, with the exception of ten weeks for Block 4 and eleven weeks for Block 8. Within the first two blocks, the students are introduced to the basic concepts of Anatomy, Biochemistry, Cell Biology, Immunology, Microbiology, Cellular and Metabolic 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 three through eight, the CUSOM curriculum uses an organ- systems approach to medical education. Lecturers present instructional materials that go beyond the basic principles mastered during the first semester. Basic scientists, primary care physicians, and sub-specialty physicians deliver this material as it relates to the particular system.

**Clinical Skills and Osteopathic Manipulative Medicine** address content that will allow CUSOM students to learn and thrive in the basic philosophy, principles, and practice of osteopathic medicine. Hands-on diagnosis and

treatment is the foundation of osteopathic whole-person health care. Lectures and labs incorporate state of the art instruction. Additionally, simulation and standardized patient experiences, allow students to enhance their clinical skills such as physical exam techniques, interviewing, counseling, and medical reporting skills necessary to progress to the 3rd and 4th years. Students are also introduced to Early Clinical Experiences with community physicians within the region.

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

**The Professional Core Competencies (PCC) course** is presented through all semesters of the first and second year curriculum, and is designed to teach those core competencies necessary throughout the physician's career. Through the use of lecture, discussion, and other unique activities, students are introduced to and master such topics as Medical Humanities, Biomedical Ethics, Medical Law and Jurisprudence, Global Health Issues, and professionalism.

### **Sample weekly calendar**

Please see the following sample calendar weeks on pages 65-66. Actual weekly schedules vary based on course content and space needs. Lectures primarily take place in the morning, with labs and clinical skills taking place in the afternoons.

## MS-1 sample week:

Time	Monday, Aug 04, 2014	Tuesday, Aug 05, 2014	Wednesday, Aug 06, 2014	Thursday, Aug 07, 2014	Friday, Aug 08, 2014
	<b>Cell Biology 1</b>	<b>Biochemistry 2</b>	<b>Biochemistry 3</b>	<b>Cell Biology 9</b>	<b>Cell Biology 12 &amp; 13</b>
08:00 to 08:50	Cell Structure: Cell and Organelles Dr. Danelisen	H <sub>2</sub> O, Buffers, Acid-Base TBD	Amino Acids and Proteins TBD	Cell Division and Cycle Dr. Danelisen	QUIZ & Clinical Case Conference  Dr. Danelisen
09:00 to 09:50	<b>Cell Biology 2</b> Eukaryotic Genome Dr. Hall	<b>Cell Biology 4</b> Transcription and Translation Dr. Hall	<b>Cell Biology 6</b> Regulated Gene Expression Dr. Hall	<b>Cell Biology 10</b> Molecular Techniques in Medicine Dr. Kuo	
10:00 to 10:50	<b>Cell Biology 3</b> Eukaryotic DNA Replication and Repair Dr. Hall	<b>Cell Biology 5</b> Protein Trafficking and Degradation Dr. Hall	<b>Cell Biology 7</b> Cell Membrane Dr. Danelisen	<b>Biochemistry 4</b> Enzymes TBD	<b>FMP 1</b> Introduction to FMP Dr. King-Thiele
11:00 to 11:50	<b>Biochemistry 1</b> Introduction to Biochemistry TBD	<b>OMM 1</b> Introduction to Palpation, Range of Motion (ROM) Dr. Motyka	<b>Cell Biology 8</b> Signal Transduction Dr. Danelisen	<b>Cell Biology 11</b> Membrane Potential and Action Potential I Dr. Zhu	<b>PCC 1</b> Introduction to Myers Briggs (MBTI) Dr. Maharty
12:00 to 12:50	Lunch	Lunch	Lunch	Lunch	Grand Rounds 12:30 - 13:30
13:00 to 13:50	<b>Anatomy 1</b> Introduction and Surface Anatomy I Dr. Anderson	<b>OMM Lab 1</b> ROM, Axes of motion, GROUP A	<b>Clinical Skills 1</b> QUIZ + Active Listening Skills Dr. Kaprielian	<b>Anatomy 2</b> Surface Anatomy II Dr. Anderson	Study Time
14:00 to 14:50	<b>Anatomy Lab 1 &amp; 2</b> Surface Anatomy I GROUP A	Study Time GROUP B	<b>Clinical Skills Lab 1</b> Practice: Active Listening (SGR's) GROUP A	<b>Anatomy Lab 3 &amp; 4</b> Surface Anatomy II GROUP B	
15:00 to 15:50	Study Time GROUP A	Empathy Survey Dr. Newton (Optional) Group A	Study Time GROUP B	<b>Anatomy Lab 3 &amp; 4</b> Surface Anatomy II GROUP A	
16:00 to 16:50	Study Time GROUP A	Study Time Group A	Study Time GROUP A	Study Time GROUP B	

Morning lecture-discussions are complemented by afternoon labs and skills sessions, with embedded study time. OMM and other clinical skills are taught longitudinally throughout the two years in a progression designed to integrate with and provide seamless entry into the third and fourth years. Content is presented by physicians and basic scientists using concepts of team teaching and team learning.

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

## MS-2 sample week:

Block 5 - Week 1 - 2014									
Time		Monday, August 04, 2014	Tuesday, August 05, 2014	Wednesday, August 06, 2014	Thursday, August 07, 2014	Friday, August 08, 2014	Time		
08:30 to 09:20	:30	Cardiovascular 1	Cardiovascular 5	Cardiovascular 9	Cardiovascular 13	Cardiovascular	8:30		
	:00	Quiz - Basic Science Review <i>Dr. Stewart</i>	Ischemic Heart Disease - PathoPhys <i>Dr. Reisner</i>	CHF 1 - Patho-Phys <i>Dr. Danelisen</i>	Cardiomyopathies - Pathology <i>Dr. Siddiqui</i>	QUIZ FMP 1 Biostatistics / Research Zack Vaskalis	9:00		
09:30 to 10:20	:30	Cardiovascular 2	Cardiovascular 6	Cardiovascular 10	Cardiovascular 14	PCC 1	10:00		
	:00	Hypertension (HTN) -Pathology/Physiology <i>Dr. Danelisen</i>	Ischemic Heart Disease - Clinical <i>Dr. Vakani</i>	CHF 2 - Clinical <i>Dr. Stewart</i>	Cardiomyopathies - Clinical <i>Dr. Devore</i>	Myers-Briggs and Communication <i>Dr. Langaker</i>			
10:30 to 11:20	:30	Cardiovascular 3	Cardiovascular 7	Cardiovascular 11	Cardiovascular 15	Cardiovascular 16 & 17	11:00		
	:00	Hypertension - Clinical <i>Dr. Pennings</i>	Diuretics I - Pharmacology <i>Dr. Li</i>	CCB's and other Vasodilators - Pharmacology <i>Dr. Li</i>	Anticoagulants, Platelet Inhibitors and Thrombolytics I - Pharmacology <i>Dr. Li</i>	Clinical Case Conference <i>Dr. Kaprielian</i>			
11:30 to 12:20	:30	Cardiovascular 4	Cardiovascular 8	Cardiovascular 12	OMM 1				
	:00	Angiotensin Inhibitors - Pharmacology <i>Dr. Li</i>	Diuretics II - Pharmacology <i>Dr. Li</i>	Beta-blockers and other Sympatholitics - Pharmacology <i>Dr. Li</i>	Chest Pain <i>Dr. Morris</i>				
12:30 to 13:30		Lunch	Lunch	Lunch	Lunch	Grand Rounds 12:30 - 13:30	12:30		
13:30 to 14:20	:30	Clinical Skills 1	MS-II Orientation Lecture Hall 202	Study Time	OMM Lab 1	Study Time GROUP B	Study Time	13:30	
	:00	Detailed Cardiovascular Exam <i>Dr. Stewart</i>			OMT to Thorax GROUP A				
14:30 to 15:20	:30	Clinical Skills Lab 1			GROUP A				OMM Lab 1
	:00	Practice on Partners							
15:30 to 16:20	:30	GROUP A			Study Time GROUP A				OMT to Thorax GROUP B
	:00	Study Time GROUP A (90 Mins)							
16:30 to 17:20	:30	Practice on Partners			GROUP B				
	:00	GROUP B							

## 6.2 Years 3 and 4

CUSOM students in years three and four will be assigned to regional hospital sites. The site assignment will take place during the second year. Clinical experiences occur within hospital sites for inpatient experiences, in ambulatory practices, clinics and in geriatric acute care facilities. Didactic and online curriculum for the educational program at each institution will be provided by CUSOM.

Sample rotation schedules for years 3 and 4 are illustrated below. Time distribution reflects the mission to prepare primary care physicians for underserved areas, while preparing students to enter residency in any specialty.

### MS-3 Clinical Blocks

Block 9	Block 10	Block 11	Block 12	Block 13	Block 14	Block 15	Block 16	Block 17	Block 18	Block 19	Block 20	Block 21
CAA	SIM	IM	IM	MS	SUR	R/U/I	OBG	PED	PSY	FM	ELEC	VAC

**KEY:** VAC = Vacation; IM = Internal Medicine; MS = Medical Selective; SUR = Surgery; R/U/I = Rural/Underserved/International; OBG = Obstetrics/Gynecology; PED = Pediatrics; PSY = Psychiatry; FM = Family Medicine; ELEC = Elective; SIM = Simulation Medicine; CAA = Clinical Academic Assessment.

### Third Year Clinical Rotations

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

- Internal Medicine I, II (8 weeks)
- Medical Selective (4 weeks)
- Surgery (4 weeks)
- Obstetrics/Gynecology (4 weeks)
- Family Practice (4 weeks)
- Pediatrics (4 weeks)
- Psychiatry/Behavioral Health (4 weeks)
- Rural/Underserved/International (4 weeks)
- Simulation Lab (4 weeks)
- Elective (4 weeks)
- Clinical Academic Assessment (4 weeks)

### Clinical Modules

Clinical Modules/Videos/Lectures will be made available on clinical rotations. Appropriate for third- and fourth-year students, these modules can be accessed to fit students' schedules and needs whether traveling, on rotation, or at home. They are meant to supplement topics which should be covered on clinical rotations. They are also meant to act as study guides for both the end of rotation exams as well as COMLEX level 2.

Clinical Modules are not meant to replace the extensive reading, studying, patient contact, etc. students must achieve on clinical rotations.

Students will be provided with required curriculum during the third year. Learning objectives will be provided for the core discipline rotations as well as reading assignments.

## **Examinations**

A post-rotation exam (e.g., COMAT, NBME Shelf Exam) or equivalent will be given after the following third and fourth year rotations:

Internal Medicine I, II  
Surgery  
Obstetrics/Gynecology  
Family Practice  
Pediatrics  
Psychiatry/Behavioral Science  
Emergency Medicine

New post rotation exams will be added as they are developed and released.

Students must pass the end of rotation exam to pass the rotation. Students who do not pass a post-rotation exam may be allowed one chance to retake the exam. If the student passes the exam retake the highest grade possible would be a Pass Clinical (PC) and they are not eligible for High Pass (HP) or Honors (H). If the exam is failed twice, the student will be referred to the Academic Performance, Promotion and Standards (APPS) Committee. If a student does not receive a passing grade on the end of rotation preceptor evaluation, the student will fail the rotation. A student failing a clinical rotation will be referred to the Academic Performance, Promotion and Standards (APPS) Committee. Students failing a rotation will enter into a Modified Course of Study, delaying graduation and be required to repeat the failed rotation.

Students must also pass a comprehensive exam and Objective Structured Clinical Evaluation (OSCE) by the end of the third year in order to progress to fourth year.

## **Selective and Elective Rotations**

### **Medicine Selective Rotations**

Medicine Selectives in the third year should be hospital based and Selectives in the fourth year can either be hospital or ambulatory based. All Medicine Selectives require prior approval by the Associate Dean for Clinical Affairs.

- Allergy and Immunology (Fourth Year)
- Cardiology
- Critical Care/ ICU (Fourth Year)
- Dermatology (Fourth Year)
- Endocrinology (Fourth Year)
- Gastroenterology
- General Internal Medicine
- Hematology/Oncology

- Internal Medicine/Pediatrics
- Infectious Disease
- Nephrology
- Neurology (Fourth Year)
- Pulmonology
- Rheumatology (Fourth Year)

### Elective Choices

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

### Elective\* rotations include:

- All rotations outlined in the third year core
- All rotations included in the medical selective list
- The additional rotations of: Occupational Medicine, Physical Medicine & Rehabilitation, OMM, International Medical Missions, Psychiatry, Allergy/Immunology, Forensic Pathology, Pathology, Dermatopathology, Sports Medicine, Pediatric subspecialties, Addiction Medicine, Adolescent Medicine, Maternal/Fetal Medicine, Reproductive Endocrinology, Radiology, Dermatology, Palliative Care, Gynecology, Biomedical or Clinical Research, , Proctology, Pain Management, Urgent Care, Rural Medicine, CDC, NIH, or other federally sponsored rotations.

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

A Clinical Performance Examination also will be given to assess clinical skills at the end of the third year. Students must take and pass this Objective Structured Clinical Examination (OSCE) in order to progress to the fourth year.

Exams cover the Learning Objectives in the Clinical Clerkship Manual and the material found in the web-based instruction. Students must successfully pass the Comprehensive MS-3 examinations prior to taking required fourth-year rotations and prior to being released to sit for COMLEX Level 2-CE and PE examination.

### MS-4 Clinical Blocks

Block 22	Block 23	Block 24	Block 25	Block 26	Block 27	Block 28	Block 29	Block 30	Block 31	Block 32	Block 33
<b>RD</b>	<b>EM</b>	<b>VAC</b>	<b>ELEC</b>	<b>PCS</b>	<b>MS 1</b>	<b>MS 2</b>	<b>ELEC</b>	<b>GER</b>	<b>ELEC</b>	<b>ELEC</b>	<b>SS</b>

**KEY:** VAC = Vacation; MS = Medical Selective; ELEC = Elective\*; RD = Resident Development; PCS = Primary Care Selective; GER = Geriatrics; SS = Surgical Selective. \*One of the fourth year electives must be completed as a Sub-Internship (Sub-I).

## **Fourth Year Clinical Rotations**

To become eligible for graduation, each fourth year student must have passed COMLEX - USA Level 2-CE and PE.

CUSOM's fourth year osteopathic medical students will be required to complete the following clinical rotations.

- Medical Selective I and II (8 weeks)
- Primary Care Selective (4 weeks)
- Surgical Selective (4 weeks)
- Geriatrics (4 weeks)
- Residency Development (4 weeks)
- Emergency Medicine (4 weeks)
- Electives\* I, II, III, IV (16 weeks)

\* One of the fourth year electives must be a Sub-Internship (Sub-I).

**NOTE:** Minimum requirements for clinical rotations are 160 hours each for four-week rotations, and 80 hours each for two-week rotation.

The Primary Care, Medical, and Surgical selectives will be completed at CUSOM sites where CUSOM has established rotations, affiliation agreements, and faculty. Limited exceptions may be granted; students may apply for up to two selectives in an outside region where AOA and ACGME post-graduate programs exist.

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

### **Choosing In-Region Medicine and Surgical Selectives**

Students request dates, specialties and include desired preceptor if known. The Office of Clinical Affairs will schedule the rotations according to the availability of rotation and numbers of requests. Students will not be permitted to make their own arrangements for these rotations, as these will not be honored.

### **Choosing an AOA-Approved Residency Selective Site**

CUSOM will not arrange student's electives or selectives, outside CUSOM's regional sites. If a student chooses to do electives or selectives at hospitals where AOA or ACGME accredited post-graduate programs exists or at a military facility (HPSP students only), they must arrange those rotations themselves with appropriate notification to Clinical Affairs. All paperwork for electives and selectives must be completed and submitted during the approved selection time period as noted by the Office of Clinical Affairs. All requests for selectives and elective rotations must be submitted not less than 90 days before the start of the rotation in order to be approved.

CUSOM will not approve selectives or electives taken outside of the CUSOM region without appropriate prior notification or completion of the required documentation. Students should not ask for an exception, as it will not be provided.

CUSOM selectives are chosen from the CUSOM surgical and medical selective lists and are based on educational standards and requirements, the student's self-assessment of areas where they would benefit most from further education and patient exposure, along with input from the Associate Dean for Clinical Affairs. Electives may also



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

## **Selective and Elective Rotations**

### **Medicine Selective Rotations**

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

- Allergy and Immunology (Fourth Year)
- Cardiology
- Critical Care/ ICU (Fourth Year)
- Dermatology (Fourth Year)
- Endocrinology (Fourth Year)
- Gastroenterology
- General Internal Medicine
- Hematology/Oncology
- Internal Medicine/Pediatrics
- Infectious Disease
- Nephrology
- Neurology (Fourth Year)
- Pulmonology
- Rheumatology (Fourth Year)

Additionally, a hospital-based Sub-Internship in Pediatrics, Internal Medicine, Anesthesia, Obstetrics, or Surgery must be taken.

### **Surgical Selective Rotations:**

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

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

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

### **Elective Choices:**

All electives require prior approval by the Associate Dean for Clinical Affairs. Elective rotations may be repeated once.

### **Elective<sup>2</sup> rotations include:**

- All rotations outlined in the third year core
- All rotations included in the medical selective list
- All rotations included in the surgery selective list
- The additional rotations of: Occupational Medicine, Physical Medicine & Rehabilitation, OMM, International Medical Missions, Psychiatry, Allergy/Immunology, Forensic Pathology, Pathology, Dermatopathology, Sports Medicine, Pediatric subspecialties, Addiction Medicine, Adolescent Medicine, Maternal/Fetal Medicine, Reproductive Endocrinology, Radiology, Dermatology, Palliative Care, Gynecology, Clinical Research, Trauma, Biomedical Research, Proctology, Pain Management, Urgent Care, Rural Medicine, CDC, NIH, or other federally sponsored rotations.

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

**NOTE:** The most up-to-date information will be available at: <http://www.campbell.edu/cusom>

### **Graduate Medical Education**

CUSOM strives to identify a residency position for each graduate. The Associate Dean for Postgraduate Affairs is tasked with facilitating graduate placement, and Regional Deans are in place to oversee student rotations and assist in the development of residency programs.

---

<sup>2</sup> Other electives not included may be arranged on a case-by-case basis if approved by the Associate Dean for Clinical Affairs.

## **6.3 Schedule of Course Offerings**

### **Fall Semester, Year 1**

#### **Block 1**

<u>Course Number</u>	<u>Course Title</u>
OMED 500	Osteopathic Manipulative Medicine (Lecture and Lab)
OMED 501	Clinical Skills (Lecture and Lab)
OMED 502	Foundation of Medical Practice
OMED 503	Professional Core Competencies
OMED 510	Cell Biology
OMED 520	Immunology
OMED 522	Pharmacology
OMED 524	Microbiology
OMED 530	Anatomy (Lecture and Lab)
OMED 536	Embryology

#### **Block 2**

<u>Course Number</u>	<u>Course Title</u>
OMED 504	Osteopathic Manipulative Medicine (Lecture and Lab)
OMED 505	Clinical Skills (Lecture and Lab)
OMED 506	Foundations of Medical Practice
OMED 507	Professional Core Competencies
OMED 540	Physiology
OMED 550	Cellular and Molecular Pathology
OMED 560	Anatomy (Lecture and Lab)

### **Spring Semester, Year 1**

#### **Block 3**

<u>Course Number</u>	<u>Course Title</u>
OMED 508	Osteopathic Manipulative Medicine (Lecture and Lab)
OMED 509	Clinical Skills (Lecture and Lab)
OMED 513	Foundation of Medical Practice
OMED 514	Professional Core Competencies
OMED 570	Musculoskeletal System
OMED 590	Anatomy (Lecture and Lab)

#### **Block 4**

<u>Course Number</u>	<u>Course Title</u>
OMED 515	Osteopathic Manipulative Medicine (Lecture and Lab)
OMED 516	Clinical Skills (Lecture and Lab)
OMED 517	Foundation of Medical Practice
OMED 518	Professional Core Competencies
OMED 581	Neurosensory System
OMED 583	Psychiatry
OMED 594	Anatomy (Lecture and Lab)

#### **Fall Semester, Year 2**

#### **Block 5**

<u>Course Number</u>	<u>Course Title</u>
OMED 600	Osteopathic Manipulative Medicine (Lecture and Lab)
OMED 601	Clinical Skills (Lecture and Lab)
OMED 602	Foundation of Medical Practice
OMED 603	Professional Core Competencies
OMED 610	Cardiovascular System
OMED 620	Respiratory System

#### **Block 6**

<u>Course Number</u>	<u>Course Title</u>
OMED 604	Osteopathic Manipulative Medicine (Lecture and Lab)
OMED 605	Clinical Skills (Lecture and Lab)
OMED 606	Foundation of Medical Practice
OMED 607	Professional Core Competencies
OMED 630	Blood/Lymph/Immune
OMED 640	Renal System
OMED 650	Integumentary System

#### **Spring Semester, Year 2**

#### **Block 7**

<u>Course Number</u>	<u>Course Title</u>
OMED 608	Osteopathic Manipulative Medicine (Lecture and Lab)
OMED 609	Clinical Skills (Lecture and Lab)
OMED 613	Foundation of Medical Practice
OMED 614	Professional Core Competencies
OMED 670	Endocrine System
OMED 680	Gastrointestinal System

## **Block 8**

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

## **Fall and Spring Semester, Year 3**

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

## **Fall and Spring Semester, Year 4**

<u>Course Number</u>	<u>Course (Rotation) Title</u>
OMED 810	Medical Selective I
OMED 812	Medical Selective II
OMED 820	Surgery Selective
OMED 830	Primary Care Selective
OMED 840	Geriatrics
OMED 850	Emergency Medicine
OMED 860	Elective I
OMED 862	Elective II
OMED 864	Elective III
OMED 866	Elective IV
OMED 870	Residency Development
OMED 890	Sub Internship

## **Course Descriptions**

### **Specific Course Overview, Year 1, Semester 1, Blocks 1 and 2**

The curriculum in Block 1 and 2 of the first year is designed to introduce students to the basic concepts of Cell and Molecular Biology (including genetics and 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 interwoven throughout the courses. Beginning in Block 1, students participate in weekly clinical case conferences designed to incorporate the material covered in that week's lectures.

#### **OMED 500: Osteopathic Manipulative Medicine**

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

#### **OMED 501: Clinical Skills**

The 2-year Clinical Skills continuum will prepare students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, medical documentation and reporting, patient education and counseling for behavior change. Block 1 focuses on the medical interview, teaching students patient-centered interviewing technique, and the essential content and structure of a medical history.

#### **OMED 502: Foundations of Medical Practice**

This course provides a broad overview of Evidenced-Based Medicine, Epidemiology, Research Methodology, and Experimental Design. The students are exposed to the calculations and strategies required to 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 503: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. While teaching the art of medicine along with the science of medicine is challenging, this course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students are introduced and continuously exposed to concepts relevant to a professional life in medicine.

### **OMED 504: Osteopathic Manipulative Medicine**

This course in Osteopathic Manipulative Medicine builds on prior cognitive and psychomotor skills. The course includes the segmental exam, thoracic cage mechanics, introduction to the lymphatic system and the models of osteopathic treatment. By the end of this block, the osteopathic student will be able to treat every area of the body with at least one technique.

### **OMED 505: Clinical Skills**

The 2-year Clinical Skills continuum will prepare students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, medical documentation and reporting, patient education and counseling for behavior change. Block 2 focuses on the screening physical exam, and introduces students to the techniques of the well patient exam.

### **OMED 506: Foundations of Medical Practice**

This course provides a broad overview of Evidenced-Based Medicine, Epidemiology, Research Methodology, and Experimental Design. The students are exposed to the calculations and strategies required to locate, appropriately interpret, and design a research paper. The goal of this course is for students to grasp the concepts behind evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice.

### **OMED 507: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. While teaching the art of medicine along with the science of medicine is challenging, this course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students are introduced and continuously exposed to concepts relevant to a professional life in medicine.

### **OMED 510: Cell Biology**

This course involves the study of individual cells and the organization in tissues and organ systems. Emphasis is placed on the correlation of structure and function at all levels of organization. This course discusses principles through which molecular and cellular processes give rise to diverse tissue types. The means through which genetic and extrinsic factors give rise to development abnormalities also are explored. Study of the emergence of human form is oriented towards its relation to gross anatomy, on the one hand, and to pathological conditions that have a developmental basis, on the other. This course also focuses on the microscopic anatomy of cells, tissues, and selected organs as they pertain to clinical medicine. The primary emphasis is on the structural basis for tissue organization and organ system function. The principles learned will be used in essentially all concurrent and subsequent courses in the medical curriculum.

### **OMED 511: Biochemistry**

This instructional foundations module integrates the disciplines of molecular biology, cell biology, and biochemistry as the foundation of understanding the human body at the biomolecular level. Students are introduced to topics that include structure and function of proteins, cellular structure and organization, cellular communication, and function and integration of metabolic pathways. The goal of this module is to understand the biology and biological processes of healthy humans at the molecular and cellular levels. The module culminates with these principles being reinforced and illustrated using a selection of current medical topics.

### **OMED 520: Immunology**

The primary objective of this course is to provide the student with the fundamental information and general principles underlying the human immune system and its role in health and disease. It is designed to be an introductory course that will provide foundations in immunology that will be built upon in the successive blocks and systems curriculum. This course gives a broad overview of the human immune system, with clinical applications whenever possible and relevant so students can appreciate the relationship of the immune system to all other systems in the human body.

### **OMED 522: Pharmacology**

The primary objective of this course is to provide the student with the fundamental information and general principles underlying the mechanisms and actions of pharmaceutical agents and their role in health and disease. It is designed to be an introductory course that will be built upon in the successive blocks and systems curriculum. This course gives a broad overview of pharmaceutical agents, with clinical applications whenever possible and relevant so students can appreciate the critical role these agents play in maintaining health in the various systems of the human body.

### **OMED 524: Microbiology**

A comprehensive study of the field of medical microbiology. This course includes a survey of infectious microbes and the clinical consequences of infection. Topics include basic microbial nomenclature, microbial structure, virulence factors, and mechanisms of tissue damage. This course places particular emphasis on those aspects that will later be important for medical treatment decisions.

### **OMED 530: Anatomy**

Anatomy in this block of study (Block 1) consists of the principles of gross anatomy such as: surface anatomy, anatomical terminology and skeletal anatomy as it relates to embryology and histology. Students learn medical terminology as well as osteopathic terminology (specific to anatomy). This course serves to provide a solid background to reinforce a modern understanding of human development. One of the primary objectives of the course is to teach students the principles and concepts of embryology as they pertain to clinical medicine. Teaching methods include combination of didactic lectures, small group discussions & labs, independent study/self-study, assigned reading, and clinical correlations. The class typically meets twice weekly for 9 weeks.



## **OMED 540: Physiology**

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

## **OMED 550: Cellular and Molecular Pathology**

This course discusses principles through which cellular and molecular mechanisms impact health and disease. Students are provided a comprehensive overview of normal microscopic anatomy of organ systems and how such tissues are impacted by disease including cell injury, inflammation, tumorigenesis, and nutritional deficiencies and excesses. The course consists of didactic lectures, independent study, and case-based modalities. Principles learned will be used in essentially all concurrent and subsequent courses in the medical curriculum.

## **OMED 560: Anatomy**

Anatomy is an essential component of medical education. The first-year anatomy curriculum at Campbell University School of Osteopathic Medicine (CUSOM) employs an interdisciplinary and system-based approach to teaching. Materials presented in this block of study (Block 2) include gross anatomy, histology and embryology of the human system, 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 it pertain to clinical medicine. Teaching methods include cadaver dissection labs, independent study/self-study, assigned reading, and clinical correlations with diagnostic imaging. Pathological findings discovered during dissection sessions will be researched by students (with the assistance of anatomy faculty and a pathologist) in preparation for CUSOM research day, at which time students will present a “clinical anatomy poster” on their findings. The class typically meets twice weekly for 9 weeks.

## **Specific Course Overview, Year 1, Semester 2, Blocks 3 and 4**

### **OMED 508: Osteopathic Manipulative Medicine**

This course in Osteopathic Manipulative Medicine will build on prior cognitive and psychomotor skills. Clinical musculoskeletal problems are presented as well as osteopathic problem solving to facilitate the healing process. Integration and symmetry between the anatomy course and the osteopathic manipulative medicine course enhance the students understanding of basic principles and applications.

### **OMED 509: Clinical Skills**

The 2-year Clinical Skills continuum will prepare students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, medical documentation and reporting, patient education and counseling for behavior change. Block 3 focuses on the musculoskeletal system and evaluation of functional capacity.

### **OMED 513: Foundations of Medical Practice**

This course provides a broad overview of Evidenced-Based Medicine, Epidemiology, Research Methodology, and Experimental Design. The students are exposed to the calculations and strategies required to locate, appropriately interpret, and design a research paper. The goal of this course is for students to grasp the concepts behind evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice.

### **OMED 514: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. While teaching the art of medicine along with the science of medicine is challenging, this course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students are introduced and continuously exposed to concepts relevant to a professional life in medicine.

### **OMED 515: Osteopathic Manipulative Medicine**

This course in Osteopathic Manipulative Medicine will build on prior cognitive and psychomotor skills. Clinical musculoskeletal problems are presented as well as osteopathic problem solving to facilitate the healing process. Integration and symmetry between the anatomy program and the osteopathic program enhance the students understanding of basic principles and applications. At the end of this block the student will have three or more techniques to address somatic dysfunction in every area of the body.

### **OMED 516: Clinical Skills**

The 2-year Clinical Skills 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, medical documentation and reporting, patient education and counseling for behavior change. Block 4 focuses on the neurosensory system and neurologic exam.

### **OMED 517: Foundations of Medical Practice**

This course provides a broad overview of Evidenced-Based Medicine, Epidemiology, Research Methodology, and Experimental Design. The students are exposed to the calculations and strategies required to locate, appropriately interpret, and design a research paper. The goal of this course is for students to grasp the concepts behind evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice.

### **OMED 518: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine.

While teaching the art of medicine along with the science of medicine is challenging, this course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students are introduced and continuously exposed to concepts relevant to a professional life in medicine.

### **OMED 570: Musculoskeletal System**

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

### **OMED 581: Neurosensory 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 central nervous system and special sensory structures. This knowledge will enable the physician to appropriately determine the patient's health as well as in diagnosis of disease, from the presented signs and symptoms. The terminology which is taught is the vocabulary for one's continuing medical education which will last the rest of your career.

### **OMED 583: Psychiatry**

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

### **OMED 590: Anatomy**

Anatomy in this block of study (Block 3) will consist of the study of musculoskeletal anatomy to include a review of histology and embryology of the human system. Teaching methods include cadaver dissection labs, independent study/self-study, assigned reading, and clinical correlations with diagnostic imaging. Pathological findings discovered during dissection sessions will be researched by students (with the assistance of anatomy faculty and a pathologist) in preparation for CUSOM research day, at which time students will present a "clinical anatomy poster" on their findings. The class typically meets twice weekly for 9 weeks.

### **OMED 594: Anatomy**

Anatomy in this block of study (Block 4) will provide the CUSOM student with a firm foundation of the structure and function of the central nervous system and portions of the head and neck associated with the special senses. This knowledge will enable the physician to appropriately evaluate the patient's health and diagnosis disease from the presented signs and symptoms. The anatomical terminology taught is the vocabulary needed for continuing medical education which will last the rest of one's career.

## **Specific Course Overview, Year 2, Semester 3, Blocks 5 and 6**

The second year of instruction at CUSOM will begin with a continuation of the systems format introduced in the first year and will conclude with an integrated transition into the clinical years. Content in the second year will be delivered in blocks 5, 6, 7, and 8. Students will continue to participate in weekly clinical case conferences designed to incorporate increasingly complex clinical case material from that week's lectures. Block 8 will have special content relevant to COMLEX-USA Level 1 passage and entry into the clinical rotations of years three and four.

### **OMED 610: Cardiovascular System**

This course provides a comprehensive overview of the cardiovascular system including the normal physiology as well as the pathophysiology of disease states. Radiographic evaluation, electrolyte and fluid balance, neoplasia, infection, and medications related to the cardiovascular system are also covered. The goal of this course is to enable students to classify and gain an expanded understanding of both normal and abnormal cardiovascular function along with differential diagnosis and treatment options of common cardiovascular disease processes.

### **OMED 620: Respiratory System**

This course provides a comprehensive overview of the pulmonary system including the normal physiology as well as the pathophysiology of disease states. Radiographic evaluation, electrolyte and fluid balance, neoplasia, infection, and medications related to the pulmonary system are also covered. The goal of this course is to enable students to classify and gain an expanded understanding of both normal and abnormal pulmonary function along with differential diagnosis and treatment options of common pulmonary disease processes.

### **OMED 630: Blood/Lymph/Immune**

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

### **OMED 640: Renal System**

This course provides a comprehensive overview of the renal system including the normal physiology and pathophysiology of common renal and urologic disease states. Radiographic evaluation, electrolyte and fluid balance, neoplasia, infection, and medications related to the renal and urologic system are also covered. The goal of this course is to enable students to classify and gain an expanded understanding of both normal and abnormal renal and urologic function along with differential diagnosis and treatment options of the common renal and urologic disease processes.

### **OMED 650: Integumentary System**

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

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

### **OMED 600: Osteopathic Manipulation Medicine**

This course in Osteopathic Manipulative Medicine will supplement and complement the techniques and understanding of the osteopathic principles learned in the past year. Clinical problems related to the respiratory systems and cardiovascular systems will be addressed and treated.

### **OMED 601: Clinical Skills**

The 2-year Clinical Skills continuum will prepare students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students will develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, medical documentation and reporting, patient education and counseling for behavior change. Block 5 focuses on the cardiovascular and pulmonary systems.

### **OMED 602: Foundations of Medical Practice**

This course provides a broad overview of Evidenced-Based Medicine, Epidemiology, Research Methodology, and Experimental Design. The student will be exposed to the calculations and strategies required to locate, appropriately interpret, and design a research paper. The goal of this course is for students to grasp the concepts behind evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice.

### **OMED 603: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. While teaching the art of medicine along with the science of medicine is challenging, this course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students are introduced and continuously exposed to concepts relevant to a professional life in medicine.

### **OMED 604: Osteopathic Manipulation Medicine**

This course in Osteopathic Manipulative Medicine will supplement and complement the techniques and understanding of the osteopathic principles learned in the past year. Clinical problems will address varying populations such as the geriatric, the post-surgical patient, cancer patient and end of life issues by considering the most common dysfunctions in each of these populations and developing an osteopathic approach that recognizes the individuality of each individual.

### **OMED 605: Clinical Skills**

The 2-year Clinical Skills continuum will prepare students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students will develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, medical documentation and reporting, patient education and counseling for behavior change. Block 6 focuses on examination of the skin, lymph nodes, and renal system, as well as behavior change and special issues in dealing with children and adolescents.

### **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.

### **Specific Course Overview, Year 2, Semester 4, Blocks 7 and 8**

Semester 4 will continue with system-format content delivery in Blocks 7 and 8. Block 8 will have special content relevant to COMLEX-USA Level 1 passage and entry into the clinical rotations of years three and four.

### **OMED 608: Osteopathic Manipulative Medicine**

This course in Osteopathic Manipulative Medicine will supplement and complement the techniques and understanding of the osteopathic principles learned to date. Clinical problems will address varying conditions of the endocrine system, genitourinary system, dermatological problems and both upper and lower GI problems.

### **OMED 609: Clinical Skills**

The 2-year Clinical Skills continuum will prepare students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students will develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, medical documentation and reporting, patient education and counseling for behavior change. Block 7 focuses on examination of the endocrine and gastrointestinal systems.

### **OMED 613: Foundations of Medical Practice**

This course provides a broad overview of Evidenced-Based Medicine, Epidemiology, Research Methodology, and Experimental Design. The student will be exposed to the calculations and strategies required to locate, appropriately interpret, and design a research paper. The goal of this course is for students to grasp the concepts behind evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice.

### **OMED 614: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. While teaching the art of medicine along with the science of medicine is challenging, this course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students are introduced and continuously exposed to concepts relevant to a professional life in medicine.

### **OMED 615: Osteopathic Manipulative Medicine**

This course in Osteopathic Manipulative Medicine will build on the techniques and understanding of the osteopathic principles learned to date. Clinical problems will address primarily problems unique to the female patient but will include infants and young children. Preparation for boards and rotations will conclude the block.

### **OMED 616: Clinical Skills**

The 2-year Clinical Skills continuum will prepare students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, and standardized patient experiences, students will develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, medical documentation and reporting, patient education and counseling for behavior change. Block 8 focuses on the reproductive system, including the sexual history and examination of the female pelvic organs.

### **OMED 617: Introduction to Clinical Clerkships**

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

### **OMED 618: Foundations of Medical Practice**

This course provides a broad overview of Evidenced-Based Medicine, Epidemiology, Research Methodology, and Experimental Design. The student will be exposed to the calculations and strategies required to locate, appropriately interpret, and design a research paper. The goal of this course is for students to grasp the concepts behind evidence-based medicine, identify the quality of the evidence, and apply these principles to active medical practice.

## **OMED 619: Professional Core Competencies**

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. While teaching the art of medicine along with the science of medicine is challenging, this course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students are introduced and continuously exposed to concepts relevant to a professional life in medicine.

## **OMED 670: Endocrine System**

This course provides a comprehensive overview of the endocrine system including the normal physiology and pathophysiology of common endocrine related disease states. Radiographic evaluation, electrolyte and fluid balance, neoplasia, infection, and medications related to the renal and urologic system are also covered. The goal of this course is to enable students to classify and gain an expanded understanding of both normal and abnormal endocrine system function along with differential diagnosis and treatment options of the common endocrine related disease processes.

## **OMED 680: Gastrointestinal System**

This course provides a comprehensive overview of the gastrointestinal 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 gastrointestinal system are also covered. The goal of this course is to enable students to classify and gain an expanded understanding of both normal and abnormal gastrointestinal and digestive function along with differential diagnosis and treatment options of the common gastrointestinal and digestive disease processes.

## **OMED 690: Clinical Applications of Biomedical Sciences**

The transition from a the first two years of medical instruction that feature a more classroom and lecture / discussion focus, to that of a more clinical hands on focus as seen in the years 3 and 4, is challenging for students. Throughout the first 7 blocks of instruction, students have been exposed to a tremendously large amount of both basic science and clinical material. In an effort to ease that transition, to review key material necessary for clinical practice, and to integrate the key concepts and processes of the first two years instruction into future clinical practice, the Clinical Application of Biomedical Sciences course is offered as a capstone for entry into the clinical years of CUSOM.

This course will be delivered as a mix of lecture / discussion review of material, case studies to highlight key points from specific organ systems and across the continuum of health, and group review / study. The course is likewise designed to integrate and consolidate the content from the first two years with the necessary clinical tasks of the third and fourth years, and runs in parallel to the Introduction to Clinical Clerkships course. Once complete, this course will prepare students for successful application and passage of COMLEX-USA level 1 and passage into the third year.



## **OMED 695: Reproductive System**

This course provides a comprehensive overview of the reproductive system including the normal physiology and pathophysiology of common reproductive related disease states. Radiographic evaluation, preventive health, contraception, neoplasia, infection, and medications related to the reproductive system are also covered. The goal of this course is to enable students to classify and gain an expanded understanding of both normal and abnormal reproductive system function along with differential diagnosis and treatment options of the common reproductive related disease processes.

### **Specific Course Overview and Philosophy, Goals and Objectives of Clinical Training:**

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

Osteopathic physicians must be able to function in the role of leader of the healthcare team to bring about needed change from the level of the individual to the level of the community. The ultimate intent of the program is to prepare patient-centered physicians who will impact positively on the equality of healthcare and healthcare delivery systems, and will improve access for individuals and their families. In pursuit of the goal of excellence, the CUSOM clinical curriculum is a challenging blend of the traditional and innovative, designed to:

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

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

- Demonstrate clinical excellence, using current evidence based medicine, biomedical knowledge in identifying and managing the medical problems presented by his/her patients.
- Provide continuing and comprehensive care to individuals and families.
- Demonstrate the ability to integrate the behavioral/emotional/ social/environmental factors of families in promoting health and managing disease.
- Recognize the importance of maintaining and developing the knowledge, skills, and attitudes required for the best in modern medical practice in a rapidly-changing world.
- Pursue a regular and systematic program of lifelong learning.
- Recognize the need and demonstrate the ability to use consultation with other medical specialists while maintaining continuity of care.
- Share tasks and responsibilities with other health professionals.
- Be aware of the findings of relevant research; understand and critically evaluate this body of research; and apply the results of the research to medical practice.
- Manage his/her practice in a business-like, cost-efficient manner that will provide professional satisfaction and time for a rewarding personal life.
- Serve as an advocate for the patient within the healthcare system.
- Assess the quality of care that he/she provides and actively pursue measures to correct any identified deficiencies.

- Use current medical knowledge to identify, evaluate, and minimize risks for patient and family.
- Recognize community resources as an integral part of the health care system; participate in improving the health of the community.
- Inform and counsel patients concerning their health problems, recognizing and valuing differences in patient and physician backgrounds, beliefs, and expectations.
- Develop mutually satisfying physician-patient relationships to promote comprehensive problem-identification and problem-solving.
- Balance potential benefits, costs, and resources in determining appropriate interventions.
- Integrate and effectively utilize Osteopathic principles and practices in the delivery of optimal patient care

## **Introduction to Clinical Rotations**

The clerkship or clinical rotation is designed to provide the medical student with an education in the general areas of medicine, surgery, pediatrics, obstetrics/gynecology, psychiatry, family medicine, and emergency medicine.

Clerkship are under the direct supervision of the CUSOM Office for Clinical Affairs. CUSOM has made affiliations with a wide range of hospitals, clinics, and physicians offering diverse training opportunities. The program has been organized to permit the greatest degree of educational exposure in a practical, clinical environment and to develop expertise in the 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 CUSOM, the Hospital Administrator(s), Regional Dean, Vice-president for Medical Education (VPME) / Director of Medical Education (DME), Clinical Faculty and the Office for Clinical Affairs. Whenever possible, CUSOM uses hospitals with accredited postdoctoral programs approved by the American Osteopathic Association (AOA) and the Accreditation Council for Graduate Medical Education (ACGME) for post-doctoral training to provide assurance of adequate teaching material and faculty.

## **Education Guidelines and Hospital Training Program**

### **Structure**

Students will participate in a well-structured, systematic training experience in each particular service. Students will be assigned to a patient care team ideally comprised of attending physicians, residents, and/or interns. This structure will provide all participants with clearly delineated responsibilities for meeting educational goals and objectives.

### **Teaching Techniques and Evaluation Methodology**

The student will be evaluated by each of the responsible individuals in the teaching service through periodic oral evaluation and by observations of skill performance. Attending physicians on the teaching service will complete specific evaluation forms provided by CUSOM for evaluation of student performance based on the AACOM core competencies. In addition, the student will be evaluated on core rotations by computer-based testing at the end of the rotation.

## ROTATION DESCRIPTIONS/ THIRD YEAR ROTATIONS (MS-3)

2015-16	06/1 to 06/26	06/29 to 07/24	07/27 to 08/21	08/24 to 09/18	09/21 to 10/16	10/19 to 11/13	11/16 to 12/11	12/14 to 01/08	01/11 to 02/05	02/08 to 03/04	03/07 to 04/01	04/04 to 04/29	05/02 to 05/27
Student	Block 1	2	3	4	5	6	7	8	9	10	11	12	13
A	CAA	SIM	IM	IM	MS	SUR	R/U/I	OBG	PED	PSY	FM	ELEC	VAC
B	CAA	SIM	VAC	IM	IM	MS	SUR	R/U/I	OBG	PED	PSY	FM	ELEC
C	CAA	SIM	ELEC	VAC	IM	IM	MS	SUR	R/U/I	OBG	PED	PSY	FM
D	CAA	SIM	FM	ELEC	VAC	IM	IM	MS	SUR	R/U/I	OBG	PED	PSY
E	CAA	SIM	PSY	FM	ELEC	VAC	IM	IM	MS	SUR	R/U/I	OBG	PED
F	CAA	SIM	PED	PSY	FM	ELEC	VAC	IM	IM	MS	SUR	R/U/I	OBG
G	CAA	SIM	OBG	PED	PSY	FM	ELEC	VAC	IM	IM	MS	SUR	R/U/I
H	CAA	SIM	R/U/I	OBG	PED	PSY	FM	ELEC	VAC	IM	IM	MS	SUR
I	CAA	SIM	SUR	R/U/I	OBG	PED	PSY	FM	ELEC	VAC	IM	IM	MS
J	CAA	SIM	MS	SUR	R/U/I	OBG	PED	PSY	FM	ELEC	VAC	IM	IM
K	CAA	SIM	IM	MS	SUR	R/U/I	OBG	PED	PSY	FM	ELEC	VAC	IM

**KEY:** VAC = Vacation; IM = Internal Medicine; MS = Medical Selective; SUR = Surgery; R/U/I = Rural/Underserved/International; OBG = Obstetrics/Gynecology; PED = Pediatrics; PSY = Psychiatry; FM = Family Medicine; ELEC = Elective; SIM = Simulation Medicine; CAA = Clinical Academic Assessment. Blue shaded area represents core rotations

### MS-3 (THIRD YEAR ROTATIONS)

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

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

The general internal medicine experience will expand the student's knowledge and competency in internal medicine by working as a team managing hospitalized patients. Students will assist in the management of patients under the supervision of attending physician(s) and the members of the healthcare team (e.g. interns and residents). The student will be expected to take part in patient care, teaching rounds, educational conferences, and lectures.

## **OMED 714: Medical Selective (MS)**

This selective rotation is meant to enhance and improve students' knowledge and skills in the medical subspecialty areas (e.g. cardiology, pulmonology, nephrology, etc.). Students will be able to expand their general internal medicine knowledge and apply it to specialty care. During this selective, it will be imperative that students be goal directed in their choice of specialty, so they will receive the maximum benefit from their experience and exposure to specialty care.

Related ambulatory experiences will be integrated into the rotation to provide students with an understanding of ambulatory care. The medical selectives will be evaluated and approved based on availability, rotation schedules, and academic performance.

## **OMED 730: Family Medicine (FM)**

Family Medicine will provide students with the opportunity to begin acquiring an understanding of the unique role of the osteopathic family physician and the basic knowledge, skills, and attitudes necessary for a "family doctor" to care for patients of all ages. Students will gain the skills, knowledge, and attitudes by engaging in structured learning activities, both outpatient and inpatient. These will represent core competencies encompassed by the family physician, which prepare students for a unique role in patient management, problem solving, counseling, and coordination of health care for the individual and for the family unit.

## **OMED 750: Obstetrics and Gynecology (OBG)**

Obstetrics/Gynecology will be a predominantly inpatient clinical experience. Related outpatient clinical experiences will be integrated into the rotation to provide students with an understanding of routine OB/GYN care performed in the physician's office. The outpatient experiences may be in a clinic or a preceptor's private office.

## **OMED 740: Pediatrics (PED)**

Pediatrics will be a combination of inpatient or outpatient experience. Students will apply concepts of diagnosis and management to infants and children with either normal or pathological physiologic processes. In addition, students will gain knowledge about normal growth and development of the pediatric patient. Students will also incorporate time in the nursery as part of this training.

## **OMED 760: Psychiatry (PSY)**

The Psychiatry/Behavioral Sciences rotation will be both inpatient and outpatient. Through these experiences, students will acquire the knowledge and skills to treat emotional and behavioral problems that commonly present in a primary care office, 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. Including both adolescent and adult psychiatry, students will gain knowledge and experience to deal with common psychiatric disorders.

### **OMED 780: Rural/Underserved/International Medicine (R/U/I)**

Rural and/or Underserved and/or International Medicine will be primarily outpatient 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 offer 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, 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 based on availability, rotation schedules and academic performance.

### **OMED 770: Simulation Medicine (SIM)**

Through the use of CUSOM's Simulation Center students will have the opportunity to experience full adult, pediatric and neonate simulation exercises. Through a simulated environment, students will learn many of the common procedures and techniques for patient care. Mastering various controlled scenarios will help improve patient care and reduce medical errors, increase patient safety while teaching medical skills and critical thinking assessment. During this rotation, students will have additional exposure to neuromusculoskeletal medicine by way of peer-to-peer interaction, facilitator led instruction, mentoring and teaching modules.

### **OMED 720: Surgery (SUR)**

Surgery will be both outpatient and inpatient experiences. Students will learn to recognize and assist in the treatment of diseases in which surgery may play a role in a patient's treatment and recovery. Students will also learn basic surgical procedures, aseptic techniques, correct handling of tissue and technical skills to assist the surgeon in the operating room. Students will assist in pre- and post-operative care to learn various surgical treatments and to recognize potential risks associated with the respective treatments.

### **OMED 790: Elective (ELEC) – Third Year**

Students will have the opportunity to select rotations and attain knowledge and skills in areas of special medical or surgical interest. These rotations will allow students to further enhance their professional development and performance as future osteopathic physicians. Electives include any medical or surgical specialty or subspecialty and/or a special elective of interest to the individual student upon approval of the Office for Clinical Affairs. Students are strongly encouraged to utilize this time to strengthen areas of weakness and/or obtain a well-rounded education and not to concentrate in one specific area of medicine. All electives must be patient-care oriented.

### **OMED 795: Clinical Academic Assessment (CAA)**

Students will be exposed to a series of learning models that measure students' acquisition of knowledge and mastery of skills during clinical clerkships. The assessment yields critical information for monitoring the students' acquisition of knowledge and skills to prepare for standardized examinations. Such assessment will evaluate critical thinking, decision-making, and problem-solving skills seen on clinical rotations. Measures will include oral and computerized components, as well as demonstrations of clinical proficiency. Students should be able to identify, analyze, synthesize, and apply knowledge and skills learned over time, on a cumulative basis during third year rotations.

## ROTATION DESCRIPTIONS/ FOURTH YEAR ROTATIONS (MS-4)

2016-17	6/6- 7/1	7/4 - 7/29	8/1- 8/26	8/29- 9/23	9/26- 10/21	10/24- 11/18	11/21- 12/16	12/19- 1/13	1/16- 2/10	2/13- 3/10	3/13- 4/7	4/10- 5/5
Student	Block 1	2	3	4	5	6	7	8	9	10	11	12
A	RD	MS	ELEC	PCS	VAC	ER	ELEC	SS	ELEC	GER	ELEC	MS
B	RD	MS	MS	ELEC	PCS	VAC	ER	ELEC	SS	ELEC	GER	ELEC
C	RD	ELEC	MS	MS	ELEC	PCS	VAC	ER	ELEC	SS	ELEC	GER
D	RD	GER	ELEC	MS	MS	ELEC	PCS	VAC	ER	ELEC	SS	ELEC
E	RD	ELEC	GER	ELEC	MS	MS	ELEC	PCS	VAC	ER	ELEC	SS
F	RD	SS	ELEC	GER	ELEC	MS	MS	ELEC	PCS	VAC	ER	ELEC
G	RD	ELEC	SS	ELEC	GER	ELEC	MS	MS	ELEC	PCS	VAC	ER
H	RD	ER	ELEC	SS	ELEC	GER	ELEC	MS	MS	ELEC	PCS	VAC
I	RD	VAC	ER	ELEC	SS	ELEC	GER	ELEC	MS	MS	ELEC	PCS
J	RD	PCS	VAC	ER	ELEC	SS	ELEC	GER	ELEC	MS	MS	ELEC
K	RD	ELEC	PCS	VAC	ER	ELEC	SS	ELEC	GER	ELEC	MS	MS

**KEY:** VAC = Vacation; MS = Medical Selective; ELEC = Elective\*; RD = Resident Development; PCS = Primary Care Selective; GER = Geriatrics; SS = Surgical Selective. \*One of the fourth year electives must be completed as a Sub-Internship (Sub-I). Blue shaded area represents core rotations

### MS-4 (Fourth Year Rotations)

Medical Selective	(8 weeks)
Primary Care Selective	(4 weeks)
Surgical Selective	(4 weeks)
Geriatrics	(4 weeks)
Sub-internship	(4 weeks)
Emergency Medicine	(4 weeks)
Electives* I, II, III, IV	(16 weeks)

\* One of the electives must be completed as a Sub-Internship (SUB I)

### **OMED 850: Emergency Medicine (EM)**

Emergency Medicine will be hospital-based and focus on the students experiencing the delivery of emergency care to a diverse population of patients and the management of serious and minor emergencies. Experiences will include diagnosis, management, and appropriate after care of patients presenting to the Emergency Department. Students preparing for careers in any specialty need skills necessary for the immediate assessment and management of life-threatening and urgent conditions or for the stabilization of such conditions prior to referral to another treatment facility. Under physician supervision, the students will be involved in making the initial evaluation of the patient and establish an appropriate plan. Students will learn such skills as cardiac life support, airway management, and chest tube insertion.

### **OMED 840: Geriatrics (GER)**

Geriatrics will be a multidisciplinary approach and engage the students in all 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 agencies, social workers, occupational therapists, and family members to provide both comprehensive as well as end of life care for these patients with multiple needs.

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

There will be three four-week Selective rotations in Year-Four. These are Medical Selective, Surgical Selective, and Primary Care Selective. The goal of the 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, so they will receive the maximum benefit from their experiences.

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

This rotation is generally pursued in the field appropriate to career interest. They will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending. Subsequent management will be the responsibility of the student in conjunction with the resident and attending.

The student will write daily progress notes, perform indicated procedures on their patients, and interact with consultants and ancillary services as appropriate. In addition, they are expected to attend noontime conferences, teaching rounds, and other scheduled teaching events.

### **OMED 860, 862 and 864: Elective I, II, III (ELEC) – Fourth Year**

Students will have the opportunity to select rotations and 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 strengthen areas of weakness and/or obtain further training that will help them transition into residency. All electives must be patient-care oriented.

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

Students will be exposed to a series of learning models that measure students' acquisition of knowledge and mastery of skills during fourth year clinical clerkships. The formative assessment (e.g., OSCE) yields critical information for monitoring the students' acquisition of knowledge and skills to prepare for standardized examinations. Such assessment will evaluate critical thinking, decision-making, and problem-solving skills seen

developed during the third year clinical rotations. This block will allow the Office of Clinical Affairs to further identify individuals who may need special emphasis or remediation where warranted to prepare for the fourth year. This process allows students to achieve mastery of knowledge and clinical skills for the completion of the fourth year graduation requirements and transition to residency.

## **Possible Electives**

### **Anesthesiology**

This rotation will provide 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.

### **Emergency Medicine**

This rotation builds on the introduction to the emergency medicine and exposes students to trauma and greater complexities of emergency care. The student will be assigned more complex patients where their advanced diagnostic skills will allow them evaluate patients, and diagnose and assist in the treatment of the acutely ill. Students will also have the opportunity to manage several patients simultaneously, participate in medical triage and some trauma exposure. The student will be assigned to various shifts to receive a different experience.

### **Family Medicine**

The Family Medicine elective will allow the student to expand their involvement 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.

### **Cardiology**

This is an elective rotation within the internal medicine department. This rotation will emphasize physical diagnostic skills, diagnostic and therapeutic cardiac procedures as related to the cardiac care of the patient. Students will work up assigned patients and attend rounds.

### **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 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.

### **Gastroenterology**

This is an elective rotation within the internal medicine department. The student will learn and be given the opportunity to formulate diagnosis by assimilating clinical findings, lab results and procedures. The student will be expected to perform along with the residents and attending physicians in daily rounds.

### **General Internal Medicine**

The general internal medicine experience will expand the student's knowledge and competency in internal medicine by working as a team with the interns and residents in managing hospitalized patients. Students will



oversee the management of patients under the supervision of the attending physician. The student will be expected to take part in rounds, educational conferences, and lectures.

### **Pulmonology**

This is an elective rotation, which is 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 fibroptic bronchoscopy and will gain knowledge in diseases such as COPD, pneumonia, pulmonary fibrosis, asthma, ARDs, and other pulmonary conditions.

### **Pathology /Laboratory Medicine**

This elective gives the student the opportunity to understand how lab tests are ordered and used 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 emphasis on cost effective laboratory utilization.

### **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.

### **Osteopathic Manipulative Treatment**

The student will be exposed to the history and theory of Osteopathic Manipulative Medicine. The rotation will include methods for conducting a structure exam, interpretation based on objective criteria and techniques to treat somatic dysfunction. Evaluation of students is required on a regular basis in order to attain competency.

### **Ophthalmology**

The student will be exposed to the presentation of the basic knowledge of examination and diseases of the eye. The student will gain basic information regarding treatment and triage of diseases and injuries of the eye.

### **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.

### **Psychiatry/ Behavioral Health**

This elective rotation is designed to provide students with a more advanced knowledge base and experience in the assessment and treatment of psychiatric patients. The student will work with the attending physician in the in-patient treatment center at South Pointe and be given the opportunity to evaluate patients in their offices.

## **Radiology**

During this rotation, the student will be able to expand their knowledge with respect to radiographic procedures, anatomy and physiology of organ systems and pathologic processes as shown on the diagnostic radiology studies. The student will expand their knowledge in selecting procedures most appropriate in the diagnoses of their patients.

## **Surgery/General**

Through participation in this rotation, the student will increase his/her knowledge base in preoperative, intra-operative, and postoperative care. They will be under the direct supervision of residents and attending physicians. They will learn operative techniques, anatomy, physiology, and pathology. The student will also have an opportunity to expand their manual skills while assisting in surgery.

## **Surgery/Vascular**

After completion of a General Surgery rotation, the student may elect to do a Vascular Surgery rotation. Besides 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 the previous learned surgical skills, giving the student an opportunity to work with the vascular surgeon.

## **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 one or another phase of plastic and reconstructive surgery, such as skin and soft tissue tumors, hand surgery and aesthetic surgery.

## **Other Courses**

### **Clinical Application of Biomedical Sciences and Introduction to Clinical Clerkships**

Clinical application of Biomedical Sciences provides a high yield, comprehensive review programs for today's physicians in training. By focusing on study and preparation, this block prepares students for their clinical education experiences. The review incorporates the academic and clinical curricula and will match course content/syllabi with defined knowledge and skills to identify which knowledge and skills, which may need concentration in the existing program of study. This will identify opportunities for students to demonstrate ability to analyze, synthesize, and evaluate information. Students will have the opportunities to generate diagnoses and plans of treatment based on their understanding of the dynamics seen during clinical clerkships. Determine where/when in the existing program of study specific knowledge and skills are obtained, including all academic and clinical experiences, and where competency should be achieved; identify the knowledge and skill areas that are not currently addressed and incorporate into program.

## **6.4 Curricular Integration of OPP and OMM**

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

### **Year One:**

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

The first year course will begin with the history of osteopathic medicine, the research efforts in osteopathic medicine, body landmarks, and the introduction of the anatomical and physiological basis of osteopathic medicine. Students will also learn the neuromusculoskeletal basis of diseases and how this applies to the basic sciences, such as anatomy, physiology, biochemistry, etc., as well as learn various OMM modalities such as muscle energy and myofascial release techniques to manage certain disease states.

### **Year Two:**

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

Throughout the second year, the students will gain a deeper understanding of body system dysfunction and homeostasis and the role of osteopathic medicine in managing disease entities throughout the various systems and/or specialties. Students will become more adept at using these skills in managing all stages of patient care through infancy, adolescence, geriatrics, and pregnancy.

The OMM lab will also introduce students to more common techniques used to manage problems such as short lower extremity, tension cephalgia, and cervical/thoracic/lumbar dysfunctions.

### **Years Three and Four:**

CUSOM has taken a structural rather than a functional approach to osteopathic (OMM) integration in the clinical years. The assessment of the cognitive learning and practical application of osteopathic manipulation will consist of evaluation and assessment of students' psychomotor learning through practical hands-on and oral evaluations under the supervision of clinical faculty. OMM modules such as the ACOFP modules (demonstrations of 122 Osteopathic manipulative treatment procedures) will be utilized during the third and fourth years with a cumulative exam to assess retention of OMM knowledge. This will assist students in their preparation for both the complex CE and PE exams.

CUSOM will record OPP lectures and labs delivered in the first and second year curricula. After cataloguing a full academic year, these videos will be formatted for online access for students on clinical rotations. CUSOM will also provide American College of Osteopathic Family Physicians Educational/Video Resources for Teaching OMT Procedures.

These teaching resources include:

- “How to” Videos for 122 OMT procedures
- Content for 31 PowerPoint Lectures
- Lecture handouts
- Pre/post Tests
- Viscerosomatic Reflex Pocket Chart
- Core Competency OMT Assessment Form

Opportunities for “hands on” OMM experience will be included during the third and fourth year. After appropriate instruction by OMM faculty, these students will serve as “table training assistants” for MS-1 and MS-2 students during OPP labs. Additionally, a third- or fourth-year elective rotation in OMM will also be available at CUSOM to provide further “hands on” OMM experience.

Cognitive learning assessment in these courses throughout the four years of instruction will consist of written exams and quizzes. Assessment of students’ psychomotor learning will be practical hands-on and oral evaluations under the supervision of OMM faculty.

## **7. EDUCATIONAL RECORDS**

### **7.1 Policy statement on student information and educational records**

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

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

In addition, CUSOM will have a secure, confidential, and onsite computerized record systems with offsite secure network backup. In the event of a disaster or closing of the school, copies of all student files will be held at a locked and fireproof offsite location. The stored records will only be accessed when needed and all records will be secured with locks at night. All items entered are kept as a part of the permanent student record. The student's record contains his/her transcript from CUSOM, transcripts and transcript evaluations from other educational agencies attended by the student, secondary school transcripts, Scholastic Aptitude and other standardized test scores, the student's application for admission, general correspondence with the student, and if applicable letters concerning misconduct. Upon appointment with the Registrar, the student may examine the transcript and contents of the permanent record.

University officials with access to the student's educational records are the President, Provost, Academic Deans, Registrar, Executive Director for 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 protect 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: <http://ed.gov/policy/gen/guid/fpco/ferpa/students.html>

## **8. Facilities and Campus Policies**

### **8.1 Campus Safety and Emergency Services**

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

Deputies are assigned for the purpose of providing 24 hour a day, seven-day-a-week police protection of the entire University campus, including CUSOM. Campus Safety officers will provide coverage on the medical school property and provide 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 will also conduct crime prevention awareness programs. Additionally, it will establish and enforce traffic and parking regulations.

There are four emergency stations strategically located in the CUSOM parking lots. They are connected directly to campus security and include visual and audio alarms.

Campus Safety may be reached at <http://www.campbell.edu/life/campus-safety/>.

Campbell University recommends contacting extension 1911 (on-campus) and 911 (off-campus) for emergencies.

Main Numbers (for non-emergencies):

- On-Campus extension 1375
- Off-Campus 910-893-1375
- TDD (hearing impaired) 910-893-1912

Additional services phone numbers:

- Betsy Johnson Regional Hospital 910-892-7161
- Central Harnett Hospital 910-892-1000
- Crisis and Suicide Intervention Center 910-893-2118
- Dr. Daniel Marlowe, Director of Behavioral Health 914-814-4959  
<http://www.campbell.edu/cusom/current-students/cusom-behavioral-health/>
- Duke University Poison Information Center 1-800-672-1697
- Good Hope Hospital 910-897-6151
- Harnett County Sheriff's Department 910-893-9111
- Infirmary 910-893-1560
- Leon Levine Hall of Science 910-893-1804 (front desk/security)
- Parking 910-893-1550
- Protocall Counseling Helpline 866-428-3591
- S.A.F.E. 910-893-7233

## **8.2 Health Services**

CUSOM students will be able to utilize the Campbell University Health Center for confidential medical and confidential personal health concerns. Student Health Center office hours will be published and distributed to students at the start of each academic year. All students are required to have health insurance.

For medical emergencies and after-hours health care, students will be encouraged to access appropriate care as warranted by their situation including local urgent care facilities, Emergency Departments and Emergency Medical Services. For true emergencies, students are asked to access EMS and the 911-dispatch system.

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

Further information may be found at <http://www.campbell.edu/student-services/health-services/>

## **8.3 Weapons**

The use, possession, carrying, or discharging of any weapon as defined and prohibited by North Carolina Law (NCGS §14-269.2; [www.ncga.state.nc.us/gascripts/Statutes/StatutesTOC.pl](http://www.ncga.state.nc.us/gascripts/Statutes/StatutesTOC.pl)) on the campus of Campbell University, any of its extended campuses ,or in conjunction with any curricular or extracurricular activity sponsored by the university is prohibited unless otherwise permitted by the Board of Trustees.

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

Students who violate this policy are subject to disciplinary action up to and including suspension or dismissal.

## **8.4 Smoking Policy**

Smoking or use of tobacco products is not permitted in any university-owned building. There is to be no smoking or use of any tobacco products within 25 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.

## **8.5 Alcohol and Drugs**

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

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



## **8.6 Library and facilities**

The Campbell University Wiggins Library is used by all schools across the campus. The 2,190 square foot Campbell University Medical Library is located on the second floor of the Levine Hall of Medical Sciences. The medical school library collection, located on the second floor of the medical school, contains several hundred current textbooks and journals with a majority of the publications available online to students throughout all four years of medical school. This virtual library is available to CUSOM students, faculty, and residents. In addition to journals, circulating books and reference material, the combined library system provides public access computers and study space.

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 area is staffed by a librarian and library technician who works directly with the main campus library. The electronic 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.

Textbooks and print subscriptions to core journals are available in the library. The electronic library is available to all students during all four years of training to allow for consistency and availability of the teaching resources on clinical campuses.

## **8.7 CUSOM Information Technology and Educational Resources**

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

## **8.8 Information Technology Resources and Computer Information**

### **CUSOM Helpdesk**

The CUSOM Help Desk is staffed by a technical support team that provides prompt, knowledgeable, and courteous desktop computing support services over the phone, in person, and via email to the CUSOM community. The Help Desk 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 Help Desk, 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 Help Desk policies as stated by the Help Desk Specialist.

## **Helpdesk Contact Information**

The Help Desk may be contacted by calling 910-893-7911 (or extension 7911 on campus), sending e-mail to [cusomhelpdesk@campbell.edu](mailto:cusomhelpdesk@campbell.edu) or stopping by the IT workroom (number 171) in the South building of Levine Hall. The Help Desk web page is available at: <http://www.medschoolhelpdesk.com>

## **Helpdesk Staff Availability and Response Time**

The Help Desk is staffed from 7:30 AM to 5:30PM Monday through Friday. If a Help Desk Specialist is not immediately available via telephone, the customer may leave a voice mail message or access the Help Desk via email or through the website. Voice-mail received during normal business hours are generally responded to within 2 hours. At times, there are University-wide issues that may cause heavy call volumes and may prevent staff from getting back to someone within the standard timeframe.

The Help Desk is available on a limited basis after hours. Support calls and emails received outside normal hours will be addressed as soon as possible.

## **E-mail and the Internet**

Campbell University provides email and Internet access to faculty, staff, and students for educational and research purposes. The Campbell University Technology Usage Policy outlines the expectations for and restrictions of using these and other forms of electronic communication while on the Campbell University Network.

Prohibited uses of the system include: commercial (for-profit) activities; the unauthorized acquisition, reproduction, or use of computer software; to disrupt or interfere with network operations; or to gain unauthorized access to network segments through “hacking.” Attempting to engage in software piracy, copyright infringement, email abuse, or for-profit ventures may be investigated by law enforcement officials.

The University monitors traffic on its email and Internet system and, at random, searches the Internet for references to Campbell University. The University employs programs to block the reception of sexually explicit and inflammatory material over the campus access network.

Vulgarity, obscenity and lewdness, profanity and threatening or abusive language are all matters of concern. Such behavior is unprofessional and may constitute a violation of the Honor Code

Students should avoid representing themselves in any way as agents of the University or using the University’s name in a manner that would imply an endorsement of their personal views or activities.

## **CUSOM Intranet**

The intranet is a portal for information and engagement for the CUSOM and CPHS PA communities. When you log into your portal account, you will access information tailored to your role, including but (not limited to): calendars, policies, forms, links to resources, and many other tools to assist you in optimizing your daily activities.

## **Information Technology**

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

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

### **Students may not:**

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

### **In General:**

- Students must respect the priority of academic use of the University network.
- Students are personally responsible for any activities originating from their network connection.
- Students are responsible for their personal computer's hardware and software.
- Students must maintain updated virus protection.
- Students are encouraged to contact the helpdesk if they need help choosing and/or installing a subscription-based antivirus program.
- Students running Windows XP/Vista/Windows 7 & 8 must enable the Windows firewall.
- All computers, regardless of OS must be set to receive Automatic Updates from the OS manufacturer.

Campbell University assumes no liability for data loss or equipment damage pursuant to a student's use of a University data port. Precautions for natural disasters are the student's responsibility.

The use of the University's information resources on campus is governed by the policies and regulations as outlined in this document and those regarding student conduct found in the Academic Bulletin. Violations of these regulations will be reported to the appropriate dean and/or department with appropriate disciplinary action to be taken.

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

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

Wireless broadcasting devices of any kind may not be used in any Campbell University building. Such devices including but not limited to wired or wireless routers and access points will be confiscated and the student may lose his/her network privileges if found in violation of this policy.

By connecting a computer to the Campbell University network, students agree to abide by the terms and conditions set forth above. Students must signify that they have read and will abide by the terms of the Campbell University Acceptable Network Usage Policy and must accept this policy to use the Campbell University network. The Acceptable Use Policy is posted on the University's policy web page, and information concerning the University's Computing Services can be accessed at: <http://www.campbell.edu/student-services/computing-services/>. Assistance may be accessed through the CUSOM IT Department, or through the following:

cusomhelpdesk@campbell.edu  
<http://www.medschoolhelpdesk.com>  
extension 7911  
910-893-7911  
800-334-4111 x: 7911

## **8.9 Information Access and User Privacy**

### **Private Machines Connected to the University Network**

Electronic mail and other information passing over the University network, including information stored in user accounts and computers, are considered to be private and confidential.

Although this type of information must be accessed by system personnel for the purpose of backups, network management, etc., the content of user files and network transmissions will not be viewed, monitored, or altered without the express permission of the user except in the following circumstances:

- The University has reason to believe that an account or system has been breached and is being used by someone other than the authorized user.
- The University has received a complaint that an account or system is being used to gain unauthorized access or to attempt to gain unauthorized access to another network site.
- The University has reason to believe that an account or system is being used in violation of University policy or the federal or state law.

Under these circumstances the Vice President for Business 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 is 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 agreements.
- Gaining unauthorized access to information that is private or protected, or attempting to do so.
- Attempting to gain system and/or network privileges to which you are not entitled.
- Using the University computer system to disseminate materials that are not in keeping with the purposes of the institution.

The University reserves the right to monitor the use of institutionally owned resources. Alleged inappropriate use of technology resources will be investigated. In instances of misuse, appropriate disciplinary actions, to include legal action, will be taken.

Copies of the Acceptable Use Policy are included in official University publications including, but not limited to, the graduate and undergraduate catalogs, staff/faculty/student handbooks, and selected course syllabi. The Acceptable Use Policy is also posted on the University's policy web page.

## **Eligible Users**

Only the following properly authorized persons may access Campbell University computing facilities:

- Undergraduate, graduate, and professional students currently enrolled in Campbell University courses
- Non--degree seeking and special students currently enrolled in Campbell University courses
- Campbell University faculty (full and adjunct), staff, and administration
- Designated alumni
- Official guests of the President and the University
- Individuals formally associated with the University, upon verification of the appropriate dean and/or administrator

## **Original work by students using Campbell University technology resources**

Original works created by students using Campbell University technological resources are the property of the creator. With the notable exceptions of the processes normally associated with grading, critique, assessment, and lecture or classroom illustrations, no other student, faculty, and/or staff member may make any use of another's work without the expressed consent of the creator. However, the Department and the University retain the right to display, copy, replicate, and/or distribute any work created through the use of the Department's production facilities for the purposes of promotion, representation, artistic display, publication, illustration, and recruiting, on the condition that the creator is given full, appropriately disclosed credit. No one, including the creator, may use the Department's production facilities for any commercial purpose.

## **Pornographic or Obscene Material**

Users are encouraged to use institutional resources in a responsible and respectful manner. Pornographic, obscene, and/or offensive material is prohibited on the Campbell University computers and network system.

The Campbell University Office of Computing Services is to be notified of the transmission of questionable or offensive materials via the institutional computer and network system. Treated as inappropriate use, these allegations will be investigated, and if warranted, appropriate disciplinary actions taken.

## **Electronic Communications**

The University provides Internet access to all eligible users through campus computing facilities. Electronic mail (email) is also provided to all eligible users. These services are provided only for University-related purposes.

## **Class Recordings**

Class recordings are distributed for the exclusive use of students in that CUSOM course. Student access to and use of class recordings are conditioned on agreement with the terms and conditions set out below. Any student who does not agree to them is prohibited from accessing or making any use of such recordings.

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

## 9.2 Honor Code, Grievance Procedures and AOA Code of Ethics

### 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.

Students at CUSOM are expected to conduct themselves in a professional and ethical manner befitting the honorable profession that they are entering. Students have an obligation to maintain the highest standards of integrity. It is not possible to enumerate all examples of expected academic and professional behavior, nor is it possible to enumerate all behaviors considered inappropriate, unprofessional, unethical, or not in keeping with the standards of a CUSOM student. The following serves as a guideline to students.

In general, the founding principles of the CUSOM Honor Code are the established rules and regulations of the CUSOM community. The CUSOM community includes CUSOM, affiliated hospitals, and any institution where CUSOM students pursue activities for academic credit. Violation of these rules and regulations may constitute a violation of the CUSOM Honor Code. In addition, specific examples of behavior that may constitute a violation of the CUSOM Honor Code include, but are not limited to the following:

- 1) Cheating: Providing or receiving any unauthorized assistance or unfair advantage on any form of academic work, or attempt thereof. Sharing information from testing/exams is also considered a form of cheating.
- 2) Plagiarism: Copying the language, structure, ideas, algorithms, or computer code of another and representing it as one's own work on any form of academic work or attempt thereof.
- 3) Falsification: Fabrication of information on any form of academic work or attempt thereof; including but not limited to the following:
  - a) Clinical requirements,
  - b) Internships, and
  - c) Assignments such as: histories, physicals, laboratory tests, rotation records, etc.
- 4) Disruptive Behavior: Any inappropriate etiquette or inappropriate disturbance repeated often enough to establish a disrespectful trend. Inappropriate disturbances include but are not limited to the following:
  - a) Arriving late for class, or leaving class while in progress.
  - b) Disrupting class with pagers or cellular phones.
  - c) Disrupting class with computers or computer games.
  - d) Disrupting class with loud talking, or other activities that create a distraction.
  - e) Leaving trash in classrooms or academic areas.
  - f) Bringing food into unauthorized areas or hosting food functions without permission.
  - g) Posting unapproved materials or approved posting in inappropriate areas.
  - h) Parking in inappropriate or reserved spaces.
- 5) Unacceptable use of technology: Any violation of the acceptable use guidelines as published by the CUSOM IT department. In addition, unacceptable uses of technology include but are not limited to the following:
  - a) Using computers for purposes that are considered unprofessional or immoral.
  - b) Accessing pornographic material at any time while on any campus of the CUSOM community or using any equipment of the CUSOM community to access such material.
  - c) Sharing of videos and lecture outside of CUSOM. Lectures and videos contain confidential and proprietary information and material protected by intellectual property laws. You do not have permission to share them.

- 6) Unprofessional or unethical behavior: Behavior on or off the CUSOM campus that would or could cause a loss of respect or confidence in the offending student or in the CUSOM community by the public, faculty, staff, colleagues, or the-community-at-large. Suspected violations in this category are referred, at the Dean's discretion, to the APPS Committee. If agreeable to the Dean, a student may request to waive a hearing by the APPS Committee for suspected violations in this category and have their case heard by the Dean only. In such cases, the Dean must agree to hear the case, and must accept the student's waiving of a hearing; the Dean's decision is final and cannot be appealed. Unprofessional or unethical behavior may include but is not limited to the following:
- a) Entering or using the facilities of the CUSOM community without appropriate authorization or during inappropriate times.
  - b) Knowingly and purposely disrupting teaching, research, administrative, or student functions of the CUSOM community.
  - c) Abusive or disrespectful conduct toward members of the faculty, administrative or professional staff, employees, students, patients, or visitors of the CUSOM community.
  - d) Disclosure of privileged information from campus activities or patient care.
  - e) Improper relationships or activities involving persons entrusted to a student as part of educational requirements, which extend beyond those educational requirements. Entrusted persons may include but are not limited to the following: patients or other students under supervision.
  - f) Breach of Integrity: Any behavior at any time that is considered a severe lapse in judgment and damages the professional, ethical or moral integrity of the CUSOM community. Suspected violations in this category are referred, at the Dean's discretion, to the APPS Committee. If agreeable to the Dean, a student may request to waive a hearing by the APPS Committee for suspected violations in this category and have their case heard by the Dean only. In such cases, the Dean must agree to hear the case, and must accept the student's waiving of a hearing; the Dean's decision is final and cannot be appealed.

A Breach of Integrity may include, but is not limited to:

- Harassment, harm, abuse, or damage to any person or property in the CUSOM community. This includes knowingly or purposely causing damage to or vandalizing CUSOM community property.
- Conviction of a criminal offense (other than a minor traffic offense).
- Participating in academic or clinical endeavors in the CUSOM community while under the influence of alcohol, or controlled substances.
- Use, possession, or distribution of illegal drugs on or off the CUSOM community campus at any time. This also includes the verbal or written discussion of the personal use of illegal drugs by a CUSOM student, the verbal or written promotion, or encouragement of illegal drug use by a CUSOM student, or similar types of activities.
- Communicating or posting of information or images in a public arena (including written or electronic/Internet communications) which would result in a loss of respect by patients or other members of the public toward the offending student or toward CUSOM.

### **Violations of the CUSOM Honor Code**

All instances of suspected misconduct by a student must initially be reported through the Executive Director of Student Affairs. The Executive Director would notify the Dean and appropriate Associate Dean of the suspected misconduct. The Dean would then constitute an ad hoc committee to investigate the charges.

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



All instances of suspected misconduct by a student must initially be reported through the Executive Director of Student Affairs. The Executive Director would in turn notify the Dean and appropriate Associate Dean of the suspected misconduct. The Dean then constitutes an *ad hoc* committee to investigate the charges.

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

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

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

Sessions of the Committee will be closed to all individuals except those immediately involved in the case. No attorney shall be present, as this is not a court of law. All persons present at the proceedings shall be bound to disclose no more than the Committee does in its official report on the case. Revelation of such details will be considered a violation of the Honor Code. The testimony of each witness shall be given while the other witnesses in the case are out of the room.

The Committee may allow introduction of evidence other than testimony of witnesses provided that the evidence is relevant to the question before the Committee on any matter. The Committee shall set rules for the conduct of all cases and all arrangements connected with taking evidence. Timeframes for investigation of hearings and proceedings may be altered if circumstances warrant.

Deliberation of the Committee shall take place in private and remain confidential. Voting on decisions of guilt shall be by secret ballot and determined by a simple majority. If the Committee determines that the student was in violation of the Honor Code, it will consider and recommend an appropriate penalty. The APPS Committee forwards its recommendations to the Dean for action. The CUSOM Dean may uphold or reject any decision or penalty recommended by the Committee. The student will be informed of the decision and, if violation (s) is determined, the recommended penalty. A letter from the Dean's office will serve as the official notice of the outcome of the proceedings.

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

The APPS Committee may recommend to the Dean imposition of one or more of the following behavioral penalties upon individuals determined to have violated the Honor Code:

- Admonition: This consists of a verbal or written warning. Admonitions will not become a part of the student's longitudinal record and may not be reviewed or appealed by the student.
- Ineligibility for election and/or removal from student office or organizational office for specified period of time.
- Withholding of official transcript, barring re-admission to CUSOM, and/or blocking a student from enrolling for a specified period of time.
- Restitution, whether monetary or by specific duties, or reimbursement for damages to or misappropriation of CUSOM, student, staff, or faculty property.
- Academic sanctions: Writing a paper, reduction of grade on an examination, assignment, or course; repetition of a course(s); being assigned additional clinic or laboratory activities or coursework; repeating of an exam, coursework, or even an entire academic year or semester or other appropriate penalties.
- Conduct Probation: A penalty levied for a specific time, the duration of which will be determined by the seriousness of the circumstances. It carries with it a warning that any further violations of CUSOM regulations will result in more serious disciplinary action. Conduct probation will be removed from the student's longitudinal record in the Office of Student Affairs.
- Disciplinary Probation: A penalty for a definite period determined by the circumstances of the case. This is the most severe penalty under which a student may remain at CUSOM. Disciplinary probation may result in a warning that further violations may be cause for disciplinary suspension or expulsion. A record of the disciplinary probation remains a part of the student's longitudinal record in the Office of Student Affairs.
- Suspension: This penalty may be imposed for continued and/or flagrant violation of the disciplinary probation terms, or it may be imposed directly in first offense cases that warrant such action. In the case of suspension, the student will be barred from all campus and non-campus activities.
- Withdrawal: Withdrawal is administrative removal of a student from a class or from CUSOM and may be imposed in instances of unmet financial obligation to CUSOM evaluation. The withdrawn student may also be barred from re-enrollment until such time as specific conditions have been met.
- Expulsion: Expulsion is permanent severance from CUSOM.
- Revocation of Degree: The revocation of degree may occur for discovered misconduct of prior students. Allegations of misconduct, which may result in a revocation of a granted degree, will be considered by the Dean.

All minutes and evidence shall be placed in the permanent files of the APPS Committee, and a copy will be sent to the Dean's Office where it shall remain until the student graduates or leaves CUSOM.

### **Rights of the Student**

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

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

## **Release of Information**

All documents and other information concerning student discipline, including written reprimands, shall be securely maintained in a confidential file. Such actions become a part of the student's permanent education record but are only released at the written discretion of the Dean. However, as required on the Medical Student Performance Evaluation (Dean's letter), all disciplinary actions will be reported.

## **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, promotion, behavioral issues, financial concerns or issues related to external (e.g. COCA, SACS) accreditation standards and procedures.

All grievances must be filed in writing to the CUSOM Office of the Dean. All grievance material will be securely maintained on file in the Dean's office and the specific student/employee/faculty file as appropriate to the grievance.

Each step of the Resolution and Grievance Procedures generally take two weeks to complete, unless otherwise noted. Extensions or waivers to this timeframe may be granted on a case-by-case basis. Notice of a request for an extension from a student shall be submitted within ten calendar days prior to the deadline.

Decisions about granting or denying the request for extension shall be communicated to the student via letter within two business days of receipt of the request for extension. Likewise, if CUSOM needs to extend a deadline, the Office of the Dean shall provide said notice ten days before the due date.

### **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 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 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 or the Class Representative through the appropriate Curriculum and/or APPS Committee. If through the normal processes for an acceptable and reasonable request, a resolution cannot be reached, the Class President may, within two 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 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 SGA President and the Executive Director for Student Affairs. If through the normal processes for an acceptable and reasonable request, a resolution cannot be reached, the SGA President may, within two weeks of the failed resolution, appeal in writing to the Dean whose decision will constitute the final resolution. The administrative officer may refuse the meeting if the appeal has not been presented in writing, in advance of the meeting.

If the concern is financial or with other areas of CUSOM, the student should follow the appropriate chain of command as defined by the CUSOM organizational chart.

Reminder: Course Assessment policies and test question challenges are not covered under student grievances. See syllabi for each course.

### **Grievance Procedure for Harassment<sup>3</sup> or Discrimination**

Students who feel they are being discriminated against on the basis of race, ethnicity, color, sex, gender, religion, national origin, age or disabilities have the right to exercise the Grievance Procedure.

Retaliation against any individual who files a grievance or participates in the grievance process is prohibited. In the event a student or anyone who participated in the grievance process believes they have been subjected to retaliation, that individual may use the Harassment Grievance procedures listed below.

#### **Step One: The Resolution Process**

Students who meet the technical standards and feel they are being discriminated against on the basis of race, ethnicity, color, sex, gender, religion, national origin, age or disabilities shall first meet with the Executive Director for Student Affairs to explain their grievance.

The student must schedule a meeting with the Executive Director for Student Affairs within two 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 Executive Director for Student Affairs shall investigate the grievance within a one-week period. In the case where the discrimination is in any way threatening, the Executive Director for Student Affairs shall investigate the complaint and bring it to the attention of the Dean immediately for intervention.

After the investigation period of one week, the student filing the grievance, and the person against whom the grievance is filed shall meet with the Executive Director for Student Affairs to discuss a peaceful and prompt resolution. This meeting shall be scheduled within 14 calendar days of the initial filing of the grievance. A letter confirming the mutual decisions of the resolution shall be distributed, within ten calendar days of the meeting, to all persons and kept within the permanent student and or employee files for possible future issues that may arise with the resolution.

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

Students who feel their disability<sup>4</sup> needs are not being met may also file a grievance. In this case, the Executive Director for Student Affairs shall meet with the person filing the grievance.

---

<sup>3</sup> Grievance procedures for sexual harassment are separate and can be found under the section: Sexual Harassment Complaints.

<sup>4</sup> At the time of filing the student should have followed all the procedures listed in this Academic Bulletin.

The Executive Director shall complete the investigation of the complaint within two weeks. The student shall provide the Executive Director with the verification of disability by a health professional and provide all suggestions for accommodations.

The Director shall meet with the CUSOM officer in charge of the area where the accommodations need to be made to see if a peaceful and prompt resolution can be made. Where the peaceful and prompt resolution can be made, the Director will verify that the accommodation has been made and follow with written verification to all parties within that two-week timeframe.

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

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

### **Step Two: The Grievance Hearing Process**

If the student feels they are being discriminated against or that their disability is not being adequately accommodated, and for whom a peaceful resolution has not been successful, they may request the Executive Director for Student Affairs and the Dean to call a Grievance Hearing. The student has 30 calendar days after receiving written notice of denial of the grievance to request such a hearing.

The request must be in writing, signed by the student, and include the following information:

- A clear and precise statement of the grievance;
- State how the action is discriminatory or the decision unreasonable if it is a denial of a requested accommodation;
- Name the respondent parties (the person(s) against whom the grievance is filed);
- State how each respondent is responsible for the action or decision;
- State the requested remedy; and
- State whether a non-participating observer will be brought to the hearing.

This information must be sent by certified mail or delivered with signature of receipt to both offices. Upon receipt of the request for a Grievance Hearing, the following processes shall be followed.

- The Dean shall designate the Senior Associate Dean for Academic Affairs and Research to review the case within seven calendar days to see if a peaceful and prompt resolution can be made between the parties. In cases where this cannot be accomplished, the Dean shall appoint a Grievance Hearing Board at the end of the seven 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 14 calendar days of the notice. The Dean shall ensure that those participating on the Grievance Hearing Board are not a part of the alleged discrimination or the denial of accommodations. The Grievance Hearing Board shall consist of two Associate Deans, two faculty members, one staff member, and one student. The Dean shall chair the Grievance Hearing Board and shall vote only in case of a tie.

- The Grievance Hearing Board shall hear the denial of accommodations grievance and/or the allegations of discrimination 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 Executive Director for 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 weeks. The Grievance Hearing Board, or the Executive Director for Student Affairs at the request of the Grievance Hearing Board, shall conduct further investigation of the alleged grievances. The Grievance Hearing Board may during this time meet with the CUSOM's legal counsel who has further expertise in the law regarding disability and discrimination.
- The second meeting of the Grievance Hearing Board, which shall occur within a two-week period, shall be to further discuss the grievance, the investigation, the educational materials provided, and the legal counsel advice. The Grievance Hearing Board may require second interviews with the person filing the grievance or with those whom the grievance is filed against. The Grievance Hearing Board shall make a final ruling at this meeting. Minutes will be taken of all Grievance Hearing Board meetings. A letter shall be sent to the student within 14 calendar days of the final determination by the Grievance Hearing Board.

### **Step Three: Final Appeal Procedure**

The student has the right to appeal the decision of the Grievance Hearing Board to CUSOM's Dean. The student has 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 weeks to respond to the appeal. The Dean shall have the final determination as to the outcome.

### **Improper Relationships**

Relationships between a student and a faculty/staff member entrusted to oversee the student, which extend beyond the educational requirements or beyond CUSOM activities, are not allowed. Relationships with patients (by a student or faculty member) which extend beyond their care requirements are also not allowed.

The university's Title IX Coordinator is Robert C. Cogswell, Jr. (910-893-1217) [cogswell@campbell.edu](mailto:cogswell@campbell.edu)

### **Consensual Relationships**

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

### **Sexual Harassment**

Sexual harassment at the institution is unacceptable behavior and will not be tolerated. Sexual harassment includes sexual advances, requests for sexual favors, and other intimidating verbal or written communications or physical conduct of a sexual nature.

The Non-discrimination, Sexual Harassment, Sexual Violence, Non-Retaliation: Title IX Investigation and Hearing Procedure for the University may be found beginning on page 9 of the Institutional Policies document at: <http://www.campbell.edu/pdf/current-students/student-handbook/2013-14/Institutional-Policies.pdf>

### **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.aoacoca.org](http://www.aoacoca.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 Senior Associate 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 Senior Associate Dean for Academic Affairs, Office of Student Affairs and the student complainant.
- If corrective action is indicated, the Senior Associate Dean for Academic Affairs will develop a description/plan for such action within 30 days of receipt of the *ad hoc* committee results and deliver such plan to the Dean with a copy to the *ad hoc* committee. If corrective action is not indicated, the *ad hoc* committee will inform the complainant of their results.
- Records of all proceedings regarding complaints will be maintained by the Office of Student Affairs.
- In the event that the student complainant is not satisfied with the *ad hoc* committee determination and/or correction action, the student may appeal the decision to the Dean.
- In the event that the student complainant is not satisfied with the *ad hoc* committee determination and/or corrective action, the student may communicate the complaint to:

COCA Assistant Secretary  
Commission on Osteopathic College Accreditation  
American Osteopathic Association  
142 East Ontario Street  
Chicago, IL 60611-2864  
Phone: 312-202-8097  
Fax: 312-202-8397  
Email: [predoc@osteopathic.org](mailto:predoc@osteopathic.org)

CUSOM recognizes the right of students to express complaints regarding COCA Accreditation Standards and procedures directly to the immediate accrediting body, COCA.

## **American Osteopathic Association Code of Ethics**

As an osteopathic facility, CUSOM requires that all students read and follow the following code of ethics.

All students and physician faculty are required to follow the code of ethics as adopted by the American Osteopathic Association (AOA), and as listed below:

**Section 1.** The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. The physician shall divulge information only when required by law or when authorized by the patient.

**Section 2.** The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

**Section 3.** A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients because of the patient's race, creed, color, sex, national origin or handicap. In emergencies, a physician should make her/his services available.

**Section 4.** A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

**Section 5.** A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

**Section 6.** The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

**Section 7.** Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities, which are false or misleading.

**Section 8.** A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

**Section 9.** A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.

**Section 10.** In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.



**Section 11.** In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable osteopathic hospital rules or regulations.

**Section 12.** Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no discipline/department of professional fees for referrals of patients.

**Section 13.** A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

**Section 14.** In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

**Section 15.** It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

**Section 16.** Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

### **Formal Federal Agency Grievance Procedures**

Students with grievances or complaints against CUSOM based upon violations of Section 504 or the ADA also have the right to file a complaint with the Office for Civil Rights by:

1. Mailing the grievance or complaint to the Director, District of Columbia Office, Office for Civil Rights (OCR), U.S. Department of Education, P.O. Box 14620, Washington, DC 20044- 4620; or
2. Faxing it to the Director at (202) 208-7797; or
3. Filing it electronically at: <http://www.ed.gov/about/offices/list/ocr/complaintprocess.html>.

For more information students can contact the Office for Civil Rights via phone: (202) 786-0500 (voice) and (202) 208-7741 (TDD) or via e-mail at: [orc@ed.gov](mailto:orc@ed.gov).

### **Notes and Definitions**

- The word “student” in this manual refers to any person who is enrolled in any course offered by CUSOM.
- The words “professor” or “instructor” in this manual refer to any person who is authorized by the university to hold and teach a class sponsored by the university or precept a student during an off-campus practice experience.
- The words “University” and “School” refer to Campbell University and the Campbell University School of Osteopathic Medicine, respectively.
- The phrase APPS Committee refers to that committee that is assigned by the CUSOM Dean to review situations in which CUSOM students are involved in academic or professional misconduct.
- The word “handbook” in this manual refers to the current edition of Campbell University Academic Bulletin.
- The word “day(s)” refers to official school days — not holidays, weekends or summer session.

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