



CAMPBELL
UNIVERSITY

Jerry M. Wallace
School of Osteopathic Medicine

Academic Bulletin

**Doctor of Osteopathic
Medicine (DO)**

2021-2022

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Dean's Message & Greeting

"Osteopathy is knowledge, or it is nothing, and reasoning is the action of the mind while hunting for the truth." - Dr. Andrew Taylor Still



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

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

At CUSOM, you will be well-trained and well-prepared to become highly competent physicians. You also will enjoy the adventure and experience new challenges on your path to becoming a physician. We understand that medical education is a rigorous and exacting process, and no successful graduate gets through it alone. As you embark on this journey, know that you will be surrounded by family and friends that support you during your time here. We will continue to be with you as you move through the various phases of your training.

CUSOM students receive an exceptional medical education and hands-on clinical training, which will enable them to provide the highest level of evidence-based quality care for the patients they serve. A critical component of the educational program at CUSOM is the emphasis on intellectual achievement, compassion, mind-body-spirit centered patient care, and a commitment to the core values of professionalism, integrity, compassion, diversity, mutual respect, teamwork, and open communication. Students delve deeply into areas of medical inquiry in an active learning environment that fosters intellectual curiosity and an excitement for learning. Our curriculum emphasizes critical thinking through participation in medical simulation experiences, standardized patient encounters, clinical skills training, OMM workshops, clinical rotations, and small group learning sessions utilizing clinical cases. CUSOM emphasizes primary care training, and graduates practice the entire scope of modern medicine.

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

Warm Wishes,


Brian A. Kessler, DO, FACOFFP
Dean and Chief Academic Officer

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, which 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.

Policy on Student Response to CUSOM Request for Information

Whenever this Academic Bulletin requires the student to provide a written response to be received by CUSOM on or before a certain date, CUSOM will not grant exceptions to the stated deadline except in the case of a medical emergency, and in that case, the student must provide the response as soon as medically feasible.

Notes and Definitions

- The word “student” in this Bulletin refers to any person who is enrolled in any course offered by CUSOM.
- The words “professor”, “faculty”, or “instructor” in this manual refer to any person who is authorized by the University to hold and teach a class sponsored by the University or precept a student during an on-campus or off-campus clinical practice experience.
- As used in this Bulletin, the term “University” shall mean “Campbell University”.
- The term “School” refers to the Campbell University School of Osteopathic Medicine (CUSOM).
- The word “day(s)” refers to official school/business days — not holidays or weekends. The exception to this is in regard to days identified in the policies regarding Leave of Absence, Withdrawal, Suspension, and Grievance in which case “days” refer to calendar days, not school/business days. This distinction is clarified in the corresponding sections by utilizing the term “calendar” days.

Changes in Bulletin

The University reserves the right to make changes to this Bulletin at any time. When students enter the University, the student file is "stamped" with a Bulletin year. Thus, students entering Campbell University in the fall semester 2021 are "stamped" with a 2021 starting term. The requirements for that starting term are reflected in the 2021-2022 CUSOM Academic Bulletin. Students are responsible for the degree for the academic year in which they enter the University. Any student whose continuous enrollment at the University is interrupted by a semester or more shall be subject to the graduation requirements in the Bulletin in effect at the time of readmission. The Dean, in consultation with the University Registrar, must approve any exception to this policy.

Academic Facilities

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

Effective Date:

July 26, 2021
Date

Revised: February 17, 2022

DISCLAIMER: This Bulletin is intended as a guideline for students and should not be construed as an offer or as a contract between Campbell University, and any student or a warranty of any entitlements, programs, regulations, or benefits set forth herein. Campbell University, 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.

1. Statements of Compliance

Campbell University maintains a continuing policy of nondiscrimination in employment as approved by the Trustees and issued by the President. It is our policy to provide equal opportunity in all phases of the employment process and in compliance with applicable federal, state, and local laws and regulations. Accordingly, the University is committed to administering all educational and employment activities without discrimination as to race, color, sex, sexual orientation, gender identity, age, ethnicity or national origin, religion, disability, genetic information, protected veteran status and any other characteristic protected by law, except where appropriate and authorized by law.

This policy of nondiscrimination shall include, but not be limited to, the following employment decisions and practices: hiring; upgrading; promotions; demotions or transfers; layoffs; recalls; terminations; rates of pay or other forms of compensation; selection for training, including apprenticeship; and recruitment or recruitment advertising.

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

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

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

1.1 Family Education Rights and Privacy Act of 1974

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

www.campbell.edu/registrar/family-education-rights-and-privacy-act-ferpa/

1.2 Rehabilitation Act of 1973

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

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

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

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

See also:

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

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

Title IX, formally known as Title IX of the Education Amendments of 1972, mandates that no person shall be excluded from participation in or discriminated against on the basis of sex in programs or activities at educational institutions that receive federal financial assistance. The University has an obligation to make reasonable efforts to investigate and address complaints or reports of sex discrimination, including but not limited to, sexual violence, sexual harassment, sexual assault, stalking, dating/domestic violence, retaliation, and other related forms of sex discrimination or sexual misconduct, whenever it becomes aware of such a complaint or report. Collectively, these terms are referred to in this policy as “Sexual Misconduct.” Inquiries regarding the application of Title IX and other laws, regulations and policies prohibiting discrimination may be directed to:

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

Inquiries may also be directed to:

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

If you believe you have been the subject of sexual misconduct, harassment, or discrimination, this should be reported to the Title IX Coordinator. The procedures for Title IX complaints are outlined in the Undergraduate Student Handbook:

<https://www.campbell.edu/policies/title-ix/title-ix-policies-and-procedures/>

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

2. General Information

2.1 History, Background and Mission of Campbell University

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

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

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

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

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

Campbell University is a private, not-for-profit, academic institution governed by an independent and self-perpetuating Board of Trustees. The University enjoys an autonomous and voluntary relationship with the Baptist State Convention of North Carolina. Campbell University is accredited by the Southern Association of Colleges and Schools Commission on Colleges as a Level VI institution to award Associate, Baccalaureate, Masters, and Doctorate degrees and is classified as a Doctoral/Professional University (D/PU) by the Carnegie Classification of Institutions of Higher Education.

2.2 Campbell University Mission Statement

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

To fulfill its Mission, the University:

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

2.3 CUSOM Mission Statement

Mission Statement of the School of Osteopathic Medicine

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

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

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

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

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

2.4 School of Osteopathic Medicine Accreditation

Campbell University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate, baccalaureate, master, and doctorate degrees. Contact the Commission on Colleges for questions about the accreditation of Campbell University.

Contact information for the SACSCOC is as follows:

Southern Association of Colleges and Schools Commission on Colleges
1866 Southern Lane
Decatur, GA 30033-4097
Phone: (404) 679-4500

The Commission should be contacted only if there is evidence which appears to support the University's significant non-compliance with an accreditation requirement or standard.

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

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

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

Contact information for the COCA is as follows:

Commission on Osteopathic College Accreditation
142 East Ontario Street
Chicago, IL 60611-2864
Toll-free phone: (800) 621-1773
Department of Accreditation: (312) 202-8124
Department of Accreditation Fax: (312) 202-8424

About the American Osteopathic Association (AOA)

Representing more than 150,000 osteopathic physicians (DOs) around the world, the American Osteopathic Association (AOA) serves as the professional family for all DOs and osteopathic medical students. In addition to serving as the primary certifying body for DOs, the AOA is the accrediting agency for all osteopathic medical schools and has federal authority to accredit hospitals and other health care facilities.

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

- Enhancing the value of AOA membership
- Protecting and promoting the rights of all osteopathic physicians
- Accentuating the distinctiveness of osteopathic principles and the diversity of the profession
- Supporting DOs' efforts to provide quality, cost-effective care to all Americans
- Collaborating with others to advance the practice of osteopathic medicine

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

<https://osteopathic.org/>

2.5 Postgraduate Medical Education

Sponsoring Institution

In 2015, Campbell University became the sponsoring institution for CUSOM "affiliated" residency programs in preparation for single accreditation. Between 2012 and 2021, CUSOM started 22 new residency programs in Family Medicine, Internal Medicine, Emergency Medicine, Obstetrics-Gynecology, Dermatology, Micrographic Surgery, General Surgery, Sports Medicine, Osteopathic Neuromusculoskeletal Medicine, Transitional Year, and Psychiatry.

2.6 Osteopathic History

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

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

remains an important therapeutic tool utilized by osteopathic physicians in alleviating pain and treating illness. The training of osteopathic physicians has always stressed a primary care orientation.

Four Tenets of Osteopathic Medicine

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

2.7 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.

3. Admission

3.1 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 guiding principles of the CUSOM Office of Admissions are to:

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

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

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

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

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

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

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

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

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

3.2 Requirements for Admission

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

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

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

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

The required undergraduate courses for entry are:

- Biological Sciences: One year with laboratory (8 semester hours/12 quarter hours)
- Physics: One year (6 to 8 semester hours/9 to 12 quarter hours)
- Inorganic/General Chemistry: One year with laboratory (8 semester hours/12 quarter hours)
- Organic Chemistry: One year with laboratory (8 semester hours/12 quarter hours); the second semester of Organic Chemistry can be substituted by Biochemistry

- English: One year (6 semester hours/8 quarter hours)
- Six (6) additional science hours are highly recommended. CUSOM recommends courses in the 300/400 level or higher, such as Anatomy, Physiology, Biochemistry, Genetics, Microbiology, and Immunology, which may enhance performance in medical school.

NOTE: Courses with equivalent content will be reviewed.

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

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

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

3.3 Technical Standards and Vaccination Requirements for Admission to CUSOM

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

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

In order to be able to gain appropriate clinical exposure to the regions being examined and osteopathic manipulative techniques to be performed, students need to wear attire, such as shorts and are expected to partially disrobe for certain laboratory experiences. Please refer to the Dress Code Policy (Section 6.5 of this Bulletin) for additional information.

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

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

These are requirements for all students, regardless of cultural or religious beliefs, except where required by law. Students who have any concern regarding these requirements should discuss them with the Executive Director of Student Affairs prior to applying.

CUSOM will make reasonable accommodations as required by law for students whose disabilities will not prevent them from successfully completing the entire CUSOM curriculum and graduating as an osteopathic physician (Section 3.5 of this Bulletin). Students, however, are required to function with independence and perform at all skill levels described below which CUSOM holds as mandatory for the safe and effective practice of osteopathic medicine.

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

Applicants who do not meet the Technical Standards and Vaccination Requirements should not apply to CUSOM.

Students/Applicants must possess the requisite abilities and skills in the following six (6) areas:

1. Observation

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

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

2. Communication

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

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

3. Motor and Sensory

The student must have sufficient motor and sensory function to gather information from patients through the performance of palpation, percussion, and other diagnostic measures. The student must have sufficient motor function to carry out maneuvers of general and emergent medical care and of osteopathic manipulation. Examples of emergent motor functions include, but are not limited to, cardiopulmonary resuscitation, placement of central venous access, administration of intravenous fluids and intravenous medications, management of an obstructed airway, hemorrhage control, wound closure by suturing, and obstetrical deliveries.

In addition, osteopathic manipulation requires the use of the provider's extremities in palpation, positioning, and carrying out maneuvers of manipulation. These actions require fine and gross motor control, as well as the sense of touch and adequate vision for inspection. Students must be able to generate sufficient force, and be able to receive these same forces, to successfully learn and provide effective osteopathic manipulative treatments for all techniques taught in the curriculum which include, but are not limited to, muscle energy, counterstrain, Still technique, and high-velocity, low amplitude (HVLA).

4. Intellectual

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

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

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

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

5. Behavioral and Social Attributes

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

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

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

An ability to demonstrate the emotional health necessary for the delivery of quality and safe medical care is mandatory throughout medical school. CUSOM considers drug and alcohol addiction or abuse a significant risk factor for

providing unsafe patient care and poor patient outcomes. As such, CUSOM has developed policies regarding alcohol and substance abuse (See Section 3.16.5 of this Bulletin).

6. Vaccination Requirements

Completion and verification of all vaccine requirements is required by July 1. Accepted students who have not completed all CUSOM vaccination requirements by July 1 prior to matriculation will have their offer of admission rescinded, will forfeit their seat in the class, and any deposit will not be refunded. See section 3.16 of this Bulletin for additional information.

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

An offer of acceptance may be rescinded should an accepted applicant NOT meet the Technical Standards and Vaccination Requirements for Admission to CUSOM, or be found to not be able to meet these Technical Standards and Vaccination Requirements (See Section 3.16).

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

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

3.4 Non-Discrimination

The CUSOM Office of Admissions makes every effort to recruit students with diverse backgrounds to foster the cultural richness to meet its Mission and Goals. CUSOM applicants will not be discriminated against on the basis of:

- race;
- ethnicity;
- color;
- sex;
- sexual orientation;
- gender;
- gender identity;
- national origin;
- age;
- disabilities;
- religion;
- genetic information;
- protected veteran status; and
- any other characteristic protected by law, except where appropriate and authorized by law.

3.5 Americans with Disabilities Act

CUSOM operates in compliance with the Americans with Disabilities Act of 1990 (ADA), and the ADA Amendments Act of 2008 (ADAAA), both as amended, to assure its facilities, programs and student policies are accessible to individuals with disabilities. Applicants and students with specific needs who request an accommodation under the ADA should contact the Executive Director of Student Affairs See Section 7.2.3. Students are encouraged to meet with the Executive Director of Student Affairs as soon as possible.

3.6 Applications Deadline

The official AACOMAS application is available online at:

<https://choosedo.org>

The deadline for CUSOM applicants is March 1, but this deadline is subject to change annually. Applicants should consult the CUSOM website for more information. The last day for applicants to submit their Secondary Application and supporting materials is March 15, but an earlier submission is highly encouraged.

3.7 Early Decision Admissions Track

The Early Decision Admissions Track is an admissions option for candidates who identify CUSOM as their first choice amongst both osteopathic and allopathic medical schools for pursuing a medical education. To be considered for the Early Decision Admissions Track, the candidate must meet all 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 in Sections 3.2 and 3.3 of this Bulletin.

Early Decision Admissions Track Requirements

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

3.8 Application Process

Step 1: AACOMAS Application

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

Detailed instructions can be accessed through and questions can be answered by contacting:

AACOMAS
aacomasinfo@liaisoncas.com
Telephone: (617) 612-2889

To initiate the application process, applicants must apply directly to AACOMAS. AACOMAS is available to the students for the entering class from May through March of the year applying.

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

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

Step 2: CUSOM Secondary Application Process

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

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

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

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

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

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

3.9 CUSOM Selection Process

To be considered for an interview, each applicant must meet all the preceding admissions requirements and Technical Standards for admission and have a complete application file, including the AACOMAS application, a Secondary Application, proof of US Citizenship or Permanent US Residency (Passport, Green Card or Certificate of Naturalization), F1 student or other study-authorized nonimmigrant status, or recipients of Deferred Action for Childhood Arrival (DACA), a letter of recommendation from either an osteopathic or allopathic physician, a recommendation form/letter from a pre-medical or pre-health committee or science PhD faculty member and the processing fee or AACOMAS fee waiver. Additional information may be required by CUSOM as necessary.

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

The applicant will interview with members of the CUSOM faculty, staff, and administration. During the interview, the applicant's academic history and knowledge may be reviewed as well as the attributes which demonstrate the potential to become a caring and competent osteopathic physician and fit for CUSOM's Mission.

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

The Dean, as the Chief Academic Officer, makes all final decisions on candidate status. The Dean decides to grant or deny acceptance of each candidate. This decision is provided to the applicant in a timely manner, by email notification typically within 2-4 weeks of the interview date.

Intentional misrepresentation or omission of information on any form or records relevant to admissions subjects the applicant to a retraction of an offer for admission, or dismissal of the student in the case the misrepresentation/omission is discovered after matriculation. CUSOM reserves the right to deny admission to any applicant for any lawful reason it deems appropriate. Matriculation may be denied to applicants who have failed to maintain a good record of scholastic performance or good record of personal conduct between the time of their acceptance and their matriculation at CUSOM. In addition, re-admission may be denied to students returning from an approved Leave of Absence if they have failed to maintain a good record of scholastic performance or good record of personal conduct between the time of the beginning of their leave of absence and scheduled date of return.

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

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

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

3.10 Guaranteed Interview Process

This is only applicable to Campbell University undergraduate students with:

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

Campbell University undergraduate students meeting the above criteria will be:

- Guaranteed an interview no later than October of their senior year.
- Guaranteed a decision within two weeks of interviewing.
- Any offer of acceptance will be contingent upon maintaining minimum Science and Overall GPA of 3.30 on a 4.0 scale.

3.11 Early Acceptance Program for Medicine

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

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

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

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

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

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

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

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

3.12 Transfer Applicants

CUSOM may consider acceptance of transfer students. Potential transfer students must submit the following to the Office of Admissions: a completed CUSOM Application for Transfer form, certified and official transcripts from all post-secondary educational institutions, verifying passing grades in all subjects at the time of transfer, and an overall 3.2 GPA or higher on a 4.0 scale at their current medical school.

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

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

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

CUSOM has the right to require additional courses to be taken or clinical rotations added if deemed necessary to ensure the graduates are of the highest quality and contribute to CUSOM successfully meeting its Mission. The Dean determines satisfactory completion of these requirements. Students must fulfill all requirements for graduation, including passing COMLEX-USA Level 1, COMLEX-USA Level 2-CE, and COMLEX-USA Level 2-PE licensing examinations, to receive the DO degree from CUSOM. As of the date of this Bulletin, the National Board of Osteopathic Medical Examiners (NBOME) and the COCA have temporarily waived the passing of COMLEX-USA Level 2-PE as a graduation requirement for the Class of 2022. As such, to be eligible to graduate, each student must pass a summative Objective Structured Clinical Examination (OSCE) administered by CUSOM.

3.13 Transfers from Accredited Schools of Medicine

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

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

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

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

3.14 International Student Applicants

CUSOM may accept students who are US-born citizens, naturalized citizens, and green card holders, an F1 student or other study-authorized nonimmigrant status, or recipients of Deferred Action for Childhood Arrival (DACA). Applicants need to understand that for internship and residency training sites, clearance for the permission to participate in clinical training is determined by the site, not CUSOM. Certain sites have more time-consuming clearance processes, such as Veterans Administration hospitals and other federal facilities. CUSOM cannot guarantee clearance for the permission to participate in clinical training at a specific site but will work to place students at the necessary sites to complete their educational requirements.

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

<https://choosedo.org>

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

CUSOM does not accept transfer students from international medical schools.

3.15 Juris Doctor and Doctor of Osteopathic Medicine (JD/DO) Dual Degree Program

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

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

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

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

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

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

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

North Carolina has six American Bar Association (ABA)-accredited law schools:

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

North Carolina has five Liaison Committee on Medical Education (LCME)- or Commission on Osteopathic College Accreditation (COCA)-accredited medical schools:

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

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

Applicants to the JD/DO Dual Degree program must first apply to both degree programs individually in the same academic year and meet all admission requirements outlined for both the Campbell University Juris Doctor (JD) and the Campbell University Doctor of Osteopathic Medicine (DO) programs. The application deadline for the JD/DO Dual Degree program is **November 15**.

Applicants must be new applicants to and have accepted offers of admission from both degree programs to be eligible for review and acceptance into the JD/DO Dual Degree program. Acceptance into the JD and DO degree programs individually does not guarantee acceptance into the JD/DO Dual Degree program.

The admissions process for the JD/DO Dual Degree program begins with applicants submitting a written request to both the law and medicine programs indicating their interest in pursuing and matriculating into the JD/DO Dual Degree program.

Only applicants who were offered admission into the DO and the JD programs (in the same academic year), and who have formally accepted these offers, will be reviewed by the Dual Degree Program Committee for admission to the JD/DO Dual Degree program.

Applicants will undergo an additional committee interview to discuss additional supplemental application material for the JD/DO Dual Degree program. Moreover, this interview will be open file and may include documents from the applicant's AACOMAS, Secondary Application, and additional supplemental application materials for the DO school.

Combined JD/DO Degree Curriculum Overview

Program Year	School	Credits (School)/Year	Total Credits Earned (running totals)
Summer	LAW (1L)	5 credits (Law)	5 (Law)
1	LAW (1L)	31 credits (Law)	36 (Law)
Summer	LAW (1L)	8 credits (Law)	44 (Law)
2	MEDICINE (MS-1)	49.5 credits (Medicine)	49.5 (Medicine)
	LAW (2L)	2 credits (Law)	46 (Law)
Summer	LAW (2L)	8 credits (Law)	49.5 (Medicine) 54 (Law)
3	MEDICINE (MS-2)	42 credits (Medicine)	91.5 (Medicine)
	LAW (2L)	2 credits (Law)	56 (Law)
4	LAW (3L)	30 credits (Law)	91.5 (Medicine) 86 (Law)
5	MEDICINE (MS-3)	120 credits (Medicine)	211.5 (Medicine)
	LAW (3L)	2 credits (Law)	88 (Law)
6	MEDICINE (MS-4)	110 credits (Medicine)	321.5 (Medicine)
	LAW (3L)	2 credits (Law)	90 (Law)
JD and DO DEGREES CONFERRED			

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

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

3.16 CUSOM Matriculation and Enrollment Policies

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

3.16.1 Health and Vaccination Requirements

Accepting an offer of admission to CUSOM will require the incoming student to adhere to any mandates imposed by the University at a later date; acceptance of the offer of admission is indirect affirmation the incoming student both understands this point and accepts this as a condition of acceptance.

Completion and verification of all vaccination requirements is required by July 1. Accepted students who have not completed all CUSOM vaccination requirements by July 1 prior to matriculation will have their offer of admission rescinded, will forfeit their seat in the class, and any deposit will not be refunded.

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

1. Completed medical history form
2. Proof of all CUSOM vaccination requirements – completed by July 1
3. Completed controlled substance screen (described below)
4. Completed physical examination conducted by a licensed physician

Students must obtain all CUSOM-required vaccinations and corresponding titers, prior to matriculation and remain compliant with all vaccination requirements through graduation in order to complete all required supervised clinical practice experiences in the CUSOM curriculum.

Regulatory and legislative authorities require students to demonstrate vaccination, immunity and/or protection from multiple contagious diseases before being allowed to participate in clinical experiences. CUSOM requires students to meet all vaccination requirements prior to matriculation and maintain compliance with these requirements through graduation. Descriptions of CUSOM vaccination requirements specifically addressing Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Varicella, Hepatitis B, Influenza, and COVID-19 and testing for Tuberculosis are presented below.

All incoming and current students must log all vaccination requirements on the standard AAMC Standard Immunization Form, available at:

<https://www.aamc.org/download/440110/data/immunizationform.pdf>

This form must be completed in its entirety and signed by a physician or qualified healthcare provider verifying the required information. In addition, students are required to submit supporting documentation such as vaccination records and titers.

Important Notes Regarding Vaccination Requirements

Completion and verification of all vaccine requirements is required by July 1. Entering MS-1 (first-year) students who have not completed all CUSOM vaccination requirements by July 1 prior to matriculation will have their offer of admission rescinded, will forfeit their seat in the class, and any deposit will not be refunded.

Accepting an offer of admission to CUSOM will require the incoming student to adhere to any mandates imposed by the University at a later date; acceptance of the offer of admission is indirect affirmation the incoming student both understands this point and accepts this as a condition of acceptance.

All students wishing to participate in patient care activities sponsored or affiliated with CUSOM must maintain full vaccination per this policy. Any incoming student needs to weigh these facts in considering acceptance of an offer of admission to CUSOM.

- In addition, the influenza vaccine is required annually and before placement in a clinical rotation. COVID-19 vaccination requirements will follow CDC guidelines or as specified by clinical education partners and may require boosters annually or at other designated intervals.
 - Clinical experiences are part of the core curriculum to obtain the Doctor of Osteopathic Medicine degree, and, therefore, CUSOM does not waive vaccination or student health requirements for religious or personal preferences except as set forth herein.
 - Campbell University currently provides students the opportunity to request a medical or religious exemption for the COVID-19 vaccine through the following process:
 - Students who seek a medical or religious exemption to the COVID-19 vaccination requirement should contact the Vice President for Student Life, who chairs the Exemption Review Panel, at 910-893-1541 or vaxexemption@campbell.edu.
 - The granting of an exemption to the COVID-19 requirement, does not guarantee that a clinical training partner will honor the exemption. Campbell University cannot guarantee clinical placement for any student who does not comply with all vaccination requirements, even if the student has a religious or medical exemption granted by the University.
 - Campbell University does not have authority or control over a clinical site's decisions. Therefore, an exemption granted under Campbell University's policies may not be applicable and accepted by a third-party clinical site. Even if a student is granted an exemption from vaccination requirements by the University, failure to provide proof of vaccinations for clinical experiences as required by external agencies may limit their clinical training opportunities and prevent or delay completion of academic requirements and graduation. Any expenses required by a clinical site for testing are the sole responsibility of the student.
 - If a student does receive an exemption, this does not create a prioritization in clinical placements. Standard placement processes will be utilized without consideration of waiver status.
 - If a student does not receive a clinical rotation placement as a result of an external clinical site's refusal to allow placement of a student who has not obtained all required vaccinations, the student will not be entitled to a refund of tuition or other relief from Campbell University.
- Students will not be allowed to participate in any patient care activities, including, but not limited to, early clinical experiences, activities with standardized patients, health outreach events, local, regional, national or international mission trips, and clinical rotations, until all vaccination requirements have been met.

- Inability to participate in required clinical experiences due to noncompliance with CUSOM vaccination policies may result in unexcused absences leading to failure of a course, Academic Performance, Promotion and Standards (APPS) Committee hearing, Academic Probation, Suspension, delay in graduation, or even Dismissal from the program.

Students must obtain all CUSOM-required vaccinations and corresponding titers prior to matriculation and remain compliant with all vaccination requirements through graduation in order to complete all required supervised clinical practice experiences in the CUSOM curriculum.

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

All students must provide written documentation utilizing the AAMC Standardized Immunization Form:

<https://www.aamc.org/media/23441/download>

completed and signed by their healthcare provider or institutional representative verifying all CUSOM-required vaccination and titer requirements, as listed below, and in accordance with the CDC Guidelines (<https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>), have been met for the following:

Diphtheria, Pertussis and Tetanus

- All students must submit documentation (physician signature or vaccination record) of vaccination with a *Tdap booster (Boostrix® or Adacel®) since the year 2005.
 - *Tdap is the one-time booster containing the acellular pertussis vaccine and is available only in the Boostrix® or Adacel® vaccines.
 - Following the Tdap booster, a Td routine booster is required every ten (10) years.
- This information should be entered into the “Tetanus-diphtheria-pertussis” section of the AAMC Standard Immunization Form.

MMR: Measles (Rubeola), Mumps, and Rubella

- a. Students must provide dates and verification (physician signature or vaccination record) of two (2) MMR vaccinations, occurring at least 28 days apart.
 - i. If the student is able to provide a vaccination record or physician signature verifying the dates of these two (2) vaccinations, no titer will be required.
- b. Students unable to provide vaccination records or physician signature verifying completion of the MMR series have two (2) options:
 - i. Repeat the MMR series of two (2) vaccinations at least 28 days apart and provide documentation verifying completion of the series.
 - ii. Obtain titers for measles, mumps, and rubella.
 1. If a student elects to obtain titers and they show evidence of non-immunity to any of the three (3) components of the vaccine (measles, mumps, or rubella), they will be required to repeat the MMR series of two (2) vaccinations at least 28 days apart. The exception is if there is only non-immunity to Rubella, only one additional MMR vaccination will be required.
- c. This information should be entered into the “MMR (Measles, Mumps, Rubella)” section of the AAMC Standard Immunization Form.

Varicella

- a. Students must provide antibody titers as evidence of immunity to Varicella.
- b. If antibody titers demonstrate a student is not immune to Varicella, they must receive two (2) doses of the varicella vaccine administered four (4) weeks apart.
- c. This information should be entered into the “Varicella” section of the AAMC Standard Immunization Form.

Hepatitis B Vaccination

- a. Students must provide dates and verification (physician signature or vaccination record) of completing a Hepatitis B vaccination series consisting of either:
 - i. A three (3) dose series of either the Engerix-B or Recombivax HB. Injections of these vaccines are generally given at 0, 1, and 6 months which means injection two would be given 1 month following injection one, and injection three would be given 6 months following injection one.
 - ii. Two-dose series of Heplisav-B® with the doses separated by at least four (4) weeks.
- b. A quantitative antibody titer is then performed 4-8 weeks following the final dose in the series. Qualitative results cannot be accepted.

- c. While students may not have completed the entire series at the time of matriculation, all students must have at least received their first injection and be in the process of completing the subsequent injection(s) and titer following the above schedule.
- d. In addition, all students must provide verification of quantitative antibody titers demonstrating immunity to Hepatitis B. To ensure accuracy, it is recommended antibody titer testing be performed 4-8 weeks following the final dose in the series.
- e. Students who do not demonstrate immunity through adequate titer levels
 - i. Students who have received the initial series of Hepatitis B vaccine (3-doses if Engerix-B or Recombivax HB or 2-doses if Heplisav-B®) and do not seroconvert to demonstrate immunity will be required to repeat the complete series of vaccinations.
 - ii. Following completion of the repeat series of Hepatitis B vaccinations, students must obtain another quantitative titer to confirm immunity. To ensure accuracy, it is recommended that antibody titer testing be performed 4-8 weeks following the final dose in the series.
 - iii. Students who still do not demonstrate immunity following the second Hepatitis B vaccination series will be considered a vaccine non-responder and at risk for acquiring Hepatitis B Virus (HBV).
 - iv. Students who do not attain immunity following completion of a second Hepatitis B vaccination series will also be required to obtain testing for active Hepatitis B infection. Please see the information below under Hepatitis B testing for further details.
- f. If testing for Hepatitis B infection is negative, the student will be considered non-immune to Hepatitis B and will meet with the Associate Dean for Clinical Affairs. Current recommendations and additional education on universal precautions, risk avoidance, and treatment options if exposed to HBV will be provided to the student. The student will sign documentation of informed consent to continue their education, acknowledging the medical risk and receipt of this information, but they will not be required to continue additional HBV vaccinations.

Hepatitis B Testing

- a. Per CDC guidelines, any student who does not obtain protective immunity as demonstrated by quantitative titers to Hepatitis B after a completion of two (2) vaccination series (for a total of six (6) vaccinations with either Engerix-B or Recombivax HB or a total of four (4) vaccinations with Heplisav-B®) will be required to obtain serologic testing for Hepatitis B infection as described below. Qualitative results cannot be accepted.

- b. Students who attain protective immunity to Hepatitis B after either the first or second vaccination series are considered immune, protected, and free of Hepatitis B and, therefore, do not require testing for the disease.
- c. Testing for Hepatitis B is accomplished through evaluation of **serum HBsAg** (Hepatitis B Surface Antigen) and **anti-HBc** (Total Hepatitis B core antibody).
 - i. Hepatitis B surface antigen (HBsAg) is a protein on the surface of HBV; it can be detected in high levels in serum during acute or chronic HBV infection. The presence of HBsAg indicates the person is infectious. The body normally produces antibodies to HBsAg as part of the normal immune response to infection. HBsAg is the antigen used to make Hepatitis B vaccine.
 - ii. Total Hepatitis B core antibody (anti-HBc) appears at the onset of symptoms in acute Hepatitis B and persists for life. The presence of anti-HBc indicates previous or ongoing infection with HBV of an undefined time frame.
 - iii. Students who are required to obtain Hepatitis B testing must provide results of both HBsAg and anti-HBc to CUSOM along with the confirmatory lab reports.

Students Testing Positive for Hepatitis B

- a. Results of Hepatitis B testing will not affect a student's matriculation status or offer of acceptance but provide valuable information to ensure proper student and patient care safeguards and adherence to CDC recommendations for the management of Hepatitis B virus-infected healthcare providers and students are followed. In addition, testing prior to matriculation provides documentation of baseline infection status in the event a student has an exposure incident during subsequent clinical activities.
 - i. While the presence of a chronic disease does not affect admission to CUSOM, student participation in clinical training is subject to the policies of the affiliated private hospitals and other healthcare facilities where students train.
- b. As noted by the CDC guidelines, HBV infection alone does not disqualify infected persons from the practice or study of medicine. However, in order to promote and optimize both infected student and patient safety, CUSOM has adopted the following set of guidelines for students found to be infected with HBV.
- c. Students who test positive for Hepatitis B/show evidence of Chronic Active Hepatitis B will be required to have a complete evaluation by an Infectious Disease physician or Gastroenterologist to evaluate the student's clinical and viral burden status and make recommendations regarding treatment and any appropriate limitation to participation in specific procedures or patient care activities. The consulting physician should provide the following information to the Associate Dean for Clinical Affairs:

- i. A summary of the complete evaluation including any additional testing deemed appropriate to define and further evaluate the student's Hepatitis B infection and impact on their health. This should include, but is not limited to, HBV DNA levels (serve as a predictive indicator of infectivity).
 - ❖ The CDC recommends that an HBV level 1,000 IU/ml (5,000 GE/ml) or its equivalent is an appropriate threshold for a reviewing physician or panel to adopt.
- ii. Details of any treatment are recommended.
- iii. A recommendation regarding the student's ability to participate in patient care including any restriction from specific procedures or patient care activities (Based on Category I or Category II Procedures).
- iv. Coordination with the student's primary care physician (PCP) for ongoing care and establishment of appropriate follow up which must include at least an annual exam.
- v. Complete the **CUSOM Hepatitis B Information Form (Appendix 1)** documenting the above information and submit it to the Associate Dean for Clinical Affairs.
 1. The consultation must be completed and the CUSOM Hepatitis B Information Form received by the Associate Dean for Clinical Affairs before the student is permitted to begin clinical rotations or participate in any other patient care activities, including, but not limited to, activities with standardized patients, the CUCCC, community medicine outreach activities, or medical mission trips. Students will not be able to participate in clinical rotations or other patient care activities until this is completed.
 2. A student testing positive for Hepatitis B is required to complete a follow up visit with the consulting specialist (or primary care physician upon recommendation of the consulting specialist) once every 12 months or sooner based on the specialist's recommendation. Additionally, another CUSOM Hepatitis B Information Form must be completed and submitted to the Associate Dean for Clinical Affairs prior to the start of fourth-year clinical rotations.
 3. Notification of Student Hepatitis B Status
 - Per CDC guidelines, routine notification of patients regarding student HBV status is not indicated unless the provider exposes the patient to a bloodborne infection.
 - To ensure HBV-infected students are following all institutional policies regarding the provision of care by infected providers, the Director of Student Medical Education (DSME), or equivalent, and preceptor will be notified of the students HBV infection prior to the rotation as well as the recommendations of the consulting specialist

regarding any suggested restriction from patient care activities.

4. Modification of Plan of Study for Students with Chronic Hepatitis B Infection

- Students who are cleared by the evaluating specialist to participate in unrestricted patient care will have no modification of their clinical education or rotation experience unless mandated by their specific clinical site.
- Students who are restricted from performing specific clinical procedures (Category I) by the evaluating specialist or clinical site may have their educational curriculum or rotation experience modified as needed. This may include the substitution of simulation-based aids or cadaveric models to provide equivalent procedural experiences.
- Any requirement to modify student procedural experiences based on consultant or clinical site recommendations will not adversely affect a student's grade as the student will be evaluated utilizing one of the alternative methods noted above.
- The choice for alternative educational/procedural experiences will be determined in consultation with the discipline clinical chairs, discipline preceptors, and regional deans/DSMEs on each campus.

5. Additional Guidelines and information regarding students with Chronic Hepatitis B Infection

- Standard Precautions
 - ❖ All students, including those with HBV infection, must maintain strict adherence to the tenants to standard (universal) infection control precautions.
 - ❖ Students with HBV infection are encouraged to practice double-gloving, especially when participating in highly exposure-prone procedures, as this intervention has been shown to be efficacious in preventing the spread of HBV infections.
- Exposure-prone Procedures
 - ❖ In general, exposure-prone procedures include those in which access for surgery is difficult, or those in which needle stick injuries are likely to occur, typically in very closed and non-visualized operating spaces in which double-gloving and the skin integrity of the operator might be compromised.
 - ❖ Given the variety of procedures, practices, and providers, each HBV-infected healthcare provider performing a potentially exposure-prone procedure will need individual consideration. This will include a recommendation from an Infectious Disease specialist or

- Gastroenterologist who has evaluated the student along with guidance provided by individual hospital, healthcare system, and/or preceptor policies.
- Categorization of Clinical Procedures
 - ❖ Category I Procedures
 - a. Those known or likely to pose an increased risk of percutaneous injury to a healthcare provider that have resulted in provider-to-patient transmission of HBV.
 - b. Are generally limited to:
 - i. Major abdominal, cardiothoracic, and orthopedic surgery;
 - ii. Repair of major traumatic injuries;
 - iii. Abdominal and vaginal hysterectomy;
 - iv. Caesarean section;
 - v. Vaginal deliveries; or
 - vi. Major oral or maxillofacial surgery.
 - c. Techniques that have been demonstrated to increase the risk for healthcare provider percutaneous injury and provider-to-patient blood exposure include:
 - i. Digital palpation of a needle tip in a body cavity; or
 - ii. The simultaneous presence of a healthcare provider's fingers and a needle or other sharp instrument or object (bone spicule) in a poorly visualized or highly confined anatomic site.
 - d. Students with HBV infection may be restricted from performing Category I procedures based on recommendations from an Infectious Disease specialist or based on hospital or preceptor policy.
 - ❖ Category II Procedures
 - a. All other invasive and noninvasive procedures.
 - b. Pose low or no risk for percutaneous injury to a healthcare provider or, if a percutaneous injury occurs, it usually happens outside a patient's body and generally does not pose a risk for provider-to-patient blood exposure.
 - c. Procedures include the following:
 - i. Surgical and obstetrical procedures that do not involve the techniques listed for Category I;
 - ii. The use of needles or other sharp devices when the healthcare provider's hands are outside a body cavity (e.g., phlebotomy, placing and maintaining peripheral and central intravascular lines, administering medication by injection, performing needle biopsies, or lumbar puncture);

- iii. Dental procedures other than major oral or maxillofacial surgery;
 - iv. Insertion of tubes (e.g., nasogastric, endotracheal, rectal, or urinary catheters);
 - v. Endoscopic or bronchoscopic procedures;
 - vi. Internal examination with a gloved hand that does not involve the use of sharp devices (e.g., vaginal, oral, and rectal exam); or
 - vii. Procedures that involve external physical touch (e.g., general physical or eye examinations or blood pressure checks).
- d. Students with HBV infection are generally not restricted from performing Category II procedures.

Tuberculosis (TB) Testing

- a. Baseline TB screening/testing is required for all medical students prior to matriculation and again prior to each year of clinical rotations.
- b. There are two (2) acceptable methods for TB screening, and all students must provide documentation of the results from ONE of the two methods:
 - i. Two-step tuberculin skin test (TST); or
 - ii. Interferon-Gamma Release Assay (IGRA) blood test (QuantiFERON TB Gold In-Tube Test or T-spot TB Test).

If the initial TB screening is done with the Tuberculin Skin Test (TST), the student must have the Two-Step Method at baseline (described below) followed by a single-step annually. If the blood test (Interferon-Gamma Release Assay or IGRA) is used at initial screening for baseline measures, a two-step process is not required. Students should speak with their physician to determine which test is most appropriate for them.

- c. Option 1: The Mantoux tuberculin skin test (TST)
 - i. The Mantoux TST is the standard method of determining whether a person has been exposed to *Mycobacterium tuberculosis*. The TST is performed by injecting 0.1 ml of tuberculin purified protein derivative (PPD) into the anterior surface of the forearm. The skin test reaction should be read between 48 and 72 hours after administration. If the test is not read between 48 and 72 hours after being placed, the student will need to be rescheduled for another skin test.
 - 1. **Two-Step Method:** If TST is utilized as the TB screening test, the **“two-step method” is required**.

- ii. Test interpretation
 - 1. If the first TST result in the two-step baseline testing is positive, the person is considered infected and should be evaluated and treated accordingly.
 - 2. If the first test result is negative, the TST should be repeated in 1–3 weeks.
 - 3. If the second test result is positive, the person is considered infected and should be evaluated and treated accordingly.
 - 4. If both steps are negative, the person is considered uninfected, and classify the TST as negative at baseline testing.
- iii. Note: Two-step Method is only used at the initial screening for a baseline measure – annual testing thereafter only requires a single PPD.
- iv. When IGRAs are used for testing, there is no need for a second test.
- v. Summary of 2-step TST testing is provided in the following table:

1st TST Test	Negative	Repeat TST in 1-3 weeks
	Positive	Considered positive for infection*
2nd TST Test	Negative	Person probably does not have an infection Single PPD required annually moving forward
	Positive	Considered positive for infection*

* It is recommended that any student who has received bacille Calmette–Guérin (BCG), a vaccine for TB disease, undergo IGRA, rather than TST testing. If a student who has previously received BCG undergoes TST testing and obtains a positive result, they should be tested using an IGRA.

- d. Option 2: Interferon-Gamma Release Assays (IGRAs) blood test
 - i. TB blood tests (interferon-gamma release assays or IGRAs) measure how the immune system reacts to the bacteria that cause TB. Two IGRAs are approved by the U.S. Food and Drug Administration (FDA) and are available in the United States:
 - 1. QuantiFERON[®]–TB Gold In-Tube test (QFT-GIT)
 - 2. T-SPOT[®].TB test (T-Spot)
 - ii. IGRAs are the **preferred method** of TB infection testing for **anyone who has received bacille Calmette–Guérin (BCG)**. BCG is a vaccine for TB disease.
 - iii. Results of IGRAs
 - 1. Positive IGRA: This means that the person has been infected with TB bacteria. Additional tests, including a chest X-ray, are needed to determine if the person has latent TB infection or active TB disease.
 - 2. Negative IGRA: This means that the person’s blood did not react to the test, and that latent TB infection or TB disease is not likely.

e. Special Situations – Prior BCG Vaccination and Pregnancy

i. Testing for TB in BCG-Vaccinated Persons:

1. Many people born outside of the United States have been BCG-vaccinated. People who have had a previous BCG vaccine may receive a TB skin test. In some people, BCG may cause a positive skin test when they are not infected with TB bacteria. If a TB skin test is positive, additional tests are needed. IGRAs, unlike the TB skin tests, are not affected by prior BCG vaccination and are not expected to give a false-positive result in people who have received BCG.
2. **Students who have had a previous BCG vaccine must still be tested for TB with the TST or IGRAs.**
3. Most people with **previous BCG vaccine should consider an IGRA** rather than a TST test; however, that decision should be made in consultation with their healthcare provider.

ii. Pregnancy

1. Pregnancy is not a contraindication for TB skin testing. **Pregnant students and students who are nursing should be included in the same baseline and serial TB screening as all other healthcare workers.** IGRA blood tests are not currently used in pregnant women.

iii. Medical Students with Positive TST or IGRA Testing

1. Students with WRITTEN documentation of a **previous positive TST or TB Blood Test**
2. If the date and result of the previous test are documented, these students do **not** need a repeat TST or TB blood test.
3. If they have written documentation of the results of a chest X-ray indicating no active TB disease that is dated after the date of the positive TST or TB blood result, they do not need another chest X-ray unless symptoms or signs of TB disease develop or a clinician recommends a repeat chest X-ray.
4. These students do not require annual TST or IGRA testing but must complete the **TB Risk Assessment Form** (Appendix 2) annually, have it signed by a physician, and return it to the Office of Clinical Affairs.
5. If the student does not have written documentation of a chest radiograph, they must obtain a chest X-ray prior to matriculation to exclude a diagnosis of infectious TB. The results/interpretation of this chest X-ray must be submitted to the Office of Clinical Affairs.

iv. Medical Students with a Newly Identified positive TST or IGRA blood test

1. If a student tests positive with either screening test (TST or IGRA) any time following matriculation, they must immediately notify the Director of Student Affairs.

2. These individuals must be assessed by their physician for current TB symptoms and risk factors for progression to active TB disease. The physician must complete the “Record of Tuberculosis Screening” form and provide documentation indicating that the student is permitted to continue in the curriculum as a medical student including participation in lectures, labs, and clinical rotations. This documentation, along with documentation of the students chest x-ray result as noted below, must be submitted to the Office of Clinical Affairs prior to the student returning to campus or participating in any clinical rotation experiences.
 3. In addition, they **must obtain a chest X-ray to exclude a diagnosis of active infectious TB disease** and submit this documentation to the Office of Clinical Affairs.
- v. Medical Students with Suspected or Confirmed Infectious TB
1. If infectious TB is confirmed, the student must not return to campus or participate in any third- or fourth-year clinical rotations or other clinical activities, including, but not limited to, the CUCCC, community outreach, or medical mission trips. A student confirmed to have infectious TB will only be able to return when all the following criteria have been met:
 - Three consecutive sputum samples collected in 8-24 hour intervals are negative with at least one sample from an early morning specimen;
 - The person has responded to anti-TB treatment that will likely be effective (based on susceptibility results);
 - The person is determined to be noninfectious by a physician knowledgeable and experienced in managing active TB disease; and
 2. The student’s treating physician must provide documentation to the Office of Clinical Affairs verifying each of these criteria have been met and that the student can safely participate in clinical rotations.
- f. **All required information regarding TB testing and treatment must be entered in the “Tuberculin Screening History” section of the AAMC Standard Immunization form.**

Influenza

- a. All students are required to provide the dates and verification (physician signature or vaccination record) of an annual influenza vaccination.
- b. Students will be required to resubmit verification annually and will not be allowed to participate in patient care activities without proof of vaccination.

COVID-19

Unless granted an exemption as set forth below, Campbell University policy requires all students enrolled in a healthcare program to be fully vaccinated against COVID-19. Due to the rapidly evolving nature of this disease, the requirements listed below are subject to change to be consistent with recognized safe practices.

- To be considered fully vaccinated, students must have received the second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, at least 2 weeks prior to arriving/returning to campus or received a single-dose vaccine, such as the Johnson & Johnson's Janssen vaccine, at least two weeks prior to arriving/returning to campus. The criteria for being considered fully vaccinated may change at any time based on CDC guidelines.
- COVID-19 vaccination requirements will follow CDC guidelines or as specified by clinical education partners and may require boosters annually or at other designated intervals.
- Completion and verification of all vaccine requirements is required by July 1.
- Clinical experiences are part of the core curriculum to obtain the Doctor of Osteopathic Medicine degree, and, therefore, CUSOM does not waive vaccination or student health requirements for religious or personal preferences.
- Campbell University currently provides students the opportunity to request a medical or religious exemption for the COVID-19 vaccine through the following process:
 - Students who seek a medical or religious exemption to the COVID-19 vaccination requirement should contact the Vice President for Student Life, who chairs the Exemption Review Panel, at 910-893-1541 or vaxexemption@campbell.edu.

COVID Testing Requirements for Unvaccinated Students

- Any CUSOM DO student who is not fully vaccinated against COVID-19 due to having received an exemption to the COVID-19 vaccination requirement by the university will be required to undergo weekly COVID testing.
- The established timing, location, and specific instructions for the required weekly COVID-19 testing will be provided in writing to all unvaccinated medical students.
 - For the 2021-2022 academic year, all medical students who are not fully vaccinated are required to undergo COVID testing on Monday mornings before classes begin.
 - For the 2021-2022 academic year, all testing will be conducted at the COVID-19 testing center located on Judge Taylor Road, just across the street from the Campbell University Health Center.
- For the 2021-2022 academic year COVID testing is as follows:
 - First year DO students: Testing begins at 7:00AM and must be completed by 7:30AM.

- Second year DO students: Testing begins at 7:30AM and must be completed by 8:00AM.
- Please note the day/times may change.
- All students will need to remain at the testing site until they receive their results.
 - If a student's test is positive for COVID, they are instructed **NOT** to come on campus and will be referred to the Campbell University Health Center (910-893-1560) for further guidance and evaluation as appropriate.
 - Any student whose test is positive for COVID **must isolate for at least 5 days with at least 24 hours symptom/fever free without the aid of ibuprofen, Tylenol or fever reducers** unless directed otherwise by a health professional.

Optional Vaccines and Testing

HIV Testing

Although not required, CUSOM encourages all students to obtain HIV testing prior to matriculation. Testing prior to matriculation provides students with their baseline status in regard to the presence of HIV infection which is valuable in the event a student has an exposure incident during subsequent clinical activities. **Students are not required to report the results of their testing to CUSOM.**

Hepatitis C Testing

To protect CUSOM students and patients, it is recommended that students obtain Hepatitis C testing and provide documentation of test results to the Office of Clinical Affairs prior to matriculation.

Results of Hepatitis C testing will not affect a student's matriculation status or offer of acceptance but will provide valuable information to ensure proper patient care safeguards and adherence to CDC recommendations for the management of Hepatitis C virus in infected healthcare providers and students are followed. In addition, testing prior to matriculation provides a baseline status in regard to the presence of Hepatitis C infection which is valuable in the event a student has an exposure incident during subsequent clinical activities.

Testing for Hepatitis C may be accomplished by several methods with the most common method utilized for initial screening being the measurement of **anti-HCV**, which is a test to detect the presence of antibodies to the Hepatitis C virus.

If anti-HCV tests are positive, students will be required to obtain additional confirmatory testing and medical follow up in accordance with CDC guidelines:

<http://www.cdc.gov/hepatitis/HCV/HCVfaq.htm#section3>

Optional Vaccines

The following vaccines are considered optional; however, CUSOM strongly advises all students to discuss the appropriateness of each of the following vaccinations with their primary care physician, taking into account their personal medical history, risk factors for contracting these diseases and potential for international travel.

1. Polio
2. Hepatitis A
3. Meningococcal Disease
4. Yellow Fever
5. Typhoid Fever

Students who have obtained the above optional vaccinations should document the dates and provide verification (physician signature or vaccination records) and include them in the “Additional Vaccines” section of the AAMC Standard Immunization Form.

Additional Information Regarding Immunization Requirements

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

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

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

3.16.2 National Background Checks

If an applicant has been convicted of a misdemeanor or felony prior to admission or matriculation, it is their responsibility to inform CUSOM immediately. Failure to disclose and provide accurate information about prior convictions may result in annulment of acceptance offers, program dismissal, or other sanctions.

Applicants must be aware of the potential impact on program acceptance and contact CUSOM for advice if they have a felony conviction or a criminal record. If an applicant is uncertain of the status of a charge versus a conviction on their record, or if they are uncertain as to whether the offense was an infraction, misdemeanor, or a felony, they should contact the city, county, or state jurisdiction where the incident occurred, and they should contact CUSOM.

Note that applicants should only provide information regarding crimes for which they were convicted, or to which they entered a plea of guilty or no contest. Applicants **should not** include information regarding any of the following:

- Any instance in which they were arrested but which did not result in a conviction;
- Any instance in which they were convicted of a crime but the conviction was overturned on appeal;
- Any instance in which they were convicted of a crime but received a pardon;
- Any instance in which they were tried as a juvenile or in which the conviction was entered via a court process specific to juvenile defendants; or
- Any instance in which they were convicted of a crime but the conviction has since been expunged or sealed by a court under applicable law

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

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

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

Should any Offenses occur after matriculation, (1) the student must report the Offenses to the Executive Director of Student Affairs within thirty (30) days of the incident, or (2) if Offenses occurring prior to matriculation are not reported to CUSOM at the time of application but are subsequently discovered following matriculation, the Offense will be reviewed pursuant to Section 6.7.5 of this Bulletin.

A national background check can be done at any time and is also done on each student prior to the start of clinical rotations. **Students must be aware that results may be requested by the clinical sites and will be provided if requested.** By matriculating to CUSOM, the student agrees to allow CUSOM to share background check information in full with the student’s respective clinical site(s).

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

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

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

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

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

All current or former students returning from an approved extended period away from CUSOM, such as a Leave of Absence or an offer to repeat an academic year, must notify CUSOM in writing of any Offenses, including any conduct which may be considered a violation of the Standards of Professional Conduct (Section 5.6.3), Student Professionalism and Ethics Standards (Section 6.7.2), Honor Code (Section 6.7.3), or the Code of Misconduct (Section 6.7.4) at least sixty (60) days prior to the anticipated return date. An Offense occurring less than sixty (60) days prior to the anticipated return date must be reported to the Executive Director of Student Affairs within 24 hours of the Offense. Non-disclosure or falsification of any information related to an Offense may result in the revocation of the offer to return to CUSOM, or if already returned to CUSOM, referral to the APPS Committee for possible sanctions up to, and including, dismissal from the program.

CUSOM retains the right to relinquish the seat of any current or former student returning from an extended absence if they have been criminally charged or convicted of a misdemeanor, felony, or traffic violation. Students who have already resumed classes following an extended absence, who have been or are criminally charged or convicted of a misdemeanor, felony, or traffic violation

will be referred to the APPS Committee for sanctions up to, and including, dismissal from the program. As future physicians, students are held to a high standard of professionalism, ethics, and honor, and CUSOM has a duty to protect the public from potential harm by its students.

All current or former students returning from an approved period away from CUSOM including, but not limited to, a Leave of Absence or an offer to repeat an academic year, minimally must submit a completed Secondary Application, national background check, and controlled substance screen within a timeframe designated by CUSOM, but no later than sixty (60) days prior to the anticipated return date. Additional requirements, such as a psychiatric or medical evaluation, may be placed on returning students as deemed appropriate.

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

3.16.3 Driver's License

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

3.16.4 Basic Life Support Skills

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

BLS certification must be maintained throughout your enrollment at CUSOM.

3.16.5 Controlled Substance Screening

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

Controlled substance screening results are viewed in light of state and federal laws governing illegal or controlled substances. If the controlled substance screening test result is positive (i.e. evidence of a controlled substance) or shows other abnormalities including, but not limited to, excessively diluted urine, an *ad hoc* committee will be assigned to review the case. Depending on the recommendation of the *ad hoc* committee, the student's acceptance may be rescinded.

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

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

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

If either of the following events occur, the matter will be referred to the APPS Committee for review in accordance with Section 6.7.5 of this Bulletin:

1. Any substance-related incident which occurs *before or after* matriculation, including, but not limited to, charges/arrests for Driving Under the Influence, must be reported by the student to the CUSOM Office of Student Affairs within thirty (30) days of the occurrence.
2. If the controlled substance screening test result is positive (i.e. evidence of a controlled substance) or shows other abnormalities including, but not limited to, excessively diluted urine

3.16.6 Transcripts

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

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

4. Student Expenses and Financial Aid

4.1 Cost of Attendance

4.1.1 Secondary Application Fee

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

4.1.2 Acceptance Fee

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

4.1.3 Tuition and Fees

Tuition is subject to change annually. Tuition for the 2021-2022 Academic Year is \$55,150 with additional fees of \$2,000 to cover recreation, technology, and other needs. Campbell University's Board of Trustees reserves the right to change the schedule of tuition and fees without advance notice, and to make such changes applicable to present, as well as future students of CUSOM. The Board of Trustees may also establish additional fees or charges for special services whenever, in the Board of Trustees's opinion, such actions are deemed advisable.

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

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

CUSOMFinancialAid@Campbell.edu

Student Fees

Students in Years One through Four are assessed an annual student fee of \$2,000. These fees are used to cover costs of laboratory equipment, computer software and maintenance, professional organization membership, student activities, technology, and health services. The Campbell University Board of Trustees reserves the right to change this fee schedule without notice.

4.1.4 Refund Policy

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

<https://www.campbell.edu/bursars-office/payments/refund-information/>

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

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

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

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

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

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

4.2 Financial Aid

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

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

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

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

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

The CUSOM Office of Financial Aid also provides Debt Management Counseling sessions for medical students. These sessions include budgeting tips, responsible borrowing strategies, loan terms and conditions, default prevention, student loan debt in relation to monthly payment amounts and average physician salaries, deferment, forbearance, repayment and consolidation options, record keeping, and helpful websites for additional financial aid resources. Satisfactory Academic Performance (SAP) is one of the factors which determine if a student will qualify for renewal of financial aid. The SAP at CUSOM currently is set at a minimum cumulative GPA of 2.2 on a 4.0 scale.

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

4.2.1 Financial Aid Renewal

Students receiving financial aid are expected to make reasonable and timely Satisfactory Academic Progress (SAP) towards their graduate degree during all periods of enrollment. Campbell University is consistent in applying the SAP policies to full- and part-time students. The cumulative GPA for achieving SAP for CUSOM is currently 2.2 on a 4.0 scale.

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

<https://assets.campbell.edu/wp-content/uploads/2016/12/GRAD-SAP-Policy-09292020.pdf>

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

CUSOM and Campbell University advise students concerning financial aid requirements; however, final responsibility rests with each individual student to ensure all financial aid requirements and due dates are met and are up-to-date.

4.3 Scholarships

4.3.1 Merit Scholarships

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

Merit Scholarship Criteria

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

Presidential Scholarship

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

Dean's Scholarship

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

Campbell University Scholarship

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

Eligible students are prescreened and are recommended to the Endowed and Annual Scholarship Committee. Scholarship Committee members review each candidate and forward recommendations to the Dean for approval of scholarship consideration. Once approved by the Dean, all decisions are final.

Candidates selected for scholarship consideration are emailed a letter via WebAdMIT inviting them to apply for the respective scholarship. An invitation to submit an essay does not guarantee the student a scholarship.

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

- Why the student would be an excellent candidate for scholarship assistance
- How the student will contribute to improving healthcare in North Carolina
- What the student will contribute to Campbell University
- How the student reached the decision to study Osteopathic Medicine

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

CUSOMFinancialAid@Campbell.edu

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

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

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

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

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

4.3.2 Endowed Scholarships

The Jerry M. Wallace School of Osteopathic Medicine is grateful for the financial assistance made available to students each year through our Endowed Scholarship Program. Through the generosity of the University's many supporters, endowed scholarships are established to help our students receive a quality medical education.

The number and amount of endowed scholarships awarded each year is contingent upon the number of returning recipients and the earnings available from the invested principals. Endowed scholarships are renewable annually if the recipient continues to be in good standing and meet the scholarship award criteria.

Students who wish to be considered for an endowed scholarship must complete the endowed/direct aid scholarship application and submit to the CUSOM Financial Aid office. Eligible students are prescreened and eligible candidates are recommended to the Endowed and Annual Scholarship Committee and/or Medical Missions/IPE Medical Missions Scholarship Committees. Recommended students, including renewing students, are reviewed at an Endowed and Annual Scholarship Committee and/or IPE Medical Missions Scholarship Committee meeting after matriculation in the respective semester. Committee members vote to determine the final scholarship recipients.

The minimum requirements to be considered for award of an endowed scholarship are:

- **Must be a matriculated full-time student for the Fall/Spring semester.**
- **Must meet donor eligibility requirements (i.e. demonstrated financial need, residency, and academic performance) outlined in the respective Scholarship Agreement.**

In addition, good conduct, good citizenship, community service, and other such similar criteria are considered in the selection of scholarship recipients.

The Campbell University Assistant Director of Financial Aid notifies applicants selected to receive scholarships in writing via email. An award letter stating the name of the scholarship and the amount awarded is provided to the student attached to the email. All endowed scholarship recipients are required to write a thank you letter to their respective donor(s). Scholarship awards are placed in pending status until the thank you letter is turned in to the Campbell University Financial Aid Office. After the initial award notification letter, an e-mail follow-up is sent to the student's Campbell email account. The award is canceled if the thank you letter is not turned in by the deadline date assigned by the Campbell University Financial Aid Office.

Endowed scholarship awards may impact Federal Student Loan award amounts. If the endowed scholarship award amount exceeds the cost of attendance, the federal student loan award will be reduced to align with cost of attendance.

CUSOM has the following endowed scholarships:

DP & Helen Russ Scholarship: Academic scholarship for full-time students in the Jerry M. Wallace School of Osteopathic Medicine.

Ed and Sadie Byrd Scholarship: Academic scholarship to be awarded to students enrolled in the Jerry M Wallace School of Osteopathic Medicine. First preference: Campbell Graduate. Second preference: Graduate of a NC Institution of Higher Education

G. Wilson and Stephanie Bass School of Osteopathic Medicine Endowed Scholarship Fund: Academic Scholarship awarded to student(s) who are enrolled in the Jerry M. Wallace School of Osteopathic Medicine, DO Program, at Campbell University. First preference: Medical student from a Southeastern county in North Carolina. Second preference: Medical student who has a financial need, has exemplary academic performance, displays good conduct or good citizenship, and displays a passion for community service.

L. Stuart Surles School of Osteopathic Medicine: Academic scholarship award to student(s) enrolled in the Jerry M. Wallace School of Osteopathic Medicine, DO Degree Program, at Campbell University. First Preference: Student(s) from Harnett County, NC. Second Preference: Student(s) from NC. Third preference: Scholarship Committee selection.

Rachel Helen Silver Memorial Scholarship: Awarded to a 2nd Year student at the end of his/her 2nd year who has clearly demonstrated a willingness and a passion to give back to his/her academic community as well as his/her local, regional, national and/or international communities. Committee of students and faculty choose the award recipient.

William F. Morris Memorial Scholarship: Academic Scholarship to be awarded annually to one or more students who demonstrate excellence in osteopathic manipulative medicine; First preference: students who are serving as OMM Teaching Assistants (TAs, 2nd year students).

Medical Missions Scholarship awards are to be used specifically to offset expenses associated with participation in medical mission trips and are not to be used to offset cost of attendance. There are two types of Medical Missions Scholarships: 1) scholarships for DO students only, and 2) scholarships for all health science students/IPE scholarships.

The Medical Missions Scholarship Committee is a sub-committee of the Endowed and Annual Scholarship Committee and has representatives on the IPE Medical Missions Scholarship Committee charged with awarding IPE Medical Missions Scholarships. CUSOM's Assistant Director of Financial Aid and Director of Community and Global Health are members of both committees. The IPE Medical Missions Committee will be composed of at least six (6) members: three (3) from the College of Pharmacy and Health Sciences and three (3) from CUSOM.

The committees review applications for each available scholarship using the eligibility and application requirements established in the award agreement. The Medical Missions and IPE Medical Missions Scholarship Committees will establish due dates for applications and dates for the awards to be announced. CUSOM has the following Medical Missions Scholarships (IPE indicated):

Frank Upchurch Medical Missions Scholarship (DO only): DO medical missions scholarship to offset travel and related expenses for students pursuing medical mission service as part of their medical training at CUSOM.

Lacy and Mary Collier Medical Missions Scholarship (IPE): For student(s) seeking a degree in one or more interprofessional health and science programs who need provision of medical mission trip(s) scholarship.

Glenn and Joyce White Medical Missions Scholarship (IPE): To offset travel and related expenses for students pursuing medical mission service as part of their training at Campbell; pursuing a degree in one or more interprofessional health science programs.

Glenn T. & Anne S. Infinger Medical Missions Scholarship (IPE): Glenn T & Anne S. Infinger Medical Missions Scholars – financial need, academic performance, good conduct, good citizenship, community service, and other.

4.3.3 Direct Aid Scholarships

Direct Aid Scholarships are scholarships are awarded based on available annual funding and may or may not be renewed. Students who wish to be considered for a direct aid scholarship must complete the endowed /direct aid scholarship application and submit to the CUSOM Financial Aid office. Scholarship candidates are prescreened by the Assistant Director of Financial Aid and eligible candidates are recommended to the Scholarship Committee and/or IPE Medical Missions Scholarship Committee. Recommended students, including renewing students, are reviewed at a Scholarship Committee and/or IPE Medical Missions Scholarship Committee meeting after matriculation in the respective semester. Then, Committee members vote to determine the final scholarship recipients.

CUSOM has the following Direct Aid Scholarships:

Ransdell CUSOM Direct Aid Scholarship

The minimum requirements to be considered for award of a direct aid scholarship are:

- **Must be a matriculated full-time student for the Fall/Spring semester**
- **Must meet donor eligibility and requirements (i.e. demonstrated financial need, residency, and academic performance)**

In addition, good conduct, good citizenship, community service, and other such similar criteria are considered in the selection of scholarship recipients.

All direct aid scholarship recipients are required to write a thank you letter to their donor. Scholarship awards are placed in pending status until the thank you letter is turned in to the CUSOM Financial Aid Office. After the initial award notification letter, an email follow-up is sent to the student's Campbell email account, the award is canceled if the thank you letter is not turned in by the deadline date assigned by CUSOM's financial aid office.

4.3.4 Scholarship Renewal Criteria

The Presidential, Dean's, and Campbell University Scholarships may be renewed annually providing the student maintains a Cumulative CUSOM grade point average of 3.50 or above on a 4.0 scale for Presidential scholars, and 3.30 or above on a 4.0 scale for Dean's and Campbell University scholars, at the end of each year of study. Cumulative grade point averages are not rounded (e.g., a GPA of 3.49 or 3.29 will void a scholarship).

Endowed and Direct Aid Scholarships are renewed annually if the recipient remains in good standing and continues to meet the award criteria. Medical Missions scholarships are non-renewable.

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

5. Curriculum

5.1 General Overview

5.1.1 Academic Calendar

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

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

Learning assessment during the first 8 Blocks of years one and two includes integrated exams, quizzes, OSCE, clinical skills, anatomy, OMM practical exams, and end-of-year evaluations. Weekly clinical case exercises help students integrate and apply knowledge acquired during the week and provide faculty opportunities for monitoring students' learning progress. For years three and four, student evaluation is performed by clinical preceptors at the end of each clinical rotation, and similarly students evaluate each clinical rotation to identify curricular improvement opportunities.

The minimum length of the osteopathic medical curriculum at CUSOM is 167 weeks over four academic years. The curriculum duration for each year is:

- Year 1 = 37 weeks
- Year 2 = 38 weeks
- Year 3 = 48 weeks
- Year 4 = 44 weeks

5.1.2 Programmatic Level Educational Outcome Objectives

CUSOM has adopted the 2012 American Association of Colleges of Osteopathic Medicine ([AACOM\) Osteopathic Core Competencies for Medical Students](#) as the programmatic level educational outcome objectives for graduates since these also align with the mission of the university and medical school.

These Osteopathic Core Competencies measure specific objectives along the following 14 competency domains:

1. Osteopathic Principles and Practices
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice
8. Counseling for Health Promotion/Disease Prevention
9. Cultural Competencies
10. Evaluation of Health Sciences Literature
11. Environmental and Occupational Medicine (OEM)
12. Public Health Systems
13. Global Health
14. Interprofessional Collaboration

The four-year Doctor of Osteopathic Medicine curriculum, which embodies the mind, body, spirit philosophy of the osteopathic profession and Mission of Campbell University, is a systems-based curriculum consistent with many medical schools in the United States. The four-year course of study begins with integrated biomedical and clinical didactic and laboratory activities leading up to the third- and fourth-year clinical rotations, which provide the necessary clinical training for transition to, and success in, subsequent residency programs.

For the full description and detailed listing of objectives, please refer to the official 2012 document published by AACOM linked [here](#).

5.1.3 Clinical Shadowing Policies and Procedures

CUSOM Medical Student Shadowing

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

It is essential that students choosing to engage in shadowing experiences understand the differences between these optional shadowing experiences and the required clinical rotations of the credit-bearing CUSOM curriculum. Shadowing experiences do not occur as part of the student's required CUSOM curriculum and may lack the defined structure, supervision, feedback mechanisms, and medical-legal protections provided by formal clinical rotations.

Students choosing to engage in a shadowing experience acknowledge they will do so while adhering to the following principles:

1. Shadowing experiences are meant to be **observational only** and if any hands-on activity occurs with patients, it should be limited to patient examination, approved by the patient and supervising physician, and **MUST** be repeated by the physician. To protect patients and students, students are not to perform any invasive procedures while on shadowing experiences, including but not limited to suturing, endotracheal intubation, performing arterial blood gas testing, or placing IV's, Foley catheters, or central lines or perform exams of the pelvic, breast, rectal and genitourinary systems. Students should not perform any osteopathic manipulation while on shadowing experiences.
2. Students are not protected by malpractice insurance provided by Campbell University while engaged in physician shadowing experiences unless the experience is with a CUSOM-appointed faculty member and as a part of the curriculum. Students are required to let non-CUSOM appointed physicians they are shadowing know that they are not covered by malpractice insurance provided by Campbell University.
3. Students must follow all hospital system, facility, and ambulatory policies when engaging in any type of shadowing experience. Individual physicians chosen to shadow with may not be familiar with their facility or healthcare system policies so it is the student's responsibility to make sure they review and comply with any applicable policies.
4. Individual physicians may not know the student's level of training and it is therefore the student's ethical and professional duty to fully explain their level of training.

Shadowing with CUSOM Clinical Faculty Members

1. Students who desire to shadow CUSOM clinical faculty must arrange the experience on their own.
2. Students shadowing with CUSOM clinical faculty members should wear their CUSOM name badge and white coat unless directed otherwise by their preceptors.
3. Students wishing to schedule a shadowing experience with a CUSOM clinical faculty member must submit the Shadowing Agreement Form, (available from the Office of Clinical Affairs) completed in its entirety to the Office of Clinical Affairs.
4. Shadowing experiences should be arranged in conjunction with the preceptor and Regional Dean/Director of Student Medical Education (DSME), both of whom must sign the agreement form to indicate their approval.
5. Students must sign the form and initial all required attestations.

6. The completed form must be submitted to the Office of Clinical Affairs for review and approval at least two (2) weeks prior to the start of the requested shadowing experience.

Shadowing with non-CUSOM Clinicians

1. Students who desire to shadow non-CUSOM clinicians must arrange the experience on their own.
2. These are non-CUSOM sanctioned experiences thus:
 - a. CUSOM will not obtain affiliation agreements with the sites in order to provide shadowing experiences.
 - b. CUSOM will not provide the clinician or site with any student records including, but not limited to, results of drug screens and background checks, immunization records, academic performance information or letters of recommendation.
 - c. Students **may not wear their CUSOM white coat or name tag.**
 - d. Students or the physician they are shadowing are **not protected by malpractice insurance through Campbell University.**
 - e. Students acknowledge that Campbell University will not be liable for any medical care or expenses if they are injured or become ill during the clinical shadowing experience. They also release Campbell University from any liability from any injury or illness which occurs during the shadowing experience.
3. Even if engaging in shadowing experiences with non-CUSOM clinicians or clinical sites, students must abide by all general guidelines noted previously in this document.

Violation of any conditions of this Shadowing Policy is handled as a professionalism issue and may be referred to the Academic Performance, Promotion and Standards (APPS) Committee.

5.2 Years 1 and 2 Curriculum

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

5.2.1 Curricular Content Overview

All semesters of the first and second year are partitioned into two 9-week Blocks, with the exception of ten (10) weeks for Block 4 and eleven (11) weeks for Block 8. Within the first two Blocks, students are introduced to the biomedical foundational concepts of Anatomy, Biochemistry/Cell Biology, Microbiology/Immunology, Pathology, Pharmacology, and Physiology. Anatomy is taught throughout the first year, in Blocks 1-4, as a component of an integrated systems approach.

In Blocks 3 through 8, the CUSOM curriculum follows an organ-system approach to medical education. Faculty incorporate instructional materials which go beyond the basic biomedical principles mastered during the first semester. Biomedical faculty, primary care physicians, and sub-specialty physicians collaborate to deliver integrated content relating to the particular organ system.

The Clinical Skills and Osteopathic Manipulative Medicine courses address content that will allow CUSOM students to learn, integrate, and apply the basic philosophy, principles, and practice of osteopathic medicine. Hands-on diagnosis and treatment are the foundation of osteopathic whole-person healthcare. Lectures and labs incorporate state-of-the-art instruction. Additionally, Simulation and Standardized Patient experiences allow students to enhance their clinical skills, such as physical exam techniques, interviewing, counseling, and medical reporting skills necessary to progress to the third and fourth years.

The Foundations of Medical Practice (FMP) courses provide CUSOM students a broad overview of biostatistics, epidemiology, population health, research methodology, and experimental design for practicing evidenced-based medicine. Students are exposed to the calculations and strategies required to appropriately locate, interpret, design, and complete a research/scholarly paper with clinically relevant knowledge related to competent medical practice.

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

5.2.2 Schedule of Course Offerings

FIRST YEAR			
SEMESTER 1 (FALL)		SEMESTER 2 (SPRING)	
Block 1 Integrated Basic Science & Clinical Courses	Block 2 Integrated Basic Science & Clinical Courses	Block 3 Musculoskeletal System	Block 4 Neuroscience & Human Behavior (Psychiatry)
OMED 500 OMM OMED 501 Clinical Skills OMED 502 FMP OMED 503 PCC OMED 511 Cell Biology/Biochemistry OMED 524 Microbiology/ Immunology OMED 530 Anatomy	OMED 504 OMM OMED 505 Clinical Skills OMED 506 FMP OMED 507 PCC OMED 522 Pharmacology OMED 540 Physiology OMED 551 Pathology OMED 560 Anatomy	OMED 508 OMM OMED 509 Clinical Skills OMED 513 FMP OMED 514 PCC OMED 570 Musculoskeletal System OMED 590 Anatomy	OMED 515 OMM OMED 516 Clinical Skills OMED 517 FMP OMED 518 PCC OMED 579 Neuroscience OMED 583 Psychiatry OMED 594 Anatomy

OMM = Osteopathic Manipulative Medicine

FMP = Foundations of Medical Practice

PCC = Professional Core Competencies

SECOND YEAR			
SEMESTER 3 (FALL)		SEMESTER 4 (SPRING)	
Block 5 Cardiovascular & Respiratory Systems	Block 6 Hematology, Dermatology & Renal Systems	Block 7 Endocrine & Gastrointestinal Systems	Block 8 Reproductive System & Clinical Applications of Biomedical Sciences II
OMED 600 OMM	OMED 604 OMM	OMED 608 OMM	OMED 615 OMM
OMED 601 Clinical Skills	OMED 605 Clinical Skills	OMED 609 Clinical Skills	OMED 616 Clinical Skills
OMED 602 FMP	MED 606 FMP	OMED 613 FMP	OMED 618 FMP
OMED 603 PCC	OMED 607 PCC	OMED 614 PCC	OMED 619 PCC
OMED 610 Cardiovascular System	OMED 631 Hematology	OMED 670 Endocrine System	OMED 690 CABS II
OMED 611 CABS I	OMED 640 Renal System	OMED 680 Gastrointestinal System	OMED 695 Reproductive System
OMED 620 Respiratory System	OMED 650 Dermatology		

OMM = Osteopathic Manipulative Medicine

FMP = Foundations of Medical Practice

PCC = Professional Core Competencies

CABS I = Clinical Applications of Biomedical Sciences I

CABS II = Clinical Applications of Biomedical Sciences II

5.2.3 Course Descriptions

The curriculum in Blocks 1 and 2 of the first year introduces students to the foundational biomedical concepts of Cell and Molecular Biology, Genetics, Biochemistry, Gross Anatomy, Embryology, Histology, Immunology, Microbiology, Pathology, Pharmacology, and Physiology. Coursework also consists of introductory clinical training in osteopathic principles and practice in addition to basic clinical skills. Concepts necessary for modern medical practice and professionalism are integrated throughout the courses. Beginning in Block 1, students participate in bi-weekly clinical case conferences designed to integrate material presented in previous lectures and labs.

5.2.3.1 Specific Course Overviews, Year 1, Semester 1, Block 1

OMED 500: Osteopathic Manipulative Medicine and Lab – 1.5 Credits

The initial course in Osteopathic Manipulative Medicine introduces the medical student to the principles, practice, and fundamental tenets of osteopathic medicine. Basic osteopathic medical terminology and biomechanical principles are defined including five models of osteopathic care, tissue texture changes, implications of structural asymmetry, ranges of motion, motion barriers, planes of motion, spinal mechanics, and somatic dysfunction. Students learn to perform

and interpret the osteopathic structural exam in order to scan, screen, and diagnose for somatic dysfunction in the cervical, thoracic, lumbar, upper extremity, and lower extremity regions. Fundamental principles and basic techniques of muscle energy and soft tissue methods of osteopathic manipulative treatment (OMT) are introduced.

OMED 501: Clinical Skills and Lab – 1.0 Credit

The Clinical Skills course is presented longitudinally over the first two years and prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, standardized patient experiences, and interprofessional educational activities students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, and patient education and counseling. The Block 1 course focuses on professionalism, patient-centered interviewing techniques, and the essential content and structure of a medical history and its documentation.

OMED 502: Foundations of Medical Practice – 0.5 Credits

Foundations of Medical Practice is designed to provide students with foundational skills in the design, interpretation, appraisal of current medical literature as well as the effective communication and application of medical research. Encompassing evidence-based medicine, biostatistics, epidemiology, research methodology, experimental design and medical communication, this longitudinal pass/fail course spans all eight blocks of pre-clinical training and culminates in the completion of a scholarly project in which students demonstrate their mastery of course concepts.

OMED 502 is the first course in the two-year Foundations of Medical Practice course series. OMED 502 orients students to the principles of evidence-based medicine and learn basic skills that will be employed in future blocks including types of medical literature, basic study design and literature searching skills, the characteristics of a quality research article and research ethics. Students will also be introduced to the requirements for the scholarly project which will be due during Block 8.

OMED 503: Professional Core Competencies – 0.5 Credits

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical, and competent osteopathic medical practice are foundational to a career in medicine. This course, and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. However, before being able to effectively care for patients, it is important for students to understand themselves, including important aspects of their personalities, implicit biases, and how they best communicate with others to have optimal interaction with their patients, peers, and colleagues. In Block 1, using lecture discussion, self-directed learning modules, case discussion, and group exercises, students will begin this journey and learn to apply concepts relevant to a professional life in medicine.

OMED 511: Cell Biology/Biochemistry – 3.0 Credits

This course includes an integrative overview of biochemical pathways, structure and function of cellular components, and human genetics. The goal of this course is to enable students to acquire foundational knowledge on core concepts of biochemistry, cell biology, and molecular genetics as they apply to human health and disease. These basics will facilitate learning of disease processes and diagnostic and treatment decisions in system courses. Students will also be able to analyze and evaluate the most common biochemistry principles cited in medical literature.

OMED 524: Microbiology/Immunology – 2.5 Credits

Structured as an integrated course for the foundational study of medical microbiology and immunology, this course opens with the microbiome concept, followed by microbial nomenclature, classification, structure, metabolism, replication, and pathogenesis. Principles of infectious diseases, infection control, diagnostic microbiology, and antimicrobial management are also discussed. The immunology portion of the course provides core, foundational information and general principles underlying the human immune system and its role in health and disease. A broad overview of the human immune system, immune components, disease processes, immune manipulation, and immunologic techniques are discussed. Major groups of medically important, common microorganisms are then introduced according to their clinical significance in upper respiratory tract and gastrointestinal tract infections. In addition, infectious etiologies with high global impact, such as human

immunodeficiency virus and mycobacteria are emphasized, and the discussion of their infections offers an integrated application opportunity of microbiology and immunology. Upon completing this course, students will have a solid foundation of medical microbiology, immunology, and infectious and immunological diseases, which will be further expanded in the successive Blocks and system-based courses by a well-designed spiral curricular integration.

OMED 530: Anatomy and Lab - 1.5 Credits

The first-year anatomy curriculum at CUSOM employs an interdisciplinary and system-based approach to teaching. The aim of this course is to provide the CUSOM student with a firm foundation of the structure of the skeletal system, introduce medical imaging and ultrasound technology, and provide foundational material for the study of histology and embryology. Teaching methods include didactic lectures, cadaver dissection labs, independent study, recommended reading, and clinical correlations with diagnostic imaging. This knowledge will enable the physician to appropriately evaluate the patient's health and diagnose disease based on presenting signs and symptoms. The anatomical terminology taught throughout the course serves as the foundational vocabulary for medical education.

5.2.3.2 Specific Course Overviews, Year 1, Semester 1, Block 2

OMED 504: Osteopathic Manipulative Medicine and Lab – 1.5 Credits

This course in Osteopathic Manipulative Medicine builds on prior cognitive and psychomotor skills acquired in OMED 500 to refine and advance OMM diagnosis and treatment abilities. Topics covered include osteopathic considerations of the thoracic cage, osteopathic reflexes and autonomies, OMM documentation, osteopathic considerations of the lymphatic system, and Chapman's reflexes. Key material from OMED 500 is reviewed. Principles and basic techniques of counterstrain, visceral, and lymphatic treatment methods are introduced. Additional soft tissue, counterstrain, and muscle energy treatments of the cervical, thoracic, lumbar, and rib regions are included in the laboratory sessions.

OMED 505: Clinical Skills and Lab – 1.0 Credit

The Clinical Skills course is presented longitudinally over the first two years, and this continuum will prepare students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation,

standardized patient experiences, and interprofessional educational activities students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, patient education and counseling. Block 2 focuses on the complete head-to-toe physical exam and its documentation.

OMED 506: Foundations of Medical Practice – 0.5 Credits

The two-year Foundations of Medical Practice course series provides a broad overview of evidenced-based medicine, biostatistics, epidemiology, research methodology, and experimental design. Block 2 is the second course in the series and focuses learning sessions on biostatistics. Important biostatistics principles and topics required to interpret and apply epidemiological and evidence-based data are covered including descriptive and inferential statistics, hypothesis testing and estimation, correlation and regression, measures of disease frequency, measures of risk, common research designs, and statistics in medical decision-making. The FMP Scholarly Project timeline will include generation of project ideas/research questions.

OMED 507: Professional Core Competencies – 0.5 Credits

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical, and competent osteopathic medical practice are foundational to a career in medicine. This course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. The Block 2 PCC course will focus on essential aspects of the professional and ethical expectations of a physician. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine.

OMED 522: Pharmacology – 0.5 Credits

The primary objective of this course is to provide the student with the fundamental information and general principles underlying the mechanisms and actions of pharmaceutical agents and their role in health and disease. The course is an introductory course, whose content will be built upon in the successive blocks and systems curriculum. This course provides a broad overview of pharmaceutical agents, with integrated clinical applications to aid students in understanding the critical role these agents play in maintaining health in the various systems of the human body.

OMED 540: Physiology – 2.5 Credits

During this course, physiologic and pathophysiologic terminology and concepts are introduced, and clinically relevant correlations are presented. The course provides fundamental knowledge of body fluids, electrical activities of cells, autonomic nerve system, neurotransmission, and muscles. In addition, the course covers the normal physiology and the pathophysiological basis of selected diseases for the cardiovascular, respiratory, endocrine, gastrointestinal, and renal systems. First-year students acquire a fundamental understanding of the organization and functions of each of the organ systems and interactions among these systems. The course emphasizes comprehension of the mechanisms of organ functions and provides a solid foundation for understanding the consequences of organ dysfunction and the rationale for pharmacological interventions in subsequent courses.

OMED 551: Pathology – 1.5 Credits

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

OMED 560: Anatomy and Lab – 3.0 Credits

The first-year anatomy curriculum at CUSOM employs an interdisciplinary and system-based approach to teaching. Materials presented in this block of study (Block 2) include the gross anatomy, histology and embryology of the human thorax, abdomen, and superficial perineum, with clinical correlations to illustrate application of principal concepts specific to osteopathic medicine. The primary objective of this course is to teach students the principles and concepts of the distinct components of anatomy as they pertain to clinical medicine. Teaching methods include didactic lectures, cadaver dissection labs, independent study, recommended reading, and clinical correlations with diagnostic imaging.

5.2.3.3 Specific Course Overviews, Year 1, Semester 2, Block 3

OMED 508: Osteopathic Manipulative Medicine and Lab – 1.5 Credits

This course in Osteopathic Manipulative Medicine builds on prior cognitive and psychomotor skills acquired in OMED 500 and OMED 504 to refine and advance OMM diagnosis and treatment abilities. Students receive further instruction in osteopathic considerations, diagnosis, and treatment of the upper extremity, lower extremity, pelvis, and sacrum. Integration with the general clinical examination and treatment applications are emphasized during each session. Key material from OMED 500 and OMED 504 is reviewed. Additional Soft Tissue, Counterstrain, Articular, Muscle Energy, Lymphatic, and Chapman Point treatments are included in the laboratory sessions.

OMED 509: Clinical Skills and Lab – 1.0 Credit

The Clinical Skills course is presented longitudinally over the first two years, and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, standardized patient experiences, and interprofessional educational activities students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, patient education and counseling. Block 3 focuses on the musculoskeletal system.

OMED 513: Foundations of Medical Practice – 0.5 Credits

OMED 513 is the third course in the two-year Foundations of Medical Practice course series. OMED 513 focuses on critical foundational concepts of epidemiology and population health relevant to modern medical practice. Specific topics include preventive health services and statistical calculations necessary for interpretation of screening test results, bioterrorism and disaster preparedness, and strategies for assessment and intervention to improve community health.

OMED 514: Professional Core Competencies – 0.5 Credits

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical and competent osteopathic medical practice are foundational to a career in medicine. This course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health

systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine. During Block 3, students will focus on health care delivery in the United States, including topics such as health care financing and regulations, medical trends in US health care and patient centered care.

OMED 570: Musculoskeletal System – 4.0 Credits

The aim of this course is to provide the student with a comprehensive review of the structure, function, and pathophysiology of the musculoskeletal system. This course emphasizes the integration of basic science concepts with clinical correlations in the diagnosis of musculoskeletal disorders. The course will also introduce medical terminology specific to the musculoskeletal system. Included in this course is an overview of antibiotics and anticancer drugs that will also serve as a foundation for further organ system studies. The expected outcome of the successful completion of this course is the ability to apply specific knowledge of the musculoskeletal system to the diagnosis and treatment of patients.

OMED 590: Anatomy and Lab – 4.0 Credits

Anatomy in Block 3 consists of the study of the upper and lower extremities, and the pelvis and perineum. Teaching methods include didactic lectures, cadaver dissection labs, independent study, recommended reading, and clinical correlations with diagnostic imaging. This knowledge will enable the physician to appropriately evaluate the patient's health, as well as in diagnosis of disease, based on presenting signs and symptoms.

5.2.3.4 Specific Course Overviews, Year 1, Semester 2, Block 4

OMED 515: Osteopathic Manipulative Medicine and Lab – 1.5 Credits

This course in Osteopathic Manipulative Medicine builds on prior cognitive and psychomotor skills acquired in OMED 500, OMED 504, and OMED 508 to refine and advance OMM diagnosis and treatment abilities. Students receive an introduction to the osteopathic considerations, diagnosis, and treatment with HVLA and cranial techniques. Students are introduced to case-based learning involving low back pain and postural imbalances in preparation for the second year OMM curriculum placing an emphasis on systems based clinical application. Key material from OMED 500, OMED 504, and OMED 508 is reviewed. Additional Soft Tissue, Counterstrain, Articular, Muscle Energy, Lymphatic, and Chapman Point treatments are included in the laboratory sessions.

OMED 516: Clinical Skills and Lab – 1.0 Credit

The Clinical Skills course is presented longitudinally over the first two years, and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, standardized patient experiences, and interprofessional educational activities students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, patient education and counseling. Block 4 focuses on the neurosensory and psychiatric systems.

OMED 517: Foundations of Medical Practice – 0.5 Credits

OMED 517 is the fourth course in the two-year Foundations of Medical Practice course series. OMED 517 introduces students to additional types of research design and guides students through the topic exploration and plan formulation for the execution of the scholarly project. Students are introduced to the purpose, operation and procedures of an institutional review board and have the opportunity to hone their skills through hands-on exercises.

OMED 518: Professional Core Competencies – 0.5 Credits

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

OMED 579: Neuroscience – 4.5 Credits

This course is intended to provide first year CUSOM students with an integrated approach to the structure, function and dysfunction of the human nervous system. Basic principles of the anatomy, histology, embryology, physiology, pathology and imaging of the nervous system will be presented in a clinically-relevant context. Upon completion of the course, students will be able to recognize common neurological diseases and their underlying causes and diagnose neurological diseases from the presenting signs and symptoms.

OMED 583: Psychiatry – 1.5 Credits

This course will review clinically relevant topics in psychiatry required to evaluate and treat mental illness using a biopsychosocial model of care. Psychiatric issues seen in primary care settings will be emphasized along with knowledge application to enable the student to appropriately evaluate a patient's mental health, to diagnose disease from the presenting signs and symptoms, and to formulate an appropriate treatment plan.

OMED 594: Anatomy and Lab – 3.0 Credits

Anatomy in Block 4 will provide CUSOM students with a firm foundation of the structure of the brain, brainstem, and the head and neck with an emphasis on cranial nerve function and distribution. Teaching methods include didactic lectures, cadaver dissection labs, independent study, recommended reading, and clinical correlations with diagnostic imaging. This knowledge will enable the physician to appropriately evaluate the patient's health, as well as in diagnosis of disease, based on presenting signs and symptoms.

5.2.3.5 Specific Course Overviews, Year 2, Semester 1, Block 5

The second year of instruction at CUSOM begins with a continuation of the systems format introduced in the first year and concludes with an integrated transition into the clinical years. Content in the second year is delivered in Blocks 5 through 8. Students will continue to participate in regular clinical case conferences designed to incorporate increasingly complex clinical case material from previous basic science and clinical material. Block 8 includes special content relevant to COMLEX-USA Level 1 passage and entry into the clinical rotations of years three and four.

OMED 600: Osteopathic Manipulative Medicine and Lab – 1.5 Credits

This course in Osteopathic Manipulative Medicine will incorporate and advance osteopathic principles presented in the previous blocks. Students will be introduced to a systems-based approach to osteopathic diagnosis and treatment. Integrating viscerosomatic reflexes, evaluation of lymphatic structures, Chapman points, biomedical knowledge, and osteopathic principles, students will develop an osteopathic treatment strategy for medical conditions commonly encountered in the respiratory and cardiovascular systems. Students will be instructed in balanced ligamentous tension as the exemplar treatment style for this system. Additionally, muscle energy treatment will be the primary technique reviewed to assist the students in maintaining their competence in this form of manipulation.

OMED 601: Clinical Skills and Lab – 2.0 Credits

The Clinical Skills course is presented longitudinally over the first two years, and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, standardized patient experiences, and interprofessional educational activities students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, and patient education and counseling. Block 5 focuses on the cardiovascular and pulmonary systems.

OMED 602: Foundations of Medical Practice – 0.5 Credits

OMED 602 Foundations of Medical Practice will continue and review and extend the OMED 517 research design and its importance in clinical research studies, the process of assessing a research method's quality and the critical underpinnings of several landmark studies. This will also include introduction to critical appraisal and basics of presenting and discussing current medical literature.

The FMP Scholarly Project timeline will be reviewed and reinforced to provide the students with ample time for successful completion. Block 5 provides the final opportunity for adjustment or alteration of project definition and team composition.

OMED 603: Professional Core Competencies – 0.5 Credits

Professional Core Competencies is taught as a continuous didactic course throughout the first and second years, incorporating student-directed learning which may be done both individually and in teams. Block 5 focuses on topics such as communication, medical jurisprudence, and professionalism. This course consists of didactic lectures, independent study, and clinical case exercises to enhance the comprehension process. Group activities are utilized to explore issues related to medical humanities. In order to optimize time spent in class, students are expected to be familiar with lecture topic material and assignments posted on Blackboard and complete any pertinent assignments before coming to class.

OMED 610: Cardiovascular System – 4.0 Credits

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

OMED 611: Clinical Applications of Biomedical Sciences I – 2.0 Credits

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

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

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

OMED 620: Respiratory System – 2.5 Credits

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

5.2.3.6 Specific Course Overviews, Year 2, Semester 1, Block 6

OMED 604: Osteopathic Manipulative Medicine and Lab – 1.0 Credits

This course in Osteopathic Manipulative Medicine will continue to incorporate and advance osteopathic principles presented in the previous blocks. Students will continue their studies using a systems-based approach to osteopathic diagnosis and treatment. Integrating viscerosomatic reflexes, evaluation of lymphatic structures, Chapman points, biomedical knowledge, and osteopathic principles, students will develop an osteopathic treatment strategy for medical conditions commonly encountered in the genitourinary and lymphatic systems. Students will be instructed in facilitated positional release as the exemplar treatment style for this system. Additionally, counterstrain will be the primary technique reviewed to assist the students in maintaining their competence in this form of manipulation.

OMED 605: Clinical Skills and Lab – 2.0 Credits

The Clinical Skills course is presented longitudinally over the first two years, and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, standardized patient experiences, and interprofessional educational activities students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, patient education and counseling. Block 6 focuses on the dermatologic, hematologic, lymphatic, and renal systems.

OMED 606: Foundations of Medical Practice – 0.5 Credits

OMED 606 is the sixth course in the two-year Foundations of Medical Practice course series. OMED 606 supports student progress on the scholarly project due during Block 8 by focusing on the practical skills necessary for effectively communicating scientific information orally and in writing. Students also learn about various types of information resources that support evidence-based practice in clinical settings.

OMED 607: Professional Core Competencies – 0.5 Credits

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical, and competent osteopathic medical practice are foundational to a career in medicine. While teaching the art of medicine along with the science of medicine is challenging, this course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong

learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students are introduced and continuously exposed to concepts relevant to a professional life in medicine. The Block 6 PCC course focuses on patient safety, medical errors, and methods of system improvement in both areas.

OMED 631: Hematology – 3.0 Credits

The Hematology course presents the normal structure and function of the hematopoietic system, the pathophysiology of its disease states and the clinical presentation, pathophysiology, and an approach to the diagnosis and management of hematologic diseases. The course begins with an overview of commonly encountered hematologic disorders. The course is then divided into three parts: the coagulation unit, the red blood cell unit and the white blood cell unit.

The coagulation unit first presents the normal structure and function of the coagulation system, including the laboratory evaluation of coagulation. Next, the unit presents the pathophysiology, genetics, epidemiology and clinical presentation of bleeding disorders and thrombotic disorders.

The red blood cell unit presents the normal structure and function of red blood cells, including their morphology and biochemistry. Next, the unit reviews the common disorders causing polycythemia as well as microcytic, macrocytic and normocytic anemia. The red blood cell unit also covers transfusion medicine, including the processing of blood products used in clinical practice and the recognition and management of transfusion reactions.

Finally, the white blood cell unit begins with the normal structure and function of white blood cells. The unit next covers the Cluster of Differentiation (CD) nomenclature system for identifying surface molecules on white blood cells and how these molecules affect cell function. Chromosomal translocations are discussed including their roles in the pathogenesis of common leukemias and lymphomas. Next, the unit covers the normal structure and function of the lymphatic system and an overview of commonly encountered non-malignant disorders presenting with clinically palpable lymphadenopathy. The unit continues with an overview of lymphomas, leukemias and plasma cell disorders.

Each unit concludes with clinical case based-application lectures illustrating commonly encountered hematologic disorders and an

approach to their diagnosis and management. Integrated throughout the course are special topics in hematology including immunology, pharmacology, pregnancy-related issues in hematology, infectious disease, and oncology. To effectively integrate hematology basic science with the clinical evaluation and management of hematologic disorders, the Hematology course is taught by CUSOM faculty as well as guest lecturers who are clinicians from academic and private practice.

OMED 640: Renal System – 2.5 Credits

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

OMED 651: Dermatology – 1.0 Credit

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

The goal of this course is to enable students to develop an understanding of both normal and abnormal dermatologic function along with the differential diagnoses and treatment options of common dermatologic related disease processes and diseases with skin manifestations.

5.2.3.7 Specific Course Overviews, Year 2, Semester 2, Block 7

OMED 608: Osteopathic Manipulative Medicine and Lab – 1.5 Credits

This course in Osteopathic Manipulative Medicine will continue to incorporate and advance osteopathic principles presented in the previous blocks. Students will continue their studies using a systems-based approach to osteopathic diagnosis and treatment. Integrating viscerosomatic reflexes, evaluation of lymphatic structures, Chapman points, biomedical knowledge, and osteopathic principles, students will develop an osteopathic treatment strategy for medical conditions

commonly encountered in the gastrointestinal system. Students will be instructed in the Still technique as the exemplar treatment style for this system. Additionally, high-velocity, low amplitude, balanced ligamentous tension, and counterstrain will be the primary techniques reviewed to assist the students in maintaining their competence in these forms of manipulation. High-yield board review content will be reviewed through lectures and labs.

OMED 609: Clinical Skills and Lab – 1.0 Credit

The Clinical Skills course is presented longitudinally over the first two years, and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation, standardized patient experiences, and interprofessional educational activities students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, patient education and counseling. Block 7 focuses on examination of the endocrine and gastrointestinal systems, the pediatric well-child history and physical exam, and the male genital exam.

OMED 613: Foundations of Medical Practice – 0.5 Credits

OMED 613 is the seventh course in the two-year Foundations of Medical Practice series. OMED 613 reviews, reinforces and hones student expertise in the interpretation, appraisal, and application of evidence-based medical literature. Students review multiple landmark studies, their implications and their applications to clinical practice as well as how to assist patients in understanding evidence.

OMED 614: Professional Core Competencies – 0.5 Credits

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

OMED 670: Endocrine System – 2.5 Credits

This course offers an in-depth study of the endocrine system, including structure and function of endocrine organs, regulatory mechanisms of hormones, etiology and pathogenesis of endocrine disorders, and the diagnosis and management of patients presenting with symptoms of hormone under- or overproduction. Topics addressed include short and tall stature, the diabetic patient, multiple endocrine neoplasia syndromes, and endocrine emergencies. The course consists of didactic lectures, independent study, and case-based modalities. Principles learned will be utilized and applied in concurrent and subsequent courses in the medical curriculum and throughout medical training and practice.

OMED 680: Gastrointestinal System – 2.5 Credits

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

5.2.3.8 Specific Course Overviews, Year 2, Semester 2, Block 8

OMED 615: Osteopathic Manipulative Medicine and Lab – 0.5 Credits

This course in Osteopathic Manipulative Medicine will continue to incorporate and advance osteopathic principles presented in the previous blocks. Students will be introduced to osteopathic treatment strategies for obstetrical patients and children. High-yield board review content will be provided through lectures and labs. Students will also be provided with opportunities to review and refine manipulative techniques previously presented within an integrated osteopathic physical examination. Students will demonstrate their ability to perform an integrated osteopathic physical examination and treatment at a level commensurate with a student entering clinical rotations.

OMED 616: Clinical Skills and Lab – 0.5 Credits

The Clinical Skills course is presented longitudinally over the first two years, and this continuum prepares students with the fundamental skills of patient assessment. Through the use of brief interactive lectures, small group discussion, hands-on practice, simulation,

standardized patient experiences, and interprofessional educational activities students develop appropriate professional behaviors and clinical skills such as patient-centered interviewing, physical examination, fundamental procedural skills, medical documentation and reporting, patient education and counseling. Block 8 focuses on the reproductive system, including the sexual history, the female genital and breast examination, and the newborn history and physical examination.

OMED 618: Foundations of Medical Practice – 0.5 Credits

The two-year Foundations of Medical Practice course series provides a broad overview of evidenced-based medicine, epidemiology, research methodology, and experimental design. Block 8 is the culmination of the series. Four self-directed learning sessions focus on the definition and history of human subjects' research and crucial ethical considerations. In addition, this Block provides an opportunity for students to review Biostatistics and Epidemiology/Population Health concepts learned in earlier Blocks.

OMED 619: Professional Core Competencies – 0.5 Credits

Medical Professionalism and other professional competencies necessary for effective, compassionate, ethical, and competent osteopathic medical practice are foundational to a career in medicine. This course and its content are designed to actively promote all aspects of a healthy professional life and ensure lifelong learning while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts relevant to a professional life in medicine. Block 8 PCC will focus on various ethical issues, including human sexuality, human trafficking, statutory rape, child abuse/neglect, domestic violence, sexual assault, and pregnancy choices.

OMED 690: Clinical Applications of Biomedical Sciences II – 5.0 Credits

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

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

OMED 695: Reproductive System – 3.5 Credits

The aim of this course is to provide the CUSOM student with a firm foundation of the structure, function, pathophysiology, pharmacology, and clinical relevance of the reproductive system. The student will be able to use this knowledge to provide thoughtful and competent care to the whole patient by integrating reproductive health needs.

5.2.4 Modified Course of Study

A Modified Course of Study (MCOS) (OMED 698: 12.0 Credits) is a credit-bearing, individualized study plan for students who require an alternative educational pathway for reasons such as mandated board preparation, required remediation, illness, leaves of absence, or withdrawals. The Modified Course of Study will be individually designed based upon the student's performance and needs by the respective Associate Dean and approved by the APPS Committee. Students on a Modified Course of Study must agree to and comply with the conditions and schedule of the Modified Course of Study. Students not following the individualized plan may be called to the APPS Committee or placed on Suspension (and thus be ineligible for financial aid and not considered an active student) at any time.

5.2.5 Curricular Integration of OPP and OMM

CUSOM provides opportunities for integration of osteopathic philosophy, principles, and practices, including didactic and hands-on activities, through all four years of the curriculum. A standardized, competency-based syllabus format is utilized to deliver OPP and OMM throughout the first and second years of the curriculum in the following manner:

5.2.5.1 Year One

Each student will receive a minimum of 3 hours per week of didactic and hands-on OMM instruction under the supervision of an American Osteopathic Board of Neuromusculoskeletal Medicine Board certified physician and with the assistance of DO faculty table facilitators (approximate faculty to student ratio 1:10).

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

5.2.5.2 Year Two

Each student will receive a minimum of 3 hours per week of didactic and hands-on OMM instruction under the supervision of an American Osteopathic Board of Neuromusculoskeletal Medicine Board Certified physician and with the assistance of DO faculty table facilitators (approximate faculty to student ratio 1:10).

During the second year, the course is organized by body system. Students are instructed on the integration of OPP and OMM in the treatment of somatic dysfunction commonly observed in the management of medical conditions in each system. Students will gain a deeper understanding of incorporating viscerosomatic reflexes and Chapman points to help guide the development of a differential diagnosis and the therapeutic goals of incorporating OPP into the overall medical management of these conditions. Students will also become more adept at incorporating osteopathic principles and manipulative medicine in the management of special patient populations including pediatrics, geriatrics, and pregnancy.

The OMM lab will also provide students with a regular review of common techniques used to manage conditions such as short lower extremity, tension and migraine cephalgia, and cervical/thoracic/lumbar dysfunctions.

5.2.5.3 Years Three and Four

See Section 5.3.13 of this Bulletin for a description of the integration of OPP and OMM throughout the third- and fourth-years of the curriculum.

5.3 Years 3 and 4 Curriculum

5.3.1 Philosophy of Clinical Training

CUSOM students in years three and four are assigned to Regional Sites/Clinical Campuses. Site assignment takes place during the second year. Clinical rotations occur within hospital sites for inpatient experiences, in ambulatory practices, and in geriatric acute care and long-term facilities. All students will spend time in rural, small, urban, or critical access hospitals for a rural/underserved care clinical experience.

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

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

Osteopathic physicians must be able to function in the role of the leader of a healthcare team to bring about needed change from the level of the individual to the level of the community. The ultimate intent of the program is to prepare patient-centered physicians who will positively impact the equality of healthcare and healthcare delivery systems and will improve healthcare access for individuals and their families.

CUSOM believes the physician must assume a leadership role not only in the medical community but also in the broader community in which he/she serves. Community leadership is an integral part of improving the healthcare of the community as-a-whole; thus, physicians must be committed to the prevention of illness and the upgrading of the delivery of healthcare services at extended levels.

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

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

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

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

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

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

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

5.3.2 Third-Year Clinical Rotations

CUSOM's third-year osteopathic medical students are required to complete twelve rotations. Each rotation consists of approximately 160 contact hours inclusive of modules, self-directed learning, didactics, and other duties as assigned by the site. The required rotations for third year are listed below; all core rotations are clinical rotations involving patient care, which must be completed at the student's respective clinical campus with CUSOM-appointed faculty. Core rotations are clinical rotations involving patient care which are required to be completed at a CUSOM clinical campus with CUSOM faculty.

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

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

5.3.3 Fourth-Year Clinical Rotations

CUSOM's fourth-year osteopathic medical students are required to successfully complete all fourth-year rotations to be eligible for graduation. Additionally, to become eligible for graduation, each fourth-year student must have passed COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE and successfully completed all clinical rotation requirements. As of the date of this Bulletin, the NBOME and the COCA have temporarily waived the passing of COMLEX-USA Level 2-PE as a graduation requirement for the Class of 2022. As such, to be eligible to graduate, each student must pass a summative OSCE administered by CUSOM during their fourth year.

The fourth-year core rotations are Emergency Medicine and Geriatrics.

Students are also provided the opportunity to participate in twenty (20) weeks of elective rotations which may be done at non-core sites. These elective rotations are often utilized by students for audition rotations at sites with residency programs or to obtain additional experience in the student's areas of interest.

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

- Residency Development (4 weeks)
- Emergency Medicine (4 weeks)
- Geriatrics (4 weeks)
- Electives* I, II, III, IV, V (20 weeks)
- Medical Selective (4 weeks)
- Primary Care Selective (4 weeks)
- Surgical Selective (4 weeks)

Students are required to complete a Sub-Internship (Sub-I) during one of their selective, elective, or Emergency Medicine rotations.

In an effort to provide fourth-year students with increased flexibility and a greater opportunity to audition or rotate at sites they may be interested in for residency training, CUSOM allows students to do one (1) of the following three (3) required fourth-year rotations at a site with an ACGME-approved residency training program.

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

This flexibility provides students the opportunity to participate in up to six (6) rotations (five (5) electives plus one (1) of the above listed selectives) at sites outside CUSOM's core clinical campuses. In addition, the remaining two (2) fourth-year selectives may be completed at another CUSOM clinical campus as the rotation capacity provides.

Students are required to complete their Geriatrics and Emergency Medicine rotations at their respective CUSOM clinical campus.

- * All elective and selective rotations scheduled outside CUSOM regional affiliated sites must be approved in advance by the Associate Dean for Clinical Affairs. Most rotations are scheduled on a four-week basis; however, the Associate Dean for Clinical Affairs may approve students to participate in two-week elective and selective rotations.

5.3.4 Schedule of Rotation Offerings

THIRD YEAR		FOURTH YEAR	
OMED 795	Clinical Academic Assessment	OMED 870	Residency Development
OMED 770	Simulation Medicine	OMED 810	Medical Selective
OMED 710	Medicine I	OMED 812	Surgery Selective
OMED 712	Medicine II	OMED 816	Primary Care Selective
OMED 714	Medical Selective	OMED 840	Geriatrics
OMED 720	Surgery	OMED 850	Emergency Medicine
OMED 730	Family Medicine	OMED 860	Elective I
OMED 740	Pediatrics	OMED 862	Elective II
OMED 750	Obstetrics and Gynecology	OMED 864	Elective III
OMED 760	Psychiatry	OMED 866	Elective IV
OMED 780	Rural/Underserved/International	OMED 868	Elective V
OMED 785	Medical/Surgical Selective	OMED 890	Elective Sub Internship
		OMED 892	Primary Care Selective Sub Internship
		OMED 894	Medical Selective Sub Internship
		OMED 896	Surgical Selective Sub Internship
		OMED 898	Emergency Medicine Selective Sub

5.3.5 Selective and Elective Rotations

CUSOM selective rotations are chosen from the CUSOM surgical and medical selective lists and are based on educational standards and requirements, the student's self-assessment of areas where they would benefit most from further education and patient exposure, along with input from the Associate Dean for Clinical Affairs and respective Clinical Chairs. Electives may be scheduled outside CUSOM regional clinical training sites; however, each elective site and rotation requests must be submitted to the Office of Clinical Affairs at least sixty (60) days in advance of the rotation start date and approved by the Associate Dean for Clinical Affairs.

CUSOM does not arrange student electives or selectives outside CUSOM's regional clinical training sites. If a student chooses to do electives or selectives at hospitals with ACGME-accredited post-graduate programs or at a military facility (Health Professions Scholarship Program, HPSP students only), they must arrange those rotations themselves with appropriate notification to the respective clinical campus student medical education coordinator.

All required documentation for electives and selectives must be completed and submitted during the approved selection time period as noted by the Office of Clinical Affairs. All requests for selectives and elective rotations must be submitted to the Office of Clinical Affairs not less than sixty (60) days before the start of the rotation in order to be approved.

CUSOM does not approve selectives or electives taken outside of CUSOM core clinical training regions without appropriate prior notification and completion of the required documentation; no exceptions are granted. Student requests for outside electives or selectives must include all required information, including, but not limited to, rotation date, specialty, facility/practice, and preceptor.

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

5.3.6 Medical Selective Rotations

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

At the time of publication of this Bulletin, the approved Medical Selective rotations are as follows:

MEDICAL SELECTIVE ROTATIONS		
	<u>Third Year</u>	<u>Fourth Year</u>
Allergy and Immunology	X	X
Cardiology	X	X
Clinical Cardiac Electrophysiology		X
Critical Care/ Intensive Care Unit	X	X
Dermatology		X
Emergency Medicine	X	X
Endocrinology		X
Gastroenterology	X	X
Hematology/Oncology	X	X
Hospice and Palliative Medicine		X
Internal Medicine	X	X
Infectious Disease	X	X
Nephrology	X	X
Neurology	X	X
Preventative Medicine		X
Pulmonology	X	X
Rheumatology		X
Sleep Medicine		X

5.3.7 Primary Care Selective Rotations

Primary Care Selectives in the fourth year can be either hospital or ambulatory based. If the rotation is selected as the student's sub-internship, it **MUST** be hospital-based.

At the time of publication of this Bulletin, the approved Primary Care Selective rotations are as follows:

PRIMARY CARE SELECTIVE ROTATIONS
Family Medicine
General Internal Medicine
Geriatrics
Obstetrics/Gynecology
Osteopathic Manipulative Medicine (OMM)
Pediatrics
Primary Care
Psychiatry
Sports Medicine
Urgent Care

5.3.8 Surgical Selective Rotations

A minimum of two (2) Surgical Selective rotations must be taken from the following areas if the rotation is split into two-week rotations; Surgical Selective rotations may not be repeated in these disciplines (unless done as an elective).

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

SURGICAL SELECTIVE ROTATIONS		
	<u>2 or 4 Weeks</u>	<u>4 Weeks</u>
Anesthesiology	X	
Cardiovascular Surgery		X
Colorectal Surgery	X	
General Surgery		X
Gynecology/Oncology Surgery		X
Neurosurgery		X
Ophthalmology	X	
Oromaxillofacial Surgery	X	
Orthopedics		X
Otorhinolaryngology	X	
Plastic Surgery	X	
Thoracic Surgery		X
Trauma Surgery		X
Urology	X	
Urogynecology		X
Vascular Surgery		X

5.3.9 Elective Choices

All electives require prior approval by the Associate Dean for Clinical Affairs following the process outlined in Section 5.3.5 of this Bulletin.

Elective* rotations include:

- All rotations outlined in the Third-year Core list may be taken as an Elective in the fourth year
- All rotations included in the Medical Selective list
- All rotations included in the Primary Care Selective list
- All rotations included in the Surgery Selective list

- The additional rotations of Addiction Medicine, Adolescent Medicine, Dermatology, Dermatopathology, Forensic Pathology, Gynecology (by itself), International Medical Missions, Maternal/Fetal Medicine, Occupational Medicine, Pathology, Pediatric subspecialties, Pain Management, Physical Medicine & Rehabilitation, Proctology, Radiology, Reproductive Endocrinology, CDC, NIH, or other federally sponsored rotations.
- Independent study electives include the Research Rotation, Medical Spanish, Obesity Medicine, Online Radiology, Point-of-Care Ultrasound, and Simulation Medicine Case Development.

A maximum of two (2) independent study electives can be scheduled and completed in the fourth-year.

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

Students will receive detailed information on planning their fourth-year schedule in the form of a PowerPoint and self-directed learning module from the Fourth-year Student Medical Education Clinical Coordinator in January/February of third year. The information presented will include, but is not limited to, the fourth-year curriculum requirements, applying for away rotations in the various application services, how to request and upload a transcript for away rotations, and how to request an affiliation agreement through Clinical Affairs for an away rotation.

Students should consult with their regional dean (if applicable) and clinical chair of the discipline in which they are pursuing residency training when developing their fourth-year schedule. These individuals will provide valuable assistance and guidance in choosing the most appropriate clinical rotations as well as the recommended timing and location of audition rotations. They can also provide individualized guidance to students in order to maximize both learning and opportunities and student success in the match.

5.3.10 International Medical Mission Rotations

International Medical Mission rotations must take place at CUSOM-affiliated sites and approved in advance by the Department of Community and Global Health, the Associate Dean for Clinical Affairs, the Dean, and the Campbell University Study Abroad Committee. A signed affiliation agreement between CUSOM and the international organization must be in place at least ninety (90) days prior to the clinical rotation. CUSOM does not assume any liability for health or safety while on international rotations. All international experiences must comply with CUSOM policies for international rotations.

Students are responsible for obtaining travel insurance, which includes evacuation coverage, and proof of insurance must be presented along with the required forms for international travel. Students must have completed the Travel Safety SDL and electronically sign to acknowledge their understanding of safe practices in a foreign country prior to travel.

5.3.11 Rotation Structure

Each rotation consists of approximately 160 contact hours inclusive of modules, self-directed learning, didactics, and other duties as assigned by the site. Exceptions to this are so noted below (e.g., sick time). The clinical campus Student Medical Education Coordinator in collaboration with the Office of Clinical Affairs schedules rotations according to the availability of rotation sites and numbers of requests. There is opportunity to participate in approved two-week elective and selective rotations. CUSOM selective rotations are chosen from the CUSOM selective lists and are based on educational standards and requirements, the student's self-assessment of areas where they would benefit most from further education and patient exposure, along with input from the Associate Dean for Clinical Affairs and the respective Clinical Chairs. The Primary Care, Medical, and Surgical Selective rotations are completed at CUSOM core sites where CUSOM has established rotations, affiliation agreements, and faculty preceptors.

Limited exceptions may be granted by the Associate Dean for Clinical Affairs. Specific information regarding scheduling of third- and fourth-year selective rotations may be found elsewhere in this Bulletin.

Electives may be scheduled outside CUSOM clinical campuses; however, each elective site and rotation request must be submitted to the Department of Clinical Affairs at least sixty (60) days in advance of the rotation start date and approved by the Associate Dean for Clinical Affairs.

CUSOM does not arrange student electives or selectives outside CUSOM's clinical campuses. If a student chooses to do electives or selectives at hospitals with ACGME-accredited post-graduate programs or at a military facility (Health Professions Scholarship Program, HPSP students only), they must arrange those rotations themselves with appropriate notification to the respective clinical campus Student Medical Education Coordinator.

All required documentation for electives and selectives must be completed and submitted during the approved selection time period as noted by the Office of Clinical Affairs. All requests for selectives and elective rotations must be submitted to the Department of Clinical Affairs not less than sixty (60) days before the start of the rotation in order to be approved.

CUSOM does not approve selectives or electives taken outside of CUSOM clinical campuses without appropriate prior notification or completion of the required documentation; no exceptions are granted. Student requests for outside electives or selectives must include all required information, including, but not limited to, rotation date, specialty, facility/practice, and preceptor.

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

NOTE: The most up-to-date third- and fourth-year curriculum information will be posted on the CUSOM's web-based evaluation system. To become eligible for graduation, each fourth-year student must have passed COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE and successfully completed all clinical rotation requirements. As of the date of this Bulletin, the NBOME and the COCA have temporarily waived the passing of COMLEX-USA Level 2-PE as a graduation requirement for the Class of 2022. As such, to be eligible to graduate, each student must pass a summative OSCE administered by CUSOM during their fourth year.

5.3.12 Rotation Descriptions

5.3.12.1 Rotation Descriptions / Third Year Rotations (MS-3)

OMED 795: Clinical Academic Assessment (CAA) – 10.0 Credits

Students will be exposed to a series of learning models measuring students' acquisition of knowledge and mastery of skills during clinical rotations. The formative 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.

OMED 770: Simulation Medicine (SIM) - 10.0 Credits

Through the use of CUSOM's Simulation Center, students will participate in a variety of hands-on activities in a safe learning environment helping them transition into the clinical environment of patient care. Activities include manikin-based simulation, Standardized Patient simulation, task trainer use, and detailed

debriefing sessions. Students will learn many of the common clinical protocols, procedures, and techniques for providing patient care. During this rotation, students will obtain additional exposure to neuromusculoskeletal medicine by way of peer-to-peer interaction, facilitator-led instruction, mentoring, and teaching modules. Learning in the safe environment of simulation allows for self-reflection while ultimately helping to improve patient care, reduce medical errors, and increase patient safety.

During the Simulation Rotation, students will be prepared for entry into clinical rotations and also participate in a series of learning models including, but not limited to:

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

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

OMED 710 and OMED 712: Medicine I and II – 10.0 Credits each

The Medicine rotations will expand the student's knowledge and competencies in Medicine by working in a team managing patients in hospital settings. Students will assist in the management of patients under the supervision of attending physician(s) and other members of the interdisciplinary healthcare team, including interns and residents. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

OMED 714: Medical Selective (MS) - 10.0 Credits

The medical selective rotation is provided to enhance and improve students' knowledge and skills in medical subspecialty areas. Students will be able to expand their general Internal Medicine knowledge and apply it to specialty care. This rotation provides students to opportunity to select a specialty based on their goals and interests to allow them to receive the maximum benefit from their experience and exposure to specialty care. Related ambulatory experiences will be integrated into this rotation as appropriate to enhance the students' understanding of the specialty. The list of

currently approved medical selectives is found elsewhere in this Bulletin and final approval by the Associate Dean for Clinical Affairs is based on a number of factors, including, but not limited to, availability, rotation schedules, and academic performance. The student is expected to participate in all patient care activities, teaching rounds, educational conferences, and lectures.

OMED 720: Surgery (SUR) - 10.0 Credits

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

OMED 730: Family Medicine (FM) - 10.0 Credits

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

OMED 740: Pediatrics (PED) - 10.0 Credits

The Pediatrics rotation will provide student exposure to diagnosis and management of pediatric diseases as it applies to newborns, infants, and children. In addition, students will gain knowledge and skill in evaluating normal growth and development of the pediatric patient. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

OMED 750: Obstetrics and Gynecology (OBG) - 10.0 Credits

The Obstetrics and Gynecology rotation will provide students with an exposure to and understanding of routine OB/GYN care performed in the inpatient and outpatient setting. Students will gain competency in

recognizing both normal and abnormal findings encountered by the practitioner of both obstetrics and gynecology. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

OMED 760: Psychiatry (PSY) - 10.0 Credits

The Psychiatry rotation will provide clinical experiences enabling students to acquire the knowledge and skills required to treat behavioral problems, which commonly present in a primary care office while paying particular attention to the stress factors contributing to emotional dysfunction. This rotation will focus on the importance of the family in relation to individual behavior and the ability to identify stressing conflicts and communication problems within the family. Students will gain knowledge and experience to care for common psychiatric disorders. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

OMED 780: Rural/Underserved/International Medicine (R/U/I) - 10.0 Credits

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

OMED 785: Medical/Surgical Selective - 10.0 Credits

Students will have the opportunity to select from a list of possible rotations in order to attain knowledge and skills in areas of special medical or surgical interest. These rotations will allow students to further enhance their professional development and performance as

future osteopathic physicians. Selectives include any medical or surgical specialty and/or a specialty of interest to the individual student upon approval of the Office for Clinical Affairs. Students are strongly encouraged to utilize this time to strengthen areas of weakness and/or obtain a well-rounded education rather than concentrating on one specific area of medicine. All selectives must be patient-care oriented. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

5.3.12.2 Rotation Descriptions / Fourth Year Rotations (MS-4)

OMED 870: Residency Development (RD) - 10.0 Credits

Students participate in a series of learning models and OSCE cases which provide critical assessment information for monitoring the students' acquisition of knowledge and skills to prepare for fourth year rotations, COMLEX-USA Level 2-PE, and residency training. Such assessment will evaluate critical thinking, decision-making, and problem-solving skills students developed during their third-year clinical rotations. This course 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 an expected patient interaction competency required for completion of the fourth-year graduation requirements and transition to residency.

OMED 810, 814 and 816: Medical Selective, Surgical and Primary Care Selective - 10.0 Credits each

There will be three (3) four-week selective rotations in year four. These include one (1) Medical Selective, one (1) Surgical Selective, and one (1) Primary Care Selective. The goal of selective rotations is to enhance and improve students' knowledge and skills in medical and surgical subspecialty areas. It is imperative students be goal directed in their choice of selectives in order to obtain the maximum benefit from their experiences. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

OMED 840: Geriatrics (GER) - 10.0 Credits

The Geriatrics rotation will use a multidisciplinary approach and engage students in utilizing core competencies. This rotation will address the complex needs of the elderly and emphasize a holistic approach to functional independence, especially in those with chronic diseases. This will require the student to interact with physicians, nurses, various social services, occupational therapists, and family members to provide both comprehensive as well as end-of-life care

for these patients with multiple needs. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

OMED 850: Emergency Medicine (EM) - 10.0 Credits

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

OMED 860, 862, 864, 866, 868: Elective I, II, III, IV, V (ELEC) – Fourth Year - 10.0 Credits each

Students will have the opportunity to select twenty (20) weeks of elective rotations provided four weeks are done as a Sub-Internship (see OMED 890 below), in order to further advance their knowledge and skills in areas of special medical or surgical interest. These rotations will allow students to further focus their professional development and performance as future osteopathic physicians. Students are strongly encouraged to utilize this time to choose electives at sites with residency programs of interest, strengthen areas of weakness, or obtain further training to help them transition into residency. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

Independent study electives will also be available to enhance student learning during the fourth year. These electives provide students with the opportunity to develop their ability to master defined learning objectives through self-directed learning which may utilize interactive modules, case development and presentation, on site skills performance, small group discussions and other learning modalities. Students are permitted to do two (2) of these independent study electives in their fourth year.

OMED 890: Elective Sub-Internship (SUB I) - 10.0 Credits

This rotation is generally pursued in the field appropriate to the student's career interest. Students will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident

and attending physicians. Subsequent management will be the responsibility of the student in conjunction with the resident and attending physicians.

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

OMED 892: Primary Care Sub-Internship (SUB I) - 10.0 Credits

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

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

OMED 894: Medical Selective Sub-Internship (SUB I) - 10.0 Credits

This rotation is pursued in internal medicine and associated subspecialties as listed previously. Students will perform the initial evaluation and present a diagnostic and therapeutic plan to supervising resident and attending physicians. Subsequent management will be the responsibility of the student in conjunction with the resident and attending.

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

OMED 896: Surgical Selective Sub-Internship (SUB I) - 10.0 Credits

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

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

OMED 898: Emergency Medicine Selective Sub-Internship (SUB I) - 10.0 Credits

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

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

5.3.12.3 Approved Electives

Anesthesiology - 10.0 Credits

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

Cardiology - 10.0 Credits

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

Critical Care / Intensive Care - 10.0 Credits

This rotation provides the student with experience in ventilator management as well as hemodynamic monitoring. Students will be involved in the initial diagnostic work up and evaluation of each patient admitted to the ICU. The student will be required to make rounds with the ICU physician daily or more frequently as needed. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

Emergency Medicine - 10.0 Credits

This rotation builds on the introduction to Emergency Medicine and exposes students to trauma and greater complexities of emergency care. The student will be assigned more complex patients where their advanced diagnostic skills will allow them to evaluate patients, form a differential diagnosis, and diagnose and assist in the treatment of the acutely ill patient. Students will also have the opportunity to manage several patients simultaneously, participate in medical triage, and care for patients suffering from traumatic injuries. The student will be assigned to various shifts to ensure they achieve a diverse experience. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

Family Medicine - 10.0 Credits

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

Gastroenterology - 10.0 Credits

This is an elective rotation within the Internal Medicine department. The student will learn and be given the opportunity to formulate a differential diagnosis by assimilating clinical findings, lab results, and procedures. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

General Internal Medicine - 10.0 Credits

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

Medical Spanish (Independent Study) - 10.0 Credits

This independent study elective will introduce conversational and medically relevant Spanish phrases and terminology for the healthcare professional with limited proficiency in Spanish. Upon completion of

this course, students will be able to greet the patient and introduce themselves and other members of the medical team to the patient, interpret basic responses from the patient, communicate and identify basic anatomical terminology, take a basic history of the present illness to determine the chief complaint and relevant information, conduct a general physical exam, and communicate key findings to the patient.

Nephrology - 10.0 Credits

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-base and fluid electrolyte disorders. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

Obesity Medicine - 10.0 Credits

This online independent study elective rotation will provide students with the opportunity to build an understanding of the unique conditions involved in the care of the patient with obesity. Students will develop the knowledge skills and attitudes necessary to assess patients with obesity and develop treatment recommendations utilizing self-directed, online educational programming and dedicated reading assignments. Students will develop the foundational tools necessary to address problem solving, patient assessment, and the coordination of health care for the individual with obesity.

Ophthalmology - 10.0 Credits

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

Orthopedic Surgery - 10.0 Credits

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

Osteopathic Manipulative Medicine - 10.0 Credits

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

Pathology/Laboratory Medicine - 10.0 Credits

This elective rotation provides the student the opportunity to understand how lab tests are ordered and utilized most effectively in evaluating patients. The student will observe day-to-day operations of the lab, such as clinical chemistry, hematology, microbiology, blood bank and immunology. The student will become familiar with the various tests available and develop appropriate test ordering skills. The educational format will include review of test profiles, analysis of other laboratory data and discussion of clinical case studies with an emphasis on cost-effective laboratory utilization. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

Point-of-Care Ultrasound (POCUS) - 10.0 Credits

Using CUSOM's Simulation Center ultrasound resources, students will learn emergency and critical care ultrasound protocols and participate in point-of-care ultrasound case development. Based on their medical interests, the student will develop two POCUS case studies presentations via distance technology, to be presented virtually to a group of faculty and students the final week of the elective. Students will also participate in on-campus ultrasound scanning exercises.

Psychiatry/ Behavioral Health - 10.0 Credits

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

Pulmonology - 10.0 Credits

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

Radiology - 10.0 Credits

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

Radiology (Independent Study) - 10.0 Credits

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

Research (Independent Study) - 10.0 Credits

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

Surgery/General - 10.0 Credits

Through participation in this rotation, the student will increase their knowledge base in preoperative, intra-operative and postoperative care. They will be working under the direct supervision of residents

and attending physicians to learn/apply operative techniques, anatomy, physiology, and pathology. The student also has an opportunity to expand his/her manual skills while assisting in surgery. The student is expected to participate in patient care, teaching rounds, educational conferences, and lectures.

Surgery/Plastic and Reconstructive Surgery - 10.0 Credits

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

Surgery/Vascular - 10.0 Credits

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

The most up-to-date list of elective and selective rotations, along with their course descriptions and syllabi are maintained on CUSOM's web-based evaluation system.

5.3.13 Curricular Integration of OPP and OMM

Years Three and Four

CUSOM has taken a structural, rather than a functional, approach to osteopathic (OMM) integration in the clinical years. The assessment of the cognitive learning and practical application of osteopathic manipulation will consist of evaluation and assessment of students' psychomotor learning through practical hands-on and oral evaluations under the supervision of clinical faculty. This method of assessment will assist students in their preparation for both the COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE.

To become eligible for graduation, each fourth-year student must have passed COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE and successfully completed all clinical rotation requirements. As of the date of

this Bulletin, the NBOME and the COCA have temporarily waived the passing of COMLEX-USA Level 2-PE as a graduation requirement for the Class of 2022. As such, to be eligible to graduate, each student must pass a summative OSCE administered by CUSOM during their fourth year.

Participation in hands-on OMM experiences is included during third- and fourth-year clinical rotations, Call Back Fridays, and Residency Development month. Osteopathic education plays a key role in the entire curriculum and students will gain an understanding of the osteopathic profession regarding all aspects of healthcare.

OMM Comprehensive Osteopathic Medical Achievement Test (COMAT)
Requirement: Osteopathic manipulative medicine reading assignments are included in each of the relevant core clinical rotations throughout the course of the third year of training. Students are required to complete these reading assignments concurrently with all other assigned modules for each clinical rotation. The information contained in the OMM reading assignments are assessed using the OMM COMAT scheduled during Residency Development Month. Students are required to take and pass the OMM COMAT defined as achieving a score within two (2) Standard Deviations of the mean.

Osteopathic medical knowledge emphasized during clinical rotations consists of:

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

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

- The relationship of the philosophy and principles of osteopathic medicine to the concepts of health and disease;
- The relationship of the philosophy and principles of osteopathic medicine to patient management;
- The relevance of the philosophy and principles of osteopathic medicine to situations in each of the various specialty-specific conditions; and
- The impact of the philosophy and principles of osteopathic medicine on the practice of sub-specialty areas of medicine.

During the third and fourth year, students are required to demonstrate knowledge and/or skills related to the following areas:

- Application of basic osteopathic concepts to healthcare (diagnosis, treatment, variations, and indications);
- Use of osteopathic manipulative techniques in diagnosing/treating problems in special situations (e.g., pregnancy, labor, pediatrics, surgery);
- Identifying indications/contraindications for osteopathic manipulative techniques in situations unique to the various specialties;
- Utilizing a variety of techniques in osteopathic manipulative medicine applied/adjusted to the unique needs of the individual patient (e.g., in terms of age, development, disorder, body habitus);
- A recognition of the relationship of disease/disorder of the musculoskeletal system to total well-being; and
- Writing of appropriate orders and progress notes relevant to the use of osteopathic manipulative treatment.

During clinical rotations, students are required to return to CUSOM on the last Friday (Call Back Friday) of the following core clinical rotations: Family Medicine, Medicine II, Obstetrics, Pediatrics, Psychiatry, Surgery and Emergency Medicine. During these sessions, students take end-of-rotation exams, participate in clinical skills and OSCE experiences, and attend a variety of professional seminars. Students returning from their Pediatric and Psychiatry rotations are also required to participate in Osteopathic Principles and Practice OSCE sessions. Full attendance and participation for the entire day is **MANDATORY**. **Call Back Friday sessions typically run from 8am–5pm; therefore students should NOT make any travel plans prior to 5pm.**

On each Call Back Friday, students take a COMAT or comparable exam (for designated rotations) from 8am-noon. During the afternoon sessions, which typically run from 1pm-5pm, students participate in clinical skills, OSCEs (including OMM specific OSCEs) and Simulation lab activities

relevant to the student's upcoming clinical rotation or other educational session as described above.

During fourth-year clinical rotations, students are required to attend and actively participate in a minimum of two (2) on-campus Call Back Friday Simulation/OSCE workshops during the Residency Development Month and Emergency Medicine required rotations. During Residency Development Month, students are required to perform an OMM-specific OSCE in a simulated outpatient setting. Students returning to campus to take their core Emergency Medicine end-of-rotation exam are required to attend an OMM workshop structured to help them develop strategies for integrating OMM into their post-graduate education.

5.4 Clinical Rotation Standards

5.4.1 General Standards

The following general objectives are expectations for all clinical rotations. They are designed to help students develop the fundamental skills of medical problem solving, case management, procedural expertise, and professional demeanor. Some rotations focus on data acquisition (medical history, physical examination, laboratory data, or literature review), while others deal primarily with psychomotor skills or attitudes and feelings. Students should review these objectives carefully as their evaluation on each rotation will in large measure be based on achievement of these objectives.

As a result of each clinical rotation, students should become better able to obtain an adequate, logical, and sequential medical history. Students should include in the history of present illness (HPI) those pertinent positive and negative features which demonstrate your understanding of the patient's medical condition(s). All drugs, treatments, and important previous milestones concerning that illness should be clearly noted.

Past History will contain but not be limited to the following:

- Complete present medication use, including doses and lengths of time on the drug, plus prior medication experience, when applicable;
- All previous surgeries, including approximate dates and sequelae;
- All previous injuries and any sequelae;
- Immunizations;
- Quantitative estimate of alcohol, tobacco, or illicit drug use, and other appropriate social history; and
- All untoward drug reactions (allergic or toxic), including anesthetic agents and specific reaction. If none, it should be clearly noted.

Family History will include all diseases with a familial tendency, or which may have a bearing on the HPI. List the ages and health status of all first-degree relatives.

Review of Systems will contain some notation for each body system. Detailed and complete system histories are mandatory for symptoms uncovered during the review of systems.

Physical Examination – Perform and record an appropriate physical examination, which includes:

- Accurate and complete vital signs;
- A thoughtful description of the patient's general appearance and behavior;
- A thorough and complete description of physical findings pertinent to the HPI; and
- Careful attention to findings suggested by the past medical history or review of systems.

The remainder of the physical examination must be sufficiently detailed in order to identify incidental abnormal findings not related to the present illness or positive historical clues.

Documentation – Students must document a complete History & Physical (H&P) in the patient's chart. It should include a brief summary statement, which demonstrates the student has synthesized the historical and physical exam data.

Oral Presentation - Orally present the patient's data to the resident and/or attending physician in 5-10 minutes in standard, logical, sequential fashion, demonstrating an understanding of the patient's disease process and its manifestations in the patient.

Differential Diagnosis - Apply basic medical knowledge in synthesizing a differential diagnosis and plan of management to solve the patient's medical problems. Success in this area requires the ability to:

- Generate a clear problem list;
 - Develop a plan of action to confirm a diagnosis;
 - Review the pertinent literature to expand student knowledge of the problem;
 - Identify indicated laboratory tests;
 - Suggest a therapeutic plan of treatment;
 - Define patient education objectives and assess the patient's understanding;
 - Perform as an effective member of the healthcare team and the patients' primary physician;
 - Gather patient information and data and offer an interpretation of the data relevant to the patient's problems;
 - Report data on rounds and in the progress notes. Progress notes should reflect a dispassionate report; and
- Acquire sufficient knowledge and skill concerning the patient's problem

Affective and Professional Behavior – Demonstrate and develop the following affective (attitudes, feelings) and behavioral characteristics:

- Work with patients in a respectful, compassionate, caring, and empathetic manner;
- Develop a professional attitude and demeanor in working with patients, peers, faculty, house staff, healthcare professionals, and other persons in the healthcare setting; and
- Identify and emulate appropriate role models among attending physicians and house staff, including those who demonstrate the process of developing rapport and positive communications with patients, faculty, house staff, and other healthcare professionals.

Demonstrate the following professional behaviors:

- Reliability and dependability
- Self-awareness
- Emotional stability
- Integrity and honesty
- Initiative and enthusiasm
- Punctuality
- Self-education

5.4.2 Ethical Standards

Essential humanistic qualities required of physicians are integrity, respect, and compassion.

INTEGRITY is the personal commitment to be honest and trustworthy; this includes evaluation and demonstration of one's own skills and abilities.

RESPECT is the personal commitment to honor other's choices and rights regarding themselves and their medical care.

COMPASSION is an appreciation that suffering and illness engender special needs for comfort and help without evoking excessive emotional involvement.

In broad terms, these words propose the qualities of mind and feeling a physician should bring to the profession of medicine. They enforce no orthodoxy. They do not establish a hierarchy of values or issue imperatives. They do not force the varied facets of each physician's personality into a rigid mold.

These words describe a good relationship between patient and physician. A relationship, in which the dignity and freedom of both parties are respected, and their expectations and needs are acknowledged. This description can be interpreted in many ways; its application to different styles of personality and to different situations is variable.

5.4.3 Non-Cognitive Standards

As future physicians, medical students have a responsibility to guide their actions to serve the best interest of their fellow students, patients, and faculty. This responsibility is upheld by maintaining the highest degree of personal and professional integrity. To meet these objectives, the following standards are expected of all medical students at CUSOM.

Medical students shall demonstrate dedication to acquiring the knowledge, skills, and attitudes necessary to provide competent medical care. They shall:

- Assume personal responsibility for their medical education;
- Continue to study, apply, and advance scientific knowledge, and make relevant information available to patients, colleagues, and the public;
- Seek appropriate consultation with faculty, staff, and colleagues in their interactions with patients; and
- Take an active role in the planning, implementation, and evaluation of the medical education process by discussion with instructors and peers as well as through written evaluation.

Medical students shall demonstrate professional behavior expected of a physician. They shall:

- Be truthful in carrying out educational and clinical responsibilities; never falsify information, including patient histories, physical examinations, or laboratory data, or purposely misrepresent a situation; never tamper with, remove, or destroy patient records or educational materials, including slides or anatomical dissections;
- Maintain confidentiality of information concerning patients and refrain from discussing cases except under appropriate circumstances;
- Be punctual, reliable, and conscientious in fulfilling professional duties, including attendance at lectures, examinations, and clinical rotations;
- Not participate in patient care when under the influence of any substance or other conditions, which could impair judgment or ability to function;
- Maintain professional hygiene, demeanor, and appearance when in a patient care setting or representing CUSOM;
- Accept the responsibility to review plans or directives for patient care with the attending physician when, after careful consideration, the student believes these plans or directives are not in the best interests of the patient;
- Clearly identify their role as medical students in the patient care setting;
- Seek appropriate faculty supervision; and
- Respect civil laws, hospital rules, and university rules governing the conduct of medical students.

Medical students shall show compassion and respect for themselves, their families, their colleagues, faculty, staff, and, most importantly, the patients who participate in their education. They shall:

- Within the confines of professional confidentiality, establish rapport and deal honestly with patients, colleagues, faculty, staff, and the patient's family;
- Respect patients, their families, and their professional colleagues, including staff and other healthcare providers, regardless of their age, sex, race, national origin, religion, socioeconomic status, state of health, personal habits, sexual orientation, cleanliness or attitude; and
- Care for themselves by following good health maintenance practices related to physical and mental health and seek help in this regard when help is needed.

5.5 Clinical Rotation Scheduling

5.5.1 Assigned Rotations

Students are provided a schedule of their assigned rotations. No changes are allowed, except for extenuating medical, financial, or personal hardships, which will be reviewed and are at the discretion and approval of the Associate Dean for Clinical Affairs.

Assigned rotations not completed will be recorded as a failure (FC) and will be referred to the Academic Performance, Promotion and Standards (APPS) Committee. If a student is allowed to continue in the program, they may be placed on a Modified Course of Study in order to make up the rotation at a later time as designated by the APPS Committee and the Associate Dean for Clinical Affairs. Placement on a Modified Course of Study may result in a delay in the student's graduation date and may adversely affect financial aid and the student's ability to participate in the residency match process.

5.5.2 Notice of Site Changes

Clinical training sites are subject to change. While the training sites are subject to change without notice to students, those students who are in clinical rotations at the time of the change will be accommodated for the duration of the rotation when possible. Rotation sites will be updated annually.

5.5.3 Selective Rotations

If the student decides to exercise the option of completing one (1) of the fourth-year Selectives away from their assigned clinical campus, the student must arrange for the Selective rotation as they would for an elective.

5.5.4 Rural and Underserved Rotations

The third-year Rural and Underserved rotation may be either at a rural site or a non-rural underserved site. Rural and underserved areas are usually, but not always, designated or qualify as a HPSA (Health Professional Shortage Area) or MUA (Medically Underserved Area) through federal or state standards. Third-year Rural and Underserved rotations must be in a primary care medical field such as Family Medicine, Internal Medicine, or Pediatrics and must be completed at an appropriate facility or clinic bearing a fully executed affiliation agreement at the Regional Site. These should be performed at outpatient clinics: outpatient Family Medicine, Internal Medicine or Pediatrics. The Student Medical Education Clinical Coordinator for Third-Year can assist you in identifying a Rural/Underserved site and you can also review the regional AHEC site at www.ncahec.net.

5.5.5 Electives

In order to uphold the credibility of CUSOM students and the institution, it is necessary to maintain elective rotation commitments. If a student must cancel an elective, they must first notify the Office of Clinical Affairs, no later than four (4) weeks prior to the start of that rotation. Cancellations will not be accepted after that time. This policy is necessary because many hospitals reserve elective slots for students and may turn away students from other schools. Withdrawal on short notice means a desirable rotation slot is wasted. This is unfair to the hospital and, more importantly, it is unfair to fellow students. Any changes received after the deadline must be accompanied by official documentation certifying the student has been cancelled by the physician/hospital originally registered.

A letter from the Associate Dean for Clinical Affairs stating the student is in good standing, immunizations are current, and the provision of proof of coverage by CUSOM's malpractice insurance will be sent to the designated host institution for each outside elective rotation. Students must arrange their own electives with the clinical campus Student Medical Education Coordinator. Questions regarding the scheduling of third- or fourth-year rotations should be directed to the respective clinical campus Student Medical Education Coordinator or the appropriate CUSOM Student Medical Education Clinical Coordinator. Although it is preferred students schedule their elective rotation for four consecutive weeks, some rotations may be split into two 2-week elective rotations. The specific rotations eligible for two-week rotations and limitations of this option are reviewed in Section 5.3 of this Bulletin.

5.5.6 Elective and Other Rotations

Information regarding the scheduling of Elective and Selective rotations may be found in Section 5.3.5 of this Bulletin. Rotation approval forms for requested Elective, Selective, or other rotations must be submitted to the Office of Clinical Affairs a minimum of sixty (60) days before the beginning of the requested rotation.

Many clinical sites require a list of documents in order to participate in a rotation at their sites. This may include but is not limited to:

- Letter of Good Standing (states your academic standing, BLS & ACLS certification, etc.);
- Immunization Records (to include proof of PPD, flu vaccination, etc.);
- Criminal Background Check;
- Drug Screen; and
- Campbell University's Proof of Liability/Malpractice Coverage

For liability reasons, the CUSOM Office of Clinical Affairs will not release the proof of liability/malpractice coverage to the student, but can release this information, in one form or another, to a requesting entity only for the purposes of clinical coordination. In order to facilitate the provision of these documents to the clinical site, students must provide the following information to the Student Medical Education Clinical Coordinator for Fourth-Year:

- Name, title, fax number, and email address of the contact person;
- Name of healthcare or medical education institution requesting documentation; and
- A list of the documentation the entity is specifically requesting.

**** No travel plans regarding away rotations should be made by the student until they have received official approval from the Office of Clinical Affairs and notice of a fully executed affiliation agreement. ****

5.5.7 Family Medicine Preceptor Rotations

Rotations must be scheduled for four (4) consecutive weeks with an office-based or residency-based family physician. The precepting physician must be board certified in Family Medicine.

5.5.8 Out-of-State Rotations

All out-of-state rotations are subject to the State Authorization and Reciprocity Act. This is federal legislation requiring states to abide by state-assigned law which may require students doing either online education or distance learning to obtain the formal permission of the state to serve as a clinical practicum or medical clerkship within their state. Each state has a different requirement for state authorization or approval. The federal penalty for violating the State

Authorization and Reciprocity Act is loss of federal education funding for the institution. This legislation affects all educational institutions, including CUSOM.

Students desiring to participate in a clinical rotation outside of the state of North Carolina must work with the Office of Clinical Affairs to ensure all conditions of the State Authorization and Reciprocity Act are met. This is in addition to the completion of the Away Rotation Request form and submission of all required documentation.

The process for requesting out-of-state clinical rotations is as follows:

- Complete the Affiliation Agreement Request form, available from the Office of Clinical Affairs on CUSOM's web-based evaluation system, between six (6) months and no less than sixty (60) days prior to the start of the rotation.
- Clinical Affairs will review the completed form and work with the Provost's Office staff to establish necessary state approvals to complete the rotation.
- Clinical Affairs will notify the student of the status of the request at least thirty (30) days prior to the start of the rotation.

Any further questions or concerns regarding CUSOM's policy on the State Authorization and Reciprocity Act should be sent to the Office of Clinical Affairs.

5.5.9 International Rotations

Specific information regarding the scheduling of international rotations may be found in Section 5.3.10 of this Bulletin. A limited number of international rotations are available for fourth-year Elective Rotations. International Medical Mission rotations must be at CUSOM-affiliated sites and approved in advance by the Department of Community and Global Health, the Associate Dean for Clinical Affairs, the Dean, and the Campbell University Study Abroad Committee. A signed affiliation agreement between CUSOM and the international organization must be in place at least ninety (90) days prior to the clinical rotation. CUSOM does not assume any liability for health or safety while on international rotations. All international experiences must comply with CUSOM policies for international rotations. Requirements for students wishing to do an international rotation include:

- Must be in good academic standing;
- Must have taken and passed COMLEX-USA Level 1;
- Must have approval of the rotation from the Department of Community and Global Health, the Associate Dean for Clinical Affairs, the Dean, and the Campbell University Study Abroad Committee;
- Must have necessary immunizations, passport, and other requirements for travel;

- Students are responsible for obtaining travel insurance, including evacuation coverage and proof of such must be presented with the required forms for international travel. Students must have completed the Travel Safety SDL and electronically sign to acknowledge understanding of safe practice in foreign country prior to travel; and
- At the completion of the rotation, the student must prepare a written case report from his/her clinical experience abroad (no more than two pages, topic pertinent to the country of rotation, e.g., tropical diseases, occupational injuries, foodborne illnesses, etc.).

5.5.10 Additional Clinical Rotation Information Military Rotations

All students in the Military may serve certain rotations in the Military with approval by the Associate Dean for Clinical Affairs. A copy of the military orders must be presented to the Associate Dean for Clinical Affairs for approval.

5.5.11 Away Rotation Requests

All students desiring to complete elective rotations away from their assigned CUSOM clinical campus must complete an affiliation agreement request form. A hyperlink to this form may be found on CUSOM's web-based evaluation system.

All affiliation agreement requests must be submitted in a timely manner (at least sixty (60) days prior to the start of a domestic rotation and at least 90-180 days for all international rotations).

Unauthorized Rotations: Any student starting an Elective or Selective rotation without a fully executed affiliation agreement with the Office of Clinical Affairs **will not receive credit for that rotation, and all violations will be subject to review by the Academic Performance, Promotion and Standards (APPS) Committee.** For questions regarding the process, students should contact their clinical campus student medical education coordinator or the CUSOM student medical education clinical coordinators for third-year or fourth-year.

5.5.12 Scheduling Away Rotations

Many elective rotations for fourth-year are scheduled through VSLO (Visiting Student Learning Opportunities) and Clinician Nexus. Information regarding using VSLO and Clinician Nexus to schedule rotations may be obtained from the Student Medical Education Clinical Coordinator for Fourth-Year. Additional information regarding VSLO is also available on CUSOM's web-based evaluation system.

5.5.13 Additional Rotation Information

Timely Approval

- It is extremely important students complete their affiliation agreement requests on time.
- Failure to submit the appropriate forms within the timeframe allotted may result in a rotation being assigned to the student by his/her respective clinical campus Student Medical Education Coordinator and Regional Dean/DMSE.
- No rotation may be started without being approved (see Unauthorized Rotations).

Unauthorized Rotations

Any student starting an Elective or Selective rotation without a fully executed affiliation agreement with the Office of Clinical Affairs **will not receive credit for that rotation and all violations will be subject to review by the Academic Performance, Promotion and Standards (APPS) Committee**. For questions regarding the process, students should contact their clinical campus Student Medical Education Coordinator or the Student Medical Education Clinical Coordinator for the Third-Year or Fourth-Year.

5.6 General Policies and Procedures – Clinical Rotations

5.6.1 Overview

Medical students will work directly under the supervision of an attending physician. A licensed physician must countersign all entries in the patient record. Students must clearly identify themselves in the medical record as either an MS-3 or an MS-4 student.

History & Physicals: Students are responsible for all assigned H&Ps, including osteopathic structural exams. Preceptors will review student performance and provide constructive feedback to assist in improvement.

Procedures: Students may, only with direct supervision, perform a procedure in the presence of a licensed physician. Under NO circumstances are students to attempt a procedure without direct supervision.

Rounds: The student's direct supervisor will provide the schedule to make rounds on each service. Students are expected to be prompt and prepared to discuss the status of patients and any results/reports which may have been received. This is the time to ask questions. Students should not be afraid to speak up if there is something needing clarification.

Morning Report: Many services will have a morning report, where the “on-call” house staff will report on the events of each patient during the night. This is also where the chief resident will make assignments for the day. There is usually an educational component during this time. This conference is MANDATORY if the student is on a service with morning report. BE ON TIME and be prepared.

Procedure Workshop, Simulation or Skills Lab: Occasionally during the rotation or at the clinical training site, workshops or “skills labs” will be given to enhance procedural or OMT training. Attendance is MANDATORY. If assigned, students are expected to attend and be prepared.

Didactics: Each service and clinical site has its own didactic schedule, which will be provided the first day on service. Attendance at all didactic sessions is MANDATORY. In the event a student is outside a 30-minute travel radius from the site, teleconference options are available for lectures scheduled for one hour, such as noon conferences and morning report. Students must be in-person for half-day didactic programming at their respective clinical campus. If students are performing duties related to the rotation, such as participating in a surgical case or delivery, the student MUST communicate the explanation for the absence with the clinical campus Student Medical Education Coordinator.

Evaluations: Please remind the preceptor to complete their student evaluation in the web-based evaluation system. All evaluations are to be completed online and must be completed in a timely fashion as noted in Sections 6.2.7.1-6.2.7.3 of this Bulletin.

Prior to completion of the rotation, students are expected to complete evaluations of the rotation and of the preceptor. Completion of these evaluations are required as this information is utilized in an anonymous fashion to provide valuable feedback and assist CUSOM in its effort to continually improve its clinical rotation program. A rotation will be regarded as Incomplete (IC) until the student rotation evaluation has been completed.

Any specific preceptor or rotation concern should not wait for documentation in the end-of-rotation evaluation but should be brought to the immediate attention of the Regional Dean/DSME or Associate Dean for Clinical Affairs.

Electronic Health Record (EHR): At most training sites, students will receive a Username and Password for accessing the EHR in use on that rotation. With this, students will be able to access protected personal health information. Students must sign a “confidentiality agreement” to receive this access. DO NOT use others’ Usernames and Passwords. This is a HIPAA violation and may carry legal penalties.

Confidentiality: All rotating students must sign a Confidentiality and Non-Disclosure Agreement. This agreement will allow the student to receive a Username and Password for computer access for the above applications. Confidentiality policies also apply to non-electronic patient information – all must be protected and shared only with those who have a professional need-to-know.

5.6.2 Responsibilities and Duties

The student, while on a rotation service, will at all times be responsible to the personnel in charge of the service involved. In addition, all students will be expected to comply with the general rules established by the hospital or clinic at which they are being trained. All problems or difficulties should be communicated immediately to the Regional Dean/DSME and the CUSOM Office of Clinical Affairs.

As discussed in previous sections of this Bulletin, students must attend all hospital conferences related to their rotation service. In addition, students should attempt to attend any other hospital conferences or educational programs of interest (with appropriate supervisor permission). A schedule of the hospital educational programs should be obtained each week or month from the hospital Department of Medical Education. Morning report attendance is mandatory.

Any time spent away from the hospital/clinic during regular duty hours for lectures, conferences, and other programs conducted at local hospital/clinic or university must be approved as noted elsewhere in this Bulletin.

Although patient care assignments take precedence over lectures and conferences, the hospital and attending physicians are encouraged to allow the students to attend scheduled lectures. The director of the individual clinical service must approve absences from clinical duty in advance.

5.6.3 Standards of Professional Conduct

Appropriate behavior regarding patients, staff, and other clinicians is expected in all situations. Preceptors are instructed to report any attendance, appearance, or behavioral problems to the Regional Dean/DSME and Office of Clinical Affairs immediately.

As healthcare practitioners, students are required to conform to the highest standards of ethical and professional conduct. These include, but are not limited to:

- Respect of colleagues, staff, patients, & faculty
- Flexibility
- Academic integrity
- Honesty & trustworthiness
- Accountability for personal actions & work/assignments
- Cultural competency

Students are expected to adhere to the same high ethical and professional standards required of practicing physicians. The professional conduct of students is evaluated on an ongoing basis throughout the didactic and clinical years of the CUSOM program. Violations of standards of conduct are subject to faculty review and may be referred to the Academic Performance, Promotion and Standards (APPS) Committee.

5.6.4 Preceptor - Student Interactions

The student should maintain a professional relationship with the preceptor and adhere to appropriate professional boundaries at all times. Contact through web-based social networking sites (e.g., Facebook, Twitter) should be avoided. Career networking through professional sites, such as LinkedIn, is acceptable.

All students shall refrain from any inappropriate relationship with students/faculty/staff/preceptors to the extent the relationship may compromise any policies or expectations of the University. Inappropriate relationships include any romantic or physically intimate liaison with a student outside the bonds of marriage.

5.6.5 Dress Code

CUSOM recognizes the importance of professional appearance in maintaining an atmosphere conducive to the delivery of quality health care. Students are always expected to dress in a professional and appropriate manner in accordance with Section 6.5 of this Bulletin. Please note, business attire is appropriate for all clinical rotations. Men are required to wear a shirt and a tie with slacks or khakis unless otherwise directed by their clinical preceptor. Thin strap or racer back tank tops must be covered with a sweater or jacket. Low cut or strapless tops or dresses are not permitted. Jeans, T-shirts, and flip-flops are not permitted. Closed-toe shoes are required. Shoes should be professional (no tennis shoes), comfortable and functional. You must be able to stand in them for hours at a time and run if necessary.

The student must wear professional attire as described in the Section 6.5 of this Bulletin. CLEAN, short, white lab coats with a Campbell University patch are required at all times. If the CUSOM embroidered lab coat is dirty, students are permitted to wear a non-Campbell-issued, short, white lab coat until the original coat is cleaned. Students must wear their CUSOM ID badge at all times as noted below.

On services where scrubs are indicated, they will be provided by the training facility. Scrubs are not to be worn outside of the teaching facility. Students will wear appropriate professional attire to and from the institution.

Approved identification will be worn as dictated by each training facility. Students are required to carry their CUSOM identification (ID) badges at all times. In cases of lost ID badges, students must contact CUSOM to obtain a new ID badge.

If students arrive without a lab coat or are inappropriately dressed, they may be asked to leave the rotation and may NOT be allowed to participate in clinical activities. This may result in an unexcused absence and will require further action and review by the Associate Dean for Clinical Affairs. Inappropriate dress may also be considered a professionalism issue and may be referred to the APPS Committee.

Good personal hygiene is expected. Do not wear overpowering cologne or perfume. Scrubs are to be worn ONLY on surgical services. They are not to be worn home or into the hospital from outside. New scrubs must be worn daily. Surgical head and footgear is not to be worn outside of the operating room area. Failure to adhere to these standards of dress and grooming may result in corrective action as noted above.

5.6.6 Supervision of Students

A student on clinical rotations must be supervised in all patient care situations. Supervision involves a responsible licensed physician to:

- Be physically located in the facility where patient treatment is rendered
- Grant authorization of services provided by the student doctor
- Examine all patients seen by the student doctor
- Witness procedures when performed by the student doctor
- Assure that the documentation in the patient's medical record is appropriate

5.6.7 Student Problems / Issues

The Office of Clinical Affairs makes every effort to ensure all clinical rotations are positive learning experiences. However, if any problems/concerns arise during the clinical years, students should contact the Office of Clinical Affairs for assistance as soon as they arise. In addition, counseling services are available to all students on rotations as noted in Section 5.7.3 of this Bulletin.

If a preceptor suspects or identifies problems with a student's progress, professionalism, or performance they are to contact the Associate Dean for Clinical Affairs. All reports will be thoroughly investigated and, should action be taken, the appropriate procedures, as outlined in Section 6.7 of this Bulletin, will be followed. Examples of such problems may include, but are not limited to:

- Poor interpersonal skills (i.e., personality problems, etc.);
- Deficient clinical skills;
- Below average academic performance;
- Unexcused absenteeism;
- Medical or psychological illness;
- Suspected substance abuse (alcohol and other drugs);
- Suspected illegal behavior; or
- Suspected physical, sexual, or emotional abuse.

If at any time, the Office of Clinical Affairs or other faculty member feels a student is unfit physically, mentally, or emotionally to care for patients, the student will be removed from rotations and required to meet with the Associate Dean for Clinical Affairs to determine the appropriate course of action. If a student has concerns about his/her own well-being, they should contact the Office of Clinical Affairs and access CUSOM provided counseling services.

5.6.8 Letters of Recommendation

The Office of Clinical Affairs does not provide letters of recommendation for students seeking post-doctoral training. Students should identify faculty members who will advocate for their suitability in the various specialties. Letters of recommendation should be forwarded directly to the Electronic Residency Application Service (ERAS). Do not have these letters sent to the Office of Clinical Affairs.

CUSOM will provide the Medical Student Performance Evaluation (MSPE) as part of all student residency applications. As the name signifies, this is a standardized instrument of evaluation and not a letter of recommendation.

5.6.9 Student Files

Student evaluations are available for review according to CUSOM policy. Grades cannot be given by phone. Student evaluations and grades are maintained in the Office of Clinical Affairs. Student files are CONFIDENTIAL and will not be copied by personnel of the Office of Clinical Affairs or sent to another party for externship/internship applications. However, students will be allowed to copy their own evaluations. Student transcripts will remain under the aegis of the Registrar's Office. Comments provided by preceptors on the student end-of-rotation evaluation will be included in the MSPE.

5.6.10 History and Physicals

CUSOM believes in the importance of an educationally sound policy pertaining to student performance of histories and physicals (H&P's) at affiliated training sites. Ideally, the H&P policy should be the same for all students. However, we realize the sovereignty of our affiliated hospitals and acknowledge our policy must be integrated with individual hospital policy. Ideally, the student should complete at least two H&P's per day on the assigned service.

Clinical preceptors should critique the H&P with feedback to the student. The student should have time and the opportunity for patient follow-up. The Office of the Director of Medical Education and Regional Dean/DSME are responsible for the H&P policy for each hospital. If a student has any questions or concerns regarding the policy or their role as a student, they should contact the Regional Dean/DSME or the Director of Medical Education Office of the affiliated hospital.

The Director of Medical Education or Regional Dean/DSME for each specific hospital will make clear to the student the policy of the respective hospital for student order writing. As students are not licensed physicians, all activities (orders, any patient care, procedures, progress notes, etc.) in the clinical setting are under the supervision of an attending physician who assumes responsibility for the student.

Students are strongly encouraged to complete structural examinations on all patients and render osteopathic manipulative treatment as indicated.

5.6.11 Prescription Writing

Students may write or input electronic prescription information for the preceptor, but the physician must sign/send all prescriptions. The student's name is not to appear on the prescription. For clinical rotation sites which use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription.

5.6.12 Medical Care & Medication Samples

Students may not seek medical care from a preceptor, his/her colleagues, or staff. The only exception is emergency situations where the preceptor is the only qualified licensed provider to give care. Students may not take any medication or supplies from a clinical rotation site for personal use. Any student violating these guidelines on drug samples will automatically fail that rotation and be referred to the Academic Performance, Promotion and Standards (APPS) Committee.

5.6.13 Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Student physicians must be cognizant of and comply with HIPAA. This will be in accordance with the training institution rules and regulations and state and federal regulations as they apply. HIPAA training will be completed by the student prior to starting clinical rotations.

Any HIPAA violation will be taken very seriously and may result in referral to the Academic Performance, Promotion and Standards (APPS) Committee.

5.6.14 Medicare Policy

The Centers for Medicare & Medicaid Services (CMS) revised the Medicare Claims Processing Manual in early 2018 to update policy on Evaluation and Management (E/M) documentation to allow the teaching physician to verify in the medical record any student documentation of components of E/M services rather than re-documenting the work. Students may document in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam, and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed but may verify any student documentation of them in the medical record rather than re-documenting this work. Following is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>

5.6.15 Change of Address

Students must notify the Office of Clinical Affairs and the Registrar of any change in mailing address during the clinical rotation years. This may be done via Wufoo at:

<https://cuweb.wufoo.com/forms/q13bwqys0t4m5h9/>

Students may contact the Office of Clinical Affairs at:

Campbell University School of Osteopathic Medicine (CUSOM)
Office of Clinical Affairs
4350 US Hwy 421 South
Lillington, North Carolina 27546
Phone: (910) 893-7065
Fax: (910) 893-1777

5.6.16 Email Policy

The CUSOM Office of Clinical Affairs will use CUSOM email as an official form of communication with students during clinical rotations. All students are required to check their CUSOM email daily including weekend/holidays while on all rotations and to respond to email requests **within twenty-four (24) hours**. Students are asked to acknowledge any email sent specifically to them (non-group emails) with a simple reply to ensure the email was received. If a student is located in a site with no/limited internet access, they must inform the Office of Clinical Affairs immediately. Repeated offenses for not replying to CUSOM email in a timely manner may result in a referral to the Academic Performance Promotion and Standards (APPS) Committee for a breach in professionalism.

5.6.17 Cell Phone Calls / Text Messages

It is inappropriate, unprofessional, and disrespectful to text message, check social media sites or email, or use cell phones or any other devices for purposes other than educational in nature while on clinical rotations. If the preceptor approves, electronic devices with internet capabilities may be used as a clinical resource (i.e., medical applications). Students who text message or use their cell phone with internet access for non-educational purposes will be disciplined for unprofessional conduct, and their behavior may also be reflected in a negative evaluation from the preceptor.

5.6.18 Social Media

Students may not post any patient or rotation-specific information on social media sites (Facebook, Twitter, etc.). Contact through web-based *social* networking sites (e.g., Facebook, Twitter) should be avoided with all employees of clinical sites as well as program faculty and staff. Career networking through *professional* sites, such as LinkedIn, is acceptable.

Students should **NEVER** post any patient-related information or commentary even if the patient name is not included. Students should avoid all perception of impropriety, such as pictures suggesting compromising states or alcohol. Violation of these guidelines may result in referral of the student to the Academic Performance Promotion and Standards (APPS) Committee.

5.6.19 Other Regulations and Procedures

The study and training of each student during assignment to a training institution shall be governed by the following regulations:

- A licensed physician must supervise students.
- Students shall assume responsibility for and perform, their assigned duties in accordance with the training institution regulations.

- Students shall not be permitted to accept financial compensation or any form of gratuity for rendering patient care.
- Students should be assigned to specific patients.
- H&P exams should be completed on those patients whom students will be following on the service they are assigned. Emphasis will be placed on the teaching and application of osteopathic principles and practice. Palpation and structural diagnosis in the narrative form shall be an integral part of the history and physical examination.
- The student, according to the rules and regulations of the training institution, may sign H&P's. The H&P's performed and documented by students must be reviewed and countersigned by the supervising physician.
- Progress notes may be written by students only under the direct supervision of the supervising physician and must be countersigned within the time required by the rules and regulations of the training institution.
- Students shall not order any examinations, tests, medications, or procedures without consulting and obtaining the prior approval of the supervising physician.
- Students shall not write prescriptions for medicine, devices, or anything requiring the authority of a physician.
- Attendance by students is required at all conferences, discussions or study sessions, and any other programs of an educational nature designed specifically for students and should be documented with an attendance record. In addition, students are encouraged to attend lectures for interns and residents provided these do not interfere with the student's own program.
- Students shall be required to participate in the utilization of osteopathic manipulative treatment when ordered and supervised by the attending physician.
- Students shall learn and perform procedures under appropriate and proper supervision, in those areas where the training institution regulations permit such instruction.
- Every effort should be made to counsel and assist those students having difficulty in a particular service. Students who are particularly adept in a specific service should be given additional opportunities to learn at the discretion of the appropriate supervising physicians and the Director of Medical Education in accordance with hospital or clinic regulations.
- Students are to conduct themselves in a courteous and professional manner and shall follow the dress code of the training institution and CUSOM at all times.

5.7 Clinical Rotations Health and Wellness

5.7.1 Vaccination Record

It is the responsibility of the student to have completed all vaccination requirements/records as required in the CUSOM matriculation agreement (See Section 3.16.1). Failure to do so will jeopardize starting or ongoing participation in clinical rotations. The student will also be responsible for keeping their PPDs current according to the guidelines set forth by the CDC (within one (1) year of their last PPD). This documentation pertaining to the update must be submitted to the Office of Clinical Affairs prior to the student continuing on their rotation schedule. **Inability to participate in required clinical experiences due to noncompliance with CUSOM vaccination policies may result in unexcused absences leading to failure of a course, Academic Performance, Promotion and Standards (APPS) Committee hearing, Academic Probation, Suspension, delay in graduation, or even Dismissal from the program.**

5.7.2 Health Services

CUSOM students are able to utilize the Campbell University Health Center for confidential medical and confidential personal health concerns. Student Health Center office hours are published and distributed to students at the start of each academic year and may be found online at:

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

All students are required to have health insurance at the time of matriculation and maintain health insurance coverage through graduation. Students are required to either enroll in Campbell University's health insurance plan (<https://www.campbell.edu/students/student-health-insurance/>) or provide proof of active health insurance coverage obtained through another company. Students without active health insurance coverage will not be permitted to participate in any patient care clinical activities.

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

For students on clinical rotations away from CUSOM needing health services, assistance may be obtained anytime by contacting the Regional Dean/DSME or the CUSOM Office of Clinical Affairs.

CUSOM will assume no financial responsibility for injuries (e.g., accidental needle sticks, burns, laceration, etc.) or medical/surgical problems incurred

either on or off a clinical rotation. For this reason, the student is **required** to keep enforced a health insurance policy throughout every year in attendance at CUSOM. Proof of insurance information is to be provided to the Office of Clinical Affairs yearly and updated on an ongoing basis if there are any changes in coverage.

5.7.3 Counseling Services

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

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

CUSOM Behavioral Health clinical staff provide counseling for CUSOM students in-person at Leon Levine Hall or via WebEx, which is a HIPAA- and FERPA-compliant telehealth platform. In addition to publication in the Academic Bulletin, students are advised of the location of this service and how to access behavioral health services during Orientation as well as periodically throughout the year.

More information regarding Behavioral Health services may be found at:

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

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

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

For students found to have needs beyond those provided via CUSOM Behavioral Health, confidential referrals are made to appropriate community health providers by CUSOM Behavioral Health or StudentLinc, a 24/7/365 student assistance program offering wrap-around psychosocial support services. All requests for information or assistance through the StudentLinc program are free of charge and completely confidential.

Services are accessed through StudentLinc's online web portal:

<https://www.mystudentlinc.com/> or via their mobile application and entering the password provided by the Department of Behavioral Health.

StudentLinc Core Services include but are not limited to:

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

Students on clinical rotations may use StudentLinc or obtain information concerning Behavioral Health services within their local region through the CUSOM Office of Clinical Affairs or the local Regional Dean/Director of Student Medical Education (DSME's) office.

Students on clinical rotations away from CUSOM needing health services are provided with site-specific or rotation-specific guidelines for accessing health care and assistance (for referral information) which may be obtained anytime by contacting the Regional Dean/DSME or the CUSOM Office of Clinical Affairs.

If a student is seeking an accommodation for a disability under the ADA, as amended they should contact the Executive Director of Student Affairs (See Section 3.5).

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

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

5.7.4 Professional Liability Insurance

All students serving on curriculum-required clinical rotations are covered by the professional liability insurance of the Campbell University Health Center, LLC during their third and fourth years. Certificates of Insurance are provided to each clinical campus Student Medical Education Coordinator when requested.

Liability insurance for third- and fourth-year students does not cover activities which are unsupervised or performed outside the scope of practice or are not part of a CUSOM-approved clinical rotation.

Any incidents which occur in the clinical interaction with patients must be reported to the clinical supervisor on-site, the Office of Clinical Affairs immediately, the Regional Dean/Director of Student Medical Education (DSME), the Associate Dean for Clinical Affairs, and the Campbell University General Counsel's Office at PO Box 114, Buies Creek, NC 27506, (910) 893-1217.

5.7.5 Body Fluid and Needle Stick Policy and Procedure

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

- Immediately wash exposure site thoroughly with soap and water (or water only for mucous membranes)
 - Wash needle stick and cuts with soap and water
 - Flush the nose, mouth, or skin with water
 - Irrigate eyes with clean water, saline, or sterile irrigating solutions
- Immediately notify the preceptor or clinical supervisor at the rotation site for assistance
- Call/go to the Campbell University's Health Center or the occupational health clinic or area of the clinical facility designated for treating needle stick exposures. Timely consultation concerning appropriate tests, risk-assessment counseling, and chemoprophylaxis decisions are critical.
- Proceed immediately to the Emergency Department for evaluation if exposure has occurred after normal business hours or if for any other reason, unable to be evaluated at one of the above locations.
- Seek immediate care for necessary lab work and post-exposure prophylaxis if indicated.
- In the event that the rotation site has an existing exposure policy, the student should comply with the site's policy.
- If the rotation site is not able to assist the student, the student should seek care at the nearest available facility to provide appropriate care

(initial lab work for HIV, HBV, HCV, and risk assessment to determine the need for chemoprophylaxis, etc.) or students may be seen at Campbell University's Health Center.

- The preceptor or appropriate institutional representative should obtain consent from the source patient for appropriate laboratory testing (i.e. HIV, HBV, and HCV status).

Students should receive post-exposure prophylaxis within hours of the exposure, rather than days, per CDC recommendations, if the status of the source patient is deemed high risk or if there is uncertainty of the source patient's status.

- **Post-exposure prophylaxis for HIV, when indicated, is extremely time sensitive with best results obtained when treatment is begun within just a few hours of exposure. Thus, immediate evaluation following an incident is critical.**

Some clinical sites will provide post-exposure care to students at no charge. When this is not the case, students should file a claim with their personal health insurance or Campbell University Student Health Insurance first. However, **submission of insurance information should never delay an initial evaluation or initiation of appropriate care and/or post-exposure prophylaxis.**

Accidental infectious exposure must also be reported to AIG:

AIG Educational Markets Mail Center
PO Box 26050
Overland Park, KS 66225
Policy Number: CAS9495425

When presenting to a clinic for post-exposure care, the student may provide the above policy information and his or her student ID card. However, the site may or may not accept direct payment through this plan.

Students may have to pay out of pocket at the time of service. However, reimbursement for services up to \$5,000 per incident can be filed via the Campbell University Health Center. Students will need:

- To provide an itemized statement complete with diagnosis and procedure codes.
- Complete a CSAS claim form either in-person or call Campbell University Health Center at (910) 893-1560. The staff will help you fill out the form by email correspondence.
- Campbell University Health Center personnel will provide further instruction on how to complete and file your claim.
- If requested, mail documents to:

Campbell University Health Center
P.O. Box 565
Buies Creek, NC 27506

Although the preceptor or clinical supervisor may have contacted the CUSOM Office of Clinical Affairs as indicated above, the student must also contact the CUSOM Office of Clinical Affairs as soon as reasonably possible.

Within a minimum of seventy-two (72) hours of the exposure, the student must report the incident and then fax (910) 893-7254 a copy of the Exposure Reporting form.

The incident report, Exposure Reporting Form - CU Health Center, shall contain:

- The date and time of exposure;
- Clinical site, location and unit information;
- Details of how the exposure occurred;
- Details of the type and severity of the exposure; and
- Details about the source patient (i.e. Post-exposure management, previous vaccinations, current HIV, HBV, HCV status).

The Office of Clinical Affairs will provide a copy of the incident report to the Campbell University Health Center. This will alert the Health Center in the event an accident insurance claim needs to be filed.

In the event an incident report was filed at the rotation site, a copy of this must be sent to the CUSOM Office of Clinical Affairs to be maintained in the student's file. In the event of an exposure, the National Clinician's Post Exposure Prophylaxis Hotline is available by phone, (888) 448-4911, twenty-four hours per day, seven days per week, to provide guidance in managing exposures.

5.7.6 Infectious Diseases

While all students have had thorough training in microbiology and infectious diseases during the first two years of the curriculum, it is important to review some basic fundamental principles.

Diseases you can catch in the hospital or office include, but are not limited to:

Needle sticks, and Blood and Body Fluid Exposures

- Hepatitis B
- Hepatitis C
- HIV

Aerosol and Droplet Exposures

- | | |
|-----------------|---------------|
| • Tuberculosis | • Influenza |
| • Measles | • Rubella |
| • Chickenpox | • Lassa fever |
| • Meningococcus | • SARS CoV-2 |
| • Pertussis | |

Oral Fecal Transmission

- Salmonella
- Shigella
- Cryptosporidiosis
- Enterovirus
- Adenovirus
- Hepatitis A

Direct Inoculation

- Herpes Simplex
- *Staphylococcus aureus*
- Group A Streptococcus
- Keratoconjunctivitis (Simple and Epidemic)
- Syphilis
- Scabies

Diseases you can transmit to patients or other healthcare personnel:

Respiratory Route

- Tuberculosis
- Influenza
- Measles
- Chickenpox
- Rubella
- SARS CoV-2
- Meningitis

Direct Contact

- Herpes Simplex
- Enteric Infections
- Gram-negative Bacilli
- *Staphylococcus aureus*
- Drug Resistant Bacteria
- Hepatitis B
- Group A Strep
- *Clostridium difficile*
- Keratoconjunctivitis (Simple and Epidemic)

5.7.7 Important Precautions

Wash Your Hands

1. Hands washed without scrub will not significantly reduce the numbers resident organisms (*Staphylococcus epidermidis*, *Corynebacterium*, *Propionibacterium acnes*, etc.) but is effective in removing transient flora, such as gram-negative bacilli and *Staphylococcus aureus*. Antiseptic agents, such as chlorhexidine, are probably more effective.
2. Always wash between different patients as well as between “clean” and “dirty” sites on the same patient.
3. Always wash hands and follow strict aseptic technique before inserting or manipulating any intravascular device or any other device, which will enter a sterile body site.

Observe Isolation Procedures

1. Isolation procedures are based on a large body of scientific work and detailed guidelines are provided by the CDC:

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

2. Each isolation category specifies whether gloves, gowns, masks, and/or goggles are necessary when in close contact with the patient or even entering the room.
3. Isolation is intended for appropriate patients whether they are alive or deceased. This also includes patients and specimens derived from patients. All specimens taken from isolated patients must be designated as isolation specimens and placed in the appropriate protective bags. The lab must be aware a specimen is from an isolation patient as body fluids can be hazardous when spilled, splattered, or aerosolized in the lab.
4. There is a copy of the infection control manual and the isolation category cards in every healthcare facility.

If you are sick, don't be a vector to patients or other healthcare workers.

1. If you are ill, consult a physician.
2. Wear a mask if you have a respiratory illness or stay at home. Remember to follow the CUSOM policy for any absences, including those related to illness, as described elsewhere in this Bulletin.
3. Practice frequent handwashing.
4. If you have a contagious disease or have been exposed to one, inform your supervisor and the Office of Clinical Affairs immediately.

Use great care when handling needles or sharp instruments

1. Never attempt to recap a needle.
2. Dispose of all sharps (used or unused) only in the red plastic containers. Know where the container is located BEFORE using needles or sharp instruments.
3. Don't use needle cutters and don't try to bend or break needles.
4. Be careful when cleaning up after lumbar punctures, thoracentesis, bone marrow biopsies or any other procedures in which sharps or needles were used.
5. Don't hide needles under drapes or packaging.
6. Occasionally while in the hospital or clinic, a student is accidentally stuck with a needle, sharp or other potentially contaminated infectious material. **Should this occur you should immediately follow the needle stick/exposure policy reviewed previously in this Bulletin.**
7. Thoroughly clean the wound immediately.
8. Immediately inform your supervisor for the particular rotation. An incident report should be filed at the nursing station and a note made in the patient's chart.

General Blood and Body Fluid Precautions

1. Follow universal precautions for body fluid exposure at all times.
2. Use disposable, non-sterile gloves whenever you handle blood, urine, sputum, or other potentially infectious material from any patient.

HIV/AIDS

1. Both are increasing in incidence and prevalence in the population.
2. HIV transmission has been documented due to occupational exposure but is unusual. The risk from a needle stick is about 1 in 300, but actual risk depends on a number of factors.
3. In prospective studies of 1000 mucous membrane or skin exposures, there has been no documented HIV transmission.
4. No HIV transmission has been documented with casual contact nor with fairly intimate but not sexual or parenteral exposure.
5. If you're pregnant, or think you are, you should follow all universal precautions. Students who are pregnant should consult with their obstetrician for additional guidance regarding specific precautions to take while on clinical rotations.

Vaccinations

- Students are responsible for following all CUSOM vaccination policies (See Section 3.16.1).
- More detailed information can be found on the CDC's website:

<http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

COVID-19 Precautions

1. Taking steps to minimize the risk of COVID-19 infections (or any other spread of disease) at CUSOM is a shared responsibility. Every member of our community must do their part. This means adhering to national, state, and local health guidelines and requirements, and adhering to those measures the university and CUSOM deem safe and appropriate for its campus including wearing masks or other facial coverings, not reporting to class if sick, and isolating and quarantining when required.
 - a. Face mask usage inside university facilities is recommended but not required by anyone who has been fully vaccinated. Those individuals who are not fully vaccinated **are required** to wear a mask at all times when inside Campbell University facilities. Face coverings are not required outdoors.

[Community Expectations & Policies | Campbell Ready | Campbell University](#)
 - b. Social distancing limitations and limitations on capacity have been lifted for the fall semester of the 2021-2022 academic year. Classrooms, meetings, and events will return to full capacity with no social distancing requirements; however, certain CUSOM labs and other activities may have specific requirements which will be shared with you during Orientation and in the course syllabi.
2. Due to the dynamic nature and impact of the COVID-19 pandemic, university and CUSOM COVID-related policies and requirements may change at any time as circumstances dictate.

5.8 Hospital / Clinical Facility Information

5.8.1 Clinical Student Preparation

Third- and fourth-year medical students have all successfully completed two years of didactic education which prepares them for clinical rotations. In addition to passing all required course work, all students beginning clinical rotations have completed the following:

Criminal Background Check and Substance Abuse Screen

Students have had a background check prior to matriculating to CUSOM and again prior to clinical rotations. A substance abuse screen is completed before matriculation and again before the beginning of the third year. Students may be required to submit to additional substance abuse testing again in the clinical years depending on the clinical site protocols, and any additional substance abuse screens will be at the student's expense.

Vaccinations

Before starting clinical rotations, all students are required to provide a completed medical history form and proof of vaccinations to Student Health Services. A completed physical examination form is required for students and is kept on file. Students are responsible for maintaining vaccinations required by the CUSOM in order to complete all required supervised clinical practice experiences.

All students must have provided proof of adequate vaccination/immunity for the following:

1. Diphtheria, Pertussis, Tetanus
2. Measles, Mumps, Rubella
3. Varicella
4. Hepatitis B
5. Influenza (annual vaccine)
6. Tuberculosis (TB) skin test (twice given 2 weeks apart) using a two-step tuberculin skin test or via a single Interferon-Gamma Release Assay blood test. -- If a student has had a positive TB test, a chest x-ray report must be received as well as an annual questionnaire.
7. Unless granted an exemption (See Section 3.16.1), Campbell University and as such, CUSOM is requiring all students to either show proof of full vaccination for COVID-19 or present proof of a negative test for COVID-19 within 48 hours of returning to campus.
 - a. To be considered fully vaccinated, students must have received the second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, at least 2 weeks prior to returning to campus, or received a single-dose vaccine, such as the Johnson & Johnson's Janssen vaccine at least two weeks prior to returning to campus.

8. Some clinical sites require evidence of full vaccination. As such, students are required to be fully vaccinated for those specific locations.
9. **Non-compliance with CUSOM Vaccination Requirements may result in the inability to participate in any clinical experiences, including, but not limited to, standardized patient OSCEs, early clinical experiences, and clinical rotations. This may result in unexcused absences leading to failure of a course or clinical rotation(s), referral to the Academic Performance, Promotion and Standards (APPS) Committee, Academic Probation, Suspension, delay in graduation, or even Dismissal from the program.**

Annual Influenza Vaccination Requirement

For your own health and safety as well as that of the patients you serve, all students are required to obtain an annual influenza vaccination. The CDC cites yearly influenza vaccinations as the first step to helping protect yourself as well as others around you from contracting the influenza virus. For more information from the CDC on flu vaccinations, please visit:

<https://www.cdc.gov/flu/professionals/healthcareworkers.htm>.

Proof of annual influenza vaccine is due to the Office of Clinical Affairs no later than November 15 of each year.

Certifications/Trainings

All students beginning clinical rotations will have successfully completed the following certifications/trainings prior to their clinical rotation experiences:

- Basic Life Support;
- Advanced Cardiac Life Support;
- HIPAA Training; and
- OSHA/Blood-borne Pathogen Training.

5.8.2 Credentialing of Medical Students at Affiliated Sites

CUSOM works with each affiliated healthcare site to ensure proper credentialing of all medical students is completed prior to the start of the students' scheduled clinical rotations. Credentialing ensures CUSOM assists its affiliated sites in providing the best possible clinical rotation experiences for CUSOM medical students while assisting them in maintaining the highest quality care and safety for their patients and hospital staff.

All CUSOM affiliated healthcare sites receive up-to-date and accurate personal information for all CUSOM medical students participating in clinical rotations at their facilities. This credentialing information ensures all CUSOM medical students are granted proper access to the facility's physician's portal, teaching faculty, clinical areas, dining facilities, medical library, physician's lounge, and employee parking (list may vary depending on site). CUSOM has designated affiliated site liaisons who work with the site's Office of Staff Development or Human Resources department, Public Safety department, and Information Technology department to obtain required credentialing forms as well as create a streamlined process for student credentialing.

Some of the CUSOM student personal information used for credentialing may include, but is not limited to:

- Student clerkship application;
- Letter of Good Standing;
- Up-to-date Vaccination Records (to include PPD, Varicella Titer, and flu shot during flu season);
- Drug Panel Screen Results;
- Criminal Background Check Results;
- Proof of BLS Certification;
- Proof of ACLS Certification; and
- Student photograph.

It is the policy of most of CUSOM's affiliated healthcare sites that all CUSOM-generated paperwork (vaccination records, drug screen panel results, criminal background check results, proof of BLS & ACLS) required for credentialing is kept on file in CUSOM's Office of Clinical Affairs. In all cases, CUSOM is able to provide this paperwork upon the affiliated site's request.

5.8.3 Personal Health Insurance

All CUSOM medical students are required to maintain health insurance coverage through graduation. All students must either provide proof of health insurance or purchase the health insurance available through the University. Proof of insurance must be provided to the Office of Clinical Affairs on a yearly basis with ongoing updates for any change in coverage. Any medical costs incurred by students while in training, including those as a result of needle sticks or exposure to infectious diseases or materials, are the responsibility of the student and his/her health insurance carrier.

5.8.4 Hospital Training Program Structure

Students will be assigned to a patient care team comprised of physicians and residents or interns. This structure will provide all participants with clearly delineated responsibilities for meeting educational objectives.

5.8.5 Administrative Functions

The hospital/training site, in concert with the CUSOM Office of Clinical Affairs, will specifically define the degree of student involvement in its own institution. Standards for medical students should be consistent regardless of their school of origin. CUSOM and each participating hospital will identify the personnel involved in teaching programs, including administrative personnel. Program coordination will be through the CUSOM Office of Clinical Affairs and the Associate Dean for Clinical Affairs. Program content, structure, and evaluation will be the responsibility of the appropriate departments of the hospital and approved by CUSOM. Any difficulties in the program should be immediately communicated to the CUSOM Office of Clinical Affairs.

5.8.6 Orientation

At the start of clinical rotations, students will receive a hospital/clinical site orientation and complete all administrative requirements, including obtaining a name badge and computer password, completing any necessary paperwork, EMR training, and additional site-specific HIPAA training, if needed.

At the beginning of the clinical rotation, it is recommended the preceptor and student meet to formulate mutual goals in regard to what they hope to achieve during the rotation. The preceptor should communicate his/her expectations of the student during the rotation. These may include topics such as:

- Clinical hours;
- Interactions with office and professional staff;
- General attendance;
- Call schedules;
- Overnight/weekend schedules;
- Participation during rounds and conferences;
- Expectations for clinical care, patient interaction, and procedures;
- Oral presentations;
- Written documentation – electronic medical records (EMR) and handwritten notes;
- Assignments and write-ups; and
- Any additional duties necessary for learning purposes.

Students will comply with all requirements related to patient care as established by the hospital/training site.

The student will be introduced to the clinical service by the Regional Dean/Director of Student Medical Education (DSME) or Chief of the service, and will also be oriented to the physical plant. This may include, but is not limited to patient rooms, nursing stations, Emergency Department, ancillary services facilities (radiology, laboratory, etc.), rest rooms, lounges, cafeteria or coffee shop, and library.

5.8.7 Student Requirements

The specific objectives are defined for core rotations in the rotation syllabi. The following must be submitted to the Department of Clinical Affairs for a student to receive credit for the rotation:

- Student performance evaluation (i.e. Preceptor Evaluation of the Student);
- Clinical experience database (i.e. Patient Logs); and
- Site evaluation (i.e. Student Evaluation of Site and Preceptor).

Additional requirements may be incorporated into specific rotations. The student will attend educational lectures and seminars offered at the hospital/training site. Students will be evaluated by each of the responsible individuals on the teaching service through periodic oral evaluation and observation of performance. Physicians on the teaching service will complete a specific evaluation form provided by CUSOM for evaluation of student performance based on the AACOM core competencies. Students will also be evaluated on core rotations by computer-based testing at the end of the rotation.

5.8.8 Informed Patient Consent Regarding Student Involvement in Patient Care

Patients are essential partners in this educational endeavor. Efforts must be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. Patients must be informed a student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms at admission/ check-in or on a person-by-person basis. The students must be clearly identified as a student, wear their name badge, and verbally identify as such. If the patient requests a physician and refuses the student's services, this request must be honored. Patients must know they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

5.8.9 Medical Records / Charting

The responsibility given to students for medical records varies among facilities. Some sites allow students to write full progress notes and orders directly into the patient's chart. When this is allowed, notes must be immediately co-signed by the supervising physician, and the physician must follow with his or her own note. At no time do student notes serve as the physician preceptor's notes. Billing must be directly related to the services provided and documented by the physician.

Some hospitals/clinics have separate pages in charts set aside for "Student Progress Notes". These should also be reviewed and co-signed by the attending physician. Policies may vary at different clinical sites; students are required to follow established policy at the training site. Notes are usually written in the

SOAP format. If dictation or computerized entry is allowed by students at a particular hospital or clinic, the resulting notes must also be reviewed and approved by the attending physician. The student is responsible for obtaining charting instructions from the preceptor or rotation coordinator.

The introduction of electronic medical records (EMRs) presents obstacles for students if they lack a password or are not fully trained in the use of a particular institution's EMR system. In these cases, students are encouraged to **hand write notes**, which should be reviewed by preceptors whenever possible for feedback. Hand-written notes must be maintained according to HIPPA principles and must be handled and or disposed of in a way that maintains strict patient confidentiality and conforms to the specific institution's policies.

5.8.10 Supervision of the Student

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching or clearly designate an alternate preceptor. Having more than one clinical preceptor has both the potential to disrupt continuity for the student and the advantage of exposing them to valuable variations in practice style, which can help learners develop the professional approach that best fits them.

Students may also be given an assignment or be directed to spend time with ancillary staff (x- ray, lab, physical therapy, etc.) as these experiences can also be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. On each rotation, it is the student's responsibility to ensure the supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the student's demonstrated level of expertise.

While many CUSOM students have relatives who are physicians and may have been inspired by those family members to pursue osteopathic medicine, students may not complete rotations with a family member as the clinical faculty preceptor of record. This includes family members related by marriage or in-laws.

5.9 Graduate Medical Education

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

6. Academic Policies and Procedures

6.1 Advising and Tutoring

6.1.1 Advising and Faculty Access

CUSOM believes strong academic counseling should provide students with excellent longitudinal guidance and support starting during the pre-matriculation phase and continuing through graduation. CUSOM's comprehensive academic counseling process includes a series of academic transition support activities, mentorship from assigned academic advisors, licensing exam and residency preparation, training and allocation of peer-tutors, as well as individual and group learning enrichment workshops through its Academic Center of Excellence (CUSOM ACE). Additionally, CUSOM's Clinical Faculty Chairs serve a critical role in advising students as they advance towards graduate medical education and the residency selection process.

6.1.2 Organizational Structure of the Academic Center of Excellence (ACE)

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

6.1.3 Academic Transition Activities

CUSOM ACE is responsible for designing and leading activities and programs designed to assist matriculating students to develop study skills and techniques in achieving academic success. Two weeks prior to Orientation of the new incoming class, ACE distributes a pre-matriculation reading assignment on the topic of "The Science and Strategies for Successful Learning and Study." This material, prepared by CUSOM ACE, is a collection of highlights and excerpts from the literature pertaining to critical skills essential for academic success in a high-volume, high-paced learning environment. This material provides students with foundational knowledge in areas such as growth mindset, metacognition, spaced practice, interleaving learning, etc., which is then expanded upon during Orientation. During Block 1, two study skills workshops are offered to further explore these topics with special discussion on test-taking skills, and exam autopsy for refining study skills. Additional academic skills workshops are also offered at the beginning of Block 2 and Block 5 with emphases on transitioning to specific phases of the curriculum.

6.1.4 Long-term, Consistent Mentorship from Academic Advisors

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

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

- During Blocks 1 and 2 of Year 1, students meet with their academic advisors at least once individually, and once in a group setting each Block (4 meetings total). The focus of these meetings is to provide academic support to the students during this transitional period but also serve as an opportunity to answer questions, identify student concerns or difficulties, and provide students information regarding helpful CUSOM resources and support services.
- During Blocks 3-5, students are required to meet with their advisors at least once each Block in a group setting. Additional individual meetings are arranged based on student need.

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

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

6.1.5 Licensing Exam and Residency Preparation Support

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

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

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

In the first month of their fourth year, all CUSOM medical students complete the Residency Development course, which includes several formative OSCE cases to help prepare students for the COMLEX-USA Level 2-PE. In addition, this course provides a series of lectures designed to prepare students for the residency application process with topics including specialty selection, CUSOM advising and resources, applying for residency programs, ERAS, residency program interviews, the Match and strategies for success, the SOAP process, and expectations for resident performance when entering residency.

Students are provided match reports from the NRMP, information related to the single accreditation system for graduate medical education, resources available through AACOM and the AAMC, curriculum vitae templates and writing support, and a residency application FAQ resource developed by CUSOM. Fourth-year students also participate in mock residency interviews during which they receive immediate feedback on their performance and specific advice regarding targeted areas for improvement in their interviewing skills.

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

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

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

Beyond fostering MS-1 and MS-2 students' academic success within the CUSOM curriculum, CUSOM ACE also provides guidance and helpful resources for licensing exam preparation. Computers available through CUSOM ACE provide students protected, full access to many common Board study programs and question banks. CUSOM ACE also has a private Facebook page, utilizing social media to deliver up-to-date information relevant to academic success to the CUSOM student community.

6.1.7 CUSOM Peer-Tutor Program

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

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

6.1.8 Academic Freedom Policy

Faculty are entitled to full freedom in research and in the publication of the results, subject to the adequate performance of his/her other academic duties; but research for pecuniary return must be based upon an understanding with the authorities of the institution in advance of the acceptance of employment.

Faculty are entitled to freedom in the classroom in discussing his/her subject, but he/she should be careful not to introduce into his/her teaching controversial matter which has no relation to the subject. Limitations of academic freedom because of religious or other aims of the institution should be clearly stated in writing at the time of the appointment.

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

He/She possesses the right, as a citizen, to speak and write, subject to special obligations arising from his/her position as an employee of the University; to be accurate, to exercise proper restraint, to show respect for the opinions of others, and to make every effort to indicate that in his/her role as a citizen he/she is not an institutional spokesman. Moreover, he/she should allow for the fact that many members of the general public will find it difficult to disassociate his/her utterances as a citizen from his/her institutional identification. He/She should not use official university stationery, logos, watermarks or his/her institutional title in issuing public statements which he/she makes purely in his/her role as a citizen.

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

6.2 Assessment

6.2.1 Global Assessment

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

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

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

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

6.2.2 Faculty Recusal from Assigning Student Grades

Any CUSOM faculty member who is a health professional with a previous or ongoing therapeutic relationship with a CUSOM student, in any CUSOM program, must recuse herself/himself from all activities involving the summative assessment, grading, and promotion of that student.

For the purposes of this policy, a “therapeutic relationship” occurs when a licensed clinician assumes the responsibility for the evaluation, diagnosis, or management of a student’s medical or behavioral health condition.

Recusal Policy

If a CUSOM faculty member is a health professional with a previous or ongoing therapeutic relationship with a CUSOM student in any CUSOM program, they must recuse themselves as described below.

Committee Meetings

In the case of committee meetings, including, but not limited to, the Academic Performance, Progress and Standards (APPS) Committee, the committee Chair (or designee) will call for a declaration of any conflict of interest from committee members prior to student case discussions. Any committee member(s) identifying a potential conflict will be required to recuse themselves from both the discussion phase of the meeting as well as the decision-making process for matters in which a potential conflict exists.

Summative Skills Assessments

In cases of summative skills assessments including, but not limited to, OMM, clinical skills, simulation, and OSCE evaluations, faculty graders with conflicts of interest must recuse themselves from the assessment and grading process.

Any faculty member assigned to assess or grade the performance of a current CUSOM student with whom they have a previous or ongoing established therapeutic relationship must identify the conflict of interest to the Course Director. The Course Director will either assign the student assessment and/or grading to a different faculty member or perform it themselves.

If the Course Director also has a potential conflict, then the Block Leader(s) will perform the assessment (or designate another qualified faculty member) and assign the grade.

Final Course Grades: Blocks 1-8

During all first- and second-year courses in preclinical Blocks 1-8, a Course Director who has a previous or ongoing therapeutic relationship with a CUSOM student is prohibited from making any decisions regarding final course grade determinations for that student. In these cases, the Course Director must report the potential conflict of interest to the Block Leader(s) who will then assign the Co-Course Director to make the student's summative assessment or final grade determination. In cases in which there is no Co-Course Director, the Block Leader(s) will assume these responsibilities.

Activities Not Prohibited by This Policy

CUSOM faculty who have previous or ongoing therapeutic relationships with a CUSOM student are permitted to provide student instruction through lectures, small group sessions, clinical skills instruction, or OMM table training. In addition, they may provide academic advising or letters of recommendation at the student's request.

Clinical Rotation Evaluations and Grades

During third- and fourth-year clinical rotations, supervising faculty preceptors who have an established therapeutic relationship with a current CUSOM student are not permitted to determine the end-of-rotation evaluation for that student. If a preceptor is assigned to supervise such a student for a clinical rotation, they should immediately notify the Regional Dean or Director of Student Medical Education (DSME) in the case of a Clinical Campus without a Regional Dean. The

Regional Dean or DSME, in consultation with the Associate Dean for Clinical Affairs, may identify an alternative clinical practice or service for the student's rotation, or in cases when that is not feasible, identify another preceptor on the rotation to complete the end-of-rotation evaluation.

Policy Implementation

Adherence

All faculty are notified of this policy and, by signing an acknowledgement, they have read and accept the policies and procedures delineated in the CUSOM Faculty Handbook and are attesting to agreement with abiding by this policy. Each faculty member is required to acknowledge his/her review of the Faculty Handbook annually. New faculty will acknowledge reviewing the Faculty Handbook upon signing their contract, and thereafter review on an annual basis as cited previously. As noted above, this policy will be reviewed at the beginning of any committee meeting regarding student academic performance in which a conflict of interest may exist. Reminders of the policy are also made at one or more scheduled Faculty and Staff Meetings annually as well as during annual performance reviews. The CUSOM Professional Development Program also includes discussions related to this topic. Compliance, however, is further confirmed through assessment.

Assessment of Compliance

The structure of the CUSOM curriculum, and in compliance with standards related to SACSCOC instructor of record, no faculty providing a therapeutic relationship are responsible for assigning grades for medical students. In the pre-clinical curriculum, the Office of Assessment, Accreditation, and Medical Education manages the assessment process and recording of grades in all courses. In the CUSOM model, one of the Course Directors serves as the instructor of record and is responsible for the assigning of grades for their particular course. In this capacity, the Executive Director of Assessment, Medical Education, and Accreditation asks each Course Director during every Block if they have a therapeutic relationship with any of the students. If the Course Director identifies any conflicts, then feedback would be provided to the Vice Dean and in that instance a Co-Course Director or other designee appointed by the Vice Dean or Dean would be appointed to assign the grades and act as the instructor of record.

In the clinical curriculum, the appropriate Clinical Chair or the Associate Dean for Clinical Affairs acts as the instructor of record. In a case similar to described above for the situation when a Clinical Chair is asked and determined to be acting in a therapeutic relationship with a student, the Associate Dean for Clinical Affairs would act as the instructor of record to assign a grade for that student.

This approach ensures compliance with this standard.

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

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

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

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

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

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

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

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

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

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

6.2.3.1 CUSOM Credit Calculation

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

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

6.2.3.2 Credit Review Process

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

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

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

The records of review of the credit assignment as part of the overall curriculum review are maintained in the Office of Academic Affairs.

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

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

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

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

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

- The COCA must be notified of all substantive change requests, which the College of Osteopathic Medicine (COM) wishes to have reviewed at the next regularly scheduled meeting.

- The COM must notify the COCA of its substantive change request at least sixty (60) days prior to the next regularly scheduled meeting.
- The COM must submit to the COCA all material that supports their substantive change request at least thirty (30) days prior to the next regularly scheduled meeting.
- Documentation required for the substantive change submission would be submitted as required.
- COCA Substantive Change Policies and Procedures are found at:

<https://osteopathic.org/wp-content/uploads/2018/02/coca-substantive-change-processes.pdf>

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

6.2.3.3 Grading

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

Throughout all four years of the CUSOM curriculum, students must complete all required coursework and clinical rotations with passing grades as published in this Academic Bulletin. Students who fail any part of the curriculum will be referred to the Academic Performance, Promotion and Standards (APPS) Committee for review (See Section 6.7).

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

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

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

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

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

^b Denotes course was passed after successful remediation of an initial failing grade.

Incomplete (IC) and Withdrew (W) do not carry any quality points.

6.2.3.4 Grade Point Average (GPA), Quality Points

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

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

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

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

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

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

6.2.3.5 Quality Points

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

6.2.4 Remediation

Throughout all four years of the CUSOM curriculum, students must complete all required coursework and clinical rotations with passing grades as published in this Academic Bulletin. Students who fail any part of the curriculum are brought before the Academic Performance, Promotion and Standards (APPS) Committee for review and possible disciplinary action. The APPS Committee may offer students who fail any part of the curriculum an opportunity for remediation (See Section 6.7).

A student in the first (MS-1) or second (MS-2) year of studies, who fails any course, will appear before the APPS Committee. If the Committee grants the student the opportunity to remediate, the student will receive a grade of Incomplete (IC) until remediation is complete. The student will receive a grade of C* for a passed graded course or P* for a passed Pass/Fail course after the successful remediation of the failed course. The C* or P* will remain on the transcript with the notation that the student passed after remediation. A student will earn a grade of F if not allowed remediation or if the student fails the remediation (See Section 6.2.3.5).

A student in the third (MS-3) or fourth (MS-4) year of studies who fails a clinical rotation will appear before the APPS Committee. If the Committee grants the student the opportunity to remediate the rotation, the student will receive a grade of Incomplete (IC) until remediation is complete. The student will receive a PC* after the successful remediation of the failed rotation, and the PC* will appear on the transcript with the notation that the student passed the rotation after remediation. A student will earn a grade of FC if not allowed remediation or if the student fails the remediation (See Section 6.2.3.5).

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

6.2.5 Evaluation Categories for Years One and Two

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

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

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

Process

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

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

6.2.6 Clinical Rotations Assessments

6.2.6.1 Didactics

Students are expected to have a half-day of dedicated didactic experiences per week. This consists of:

- *Cecil's Essentials of Medicine* (based on a current schedule provided to the clinical campuses) in a *Jeopardy*® format.
- *50 Studies Every Internist Should Know* - The student will present one assigned landmark case and then present the current information of that case. Some students may have to present more than one study per year based on the clinical campus student cohort size.
- Two (2) case presentations per year based on an interesting case in which they have been involved.

- *COMBANK* questions - 150 per rotation. Students will complete the questions relevant to their rotation. If they exhaust those, they can repeat those questions or complete questions from other topics. These are checked for completion.

Regional Deans/Director of Student Medical Education (DSME's) may add topics at their discretion, or at the request of their student cohorts, to enhance the half-day didactic experience.

Noon conferences and morning reports are mandatory, if available at the respective clinical campus. Other clinical campus didactic offerings, such as Tumor Board and medical staff continuing medical education programs, may be mandated by the Regional Dean/DSME.

Half-day didactic experiences are led by the third-year student cohort and facilitated by the Regional Dean/DSME. Fourth-year students are expected to attend didactic sessions at the institution in which they are completing a clinical rotation. If they are completing a rotation at a CUSOM clinical campus, they are expected to attend the half-day didactic programming and all other offered didactic experiences.

Students are expected to complete all didactic surveys from the web-based evaluation system. This feedback will be used for future planning purposes.

6.2.6.2 Clinical Modules

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

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

Students are provided with required curricula during the third- and fourth-years. Learning objectives and corresponding reading assignments are provided for the core discipline rotations.

Completion of learning modules are due no later than 11:59 pm on the Thursday before the Call Back Friday of the rotation. In extenuating circumstances, CUSOM Clinical Chairs may grant a limited time extension to complete the modules. Five (5) points will be deducted from the student's COMAT score per day the learning modules remain incomplete.

6.2.6.3 Clinical Experience Database (Logs)

Each student must maintain a Clinical Experience Database Log in CUSOM's web-based evaluation system so the acquisition of particular clinical skills and exposure to a broad scope of practice for each rotation can be monitored. A minimum of ten (10) procedures must be documented per rotation (with the exception of independent study electives). If the student did not observe, assist on, or perform any procedures, they are still required to submit a log form stating no procedures were observed, assisted, or performed. Failure to maintain and submit required logs will result in an incomplete grade. Students must include all information requested on the log form. In compliance with HIPAA, no patient names or other identifiers may be included on logs.

6.2.7 Grading Rubric for Years Three and Four

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

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

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

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

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

3. *Completion of Learning Modules on Clinical Rotation*

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

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

Completion of learning modules are due no later than 11:59 pm on the Thursday before Call Back Friday of the rotation. In extenuating circumstances, CUSOM Clinical Chairs may grant a limited time extension to complete the modules.

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

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

All evaluations must be completed and submitted to the Office of Clinical Affairs within seven (7) days of completion of each rotation. Courses of eight (8) weeks duration (example: Internal Medicine) require an evaluation to be completed at the end of each four-week block. If a student has an approved

rotation of two (2) weeks duration, the evaluation is to be completed at the end of the two-week period. If a student does not receive a passing grade on the end-of-rotation evaluation from the preceptor, the student will fail the rotation and receive an FC grade on their transcript. Rotation grades for students who are permitted to split a four (4) week selective or elective rotation into two different two-week experiences will be the combination of the two, 2-week experience grades. Students who fail either two-week rotation, even if the average of the two rotation evaluations results in a passing grade, will receive an FC for the entire four-week rotation block and will be called to the APPS Committee for review.

One rotation evaluation form will be submitted and accepted per rotation. If a student worked with more than one clinical faculty member during the rotation, it is expected the clinical faculty member completing the rotation will complete a composite evaluation as designated on the evaluation form and seek feedback of the other teaching clinical faculty to include in the overall evaluation.

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

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

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

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

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

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

6.2.7.1 Preceptor Evaluation of Student Performance

A clinical faculty preceptor or a clinical campus's respective rotation clerkship director (or designee) will evaluate a student's performance during the respective rotation. The Student Evaluation Form will be completed by supervising physicians with input from appropriate hospital staff with direct knowledge of the student's performance. During the last week of each rotation, the student must meet with the preceptor to review their performance and end of rotation evaluation.

Based on the grading rubric, a grade of Honors, High Pass, Pass, or Fail Clinical for the preceptor evaluation will be submitted to the Registrar's Office. Students will have access to the electronic Student Evaluation Form (grade form), Site Evaluation Form, and procedure logs via the CUSOM web-based evaluation system.

Completed Student Evaluation Forms are due in the Office of Clinical Affairs within seven (7) calendar days of completion of each rotation. If the student worked with more than one clinical faculty member, the student should have the principal evaluator or the clinical campus's respective rotation clerkship director (or designee) submit a composite evaluation based on the input of those physicians with whom the student worked. **One rotation evaluation form will be submitted and accepted per rotation. Students are not permitted to solicit additional evaluations.**

Evaluations of student performance must be completed by the primary evaluator who must be an attending physician. While resident physicians may provide input to aid the attending physician in completing the evaluation, residents are not permitted to serve as the primary evaluator. Students are not permitted to self-complete the evaluation and submit to the evaluator for a signature. Violation of this rule or falsification of any component of the Student Evaluation Form will be considered an Honor Code violation.

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

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

Only one Student Evaluation Form from the clinical faculty preceptor (preceptor of record), primary evaluator, rotation clerkship director (or designee) will be accepted.

It is expected each student will meet with the preceptor assigning the grade at the end of the rotation to review comments and to reconcile any issues, including concerns related to factual or typographical errors in the evaluation, at that time. If a student does not do so, or if the student meets with the preceptor but does not bring forward any concerns at that time, the preceptor comments from the appropriate section will be used verbatim. There will be no exceptions and no option to appeal for a change in the preceptor evaluation at a later date.

All submitted Student Evaluation Forms are final. However, if a student has met with the preceptor as required above, the student may submit a grievance related to any factual or typographical error (See Section 6.10.2). Any factual or typographical errors in a preceptor evaluation may be edited if approved by the Associate Dean for Clinical Affairs. As such, only factual or typographical errors should be reported to the Third- or Fourth-Year Student Medical Education Clinical Coordinator, as appropriate. The Associate Dean for Clinical Affairs will review any requested changes of factual or typographical errors and make the determination to approve or deny the requested change(s).

6.2.7.2 Composite Evaluations

As mentioned in other sections of this bulletin, it is possible to have a Student Evaluation Form filled out by a clinical campus's respective rotation clerkship director (or designee). If such a composite evaluation is completed, it is expected the author of the evaluation form will consult with other clinical faculty, nursing staff, and members of the healthcare team who interacted with the student during the clinical rotation to provide accurate and constructive feedback of the student's overall rotation performance.

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

It is expected each student will meet with the preceptor assigning the grade at the end of the rotation to review comments and to reconcile any issues, including concerns related to factual or typographical errors in the evaluation, at that time. If a student does not do so, or if the student meets with the preceptor but does not bring forward any concerns at that time, the preceptor comments from the appropriate section will be used verbatim. There will be no exceptions and no option to appeal for a change in the preceptor evaluation at a later date.

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

While the summative Student Rotation Evaluation must be completed and submitted at the end of the rotation, students are to regularly, including at the end of every week of each clinical rotation, request feedback from the preceptor, (e.g., "How am I doing?", "Are there things I should improve?") in order to continually address areas needing improvement. This provides students an opportunity to improve any deficient areas while on the rotation and prevents an unexpected poor evaluation at the end of the rotation. **It is the student's responsibility to seek ongoing feedback from their preceptor.**

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

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

6.2.7.3 Delinquent Evaluations

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

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

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

These findings are reported to the corresponding student, clinical campus Student Medical Education Coordinator, and Regional Dean/DSME. The Regional Dean/DSME directly contacts the Clinical Faculty preceptor to remind him/her of the pending Rotation Evaluation.

At the end of the second week following a Clinical Rotation, the CUSOM Third- or Fourth-Year Student Medical Education Clinical Coordinator will run another report in CUSOM's web-based evaluation system to identify any remaining incomplete Student Rotation Evaluations. These are communicated to the corresponding student, clinical campus Student Medical Education Coordinator, Regional Dean/DSME, and Associate Dean for Clinical Affairs.

The Associate Dean for Clinical Affairs, in collaboration with the Regional Dean/DSME, directly contacts the Clinical Faculty preceptor to obtain the pending Rotation Evaluation.

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

During Rotation

WEEK 1

Clinical campus Student Medical Education Coordinators (SMEC) obtain updated Clinical Faculty preceptor contact information from students.

WEEK 2

CUSOM Coordinators input information provided by SMECs into CUSOM's web-based evaluation system.

WEEK 3

Clinical campus SMEC match student to Clinical Faculty preceptor & email is sent at end of week notifying of rotation evaluation.

WEEK 4 (Week 2 if a two-week rotation)

Student Rotation Evaluation is completed at end of week and reviewed with student.

Post-Rotation

WEEK 1

CUSOM Coordinators run CUSOM's web-based evaluation system report of incomplete Student Rotation Evaluations and sends to the student, SMEC and Regional Dean (RD) or DSME. RD/DSME contacts Clinical Faculty preceptor directly

WEEK 2

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

WEEK 3

If Student Rotation Evaluation not complete, RD/DSME or designee will complete student's evaluation

6.2.7.4 Rotations, Course Remediation and Academic Probation

Failure of a clinical rotation occurs if the student fails either the preceptor evaluation of the student or the end-of-rotation exam after his/her second attempt. Failure of a clinical rotation (grade of Fail Clinical, FC) for either reason will result in a referral to the APPS committee for review. If the student is permitted to remediate, they will be required to repeat the entire rotation, including any associated modules and end-of-rotation exam, and may be placed on Academic Probation. Mandatory repeating of a clinical rotation will result in the institution of a Modified Course of Study, which may result in a delay of graduation and may adversely affect financial aid and the student's ability to participate in the residency match process. The student may incur additional tuition costs and fees such as re-taking the end-of-rotation exam. Additionally, the student will be responsible for paying the preceptor costs for repeating any failed rotations. These charges will be billed directly to the student's account.

Failure of a second clinical rotation is evidence the student is unprepared for the rigors of clinical practice and may result in dismissal from the program.

Students who fail a clinical rotation for any reason will come before the APPS Committee. In addition, repeated performance evaluations in which items performed in a specific category or across categories are rated as "1's" or "2's", even if the student achieves a passing rotation grade, will be reason for remediation at

the discretion of the Associate Dean for Clinical Affairs in consultation with the Clinical Chair, the clinical faculty preceptor, or the APPS Committee.

The Associate Dean for Clinical Affairs will investigate any evaluation rating of “2’s” or less on any competency regardless of an overall passing grade. The findings of this investigation may lead to a follow-up meeting with the Associate Dean for Clinical Affairs, Regional Dean/DSME, or Clinical Chair, or result in referral to the APPS Committee.

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

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

6.2.7.5 Academic Probation

MS-3 or MS-4 students may be placed on academic probation for:

- Failing to successfully remediate an end-of-rotation examination failure;
- Failing a clinical rotation;
- Failing a preceptor evaluation for any rotation; or
- Failing two end-of-rotation examinations for any two rotations.

6.2.8 Grading Policies Years 3 and 4

Questionable Evaluations: All disputes regarding grades or ambiguous evaluations will be submitted to the APPS Committee for final resolution.

Failures: A failing grade on a clinical rotation, due to either failure of an end-of-rotation examination or a failing preceptor evaluation, will be recorded as a Fail Clinical (FC) or its equivalent on the student's official transcript. In addition, failure to complete any rotation requirement or submit any

required rotation documentation may result in a failing grade (Fail Clinical, FC). A student failing a clinical rotation will be referred to the APPS Committee and if given the opportunity to remediate, will be required to repeat the clinical rotation, and may be placed into a Modified Course of Study which may result in delaying graduation. Additional consequences may apply to students who have failed a rotation as noted in Section 6.7 of this Bulletin. Further information regarding failure of clinical rotations and Modified Courses of Study may be found in Section 6.6.3 of this Bulletin. Students who fail two or more rotations may be dismissed from CUSOM. After satisfactory completion of a remediation of a failed rotation, a Pass Clinical (PC*) will be entered as the final grade for the rotation.

Incomplete Grades: If, for any reason, a student receives an incomplete evaluation or is unable to complete a rotation or its associated requirements (including, but not limited to, rotation logs, preceptor evaluations, or assigned cases), the student will receive an Incomplete (IC) for the rotation. Students are required to make up any incomplete requirements as coordinated and approved by the Associate Dean for Clinical Affairs. Failure to make up the requirements may constitute a failure to make academic progress, result in a rotation failure (FC), and may be referred to the APPS Committee. In addition, failure to meet all third-year rotation requirements will result in an inability for the student to be promoted to fourth-year clinical rotations.

Nonattendance Evaluations: Any student who does not report to a rotation (unless with prior approval of the Associate Dean for Clinical Affairs following the process described elsewhere in this bulletin), will receive an automatic Fail Clinical (FC) and will be referred to the APPS Committee. If a student is permitted to continue in the program, they may be placed on a Modified Course of Study in order to make up the rotation at a later time as designated by the APPS Committee or Associate Dean for Clinical Affairs. Placement into a Modified Course of Study may result in a delay in the student's graduation date and may adversely affect financial aid and the student's ability to participate in the residency match process. Additional information regarding attendance policies, rotation failures, referral to the APPS Committee, and Modified Courses of Study can be found in Sections 6.4.3, 6.2.7.4, and 6.6.3 of this Bulletin.

Unauthorized Rotations: Any student starting an Elective or Selective rotation without prior proper registration with the Office of Clinical Affairs will not receive credit for that rotation, and all violations will be subject to review by the APPS Committee. Students must obtain pre-approval for all Elective and Selective rotations to ensure all required documentation and proper affiliation agreements are in place. For questions regarding the approval process, students should contact the Student Medical Education Clinical Coordinators for Third-Year or Fourth-Year.

Rotations with Family Members: While many CUSOM students have relatives who are physicians and may have been inspired by those family members to pursue osteopathic medicine, students may not complete rotations with a family member as the clinical faculty preceptor of record. This includes family members related by marriage or in-laws.

6.3 Educational Records

6.3.1 Policy Statement on Student Information and Educational Records

It is the policy of CUSOM to release certain directory information of CUSOM students in compliance with the Family Educational Rights and Privacy Act (FERPA; 42 USCA 1232g, as amended). Under the provisions of this law, students in post-secondary education have the right to inspect and review their school records, as defined by law. Other than for "Directory Information," see:

www.campbell.edu/registrar/family-education-rights-and-privacy-act-ferpa/

Campbell University will release information only with the student's written consent and/or in compliance with federal law and regulation.

The CUSOM Registrar's Office will maintain a locked fireproof cabinet in a secure, locked room for the safekeeping of all CUSOM student academic records.

In addition, CUSOM has a secure, confidential, and onsite computerized record system with offsite secure network backup. All items entered into this system are retained as a part of the student's permanent record. The student's permanent record contains his/her transcript from CUSOM, transcripts and transcript evaluations from other educational agencies attended by the student, secondary school transcripts, Standardized test scores, the student's application for admission, general correspondence with the student, and if applicable, letters concerning misconduct. Upon appointment with the Registrar, a student may examine their transcript and contents of their permanent record. University officials with access to the student's educational records are the President, Provost, Academic Deans, Registrar, Executive Director of Student Affairs, and designees of these University officials with a legitimate educational interest in the record.

Campbell University guarantees each student certain rights in compliance with FERPA. Please refer to the Annual Notification of Rights at:

<https://www.campbell.edu/registrar/family-education-rights-and-privacy-act-ferpa/annual-notification-of-rights-under-ferpa/>

There is a health and safety emergency exception which states that the institution may disclose personally identifiable information from an education record to appropriate parties including parents in connection with an emergency if knowledge of the information is necessary to protect the health and safety of the student or other individuals.

More information can be found at:

<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>

All documents and other information concerning student academic records, student discipline, including written reprimands, are securely maintained in a confidential file. Such actions become a part of the student's permanent education record. All disciplinary actions, with the exception of admonitions and academic warnings are required to be reported on the Medical Student Performance Evaluation (MSPE) as well as any State Medical Education Verification forms.

6.3.2 Match-State Medical Education Verification

Once a student participates in the Match and is placed in a residency training program, several forms must be completed and processed for licensing purposes in the state the student will be doing their residency. State Medical Education Verification forms vary from state to state. Most verifications have very specific information requested and CUSOM must provide complete and thorough answers. CUSOM will be requested to complete and file another medical school education verification form throughout the alumni's lifetime with any program or residence move.

6.4 Attendance

6.4.1 Attendance Policy

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

Attendance of third- and fourth-year students is required for all requisite clinical duties of the particular rotation on a daily basis with any structured time away from the rotation approved through the process described in the corresponding section below. Students on clinical rotations are expected to be on time for all assigned activities associated with that particular rotation. Activities may

include, but are not limited to, lectures, rounds, hospital committee meetings, on-call assignments, case presentations, etc. Students must abide by attendance requirements as described in Section 6.4.3 of this Bulletin

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

6.4.2 MS-1 and MS-2 Years

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

The total number of absences must not exceed 25% of a course. No excused absences are granted while the 25% threshold has not been reached. However, students who qualify for an excused absence will receive a one-day, 4 lecture hour allowance, per Block, not per course, to be used during the time-period noted in the excused absence request. This excused time allowance will be tracked but will not count towards their 25% threshold.

A student may be eligible to request an excused absence through Med Ed by meeting one of the following qualifying criteria:

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

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

- For Jury Duty, the absence request and supporting documentation must be submitted at least seven (7) calendar days prior to the anticipated absence.
- For attending CUSOM-related activities or national meetings of student clubs and organizations, an excused absence request must be submitted, in writing, to Med Ed at least seven (7) calendar days prior to the anticipated absence(s). To be considered for such request, students must have a cumulative GPA ≥ 3.0 on a 4.0 scale, no prior course failures, and be in good academic and professional standing (not on academic or conduct warning or probation). Students are allowed a maximum of two (2) excused absences per semester for voluntary attendance at conferences if all other excused absence criteria has been met. No travel arrangements should be made prior to approval being granted by Med Ed. CUSOM accepts no responsibility or liability for any losses as a consequence of any cancelled or delayed travel plans due to a student's failure to obtain prior approval. Approved absences for students required to attend national conferences will not be subject the 25% absence rule; however, formal requests must be submitted for approval.
- Students may request an excused absence for religious holidays not included in the list of recognized University holidays.

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

As there is no 25% allowance for mandatory laboratory (OMM, Anatomy) Clinical Skills activity, or Interprofessional Education (IPE) activity, a separate laboratory excused absence request must be completed and submitted to the Course Director and Med Ed for any absence from these activities. The same aforementioned criteria outlined above apply. Med Ed will notify the Course Director of the decision if approved. Approval must be granted and obtained in order to arrange a make-up with the Course Director. An unexcused absence from one of these activities may result in a grade of zero (0) or an overall grade deduction (refer to each specific course syllabus).

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

For an absence to be considered excused, students must notify Med Ed and complete the appropriate lecture or lab "Excused Absence Request Form" online. Med Ed will determine if the excused absence is approved or denied, and the student will be notified of the decision in a timely manner. If a student is failing any course or has been placed on Academic Probation, he/she may not

be approved for an excused absence unless for an extenuating situation determined on a case-by-case basis. The Vice Dean for Academic Affairs will resolve any disagreement concerning an attendance decision.

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

Official Holidays

CUSOM observes the following University holidays.

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

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

Please refer to the following for the current year's schedule:

<https://www.campbell.edu/faculty-staff/human-resources/benefits/leave/paid-holidays/>

Clinical rotations are independent of this schedule - see Section 6.4.3.7.

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, the student should submit the appropriate lecture and/or lab excused absence request as outlined above and advise the Associate Dean for Biomedical Affairs as soon as possible. As noted above, in the cases of Jury Duty, the absence request and supporting documentation must be submitted to Med Ed at least seven (7) calendar days prior to the anticipated absence.

6.4.2.1 Consequences of Non-compliance of Attendance Policies

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

6.4.3 MS-3 and MS-4 Years (Clinical Rotations)

6.4.3.1 Reporting for Service

On the first day of each rotation service, the student should report to the Regional Dean/ Director of Student Medical Education (DSME) by no later than 8:00 am or at the time required by the Regional Dean/DSME or the clinical department supervisor. Any questions regarding specific instructions for reporting on the first day of rotations should be directed to the regional site Student Medical Education Coordinator or the CUSOM Student Medical Education Clinical Coordinator for Third- or Fourth-Year, as appropriate. Students are expected to bring their own basic diagnostic equipment (i.e., otoscope, ophthalmoscope, stethoscope, etc.). Students must report on time, out of respect for others' commitment to their education. Timeliness is a critical component of professionalism. Tardiness will not be accepted and will reflect negatively on both the student and CUSOM.

6.4.3.2 Work Hours

Each rotation consists of approximately 160 contact hours inclusive of modules, self-directed learning, didactics, and other duties as assigned by the site. Students are required to be at their assigned supervised clinical education during all working hours, although exceptions may be granted as described below (see Section 6.4.3.4) as indicated and determined by the training site and the physician in charge of that service, in cooperation with the Associate Dean for Clinical Affairs and the Vice-President of Medical Education/Regional Dean/ Director of Student Medical Education (DSME) of the CUSOM clinical campus. The specific days and

times a student is expected to report is determined by the preceptor, and students may be assigned to day, evening, night, weekend, and/or holiday work hours. Preceptors may ask students to rotate their scheduled work hours in order for the student to gain the most clinical experience during times of peak patient flow. The Campbell University holiday schedule is independent of the clinical rotation schedule. Third- and fourth-year students must follow the schedule as outlined by their preceptor for the rotation.

6.4.3.3 Training Hours

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

Four (4) weeks of vacation time is included in both the third- and fourth-year as a scheduled rotation block. Students are generally expected to work an average of forty (40) hours weekly, but the exact number of days or length (hours) of required shift schedules may be different depending on the specific specialty or clinical site. General surgery, Obstetrics/Gynecology, Hospitalist, sub-internship, and Emergency Medicine rotations frequently involve shifts outside normal weekday daytime working hours. Working hours in each of the services will be indicated and determined by the training site and the physician in charge of the particular service, in cooperation with the Associate Dean for Clinical Affairs and the Vice-President of Medical Education/Regional Dean/Director of Student Medical Education (DSME) of the CUSOM clinical campus. If call, night duty, or weekend duties are required, this will be indicated by the individual rotation.

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

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

Students are not permitted to rearrange their normal working schedule to allow for time off during any rotation. The only exception may be the Emergency Medicine and inpatient Hospitalist rotations in order to accommodate shift schedules, provided it has been approved by the appropriate supervising physician.

Professionalism in patient care requires reliable attendance. The Office of Clinical Affairs will centrally track the number of days off for each student. No unexcused absences can be permitted from patient care activities. As noted below, students will be given a total of three (3) discretionary days and five (5) sick days (approved absences) per academic year. Any student in violation of attendance policies will be referred to the APPS Committee for further review.

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

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

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

6.4.3.4 Clinical Rotation Attendance

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

Any length of absence (an hour, half day, full day, etc...) must be immediately reported to the preceptor, clinical campus Student Medical Education Coordinator, Regional Dean/ Director of Student Medical Education (DSME) and the corresponding Third- or Fourth-Year Student Medical Education Clinical Coordinator in the CUSOM Office of Clinical Affairs. Requests for planned absences must be submitted electronically via the CUSOM Absence Request/Submission Form (as identified below) to the corresponding Third- or Fourth-Year Student Medical Education Clinical Coordinator.

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

1. Discretionary Days

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

2. Sick Days

Students are allowed five (5) sick days annually. If more than five (5) sick days total are taken in a single academic year by a student, which prevents them from meeting the requirements of one or more rotations, the student may be referred to the Office of Clinical Affairs or the APPS Committee for review.

If a student must miss any clinical time due to illness (leaving early, arriving late, or missing a full day), they must immediately notify their preceptor, clinical campus Student Medical Education Coordinator, Regional Dean/DSME and the corresponding Third- or Fourth-Year Student Medical Education Clinical Coordinator in the CUSOM Office of Clinical Affairs.

- If 2-4 hours of clinical time are missed, a half day will be documented. More than four (4) hours of missed clinical time equals a full day of sick leave.
- If the student is absent from a single rotation for two (2) days or more due to illness, the student is required to submit a note from a licensed healthcare provider to the Office of Clinical Affairs defining the number of days absent and the expected date of return. A student may be required to make up missed days in order to meet the minimum amount of required work hours or shifts as designated by the rotation.
- If circumstances require a prolonged absence (more than three (3) days in one rotation), the student may be encouraged to consider a Medical Leave of Absence which can be requested through the Office of Clinical Affairs in conjunction with the Office of Student Affairs. A Medical Leave of Absence may be required for students who miss more than three (3) days due to medical reasons and are unable to make up the missed time prior to the end of the rotation. A Medical Leave of Absence may delay the

student's graduation. Each case is evaluated on a case-by-case basis.

- Students who require a Medical Leave of Absence must follow the process described in Section 6.8 of the Academic Bulletin "Separation from the Program", specifically Subsection 6.8.2.3, "Medical Leave of Absence – Absence less than 180 Calendar Days".

3. Family Emergencies / Death in Family

Due to the variability of circumstances, time-off requested for family emergencies or a death in the family will be reviewed by the Office of Clinical Affairs on a case-by-case basis. Students requesting time off for family emergencies or a death in the family may be eligible to request a Personal Leave of Absence as described in Section 6.8.2.2 of the Academic Bulletin.

4. Time off for Residency Interviews

Students may request no more than four (4) days off for interviews during any four-week rotation, and no more than two (2) days over any two-week rotation. This includes partial day absences of greater than four (4) hours. A student may be required to make up missed days in order to meet the minimum amount of required work hours or shifts as designated by the rotation.

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

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

5. Conferences

Additional excused time off for conference attendance may be granted only if the student is presenting, is a national officer, or by special permission. All requests for conferences require prior approval by the Associate Dean for Clinical Affairs as noted above. Students will be required to make up missed time at the rotation director's discretion.

Only students in good academic and professional standing and with an overall GPA of 3.0 or higher on a 4.0 scale at the end of the MS-2 training will be considered.

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

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

Email is the primary method of communication between the Department of Clinical Affairs and students, and, thus, students must check their CUSOM email regularly. Students are required to attend all onsite meetings designated by the preceptor, clinical campus Student Medical Education Coordinator or Regional Dean/DSME.

Student Absence Request Requirements

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

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

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

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

Students who miss more than a total of four (4) days of a 4-week rotation, or two (2) days of a 2-week rotation, regardless of the reason, and who are unable to make up the missed time prior to the end of the rotation, may not receive credit for the rotation and will be required to appear before the APPS Committee.

Failure to Provide Notification of an Absence

Failure to notify the clinical site/preceptor, clinical campus Student Medical Education Coordinator, Regional Dean/DSME **and** the corresponding Third- or Fourth-Year Student Medical Education Clinical Coordinator in the CUSOM Office of Clinical Affairs of **any absence** from a

rotation, regardless of the reason or number of hours absent, may result in completion of a professionalism report with referral to the APPS Committee.

6.4.3.5 Make-Up Time

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

Students who miss more than a total of four (4) days of a four-week rotation, or two (2) days of a two-week rotation, regardless of the reason, and who are unable to make up the missed time prior to the end of the rotation **may not receive credit for the rotation and will be required to appear before the APPS Committee.**

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

6.4.3.6 Call Back Fridays

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

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

In the event of illness, BOTH the end-of-rotation exam and the rotation-specific pre-preparation activities must be completed in order to receive credit for completion of the rotation. Any emergency requiring absence from a Call Back Friday must be

communicated to the corresponding Third- or Fourth-Year Student Medical Education Clinical Coordinator in the CUSOM Office of Clinical Affairs immediately.

Fourth-Year Call Back Requirements

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

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

6.4.3.7 Holidays

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

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

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

6.4.3.8 Consequences of Non-compliance to Attendance Policies

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

6.4.3.9 Dismissal from Rotation Site

In the event a student is asked to leave the rotation site by the preceptor or clinical site staff, the student must **IMMEDIATELY** notify the Regional Dean/ Director of Student Medical Education (DSME) and the Office of Clinical Affairs (Associate Dean for Clinical Affairs, Director of Clinical Rotations, Student Medical Education Clinical Coordinators for Third-Year or Fourth-Year) in person or by phone. In addition, this communication must be followed by written documentation of the events and sent to the site coordinator and Office of Clinical Affairs within the ensuing twenty-four (24) hours.

6.4.4 Severe Weather Policy

If inclement weather results in changes to class schedules, a message will be posted via the website at www.campbell.edu and Facebook, Twitter, and through the Campbell University inclement weather line:

On campus: dial 5700

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

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

It is recommended students visit the Campbell University website at <https://www.campbell.edu/alerts/> to sign up to receive campus alerts. In the event of a campus-wide emergency, a text message with information about the emergency and actions to take will be sent to all enrollees.

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

6.4.5 Emergency Preparedness Plan

Section One – Assessment of Risk

The guiding principle behind the assessment of risk for CUSOM shall be the protection of life and safety of our students, faculty, and staff. Communication and coordination between the CUSOM Clinical Affairs Department and Regional Deans/Director of Student Medical Education (DSMEs), will be crucial to assessing risks within our respective clinical

campus regions. CUSOM recognizes events affecting one region might not affect all regions due to the geographic dispersion of the clinical campuses.

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

Event Category Description

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

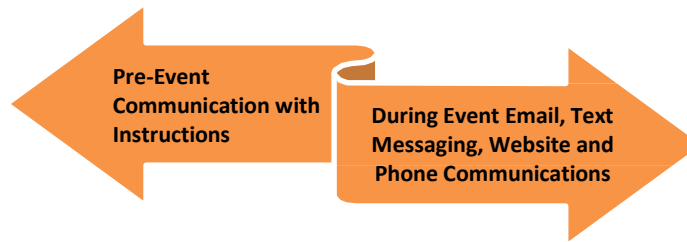
Regional Deans/DSMEs will be the key point of contact for CUSOM and for its students in the respective regions and should print student contact information to keep with them until the event is over. The Regional Deans/DSMEs, or their representative, will be responsible for contacting each student in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

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

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

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

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



Section Three – Identification of Student Whereabouts and Status

Each clinical campus will keep a current list of student cell phone numbers and addresses in a printable format that can be taken home for reference by the Regional Dean/DSMEs in an adverse event. If electronic communication is available, a survey may be conducted online requesting student response with his/her condition, location where sheltering, and any needs he/she may have.

Section Four – Returning to Clinical Rotations

Regional Deans/DSMEs will communicate in advance of an adverse event with students in the region to provide specific instructions regarding when students may return to the facility. In addition, Regional Deans/DSMEs will provide students in the region information regarding any need for volunteers to assist in disaster response operations.

Section Five – Educational Program Continuity

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

Section Six – Resources for Displaced Students

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

6.5 Dress Code Policy

Students must maintain a professional appearance and professional attire whenever on CUSOM grounds, including adjacent property at Campbell University and on all clinical experiences or rotations. Students must be professionally dressed for all lectures, examinations, laboratory classes, and workshops; this includes all on-site and virtual sessions.

Men must wear appropriate business casual pants, shoes, and a collared shirt. Women are required to wear appropriate dresses or skirts of reasonable length for a professional setting (e.g., in the medical school or any clinical setting) or slacks with appropriate blouses. Changing areas and lockers are provided for students to change into appropriate dress for OMM, Clinical Skills, and Anatomy labs. 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.

Shorts, jeans, sweatpants, scrubs, T-shirts, and athletic shoes are not permitted except in the OMM, Clinical Skills, and Anatomy labs when appropriate. Revealing or tight, form-fitting clothing is unacceptable. Head coverings (unless for religious reasons), caps, hoodies or sunglasses may not be worn during classes or examinations. Any student wearing a head covering (unless for religious reasons), cap, hoodie, or sunglasses will be asked to remove it.

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

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

6.5.1 OMM Laboratory Dress Code

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

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

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

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

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

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

6.5.2 Anatomy Laboratory Dress Code

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

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

Students should wear appropriate clothing and comfortable shoes. The lab is cool, so warm clothing is recommended. Closed-toe shoes and long pants are required. Flip-flops, opened-toe shoes, shorts and spaghetti-strap tops are not permitted.

For ultrasound laboratories, appropriate attire must be clean and includes any clothing that allows for easy visualization, examination, and palpation of the body areas being addressed, which requires partial exposure of the body. On such days, students will be required to dress in a fashion that will allow examination of these areas (denoted as “OMM Dress Code”; Section 6.5.1).

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

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

Lockers are available in the locker rooms adjacent to the lab where students may store their gross anatomy lab clothes. Students must provide their own locks and leave all their personal belongings in a locker instead of stacking them in the fourth-floor lobby outside the laboratory. In addition, the

lockers are to be used when taking a gross anatomy practical exam. Students are not to leave their personal belongings in the fourth-floor lobby.

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

6.5.3 Clinical Skills Laboratory Dress Code

Students are expected to dress appropriately for Clinical Skills laboratory exercises. Appropriate dress varies based on the activity of the day and is clearly stated in the course syllabi. Unless otherwise stated, students will adhere to the standard “CUSOM dress code” as outlined in this Academic Bulletin (Section 6.5). White consultation coats are required for all Clinical Skills sessions.

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

No student will be required to examine, or be examined by, a classmate or faculty member for breast, genital, or rectal exams. However, there will be sessions, such as when practicing examination of the heart, lungs, abdomen, or extremities, which will require partial exposure of the body. On such days, students will be required to dress in a fashion that will allow examination of these areas (denoted as “OMM Dress Code”; Section 6.5.1). Ladies should wear sports bras or bathing suit tops when exposure of the thorax is needed. No short shorts, tight garments, or attire with inappropriate slogans, are allowed in Clinical Skills Lab sessions. Lab sessions requiring “scrubs” are announced in advance. For all encounters with Standardized Patients, formative and evaluated sessions, white coats are required to be worn. Professional dress and a white coat are required for ALL Final OSCE Examinations.

Faculty and staff reserve the right to refuse admission to students not compliant with the dress code as set forth in this document. Students who are not permitted to participate in a clinical skills, simulation or OSCE lab or exam due to non-adherence to the dress code will receive an unexcused absence and may be issued a grade of zero (0) for any graded exercise. NO opened-toe shoes are permitted at any time during Clinical Skills sessions. Students are permitted to wear neat, clean athletic shoes or clogs when wearing “scrubs” or “OMM dress code”; Section 6.5.1.

The course syllabi may provide additional requirements.

6.6 Academic Standing and Progress

6.6.1 Academic Standing and Academic Progress

Academic Standing is defined as a student's status at any time within a given academic Block or clinical rotation of the CUSOM curriculum. A student who is in good academic standing is one with a passing grade in all completed courses or rotations at any given point in time. This information is used in determining eligibility for students to participate in CUSOM approved activities, such as conferences, student organizations, etc. Students wishing to serve as officers in clubs/organizations or participate in events, travel to meetings or other related activities must have a minimum GPA of 3.0 on a 4.0 scale to be considered.

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

In order to be permitted to sit for COMLEX-USA Level 1, students must achieve a passing score, as determined by CUSOM, on a CUSOM-identified Qualifying Exam.

Each student must pass COMLEX-USA Level 1 in order to be promoted to full third-year status.

Successful academic progress for students in Years 3 and 4 of the curriculum includes successful completion of all rotations, end-of-rotation exams, and any other requirements, including but not limited to, clinical modules, procedure and patient logs, Call Back Fridays, and their evaluations of the site and their preceptor. In addition, students who have been placed in a Modified Course of Study must meet any requirements set forth by the APPS Committee.

Each student must pass the COMLEX-USA Level 2 Cognitive Evaluation (CE) as well as the COMLEX-USA Level 2 Physical Examination (PE) prior to graduation. As of the date of this Bulletin, the NBOME and the COCA have temporarily waived the passing of COMLEX-USA Level 2-PE as a graduation requirement for the Class of 2022. As such, to be eligible to graduate, each student must pass a summative OSCE administered by CUSOM.

In order to be permitted to sit for COMLEX-USA Level 2-CE, the student must achieve a passing score on a CUSOM-identified Qualifying Exam.

If a student fails to attain the passing score after three (3) attempts at the Qualifying Exam, the student will be required to successfully complete a board preparation program prescribed by CUSOM, such as Boards Boot Camp (<http://www.boardsbootcamp.com>), at the student's expense and not to exceed a timeframe established by the APPS Committee.

In order to be permitted to take COMLEX-USA Level 2-PE, the student must successfully pass an Objective Structural Clinical Examination (OSCE) administered during Residency Development month. If the student fails to pass this OSCE, they will undergo a remediation program. Students are not released to take the COMLEX-USA Level 2-PE exam until passing a remediation program and receiving approval.

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

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

Fourth-year students should refer to Section 6.9.1 of this Bulletin for further information regarding graduation requirements. Students not making satisfactory academic progress towards graduation will be referred to the APPS Committee for review and further recommendations, which may include but is not limited to, placement on a Modified Course of Study, Academic Probation or Dismissal from the program.

6.6.2 National Board (Licensing) Exams

Students are required to pass the COMLEX-USA Level 1, COMLEX-USA Level 2-CE, and the COMLEX-USA Level 2-PE prior to graduation as outlined in the table of milestones below.

Milestones for Each CUSOM Student
Successful Completion of All Courses During Blocks 1-8
Satisfactory Completion of a Qualifying Exam for COMLEX-USA Level 1
Successful Completion of COMLEX-USA Level 1
Successful Completion of COMAT/Equivalent Subject Examinations for Core Rotations
Satisfactory Evaluation by Clinical Faculty for Each Clinical Rotation
Successful Completion of Third-Year OSCEs which Assesses Student Preparedness for the COMLEX-USA Level 2-PE Exam
Satisfactory Completion of a Qualifying Exam for COMLEX Level 2-CE
Successful Completion of COMLEX-USA Level 2-CE
Successful Completion of COMLEX-USA Level 2-PE or Equivalent***

*** As of the date of this Bulletin, the NBOME and the COCA have temporarily waived the passing of COMLEX-USA Level 2-PE as a graduation requirement for the Class of 2022. As such, to be eligible to graduate, each student must pass a summative Objective Structured Clinical Examination (OSCE) administered by CUSOM.

Accommodations on COMLEX-USA Exams

Students who want to request accommodations for any COMLEX-USA examination must submit their applications directly to the NBOME within the timeframe designated by the NBOME. Please contact the NBOME directly for more information: <https://www.nbome.org>

CUSOM is not responsible for requesting or approving COMLEX-USA testing accommodations.

6.6.2.1 COMLEX-USA Level 1

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

Students are provided a course of study within Block 8 which serves as a capstone to the first two years of the curriculum and should assist in final preparation for national licensing exams. This course of study is credit-bearing and is provided by CUSOM.

In order to be permitted to sit for COMLEX-USA Level 1, the student must achieve a pre-identified “passing” score on a Qualifying Exam such as a CUSOM-proctored College of Osteopathic Medicine Self-Assessment Exam (COMSAE) or a similar exam. CUSOM identifies the passing parameters prior to each Qualifying Exam. CUSOM pays for the first Qualifying Exam, however students may be responsible for the cost of subsequent exams or programs. Students are allowed three (3) attempts to achieve a minimum pre-identified score on the Qualifying Exam.

Students are permitted to register for COMLEX-USA Level 1 prior to passing the Qualifying Exam (QE); however, students failing to meet the minimum CUSOM pre-identified score on the QE are not permitted to take COMLEX-USA Level 1.

Students who do not pass the QE after three (3) attempts, or are unable to take a QE as scheduled, are referred to the APPS Committee and placed in a Modified Course of Study, during which they will be required to complete a Boards preparation program. This online program is the Boards Boot Camp Ultra Program (<http://www.boardsbootcamp.com>). This program will be at the student’s expense and will not to exceed a timeframe established by the APPS Committee, unless the APPS Committee revisits the original timeline for non-compliance or some other relevant issue.

A Modified Course of Study (MCOS) is a credit-bearing, individualized study plan for students who require an alternative educational pathway for reasons such as mandated board preparation, required remediation, illness, leave of absence, or withdrawal.

Students in a MCOS must agree to, and comply with, the conditions and schedule of the MCOS. Students not following the individualized plan may be placed on Suspension (ineligible for financial aid and not considered an active student) at any time.

Upon successful completion of the designated board preparation course of the MCOS, the student is required to take COMLEX-USA Level 1 within a timeframe established by the APPS Committee.

Students assigned to a Boards preparation program must meet all program requirements, which includes, but is not limited to, strict adherence to all timelines related to the completion of study assignments and assessment examinations. Failure to do so will result in a return visit to APPS Committee with possible sanctions imposed for non-adherence to the agreed process.

6.6.2.2 Failure of COMLEX-USA Level 1

Any student who fails COMLEX-USA Level 1 must meet with the APPS Committee. The student will be placed on Academic Probation and subject to sanctions as described below.

Students who fail COMLEX-USA Level 1 are required to complete a Boards preparation program prescribed by CUSOM, such as, but not limited to, Boards Boot Camp (<http://www.boardsbootcamp.com>), at the student's expense and within a timeframe established by the APPS Committee. This requires the student to enter a Modified Course of Study (MCOS).

A student who fails COMLEX-USA Level 1 on their first attempt, but has already completed a CUSOM-approved or designated Boards preparation program prior to taking COMLEX-USA Level 1, may be placed on Suspension (ineligible for financial aid and not an active student) or be required to complete a different preparation program prescribed by CUSOM, such as, but not limited to the PASS Program (<https://www.pass-program.com/>). Participation in the required preparation program will be at the student's expense and must be completed within a timeframe established by the APPS Committee. This requires the student to enter a MCOS. If the student is already on a MCOS, adjustments to the MCOS may be required. In either case, a MCOS may result in a delay in the completion of program requirements and graduation, which may in turn affect their ability to participate in the residency match process. Upon successful completion of the remedial program, the student is required to retake COMLEX-USA Level 1 for the second attempt within a timeframe established by the APPS Committee.

Any student who fails COMLEX-USA Level 1 a second time must again meet with the APPS Committee. The student may be placed on Suspension (ineligible for financial aid and not an active student) or be required to complete a boards preparation program prescribed by CUSOM, such as, but not limited to, the PASS Program (<https://www.pass-program.com/>) at the student's expense and within a time frame established by the APPS Committee. This requires the student to enter a MCOS. If the student is already on a MCOS, adjustments to the MCOS may be required. In either case, a MCOS may result in a delay in the completion of program requirements and graduation, which may in turn affect their ability to participate in the residency match process. Upon successful completion of the remedial program, the student is required to retake COMLEX-USA Level 1 for the third, and final, time within a timeframe designated by the APPS Committee. A student is permitted only three (3) attempts to pass COMLEX-USA Level 1, after which they will be dismissed from the program.

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

6.6.2.3 COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE

Third-year students must take and pass an end-of-rotation exam after each core rotation. In addition to demonstrating the student has learned the appropriate material on the rotation, these exams function to prepare students for COMLEX-USA Level 2-CE. In addition, at the end of the third year students must take and pass Standardized Patient (SP) Objective Structured Clinical Examination (OSCE) exams. These exams are administered to assure the student has competently achieved the clinical skills expected in the third year and to prepare the student for COMLEX-USA Level 2-PE testing.

Students must schedule their COMLEX-USA Level 2-CE no later than March 15 of the MS-3 year and take the exam no later than November 1 of the MS-4 year unless otherwise approved.

In order to sit for COMLEX-USA Level 2-CE, the student must achieve a passing score as determined by CUSOM on a Qualifying Exam (QE), such as a CUSOM-proctored College of Osteopathic Medicine Self-Assessment Exam (COMSAE) or a similar exam.

CUSOM identifies the passing parameters for this exam and pays for the first QE, with students responsible for the cost of subsequent exams. Students are permitted to register for COMLEX-USA Level 2-CE prior to passing the QE; however, students failing to meet the minimum CUSOM pre-identified score on three (3) consecutive attempts are not permitted to take COMLEX-USA Level 2-CE.

Students who do not pass the QE after three (3) consecutive attempts are referred to the APPS Committee and the student will be required to complete a Boards preparation program. This online program is the Boards Boot Camp Ultra Program (<http://www.boardsbootcamp.com>). This program will be at the student's expense and will not exceed a timeframe established by the APPS Committee, unless the APPS Committee revisits the original timeline for non-compliance or some other relevant issue. The APPS Committee may recommend a student be removed from clinical rotations while completing a Boards preparation program.

Students assigned to a Boards preparation program must meet all program requirements, which includes, but is not limited to, strict adherence to all timelines related to the completion of study assignments and assessment examinations. Failure to do so will

result in a return visit to APPS Committee with possible sanctions imposed for non-adherence to the agreed process.

In order to be permitted to take COMLEX-USA Level 2-PE, the student must successfully pass an Objective Structural Clinical Examination (OSCE) administered during Residency Development month. If the student fails to pass this OSCE, they will undergo a remediation program. Students are not released to take the COMLEX-USA Level 2-PE exam until passing a remediation program and receiving approval.

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

Students are required to take COMLEX-USA Level 2-PE by October 1 in their fourth year. As it takes a minimum of ninety (90) days to receive scores for COMLEX-USA Level 2-PE, it may be to the student's advantage to take this exam earlier in order to provide the student with ample time to retake the exam and qualify for the Match prior to graduation in the case the student does not pass the exam.

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

As of the date of this Bulletin, the NBOME and the COCA have temporarily waived the passing of COMLEX-USA Level 2-PE as a graduation requirement for the Class of 2022. As such, to be eligible to graduate, each student must pass a summative OSCE administered by CUSOM.

The student must report to the Office of Clinical Affairs when National Board examinations will be taken (please see below). For time off, (e.g., National Boards) the clinical faculty preceptor, Regional Dean/Director of Student Medical Education (DSME), and Regional Site Student Medical Education Coordinator will be notified, and the student will not be required to work nor make up the time missed.

Eligible students shall be granted permission to be absent from their clinical service in order to take the COMLEX-USA examination (one (1) day). If not administered locally, adequate travel time (one (1) day

before) will be permitted. Students must provide notice to their clinical faculty preceptor, Regional Dean/DSME (if at a core CUSOM training site), and the Office of Clinical Affairs at least two (2) weeks in advance of their scheduled examination date. Students are expected to report to their rotation in the usual manner, the day after the examination day, unless travel exceeds 200 miles. Dates for COMLEX-USA Examinations can be found at this website:

<http://www.nbome.org>

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

Any student who fails either COMLEX-USA Level 2-CE or COMLEX-USA Level 2-PE must meet with the APPS Committee. The student will be placed on Academic Probation and subject to sanctions as described below.

Any student who fails the student initial attempt on COMLEX-USA Level 2-CE will be immediately placed on Academic Probation and, as determined by the APPS Committee, will be withdrawn from clinical rotations until the student successfully passes the exam. Any student who fails COMLEX-USA Level 2-CE must meet with the Associate Dean for Clinical Affairs and the APPS Committee within seven (7) days of receiving a failing score.

Students who fail COMLEX-USA Level 2-CE will be required to complete a remedial program prescribed by CUSOM, such as, but not limited to, Boards Boot Camp (<http://www.boardsbootcamp.com>), at the student's expense and within a time frame established by the APPS Committee. Upon successful completion of the remedial program, the student will be required to retake COMLEX-USA Level 2-CE within a timeframe established by the APPS Committee.

Students assigned to a Boards preparation program must meet all program requirements, which includes, but is not limited to, strict adherence to all timelines related to the completion of study assignments and assessment examinations. Failure to do so will result in a return visit to APPS Committee with possible sanctions imposed for non-adherence to the agreed process.

Students who have been removed from clinical rotations due to a COMLEX-USA Level 2-CE failure are placed in a Modified Course of Study (MCOS) and may be permitted to return to clinical rotations following their retaking of the exam while waiting for release of their COMLEX-USA Level 2-CE score by the NBOME. Students who are unsuccessful on the second attempt of the COMLEX-USA Level 2-CE will be referred to the APPS Committee and may be placed on Suspension (ineligible for financial aid). Students are not removed

from Suspension until they demonstrate a passing score on the deficient exam(s). Students on Suspension for a period exceeding six (6) months will be reviewed by the Academic Performance, Promotion and Standards (APPS) Committee and are subject to dismissal from the program.

A student is permitted only three (3) attempts to pass COMLEX-USA Level 2-CE, after which the student will be dismissed from the program.

A MCOS is individually designed based upon the student's performance and needs by the respective Associate Dean and approved by the APPS Committee. Students in a MCOS must agree to and comply with the conditions and schedule of the MCOS. Students not following the MCOS may be placed on Suspension (thus ineligible for financial aid and not considered an active student) at any time.

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

As of the date of this Bulletin, the NBOME and the COCA have temporarily waived the passing of COMLEX-USA Level 2-PE as a graduation requirement for the Class of 2022. As such, to be eligible to graduate, each student must pass a summative Objective Structured Clinical Examination (OSCE) administered by CUSOM.

6.6.3 Modified Course of Study

A Modified Course of Study (MCOS) is a credit-bearing, individualized study plan for students who require an alternative educational pathway for reasons such as mandated board preparation, required remediation, illness, leave of absence, or withdrawal. A MCOS is not intended to provide extra time to prepare for licensing examinations simply because a student would like more time to study and prepare for these examinations. Students do not choose to enter a MOCS; rather, students are required to offer a rationale for why an MCOS should be granted by the APPS Committee.

The MCOS will be individually designed based upon the student's performance and needs by the respective Associate Dean and approved by the APPS Committee. Students in a MCOS must agree to, and comply with, the conditions and schedule of the MCOS. Students not following the MCOS may be placed on Suspension (ineligible for financial aid and not considered an active student) at any time.

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

A student in a MCOS who does not adhere to the requirements and parameters of the MCOS, including but not limited to, not following directions of an assigned program such as Boards Boot Camp or the PASS Program, may be referred to the APPS Committee for further action and may be placed on Suspension.

6.7 Academic Performance, Promotion and Standards (APPS) Committee

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

Additionally, the APPS Committee is responsible for the review of situations where students are involved in academic misconduct (i.e., cheating or plagiarism), non-academic violations of the Honor Code or Code of Misconduct, unprofessional conduct, or grievances. Additional information regarding these violations and procedures is found in this Bulletin at Sections 6.7.3 Honor Code, 6.7.4 Code of Misconduct, and 6.10 Grievance Processes.

The APPS Committee is appointed by the Dean, and membership may be subject to change at any time. The Registrar and Executive Director of Student Affairs participate as voting members. A quorum is defined as a simple majority of the members. The committee Chair, with approval of the Dean, may invite non-voting members to attend. APPS Committee meetings are considered academic proceedings and not legal hearings, neither attorneys nor other representatives (e.g. healthcare providers) are allowed.

6.7.1 Procedures for Calling and Conducting an APPS Committee Meeting Regarding Academic Matters

The APPS Committee meets at the end of any Block or clinical rotation after the Associate Dean for Biomedical Affairs or the Associate Dean for Clinical Affairs have determined all grades: (i) to review students who have achieved a failing course or clinical rotation grade, or failed to successfully remediate a failed course, (ii) when a delay in a student's academic progress is identified, or (iii) when deemed necessary.

The Chair of the APPS Committee or the appropriate Associate Dean for the academic year involved may also call a meeting of the APPS Committee in cases where the academic progress of a student is affected by a leave of absence or other factors.

Students cannot request a meeting of the APPS Committee to challenge or appeal an APPS Committee decision; appeals are handled through the Dean as outlined in Section 6.7.8 or through the Grievance procedures outlined in Section 6.10 of this Academic Bulletin.

Reasons for an APPS Committee hearing include, **but are not limited to**, if a student has:

- Failed a course;
- Attempted and failed to remediate a course;
- Failed to pass any course while on Academic Probation;
- Failed a clinical rotation;
- Failed an end-of-rotation exam;
- Failed to pass a COMLEX-USA Qualifying Exam within the required number of attempts;
- Failed to pass an appropriate COMLEX-USA examination; or
- Failed to make academic progress, or follow directives set forth, in an assigned remediation plan, any Board preparation programs, or any Modified Course of Study.

Upon initial review of a referral of a student to the APPS Committee, the Chair of the APPS Committee has the discretion to determine an intermediary action, such as the student meeting with the appropriate Associate Dean or other designated individual, which may be warranted in an effort to resolve the issue in lieu of an APPS Committee hearing.

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

- The appropriate Associate Dean for the academic year involved reports on the academic progress of student(s), as necessary.
- The Associate Dean may submit a written or oral report documenting assistance the student has received or been offered, including, but not limited to, tutoring or advising.
- The Course Director, Department Chair, or the student's Faculty Advisor may be invited to an APPS Committee meeting to comment on student performance and related topics, as necessary.
- The Executive Director of Student Affairs may report on documentation the Office of Student Affairs has which may be relevant to the student's academic progress. The Registrar is available to discuss the student's academic record, if needed.
- The APPS Committee Chair shall identify a secretary to record minutes and to ensure all communications occur in a timely manner.

Each student reviewed by the APPS Committee is provided the opportunity to make a maximum of a ten-minute oral presentation (no PowerPoint presentations or handouts except for written reports from a medical provider) relevant to any issues or considerations the student wishes to make known to the APPS Committee. Members of the APPS Committee may then directly question the student. This is the only portion of the meeting at which the student may be physically present.

In lieu of an in-person oral presentation, the student may be allowed to phone or videoconference (e.g., Zoom or WebEx) into the APPS Committee meeting and has the option to submit a written document, no more than two pages, single-spaced. These options are only available upon approval by the Chair of the APPS Committee, pending a valid reason for not presenting in-person.

In certain circumstances, such as a request to reschedule a national licensing exam while completing a mandated Board review program, the student can elect to forego appearing before the APPS Committee. In this case, the student may delegate either the Chair or Vice-Chair of the APPS Committee to present the request on his/her behalf to the APPS Committee.

The APPS committee will not accept or consider any additional information from the student, or on behalf of the student, after the student has exited the meeting.

All sessions of the APPS Committee are closed to all individuals except those immediately concerned in the case. APPS Committee meetings are not considered legal hearings, therefore neither attorneys nor other representatives (e.g., healthcare providers) are allowed to attend. All persons present at the proceedings shall be bound to disclose no more than the Committee does in its official report on the case.

Subject to FERPA, all deliberations, minutes, findings, and recommendations of the APPS Committee functions remain confidential except where the student waives confidentiality or the release is required by law.

All APPS Committee meeting minutes and evidence are maintained in the Office of the Dean.

The APPS Committee Chair will notify the student in writing of the decision of the APPS Committee meeting as soon as practical. Upon receipt of notification, the student must sign and return the Notice of Decision within the timeframe defined in the letter.

The student shall have the right to submit a written appeal of the APPS Committee decision to the Dean within five (5) business days of receipt of notification in accordance with Section 6.7.8 of this Bulletin.

6.7.2 Student Professionalism and Ethics Standards

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

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

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

Student Statement of Professional Ethics

As a CUSOM student, I will...

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

Respect for Patients

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

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

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

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

Respect for Self

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

Respect for Laws, Policies and Regulations

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

6.7.2.1 Chaperoned Physical Exam Policy

Purpose

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

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

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

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

Policy

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

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

CUSOM students and faculty should:

1. Adhere to a policy that patients are free to request a chaperone during the medical encounter and ensure that the policy is clearly communicated to patients.
2. Always honor a patient's request to have a chaperone.
3. Never perform invasive or sensitive exams such as breast, pelvic, rectal, and genitourinary exams without the presence of an authorized chaperone.
4. Have an authorized member of the health care team serve as a chaperone. Physicians should establish clear expectations that chaperones will uphold professional standards of privacy and confidentiality.
5. Use a chaperone even when a patient's trusted companion or family member is present.
6. Provide opportunity for private conversation with the patient without the chaperone present. Physicians should minimize inquiries or history taking of a sensitive nature during a chaperoned examination.
7. Have chaperones available regardless of the physician's gender.
8. Inform the patient that an appropriate staff member can act as a chaperone if required and where possible this will be a staff member of the same gender as the patient.
9. Respect that the patient has the right, at all times, to decline a particular person as chaperone.
10. Utilize the learning or simulation environment in a manner consistent with respecting patient privacy.
11. Utilize same gender models for sensitive physical exam demonstrations whenever possible (cardiac exam, sacral exam, etc...).
12. Perform Osteopathic Manual Manipulation (OMM) only on subjects or patients who are adequately clothed to cover all sensitive areas.
13. Not perform OMM as an invasive procedure.
14. Respect the right of a patient participating in an educational activity (such as, but not limited to OMM lab, ultrasound lab, clinical skills) to refuse any component of the physical exam.

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

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

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

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

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

- vaginal examination;
- rectal examination;
- external genitalia examination;
- breast examination; and
- any other examination that might embarrass patients through the removal of clothes, particularly those examinations that might expose external genitalia or breasts.

Procedure

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

- Honor all requests for a chaperone.
- Utilize private facilities for undressing, incorporate sensitive use of draping, and provide clear explanations on the various components of the physical examination to be performed.
 - The nature of the procedure/examination should be explained
 - The purpose of the procedure/examination should be clearly stated, (e.g. “it is to help me learn how to...”)

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

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

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

Consequences of Non-compliance

Items of potential non-compliance are of serious concern and will require confirmation via investigation of any allegation. Due to the sensitive nature of the grievance, CUSOM will require that all real and

standardized patient interactions involving the accused be immediately suspended at the time of the grievance, pending the investigation conclusion.

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

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

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

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

Conclusions regarding fitness to practice and treatment if appropriate.

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

6.7.3 Honor Code

The Campbell University Jerry M. Wallace School of Osteopathic Medicine Honor Code of Conduct (CUSOM Honor Code) embodies a spirit of mutual trust, intellectual honesty, and professionalism between the School and the student body, and it is the highest expression of the values shared by the CUSOM and Campbell University communities. The CUSOM Honor Code is based on the fundamental belief that every student is worthy of trust and it is maintained to protect the right to participate in an academic environment free from injustice caused by dishonesty.

Further, CUSOM students are expected to conduct themselves in a professional and ethical manner befitting the honorable profession they are entering. Students have an obligation to maintain the highest standards of honesty and integrity. It is not possible to enumerate all examples of expected academic and professional behavior, nor is it possible to enumerate all behaviors considered inappropriate, unprofessional, unethical, or not in keeping with the standards of a CUSOM student. The following serves only as a guideline to students.

In general, the founding principles of the CUSOM Honor Code are the established rules and regulations of the CUSOM community. The CUSOM community includes CUSOM, affiliated hospitals, and any institution where CUSOM students pursue activities for academic credit. Violation of these rules and regulations may constitute a violation of the CUSOM Honor Code. In addition, specific examples of behavior which may constitute a violation of the CUSOM Honor Code include, but are not limited to, the following:

- **Cheating:** Providing, acquiring or receiving any unauthorized assistance or unfair advantage on any form of academic work, or attempt thereof. Sharing information from testing/exams is also considered a form of cheating.
- **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.
- **Falsification:** Fabrication of information on any form of academic work or attempt thereof; including, but not limited to, the following:
 - Clinical requirements;
 - Externships and clinical rotations;
 - Assignments such as: obtaining patient histories, performing physical exams, ordering or interpreting laboratory tests, documenting and submitting rotation records, etc...;
 - CUSOM lab, skills workshop, small group session, and clinical rotation attendance reports; or
 - Clinical preceptor or other faculty evaluation or grading forms.
- **Disruptive Behavior:** Any inappropriate etiquette or inappropriate disturbance either solely or repeated often enough to establish a disrespectful trend. Inappropriate disturbances include but are not limited to the following:
 - Arriving late for class, lab, or clinical rotations;
 - Disrupting class with cellular phones;
 - Disrupting class with computers or computer games;
 - Disrupting class with loud talking or other activities which create a distraction;
 - Leaving trash in classrooms or academic areas, including student small group study rooms;
 - Bringing food into unauthorized areas or hosting food functions without permission;
 - Posting unapproved materials or approved materials in inappropriate areas; or
 - Parking in inappropriate or reserved spaces.
- **Unacceptable use of technology:** Any violation of the acceptable use guidelines as published by the CUSOM IT department or as noted in the Campbell University Technology Usage Policy:

<https://www.campbell.edu/information-technology-services/acceptable-use-policy/>

In addition, unacceptable uses of technology include, but are not limited to, the following:

- Using computers for purposes which are considered unprofessional or immoral;
 - 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;
 - Distributing, posting, or uploading materials to students or any other third party not authorized to receive them or to those outside CUSOM is an Honor Code violation. Lecture materials, including PowerPoint presentations, and videos contain confidential and proprietary information and material protected by intellectual property laws. Students do not have permission to share them.; or
 - Any device capable of capturing still or video images or audio recordings, including cell phones, are not permitted in any laboratory (anatomy, clinical skills, OMM, Simulation), or in any clinical setting, including and not limited to OSCE, standardized patients, clinical rotations, and the student health clinic.
- **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.

Unprofessional or unethical behavior may include, **but is not limited to**, the following:

- Entering or using the facilities of the CUSOM community without appropriate authorization or during inappropriate times;
- Knowingly and purposely disrupting teaching, research, administrative, or student functions of the CUSOM community;
- Abusive or disrespectful conduct toward members of the faculty, administrative or professional staff, employees, students, patients, or visitors of the CUSOM community. Medical simulators should be treated with the same level of respect and professionalism as standardized or actual patients;
- Disclosure of privileged information from campus activities or patient care;
- Taking pictures or recording video in the anatomy lab, clinical lab, OSCE rooms, or in any rooms housing clinical simulators;
- Improper relationships or activities involving persons entrusted to a student as part of educational requirements, which extend beyond those educational requirements. Entrusted persons may include, but are not limited to, patients or other students under supervision;
- Controlled substance screening tests which show abnormalities including, but not limited, to excessively dilute urine, or screening tests

which are positive (i.e., evidence of the substance or showing presence) for alcohol, prescription medications without a valid prescription, or substances which are illegal in the state of North Carolina. Controlled substance screening results are viewed in light of North Carolina and federal laws governing illegal substances. For example, although the use of marijuana is legal in some states, the US Federal Drug Enforcement Agency lists it as an illegal drug. Its use or abuse impairs the ability of a healthcare professional to provide optimal care to patients;

- As such, the use of marijuana in any form is a violation of University policy. Another example is a breathalyzer result or a blood alcohol concentration sample identifying levels of alcohol above the legal limit in violation of law, such as in a Driving Under the Influence (DUI), Driving While Intoxicated (DWI), or a similar charge. The presence of these substances, regardless of any legal considerations or adjudication by the courts, is considered unprofessional or unethical behavior by CUSOM.
- Breach of Integrity: Any behavior at any time that is considered a severe lapse in judgment and has the potential to damage the professional, ethical or moral integrity of the CUSOM community; or
- A violation of any policy of the University or CUSOM, including but not limited to the American Osteopathic Association Code of Ethics.

Section 6.7.5 of this Bulletin, “Procedures for Calling and Conducting an APPS Committee Meeting Regarding Non-Academic Matters”, describes the process for addressing cases related to allegations of misconduct or professionalism and/or Honor Code violations. In such cases, the Executive Director of Student Affairs or respective Associate Dean, notifies the Associate Dean for Clinical Integration of the suspected violation and provides him/her with a detailed summary of the reason for referral along with all supporting documentation. The Associate Dean for Clinical Integration then, (i) constitutes an *ad hoc* committee to investigate the suspected misconduct, who reports their findings in writing to the Vice Dean for Academic Affairs, or (ii) depending upon the severity of the allegations, refers the matter directly to the APPS Committee.

6.7.4 Code of Misconduct

Violations may include, but are not limited to:

- Harassment (other than a violation of the Title IX Policy), harm, abuse, or damage to any person or property in the CUSOM community. This includes knowingly or purposely causing damage to or vandalizing CUSOM community property;
- Arrest for a criminal offense other than a minor traffic offense;
- Participating in academic or clinical endeavors in the CUSOM community while under the influence of alcohol, or controlled substances;

- Use, possession, or distribution of alcohol, illicit substances, prescription medications without a valid prescription, or substances which are illegal in the state of North Carolina may result in disciplinary action up to and including dismissal. Controlled substances will be viewed in light of North Carolina and federal laws governing illegal substances. Please note this includes substances which are illegal in the state of North Carolina, but which may be legal in other states; or
- Communicating or posting of information or images in a public arena, including written or electronic/Internet communications, which could result in a loss of respect by patients or other members of the public toward the offending student or toward CUSOM.

6.7.5 Procedures for Calling and Conducting an APPS Committee Meeting Regarding Non-Academic Matters

Reasons for an APPS/*ad hoc* Committee hearing/meeting for non-academic matters include, but are not limited to, allegations that the student has:

- Violated the CUSOM Honor Code or Code of Misconduct;
- Violated any CUSOM or Campbell University policy/procedure or provision of this Bulletin;
- Failed a controlled substance screening test;
- Failed to maintain required vaccinations as scheduled;
- Received findings on a criminal background check that would affect the student's matriculation or a clinical rotation;
- Failed to adhere to set timelines/due dates;
- Failed to update contact information; or
- Failed to respond in timely manner to email and other forms of communication from CUSOM.

Allegations of misconduct may arise from an individual student, group of students, faculty member, clinical preceptor, staff member, or member of the community. For issues arising from Honor Code, Code of Misconduct, or professionalism or ethics violations, the person(s) identifying the issue(s) should report the issue(s) to the Executive Director of Student Affairs or the respective Associate Dean (Biomedical or Clinical) within five (5) business days of the incident.

The Executive Director of Student Affairs or respective Associate Dean will collect documentation which may be relevant to the alleged violation. This may include, but is not limited to, a written report from the student(s), faculty, or staff involved with the incident(s). In the case where students are reporting the suspected violation, unless required at a hearing, waived by the subject(s) of the alleged violation, or required by law, confidentiality of the reporting student is maintained, and the Executive Director of Student Affairs or respective Associate Dean will present the reporting student(s)'s testimony. Dated notes are taken to describe the discussion.

The Executive Director of Student Affairs or respective Associate Dean notifies the Associate Dean for Clinical Integration of the suspected misconduct or violation and provides him/her with a detailed summary of the reason for referral along with all supporting documentation. The Associate Dean for Clinical Integration then, (i) constitutes an *ad hoc* committee to investigate the suspected misconduct, who reports their findings in writing to the Vice Dean for Academic Affairs, or (ii) depending upon the severity of the allegations, refers the matter directly to the APPS Committee.

If forwarded to the APPS Committee pursuant to Section 6.7.6, the recommendations of the *ad hoc* committee or the decision of the Vice Dean for Academic Affairs are presented to the APPS Committee at the hearing. The student(s) shall meet with the APPS Committee and be informed of the allegations and afforded an opportunity to explain him/herself and offer any mitigating factors.

All sessions of the Committee are closed to all individuals except those immediately concerned in the case. APPS Committee meetings are not considered legal hearings, therefore neither attorneys nor other representatives (e.g., healthcare providers) are allowed to attend.

All persons present at the proceedings shall be bound to disclose no more than the Committee does in its official report on the case.

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

The Committee may allow introduction of evidence other than testimony of witnesses (for example, documentary evidence) provided the evidence is relevant to the question before the Committee on any matter. The Committee shall set rules for the conduct of all cases and all arrangements connected with collecting evidence. Timeframes for investigation of hearings and proceedings may be altered if circumstances warrant.

Deliberation of either the *ad hoc* Committee or the full APPS Committee shall take place in private and remain confidential, and the standard for a decision in a hearing involving misconduct or honor code violations shall be based on a preponderance of the evidence (whether a violation is more likely than not to have occurred).

All APPS Committee meeting minutes and evidence are maintained in the Office of the Dean.

The APPS Committee Chair will notify the student in writing of the decision of the APPS Committee meeting as soon as practical. Upon receipt of notification, the student must sign and return the Notice of Decision within the timeframe defined in the letter.

The student shall have the right to submit a written appeal of the APPS Committee decision to the Dean within five (5) business days of receipt of notification in accordance with Section 6.7.8 of this Bulletin.

6.7.5.1 Rights of the Student

With respect to a hearing regarding **non-academic matters**, the Student(s) is guaranteed the right to:

- a timely hearing, if requested;
- receive notice of the allegation(s) at least three (3) days prior to the hearing;
- a presumption of innocence until proven guilty;
- solicit advice;
- expect the case to be adjudicated in a confidential manner; and
- appeal the decision to the Dean in accordance with the provisions of Section 6.7.8 of this Bulletin.

6.7.6 *Ad hoc* Committee Procedures

If referred to an *ad hoc* Committee, the Chair of the *ad hoc* Committee will schedule a hearing with the *ad hoc* Committee and notify the accused student(s) (the “Respondent”) at least three (3) business days prior to the hearing. This hearing typically is held as soon as practical following the referral of the case to the *ad hoc* Committee.

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

The *ad hoc* committee will not accept or consider any additional information from the student, or on behalf of the student, after the student has exited the *ad hoc* committee meeting.

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

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

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

1. No violation occurred, the Vice Dean for Academic Affairs may accept the finding, and so notify the Respondents(s);
2. No violation occurred, and the Vice Dean for Academic Affairs disagrees, he/she may decide:
 - a) Upon an appropriate sanction as set forth below and so notify the Respondents(s); or
 - b) To forward the matter to the APPS Committee for further consideration;
3. A violation occurred, and the Vice Dean for Academic Affairs may accept the finding and the sanction proposed by the *ad hoc* committee, and so notify the Respondents(s);
4. A violation occurred, and the Vice Dean for Academic Affairs disagrees with the sanction proposed by the *ad hoc* committee, he/she may decide:
 - a) Upon an appropriate sanction as set forth below, and so notify the Respondents(s); or
 - b) To forward the matter to the APPS Committee for further consideration on the sanction only.

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

1. No. 2a, 3, or 4a above and the Respondents(s) accepts the decision, the decision of the Vice Dean for Academic Affairs shall be final; or
2. No. 2a, 3, or 4a above, and Respondent(s) do not accept the decision of the Vice Dean for Academic Affairs, the Respondent(s) has/have the right to appeal the decision to the APPS Committee; or
3. No. 2b, or 4b above, the matter will be forwarded to the APPS Committee for further consideration.

An appeal of the Vice Dean for Academic Affairs' decision to the APPS Committee by the student must be made in writing to the Vice Dean for Academic Affairs within five (5) business days of receipt of notification and be based only upon new and relevant information not available to the student at the time of the hearing. If the student does not appeal within five (5) business days of receipt of notification, the Vice Dean's decision is final.

6.7.7 APPS Committee Sanctions

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

All APPS Committee meeting minutes and evidence are maintained in the Office of the Dean.

Depending on the nature of the hearing, the following is a non-exclusive list of sanctions the APPS Committee may recommend to the Dean or require to be imposed:

6.7.7.1. Non-appealable APPS Committee Sanctions

The APPS Committee may impose a sanction, which is not appealable to the Dean, for students failing to make academic progress due to the following:

- Failure of one or more courses in any one Block in Years 1 and 2 of the curriculum;
- Failure of one or more total clinical rotations;
- Failure of any course or clinical rotation while in a Modified Course of Study;
- Failure of any course or clinical rotation while on Academic Probation;
- Failure to successfully remediate a failed course or clinical rotation is considered an additional course/rotation failure;
- Failure to successfully complete any curricular requirements; or
- Any other issues similar to the foregoing and deemed relevant.

In addition to imposing sanctions for failure to make academic progress, the Committee may review student progress in order to remove students from Academic Warning, Academic Probation, or Suspension.

A non-appealable APPS Committee sanction may include, **but is not limited to**, any of the following:

- Award a satisfactory grade (C*, P*, or PC*) and promotion to the next Block/clinical rotation following satisfactory remediation;
- Require remediation, further coursework, repeat of courses, or write a topic-specific paper;
- Repeat an examination, or coursework;
- Require the student to repeat multiple courses in which the student initially earned a failing grade;
- Specify a timeline or manner in which any remediation must occur;

- Require the successful completion of one or more additional clinical rotations and associated requirements, including, but not limited to, educational modules, procedure logs, and end-of-rotation exams (even if previously taken and passed);
- Assign the student an Admonition
- Place a student on a defined term of Academic Warning or Academic Probation. Placement of a student on Academic Probation is mandatory if the student has failed COMLEX-USA Level 1, COMLEX-USA Level 2-CE, a course or clinical rotation while on Academic Warning, or failed multiple courses or clinical rotations;
- Extend a student's term of Academic Warning or Academic Probation;
- Place a student on a defined term of Conduct Warning or Conduct Probation;
- Extend a student's term of Conduct Warning or Conduct Probation;
- Declare the student ineligible for election to, or removal from, student office or organizational office for a specified term;
- Require more frequent meetings with CUSOM's Academic Center for Excellence or faculty advisors;
- Request further assessment to verify the student has the ability to make satisfactory progress to become an osteopathic physician, including, but not limited to, psychological evaluations, controlled substance or alcohol screening/testing, or other evaluations. Such testing will be at the student's expense;
- Require the student to attend targeted workshops or programs, such as, but not limited to, sensitivity training or anger management;
- Assign a Modified Course of Study, which may delay promotion and graduation until satisfactory progress through a directed remediation program has occurred;
- Assign an **Admonition**: Student will receive a written warning. An Admonition will not become a part of the student's longitudinal record and is not reported in the Medical Student Performance Evaluation (MSPE). An Admonition may not be appealed by the student. In certain circumstances, the APPS Committee Chair may determine a referral to the Committee warrants an Admonition and may directly assign that sanction if the student agrees to waive their meeting with the APPS Committee.;

- Assign an **Academic Warning**: Students who fail any course or clinical rotation will be placed on Academic Warning for a defined term. The record of each student on Academic Warning is reviewed at the end of the defined term to evaluate the student's academic progress, and the APPS Committee makes any recommendations regarding the continuation or removal of Academic Warning. Academic Warning will not appear on the student's official transcript and will not be reported in the MSPE.;
- Assign an **Academic Probation**: Students who fail a course or clinical rotation while on Academic Warning, fail multiple courses or clinical rotations, fail COMLEX USA Level-1, or exhibit any other issue identified by the APPS Committee will be placed on Academic Probation for a defined term. The record of each student on Academic Probation is reviewed at the end of the defined term to evaluate the student's academic progress, and the APPS Committee makes any recommendations regarding the continuation or removal of Academic Probation. Academic Probation will appear on the student's official transcript, along with the date the Academic Probation was rectified. Academic Probation will be reported in the MSPE.;
- Assign a **Conduct Warning**: Students who violate the Honor Code or display unprofessional behavior may receive a Conduct Warning for a defined term. The record of each student on Conduct Warning is reviewed at the end of the defined term to evaluate the student's progress, and the APPS Committee makes any recommendations regarding the continuation or removal of Conduct Warning. Conduct Warning will not appear on the student's official transcript and will not be reported in the MSPE.; or
- Assign a **Conduct Probation**: Students who violate the Honor Code or display unprofessional behavior may be placed on Conduct Probation for a defined term as determined by the circumstances of the case. Conduct Probation carries with it a warning that any further violations of CUSOM regulations will result in more serious disciplinary action up to, and including, dismissal. Conduct Probation will appear on the student's official transcript and will be reported in the MSPE. Third- and fourth-year Students on Conduct Probation may be required to complete all electives within the Campbell system (i.e. no "out rotations").

6.7.7.2. Appealable APPS Committee Sanctions

The APPS Committee may also recommend to the Dean Suspension or Dismissal of a student from the program when the APPS Committee determines the student is unable to make academic progress due to, **but not limited to**, any of the following:

- Failure of two or more courses in any one Block in Years 1 and 2 of the curriculum;
- Failure of three or more total courses in Years 1 and 2 of the curriculum;
- Failure of two or more total clinical rotations;
- Failure of any course or clinical rotations while in a Modified Course of Study;
- Failure of any course or clinical rotation while on Academic Probation;
- Failure to successfully remediate a failed course or clinical rotation is considered an additional course/rotation failure; or
- Any other issues deemed relevant.

The APPS Committee may impose a sanction, which is appealable to the Dean, which may include, **but is not limited to**, any combination of the following:

- Assign a grade reduction for an examination, assignment, or course;
- Repeat an entire academic semester or year;
- Assign a **Suspension**: Suspension may be imposed for continued or flagrant violation of terms of an Academic or Conduct Probation, or it may be imposed directly in first-offense cases which warrant such action. In the case of Suspension, the student will be ineligible for financial aid and is barred from all campus and non-campus activities. Suspension will appear on the student's transcript and be reported in the MSPE.; or
 - Any student may be placed on Suspension pending an investigation into conduct violations, including Title IX violations.
- **Dismissal**: The Dean bases Dismissal from CUSOM upon recommendations made by the APPS Committee with final approval for dismissal.

6.7.7.3. Non-appealable Dean-assigned Sanctions

In addition to the above sanctions, the Dean has the authority to apply additional academic and professional sanctions, which may not be appealed, and include, **but are not limited to**:

- Withholding official transcripts;
- Barring re-admission to CUSOM, if dismissed;
- Prohibiting a student from enrolling for a specified period of time;
- Assessing monetary or specific duties restitution, or reimbursement for damages to or misappropriation of CUSOM, student, staff, or faculty property;
- **Dismissal:** Dismissal from CUSOM is based upon recommendations made by the APPS Committee, with final approval for dismissal by the Dean; or
- **Revocation of a Degree:** The revocation of the Doctor of Osteopathic Medicine degree following graduation may occur for discovered misconduct of the student(s) during his/her enrollment which would be grounds for dismissal at the time of the misconduct. In the event of the discovery of such misconduct, the former student will be given notice of a hearing before the APPS Committee in accordance with the procedures set forth herein for a violation of the Code of Misconduct, provided the former student may be entitled to legal representation at the hearing or any appeal.

6.7.8 Appeal of an APPS Committee Decision

The APPS Committee Chair will notify the student in writing of the decision of the APPS Committee meeting as soon as practical. Upon receipt of notification, the student must sign and return the Notice of Decision within the timeframe defined in the letter.

An appeal of an APPS Committee decision by the student must be based only upon new and relevant information not available to the student at the time of the hearing with the APPS Committee and be made in writing to the Dean within five (5) business days of receipt of notification. Any documentary evidence relating to information available at the time of the hearing, but dated after the hearing, shall not be deemed new evidence. Any medical, psychological, or personal information, known to the student at the time of the APPS Committee meeting must be divulged at the time of the APPS meeting in order to be considered and, if not divulged at that time, cannot be used by the student later as the basis of any appeal. Only information which becomes known to the student after the APPS Committee meeting and is relevant to the situation will be deemed new and can serve as the basis for an appeal to the Dean.

The Dean will reply within ten (10) business days of receiving the written appeal. An appeal not received in the Office of the Dean by 5:00pm Eastern five (5) business days after receipt of notification will not be considered, and the decision rendered by the APPS Committee is final.

The Dean does not meet with the student prior to receiving the required written appeal material, and the student must make no attempt to meet with the Dean from the date of the written appeal and the date of any potential appeal hearing.

No legal counsel shall be present at an appeal meeting with the Dean as these meetings are not legal proceedings.

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

- Withdrawal is the administrative removal of a student from a class or from CUSOM and may be imposed in instances of unmet financial obligations to CUSOM. The withdrawn student may also be barred from re-enrollment until specific conditions have been met.
- Dismissal from the program without the option to return.

The Dean's decision is final.

6.7.9 Release of Information

All documents and other information concerning student discipline, including written reprimands, are securely maintained in a confidential file. Such actions become a part of the student's permanent education record but are only released at the written discretion of the Dean. However, all disciplinary actions, with the exception of Admonitions, Academic and Conduct Warnings, are required to be reported on the Medical Student Performance Evaluation (MSPE).

6.8 Separation from the Program

6.8.1 Separation from CUSOM

There are four (4) categories of separation from CUSOM:

- Leave of Absence
- Withdrawal
- Suspension
- Dismissal

The Dean makes all final decisions regarding any separation from CUSOM.

All current or former students returning from an approved period away from CUSOM (such as, but not limited to, a Leave of Absence or an offer to repeat an academic year), minimally must submit a completed Secondary Application, Background Check, and Controlled Substance Screen within a timeframe designated by CUSOM. The Background Check and Controlled Substance

Screen must be completed, and the results provided to CUSOM, **no earlier than sixty (60) calendar days prior to the anticipated return date.** For example, a student returning from a Medical Withdrawal on August 1, the Background Check and Controlled Substance Screen must be completed and results provided to CUSOM between June 2 and July 31. Additional requirements, such as a medical or psychiatric evaluation, may be placed on returning students as deemed appropriate.

The Executive Committee of the Admissions Committee, consisting of the Chair, two Vice-Chairs and at least two other members, will determine whether or not the student is offered acceptance. In cases in which there is a potential conflict of interest or two of the above members are not available, the Dean may designate another member of the full Admissions Committee to participate.

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

In order to return from any approved separation, the student must provide the Dean with documentation verifying completion of the terms of the approved separation.

Once approved for return, the Executive Committee of the APPS Committee consisting of the Chair, two Vice-Chairs and at least two other members, will determine placement of a student who has taken an approved separation to determine where the student will resume the curriculum and if any additional action or supplementary educational curriculum is required. In cases in which there is a potential conflict of interest or two of the above members are not available, the Dean may designate another member of the full APPS Committee to participate. Recommendations will be based on the requisite knowledge skills and abilities required to resume at a specific point in the curriculum coupled with a focus on ensuring the appropriate continuum of the medical education curriculum and training required to be successful, perform well on licensing exams, and provide competent and compassionate patient care.

6.8.2 Leave of Absence

A Leave of Absence is granted by the Dean. A leave of absence is a temporary separation from CUSOM which may not last longer than 180 calendar days. Reasons for a leave include, but are not limited to, academic, personal, medical, and maternity. If a leave exceeds 180 calendar days, it will become a Withdrawal.

A Leave of Absence is requested in writing, addressed to the Dean and delivered to the Executive Director of Student Affairs, who then provides it to the Dean. A Leave of Absence request must also include an anticipated date of return. The Dean in turn makes the final determination on the Leave of Absence request.

A Leave of Absence request requires completion of a Leave of Absence form and may or may not require the return of CUSOM issued items depending upon the specific circumstances of the Leave of Absence.

The date for a Leave of Absence is the date of the Dean's approval of the Leave of Absence request.

Where the absence is an Academic Leave of Absence, a Personal Leave of Absence, a Medical Leave of Absence of less than 180 days, or a Withdrawal, and the student reapplies for admission:

1. The Executive Committee of the Admissions Committee consisting of the Chair, two Vice-Chairs and at least two other members, will determine whether or not the student is offered acceptance. In cases in which there is a potential conflict of interest or two of the above members are not available, the Dean may designate another member of the full Admissions Committee to participate. Once approved for return, the Executive Committee of the APPS Committee consisting of the Chair, two Vice-Chairs and at least two other members will determine placement of a student who has taken an approved Academic Leave of Absence to determine where the student will resume the curriculum and if any additional action or supplementary educational curriculum is required. In cases in which there is a potential conflict of interest or two of the above members are not available, the Dean may designate another member of the full APPS Committee to participate. Recommendations will be based on the requisite knowledge skills and abilities required to resume a specific point in the curriculum coupled with a focus on ensuring the appropriate continuum of the medical education curriculum and training required to be successful, perform well on licensing exams, and provide competent and compassionate patient care.
2. Except for a Personal Withdrawal, Students who do not return on the approved date, or otherwise do not fulfill all the requirements for return, will need to re-apply through AACOMAS and will not be guaranteed re-admission.

6.8.2.1 Academic Leave of Absence

An Academic Leave of Absence is a unique situation, usually of a one-year duration, which allows students to pursue a research opportunity or complete a one-year post-secondary degree. Upon completion of this additional educational, experiential activity or scholarly pursuit, the student minimally must submit a completed Secondary Application, Background Check, and Controlled Substance Screen within a timeframe designated by CUSOM, as described in Section 6.8.1.

In order to return from any approved Academic Leave of Absence, the student must provide documentation verifying completion of the terms of the approved Academic Leave of Absence and an anticipated date of return as described in Section 6.8.1.

The letter from the Dean approving an Academic Leave of Absence will delineate any specific outcomes required upon return from the leave, such as a list of abstracts, publications, grants submitted, or other tangible evidence of productivity resulting from the leave.

6.8.2.2 Personal Leave of Absence

A Personal Leave of Absence is granted by the Dean and may not last longer than 180 calendar days. A Personal Leave of Absence is available to address situations such as a death of a spouse, child, or such other circumstance that would interrupt a student's education.

In order to return from any approved Personal Leave of Absence, the student must provide the Dean with documentation verifying completion of the terms of the approved Personal Leave of Absence, including an anticipated date of return as described in Section 6.8.1.

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

A Medical Leave of Absence may be granted to students who are in good academic standing, who provide acceptable supporting documentation indicating a valid medical reason requiring a leave of less than 180 calendar days and an anticipated date of return. Decisions regarding the granting of a medical leave are determined by the Dean. A Medical Leave of Absence may last no longer than 180 calendar days, if the leave extends beyond 180 calendar days it will automatically become a Medical Withdrawal as described below.

In order to return from an approved medical leave, the student must provide the Dean with documentation from a physician approving/releasing the student to return as a full-time student in the curriculum as described in Section 6.8.1.

6.8.2.4 Student Maternity Leave of Absence

A Student Maternity Leave of Absence may be granted to students who provide acceptable supporting documentation indicating a need to take a leave of absence because of their pregnancy. The required period of leave may include time before the delivery, after delivery, or both. This documentation must include an estimated date of delivery or, if a leave must be continue beyond delivery, the date delivery occurred. A student returning from a Student Maternity

Leave of Absence must provide a letter from their treating physician clearing them to return to CUSOM on a full-time unrestricted basis. Decisions regarding the granting of a maternity leave are determined by the Dean.

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

The student will meet with either the Associate Dean for Biomedical Affairs (MS-1 and MS-2), or Associate Dean for Clinical Affairs (MS-3 and MS-4), and the Executive Director of Student Affairs at the earliest available time to discuss the anticipated maternity leave. The student will provide the Executive Director of Student Affairs a proposed timeline of requested leave. The student must schedule meetings and acquire signatures from the Office of Financial Aid and the Bursar's Office as part of their leave process to avoid any ambiguity with the effect the leave may have on a student's financial aid.

The student will provide a medical note from her medical provider with an anticipated return-to-school date. This date should be the date when the student is medically cleared to resume all activities of the curriculum as a full-time student, with no restrictions. If the treating medical provider places an activity or time restriction on the student, the nature of the restriction(s) and the time frame for these restrictions must be well defined.

Based on the date of return to full-time status, either the Associate Dean for Biomedical Affairs (MS-1 and MS-2 students), or the Associate Dean for Clinical Affairs (MS-3 and MS-4 students) will develop a proposed Modified Schedule.

The student will meet with either the Associate Dean for Biomedical Affairs (MS-1 and MS-2), or Associate Dean for Clinical Affairs (MS-3 and MS-4) and the Executive Director of Student Affairs to review and discuss the proposed Modified Schedule. The student will sign the Attestation section after any additional changes are made and agreed upon by all parties.

The student will provide medical documentation to the Executive Director of Student Affairs from her medical provider documenting full medical clearance for return, including a definitive date of return.

The Associate Dean for Biomedical Affairs (MS-1 and MS-2), will contact and inform the Assistant Director of Medical Education, the Registrar, and the Course Directors for the affected courses, of the

Modified Schedule, and the Associate Dean for Clinical Affairs (MS-3 and MS-4) will contact and inform the appropriate Regional Dean/DSME, clinical campus Student Medical Education Coordinator and Registrar of the Modified Schedule. The Executive Director of Student Affairs will notify the Chief of Operations of the Modified Schedule.

6.8.2.5 Parental Leave of Absence

CUSOM may grant leave for students whose significant other gives birth or adopts a child while enrolled in the curriculum.

A Parental Leave of Absence may be granted on a case-by-case basis. Students requesting a parental leave of absence must be in good academic standing and provide appropriate documentation. A Parental Leave of Absence may be up to four (4) weeks for non-birth parents following the birth, or adoption, of a child.

The student will meet with either the Associate Dean for Biomedical Affairs (MS-1 and MS-2) or Associate Dean for Clinical Affairs (MS-3 and MS-4), and the Executive Director of Student Affairs at the earliest available time to discuss the anticipated Parental Leave.

The student provides the Executive Director of Student Affairs a proposed timeline of the requested leave. The student must schedule meetings and acquire signatures from the Office of Financial Aid and the Bursar's Office as part of their leave process to avoid any ambiguity with the effect the leave may have on a student's financial aid.

Following the birth or adoption, the non-birth parent will provide the Office of Student Affairs with an anticipated return-to-school date.

Once an anticipated return date is identified, either the Associate Dean for Biomedical Affairs (MS-1 and MS-2) or the Associate Dean for Clinical Affairs (MS-3 and MS-4) will develop a proposed Modified Schedule. The Associate Dean for Biomedical Affairs will work with the Course Directors, Medical Education, and Student Affairs to develop the Modified Schedule. The Associate Dean for Clinical Affairs will work with the student's Regional Dean/DSME, clinical campus Student Medical Education Coordinator, Registrar, and Student Affairs to develop the Modified Schedule.

The student will meet with either the Associate Dean for Biomedical Affairs (MS-1 and MS-2) or Associate Dean for Clinical Affairs (MS-3 and MS-4) and the Executive Director of Student Affairs to review and discuss the proposed Modified Schedule.

The Associate Dean for Biomedical Affairs (MS-1 and MS-2) will contact and inform the Director of Medical Education and Accreditation, the Registrar, and the Course Directors for the affected courses of the Modified Schedule and the Associate Dean for Clinical Affairs (MS-3 and MS-4) will contact and inform the appropriate Regional Dean/DSME, clinical campus Student Medical Education Coordinator, and Registrar of the Modified Clinical Rotations Schedule.

6.8.3 Withdrawal

Withdrawal from CUSOM is granted by the Dean. A Withdrawal may be a temporary separation from CUSOM, which may last longer than 180 calendar days or permanent separation from CUSOM. Reasons for a withdrawal include, but are not limited to, personal and medical.

Any request for Withdrawal must be completed prior to beginning the first final course assessment (e.g., exam) of a Block or clinical rotation (e.g., end-of-rotation exam). This would include courses ending earlier than other courses in a Block (e.g., a student would need to withdraw before completing the Foundations in Medical Practice course, which typically ends prior to finals week). Failure to withdraw by this date may result in issuance of a grade of F for all courses in that Block, or for that rotation, which will be recorded on the student's transcript and adversely affect the student's GPA.

A student may not withdraw if a grade has been assigned or if a final examination or assessment event has been started. Withdrawal from a course or clinical rotation after an examination has been administered and/or a clinical rotation completed, will result in the final grade being the grade of record. As such, a Withdrawal cannot remove a grade of F.

A Withdrawal is requested in writing, addressed to the Dean and delivered to the Executive Director of Student Affairs, who then provides it to the Dean. The student must schedule meetings and acquire signatures from the Office of Financial Aid and the Bursar's Office as part of their leave process to avoid any ambiguity with the effect the leave may have on a student's financial aid. The Dean in turn makes the final determination on the Withdrawal request.

The student must complete and return a Withdrawal Form and any designated CUSOM issued items to the Office of Student Affairs before the student will be considered Withdrawn in Good Standing.

The date for a Withdrawal is the date of the Dean's approval of the Withdrawal request.

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

Upon receipt of the completed Withdrawal Form and CUSOM issued items, the student is Withdrawn in Good Standing from CUSOM and entitled to certain benefits (i.e., application for readmission or issuance of an official transcript if requested).

Students on Suspension may not withdraw.

Students eligible to return from a Withdrawal from CUSOM, minimally must submit a completed Secondary Application, Background Check, and Controlled Substance Screen within a timeframe designated by CUSOM, as described in Section 6.8.1. Additional requirements, such as a medical or psychiatric evaluation, may be placed on returning students as deemed appropriate.

Students eligible to return from a Withdrawal may be required to provide the Dean with documentation verifying completion of the terms of the approved Withdrawal as described in Section 6.8.1.

NOTE: Although different categories of Withdrawal are identified, the student transcript will reflect a "W" for any approved Withdrawal.

6.8.3.1 Personal Withdrawal

A Personal Withdrawal may be granted to students who wish to voluntarily leave CUSOM for personal reasons. Students withdrawing from CUSOM for personal reasons are not guaranteed re-admission. To be deemed Withdrawn in Good Standing, the student must have passed all classes and be in good academic standing, complete all required paperwork and follow all CUSOM procedures during the withdrawal process.

Students eligible to return from a Personal Withdrawal may be required to provide the Dean with documentation verifying completion of the terms of the approved withdrawal as described in Section 6.8.1.

6.8.3.2 Medical Withdrawal (Absence Greater than 180 Calendar Days)

A Medical Withdrawal may be granted to students who are in good academic standing and who have an approved medical reason for a medical leave of absence that exceeds 180 calendar days.

A student returning from an approved Medical Withdrawal minimally must submit a completed Secondary Application, Background Check, and Controlled Substance Screen within a timeframe designated by CUSOM. The Background Check and Controlled Substance Screen must be completed, and the results provided to CUSOM, **no earlier than sixty (60) calendar days prior to the anticipated return date.**

For example, a student returning from a Medical Withdrawal on August 1, the Background Check and Controlled Substance Screen must be completed and results provided to CUSOM between June 2 and July 31. Additional requirements, such as a medical or psychiatric evaluation, may be placed on returning students as deemed appropriate.

In order to return from an approved Medical Withdrawal, the student must also provide the Dean with documentation from a physician approving/releasing the student to return as a full-time student in the curriculum as described in Section 6.8.1.

6.8.4 Special Meetings of the APPS Committee

The Dean may call a meeting of the APPS Committee to determine placement of a student who is returning from an approved Leave of Absence, Withdrawal, or Suspension to determine where the student will resume the program and to determine if any additional action or supplementary educational curriculum is required.

6.8.5 Suspension

Suspension is defined as a temporary separation from the institution and during this period **students are enrolled, not registered and are not eligible for financial aid**. The duration of the Suspension will be determined by the Dean and may include recommendations from the APPS Committee.

While on Suspension, students must not represent themselves as CUSOM students. In addition, they may not be on the University campus or affiliated clinical campuses, participate in any clinical activities or wear their CUSOM white coat.

Students on Suspension are not eligible to Withdraw.

If the terms set out under the Suspension are not fulfilled, or the period of Suspension is greater than 180 calendar days, the student will be dismissed from CUSOM.

6.8.6 Dismissal

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

6.9 Graduation

6.9.1 Graduation Requirements

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

- Satisfied all academic requirements, and completed the total number of credits required for their class as calculated at the time of graduation;
- Passed COMLEX-USA Level 1, COMLEX-USA Level 2-CE, and COMLEX-USA Level 2-PE;
 - As of the date of this Bulletin, the NBOME and the COCA have temporarily waived the passing of COMLEX-USA Level 2-PE as a graduation requirement for the Class of 2022. As such, to be eligible to graduate, each student must pass a summative Objective Structured Clinical Examination (OSCE) administered by CUSOM.
- Demonstrated good moral, professional, and ethical character; and
- Completed all required exit paperwork and settled all financial obligations with CUSOM, Campbell University and affiliate and collaborative partners incurred during the academic program.

In accordance with COCA standards, single degree DO students must complete their education within six (6) years following matriculation. To become eligible for graduation, each student must successfully complete all the above requirements within six (6) years following matriculation.

The six (6) years allow for the completion of a Modified Course of Study due to medical, academic, behavioral or other leave of absence.

The Dean may, in exceptional circumstances, grant an extension to this 6-year rule.

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

In addition, revocation of the Doctor of Osteopathic Medicine degree may occur following graduation for discovered misconduct of prior students. Allegations of misconduct, which may result in a revocation of a granted degree, are considered by the Dean. This procedure is set forth in Section 6.7.7 of the Academic Bulletin.

A student must complete all curricular requirements at CUSOM, or a minimum of two (2) years at CUSOM and another institution accredited by the Commission on Osteopathic College Accreditation (COCA) or Liaison

Committee on Medical Education (LCME), between the date of matriculation and graduation. In addition to this requirement, the student must have been enrolled full-time at CUSOM during their entire third and fourth academic years.

A CUSOM student must complete to the satisfaction of the faculty, as determined by the individual course directors, clinical rotation preceptors and through the APPS Committee, all prescribed courses and clinical experiences to graduate. The Dean makes the determination on any student appeals of APPS Committee or Vice Dean recommendations, based solely upon new and meaningful information not available to the APPS Committee or Vice Dean at the time of the initial hearing and deliberation.

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

Upon passage of COMLEX-USA Level 1, Level 2-CE, Level 2-PE, and all other requirements as delineated in this Academic Bulletin, the Faculty of CUSOM, through the Dean and President, recommends degree candidates to the Board of Trustees. Upon approval of the recommendation, the Board of Trustees confers the Doctor of Osteopathic Medicine degree on students successfully completing all requirements for graduation.

6.9.2 Delayed Graduation Policy

If a student is suspended, takes a Leave of Absence, or is required to retake courses in the curriculum as a result of specific course or clinical rotation failures or a deficiency in overall academic performance, the student will be placed in a Modified Course of Study (MCOS). As discussed in Section 6.6.3, a Modified Course of Study (MCOS) is a credit-bearing, individualized study plan for students who require an alternative educational pathway for reasons such as board preparation, required remediation, illness, leaves of absence, or withdrawals. The institution of a MCOS may result in a delay in the scheduling and completion of a student's clinical rotations and graduation date.

Voluntary course withdrawals, temporary leaves of absence, suspensions secondary to academic or non-academic matters, or failure to pass Board exams consistent with CUSOM policy may also result in a delay in the scheduling and completion of a student's clinical rotations and graduation date.

Any alteration in the normal curriculum progression may affect a student's financial aid status or qualification for education-based financial aid. In addition, placement in a MCOS may impact the student's ability to participate in the residency match process. Specific counseling and advice should be sought from the CUSOM Office of Academic Affairs and the University's Office of Financial Aid for these or other indicated situations.

For Doctor of Osteopathic Medicine candidates who have grade point average of 2.000 or higher but who are lacking no more than thirty (30) credit hours of meeting all graduation requirements may file a “Request to Participate in Commencement.” Forms for this purpose are available in the Campbell University School of Osteopathic Medicine Registrar’s Office. Candidates applying for the “thirty (30) hour rule” exemption must also file an Application for Graduation. If approved, the candidate will be allowed to participate in only one Commencement program for the degree in question. Furthermore, the candidate must understand that if approved for the participation in May or December Commencement, he/she will not be eligible to participate in any subsequent semester when he/she would have been eligible after having met all graduation requirements. Candidates participating under the “thirty (30) hour rule” will not receive graduation honors until all requirements have been met and they have filed a new Application for Graduation for the term in which the degree will actually be conferred. For students to be eligible to participate in, but will not receive a diploma at, the May graduation ceremony, they must have taken COMLEX USA Level 2-CE and Level 2-PE prior to graduation with the results available no later than six (6) weeks following graduation.

6.9.3 Hooding Policy

This policy outlines the requirements for an individual to be allowed to hood CUSOM graduates conferred with the degree Doctor of Osteopathic Medicine.

The Dean designates the specific hooders to participate in each Commencement ceremony. This includes participating immediate family members who may be approved to serve as a hooder as discussed below.

All hooders of graduates receiving the Doctor of Osteopathic Medicine (DO) degree must be CUSOM Faculty or hold either the DO or Doctor of Medicine (MD) degree from an accredited medical school.

Members of the graduation ceremony platform party who do not hold the DO or MD degree may be permitted to hood graduates upon approval by the Dean.

Immediate family members who hold either the DO or MD degree from an accredited medical school may be permitted to hood graduates upon approval by the Dean.

For the purposes of this Policy, an immediate family member is defined as a person who is connected to the graduate by blood or marriage -- spouse, parent(s), parent-in-law, brother, sister, son, daughter, grandparent(s), aunt, uncle, cousin, nephew, niece, or sibling-in-law.

Family hooders are required to wear appropriate academic regalia during the Commencement ceremony. Family hooders who do not own their own regalia are responsible for any costs associated with the rental/purchase of regalia for the ceremony.

Students who participate in Commencement ceremonies outside of the CUSOM Commencement Ceremony in May will not be able to designate specific hooders for their Commencement ceremony (i.e., no family hooders at any graduation other than the May ceremony).

These policies and procedures may change due to unforeseen circumstances.

6.10 Grievance Processes

6.10.1 Resolution and Grievance Procedure

CUSOM recognizes the need for students to voice grievances and to seek resolution to problems, disagreements with faculty/administrators, or interpretations of institutional policy. CUSOM also recognizes the responsibility of the student to express their concerns in a professional and ethical manner. Concerns may involve course grades other than a grade reviewed by the APPS Committee, promotion, behavioral issues, financial concerns or issues related to external (e.g. COCA, SACSCOC) accreditation standards and procedures. This grievance process shall not be used to appeal or review violations of the Honor Code or an appeal from the APPS Committee final decision by the Dean or the APPS Committee.

All grievances must be filed in writing to the CUSOM Office of the Dean. All grievance material is securely maintained in the Dean's Office in a specific student/employee/faculty file as appropriate to the grievance.

Each step of the Resolution and Grievance Procedure generally takes fourteen (14) calendar days to complete, unless otherwise noted. Extensions or waivers to this timeframe may be granted on a case-by-case basis. Notice of a request for an extension from a student must be submitted in writing to the Dean within ten (10) calendar days prior to the deadline.

Decisions regarding the request for an extension shall be communicated to the student via letter within two (2) business days of receipt of the request for an extension. Likewise, if CUSOM needs to extend a deadline, the Office of the Dean shall provide said notice ten (10) calendar days before the due date.

6.10.2 Grievance for Academic Resolutions, Course Procedures, Grading Policies, and CUSOM Policies and Procedures

6.10.2.1 Academic Issues

An individual concern of an academic nature should be first discussed with the immediate instructor or preceptor and must be done in a professional manner. This concern generally includes those which arise from personal conflicts or actions taken against a student individually. For individual concerns, if resolution cannot be reached,

the student may, within fourteen (14) calendar days 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 fourteen (14) calendar days of the failed resolution, appeal in writing to the Dean whose decision will constitute the final resolution. The Dean may refuse to meet with a student if the appeal has not been presented in writing, in advance of the meeting.

A concern over general course procedures or grading policies should be addressed through the Class President to either the Associate Dean for Biomedical Affairs or the Associate Dean for Clinical Affairs. If a resolution cannot be reached through the normal processes for an acceptable and reasonable request, the Class President may, within fourteen (14) calendar days of the failed resolution, appeal in writing to the Vice Dean for Academic Affairs.

If resolution cannot be reached from the prior appeals, the Class President may, within fourteen (14) calendar days of the failed resolution, appeal in writing to the Dean whose decision will constitute the final resolution. The Dean may refuse to meet with the Class President if the appeal has not been presented in writing, in advance of the meeting.

Reminder: Course Assessment policies and test question challenges are not covered under student grievances. See course-specific syllabi for information regarding these issues.

6.10.2.2 CUSOM Policies and Procedures

A concern over CUSOM policies and procedures should be addressed through the Student Government Association (SGA) President and the Executive Director of Student Affairs. If through the normal processes for an acceptable and reasonable request, a resolution cannot be reached, the SGA President may, within fourteen (14) calendar days of the failed resolution, appeal in writing to the Dean whose decision will constitute the final resolution. The Dean may refuse to meet with the SGA President if the appeal has not been presented in writing, in advance of the meeting.

If the concern is financial, or with other areas of CUSOM, the student should follow the appropriate chain of command as defined by the CUSOM Organizational Chart.

6.10.3 Grievance Procedure for Harassment or Discrimination

Students who believe they have the right to exercise a grievance as described in Section 6.10.1, or an academic grievance not described in Section 6.10.2, (hereinafter a “Grievance”) shall use the Grievance Procedure as hereinafter set forth.

Retaliation against any individual who files a grievance or participates in the grievance process is strictly prohibited. In the event a student or anyone who participated in the grievance process believes they have been subjected to retaliation, that individual may use the Harassment Grievance procedures listed below.

Step One: The Resolution Process

Students who meet the Technical Standards for admission to CUSOM, as described in this Academic Bulletin, and feel they have a Grievance shall first meet with the Executive Director of Student Affairs to explain their grievance.

The student must schedule a meeting with the Executive Director of Student Affairs within fourteen (14) calendar days 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 of Student Affairs shall investigate the Grievance within seven (7) calendar days. In the case where the discrimination is in any way threatening, the Executive Director of Student Affairs shall investigate the complaint and bring it to the attention of the Dean immediately for intervention.

After the investigation period of seven (7) calendar days, the student filing the Grievance, and the person against whom the Grievance is filed shall meet with the Executive Director of Student Affairs to discuss an informal resolution. This meeting shall be scheduled within fourteen (14) calendar days of the initial filing of the Grievance.

A letter confirming the mutual decisions of the resolution shall be distributed, within ten (10) calendar days of the meeting, to all persons and kept within the permanent student and or employee files for possible future issues that may arise with the resolution.

If the Executive Director of Student Affairs determines there is insufficient evidence to support the allegations, he/she may close the Grievance and shall notify the student, within fourteen (14) calendar days, of his/her findings and inform the student of their right to request a Grievance Hearing.

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

Step Two: The Grievance Hearing Process

If the student feels the informal resolution has not been successful, or disagrees with the informal resolution, he/she may request the Executive Director of Student Affairs and the Dean to call a Grievance Hearing. The student has thirty (30) calendar days after receiving written notice of denial of the Grievance to request such a hearing.

The request must be in writing, signed by the student, and include the following information:

- A clear and precise statement of the Grievance;
- A statement explaining how the action is discriminatory or the decision unreasonable if it is a denial of a requested accommodation;
- The name the respondent parties (the person(s)) against whom the Grievance is filed);
- An explanation of each respondent responsible for the action or decision;
- The requested remedy; and
- Any request to bring a non-participating observer to the hearing.

The request for an appeal shall not be based upon any evidence that the grievant had or was aware of at the time of the meeting with the Executive Director of Student Affairs.

This information must be sent by certified mail or delivered with signature of receipt to both the Office of the Executive Director of Student Affairs and the Office of the Dean. Upon receipt of the request for a Grievance Hearing, the following processes shall be followed:

- The Dean shall designate the Vice Dean for Academic Affairs to review the case within seven (7) calendar days to see if a peaceful and prompt resolution can be made between the parties. In cases where this cannot be accomplished, the Dean shall appoint a Grievance Hearing Board, including naming a Chair, at the end of the seven (7) calendar days.
- The Grievance Hearing Board shall be appointed by the Dean who shall notify the Grievance Hearing Board in writing, of their appointment and inform them of the date of the hearing. The date of the hearing shall be within fourteen (14) calendar days of the notice. The Dean shall ensure that those participating on the Grievance Hearing Board are not a part of the alleged discrimination or the denial of accommodations. The Grievance Hearing Board shall consist of a Chair, two Associate Deans, two faculty members, one staff member, and one student.

- The person(s) against whom the Grievance is alleged shall receive a written copy of the Grievance at least seven (7) calendar days in advance of the hearing.
- The Grievance Hearing Board shall hear the Grievance by the student. The person filing the Grievance, as well as the person against whom the Grievance is alleged shall at this time bring all witnesses and/or evidence to the hearing for the Grievance Hearing Board to consider. The Grievance Hearing Board shall also review documentation, including the final report from the Executive Director of Student Affairs relating to the Grievance, and, as necessary, shall interview the Executive Director of Student Affairs as a witness in the Grievance. Neither party shall be entitled to have an attorney represent them at the hearing. Only the Chair shall be entitled to question any witness, and decide upon the relevancy of any evidence presented.

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 fourteen (14) calendar days. The Grievance Hearing Board, or the Executive Director of Student Affairs at the request of the Grievance Hearing Board, shall conduct further investigation of the alleged Grievances. The Grievance Hearing Board may, during this time, meet with CUSOM's legal counsel.

The second meeting of the Grievance Hearing Board, which shall occur within fourteen (14) calendar days, shall be to further discuss the Grievance, the investigation, the educational materials provided, and the advice of legal counsel. The Grievance Hearing Board may require second interviews with the person filing the Grievance or with those whom the Grievance is filed against. The Grievance Hearing Board shall make a final ruling at this meeting. Minutes will be taken of all Grievance Hearing Board meetings. A letter shall be sent to the student within fourteen (14) calendar days of the final determination by the Grievance Hearing Board.

Step Three: Final Appeal Procedure

The parties have the right to appeal the decision of the Grievance Hearing Board to the Dean. The student has thirty (30) calendar days after receiving the Grievance Hearing Board decision letter to file for an appeal. All such requests must be in writing, signed by the student, and be sent via certified mail directly to the Office of the Dean. The Dean shall have a period of not greater than fourteen (14) calendar days to respond to the appeal. The Dean shall have the final determination as to the outcome.

6.11 Improper Relationships

Relationships between a student and a faculty/staff member, including clinical preceptors, entrusted to oversee the student, which extend beyond the educational requirements or beyond CUSOM activities, are not permitted. Relationships with patients (by a student or faculty member) which extend beyond their care requirements are strictly prohibited.

Inquiries should be directed to the University's Title IX Coordinator:

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

Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, District of Columbia Office:

U.S. Department of Education
400 Maryland Avenue SW
Washington, DC 20202-1475
Telephone: (202) 453-6020
Fax: (202) 453-6021
Email: OCR.DC@ed.gov

Consensual Relationships

Consensual relationships between students and faculty, or students and staff members, are prohibited. Sexual activity is not permitted in any CUSOM setting.

6.12 Complaints Regarding Non-compliance with American Osteopathic Association (AOA) Accreditation Standards

CUSOM is committed to meeting and exceeding the standards for Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures as described by the Commission on Osteopathic College Accreditation (COCA). A copy of the standards is available upon the request from the Office of the Dean or at the AOA COCA's website at:

www.osteopathic.org

Students in the osteopathic medicine program who believe that CUSOM may not be in compliance with a standard of accreditation have the right to file a complaint through the following procedure:

- A written, dated and signed complaint must be filed with the Office of Student Affairs.

- The Office of Student Affairs will consult with the Vice Dean for Academic Affairs and form an *ad hoc* committee of administration and student government representatives to investigate the complaint.
- The results of the investigation will include findings of fact, a determination of standard compliance or non-compliance, and recommended corrective actions if indicated. The results will be communicated in writing to the Vice Dean for Academic Affairs, Office of Student Affairs and the student complainant.
- If corrective action is indicated, the Vice Dean for Academic Affairs will develop a description/plan for such action within thirty (30) days of receipt of the *ad hoc* committee results and deliver such plan to the Dean with a copy to the *ad hoc* committee. If corrective action is not indicated, the *ad hoc* committee will inform the complainant of their results.
- Records of all proceedings regarding complaints will be maintained by the Office of Student Affairs.
- In the event that the student complainant is not satisfied with the *ad hoc* committee determination or correction action, the student may appeal the decision to the Dean.
- In the event that the student complainant is not satisfied with the *ad hoc* committee determination or corrective action, the student may communicate the complaint to:

COCA Assistant Secretary
 Commission on Osteopathic College Accreditation
 American Osteopathic Association
 142 East Ontario Street
 Chicago, IL 60611-2864
 Telephone: (312) 202-8097
 Fax: (312) 202-8397
 Email: predoc@osteopathic.org

CUSOM recognizes the right of students to express complaints regarding COCA Accreditation Standards and procedures directly to the immediate accrediting body, the COCA.

Formal Federal Agency Grievance Procedures

Students with grievances or complaints against CUSOM based upon violations of Section 504 or the ADA also have the right to file a complaint with the Office for Civil Rights by:

Mailing the grievance or complaint to:

U.S. Department of Education
 Office of Civil Rights
 400 Maryland Avenue SW
 Washington, DC 20202-1100; or

Faxing it to the Director at (202) 453-6012; or

Filing it electronically at:

<http://www.ed.gov/about/offices/list/ocr/complaintprocess.html>

For more information, students can contact the Office for Civil Rights:

Telephone: 1-800-421-3481

Email: OCR@ed.gov

6.13 American Osteopathic Association Code of Ethics

As an osteopathic institution, CUSOM requires that all students read and adhere to the following code of ethics.

All students and physician faculty are required to follow the code of ethics as adopted by the American Osteopathic Association (AOA), and as listed below:

- Section 1.** The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. The physician shall divulge information only when required by law or when authorized by the patient.
- Section 2.** The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.
- Section 3.** A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients because of the patient's race, creed, color, sex, national origin or handicap. In emergencies, a physician should make her/his services available.
- Section 4.** A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.
- Section 5.** A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.
- Section 6.** The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.
- Section 7.** Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities, which are false or misleading.

- Section 8.** A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.
- Section 9.** A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.
- Section 10.** In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.
- Section 11.** In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable osteopathic hospital rules or regulations.
- Section 12.** Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no discipline/department of professional fees for referrals of patients.
- Section 13.** A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.
- Section 14.** In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.
- Section 15.** It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.
- Section 16.** Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

7. Student Policies and Services

7.1 Student Wellness

As future physicians, it is important for CUSOM students to maintain good personal, physical, and mental health. With this in mind, CUSOM offers several services by which students may maintain their physical well-being. CUSOM encourages students to seek assistance for themselves or fellow classmates early if they encounter any physical health concerns.

7.1.1 Student Health

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

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

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

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

For students on Clinical Rotations away from CUSOM needing health services, please refer to Section 5.7.2 of this Bulletin.

Further information may be found at:

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

7.1.2 Health Insurance

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

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

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

7.1.3 Vaccinations

Students must obtain all CUSOM-required vaccinations and corresponding titers, prior to matriculation and remain compliant with all vaccination requirements through graduation in order to complete all required supervised clinical practice experiences in the CUSOM curriculum.

Regulatory and legislative authorities require students to demonstrate vaccination, immunity and/or protection from multiple contagious diseases before being allowed to participate in clinical experiences. CUSOM requires students to meet all vaccination requirements prior to matriculation and maintain compliance with these requirements through graduation. Descriptions of CUSOM vaccination requirements specifically addressing Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Varicella, Hepatitis B, Influenza, and COVID-19 and testing for Tuberculosis are presented in Section 3.16 of this Bulletin.

All incoming and current students must log all vaccination requirements on the standard AAMC Standard Immunization Form, available at:

<https://www.aamc.org/download/440110/data/immunizationform.pdf>

This form must be completed in its entirety and signed by a physician or qualified healthcare provider verifying the required information. In addition, students are required to submit supporting documentation such as vaccination records and titers.

Important Notes Regarding Vaccination Requirements – See Section 3.16.

7.1.4 Controlled Substance Screening Protocol

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

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

Refusal or failure to submit to testing may result in disciplinary action up to, and including, dismissal from the program. Students found to have screening tests positive for alcohol, illicit substances, and controlled substances (defined as a drug or substance that is listed in Schedules I through V of the Federal

Controlled Substances Act (21 U.S.C. §812)) or prescription medications without a valid prescription may be subject to disciplinary action up to, and including, dismissal. Please note this also includes substances which are illegal in the state of North Carolina but which may be legal in other states.

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

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

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

If a student is unable to complete clinical rotations due to the inability to pass controlled substance testing requirements, he/she will not be capable of making academic progress or be able to meet graduation requirements. In addition, and as such, he/she will be referred to the Academic Performance, Promotion and Standards (APPS) Committee for possible sanctions up to, and including, dismissal from the program.

Prior to starting Year 3 (Clinical Rotations):

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

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

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

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

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

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

7.1.5 Infection Control

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

Standard Precautions

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

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

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

Handwashing (or using an antiseptic hand rub)

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

Comprehensive CDC guidelines for hand hygiene in healthcare settings are found at:

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

Gloves

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

Masks, goggles, face masks

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

Gowns

- Protect skin from blood or body fluid contact;
- Prevent soiling of clothing during procedures possibly involving contact with blood or body fluid

Linen

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

Patient care equipment

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

Environmental cleaning

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

Sharps

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

Additional information is found at:

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

Patient resuscitation

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

Patient placement

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

Needle sticks

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

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

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

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

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

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

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

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

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

7.1.6 Medical Emergencies

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

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



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

Incident Reporting

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

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

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

7.1.7 OSHA and HIPAA Training

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

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

Additionally, CUSOM ensures the confidentiality, integrity, and availability of its information systems containing electronically 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 all students who have contact with patients receive OSHA Blood-Borne Pathogens (BBP) training which addresses the prevention of transmission of communicable pathogens. Students complete OSHA training annually during which time they review OSHA rules, requirements, appropriate plans and practices.

CUSOM has the following plans in place:

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

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

7.2 Behavioral Health

As future physicians, it is important for CUSOM students to maintain good personal, physical, and mental health. With this in mind, CUSOM offers several services by which students may maintain their behavioral health and well-being. CUSOM encourages students to seek assistance for themselves if they experience any personal behavioral health issues, or notify the Office of Student Affairs if they suspect a fellow classmate may be experiencing behavioral health concerns.

7.2.1 Counseling Services

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

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

CUSOM Behavioral Health clinical staff provide counseling for CUSOM students in-person at Leon Levine Hall or via WebEx, which is a HIPAA- and FERPA-compliant telehealth platform. In addition to publication in the Academic Bulletin, students are advised of the location of this service and how to access behavioral health services during Orientation as well as periodically throughout the year. More information regarding Behavioral Health services may be found at:

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

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

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

For students found to have needs beyond those provided via CUSOM Behavioral Health, confidential referrals are made to appropriate community health providers by CUSOM Behavioral Health or StudentLinc, a 24/7/365 student assistance program that offers wrap-around psychosocial support services. Services are accessed through StudentLinc's online web portal:

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

StudentLinc Core Services include but are not limited to:

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

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

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

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

7.2.2 Campbell University Behavioral Intervention Team - 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 or remediate any concerning event or pattern of personal behavior or professional interaction **which implies a student may be at risk of harming themselves or others.**

Committee Members

Ex officio (non-voting)

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

Voting

- Chair, Department of Behavioral Health for CUSOM
 - Organizes and facilitates all aspects of the committee
- Vice Dean for Academic Affairs
- Associate Dean for Clinical Integration
- Associate Dean for Clinical Affairs
- Associate Dean for Biomedical Affairs
- Executive Director of Student Affairs

Follow-Up / After-Care Members

- Office of Student Affairs oversees all Follow-up
 - Executive Director of Student Affairs
 - Assistant Director of Student Affairs

MS-1 and MS-2 students

- Associate Dean for Biomedical Affairs
 - Academic Center for Excellence (ACE)

MS-3 and MS-4 students

- Associate Dean for Clinical Affairs
 - Regional Deans or Directors of Student Medical Education (DSME), as appropriate
 - Clinical campus Student Medical Education Coordinator

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

Initiation / Committee Process

Students, faculty, staff or others who may have concern about a student may contact the Director of Behavioral Health or fill out the case referral form on the Behavioral Health portion of the CUSOM webpage:

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

Upon receipt of a report, the concerned party/parties is/are contacted for follow-up regarding the situation, and a CUBIT meeting scheduled, typically within 1-2 business days. During the meeting, CUBIT members, as well as other individuals, who have interacted with the student may present pertinent information.

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

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

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

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

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

- a. Chair, Department of Behavioral Health
- b. Executive Director of Student Affairs
- c. Regional Dean/DSME or Student Medical Education Coordinator

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

Students receive notification of the committee's decision.

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

After-Care Process

If the CUBIT-SOM decision is upheld or accepted by the student, the following procedures will occur and be overseen by the Office of Student Affairs:

MS-1, MS-2 Students:

- Will be followed by the Office of Student Affairs at CUSOM
 - Given the Committee recommendations, Student Affairs will make contact **at least once** per month to ensure the student is in compliance

- Depending on recommendations, if the student is not in compliance (e.g., missing required appointments), they are given one warning and attempt to comply with the recommendations
 - If the student is found in non-compliance again, the Committee will be notified and will re-examine the case prior to the end of the block
 - Each month, a report will be generated regarding progress and kept in a secure file storage system that all committee members will be able to access.

MS-3, MS-4 Students:

- Will be followed by the Regional Deans/DSMEs and clinical campus Student Medical Education Coordinators
 - Given the Committee recommendations, contact will be made with each student **once or more** per month to ensure the student is in compliance
 - Depending on recommendations, if the student is not in compliance (e.g., missing therapy appointments), they are given one warning and attempt to comply with recommendations
 - If they are found in non-compliance again, the Committee will be notified and re-examine the case prior to the end of the block
 - Each month, a report will be generated regarding progress and kept in a secure file storage system that all committee members will be able to access.

7.2.3 Accommodations Policy

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

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

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

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

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

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

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

Matriculating or Current CUSOM Students with Disabilities

7.2.3.1 Section I: Who to Contact

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

Jennifer Parrish O'Dell, MEd
CUSOM Executive Director of Student Affairs
Leon Levine Hall of Medical Sciences, Room 115
Telephone: (910) 893-1846
Email: jparrish@campbell.edu

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

7.2.3.2 Section II: How to Obtain Services

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

The purpose of accommodations is to provide access and equal educational opportunity for all students.

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

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

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

General Procedure for Receiving Accommodations

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

and procedures, unless doing so would fundamentally alter the nature of the service, program, or activity or pose an undue administrative or financial burden.

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

Service Animal Information

According to the Americans with Disabilities Act (ADA), a service animal is defined as “any animal individually trained to work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals to an impending seizure or protecting individuals during one, alerting individuals who are hearing impaired to intruders, pulling a wheelchair and fetching dropped items”. Providing comfort or support does not qualify an animal as a service animal. If there are any questions as to whether an animal qualifies as a service animal, a determination is made by Executive Director of Student Affairs with consultation with the Director of Disability Services.

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

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

Cleanliness of any approved service or emotional support animal on campus is mandatory. Consideration of others must be taken into account when providing maintenance and hygiene of animals. The owner is expected to clean up and dispose of all animal waste. If the service or emotional support animal becomes a disruption to other students, the animal must be removed to a location that does not cause a disruption to the education of other students.

Confidentiality of Information

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

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

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

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

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

7.2.3.3 Section III: Student Responsibilities

General Student Responsibilities

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

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

Responsibilities of a Student Approved for Testing Accommodations

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

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

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

the Office of Assessment, Accreditation and Medical Education or Department of Clinical Affairs and the Executive Director of Student Affairs immediately.

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

Responsibilities of a Student Approved for Handicapped Parking

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

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

7.2.3.4 Section IV: Documenting a Disability

General Documentation Guidelines

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

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

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

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

Guidelines for Documenting a Learning Disability

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

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

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

In addition, a clinical summary and a clearly stated diagnosis are helpful and should be included in the report. The summary should integrate the elements of the battery with background information, observations of the client during the testing situation, and the student's current academic situation. This summary should present evidence of a substantial limitation to learning and explain how the patterns of strength and weakness are sufficiently significant to substantiate a learning disability diagnosis. It should also demonstrate that the evaluator has ruled out alternative explanations for the learning problem. If social or emotional factors are found to be possible obstacles to learning, they should be discussed. This summary may include recommended accommodations, but these are in no way binding to the University. CUSOM reserves the right to evaluate all documentation and determine appropriate accommodations in each case.

7.2.3.5 Section V: Grievance Procedure for Accommodations

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

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

If the student is unable to resolve the matter with the Director of Disability Services, the student and the Director of Disability Services should forward the complaint to the Vice President for Student Life for an informal resolution. The VP will arrange a meeting with the student and Director of Disability Services within ten (10) business days of receiving the complaint.

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

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

7.3 Clubs and Organizations

7.3.1 Student Clubs and Organizations

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

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

- American College of Osteopathic Surgeons, Medical Student Section (ACOS-MSS)
- American Medical Association – Medical Student Section (AMA-MSS)
- Anesthesiology Interest Group (AIG)
- Campbell Med PRIDE (CMP)
- Christian Medical and Dental Association (CMDA)
- Dermatology Club

- Emergency Medicine Club (American College of Osteopathic Emergency Physicians (ACOEP))
- Family Medicine Club (ACOFM and AAFP)
- Global Health/Medical Missions Club
- Humanities in Medicine Club
- Internal Medicine Club (ACOI and ACP)
- Internal Medicine-Pediatrics Club (Med-Peds)
- Obstetrics and Gynecology Club
- Pathology Club
- Pediatrics Club (American College of Osteopathic Pediatricians (ACOP))
- Physical Medicine and Rehabilitation Club (PM&R)
- Point of Care Ultrasound Club (POCUS)
- Preventative Medicine Club
- Psychiatry Club
- Research Club
- Sigma Sigma Phi, Chi Upsilon Chapter
- Sports Medicine Club (American Osteopathic Academy of Sports Medicine (AOASM))
- Student American Association of Osteopathy (SAAO)
- Student Association of Military Osteopathic Physicians and Surgeons (SAMOPS)
- Student Government Association (SGA)
- Student Interest Group in Neurology (SIGN)
- Student National Medical Association (SNMA)
- Student Osteopathic Medical Association (SOMA)
- Wilderness Medicine Club
- Women in Medicine Club

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

Grade Requirements

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

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

Students may enter leadership roles beginning at the conclusion of Block 3 in Year 1 and transition their roles to the incoming leadership at the end of Block 6/start of Block 7 in Year 2. The cumulative GPA of each student wishing to participate in any of the above roles is

reviewed by the Executive Director of Student Affairs and the Registrar after each academic Block and, if the cumulative GPA falls below 3.0, the student must relinquish his/her leadership role or other duties/privileges mentioned above.

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

CUSOM Student Government

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

Recognition of Student Organizations

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

Campbell University Care Clinic (CUCC)

The Campbell University Community Care Clinic delivers high-quality, compassionate healthcare to the medically underserved communities of North Carolina through an inter-professional cooperative effort that provides an extra-curricular learning environment for all of Campbell University's Health Science programs. Services include routine physical examinations, treatment for minor medical problems, smoking cessation counseling, basic lab work, medication refill, pharmacy medication counseling, nutrition counseling, and vaccinations.

Use of College Logo

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

Student Sponsored Events

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

Scheduling Extracurricular Activities

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

Attending Conferences

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

7.3.2 CUSOM Student Ambassadors Program

The CUSOM Ambassadors Program is a program established for current medical students and alumni to serve as ambassadors for CUSOM. CUSOM Ambassadors will help with recruiting events and events held either live on campus or virtually. Participants in the CUSOM Ambassador Program will help generate positive energy about CUSOM through personal and online communications. Those participating in this Program will assist in the efforts to recruit talented students and also conduct themselves as servant leaders amongst their classmates.

This is a yearly designation that can be renewed by submitting a renewal request to the admissions department.

CUSOM Ambassadors is a tiered program consisting of three tiers:

- **CUSOM Ambassador** – This initial tier is open to all students who meet the necessary requirements.
- **CUSOM Lead Ambassador** – This second tier is by invitation only and is based on a recommendation from faculty, staff, or student leadership. This tier has a limited number of spots and provides additional benefits for those participating at this level.
- **CUSOM Alumni Ambassador** – This third tier is limited to Alumni of CUSOM and is subject to the requirements set forth by the Executive Director of External Affairs and Alumni Engagement.

Requirements to become a CUSOM Ambassador

- **CUSOM Ambassador and CUSOM Lead Ambassador** – Students in both of these tiers must hold and maintain a GPA of 3.0 or higher on a 4.0 scale. First-year students may not apply until the beginning of Block 3.
- **CUSOM Ambassador (Tier 1)** – Prospective Tier 1 students consist of any student participating in CUSOM Admissions staff approved events. Prior to representing CUSOM, all students must sign the CUSOM Ambassador Agreement Form acknowledging all of the requirements set forth by the CUSOM Admissions staff for representing the school. Once submitted, prospective ambassadors will be able to participate in, and contacted for, future admissions events. Admissions will track participation and notify students once they have reached CUSOM Ambassador status.

** Please note, within this tier, students are not considered an official CUSOM Ambassador until completion of all requirements.**

- **CUSOM Lead Ambassador (Tier 2)** – To become a Tier 2 Ambassador, students must either first serve as a Tier 1 Ambassador or have served as a volunteer in previous CUSOM Admissions events. Tier 2 Ambassadors, meeting the above requirements, must then be

recommended by faculty, staff, or student leadership and ultimately approved by the CUSOM Admissions and Student Affairs staff. Prospective Tier 2 Ambassadors must complete the *CUSOM Lead Ambassador Agreement* form as well as training. Once all necessary requirements have been fulfilled, students will be eligible to receive additional benefits. Failure to complete the requirements within the timeframe determined by the CUSOM Admissions staff, will result in disqualification from the CUSOM Lead Ambassador tier. However, students will still be able to be considered a Tier 1 Ambassador.

Requirements for a CUSOM Ambassador

CUSOM Ambassador (Tier 1)

In order to receive recognition as a CUSOM Ambassador, a student must complete a minimum of three (3) in-person or five (5) virtual engagement opportunities. Engagement Opportunities are as follows and each numbered item may only be completed three (3) times:

1. Participate in a virtual fair
2. Lead a virtual tour or in-person CUSOM tour
3. Assist with CUSOM interview days
4. Facilitate or participate in a round table discussion/student panel for prospective students (virtual or in-person)
5. Partner with CUSOM Admissions to host a themed virtual information session surrounding your group, club, or interest in medicine (SGA, SOMA, etc.)
6. Engage in a one-on-one advisement meeting for prospective applicants (virtual or in-person)
7. Other approved opportunities which may arise

CUSOM Lead Ambassador (Tier 2)

Conduct, facilitate, or lead in any of the following ways (minimum of five (5) per year):

1. Visit or conduct a virtual presentation for your alma mater
2. Organize a Social-Media Takeover for an event
3. Commit to mentoring two (2) Campbell undergraduate students for the year (this will count as two (2) completed participation requirements)
4. Assist with identifying colleagues to participate in admissions events (minimum of three (3) events helped with)
5. Plan your own recruitment event (virtual or in-person)
6. Complete any of the opportunities available to Tier 1 (maximum of two (2) Tier 1 events)

* There is no limit to the total number of leadership activities an ambassador can complete. Additionally, ambassadors are always welcome to create new engagement opportunities with CUSOM Admissions staff if it is not listed above.

7.3.3 Sigma Sigma Phi Honor Society

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

Chi Upsilon Chapter

Chi Upsilon is the CUSOM chapter of Sigma Sigma Phi

General Membership Information

Membership Criteria

- i. Choice of pledges is based upon scholarship and service to the college, profession, or community.
- ii. Applicants must be in good academic and professional standing at CUSOM
 1. Not have remediated any courses for academic reasons
 2. Not have any professionalism or Honor Code violations
- iii. Membership criteria: In order to gain and maintain membership, students must:
 1. Have successfully completed the 1st semester (Blocks 1 and 2)
 2. Achieved and maintained the required scholastic standing (Grade Point Average)
 - a. Induction requirements:
 - i. First- and second-year students must have a cumulative GPA at or above a 3.6 on a 4.0 point scale.
 - b. Maintenance of membership
 - i. First- and second-year students
 - Maintain a cumulative GPA at or above a 3.5 on a 4.0 point scale.
 - Not have remediated any courses for academic reasons.
 - Not have any professionalism or Honor Code violations.
 - ii. Third- and fourth-year students
 - Must earn a High Pass or Honors on all clinical rotation evaluations.
 - Not have any professionalism or Honor Code violations.

3. Community/Volunteer Service
 - a. Induction requirements
 - i. Students must have completed at least ten (10) hours of community/volunteer service at the time of application.
 - ii. Reported volunteer service hours designated towards the Chi Upsilon chapter's service hour requirement cannot have already been used or counted towards the required service hours of another organization.
 - b. Maintenance of membership: in order to maintain their membership in SSP, all students must:
 - i. Complete twenty (20) hours of community/volunteer service each academic year during MS-1/2
 - ii. Complete ten (10) hours of community/volunteer service each academic year during MS-3/4
 - iii. Reported volunteer service hours designated towards the Chi Upsilon chapter's service hour requirement cannot have already been used or counted towards the required service hours of another organization.
 - iv. Volunteer at least once for White Coat Ceremony or Commencement
- D. In accordance with the rules of the Grand Chapter, membership shall not exceed 25% of the regular enrollment of students in the MS-1, MS-2, MS-3, and MS-4 classes.
- E. Candidacy Evaluation Process
 1. First- and second-year students must submit their membership applications by the end of Block 3 (MS-1) or Block 7 (MS-2).
 2. The membership committee shall review each candidate's application and generate a report with recommendations to the chapter at the next meeting. The report shall include the following candidate information:
 - a. Scholastic standing
 - b. Acceptance by fellow students
 - c. Abilities
 - d. Character
 - e. Habits
 - f. Demeanor
 - g. Ability and willingness to work with others
 3. Candidates will be selected by the Membership Committee and the recommendation must be 90% favorable of all members' present
- F. Membership Induction
 1. Induction will occur during Block 4 for first year students and Block 8 for second year students.

Chapter Financial Requirements

- A. Each Chapter must file a 990-N each year. The tax ID number is individual to the Chapter and is NOT the same as CUSOM/Campbell's tax ID.

- B. Each subordinate chapter must pay the Grand Chapter a fee of \$40.00 per person for each new initiate at the time of initiation into that chapter.
- C. CUSOM will charge a onetime fee of \$60 to new members.

SSP Annual Meetings

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

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

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

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

Sigma Sigma Phi Chapter Officers

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

Standing Committees of the Chapter

- A. Standing committees are appointed at the beginning of the term of office of each newly elected President and include the following:

1. Awards	5. Social
2. Membership	6. Finance
3. Pledging	7. Community Service Coordination
4. Initiation	
- B. Regular meetings shall occur as deemed necessary by Chapter Officers.

7.3.4 CUSOM Alumni

Student Society for Alumni and Friends

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

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

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

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

Alumni Engagement & Alumni Association

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

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

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

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

7.3.5 CUSOM Committees

Campbell University School of Osteopathic Medicine (CUSOM) values the talents, perspective and experience of its students and the positive contributions they make to key operational, academic, and improvement efforts of the school. As such, student participation and contributions are solicited whenever possible.

Appointments to Committees differs from appointment as a student government representative or class leader, and appointment to, and service on, a CUSOM Committee should be considered a privilege.

The process begins with the Office of Academic Affairs identifying student vacancies on CUSOM Committees, as approved by the Dean, prior to the start of each academic year (and as vacancies arise within an academic year). Student members of CUSOM Committees must meet pre-identified criteria including, but not limited to, the student being in good standing at all times relative to:

- Academic standing: A cumulative GPA of 3.00 or higher on a 4.0 scale is required at the time of appointment. If the GPA falls below the minimum required for appointment at any time, the student will be asked to step down from service to focus on her/his academics. This requirement also includes COMLEX performance, and any student failing any level of COMLEX must relinquish their role on any CUSOM Committees.
- Professionalism: No student is permitted to serve on a CUSOM Committee if they are on Conduct Probation or otherwise have any issues related to Honor Code or Professionalism infractions. Committee service of students with an Admonition is determined based on the recommendation of the Academic Performance, Promotion and Standards (APPS) Committee at the time the Admonition is assigned or by the APPS Committee Chair if an Admonition is assigned by the Chair instead of an APPS Committee hearing. If an appointed student has a documented professionalism issue at any time, the student will be required to step down from the committee service.

- Other: All other requirements necessary to be a registered student in good standing, such as payment of tuition, must be met.
- First-year students may not serve on CUSOM Committees, except in rare circumstances, until they successfully complete Block 2.

At designated times in the first- and second-year of medical school, the class officers are asked by the Office of Student Affairs to solicit names of students who have interest in the identified CUSOM Committees which include student membership. The Office of Student Affairs provides the charge of each Committee and the desired qualities of the ideal student member.

Interested students submit materials addressing how they meet the stated needs of the Committee based on their interests and experiential base. These materials are submitted to the class officers at a time designated by the Office of Student Affairs in conjunction with the class officers.

The class officers review all submissions in a fair, impartial, and unbiased manner, and send to the Office of Student Affairs their recommendations for no more than three (3) students they identify for each Committee vacancy.

The Office of Student Affairs then works with the Office of Academic Affairs to ensure each student recommended meets all the stated prerequisites for service. Once verified, the names are forwarded to the respective Committee Chairs, who are given a brief timeframe to review the applications and select the student(s) they wish to invite to serve on the committee.

The Office of Student Affairs will notify the students selected, as well as those not selected, of the outcome.

All faculty and student committee appointments are subject to approval by the Dean.

8. Research and Scholarly Activity

8.1 Research at CUSOM

Research is fundamental to, consistent with, and a prerequisite for excellence in teaching and the creation of a scholarly atmosphere for learning. CUSOM recognizes the critical role for developing its research capacity in order to continue to attract and retain top-tier faculty and students, thereby training students for productive careers in osteopathic medicine, biomedical research, and in making valuable contributions to society. Research and scholarly activity at CUSOM may take different forms, which may include basic biomedical research, translational research, clinical research, and medical educational research.

8.2 Policy Statement on Student Research and Scholarly Activity

CUSOM strives to advance scientific and medical knowledge and to promote the distinctive philosophy and practice of osteopathic medicine. Whereas CUSOM specifically supports the academic and scholarly pursuits of students and faculty, this policy specifically addresses student research and scholarly activities. CUSOM does not require students to complete an independent research project or scholarly activity as a requirement for graduation. However, CUSOM is committed to supporting students in pursuing research and extracurricular scholarly opportunities. Whereas students are encouraged to participate in research, students are not permitted to act as a principal investigator (PI). Rather, they must partner with a faculty member or preceptor who takes on the role of PI. Furthermore, CUSOM requires all students who are interested in engaging in research to notify the Associate Dean for Research of their intent. As such, student-researchers are provided with an additional layer of oversight and support in addition to their faculty or preceptor mentor.

8.3 Education in Research Principles

Research processes, compliance practices, and principles of responsible conduct in research (RCR) are presented in the Foundations of Medical Practice (FMP) course throughout Years One and Two. Topics include general principles of research ethics, statistical methods, project development, human subject protections and the responsibilities of CUSOM students in basic science, educational, and clinical research. Additional educational opportunities in research, scientific method, statistics, and scholarly activities are presented throughout the curriculum and through workshops associated with extracurricular research activities. As active members of a research team, students may be required to complete the associated CITI training, if appropriate. If such training is required, the student must provide the Associate Dean of Research with documentation of completion prior to beginning work on the project. Additional training specific to the research project will be provided by the research mentors.

8.4 Research Opportunities

CUSOM students may pursue research and scholarly activities in many areas of individual interest. Faculty mentors in areas of biomedical and clinical research are available to provide guidance for student scholarly work. The faculty mentor has overall responsibility for the conduct of research or scholarly activity and is ultimately responsible for obtaining approval from regulatory committees as needed. As such, CUSOM requires that a faculty member approve all scholarly activity undertaken by students; however, student and faculty investigators may share the responsibility for complying with policies related to research ethics. For a student-initiated project, the student must have a faculty or preceptor sponsor, who will serve as the project PI and student mentor. The student may prepare the relevant proposals and applications in close cooperation with the mentor. Mentors and students are responsible for conducting their research in accordance with University and institutional affiliates' research policies.

Students wishing to earn credit for biomedical research, clinical research or other scholarly activities may enroll in the Research (Independent Study) elective during the fourth year. Description of the course requirements are available in the syllabus and elsewhere in this Academic Bulletin. Students participating in the research clerkship elective must comply with all appropriate regulatory requirements, which may include Institution Review Board approval prior to initiation of the project. Students and their faculty mentors are responsible for knowing which compliance requirements are appropriate.

8.5 Medical Student Summer Research Scholars Program

Each year a limited number of 7-week paid research fellowships are available to CUSOM medical students during the summer between their MS-1 and MS-2 years. These opportunities are designed to expose students to basic science, clinical, osteopathic manipulative medicine, or simulation medicine research to gain valuable experience in research and explore various clinical disciplines.

Students are incorporated into the laboratories or educational setting to work with fulltime CUSOM faculty or are placed in CUSOM clinical sites to work with practicing physicians. The Scholars Program is designed to help medical students acquire a greater understanding, and application, of methodologies which support healthcare innovation and to envision themselves as physician scientists. The program is competitive. Students accepted into the program will attend an RCR training workshop, participate in weekly work-in-progress sessions, work on a full-time basis during the summer months and receive a stipend at the conclusion of the summer. All Summer Scholars are encouraged to present their work at a local, regional, or national symposium.

8.6 Student Presentation Processes

Students are encouraged to share the results of their research through publication and presentation of their projects. The Associate Dean for Research oversees research publications and scholarly activities of students. Students are required to receive approval from the Associate Dean for Research prior to presentation or publication of any research project conducted while a CUSOM student. For meeting submissions, the final version of the abstract must be submitted and approved by the faculty mentor and the Associate Dean for Research. The Associate Dean for Research must review and approve all compliance requirements before submission of the abstract for any meeting.

For manuscript submissions (case report, original research, or any other publication), the final manuscript draft must be submitted and approved by the Associate Dean for Research prior to submission to any journal for consideration of publication. The final poster, presentation or manuscript must be reviewed and approved by the faculty mentor and all listed co-authors. The author(s) and mentor must be up-to-date on research compliance processes. Failure to adhere to any of these requirements will be considered professional misconduct and will be reported through the appropriate channels for consideration by the APPS Committee as described elsewhere in this Bulletin.

8.7 Research Symposium

Campbell University and CUSOM has a tradition of highlighting and showcasing student research interests. Annually, Campbell University hosts the Campbell University Interprofessional Education (IPE) Symposium, which is an adjudicated competition open to students, residents and faculty. The IPE research symposium is an opportunity for students to see other projects from their fellow students, as well as projects from other healthcare fields. CUSOM students also present posters and oral presentations at other local, regional and national events.

9. Facilities and Campbell University Policies

9.1 General Information

9.1.1 Exercise and Fitness

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

9.1.2 Food and Dining

Java City Coffee Café is located on the first floor of the Leon Levine Hall of Medical Sciences. Offerings include sandwiches, wraps, sushi and salads, as well as fresh produce, bakery and coffee selections. Numerous other dining facilities are located on main campus. A complete list of dining options and locations can be found at:

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

9.1.3 Banking

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

9.1.4 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.

9.1.5 Student Union

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

9.1.6 Student Parking

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

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

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

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

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

A student may obtain a parking permit by visiting:

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

9.1.7 Student Lockers

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

9.1.8 Student Study Space

Study spaces are available to CUSOM students and are located on all floors of Levine Hall on a first-come, first-serve basis. Designated and approved spaces include lecture halls, small group study rooms, the medical school library, and common spaces with cubicles. Availability of study spaces is subject to change due to unforeseen circumstances.

Conference rooms are not approved study spaces and must be reserved within each appropriate CUSOM department for official, organized student meetings or events. Additional study space is available in Wiggins Memorial Library and the Student Union on main campus.

9.2 Health and Safety

9.2.1 Campus Safety and Emergency Services

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

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

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

There are four (4) emergency stations strategically located in the CUSOM parking lots. They are connected directly to Campus Safety.

Campus Safety may be reached at:

<http://www.campbell.edu/life/campus-safety/>

Campbell University recommends contacting extension 1-9-1-1 (on-campus) and 9-1-1 (off-campus) for emergencies.

Main Campus Safety phone numbers (for non-emergencies):

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

Additional services phone numbers:

- Leon Levine Hall of Medical Sciences (Security) (910) 893-1804
- Smith Hall of Nursing and Health Sciences (Security) (910) 893-4026
- Campbell University Parking (910) 893-1550
<https://www.campbell.edu/campus-safety/parking/>
- Campbell University Community Health Center (910) 893-1560
- Dr. Daniel Marlowe, Director of Behavioral Health (914) 814-4959
<https://www.campbell.edu/health-center/services/behavioral-health-services/>
- Dr. Jeffrey Krepps, Assistant Director of Behavioral Health (910) 893-1741
<https://www.campbell.edu/health-center/services/behavioral-health-services/>
- Samantha Turnipseed, Assistant Director of Clinical Services (910) 893-1780
<https://www.campbell.edu/health-center/services/behavioral-health-services/>
- Mrs. Teresa Butrum, Administrative Assistant (910) 893-7295
<https://www.campbell.edu/health-center/services/behavioral-health-services/>
- Mrs. Tracie Connor, Behavioral Health Clinician (910) 893-7830
<https://www.campbell.edu/health-center/services/behavioral-health-services/>
- StudentLinc Counseling
<https://www.mystudentlinc.com/>
- Carolinas Poison Control Center (800) 222-1222

- Harnett Health System (910) 892-1000
 - Betsy Johnson Regional Hospital, Dunn
 - Central Harnett Hospital, Lillington
- Harnett County Sheriff's Department (910) 893-9111
- Sexual Assault Family Emergency-SAFE of Harnett County (910) 893-7233

9.2.2 Health Services

CUSOM students are able to utilize the Campbell University Health Center for confidential medical and personal health concerns. Student Health Center office hours are published and distributed to students at the start of each academic year and may be found online at:

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

All students are required to have health insurance at the time of matriculation and maintain health insurance coverage through graduation. Students are required to either enroll in Campbell University's health insurance plan (<https://www.campbell.edu/students/student-health-insurance/>) or provide proof of active health insurance coverage obtained through another company. Students without active health insurance coverage will not be permitted to participate in any patient care clinical activities.

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

If students on clinical rotations away from CUSOM need health services, they should refer to the site-specific or rotation-specific guidelines for incident reporting and accessing healthcare and Section 5.7.2 of the Bulletin.

Further information may be found at:

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

9.2.3 Weapons

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

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

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

9.2.4 Smoking Policy

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

9.2.5 Alcohol and Drugs

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

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

9.3 Library

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

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

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

The print collection consists of authoritative textbooks and journals in major biomedical and medical disciplines as well as a small collection of newspapers and general interest magazines. The Medical Library also provides copier/printers and desktop computers for use by students and faculty.

The digital library includes access to licensed internet resources, including full-text e-journals, electronic textbooks, bibliographic databases, streaming videos, clinical simulations, diagnostic decision support programs and evidence-based clinical information systems, as well as access to selected Web resources by subject. The digital library is available to all students during all four years of training to allow for consistency and availability of the teaching resources on clinical campuses. Additional information concerning the CUSOM Medical Library may be found at:

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

9.4 Information Technology

9.4.1 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. For full disclosure, please see the institutional policy on the Campbell University web site at:

<https://www.campbell.edu/information-technology-services/acceptable-use-policy/>

9.4.2 Information Technology Resources and Computer Information CUSOM Helpdesk

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

Student Responsibilities

When students contact the Helpdesk, they should:

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

Helpdesk Contact Information

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

<https://www.campbell.edu/information-technology-services/help-desk/>

Helpdesk Staff Availability and Response Time

The Helpdesk is staffed from 7:30 am - 5:30 pm Monday through Friday.

If a Helpdesk Specialist is not immediately available via telephone, the student may leave a voice mail message or access the Helpdesk via email or through the website. Voicemail received during normal business hours are generally responded to within two (2) hours. At times, there are University-wide issues which may cause heavy call volumes and prevent staff from responding within the standard timeframe.

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

Email and the Internet

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

<https://www.campbell.edu/information-technology-services/acceptable-use-policy/>

Student email accounts and Internet system provided by Campbell University are the property of Campbell University, and use is by the permission of Campbell University.

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

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

Vulgarity, obscenity and lewdness, profanity and threatening or abusive language are some examples of unprofessional behavior which may constitute a violation of the CUSOM Honor Code.

Students should avoid representing themselves in any way as agents of the University or using the University's name in a manner that would imply an endorsement of their personal views or activities. University branding and/or the Campbell University name cannot be used for external or personal blogs or websites (i.e. any site which is outside of the campbell.edu domain) as this is a violation of University licensing, copyright, and trademark policies.

<https://www.campbell.edu/university-communications/>

Information Technology

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

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

Students may not:

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

Informational and Technology Guidelines:

- Students must respect the priority of academic use of the University network.
- Students are personally responsible for any activities originating from their network connection.
- Students are responsible for their personal computer's hardware and software.

- Students must maintain updated virus protection.
- Students are encouraged to contact the helpdesk if they need help choosing or installing a subscription-based antivirus program.
- Students running Windows XP/Vista/Windows 7 & 8 must enable the Windows firewall.
- All computers, regardless of OS, must be set to receive Automatic Updates from the OS manufacturer.

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

The use of the University's information resources on campus is governed by the policies and regulations as outlined in this document and those regarding student conduct found in the Academic Bulletin and as posted at:

<https://www.campbell.edu/information-technology-services/>

Violations of these regulations will be reported to the appropriate dean and/or department with appropriate disciplinary action to be taken.

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

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

Wireless broadcasting devices of any kind may not be used in any Campbell University building. Such devices including but not limited to wired or wireless routers and access points will be confiscated and the student may lose his/her network privileges if found in violation of this policy.

By connecting a computer, or other device, to the Campbell University network, students agree to abide by the terms and conditions set forth above. Students must signify that they have read and will abide by the terms of the Campbell University Acceptable Network Usage Policy and must accept this policy to use the Campbell University network. The Acceptable Use Policy is posted on the University's policy web page, and information concerning the University's Information Technology Services can be accessed at:

<https://www.campbell.edu/information-technology-services/>

Informational Technology assistance may be accessed through the CUSOM IT Department, or through the following:

cusomhelpdesk@campbell.edu
<https://www.campbell.edu/information-technology-services/help-desk/>

Extension 7911
Telephone: (910) 893-7911
Toll-Free: 1-(800) 334-4111 Ext: 7911

9.4.3 Information Access and User Privacy

Private Machines Connected to the University Network

Electronic mail (email) and other information passing over the University network, including information stored in user accounts and computers, are considered to be private and confidential. Although this type of information must be accessed by system personnel for the purpose of backups, network management, etc., the content of user files and network transmissions will not be viewed, monitored, or altered without the express permission of the user except in the following circumstances:

- The University has reason to believe that an account or system has been breached and is being used by someone other than the authorized user.
- The University has received a complaint that an account or system is being used to gain unauthorized access or to attempt to gain unauthorized access to another network site.
- The University has reason to believe that an account or system is being used in violation of University policy or federal or state law.

Under these circumstances the university may authorize system support personnel to monitor the activities of a specified account or computer system and to search electronic information stored in that account. The authority for this search must be requested on an account-by-account basis, and monitoring will be restricted to the specified account. If this search provides evidence of violation, the account will be disabled and action taken with appropriate authorities.

It will become increasingly possible for computer systems owned by students, staff, or faculty to be attached directly to the Campbell network via on-campus attachment or off-campus VPN services. The owner of a personal machine or device may use that machine at his or her discretion; however, the use of the University network is subject to all of the policies stated in this document.

- The owner of any device or machine connected to the Campbell network is responsible for the behavior of all users of that machine and for all network traffic to and from the machine. Campbell maintains no responsibility or liability for loss of data or hardware corruption on personal computer systems.
- A private machine or device connected to the University network may not be used to provide network access to individuals who would not otherwise have access through official Campbell channels. The private machine may not be used to redirect data to other networks, nor may it serve in any way as an electronic gateway to non-University affiliated systems.
- Private machines or devices may not use the University network for commercial gain or profit.
- Neither Campbell-owned, private computers, or electronic devices may be used to serve files through any protocol (http, ftp, email, IM, etc.) without application to Information Technology Services for an exception for scholarly use unless the computers are designated servers by Information Technology Services. Unless otherwise approved in writing, provisions for interactive login services for non-University affiliated users are prohibited.
- Should the University have reason to believe that a privately owned system is using the network inappropriately, network traffic to and from that system will be monitored and, if justified, the system will be disconnected, and appropriate punitive action will be taken.

Technology Usage

Computer systems and networks allow for a free exchange of scholarly ideas and information. This exchange serves to enhance learning, teaching, critical thinking, and research, as well as to promote the sharing of moral standards. While the constitutional right of free speech applies to communication in all forms, the Christian atmosphere of Campbell University prescribes only civil and respectful discourse.

Campbell University computer and network services are available as a privilege to all full-time and adjunct faculty, staff, and students at the main and extended campuses. The number of people in the Campbell community dependent upon the University's computer and network services is sizable. Therefore, a respect for the needs of others is expected among users. To ensure access and service for all, eligible users must refrain from any action which interferes with normal system operation, such as:

- Using computer or network services for commercial purposes or personal profit
- Sending excessive email locally or over the network such as chain letters, advertisements, or solicitations
- Knowingly installing or running a program that will damage or place an undue burden on the system

- Knowingly acting in a manner that will disrupt normal operations of computers or the network
- Using computer or network services in a way that violates copyrights, patent protections or license agreement
- Gaining unauthorized access to information that is private or protected, or attempting to do so
- Attempting to gain system and/or network privileges to which you are not entitled
- Using the University computer system to disseminate materials that are not in keeping with the purposes of the institution

The University reserves the right to monitor the use of institutionally owned resources. Alleged inappropriate use of technology resources will be investigated. In instances of misuse, appropriate disciplinary actions, to include legal action, will be taken.

Copies of the Acceptable Use Policy are included in official University publications including, but not limited to, the graduate and undergraduate catalogs, staff/faculty/student handbooks, and selected course syllabi. The Acceptable Use Policy is also posted on the University's policy web page:

<https://www.campbell.edu/information-technology-services/acceptable-use-policy/>

Eligible Users

Only the following properly authorized persons may access Campbell University computing facilities:

- Undergraduate, graduate, and professional students currently enrolled in Campbell University courses
- Non-degree seeking and special students currently enrolled in Campbell University courses
- Campbell University faculty (full and adjunct), staff, and administration
- Designated alumni
- Official guests of the President and the University
- Individuals formally associated with the University, upon verification of the appropriate dean and/or administrator

Original Work by Students Using Campbell University Technology Resources

Original works created by students using Campbell University technological resources are the property of the creator. With the notable exceptions of the processes normally associated with grading, critique,

assessment, and lecture or classroom illustrations, no other student, faculty, or staff member may make any use of another's work without the expressed consent of the creator. However, the Department and the University retain the right to display, copy, replicate, or distribute any work created through the use of the Department's production facilities for the purposes of promotion, representation, artistic display, publication, illustration, and recruiting, on the condition that the creator is given full, appropriately disclosed credit. No one, including the creator, may use the Department's production facilities for any commercial purpose.

Pornographic or Obscene Material

Users are encouraged to use institutional resources in a responsible and respectful manner. Pornographic, obscene, or offensive material is prohibited on the Campbell University computers and network system.

The Campbell University Office of Information Technology Services is to be notified of the transmission of questionable or offensive materials via the institutional computer and network system. Treated as inappropriate use, these allegations will be investigated, and if warranted, appropriate disciplinary actions taken.

Electronic Communications

The University provides Internet access to all eligible users through campus computing facilities. Electronic mail (email) is also provided to all eligible users. These services are provided only for University-related purposes.

Class Recordings

Class materials (hereafter including PowerPoints, Handouts and Lecture Recordings) are distributed for the exclusive use of students in the Jerry M. Wallace School of Osteopathic Medicine. Student access to and use of materials are conditioned on agreement with the terms and conditions set out below. Any student who does not agree to them is prohibited from accessing or making any use of such materials.

Any student accessing class or other educational materials:

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

10. APPENDICES

10.1 Appendix 1 - Hepatitis B Information Form

10.2 Appendix 2 - TB Risk Assessment Form

Hepatitis B Information Form

Must be completed and returned to Department of Clinical Affairs

Student Name:

Date of Birth:

Class:

Primary Care Physician:

Specialist Consulting Physician:

Date of Specialist Consult:

Pertinent HBV history prior to consultation (to be completed by student, healthcare provider or Campbell University Health Center)

1. Initial Hepatitis B Vaccination Series dates
 - a. Immunization 1:
 - b. Immunization 2:
 - c. Immunization 3:
 - d. Titer result and date:
2. Second Hepatitis B Vaccination Series dates
 - a. Immunization 1:
 - b. Immunization 2:
 - c. Immunization 3:
 - d. Titer result and date:
3. **HBV Testing**
 - a. HBsAg: Positive Negative Date _____
 - b. Anti-HBc: Positive Negative Date _____
 - c. HBV Viral Load (if done) _____ Date _____

Specialist Consultant
(Complete the following section)

Testing

1. HBV Viral load: _____ Date _____
2. Other pertinent testing performed:

Treatment Recommendations

Follow up Recommendations

The student should follow up with healthcare provider on _____ (Date, not to exceed one year).

Recommendations Regarding Clinical Practice

At this time, I recommend that this student:

_____ Be permitted to participate in patient care with no restrictions on procedures performed (student may participate in both Category I and Category II procedures – **see page 2 for reference**)

_____ Be permitted to participate in patient care but should be **restricted from performing any Category 1 procedures at this time**

_____ **Other (please describe):**

Physician's Signature _____ DO, MD

Address _____

Office Phone Number _____

Print Last Name _____ Date _____

Return form to the Department of Clinical Affairs

Category I Procedures

1. **Those known or likely to pose an increased risk of percutaneous injury to a healthcare provider that have resulted in provider-to-patient transmission of HBV.**
2. Are generally limited to:
 - a. Major abdominal, cardiothoracic, and orthopedic surgery;
 - b. Repair of major traumatic injuries;
 - c. Abdominal and vaginal hysterectomy;
 - d. Caesarean section;
 - e. Vaginal deliveries; and/or
 - f. Major oral or maxillofacial surgery.
3. Techniques that have been demonstrated to increase the risk for healthcare provider percutaneous injury and provider-to-patient blood exposure include:
 - a. Digital palpation of a needle tip in a body cavity; and/or
 - b. The simultaneous presence of a healthcare provider's fingers and a needle or other sharp instrument or object (bone spicule) in a poorly visualized or highly confined anatomic site.
4. **Students with HBV infection may be restricted from performing Category I procedures based on recommendations from an Infectious Disease specialist or based on hospital or preceptor policy.**

Category II Procedures

1. All other invasive and noninvasive procedures.
2. **Pose low or no risk for percutaneous injury to a healthcare provider or, if a percutaneous injury occurs, it usually happens outside a patient's body and generally does not pose a risk for provider-to-patient blood exposure.**
3. Procedures include the following:
 - a. Surgical and obstetrical procedures that do not involve the techniques listed for Category I;
 - b. The use of needles or other sharp devices when the healthcare provider's hands are outside a body cavity (e.g., phlebotomy, placing and maintaining peripheral and central intravascular lines, administering medication by injection, performing needle biopsies, or lumbar puncture);
 - c. Dental procedures other than major oral or maxillofacial surgery;
 - d. Insertion of tubes (e.g., nasogastric, endotracheal, rectal or urinary catheters);
 - e. Endoscopic or bronchoscopic procedures;
 - f. Internal examination with a gloved hand that does not involve the use of sharp devices (e.g., vaginal, oral, and rectal exam); and/or
 - g. Procedures that involve external physical touch (e.g., general physical or eye examinations or blood pressure checks).
4. **Students with HBV infection are generally not restricted from performing Category II procedures.**

1. Last Name	First Name		MI	
2. Patient Number				
3. Date of Birth (MM/DD/YYYY)				
	Month	Day	Year	
4. Race <input type="checkbox"/> 1. American Indian/Alaska Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black/African American <input type="checkbox"/> 4. Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> 5. White <input type="checkbox"/> 6. Unknown				
Ethnicity: Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
5. Gender <input type="checkbox"/> 1. Female <input type="checkbox"/> 2. Male				
6. County of Residence				

N.C. Department of Health and Human Service
 Division of Public Health
 Epidemiology Section • TB Control

Record of Tuberculosis Screening

Section A.

Answer the following
questions.

Do you have:	Descriptions	Yes	No
1. Unexplained productive cough	<i>Cough greater than 3 weeks in duration</i>		
2. Unexplained fever	<i>Persistent temp elevations greater than one month</i>		
3. Night sweats	<i>Persistent sweating that leaves sheets and bedclothes wet</i>		
4. Shortness of breath/Chest pain	<i>Presently having shortness of breath or chest pain</i>		
5. Unexplained weight loss/appetite loss	<i>Loss of appetite with unexplained weight loss</i>		
6. Unexplained fatigue	<i>Very tired for no reason</i>		

The above health statement is accurate to the best of my knowledge. I will see my doctor and/or the health department if my health status changes.

_____/_____/_____
Signature Date Witness

Section B.

This is to certify that the above-named person (a) had a tuberculin skin test or an interferon gamma release assay (IGRA) on_____/_____/_____ which was read as_____mm. which was interpreted as positive and

(b) Had a chest X-ray done on_____/_____/_____ which showed no sign of active inflammatory disease.

(c) This person has no symptoms suggestive of active tuberculosis disease. A chest X-ray for tuberculosis is not indicated.

Licensed Medical Professional

_____/_____/_____
Date

Purpose: To be used for persons who:

- (1) have had a significant reaction to the tuberculin skin test;
- (2) have had a negative chest X-ray; and
- (3) need a record of their tuberculosis status.

Preparation: To be completed by a licensed medical professional.

Section A: Record the person's answers to questions 1-6.

- (1) If all answers are **no**, have person sign where specified and continue to Section B.
- (2) If any two answers are **yes**, **do not** complete the record. Refer person for evaluation as appropriate.

Section B: Complete information as specified.

NOTE: Document this visit in person's clinical record and specify outcome, i.e., indicate that the record or a referral was given to the person.

Disposition: (1) If all answers in Section **A** are **no**, no copy required. Document as noted above.
(2) If any two answers in Section **A** are **yes**, retain original and any further referral form in record.

Destroy in accordance with Standard 5, *Records Disposition Schedule*, published by the N.C. Division of Archives and History.

Additional forms may be downloaded from the N.C. TB Control website:
http://epi.publichealth.nc.gov/cd/tb/docs/dhhs_3405.pdf.