



**CAMPBELL**  
**UNIVERSITY**

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Jerry M. Wallace  
School of Osteopathic Medicine

# **Academic Bulletin**

**Doctor of Osteopathic  
Medicine (DO)**

**2022-2023**

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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,

A large, stylized handwritten signature in blue ink, appearing to read 'B. Kessler', is written over the typed name and title.  
Brian A. Kessler, DO, FACOF  
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 Bulletin 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 2022 are "stamped" with a 2022 starting term. The requirements for that starting term are reflected in the 2022-2023 CUSOM Academic Bulletin. Students are responsible for the degree requirements 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 of CUSOM, 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.

<b>Effective Date:</b>	<b><u>July 26, 2022</u></b> <b>Date</b>
<b>REVISED</b>	<b><u>January 6, 2023</u></b> <b>Date</b>
<b>REVISED</b>	<b><u>March 1, 2023</u></b> <b>Date</b>

**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 does not discriminate on the basis of age, race, color, creed, sex, gender, national or ethnic origin, disability, religion, sexual orientation, gender identity or expression, genetic information, veteran's or military status, or any other characteristic protected by law in the recruitment and admission of students, the recruitment and employment of faculty and staff, or the operation of any of its programs.

Student inquiries regarding discrimination, harassment and the University's equal opportunity policies may be directed to the Associate Vice President for Campus Life, [nothstine@campbell.edu](mailto:nothstine@campbell.edu); faculty and staff inquiries should be directed to the HR Department, P. O. Box 595, Buies Creek, NC 27506 or the Director of Human Resources, [telmore@campbell.edu](mailto:telmore@campbell.edu). Sexual harassment and sexual misconduct are forms of sex discrimination and prohibited by the University. Campbell University has appointed Kellie Nothstine as its Title IX Coordinator, and she may be contacted at [nothstine@campbell.edu](mailto:nothstine@campbell.edu).

Additional information, including the complete text of the discrimination and harassment policy and appropriate complaint procedures, may be found by contacting the Human Resources Department or visiting its website at <https://www.campbell.edu/faculty-staff/human-resources/>. Questions or comments about sex-based and sexual harassment and misconduct, domestic violence, dating violence, and stalking committed by a student may also be directed to Kellie Nothstine, Associate Vice President for Campus Life and Title IX Coordinator, at (910) 893-2039 or [nothstine@campbell.edu](mailto:nothstine@campbell.edu). Additional information, including the complete text of the policy and complaint procedure for such misconduct, may be found at <https://www.campbell.edu/policies/title-ix/title-ix-policies-and-procedures/>.

Employees and applicants of Campbell University will not be subjected to any form of harassment or discrimination for exercising rights protected by, or because of their participation in, an investigation or compliance review related to 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. For further information go to: <http://www.campbell.edu/about/employment/>.

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

### **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. For more information please visit:

<https://www.campbell.edu/registrar/family-education-rights-and-privacy-act-ferpa/annual-notification-of-rights-under-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. Inquiries may be directed to the Director of Human Resources, Main Campus, Buies Creek, NC 27506, [telmore@campbell.edu](mailto:telmore@campbell.edu).

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

Campbell University does not discriminate on the basis of disability and will provide reasonable accommodation to qualified individuals with disability, except as provided by law. Student inquiries may be directed to Ms. Laura Rich, Student Counseling Center, Main Campus, Buies Creek, North Carolina 27506 or [richl@campbell.edu](mailto:richl@campbell.edu); faculty and staff inquiries may be directed to Mr. Trent Elmore, Director of Human Resources, Main Campus, Buies Creek, North Carolina 27506 or [telmore@campbell.edu](mailto:telmore@campbell.edu).

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

Campbell University is committed to a policy of equal opportunity for men and women, and as such, does not tolerate discrimination or harassment on the basis of sex, gender, sexual orientation, or gender identity or expression, nor does it allow discrimination in the administration of educational programs, activities, and policies. Questions or comments about discrimination, harassment, domestic violence, dating violence, and stalking can be directed to: Mrs. Kellie Slappey Nothstine, Title IX Coordinator, P.O. Box 95 (Wallace Student Center, Room 237), Buies Creek, NC, 27506, (910) 893-2039/FAX (910) 893-1534, [nothstine@campbell.edu](mailto:nothstine@campbell.edu). Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, District of Columbia Office, U.S. Department of Education, 400 Maryland Avenue, S.W. Washington, DC 20202-1475. Telephone: (202) 453-6020; Facsimile: (202) 453-6021; Email: [OCR.DC@ed.gov](mailto:OCR.DC@ed.gov).

Campbell University's Title IX policy applies to students, faculty and staff, as well as third parties. If you believe you have been subjected to discrimination or harassment in violation of Title IX, or you have been the victim of sexual assault, domestic violence, or stalking, follow the procedure outlined in the University's Title IX policy (<https://www.campbell.edu/policies/title-ix/title-ix-policies-and-procedures/>). You also may contact the Title IX Coordinator. Please refer to the Title IX policy and procedures for additional details.

## **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.

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.

Campbell University is one of five private universities in North Carolina to achieve Level VI accreditation.

For information regarding Campbell University accreditations, please visit:

<http://www.campbell.edu/accreditation>

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  
[www.sacscoc.org](http://www.sacscoc.org)

The American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) granted the Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM) 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 has established a total of 22 new residency programs in the areas of:

Dermatology  
Emergency Medicine  
Family Medicine  
General Surgery  
Internal Medicine  
Micrographic Surgery  
Obstetrics-Gynecology  
Osteopathic Neuromusculoskeletal Medicine  
Psychiatry  
Sports Medicine  
Transitional Year

## **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.

Competitive applicants to CUSOM have overall MCAT scores at the 50<sup>th</sup> percentile or higher with a preferred score in the 50<sup>th</sup> percentile or higher in Biological and Biochemical Foundations of Living Systems (BBFLS). 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 Office 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. 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 their 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**

**Verification that all vaccination requirements are fully met or in progress is required by July 1. Accepted students who have not verified vaccination requirements are fully met or in progress by July 1 prior to matriculation may have their offer of admission rescinded. Students who have their offer of admission rescinded will forfeit their seat in the class and their deposit will not be refunded. See Section 3.16 of this Bulletin for additional information.**

Applicants must identify to the Office 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 their ability to meet the minimal Technical Standards, the applicant is required to notify the Office 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 following matriculation (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 they meet the minimum health requirements, including required vaccination standards, and Technical Standards for admission, but it is discovered after matriculation that the student signed knowing they 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 or expression;
- national origin;
- age;
- disabilities;
- religion;
- genetic information;
- protected veteran or military 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 or are planning to request an accommodation under the ADA should contact the Office of Student Affairs following the process described in Section 7.2.3 of this Bulletin

### **3.6 Application Process**

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

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

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

AACOMAS  
[aacomasinfo@liaisoncas.com](mailto: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 determined to be eligible for a Secondary Application based on criteria established by the CUSOM Admissions Committee, may be invited to submit a 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 a pre-health committee packet or letters from an official evaluation collection service (AACOMAS or Interfolio) recognized by CUSOM as a part of their official application 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.

### **3.7 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.

### **3.8 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), 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 required 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 their 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 to the Dean to either "Accept" or "Deny" admission.

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 record relevant to admission requirements 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.

**An offer of acceptance may be rescinded should an accepted applicant NOT meet the Technical Standards and Vaccination Requirements for Admission to CUSOM.**

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

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 that positive tests are discovered after matriculation. Controlled substance screening results are viewed in light of North Carolina and federal laws governing illegal substances.

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

### **3.9 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 overall score at or greater than the 50<sup>th</sup> percentile.
- Submit an application, official transcript from all institutions attended, and official MCAT scores to AACOMAS by July 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 July 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 July 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 August 15.

### **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 overall MCAT score at or above the 50<sup>th</sup> percentile with a preferred score in the 50<sup>th</sup> percentile or higher in Biological and Biochemical Foundations of Living Systems (BBFLS).
- Application, transcripts from all institutions attended, and MCAT scores submitted to AACOMAS in September of their senior year.
- A 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**

The Campbell University 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 as freshmen at Campbell University.

All Campbell University qualified applicants may apply 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.

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 may be eligible to participate in specialized medically-related experiences during their undergraduate years based on availability. These experiences 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 the CUSOM requirement for osteopathic manipulative medicine including the demonstration of the requisite knowledge and application 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.

**\* NOTE:** COMLEX-USA Level 2-PE was suspended indefinitely in February 2021, and formally discontinued in June 2022. COMLEX-USA candidates are currently verified by attestation from their COM dean that they are proficient in these important clinical skills (<https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-2-pe/>).

As such, to be eligible to graduate, each student must have successfully completed CUSOM's Clinical Skills Assessment Program, which includes both a longitudinal assessment of student performance and an on-campus multi-station Objective Structured Clinical Exam (OSCE) during the fourth year. This multi-station OSCE, also called the Physical Exam-Qualifying Exam (PE-QE), requires students to demonstrate successfully the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

### **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 for schools which utilize a numeric grading 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. Applicants must understand that for clinical 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. In addition, eligibility to participate in graduate medical education is determined by the individual residency program, not by CUSOM.

As noted in Section 3.8 of this Bulletin, 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.

**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 the 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.

**Verification that all vaccination requirements are fully met or in progress is required by July 1. Accepted students who have not verified vaccination requirements are fully met or in progress by July 1 prior to matriculation may have their offer of admission rescinded. Students who have their offer of admission rescinded will forfeit their seat in the class and their deposit will not be refunded.**

**All vaccination requirements that are in-progress at the time of matriculation must be completed according to the recommended schedule.**

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 either met or in progress by July 1
3. Completed controlled substance screen (described below)
4. Completed physical examination conducted by a licensed physician
5. Proof of health insurance

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 communicable 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 including vaccination records and titers.

### **Important Notes Regarding Vaccination Requirements**

**Verification that all vaccination requirements are fully met or in progress is required by July 1. Accepted students who have not verified vaccination requirements are fully met or in progress by July 1 prior to matriculation may have their offer of admission rescinded. Students who have their offer of admission rescinded will forfeit their seat in the class and their 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 must maintain full compliance with the requirements of CUSOM's vaccination policy in order to participate in any patient care activities sponsored by, or affiliated with, CUSOM. Incoming students must 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 and Christian Mission, who chairs the Exemption Review Panel, at:  
910-893-1541 or [vaxexemption@campbell.edu](mailto: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.
- Unless granted an exemption, 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, referral to the Academic Performance, Promotion and Standards (APPS) Committee, 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.

**Unless granted an exemption, non-compliance with CUSOM Vaccination Requirements will result in referral to the Academic Performance, Promotion and Standards (APPS) Committee. In addition, noncompliance with 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), additional 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 (completed and signed by their healthcare provider or institutional representative):

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

verifying all CUSOM-required vaccination and titer requirements (completed or in progress), 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**

- a. All students must submit documentation (physician signature or vaccination record) of vaccination with a \*Tdap booster (Boostrix® or Adacel®) since the year 2005.
  - i. \*Tdap is the one-time booster containing the acellular pertussis vaccine and is available only in the Boostrix® or Adacel® vaccines.
  - ii. Following the Tdap booster, a Td routine booster is required every ten (10) years.
- b. 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).
    - 1. 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 blood-borne 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.
2. 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:

<b>1<sup>st</sup> TST Test</b>	Negative	<b>Repeat TST in 1-3 weeks</b>
	Positive	Considered positive for infection*
<b>2<sup>nd</sup> TST Test</b>	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<sup>®</sup>–TB Gold In-Tube test (QFT-GIT)
    2. T-SPOT<sup>®</sup>.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 Office of Clinical 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 student’s 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
  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

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 at any time to be consistent with recognized safe practices.**

- 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.
- If additional COVID-19 vaccination requirements are implemented, they may have specific deadlines.

- 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 and Christian Mission, who chairs the Exemption Review Panel, at (910)-893-1541 or [vaxexemption@campbell.edu](mailto:vaxexemption@campbell.edu).

## **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 regarding 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 regarding 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, including those related to required laboratory evaluations and immunizations, are subject to review and modification based on recommendations from the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), the United States Preventive Services Task Force (USPTF), and other public health agencies. Students will be notified of any changes and will be required to comply with any mandated changes upon receipt of notice from CUSOM.

#### **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 rescinding of acceptance offers, program dismissal, or other sanctions.

Applicants must be aware of the potential impact on program acceptance and contact the CUSOM Office of Admissions for guidance 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 the CUSOM Office of Admissions.

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. This includes, but is not limited to, 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

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 Office 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, pursuant to Section 6.7.5 of this Bulletin, be reviewed by the Academic Performance, Promotion and Standards (APPS) Committee and may result in possible sanctions, up to, and including, dismissal from the program.

A national background check may be performed at any time and is also done on each student prior to the start of clinical rotations. **Students must be aware that results of any background check are shared with the clinical sites.** 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 the Office of Student Affairs 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 Conduct (Section 6.7.4) **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. An Offense occurring less than sixty (60) days prior to the anticipated return date must be reported to the Office 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 Supplemental Application, national background check, and controlled substance screen within a timeframe designated by 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 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 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 a valid driver's license by the end of the first year of medical school may prevent the student from being promoted to the second year of medical school. Due to the potential need to travel for clinical rotations during the third and fourth year, all students must maintain a valid driver's license through graduation.

### **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 a student's enrollment at CUSOM. **Students who allow their certification to lapse will not be permitted to participate in any clinical experience, including third- and fourth year rotations.** Students who are unable to participate in required clinical rotations due to a lapse in their BLS certification will not be capable of completing curricular requirements or making academic progress and will be called to the APPS Committee according to the process prescribed in this Academic Bulletin.

### 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 dilute 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 they are not currently using, and they 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 or possession of a controlled substance, 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 deposit 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 2022-2023 Academic Year is \$57,360 with additional fees of \$2,080 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' 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 the Campbell University Office of Financial Aid:

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

### **Student Fees**

Students in Years One through Four are assessed an annual student fee of \$2,080. 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 CUSOM's Office of Student Affairs. The official form must be completed with proper signatures obtained and turned in to the Office of Student Affairs. Once all signatures are obtained, the Office 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, the student's 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 set forth in the link 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 Campbell University Refund/Repayment Policy for Graduate and Professional Programs:

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

The Campbell University Bursar's Office is responsible for the reassessment of student account charges and ensuring 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 they have 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**

Campbell University's Office of Financial Aid (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 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 Office of Financial Aid provides personal counseling upon request 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 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 Office of Financial Aid coordinates 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 (NSLDS), 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://www.campbell.edu/financial-aid/policies/>

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, overall MCAT score, applicant interview, and scholarship essay. The Endowed and Annual Scholarship Committee may also consider other factors, such as undergraduate university, interest in osteopathic medicine, commitment to service, and Mission fit.

## **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, a 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 overall 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, a 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 overall MCAT score of  $\geq 55^{\text{th}}$  percentile OR a Cumulative and Science GPA of 3.30 or higher on a 4.0 scale and an overall 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, a 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 overall MCAT score of  $\geq 55^{\text{th}}$  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 in the initial award year by the Office of Admissions and qualified candidates are recommended to the Endowed and Annual Scholarship Committee. Scholarship Committee members review each candidate and forward recommendations to the Dean for approval of scholarship consideration. Once approved by the Dean, all decisions are final.

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

In order to be considered for a 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](mailto:CUSOMFinancialAid@Campbell.edu)

The Chair of the Scholarship Committee reviews the essay content and makes scholarship recommendations to the Dean who will make all final scholarship decisions. The Chair of the Scholarship Committee 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 by the due date to:

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

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 Endowed and Annual 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 it to the Associate Director of Financial Aid. Eligible students are prescreened in the initial award year by the Office of Admissions and qualified 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.

Campbell University will notify 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 Office of Financial Aid. 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 Office of Financial Aid.



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: Endowed and Annual Scholarship Committee selection.

**Rachel Helen Silver Memorial Scholarship:** Awarded to a 2<sup>nd</sup> Year osteopathic medical student at the end of the 2<sup>nd</sup> year who has clearly demonstrated a willingness and a passion to give back to their academic community as well as their 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, 2<sup>nd</sup> year students).

**Medical Missions Scholarships**

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 only available to Doctor of Osteopathic Medicine students, and 2) scholarships available to all Campbell University health science students.

Medical Missions/IPE Scholarships only available to Doctor of Osteopathic Medicine Students:

**Frank Upchurch Medical Missions Scholarship:** This scholarship is only available to students in the Doctor of Osteopathic Medicine program and is to be used to offset travel and related expenses for students pursuing medical mission service as part of their medical training at CUSOM.

Applications for the Frank Upchurch Medical Missions Scholarship are evaluated by the CUSOM Medical Missions Scholarship Committee, a sub-committee of the CUSOM Endowed and Annual Scholarship Committee.

The CUSOM Medical Missions Scholarship Committee reviews applications using the eligibility and application requirements established in the award agreement and forwards their recommendations to the dean for approval of scholarship consideration. This committee also establishes application due dates and the date of award announcement.

Medical Missions/IPE Scholarships Available to all Health Science Students:

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

**Glenn and Joyce White Medical Missions Scholarship (IPE):** The purpose of this scholarship is to offset travel and related expenses for students pursuing medical mission service as part of their training at Campbell University. Students pursuing a degree in one or more Campbell University interprofessional health science programs are eligible to apply

**Glenn T. & Anne S. Infinger Medical Missions Scholarship (IPE):** Glenn T & Anne S. Infinger Medical Missions Scholars are selected based on financial need, academic performance, good conduct, good citizenship, and community service. Other factors may also be considered as appropriate.

Medical Missions/IPE Scholarships available to all Health Science students are evaluated by the Campbell University IPE Medical Missions Scholarship Committee, whose membership includes at least six (6) members: three (3) from the College of Pharmacy and Health Sciences and three (3) from the Campbell University School of Osteopathic Medicine to include CUSOM Financial Aid and Director of Community and Global Health.

The Campbell University IPE Medical Missions Scholarship Committee reviews applications using the eligibility and application requirements established in the award agreement. This committee also establishes application due dates and the date of award announcement.

#### **4.3.3 Direct Aid Scholarships**

Direct Aid Scholarships are scholarships 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 Office of Financial Aid. Scholarship candidates are prescreened by Financial Aid and eligible candidates are recommended to the Endowed and Annual Scholarship Committee and/or IPE Medical Missions Scholarship Committee. Recommended students, including renewing students, are reviewed at an Endowed and Annual Scholarship Committee 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 University 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 University 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. The Office of Financial Aid, in concert with the Office of the Registrar determines eligibility for renewal of scholarship awards on an annual basis. Medical Missions scholarships are non-renewable.

Scholarship recipients 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 Standardized Patient encounters, clinical skills, simulation, anatomy, and OMM practical exams. Clinical case exercises help students integrate and apply knowledge acquired during the Block and provide faculty opportunities for monitoring students' learning progress. For years three and four, student assessment occurs via COMAT exams at the end of core rotations and competency-based evaluations performed by clinical preceptors at the end of each clinical rotation. Students also 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 = 44 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. 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 training 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**

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. Clinical rotations that occur in conjunction with the CUSOM clinical curriculum (Early Clinical Experiences, Outreach, International Medical Missions and MS-3 and MS-4 scheduled rotations) are completed under the supervision of CUSOM-appointed clinical faculty and follow very specific guidelines in regards to student's roles, responsibilities, supervision requirements, and feedback and evaluation processes.

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

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

1. Shadowing experiences are meant to be **observational only** and if any hands-on activity occurs with patients, 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 must not 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. In addition, students must 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-Appointed Clinical Faculty Members**

1. Students who desire to shadow CUSOM-appointed 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 clinicians without a CUSOM faculty appointment (non-CUSOM clinicians), must arrange the experience on their own.
2. Students shadowing with non-CUSOM clinicians must accept and abide by the following conditions:
  - a. CUSOM will not obtain affiliation agreements with sites or preceptors in order to facilitate 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, or as a result of, the clinical shadowing experience. They also release Campbell University from any liability from any injury or illness which occurs during, or as a result of 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 the integration of fundamental biomedical and 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 9-11 week Blocks. 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 facilitate CUSOM student learning, integration, and application of the basic philosophy, principles, and practice of osteopathic medicine. Hands-on diagnosis and treatment are the foundation of osteopathic whole-person healthcare and serve as critical components of the CUSOM curriculum. Lectures and labs incorporate state-of-the-art instruction, while 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, presented through all semesters of the first- and second-year curriculum, 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 project with clinically relevant knowledge related to competent medical practice.

The Professional Core Competencies (PCC) courses, also 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, cultural competence, 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 601 Clinical Skills OMED 602 FMP OMED 603 PCC OMED 610 Cardiovascular System OMED 611 CABS I OMED 620 Respiratory System	OMED 604 OMM OMED 605 Clinical Skills OMED 606 FMP OMED 607 PCC OMED 631 Hematology OMED 640 Renal System OMED 650 Dermatology	OMED 608 OMM OMED 609 Clinical Skills OMED 613 FMP OMED 614 PCC OMED 670 Endocrine System OMED 680 Gastrointestinal System	OMED 615 OMM OMED 616 Clinical Skills OMED 618 FMP OMED 619 PCC OMED 690 CABS II OMED 695 Reproductive System

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 fundamental 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 (OMM) introduces medical students 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 communication and assessment. Through the use of brief interactive lectures, small group discussions, hands-on practice, simulations, 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 (FMP) is designed to provide students with foundational skills in the design, interpretation, and 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 helps them develop the basic skills that will be employed in future blocks. Students learn the different types of medical literature, basic study design and literature searching skills, the characteristics of a quality research article, and research ethics. Students are also introduced to the requirements for the scholarly project which is 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. The Professional Core Competencies (PCC) course, and its content is designed to actively promote all aspects of a healthy professional life and ensure lifelong learning, while simultaneously exposing students to the basic concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. However, before being able to effectively care for patients, it is important for students to understand themselves, including important aspects of their personalities, implicit biases, and how they best communicate with others to have optimal interaction with their patients, peers, and colleagues. In Block 1, using lecture discussions, self-directed learning modules, case discussions, 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 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 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 opportunity for the integrated application of microbiology and immunology. Upon completing this course, students will have a solid foundation of medical microbiology, immunology, and infectious and immunological diseases, which are further expanded in the successive Blocks and system-based courses.

### **OMED 530: Anatomy and Lab - 1.5 Credits**

The first-year anatomy curriculum employs an interdisciplinary and system-based approach to teaching. The aim of this course is to provide CUSOM students 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 a 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 (OMM) builds on prior cognitive and psychomotor skills acquired in OMED 500 to refine and advance OMM diagnosis and treatment abilities. Topics covered include osteopathic considerations of the thoracic cage, osteopathic reflexes and autonomics, OMM documentation, osteopathic considerations of the lymphatic system, and Chapman's reflexes. Key material from OMED 500 is reviewed. Principles and basic techniques of counterstrain, visceral, and lymphatic treatment methods are introduced. Additional soft tissue, counterstrain, and muscle energy treatments of the cervical, thoracic, lumbar, and rib regions are included in the laboratory sessions.

#### **OMED 505: 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 discussions, hands-on practice, simulations, 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 (FMP) course series provides a broad overview of evidenced-based medicine, biostatistics, epidemiology, research methodology, and experimental design. OMED 506 is the second course in the series and focuses on important biostatistics principles and topics required to interpret and apply epidemiological and evidence-based data 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 includes 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. The Professional Core Competencies (PCC) 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, cultural competence, medical law, professionalism, and the structure of health systems. The Block 2 PCC course focuses on essential aspects of the professional and ethical expectations of a physician. Using lecture discussions, self-directed learning modules, case-discussions, 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 students 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 information of body fluids, electrical activities of cells, autonomic nervous system, neurotransmission, and muscles. In addition, the course covers the normal physiology and pathophysiological basis of selected diseases for the cardiovascular, respiratory, endocrine, gastrointestinal, and renal systems. Students acquire a fundamental understanding of the organization and function of each organ system 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 employs an interdisciplinary and system-based approach to teaching. Materials presented during 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 (OMM) builds on prior cognitive and psychomotor skills acquired in OMED 500 and OMED 504 to refine and advance students' 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 communication and assessment. Through the use of brief interactive lectures, small group discussions, hands-on practice, simulations, 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. The Block 3 Clinical Skills course 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 (FMP) 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. The Professional Core Competencies (PCC) 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, cultural competency, medical law, professionalism, and the structure of health systems. Using lecture discussions, self-directed learning modules, case-discussions, and group exercises, students learn and apply concepts relevant to a professional life in medicine. During Block 3, students will focus on healthcare delivery in the United States, including topics such as healthcare financing and regulations, medical trends in US healthcare, and patient-centered care.

### **OMED 570: Musculoskeletal System – 4.0 Credits**

The objective of OMED 570 is to provide students 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 introduces medical terminology specific to the musculoskeletal system and includes an overview of antibiotics and anticancer drugs that also serve as a foundation for further organ system studies. Upon successful completion of this course, students will be able 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 a 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**

The Osteopathic Manipulative Medicine (OMM) course in Block 4 builds on prior cognitive and psychomotor skills acquired in OMED 500, OMED 504, and OMED 508 to refine and advance students' 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 the osteopathic approach to scoliosis, postural imbalances, thoracic outlet syndrome, and other upper extremity neurovascular impingement syndromes in preparation for the second year OMM curriculum which places 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 communication and assessment. Through the use of brief interactive lectures, small group discussions, hands-on practice, simulations, 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. The Block 4 Clinical Skills course 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 (FMP) 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 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. The Professional Core Competencies (PCC) 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, cultural competency, medical law, professionalism, and the structure of health systems. Using lecture discussions, self-directed learning modules, case-discussions, 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, hospice and palliative care, delivering bad news, and spirituality in medicine.

### **OMED 579: Neuroscience – 4.5 Credits**

The Neuroscience course is designed to provide first year 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 are 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 presenting signs and symptoms.

### **OMED 583: Psychiatry – 1.5 Credits**

This course reviews 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 are 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 – 3.5 Credits**

Anatomy in Block 4 provides 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 and diagnose 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 continues with the systems-based 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 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 (OMM) incorporates and advances osteopathic principles presented in the previous blocks. Students are 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 are instructed in balanced ligamentous tension as the

exemplar treatment style for this system. Additionally, muscle energy treatment is 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 communication and assessment. Through the use of brief interactive lectures, small group discussions, hands-on practice, simulations, 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. Clinical Skills in Block 5 focuses on the cardiovascular and pulmonary systems.

### **OMED 602: Foundations of Medical Practice – 0.5 Credits**

OMED 602 Foundations of Medical Practice (FMP) reviews and extends 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 includes an introduction to critical appraisal and basics of presenting and discussing current medical literature.

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

### **OMED 603: Professional Core Competencies – 0.5 Credits**

Professional Core Competencies (PCC) is taught as a continuous didactic course throughout the first and second years, incorporating student-directed learning which is 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 interactive clinical case exercises to enhance the comprehension process. Group activities are utilized to explore issues related to medical humanities.

### **OMED 610: Cardiovascular System – 4.0 Credits**

The Cardiovascular System course provides a comprehensive overview of the cardiovascular system including 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 for 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 – 1.5 Credits**

This course in Osteopathic Manipulative Medicine (OMM) continues to incorporate and advance osteopathic principles presented in the previous blocks. Students 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 are instructed in facilitated positional release as the exemplar treatment style for this system. Additionally, counterstrain is 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 communication and assessment. Through the use of brief interactive lectures, small group discussions, hands-on practice, simulations, 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 Clinical Skills 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 (FMP) 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, the Professional Core Competencies (PCC) 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, cultural competency, medical law, professionalism, and the structure of health systems. Using lecture discussions, 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 approach to the diagnosis and management of hematologic diseases. The course begins with an overview of commonly encountered hematologic disorders and 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, followed by the pathophysiology, genetics, epidemiology and clinical presentation of bleeding 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 Renal System 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 (OMM) continues to incorporate and advance osteopathic principles presented in the previous blocks. Students 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 are 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 is 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 discussions, hands-on practice, simulations, 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 (FMP) 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. The Professional Core Competencies (PCC) 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, cultural competency, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion, and group exercises, students learn and apply concepts relevant to a professional life in medicine. Block 7 PCC will incorporate topics including population health, community health, and occupational and environmental health.

### **OMED 670: Endocrine System – 2.5 Credits**

The Endocrine System 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, diabetes, 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 – 4.0 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 (OMM) continues to incorporate and advance osteopathic principles presented in the previous blocks. Students are introduced to osteopathic treatment strategies for hospitalized patients, obstetrical patients and children. High-yield board review content is provided through lectures and labs. Students are 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 – 1.0 Credits**

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

simulations, 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 (FMP) course series provides a broad overview of evidenced-based medicine, epidemiology, research methodology, and experimental design. OMED 618 in Block 8 is the culmination of this series. Four self-directed learning sessions focus on the definition and history of human subject research and crucial ethical considerations. In addition, this Block provides a focused review of 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. The Professional Core Competencies (PCC) 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, cultural competency, 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. Before transitioning into third-year status, though, students must first sit for, and eventually pass, COMLEX-USA Level 1. To do so, students must achieve a pre-identified “passing” score on a designated Qualifying Exam (QE).

OMED 690: Clinical Applications of Biomedical Sciences II, offered during Block 8, serves as a capstone to the first two years of the curriculum and as a gateway to COMLEX-USA Level 1. This credit-bearing course is designed to review, integrate, and consolidate the content from the first two years with the requisite knowledge and skills for clinical rotations. Completion of this course will also help prepare students for successful passage of COMLEX-USA Level 1 and entry into third-year clinical rotations.

For a complete description of the approval process to sit for COMLEX-USA Level 1, see second 6.6.2.1 of this Bulletin.

### **OMED 695: Reproductive System – 3.5 Credits**

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

### **OMED 698: Modified Course of Study – 12.0 Credits**

This is an individualized study plan for students who require an alternative educational pathway in Year 2 of the curriculum for reasons such as required course remediation, mandated board preparation, 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 Associate Dean for Biomedical Affairs and approved by the APPS Committee.

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

The CUSOM curriculum is structured to facilitate the 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 Osteopathic Principles and Practice (OPP) and Osteopathic Manipulative Medicine (OMM) throughout the first and second years of the curriculum in the following manner.

### **5.2.4.1 Year One**

Each student receives 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(s) and with the assistance of DO faculty table facilitators (approximate faculty to student ratio 1:10).

The first-year courses provide instruction related to the history of osteopathic medicine, research in osteopathic medicine, body landmarks, and the introduction of anatomical and physiological principles of osteopathic medicine. Students also learn the neuromusculoskeletal basis of disease and how it integrates with basic sciences such as anatomy, physiology, biochemistry, etc. In addition, students 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.

#### **5.2.4.2 Year Two**

Each student receives 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(s) and with the assistance of DO faculty table facilitators (approximate faculty to student ratio 1:10).

During the second year, the OMM curriculum 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 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 also become more adept at incorporating osteopathic principles and manipulative medicine in the management of special patient populations including hospitalized patients, pediatrics, and pregnancy.

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

#### **5.2.4.3 Years Three and Four**

A description of the integration of OPP and OMM throughout the third- and fourth-years of the curriculum is presented in Section 5.3.13 of this Bulletin.

## **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. The clinical training program for all students, regardless of their clinical training site, also includes the following:

- All students will spend time in rural, small, urban, or critical access hospitals for a rural/underserved care clinical experience.
- During their third year, all students will complete at least one clinical rotation under the supervision of an osteopathic physician and at least two rotations which include an inpatient experience.
- Prior to their fourth-year clinical rotations, all students will work with a resident physician(s) currently enrolled in an accredited program of graduate medical education.

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

The philosophical framework of clinical education and training at CUSOM is to prepare students to become competent and caring 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 they serve. 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 improving the delivery of healthcare services at extended levels.

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 of individual patients, families, communities, and populations at-large;
- Ensure the acquisition and application of basic clinical knowledge, osteopathic principles and practice, and essential clinical skills;
- Develop an understanding of contemporary healthcare delivery issues;
- Cultivate effective physician-patient relationships based upon integrity, respect, compassion, and cultural sensitivity;
- Develop high ethical standards; and
- Promote a lifelong commitment to learning.

Following clinical training, students, regardless of their chosen specialty, will have a clear understanding of, and appreciation for the important roles of the primary care physician which include, but are 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, cultural, 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;
- Collaborate with an interprofessional team and 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 appropriately apply the results of research to medical practice;
- Manage their 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 patients within the healthcare system;
- Assess the quality of care they provide and actively pursue measures to continually improve;
- Apply 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, goals, 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.

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 eleven rotations. Each rotation consists of approximately 160 contact hours inclusive of modules, self-directed learning, didactics, and other duties as assigned by the site.

All third-year clinical rotations must be completed at the student's respective clinical campus with CUSOM-appointed faculty. 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. Third-year CORE rotations include Family Medicine, Medicine I and II, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery.

Required Rotations for third year are listed below:

- Simulation Medicine (SIM) (4 weeks)
- Family Medicine (FM) (4 weeks) CORE
- Medicine (MED) I (4 weeks) CORE
- Medicine (MED) II (4 weeks) CORE
- Obstetrics/Gynecology (OBG) (4 weeks) CORE
- Pediatrics (PED) (4 weeks) CORE
- Psychiatry/Behavioral Medicine (PSY) (4 weeks) CORE
- Surgery (SUR) (4 weeks) CORE
- Rural/Underserved/International (R/U/I) (4 weeks)
- Medical Selective (MS) (4 weeks)
- Medical/Surgical Selective (M/SS) (4 weeks)

During their third-year rotations, all students, regardless of their clinical training site, will work with a resident physician(s) currently enrolled in an accredited program of graduate medical education, complete at least one clinical rotation under the supervision of an osteopathic physician, and complete at least two rotations which include an inpatient experience.

### 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.

**\* NOTE:** COMLEX-USA Level 2-PE was suspended indefinitely in February 2021, and formally discontinued in June 2022. COMLEX-USA candidates are currently verified by attestation from their COM dean that they are proficient in these important clinical skills (<https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-2-pe/>).

As such, to be eligible to graduate, each student must have successfully completed CUSOM's Clinical Skills Assessment Program, which includes both a longitudinal assessment of student performance and an on-campus multi-station Objective Structured Clinical Exam (OSCE) during the fourth year. This multi-station OSCE, also called the Physical Exam-Qualifying Exam (PE-QE), requires students to demonstrate successfully the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

Students are also provided the opportunity to participate in twenty (20) weeks of elective rotations which may be completed at non-core sites. These elective rotations may be 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 are required to complete the following clinical rotations:

- Residency Development (RD) (4 weeks)
- Emergency Medicine (EM) (4 weeks)
- Geriatrics (GER) (4 weeks)
- Electives (ELEC)\* I, II, III, IV, V (20 weeks)
- Medical Selective (MS) (4 weeks)
- Primary Care Selective (PCS) (4 weeks)
- Surgical Selective (SS) (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 (MS)\* (4 weeks)
- Primary Care Selective (PCS)\* (4 weeks)
- Surgical Selective (SS)\* (4 weeks)

\* 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.

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 allows.

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

### 5.3.4 Schedule of Rotation Offerings

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

### 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 regional clinical training sites 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 dates, 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 may 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 may 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	
Podiatry	X	
Thoracic Surgery		X
Trauma Surgery		X
Urology		
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 during 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 policies for international rotations as defined by the CUSOM Department of Community and Global Health.

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 structure are noted below (e.g., sick time, conference attendance etc.). 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 number of requests. There is opportunity to participate in approved two-week elective and selective rotations upon approval by the Associate Dean for Clinical Affairs. 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 regional clinical training sites where CUSOM has established rotations, affiliation agreements, and appointed 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 regional clinical training sites. If a student chooses to do electives or selectives at hospitals with ACGME-accredited post-graduate programs or at a military facility (Health Professions Scholarship Program, HPSP students only), they must arrange those rotations themselves with appropriate notification to the respective clinical campus Student Medical Education Coordinator.

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

CUSOM does not approve selectives or electives taken outside of CUSOM regional clinical training sites 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 2023. As such, to be eligible to graduate, each student must have successfully completed CUSOM's Clinical Skills Assessment Program which includes both a longitudinal assessment of student performance and an on-campus multi-station Objective Structured Clinical Exam (OSCE) during the fourth year. This multi-station OSCE, also called the Physical Exam-Qualifying Exam (PE-QE), requires students to successfully demonstrate the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

### **5.3.12 Rotation Descriptions**

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

##### **OMED 770: Simulation Medicine (SIM) – 10.0 Credits**

During the Simulation Medicine rotation, which takes place in the CUSOM Simulation Center, students 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, performance of procedural skills on simulated task trainers, and detailed debriefing sessions. Students learn many of the common clinical protocols, procedures, and techniques for providing safe and competent patient care. During this rotation, students obtain

additional exposure to neuromusculoskeletal osteopathic manipulative 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-centered care, reduce medical errors, and increase patient safety.

During the Simulation Rotation, students will be prepared for entry into clinical rotations which includes participation 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
- Clinical campus core rotation 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 (MED) I and II (CORE) – 10.0 Credits each**

During the two Medicine rotations, students will expand their knowledge and competencies in Medicine by working in an interprofessional 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. Students are also expected to participate in teaching rounds, educational conferences, and lectures.

### **OMED 714: Medical Selective (MS) – 10.0 Credits**

The medical selective rotation is provided to enhance and improve student knowledge and skills in medical subspecialty areas. Students will be able to expand their general Medicine knowledge and apply it to specialty care. This rotation provides students the 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 and, rotation schedules. Students are expected to participate in all patient care activities, teaching rounds, educational conferences, and lectures.

#### **OMED 720: Surgery (SUR) (CORE) – 10.0 Credits**

The Surgery rotation provides 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, and 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 also learn to recognize potential risks and complications associated with various surgical techniques and procedures. Students are expected to participate in patient care, teaching rounds, educational conferences, and lectures.

#### **OMED 730: Family Medicine (FM) (CORE) – 10.0 Credits**

The Family Medicine rotation provides students with the opportunity to begin acquiring an understanding of the unique role of the 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. Students are expected to participate in all patient care activities, teaching rounds, educational conferences, and lectures.

#### **OMED 740: Pediatrics (PED) (CORE) – 10.0 Credits**

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

### **OMED 750: Obstetrics and Gynecology (OBG) (CORE) – 10.0 Credits**

The Obstetrics and Gynecology rotation provides students with an exposure to and understanding of routine OB/GYN care performed in the inpatient and outpatient setting. Through this experience, students will learn to recognize both normal and abnormal findings encountered by the practitioner of both obstetrics and gynecology. Students are expected to participate in patient care, teaching rounds, educational conferences, and lectures.

### **OMED 760: Psychiatry (PSY) (CORE) – 10.0 Credits**

The Psychiatry rotation provides 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 specific factors contributing to a patient's emotional dysfunction. This rotation focuses 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 gain knowledge and experience in caring for common psychiatric disorders. Students are 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 (R/U/I) rotation takes place primarily in the outpatient setting and offers a unique experience for students to become familiar with the distinctive problems and challenges facing the practicing physician and patients 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. This rotation develops an understanding of the personnel and material requirements of an R/U/I practice, a sensitivity to cultural differences, identification of community medical needs, provision of patient and community care services, and an understanding of the physician's role in the community. The R/U/I rotation is evaluated and approved by the Associate Dean for Clinical Affairs based on availability and, rotation schedules. If an international rotation is requested for the R/U/I rotation, it also requires the approval of the Chair of Community and Global Health, the Dean, and the Campbell University Study Abroad Committee. Students are expected to participate in patient care, teaching rounds, educational conferences, and lectures.

### **OMED 785: Medical/Surgical Selective (M/SS) – 10.0 Credits**

Students have the opportunity to select from a list of possible rotations in order to gain knowledge and skills in areas of special medical or surgical interest. These rotations 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 these rotations 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. Students are 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 and residency training.

During the Residency Development rotation, all students must successfully complete an on-campus multi-station Objective Structured Clinical Exam (OSCE) during the fourth year. This multi-station OSCE, also called the Physical Exam-Qualifying Exam (PE-QE), requires students to successfully demonstrate the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

This assessment will also serve to evaluate critical thinking, decision-making, and problem-solving skills students developed during their third-year clinical rotations.

This Residency Development course also provides the Office of Clinical Affairs a valuable opportunity to further identify individual students who may benefit from additional focused instruction, practice, or remediation, when warranted, to prepare for the fourth year. This process ensures students have attained and demonstrated the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

**OMED 810, 814 and 816: Medical Selective (MS), Surgical Selective (SS) and Primary Care Selective (PCS) – 10.0 Credits each**

There are 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. Students are expected to participate in teaching rounds, educational conferences, and lectures.

**OMED 840: Geriatrics (GER) – 10.0 Credits**

The Geriatrics rotation utilizes a multidisciplinary approach and engages students in utilizing core competencies. This rotation addresses the complex needs of the elderly and emphasizes a holistic approach to functional independence, especially in those with chronic diseases. This requires students 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. Students are expected to participate in teaching rounds, educational conferences, and lectures.

**OMED 850: Emergency Medicine (EM) – 10.0 Credits**

The Emergency Medicine rotation is hospital-based and focuses on student participation in the delivery of emergency care to a diverse population of patients and the management of major and minor emergencies. Experiences include the triage, 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 gain experience performing an initial patient evaluation under physician supervision and establishing an appropriate plan of care. Students will learn such skills as cardiac life support, airway management, and critical emergency procedures. Students are expected to participate in 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**

Fourth-year students 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 allow students to further focus their professional development and performance as future osteopathic physicians. Students are strongly encouraged to utilize these rotations to choose electives at sites with residency programs of interest, strengthen areas of weakness, or obtain further training to help them transition into residency. Students are expected to participate in teaching rounds, educational conferences, and lectures.

Independent study electives are also available to enhance student learning during the fourth year. These electives provide students 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 a maximum of 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 a 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, other members of the healthcare team, and ancillary services as appropriate. Students are expected to participate in teaching rounds, educational conferences, and lectures.

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

This rotation provides students the opportunity to pursue a sub-internship from the list of approved Primary Care field disciplines as presented in Section 5.3.7 of this Bulletin. 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, other members of the health care team, and ancillary services as appropriate. Students are expected to participate in 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, other members of the healthcare team, and ancillary services as appropriate. Students are expected to participate in 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, other members of the healthcare team, and ancillary services as appropriate. Students are expected to participate in teaching rounds, educational conferences, and lectures.

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

This rotation is pursued in Emergency Medicine. 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 patient encounter notes, perform indicated procedures, and interact with consultants, other members of the healthcare team, and ancillary services as appropriate. Students are expected to participate in teaching rounds, educational conferences, and lectures.

### **5.3.12.3 Approved Electives**

#### **Anesthesiology – 10.0 Credits**

This rotation provides students with a broad and comprehensive exposure to Anesthesiology. Students will participate in all aspects of the pre-, intra-, and post-operative care of patients under direct clinical supervision. Students are also expected to participate in teaching rounds, educational conferences, and lectures.

#### **Cardiology – 10.0 Credits**

Cardiology is an elective rotation within the Internal Medicine department which emphasizes physical diagnostic skills and therapeutic cardiac procedures as related to the cardiac care of the patient. Students are expected to participate in patient care, teaching rounds, educational conferences, and lectures.

#### **Critical Care / Intensive Care – 10.0 Credits**

This rotation provides students 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 and are required to make rounds with the ICU physician daily or more frequently as needed. Students are expected to participate in patient care, teaching rounds, educational conferences, and lectures.

#### **Emergency Medicine – 10.0 Credits**

This elective rotation builds on the fourth-year Emergency Medicine experience and exposes students to trauma and greater complexities of emergency care. Students are assigned more complex patients where their advanced diagnostic skills, allowing them to evaluate patients, form a differential diagnosis, and diagnose and assist in the treatment of the acutely ill patient. Students also have the opportunity to manage several patients simultaneously, participate in medical triage, and care for patients suffering from traumatic injuries. Students are assigned to various shifts to ensure they achieve a diverse experience and are expected to participate in 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. Students will develop a well-rounded understanding of the day-to-day operations of a family practice and be given the opportunity to

evaluate patients and carry out appropriate treatment under the guidance of physician faculty. Students are expected to participate in patient care, teaching rounds, educational conferences, and lectures.

### **Gastroenterology – 10.0 Credits**

This elective rotation within the Internal Medicine department provides students the opportunity to expand their knowledge and understanding of gastrointestinal diseases and to formulate a differential diagnosis by assimilating clinical findings, lab results, imaging studies and diagnostic procedures. Students are expected to participate in patient care, teaching rounds, educational conferences, and lectures.

### **General Internal Medicine – 10.0 Credits**

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

### **Medical Spanish (Independent Study) – 10.0 Credits**

This independent study elective provides an introduction to 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 patients, 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 students 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. Students are expected to participate in patient care, teaching rounds, educational conferences, and lectures.

### **Obesity Medicine (Independent Study) – 10.0 Credits**

This online independent study elective rotation provides students the opportunity to build an understanding of the unique conditions and considerations 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 students to the basic knowledge of the eye examination and diseases of the eye. Students will gain an understanding of the triage and treatment of diseases and injuries of the eye. Students are expected to participate in patient care, teaching rounds, educational conferences, and lectures.

### **Orthopedic Surgery – 10.0 Credits**

The objective of this rotation is to provide students the opportunity to gain a better understanding of the structure and function of the musculoskeletal system. Students will take part in consultations, rounds, surgical procedures, post-operative care, and have the opportunity to participate in trauma cases in the emergency department. Students are 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 through the incorporation of 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 provide valuable feedback. Students are expected to participate in patient care, teaching rounds, educational conferences, and lecture/lab sessions.

### **Pathology/Laboratory Medicine – 10.0 Credits**

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

### **Point-of-Care Ultrasound (POCUS) (Independent Study) – 10.0 Credits**

Under the guidance of the Director of Ultrasound Training, and through the utilization of CUSOM's Simulation Center ultrasound training resources, students will learn emergency and critical care ultrasound protocols and participate in point-of-care ultrasound case development. Based on their medical interests, students 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 patients suffering from psychiatric disorders. Students will be attending physicians in both inpatient and outpatient settings and are 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 in order to improve the ability of students to correlate pulmonary function tests with clinical findings. Students participate in bronchoscopy and other diagnostic procedures and expand their knowledge of diseases such as COPD, pneumonia, pulmonary fibrosis, asthma, ARDS, and other pulmonary conditions. Students are 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 and the anatomy, physiology, and pathologic processes of organ systems as shown on diagnostic radiology studies. Students will expand their ability to select procedures most appropriate in the diagnoses of their patients. Students are 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 improve their 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 students 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.

### **Simulation Medicine Case Development (Independent Study) – 10.0 Credits**

Through the use of CUSOM's Simulation Center resources, students have the opportunity to participate in medical simulation case development. Based on their medical interests, the student will choose relevant topics from which they will develop two simulation cases: one manikin- or augmented reality-based case and one Standardized-Patient based case. A single, hybrid progressive case can be completed as an option. Within each case, the student must identify specific measurable objectives to cover during a simulation learner's exposure to the case. Specific debriefing approaches and objectives must accompany the work.

### **Surgery/General – 10.0 Credits**

Through participation in this rotation, students increase their knowledge base and experience in preoperative, intra-operative and postoperative care. Students work under the direct supervision of residents and attending physicians to learn and apply operative techniques, anatomy, physiology, and pathology. Students have an opportunity to expand their manual skills while assisting in surgery and other procedures and are also 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. Students are 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, students will partake in daily rounds, consults, and time spent in the surgeon's office. This rotation expands on previously learned surgical skills, and provide students the opportunity to work with a vascular surgeon. Students are 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 utilizes a structural approach to osteopathic (OMM) integration in the clinical years. The assessment of the cognitive learning and practical application of osteopathic manipulation consists 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 assists students in their preparation for both the COMLEX-USA Level 2-CE, COMLEX-USA Level 2-PE\*, and the transition to residency training.



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.

\* **NOTE:** COMLEX-USA Level 2-PE was suspended indefinitely in February 2021, and formally discontinued in June 2022. COMLEX-USA candidates are currently verified by attestation from their COM dean that they are proficient in these important clinical skills (<https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-2-pe/>).

As such, to be eligible to graduate, each student must have successfully completed CUSOM's Clinical Skills Assessment Program, which includes both a longitudinal assessment of student performance and an on-campus multi-station Objective Structured Clinical Exam (OSCE) during the fourth year. This multi-station OSCE, also called the Physical Exam-Qualifying Exam (PE-QE), requires students to demonstrate successfully the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

### **OMM Hands-on Experiences**

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 as it relates to 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 National Board of Osteopathic Medical Examiner's OMM COMAT which students are required to take during Residency Development Month. Students are required to pass the OMM COMAT, defined as achieving a score within two (2) Standard Deviations of the mean.

Osteopathic medical knowledge emphasized during clinical rotations includes, but is not limited to:

- 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, including when and how to safely 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, including somatovisceral and viscerosomatic 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-centered care and 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 patient care (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, including those 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.

### **Call Back Fridays**

During the third- and fourth-year, students are required to return to CUSOM on the last Friday (Call Back Friday) of the following 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-12noon. 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, one during the Residency Development Month and the other during their required Emergency Medicine rotation. 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 required 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 and are designed to help students develop the fundamental skills of medical problem solving, case management, procedural expertise, and professional demeanor. 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 their understanding of the patient's medical condition(s). All medications, treatments, and important previous milestones concerning that illness should be clearly noted.

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

- Complete past and present medication use, including doses and duration of use;
- All previous surgeries, including approximate dates and sequelae;
- All previous injuries and any sequelae;
- Immunizations;
- Quantitative estimate of alcohol, tobacco, and illicit drug use, and other appropriate social history; and
- All untoward drug reactions (allergic or toxic), including anesthetic agents and the 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. The ages and health status of all first-degree relatives should also be listed.

**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** – Performance and documentation of an appropriate physical examination is required and 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 for the patient's medical condition(s). 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 concern(s) and condition(s);
- Report data on rounds and in progress notes. Progress notes and related documentation should reflect a dispassionate report; and
- Acquire sufficient knowledge and skill concerning the patient's medical condition(s).

***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-directed learning

#### **5.4.2 Ethical Standards**

Essential humanistic qualities required of physicians include 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 and must:

- 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 and criminal 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 for review and adjudication following the process described elsewhere in this Bulletin. 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 a student decides to exercise the option of completing one (1) of the fourth-year Selectives away from their assigned clinical campus, they must arrange for the Selective rotation as they would for an elective and according to the process presented in Section 5.3.5 of this Bulletin.

### **5.5.4 Rural/Underserved/International (R/U/I)**

The third-year Rural/Underserved/International (R/U/I) rotation may take place 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 R/U/I rotations should be performed at outpatient clinics, 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.

### **5.5.5 Electives**

Students must honor their elective rotation commitments out of respect for the clinical site. 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 a limited number of elective slots for students and once full, may turn away students from other schools. Withdrawal on short notice means a desirable rotation slot, which could have been offered to another interested and qualified student, is wasted. This is disrespectful and unfair to the hospital and, more importantly, it is unfair to fellow students. Any changes to elective rotations 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 verifying the student is in good standing and current on their required immunizations, along with 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 according to the process presented in Section 5.3.5 of this Bulletin. Questions regarding the scheduling of third- or fourth-year elective 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 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 Fourth-Year Student Medical Education Clinical Coordinator:

- 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 specific documentation the entity is 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 federal legislation requires 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 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 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 their 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 for Military Rotations

All students in the United States Armed Forces may complete certain rotations in the Armed Forces and Veterans Affairs facilities 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 link 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 for all international rotations).

##### *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 other than the requested elective being assigned to the student by their respective clinical campus Student Medical Education Coordinator and Regional Dean/DMSE.
- No rotation may be started without being approved (see Unauthorized Rotations).

#### 5.5.12 Scheduling Away Rotations

Many fourth-year elective rotations 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 Fourth-Year Student Medical Education Clinical Coordinator. Additional information regarding VSLO is also available on CUSOM's web-based evaluation system.

##### *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 Third-Year or Fourth-Year Student Medical Education Clinical Coordinator.

## 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, CUSOM-appointed 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 required to be prompt and prepared to discuss the status of patients and any results/reports which may have been received. Clinical rounds are an important component of medical education and students should not be afraid to ask questions or 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 and students must 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 provided 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.

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.

***Evaluations:*** During the final week of the rotation, students should remind the preceptor to complete their student evaluation (Preceptor Evaluation of Student (PES)) in the web-based evaluation system and schedule a time to review their performance and preceptor evaluation. 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 (Student Evaluation of Site (SES)) and of the preceptor (Student Evaluation of Preceptor (SEP)). Completion of these evaluations are required as this information is utilized in an anonymous fashion to provide valuable clinical rotation, site, and preceptor feedback and assist CUSOM in its effort to continually improve its clinical rotation program. **Failure to complete any rotation requirement or submit any required rotation documentation will result in a failing grade (Fail Clinical, FC) and referral to the APPS Committee.**

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 complete site-specific EHR training and sign a “confidentiality agreement” to receive this access. Students **MUST NOT** use others’ Usernames and Passwords as doing so constitutes a HIPAA violation and may carry civil and legal penalties.

***Confidentiality:*** All rotating students are subject to the policies and procedures of confidentiality for patient information at their respective clinical campuses and facilities at which they are completing a clinical rotation. 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 are expected to comply with the policies and procedures established by the hospital or clinic at which they are being trained. All problems or concerns should be communicated immediately to the Regional Dean/DSME and the CUSOM Office of Clinical Affairs.

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**

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.

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.

#### **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 must refrain from any inappropriate relationship with students/faculty/staff/preceptors to the extent the relationship may compromise any policies or expectations of the University or as noted elsewhere in this bulletin. Inappropriate relationships include any romantic or physically intimate liaison with a student outside the bonds of marriage.

CUSOM maintains a faculty recusal policy which requires any CUSOM faculty member, including CUSOM appointed clinical preceptors, with a previous or ongoing therapeutic relationship with a current CUSOM student to recuse themselves 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.

Any student working with a clinical preceptor with whom they have a previous or ongoing therapeutic relationship should contact the Associate Dean for Clinical Affairs at the beginning of the rotation so they 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.

#### **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 also wear 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 Academic Performance, Promotion and Standards (APPS) Committee.

Good personal hygiene is expected. Students must not wear overpowering cologne or perfume. Scrubs are to be worn ONLY on services in which they are indicated, in which case they will be provided by the training facility. 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**

Students on clinical rotations will at all times be responsible to the personnel in charge of the service involved. In addition, all students must comply with the policies and procedures established by the hospital or clinic at which they are being trained.

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.

All CUSOM students on clinical rotations must be supervised in all patient care situations by a CUSOM-appointed physician/faculty member or other appropriate health care provider who is responsible to:

- Be physically located in the facility where patient treatment is rendered;
- Grant authorization of services provided by the student;
- Examine all patients seen by the student;

- Supervise procedures performed by CUSOM students. Under NO circumstances are students to attempt a procedure without the appropriate direct supervision.; and
- 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 required, 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 clinical knowledge or academic performance;
- Unexcused absenteeism;
- Suspected 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 their own well-being, they should contact the Office of Clinical Affairs and access CUSOM provided Behavioral Health counseling services as noted in Section 5.7.3 of this Bulletin.

#### **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 Records**

Student evaluations (PES) are available for review according to CUSOM policy. Grades cannot be given by phone. Student evaluations (PES) 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 download a copy of 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 History and Physical examinations (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 each assigned service.

The student, according to the rules and regulations of the training institution, may sign History and Physical (H&P) notes. The H&Ps 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.

At no time do student notes serve as the physician preceptor's notes.

The Office of the Director of Medical Education or Regional Dean/DSME are responsible for the student documentation 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.

#### **5.6.11 Patient Care Orders**

Students shall not order any examinations, tests, medications, or procedures without consulting and obtaining the prior approval of the supervising physician.

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 a CUSOM-appointed faculty member or other appropriate health care provider who assumes responsibility for the student.

Students must perform procedures under appropriate and proper supervision, within the scope of practice of their supervising preceptor, and only in those areas where the training institution regulations permit them to do so.

#### **5.6.12 Prescription Writing**

Students may write or input electronic prescription information **only** with preceptor approval, 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 their own password and personally sign and send the electronic prescription.

#### **5.6.13 Medical Care & Medication Samples**

Students may not seek medical care from a preceptor, colleagues, or staff. The only exception is emergency situations where the preceptor is the only qualified licensed provider to give care.

Any student working with a clinical preceptor with whom they have a previous or ongoing therapeutic relationship should contact the Associate Dean for Clinical Affairs at the beginning of the rotation so they 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.

Students may only provide sample medications to patients under the direction and supervision of the supervising physician.

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.

#### **5.6.14 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 both third-year and fourth-year clinical rotations.

Any HIPAA violation may result in referral to the Academic Performance, Promotion and Standards (APPS) Committee, and depending on the clinical site's policy, may result in student removal and assignment to another rotation site.

#### **5.6.15 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 supervising physician must verify in the medical record all student documentation or findings, including history, physical exam, and/or medical decision making.

The supervising 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>

#### **5.6.16 Change of Address**

Students must notify the Office of Clinical Affairs, Office of Student 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

#### **5.6.17 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 weekends and 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.

#### **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.

#### **5.6.18 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 for non-educational purposes are subject to disciplinary action, may be referred to the Academic Performance, Promotion and Standards (APPS) Committee for unprofessional conduct, and their behavior may also be reflected in a negative evaluation from the preceptor. All preceptor comments on student evaluations (PES) are included in the MSPE.

### 5.6.19 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 for professionalism and Code of Conduct violations.

### 5.6.20 Housing

Students must provide for their housing during their enrollment at CUSOM. This includes during the clinical training years at the student's respective clinical campus.

During the clinical years, students can be expected to drive up to one hour from the premier educational partner of their region to complete a rotation. If a student must be displaced for a core or selective rotation due to rotation capacity, then CUSOM will cover the cost of housing through their membership with the AHEC.

CUSOM will not provide the housing cost for a student displaced for a rotation due to remediation due to a clinical rotation failure or to complete an elective.

Students can request AHEC housing for elective/away rotations. AHEC cannot bill students directly to students, a repayment agreement has been created where the University will bill the AHEC housing expense directly to the student's account. Once AHEC housing has been secured, students must complete the AHEC Housing Repayment Agreement form and submit it to the Director of Clinical Affairs.

If a student requests AHEC housing and needs to cancel or modify the request, the student must contact AHEC to request changes. Students are responsible for all AHEC housing charges if they register for housing and do not cancel the request if housing is not needed.

### **5.6.21 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 CUSOM-appointed, licensed physician or faculty member must supervise students.
- Students shall assume responsibility for and perform, their assigned duties in accordance with the training institution regulations.
- Students are not permitted to accept financial compensation or any form of gratuity for rendering patient care.
- Students should be assigned to specific patients by their faculty preceptor.
- 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 may only write or input electronic prescription information with preceptor approval, 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 their own password and personally sign and send the electronic prescription.
- 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 are required to participate in utilizing 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 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 must 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

Students must complete and maintain 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.

Students are responsible for keeping their PPDs current according to the guidelines set forth by the CDC (within one (1) year of their last PPD) and according to the process documented in Section 3.16.1 of this Bulletin. 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 diagnostic, preventive and therapeutic medical services 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.

For students on clinical rotations away from CUSOM needing diagnostic, preventive and therapeutic 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

CUSOM's Department of Behavioral Health provides support and counseling services to students for concerns including, but not limited to burnout, fatigue mitigation, anxiety, depression, academic difficulty and performance, study strategies, relationship/family difficulties, stress and anger management, and adjustment to illness and lifestyle changes. Additional information may be found at:

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

Working with Academic and Student Affairs, the Associate Dean for Behavioral Health, a licensed mental health professional, and other CUSOM Behavioral Health clinical staff are available during normal business hours for direct student consultation. CUSOM Behavioral Health clinical staff are also available as a point-of-contact for after-hours issues in addition to the Student Assistance Program (SAP) services through McLaughlin Young (MYgroup) as described below.

Students may either self-refer or may be identified by and referred to CUSOM BH by others, all in a confidential manner. Appointment requests can be made by either email ([CUSOMBH@campbell.edu](mailto:CUSOMBH@campbell.edu)) or by calling the departmental phone number (910-893-7203). All requests are answered within 1-2 hours during normal business hours. Students are then sent a link to the department's secure server where they are asked complete all required intake forms prior to scheduling their appointment. Once the forms are completed, the departmental Administrative Assistant will then schedule them with one of the departmental clinicians. For students found to have needs beyond those provided by CUSOM BH, confidential referrals are made to appropriate community health providers.

CUSOM Behavioral Health clinical staff provide counseling for CUSOM students at two on-campus locations based on student preference: Leon Levine Hall and the Campbell University Health Center (129 T.T. Lanier Street). Students who are unable to travel to the on-campus locations can meet with a counselor via WebEx, a secure videoconferencing system which meets HIPAA and FERPA standards.

In addition to behavioral health clinical staff, CUSOM utilizes the Student Assistance Program (SAP) provided through McLaughlin Young (MYgroup). This SAP provides free, confidential, short-term counseling and personal consultation services 24 hours a day, seven days a week, 365 days of the year. All requests for information or assistance through this SAP are completely confidential and there is no cost to students for phone consultations or virtual visits with a licensed, experienced clinician. The program also provides students no-cost face-to-face visits with a licensed, experienced clinician in their area for up to 5 sessions for a specific issue for an unlimited number of issues.

The MYgroup Student Assistance Plan Core Services include, but are not limited to:

- Free, confidential, short-term counseling and personal consultation for concerns related to family and relationship issues, resiliency and coping skills, grief and loss, stress, depression and anxiety, work-related issues, alcohol or drug use, and legal and financial issues.
- Unlimited confidential tele-counseling with MYgroup 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;
- Work life resources such as legal and financial consultations; and
- Access to monthly online seminars, resource links, and learning resources related to a range of health topics.

Services are accessed through the MYgroup online web portal (<https://www.mygroup.com/>) or via the MYgroup mobile application. To access services online, students will navigate to the above link and then enter the CUSOM username and password information. Students may also call the service directly utilizing a toll-free number (1-800-633-3353) to speak with a counselor and/or case manager.

The Student Assistance Program services are also provided at no cost to student household family members.

**For emergency situations, including thoughts of self-harm or harming others, students should call 911.**

For non-emergency situations Monday through Friday 9am-5pm, students should call Campus Safety and ask for the Behavioral Health practitioner. After 5pm, and on weekends and holidays, students should contact the MYgroup SAP following the instructions provided above.

In addition to publication in the Academic Bulletin, students are advised 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 Behavioral Health clinician via WebEx, a secure videoconferencing system which meets HIPAA and FERPA standards. Appointment requests can be made by either email ([CUSOMBH@campbell.edu](mailto:CUSOMBH@campbell.edu)) or by calling the departmental phone number (855-287-6613) following the process presented above.

Additionally, students on clinical rotations may also access Student Assistance Plan services through the MYgroup online web portal (<https://www.mygroup.com/>) or via the MYgroup mobile application. To access services online, students will navigate to the above link and then enter the CUSOM username and password information. Students may also call the service directly utilizing a toll-free number (1-800-633-3353) to speak with a counselor and/or case manager.

Information concerning behavioral health services within each specific clinical region is available through CUSOM's clinical rotation web-based evaluation system.

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, student should contact MYgroup.

**For emergency situations, including thoughts of self-harm or harming others, students should call 9-1-1.**

#### **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 may bear a medico-legal impact, occurring in the clinical interaction with patients must be immediately reported to the clinical supervisor on-site, the Office of Clinical Affairs, 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 the health and safety of students, faculty and staff.

Per CDC recommendations, post-exposure prophylaxis should be administered within hours of an exposure if the source patient is deemed high risk for having a blood-borne infectious disease, or if there is uncertainty of the source patient's status. 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>.

**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.**

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.

If a student, faculty, or staff member sustains a needle stick or is exposed to infectious materials, they 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 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.

### **Information for students on clinical rotations**

In addition to the above procedures, the following guidelines apply to students on clinical rotations exposed to potentially infectious blood or body fluid pathogens:

- In the event the clinical rotation site has an existing exposure policy, the student should follow the site's policy.
- If the rotation site is not able to perform a timely assessment and/or provide treatment, the student should immediately seek care at the nearest available facility, which may be an Emergency Department, to provide appropriate care (initial lab work for HIV, HBV, HCV, and risk assessment to determine the need for chemoprophylaxis, etc.). Students may also be seen at Campbell University's Health Center.
- The preceptor or appropriate institutional representative at the site where the exposure occurred should obtain consent from the source patient for appropriate laboratory testing (i.e., HIV, HBV, and HCV status).

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 A-G:**

A-G Administrators LLC  
PO Box 21013  
Eagan, MN 55121  
Policy Number: US1529251

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. 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

### **Exposure Reporting and Follow-up**

Although the preceptor or clinical supervisor may contact the CUSOM Office of Clinical Affairs as indicated above, **the student must also contact the CUSOM Office of Clinical Affairs and complete the Incident Report Form (available on CUSOM's web-based evaluation system and in the Department of Clinical Affairs) within 72 hours of the incident.**

In addition, within seventy-two (72) hours of the exposure, the student must report the incident and then provide a copy of the Incident Report Form to the Campbell University Health Center, attention to "Front Desk Staff", at (910) 893-7254.

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

- 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 also 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 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**

The risk of exposure to, and transmission of, infectious diseases can be greatly decreased by the combination of several simple, but effective, measures including ongoing education and training, adherence to universal precautions, and vaccination.

All CUSOM students receive OSHA/Blood-borne Pathogen Training on matriculation and annually through graduation. Clinical faculty complete infection prevention training as required by their specific healthcare system or clinical practice.

In addition, CUSOM students must obtain all required vaccinations and corresponding titers prior to matriculation and remain compliant with all vaccination requirements through graduation in order to complete all clinical requirements in the CUSOM curriculum. Descriptions of CUSOM current vaccination and testing requirements, including those addressing Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Varicella, Hepatitis B, Influenza, and COVID-19 and Tuberculosis are delineated in the CUSOM Immunization Policy and annual Academic Bulletin.

Diseases that may be acquired in the healthcare setting 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        | • Enterovirus |
| • Shigella          | • Adenovirus  |
| • Cryptosporidiosis | • Hepatitis A |

*Direct Inoculation, Skin and Mucous Membrane Exposure*

- |                                |  |
|--------------------------------|--|
| • Herpes Simplex               | • Keratoconjunctivitis (Simple and Epidemic) |
| • <i>Staphylococcus aureus</i> | • Syphilis                                   |
| • Group A Streptococcus        | • Scabies                                    |



Diseases students can transmit to patients or other healthcare personnel include but are not limited to:

*Respiratory Route*

- Tuberculosis
- Influenza
- Measles
- Chickenpox
- Rubella
- SARS CoV-2
- Meningitis
- Respiratory syncytial virus
- Pertussis

*Direct Contact*

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

#### **5.7.7 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 and include, but are not limited to, the following principles:

- Handwashing
  - Handwashing is one of the most important methods of preventing the transmission of disease.
  - Always wash your hands before and after examining a patient, between patient contact, immediately after removing gloves, and after touching blood, body fluids, secretions, excretions and contaminated items.
  - Comprehensive CDC guidelines for hand hygiene in healthcare settings are found at:

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

- Wear gloves for contact with mucous membranes, non-intact skin, blood, body fluids, secretions, and contaminated items.

- Masks, goggles, and face masks should be worn to protect mucous membranes of the eyes, nose and mouth when contact with blood or body fluids is likely.
- Gowns should be worn to protect the skin and prevent soiling of clothing during procedures possibly involving contact with blood or body fluid.
- Handling sharps
  - Use great care when handling needles or sharp instruments.
  - Never attempt to recap a needle.
  - Avoid removing used needles from disposable syringes
  - Dispose of all sharps (used or unused) only in puncture-resistant containers. Know where the container is located BEFORE using needles or sharp instruments.
  - Don't use needle cutters and don't try to bend or break needles.
  - Be careful when cleaning up after lumbar punctures, thoracentesis, bone marrow biopsies or any other procedures in which sharps or needles were used.
  - Don't hide needles under drapes or packaging.
  - In the case of an accidental needle stick
    - Thoroughly clean the wound immediately
    - Follow the needle stick/exposure procedure delineated above
  - Additional information is available at:
    - <https://www.cdc.gov/sharpssafety/>
- Soiled linens and patient care equipment should be handled in a manner to prevent contact with skin or mucous membranes and to prevent contamination of clothing or the environment.
- Environmental Cleaning - routinely care, clean and disinfect equipment and furnishings in patient care areas.
- Patient resuscitation - use mouthpieces, resuscitation bags, or other ventilation devices to avoid mouth- to-mouth resuscitation.

### **Additional Steps to Help Preventing Infectious Disease Transmission**

- Observe Isolation Procedures
  - 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>
  - Each isolation category specifies whether gloves, gowns, masks, and/or goggles are necessary when in close contact with the patient or entering the room.
  - Isolation is intended for appropriate patients whether they are alive or deceased. All specimens taken from isolated patients must be designated as isolation specimens and placed in the appropriate protective bags or containers. 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.

- A copy of the infection control manual and isolation category cards are available in every healthcare facility.
- If you are sick, don't be a vector to patients, students, faculty, staff, or other healthcare workers
  - If you are ill, consult a physician.
  - Wear a mask if you have a respiratory illness or stay at home.
  - Students, faculty, and staff must follow all CUSOM and facility-specific COVID-related policies including those requiring the need to stay home, isolate, or quarantine in the case of COVID-related symptoms, exposures, or positive testing.
  - Practice frequent handwashing.
  - If you have a contagious disease or have been exposed to one, inform your supervisor and the Office of Clinical Affairs immediately.

## **5.8 Hospital / Clinical Facility Information**

### **5.8.1 Clinical Student Preparation**

All third- and fourth-year medical students have 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 completed 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 at any time, including during 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 the Campbell University Health Center. A completed physical examination form is required for students and is kept on file. Students must maintain compliance with all CUSOM vaccination policies 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. COVID-19 (SARS CoV-2)
  - Unless granted an exemption (See Section 3.16.1), Campbell University and as such, CUSOM, requires 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.
8. Some clinical sites require evidence of full vaccination, which may include one or more boosters. 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 (completed annually); and
- OSHA/Blood-borne Pathogen Training (completed annually).

### **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 (per facility policies), 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, COVID-19, and flu shot during flu season);
- Substance Abuse Screening 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, substance abuse 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 their 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.

During their third year, all students will complete at least one clinical rotation under the supervision of an osteopathic physician and at least two rotations which include an inpatient experience.

Prior to their fourth-year clinical rotations, all students will work with a resident physician(s) currently enrolled in an accredited program of graduate medical education.

### **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 participation 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 their 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's orientation should also include a review of 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 all core rotations in the rotation syllabi. The following must be submitted to the Office of Clinical Affairs for a student to receive credit for the rotation:

- Student performance evaluation (i.e., the Preceptor Evaluation of Student (PES) Form);
- Clinical experience database (i.e., Patient Logs); and
- Site evaluation (i.e., the Student Evaluation of Site (SES) Form and the Student Evaluation of Preceptor (SEP) Form).

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. Clinical faculty preceptors 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 or participation in their care, 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, if permitted by facility policy, 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 CUSOM-appointed 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 must provide direct supervision of technical skills and may allow for 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.

Any student working with a clinical preceptor with whom they have a previous or ongoing therapeutic relationship should contact the Associate Dean for Clinical Affairs at the beginning of the rotation so they 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.

## **5.9 Graduate Medical Education**

CUSOM strives to develop and support a sufficient number of residency training positions to support the needs of our graduates and our ability to meet our Mission, reflect our values, and achieve our goals. 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, learning styles, 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. This series catalyzes

students' academic transition process, helps alleviate transition-related stressors, and promotes student success. 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's Office of Student Affairs, ACE for individual study skill coaching, or to Behavioral Health Services for assessment and appropriate treatment.

The Office 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, 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. Many faculty members host additional virtual office hours, via Zoom or WebEx, to provide students with additional flexibility and

opportunities to receive help. 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 advice on residency planning, GME readiness and competitiveness, 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 an on-campus multi-station Objective Structured Clinical Exam (OSCE). This multi-station OSCE, also called the Physical Exam-Qualifying Exam (PE-QE), requires students to successfully demonstrate the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

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.

In addition to individual meetings with Clinical Chairs, the annual residency fair, and the Residency Development course, students have advising opportunities with CUSOM faculty during the Call Back Fridays of their third and fourth years. Call Back Fridays are the last Friday of core clinical rotations when students are required to return to CUSOM to participate in end-of-rotation exams, didactic presentations, Osteopathic Principles & Practices sessions, professional seminars, and clinical faculty advising sessions.

#### **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 encouraged 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 by 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 20% of a specific course and maintaining a cumulative GPA  $\geq 3.3$ ), and complete a Tutor Training Workshop provided by the ACE. 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 Community page on Blackboard.

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 their 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 their subject, but they should be careful not to introduce into their 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. Their primary loyalty is to their institution, their profession, and their growth and development as a scholar, a person, and a teacher.

A faculty member possesses the right, as a citizen, to speak and write, subject to special obligations arising from their 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 their role as a citizen they are not an institutional spokesperson. Moreover, they should allow for the fact that many members of the general public will find it difficult to disassociate their utterances as a citizen from their institutional identification. They should not use official university stationery, logos, watermarks or their institutional title in issuing public statements which they make purely in their 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, performance, and attainment of the Doctor of Osteopathic Medicine program's educational objectives. 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 Office of Academic Affairs (including the Registrar), Office of Biomedical Affairs, Office of Clinical Affairs, and 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.

Program outcome objectives have been mapped to the AACOM Core Competencies and 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).

In order to successfully complete the Doctor of Osteopathic Medicine Program, students must meet all programmatic educational objectives which includes successful demonstration of the fundamental knowledge, clinical skills, behaviors, attitudes, and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.



### **6.2.2 Faculty Recusal from Assigning Student Grades**

Any CUSOM faculty member who is a healthcare professional with a previous or ongoing therapeutic relationship with a CUSOM student, in any CUSOM program, must recuse themselves 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.

This policy also applies to any faculty member on the Admissions Committee or Endowed and Annual Scholarship Committee involved in the discussion of an applicant with whom the faculty member has a previous or ongoing therapeutic relationship. In such a case, the faculty member must recuse themselves from any discussion or vote regarding the student’s candidacy or admission decisions.

#### **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 Academic Bulletin and Faculty Handbook and are attesting to agreement with abiding by this policy. Each faculty member is expected to acknowledge their 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. The CUSOM Professional Development Program also includes discussions related to this topic.

### ***Assessment of Compliance***

In compliance with the COCA standards, any health professional with a CUSOM faculty appointment who provides health services to a CUSOM student through a patient relationship must recuse themselves from the academic assessment or promotion of the student receiving those services. A faculty member providing a therapeutic relationship is not 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 Acting Assistant Dean for Academic Affairs asks each Course Director during every Block if they have a therapeutic relationship with any of the students in their course. 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.

If a circumstance does arise in which a student identifies a clinical preceptor or faculty member providing summative course grading or skills assessments (including, but not limited to, OMM, clinical skills, simulation, and OSCE), or with whom they have a previous or ongoing therapeutic relationship, they should immediately contact the Course Director (for 1<sup>st</sup> and 2<sup>nd</sup> year courses) or Associate Dean for Clinical Affairs (for 3<sup>rd</sup> or 4<sup>th</sup> year rotations).

### 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.

### **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.
- Application must be reviewed by the COCA at a meeting held at least 120 days prior to when the anticipated change would become effective.
- Application materials must be submitted at least 60 days prior to the COCA meeting where the substantive change request will be reviewed.
- Documentation required for the substantive change submission would be submitted as required.
- COCA Substantive Change Policies and Procedures effective for reviews submitted on or after August 1, 2021 are found at:

<https://osteopathic.org/wp-content/uploads/COCA-2020-Substantive-Change-Policies-Effective-Aug-1-2021-rev.-6-2021.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 meeting programmatic educational objectives and 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.

**\* NOTE:** COMLEX-USA Level 2-PE was suspended indefinitely in February 2021, and formally discontinued in June 2022. COMLEX-USA candidates are currently verified by attestation from their COM dean that they are proficient in these important clinical skills (<https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-2-pe/>).

As such, to be eligible to graduate, each student must have successfully completed CUSOM's Clinical Skills Assessment Program, which includes both a longitudinal assessment of student performance and an on-campus multi-station Objective Structured Clinical Exam (OSCE) during the fourth year. This multi-station OSCE, also called the Physical Exam-Qualifying Exam (PE-QE), requires students to demonstrate successfully the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

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 <sup>a</sup>	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 <sup>*b</sup>	70	2.0	H-P	High Pass	3.5		
F	< 70	0.0	HP-P	High Pass	3.5		
P	≥ 70	4.0	P-P	Pass Clinical	3.0		
P <sup>*b</sup>	70	2.0	PC <sup>*b</sup>	Pass Clinical	2.0		
			FC	Fail Clinical	0.0		
FMP and PCC are P/F P = 4.0 QP F = 0.0 QP P* = 2.0 QP			PC = Pass Clinical  FC = Fail Clinical				

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

<sup>b</sup> Denotes course was passed after successful remediation of an initial failing grade. Incomplete (IC) and Withdraw (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 and the student receives an F for the rotation. 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 the 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 6.2.3.4).

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 6.2.3.4).

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

### **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, Audience Response, individual course exams)

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. Students will complete 150 assigned 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 ongoing improvement and 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 and provide students with opportunities for self-directed learning experiences, self-assessment of their learning needs, and to further develop skills for lifelong learning. 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-year, and syllabi with specific 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 by the deadline will result in a failing grade (Fail Clinical, FC) for the rotation, and referral to the APPS Committee. Completion of procedural logs are due no later than 11:59 pm on the Thursday before the last Friday of the rotation. 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 Preceptor Evaluation of Student (PES) 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 PES 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 (PES) 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*

Several core clinical rotations, including Pediatrics, Medicine I and II, Family Medicine, General Surgery, Obstetrics/Gynecology, and Psychiatry utilize evidence-based, medical education online modules, selected by the respective CUSOM Clinical Chairs, to supplement learning and skill

acquisition. In addition to providing a unified, comparable curriculum and educational learning objectives across core clinical education sites, these learning modules provide students with opportunities for self-directed learning experiences, self-assessment of their learning needs, and to further develop skills for lifelong learning.

**Students are required to complete all assigned learning modules as described in the clinical rotation syllabi in order to pass the rotation and advance to the next clinical rotation.** Monitoring of student progress and verification of learning module completion, including the required level of engagement, is provided by the respective CUSOM Clinical Chairs.

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.

4. *Preceptor Evaluation of the Student (PES) and Student Evaluation of the Preceptor (SEP)*

All evaluations must be completed and submitted to the Office of Clinical Affairs within seven (7) days of completion of each rotation.

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

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 each 2 (two) or 4 (four) week 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.

In order to receive a grade for each rotation, the student must ensure each of the following are completed and received by the CUSOM Office of Clinical Affairs:

1. Preceptor Evaluation of Student (PES) Form,
2. Student Evaluation of Site (SES) Form
3. Student Evaluation of Preceptor (SEP) Form
4. End-of-rotation examination
5. Rotation learning modules
6. Clinical experience database (logs)

**Failure to complete any rotation requirement or submit any required rotation documentation will result in a failing grade (Fail Clinical, FC) 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 150 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 OMM skills 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.



During the first two years of the CUSOM curriculum, students complete a minimum of eighteen (18) standardized, timed OSCE encounters (nine (9) as MS-1, nine (9) as MS-2). Ten (10) of these OSCEs are summative; the students must achieve a minimum score of 70% on both the Biomedical/Biomechanical and Humanistic Domains to successfully pass the Clinical Skills course and advance in the curriculum.

These OSCEs 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.

During the Residency Development course, the first rotation of the fourth year of the CUSOM curriculum, CUSOM students must successfully complete an on-campus summative four-station OSCE (the PEQE) which requires students to successfully demonstrate the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

#### **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 Preceptor Evaluation of Student (PES) 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 PES will be submitted to the Registrar's Office. Students will have access to the electronic PES via the CUSOM web-based evaluation system.

Completed PES 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 PES Form will be submitted and accepted per two (2) or four (4) week rotation. Students are not permitted to solicit additional evaluations.**

PES Forms 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 PES 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 PES 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 PES Form from the clinical faculty preceptor (preceptor of record), primary evaluator, or 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 of the evaluation will stand and will be included verbatim on the student's MSPE. There will be no exceptions to this policy and no option to appeal for a change in the preceptor evaluation at a later date.**

All submitted PES Forms are final. However, if a student has met with the preceptor as required above, the student may submit a grievance related to any unresolved factual or typographical error (See Section 6.10.2) to the Third- or Fourth-Year Student Medical

Education Clinical Coordinator, as appropriate. Any factual or typographical errors in a preceptor evaluation may be edited only if approved by the Associate Dean for Clinical Affairs. 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, if a student worked with more than one clinical faculty member during the rotation, it is expected the clinical faculty member will complete a composite evaluation as designated on the PES Form. In this situation, the student should have the principal evaluator or the clinical campus's respective rotation clerkship director (or designee) complete and submit the composite evaluation.

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 PES 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 of the evaluation will stand and will be included verbatim on the student's MSPE. There will be no exceptions to this policy 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 PES Form 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 their completed preceptor evaluation has been received. 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 PES Form 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 PES Form at the end of the final week of the rotation and review it with the student to provide constructive feedback.

Obtaining a PES Form 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 identify any incomplete PES Forms.

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 PES Form.

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 PES Forms. 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 PES Forms.

If the PES Form is not completed by the third week following a Clinical Rotation, the Regional Dean/DSME or a designee completes the 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 a 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 in the student's graduation date 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 reimbursing CUSOM for any rotation/preceptor costs associated with repeating any failed rotations, including, but not limited to, housing costs if a student is displaced from their clinical campus in order to remediate the failed rotation. 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” or “2”, 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” or less on any competency regardless of an overall passing grade. The findings of this investigation may lead to a follow-up student 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, repeating of an entire academic year, or dismissal from the program.

Poor ratings or preceptor comments on the Preceptor Evaluation of Student (PES) Form 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. Poor ratings related to professional and ethical behavior area must be accompanied by preceptor comments as to the exact nature of the rating. 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.

#### **6.2.8 Grading Policies Years 3 and 4**

*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) 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.

After satisfactory completion of a remediation of a failed rotation, a Pass Clinical (PC\*) will be entered as the final grade for the rotation.

Placement of a student on Academic Probation is mandatory if the student has failed a clinical rotation while on Academic Warning, or failed multiple courses or clinical rotations. Students who fail two or more rotations may be dismissed from CUSOM.

Additional information regarding failure of clinical rotations and Modified Courses of Study may be found in Section 6.6.3 of this Bulletin. 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, 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 (Fail Clinical; 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.

*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.

*Unauthorized Rotations:* Any student starting an Elective or Selective rotation without prior proper registration (according to the process described elsewhere in this Bulletin) with the Office of Clinical Affairs will not receive credit for that rotation, and all such violations are subject to review by the APPS Committee. Students must follow the prescribed process for obtaining 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.

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

Campbell University will release information only with the student's written consent or in compliance with federal laws and regulations.

CUSOM has a secure, confidential, onsite computerized record system with an offsite secure network backup. All items entered into this system are retained as a part of a student's permanent record. A student's permanent record contains the 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 or other documentation concerning misconduct.

Upon appointment with the Registrar, a student may examine their transcript and contents of their permanent record. University officials with access to a student's educational records are the President, Provost, Academic Deans, Registrar, Office 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 to FERPA which states 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/index.html>



All documents and other information concerning student academic records, student disciplinary issue, including written reprimands, are securely maintained in a confidential file. Such actions become a part of a student's permanent education record. All disciplinary actions, with the exception of admonitions, academic warnings, and conduct 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 National Resident Matching Program (NRMP) or the San Francisco, Urology and/or Military 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 training. 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**

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

Attendance and active participation in lectures, cases, and labs during first- and second-year provides students the opportunity to engage with their professors and fellow students, to participate in active learning exercises, and ask questions to clarify difficult concepts. Students will establish and grow meaningful relationships with fellow students and the broader CUSOM community, and foster a deeper level of inquiry, understanding and application of fundamental concepts to the practice of medicine and patient care.

During years 1 and 2, students are **encouraged** to attend all lectures. Faculty will schedule formal office hours during Study Times on the schedule, not scheduled class/lab time, to avoid conflicts with in-person class participation.

Attendance is required at all labs and other designated scheduled curricular activities including, but not limited to, Interprofessional Education (IPE) events and Grand Rounds.

Absences from mandatory sessions for emergencies during years one and two are considered on a case-by-case basis through the Department of Medical Education in consultation with the Course Director as delineated in Section 6.4.2 of this Bulletin.

### **Years 3 and 4**

Attendance of third- and fourth-year students is required for all requisite clinical duties of the clinical rotation. Any time away from a clinical rotation must be approved through the process described in Section 6.4.3 of this Bulletin. Students on clinical rotations are required to be on time for all assigned activities associated with each rotation which 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.

### **Non-adherence to the Attendance Policy**

Any falsification of attendance records or other attempt to circumvent processes is considered an Honor Code violation. Failure to meet attendance requirements may result in referral to the Academic Performance, Promotion and Standards (APPS) Committee for review, corrective action, and additional sanctions as described in Section 6.7 of this Bulletin.

Sanctions the APPS Committee may impose include, but are not limited to, removal from any leadership position with a student club, organization or student government office, issuance of a Conduct Warning, placement on Conduct Probation, or other sanctions as delineated in Section 6.7 of this Bulletin.

#### **6.4.2 MS-1 and MS-2 Years**

During years one and two, attendance is required for the following:

- All laboratory sessions (Osteopathic Manipulative Medicine, Clinical Skills, Simulation, and Anatomy).
- Designated scheduled curricular activities including, but not limited to, Interprofessional Education (IPE) events and Grand Rounds.
- All assessments as listed on the Block schedules. Integrated Exams are in-person except in unusual circumstances.

### **Absences from Required Lectures, Laboratory, Clinical Skills, and Interprofessional Education (IPE) Activities**

It is recognized there may be instances when a student must be absent; however, a student who misses a required 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 Med Ed, and Associate Dean for Biomedical Affairs when necessary.

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 any of these mandatory activities may result in a grade of zero (0) or an overall grade deduction (as indicated in each specific course syllabus) which may lead to an overall failing course grade.

A student may be eligible to request an excused absence from a required session through Med Ed by meeting one of the following qualifying criteria:

- **Medical Illness:** For a medical condition/illness, the student must provide Med Ed with a note from the examining physician or other appropriate healthcare provider (who is NOT a family member) indicating the medical visit, the amount of recommended time-off, and the student's return-to-class date.
- **Personal Leave:** 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.

- **Jury Duty:** It is the obligation 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 or lab excused absence request as outlined above and advise the Associate Dean for Biomedical Affairs as soon as possible.
  - For 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.
- **National Meetings or CUSOM-related Activities:** 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  $\geq 3.0$  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.

- 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.
- Religious Holidays: Students may request an excused absence for religious holidays not included in the list of recognized University holidays. The submission of an excused request for this purpose does not guarantee approval will be granted.

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

### **Absences from an Assessment**

In the event of any absence from an assessment including, examinations, quizzes, and OSCEs, approval (based upon the qualifying criteria detailed above) must be obtained from Med Ed to arrange a make-up. **It is essential students make every effort not to miss any assessment.** Requests for make-up assessments must be made in a timely manner with Med Ed. An unexcused absence from assessment may result in a grade of zero (0) for that assessment which may lead to an overall failing course grade.

If a student receives an excused absence for any assessment, the student will be required to make-up the assessment as soon as possible at a time and date to be determined by Med Ed and approved by the Associate Dean for Biomedical Affairs as necessary.

Patterns of absences from assessments may result in the student having to appear before the APPS Committee.

### **Evaluation and Approval of an Excused Absence Request**

For an absence to be considered excused, students must notify Med Ed and complete the appropriate lecture or lab "Excused Absence Request Form" online. Med Ed will determine if the excused absence is approved or denied, and the student will be notified of the decision in a timely manner.

If a student is failing any course or has been placed on Academic Probation, they may not be approved for an excused absence unless for an extenuating situation determined on a case-by-case basis. The Associate Dean for Biomedical 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 Director(s) and Med Ed to arrange a makeup for missed laboratories or an assessment where applicable.**

- It is important to note that, although Course Directors will do their best to accommodate 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              | • Independence Day |
| • Martin Luther King, Jr. Day | • Labor Day        |
| • Good Friday                 | • Thanksgiving     |
| • Memorial Day                | • Christmas        |
| • Juneteenth                  |                    |

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 and follow the approach delineated in Section 6.4.3.7 of this Bulletin.

#### **6.4.2.1 Consequences of Non-compliance of Attendance Policies**

**As professionals, students are expected to strictly adhere to the attendance policy. Non-compliance with the Attendance Policy by MS-1 and MS-2 students is considered a violation of CUSOM professionalism policy and may result in referral to the APPS Committee for disciplinary action up to and including 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 clinical rotation, the student should report to the clinical faculty preceptor or their representative by no later than 8:00 am or at the time required. 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.). Timeliness is a critical component of professionalism and demonstrates respect to clinical preceptors, office/hospital staff, fellow students, and patients. As such, students are expected to arrive at least fifteen (15) minutes early for each of their scheduled workdays. Tardiness reflects negatively on both the student and CUSOM and will not be accepted.

#### **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, or holiday work hours. Preceptors may ask students to rotate with them during 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 clinical 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. The exact number of days or length (hours) of required shift schedules are determined by the preceptor and may be different depending on the specific specialty, clinical site, and consistent with meeting the educational outcomes of the rotation. 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.

Students may not substitute workday hours from one service for another and are required to remain on the clinical rotation to which they are 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 are 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.

**All 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.

All 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.

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 for discretionary days off 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 leave 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 educational outcomes of 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 result in the student being placed on a Modified Course of Study and a 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 Section 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 immediate family emergencies or a death in the immediate family may be eligible to request a Personal Leave of Absence as described in Section 6.8.2.2 of the Academic Bulletin.

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

Students taking a Leave of Absence may have to be placed on a Modified Course of Study which could result in a delay in the student's graduation.

#### 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 educational outcomes of 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. A student may be required to make up missed days in order to meet the educational outcomes of the rotation.

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.

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 year 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.

**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.

### **Student Absence Request Requirements**

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

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

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

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

### **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 a referral to the APPS Committee for failure to follow CUSOM policy and violation of CUSOM professionalism standards.

#### **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 under the direction of the Office of Clinical Affairs.

Students who miss more than a total of four (4) days of a four-week rotation, or two (2) days of a two-week rotation, regardless of the reason, and who are unable to make up the missed time prior to the end of the rotation **will 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 referral to the APPS Committee for failure to follow CUSOM policy and violation of CUSOM professionalism standards.

#### **6.4.3.6 Call Back Fridays**

Students are required to return to Campbell University on the last Friday of the following 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; residency application advising meetings with Clinical Chairs; and interprofessional events.

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

If a student is unable to attend Call Back Friday due to illness, they will be required to make up BOTH the end-of-rotation exam and the rotation-specific pre-preparation activities 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 Friday 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 in order to take advantage of additional practice, OMM and educational opportunities. Students who wish to attend additional Call Back Friday activities must register in advance by contacting the Third- or Fourth-Year Clinical Coordinator.

#### **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 (Section 6.4.2 of this Bulletin), however, the submission of an excused request for this purpose does not guarantee approval will be granted.

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 clinical preceptor or 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 a 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](http://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

CUSOM's guiding principle behind the assessment of risk in any potential emergency 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), is 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 specific site response if the event is “Green” which would indicate minimal impact, “Yellow” which would indicate a medium level impact, and “Red” which would indicate a catastrophic event.

**Event Category    Description**

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

Regional Deans/DSMEs serve as 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 emergency 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 an emergency 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 their condition, location where sheltering, and any needs they may have.

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

Regional Deans/DSMEs will communicate 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 whether relocation of affected students is necessary, to ensure educational program continuity. End-of-rotation exams and Call Back Fridays may be rescheduled or alternate days 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, students, or patients.

Shorts, jeans, sweatpants, scrubs, T-shirts, and athletic shoes are not permitted except in the OMM, Clinical Skills, and Anatomy labs when appropriate as designated in course syllabi. Revealing or tight, form-fitting clothing is unacceptable. Head coverings (unless for religious reasons), caps, hoodies or



sunglasses may not be worn during classes, labs 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, and the required dress code is included in the respective syllabus for each course.

### **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 palpatory experience. Wearing inappropriate clothing interferes with a partner's experience of diagnosis and treatment.

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

Students should avoid wearing any heavy or thick-seamed clothing, clothing that restricts movement or visualization of the area under examination, and any inappropriately revealing clothing. During lab, 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, which are provided and laundered by CUSOM, are to be worn in the anatomy lab at all times. Students are also provided with disposable latex-free gloves, and if required, masks and face shields.

It is recommended students wear scrubs or old clothes and shoes which 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 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).

- Students should avoid wearing 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 their own eyewear). **Soft contact lenses are NOT recommended in the lab** as they may absorb 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.

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 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 to performing a physical exam is crucial and 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 and will be delineated in the course syllabus. White coats must be worn for all encounters with Standardized Patients. 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.

## **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 and not on Academic Probation. 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.

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

Academic Progress for students in Years 1 and 2 of the curriculum requires passing all courses in all Blocks in a sequential manner (i.e., all curricular requirements for Block 1 must be satisfied before a student may start Block 2; Block 2 requirements before Block 3; and Block 3 requirements before Block 4, etc.), successfully completing all curricular requirements in the Blocks 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. Completion of all Year 1 curricular requirements must be satisfied before a student is promoted to, and may start, Year 2 coursework.

In order to be permitted to sit for COMLEX-USA Level 1, the student must pass the CABS II course and all prior coursework (i.e., be in good academic standing) as delineated in Section 6.6.2.1 of this Bulletin, as well as any other requirements as set forth by the NBOME.

Students who pass the CABS II course and have met all other curricular requirements for Years 1 and 2 are 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.

#### **Years 3 and 4**

Successful academic progress for students in Years 3 and 4 of the curriculum includes successful completion of all clinical 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.

**\* NOTE:** COMLEX-USA Level 2-PE was suspended indefinitely in February 2021, and formally discontinued in June 2022. COMLEX-USA candidates are currently verified by attestation from their COM dean that they are proficient in these important clinical skills (<https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-2-pe/>).

As such, to be eligible to graduate, each student must have successfully completed CUSOM's Clinical Skills Assessment Program, which includes both a longitudinal assessment of student performance and an on-campus multi-station Objective Structured Clinical Exam (OSCE) during the fourth year. This multi-station OSCE, also called the Physical Exam-Qualifying Exam (PE-QE), requires students to demonstrate successfully the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

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 (QE) and have passed all prior coursework (i.e., be in good academic standing) as delineated in Section 6.6.2.1 of this Bulletin, as well as any other requirements as set forth by the NBOME.

Students who do not pass the QE after three (3) consecutive attempts are referred to the APPS Committee and required to choose to participate in a Board review program or can elect to go on Suspension to study on their own as delineated in Section 6.6.2.3 of this Bulletin.

In addition, the student must have passed all prior coursework (i.e., be in good academic standing) as delineated in Section 6.6.2.1 of this Bulletin, as well as any other requirements as set forth by the NBOME.

Students who experience difficulty successfully completing any element(s) of the CUSOM curriculum or any level of the COMLEX examination series in a timely manner according to the academic calendar and requirements set forth in this Bulletin may be required to complete a board preparation program or be placed into a 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.

### **Six (6) Year Graduation Requirement**

**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 grant an extension to this 6-year rule, in exceptional circumstances.

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.**

**A student is permitted only three (3) attempts to pass COMLEX-USA Level 1 and only three (3) attempts to pass COMLEX-USA Level 2-CE. Failure to achieve a passing score in three (3) attempts on either Level will result in the student being dismissed from the program.**

In order to be permitted to sit for COMLEX-USA Level 1 and Level 2-CE, the student must be in good academic standing and also satisfactorily complete a Qualifying Process which may include achieving a pre-identified “passing” score 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 prior to each Qualifying Exam.

Students are permitted to register for COMLEX-USA Level 1 or Level 2-CE prior to passing the required Qualifying Exam (QE); however, students failing satisfactorily complete the Qualifying Process are not permitted to take COMLEX-USA Level 1 or Level 2-CE.

The CABS II (OMED 690) course during Block 8 serves as a capstone to the first two years of the curriculum. This credit-bearing course is designed to review, integrate, and consolidate the content from the first two years with the requisite knowledge and skills for clinical rotations. Completion of this course will also prepare students for successful passage of COMLEX-USA Level 1 and entry into third-year clinical rotations.

Prior to receiving their COMLEX-USA Level 1 scores, all students, including those on appeal for failure to complete any required coursework, are 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.

<b>Academic Progress Milestones</b>
Successful Completion of All Courses During Blocks 1-8
Satisfactory Completion of a Qualifying Process for COMLEX-USA Level 1
Successful Completion of COMLEX-USA Level 1
Successful Completion of All COMAT/Equivalent Subject Examinations
Satisfactory Evaluation by Clinical Faculty for Each Clinical Rotation
Successful Completion of Third-Year Rotations and OSCEs
Satisfactory Completion of a Qualifying Process for COMLEX-USA Level 2-CE
Successful Completion of COMLEX-USA Level 2-CE
Successful Completion of COMLEX-USA Level 2-PE Equivalent*
Successful Completion of Fourth-Year Rotations

**\* NOTE:** COMLEX-USA Level 2-PE was suspended indefinitely in February 2021, and formally discontinued in June 2022. COMLEX-USA candidates are currently verified by attestation from their COM dean that they are proficient in these important clinical skills (<https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-2-pe/>).

As such, to be eligible to graduate, each student must have successfully completed CUSOM’s Clinical Skills Assessment Program, which includes both a longitudinal assessment of student performance and an on-campus multi-station Objective Structured Clinical Exam (OSCE) during the fourth year. This multi-station OSCE, also called the Physical Exam-Qualifying Exam (PE-QE), requires students to demonstrate successfully the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

## 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.

**Note:** The NBOME has specific accommodation criteria and may deny a student's accommodation request, even if that student has been granted accommodations by CUSOM.

### 6.6.2.1 COMLEX-USA Level 1

In order to be permitted to sit for COMLEX-USA Level 1, the student must also satisfactorily complete a Qualifying Process.

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 must 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 Medicine (OMED 770)**, the first rotation of the third academic year, depending on the Qualifying Process.

Students are permitted to register for COMLEX-USA Level 1 prior to passing the CABS II (OMED 690) course.

**Students are not permitted to sit for COMLEX-USA Level 1 until they pass the CABS II course. A student who fails the CABS II course is not in good academic standing and, per NBOME regulations, is not eligible to sit for the COMLEX-USA Level 1 exam.**

**Students who have passed CABS II must sit for COMLEX-USA Level 1 prior to the start of the Simulation Medicine (OMED 770) rotation.**

**Students are not permitted to begin clinical rotations until they have taken COMLEX-USA Level 1.**



**Permission to remain on rotations is contingent on passing COMLEX-USA Level 1.**

**Please note that all COMs are required by the NBOME to provide attestation that the student is in good academic and professional standing before the NBOME will allow a student to sit for COMLEX-USA Level 1.**

<https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-1/eligibility/>

#### **6.6.2.2 Qualifying Process to sit for COMLEX-USA Level 1**

##### **Students who pass the first or second Qualifying Exam**

Students who pass a Qualifying Exam (QE) for COMLEX-USA Level 1 (QE-L1) on the first (QE-L1-1) or second (QE-L1-2) attempt will have successfully completed the CABS II (OMED 690) course (earning a grade of P) and are eligible to sit for COMLEX-USA Level 1, which must be taken by the beginning of the Simulation Medicine (OMED 770) rotation.

CUSOM determines the passing score on each Qualifying Exam such as a CUSOM-proctored College of Osteopathic Medicine Self-Assessment Exam (COMSAE) or a similar exam.

CUSOM pays for the first Qualifying Exam (QE-L1-1); however, students are responsible for the cost of subsequent exams.

##### **Students who do not pass the first or second Qualifying Exam**

A student who does not pass a Level 1 Qualifying Exam (QE) on their first (QE-L1-1) or second (QE-L1-2) attempt is required to choose, and successfully complete, one of the following Options in order to pass the CABS II (OMED 690) course (earn a grade of P) and be released to sit for COMLEX-USA Level 1.

- Kaplan Program (Option 1)
- Boards Boot Camp Program (Option 2)
- PASS Program (Option 3)
- Voluntarily choose to take a Suspension (Option 4)
  - Students who voluntarily choose to take a Suspension (Option 4) may utilize any Board preparation materials or programs of their choice and are permitted to take COMLEX at the time of their choosing, however they must provide evidence of a passing score on COMLEX-USA Level 1 within 180 days of the start of the suspension or they will be dismissed from CUSOM.

**Students participating in 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 referral to the APPS Committee for non-adherence to the agreed process and may result in sanctions up to and including Suspension or Dismissal.**

**OPTION 1:** The student is required to complete the Kaplan Board preparation program.

This program is four weeks in duration and primarily consists of faculty-delivered presentations focused on high yield topics in advance of the licensing exam. The presentations are provided by faculty identified by Kaplan as excellent in their disciplines, and with significant experience in Board preparation. Students must attend this four-week component of the CABS II course AND achieve a passing score on the third Qualifying Exam (QE-L1-3). The passing score for the third Qualifying Exam (QE-L1-3) is determined after administration of this exam and is based upon class statistics, in a manner consistent with common practices in higher education and CUSOM grading practices across the four-year curriculum. The qualifying score is determined based upon cohort performance with contextual reference to prior cohort's performance on qualifying examinations as well as on licensure examinations.

**Qualifying exam scores do not round up and failing to achieve a passing score is not appealable.**

Failure to achieve the qualifying score requirement on the third Qualifying Exam (QE-L1-3) will result in a failing grade for the CABS II course and referral to the APPS Committee. Remediation, if granted, is determined by the APPS Committee.

A student who has failed the third Qualifying Exam (QE-L1-3) in this path will be placed on a Modified Course of Study (MCOS; see Section 6.6.3) and cannot start clinical rotations until such time as remediation of the failed CABS II course is complete. Similarly, participation in the Simulation Medicine (OMED 770) rotation may be impacted as well.

**OPTION 2:** The student is required to complete The Boards Boot Camp Ultra Board preparation program.

The Boards Boot Camp Ultra Program (<http://www.boardsbootcamp.com>) is taken at the student's expense and will not exceed a timeframe established by the APPS Committee.

**The student is not allowed to start clinical rotations until they sit for COMLEX-USA Level 1.** Permission to continue on rotations is contingent upon passing COMLEX-USA Level 1.

Students are not permitted to sit for COMLEX-USA Level 1 until Boards Boot Camp confirms to CUSOM successful completion of the program. Students will be placed on a modified Course of Study (MCOS; see Section 6.6.3) if their COMLEX-USA Level test date falls after the conclusion Simulation Medicine (OMED 770), the first rotation of the third academic year.

If BBC requires a student to complete an NBOME COMSAE as part of the program, CUSOM will purchase the COMSAE directly from the NBOME and bill the cost of the exam to the student's account. Students will allow CUSOM access to, and share as necessary, the results and scores for any practice exams, including, but not limited to any NBOME COMSAE exams.

Students must adhere to the directions and program requirements of BBC, which includes strict adherence to all timelines related to the completion of study assignments and the Post-Course Diagnostic Exam (PCDE) or other equivalent exam as determined by BBC. Failure to pass the PCDE (or other equivalent exam as determined by BBC) may result in a return visit to APPS Committee for further review as delineated in this Bulletin.

Once a student passes the PCDE (or other equivalent exam as determined by BBC) and has successfully completed the program per BBC, they must sit for COMLEX-USA Level 1 by the date identified in their plan, which can be no later than 14 days following the PCDE (or other equivalent exam as determined by BBC) unless approved by BBC and the APPS

Committee. Failure to do so may result in a return visit to APPS Committee for further review as delineated in this Bulletin.

Failure to follow the timeline established by BBC or any subsequent further delay in sitting for COMLEX-USA Level 1 may delay the student's graduation date and adversely impact the ability to participate in the residency match process.

**OPTION 3:** The student is required to complete the PASS Board preparation program.

The student may choose either the in-person or virtual PASS program option (<https://www.pass-program.com/>). This program is at the student's expense and will not exceed a timeframe established by the APPS Committee.

**The student is not allowed to start clinical rotations until they sit for COMLEX-USA Level 1.** Permission to continue on rotations is contingent upon passing COMLEX-USA Level 1.

Students are not permitted to sit for COMLEX-USA Level 1 until the PASS Program confirms to CUSOM successful completion of the program. Students will be placed on a modified Course of Study (MCOS; see Section 6.6.3) if their COMLEX-USA Level test date falls after the conclusion Simulation Medicine (OMED 770), the first rotation of the third academic year.

If PASS requires a student to complete an NBOME COMSAE as part of the program, CUSOM will purchase the COMSAE directly from the NBOME and bill the cost of the exam to the student's account. Students will allow CUSOM access to, and share as necessary, the results and scores for any practice exams, including, but not limited to any NBOME COMSAE exams.

Students must adhere to the directions and program requirements of PASS. Once a student successfully completes the PASS program, they must sit for COMLEX-USA Level 1 by the date identified in their plan, which can be no later than 14 days following the completion of the program, unless approved by the

PASS program and the APPS Committee. Failure to do so may result in a return visit to APPS Committee for further review as delineated in this Bulletin.

Failure to follow the timeline established by PASS or any subsequent further delay in sitting for COMLEX-USA Level 1 may delay the student's graduation date and adversely impact the ability to participate in the residency match process. Failure to do so may result in a return visit to APPS Committee for further review as delineated in this Bulletin.

**OPTION 4:** The student voluntarily chooses to be placed on Suspension, during which time they may utilize any Board preparation materials or programs of their choice.

Suspension is defined as a temporary separation from the institution and during this period **students are not enrolled, not registered and not eligible for financial aid.**

Students choosing Option 4 are not permitted to return from Suspension and begin clinical rotations until they achieve a passing score on COMLEX-USA Level 1.

Per the DO Academic Bulletin, **students have a maximum of three (3) attempts to pass COMLEX-USA Level 1.**

Regardless of the number of attempts a student makes on COMLEX-USA Level 1 while on Suspension (up to a maximum of three (3) total attempts), verification of a passing score on COMLEX-USA Level 1 must be provided within 180 days of the start of Suspension.

Students choosing Option 4 **must provide evidence of a passing score on COMLEX-USA Level 1 within 180 days of the start of the Suspension or they will be dismissed from CUSOM.**

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.

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.

#### **6.6.2.3 Rescheduling a COMLEX Exam**

All students are responsible for coordinating with the NBOME their own logistics, and their own payment methods, to sit for COMLEX examinations. CUSOM is not responsible for any fees associated with scheduling or rescheduling COMLEX dates. NBOME requirements, including fee schedules, may be found on the NBOME website. Students are encouraged to consider the costs of these exams, and rescheduling fees, in planning their budgets.

**Please note that all COMs are required by the NBOME to provide attestation that the student is in good academic and professional standing before the NBOME will allow a student to sit for a COMLEX examination.**

<https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-1/eligibility/>

Although a student must schedule a COMLEX test date, CUSOM must approve the student to sit for the exam. As such, if a student fails a course (e.g., CABS II at the end of Block 8) or a clinical rotation near a scheduled COMLEX test date, the student would not be in good academic standing and CUSOM is obligated to cancel the approval for the scheduled test date per NBOME regulations. Once the failed grade is rectified, the student may reschedule the licensing exam.

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

##### **Failure of COMLEX-USA Level 1 on the First Attempt**

A student who fails COMLEX-USA Level 1 on their initial attempt is removed from clinical rotations, placed on Academic Probation, and referred to the APPS Committee.

**The student is removed from clinical rotations and not allowed to resume clinical rotations until they sit for COMLEX-USA Level 1 a second time.**

The student is placed in a Modified Course of Study (MCOS; see Section 6.6.3), during which they are required to complete a Board preparation program of study, not to exceed 90-days in duration.

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 student's completion of CUSOM graduation requirements, which may in turn affect their ability to participate in the residency match process.

**The Boards preparation program cannot exceed 90-days duration, and the student is required to sit for COMLEX-USA Level 1 for the second attempt no later than 14-days following successful completion of the Boards preparation program of study.**

**Students participating in a Boards preparation program of study must meet all associated program of study 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 referral to the APPS Committee for non-adherence to the agreed process and may result in sanctions up to and including Suspension or Dismissal.**

The APPS Committee will provide the student with a list of possible Board preparation programs of study - Multiple Options Pathway (MOP). The student will choose a program(s) of study they wish to use as they prepare for the second attempt at COMLEX-USA Level 1. Any associated costs of these programs are at the student's expense and the student must complete the program(s) of study within ninety (90) days from start of the first program of study.

**Failure to follow the timeline established by a program of study, to complete the program within 90 days, or to sit for COMLEX-USA Level 1 within 14 days of completion of the program will result in referral to the APPS Committee for non-adherence to the agreed process and may result in sanctions up to and including Suspension or Dismissal.**

Suspension is defined as a temporary separation from the institution and during this period **students are removed from clinical rotations, not enrolled, not registered and are not eligible for financial aid.**

Students are not permitted to return from Suspension and resume clinical rotations until they achieve a passing score on COMLEX-USA Level 1.

Per the DO Academic Bulletin, **students have a maximum of three (3) attempts to pass COMLEX-USA Level 1.**

Regardless of the number of attempts a student makes on COMLEX-USA Level 1 while on Suspension (up to a maximum of three (3) total attempts), verification of a passing score on COMLEX Level 1 must be provided within 180 days of the start of Suspension.

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.

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.

### **Failure of COMLEX-USA Level 1 on the Second Attempt**

A student who fails COMLEX-USA Level 1 a second time is removed from clinical rotations, remains on Academic Probation, and referred to the APPS Committee.

**The student is removed from clinical rotations and not allowed to resume clinical rotations until they sit for COMLEX-USA Level 1 a third and final time.**

The student is placed in a Modified Course of Study (MCOS; see Section 6.6.3), during which they are required to complete a Board preparation program of study.

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 student's completion of CUSOM graduation requirements, which may in turn affect their ability to participate in the residency match process.

**The Boards preparation program cannot exceed 90-days duration, and the student is required to sit for COMLEX-USA Level 1 for the third and final time no later than 14-days following successful completion of the Boards preparation program of study.**

**Students participating in a Boards preparation program of study must meet all associated program of study 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 referral to the APPS Committee for non-adherence to the agreed process and may result in sanctions up to and including Suspension or Dismissal.**



The APPS Committee will provide the student with a list of possible Board preparation programs of study - Multiple Options Pathway (MOP). The student will choose a program(s) of study they wish to use as they prepare for the third and final attempt at COMLEX-USA Level 1. Any associated costs of these programs are at the student's expense and the student must complete the program(s) of study within ninety (90) days from start of the first program of study.

**Failure to follow the timeline established by a program of study, to complete the program within 90 days, or to sit for COMLEX-USA Level 1 within 14 days of completion of the program will result in referral to the APPS Committee for non-adherence to the agreed process and may result in sanctions up to and including Suspension or Dismissal.**

Suspension is defined as a temporary separation from the institution and during this period **students are removed from clinical rotations, not enrolled, not registered and are not eligible for financial aid.**

Students are not permitted to return from Suspension and resume clinical rotations until they achieve a passing score on COMLEX-USA Level 1.

Per the DO Academic Bulletin, **students have a maximum of three (3) attempts to pass COMLEX-USA Level 1.**

Regardless of the number of attempts a student makes on COMLEX-USA Level 1 while on Suspension (up to a maximum of three (3) total attempts), verification of a passing score on COMLEX Level 1 must be provided within 180 days of the start of Suspension.

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.

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.

**A student is permitted only three (3) attempts to pass COMLEX-USA Level 1, after which they will be dismissed from the program.**

#### **6.6.2.5 COMLEX-USA Level 2-CE**

Third-year students must take, and pass, an end-of-rotation exam after each core clinical rotation. In addition to demonstrating the student has achieved the rotation learning objectives, these exams function to prepare students for COMLEX-USA Level 2-CE.

During the Residency Development (OMED 870) rotation, all students must successfully complete an on-campus multi-station Objective Structured Clinical Exam (OSCE). This multi-station OSCE, also called the Physical Exam-Qualifying Exam (PE-QE), requires students to successfully demonstrate the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care.

**Students must schedule their COMLEX-USA Level 2-CE test date no later than March 15 of the MS-3 year and sit for the exam no later than November 1 of the MS-4 year unless otherwise approved, on a modified course of study (MCOS; see Section 6.6.3), or approved by the APPS Committee.**

#### **6.6.2.6 Qualifying Process to sit for COMLEX-USA Level 2-CE**

##### **Eligibility to take COMLEX-USA Level 2-CE**

In order to be permitted to sit for COMLEX-USA Level 2-CE, the student must achieve a pre-identified “passing” score on a Qualifying Exam (QE-L2) 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.

**Students must have completed their second-year of study and have passed COMLEX-USA Level 1 to be eligible to sit for COMLEX-USA Level 2-CE.**

**Please note that all COMs are required by the NBOME to provide attestation that the student is in good academic and professional standing before the NBOME will allow a student to sit for COMLEX-USA Level 2-CE.**

<https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-2-ce/eligibility/>

Students are permitted to register for COMLEX-USA Level 2-CE prior to passing the Qualifying Exam (QE-L2); however, students failing to meet the minimum CUSOM pre-identified score on the QE are not permitted to sit for COMLEX-USA Level 2-CE.

CUSOM identifies the passing parameters for this exam and pays for the first QE (QE-L2-1); however, students are responsible for the cost of subsequent exams.

Students are permitted to register for COMLEX-USA Level 2-CE prior to passing the QE-L2-1; however, students failing to meet the minimum CUSOM pre-identified score on three (3) attempts are not permitted to sit for COMLEX-USA Level 2-CE.

The first Qualifying Exam (QE-L2-1) is typically administered in January of the third year. The second Qualifying Exam (QE-L2-2) is typically administered in February of the third year. The third Qualifying Exam (QE-L2-3) is typically administered in March of the third year.

If January is a vacation month, the student will start the cycle of exam attempts in February and complete the cycle in April. In addition, if any student's vacation month is scheduled for February or March, the student will have until April to complete the three-attempt cycle of QE-L2 in order to qualify for COMLEX-USA Level 2-CE.

### **Students who do not pass a Qualifying Exam for COMLEX-USA Level 2-CE**

A student who does not pass the QE-L2 after three (3) consecutive attempts will be referred to the APPS Committee for placement in the Multiple Options Pathway (MOP).

**The student has the option to remain on rotations or be removed from clinical rotations while they complete a Board preparation program of study for COMLEX-USA Level 2-CE.**

**A student who is removed from clinical rotations will be placed in a Modified Course of Study (MCOS; see Section 6.6.3), during which they are required to complete a Board preparation program of study and not allowed to resume clinical rotations until they sit for COMLEX-USA Level 2-CE a first time.**

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 student's completion of CUSOM graduation requirements, which may in turn affect their ability to participate in the residency match process.

**The Boards preparation program cannot exceed 90-days duration, and the student is required to sit for COMLEX-USA Level 2-CE no later than 14-days following successful completion of the Boards preparation program of study.**

**Students participating in a Boards preparation program of study must meet all associated program of study 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 referral to the APPS Committee for non-adherence to the agreed process and may result in sanctions up to and including Suspension or Dismissal.**

The APPS Committee will provide the student with a list of possible Board preparation programs of study - Multiple Options Pathway (MOP). The student will choose a program(s) of study they wish to use as they prepare for the first attempt at COMLEX-USA Level 2-CE. Any associated costs of these programs are at the student's expense and the student must complete the program(s) of study within ninety (90) days from start of the first program of study.

**Failure to follow the timeline established by a program of study, to complete the program within 90 days, or to sit for COMLEX-USA Level 2-CE within 14 days of completion of the program will result in referral to the APPS Committee for non-adherence to the agreed process and may result in sanctions up to and including Suspension or Dismissal.**

Suspension is defined as a temporary separation from the institution and during this period **students are removed from clinical rotations, not enrolled, not registered and are not eligible for financial aid.**

Students are not permitted to return from Suspension and resume clinical rotations until they achieve a passing score on COMLEX-USA Level 2-CE.

Per the DO Academic Bulletin, **students have a maximum of three (3) attempts to pass COMLEX-USA Level 2-CE.**

Regardless of the number of attempts a student makes on COMLEX-USA Level 2-CE while on Suspension (up to a maximum of three (3) total attempts), verification of a passing score on COMLEX Level 2-CE must be provided within 180 days of the start of Suspension.

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.

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.

**A student is permitted only three (3) attempts to pass COMLEX-USA Level 2-CE, after which they will be dismissed from the program.**

#### **6.6.2.7 Excused Absences for taking COMLEX-USA Level 2-CE**

Students must provide notice to the Office of Clinical Affairs, 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.**

Eligible students shall be granted permission to be absent **for 1 (one) day** from their clinical service **in order to sit for the COMLEX-USA Level 2-CE examination** and will not be required to make up the time missed.

If the COMLEX-USA Level 2-CE exam is not administered locally, students will also be granted an absence the day prior to their scheduled exam in order to provide adequate travel time.

**Students are expected to report to their rotation in the usual manner, the day after they take the examination** unless travel exceeds 200 miles.

Dates for COMLEX-USA Examinations can be found on the NBOME website:

<http://www.nbome.org>

**All student absence requests, including those to take COMLEX-USA Level 1 or Level 2-CE 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/m63yfw91s1qe3g/>

#### **6.6.2.8 Failure of COMLEX-USA Level 2-CE**

##### **Failure of COMLEX-USA Level 2-CE on the First Attempt**

A student who fails COMLEX-USA Level 2-CE on their initial attempt is removed from clinical rotations, placed on Academic Probation, and referred to the APPS Committee.

**The student is removed from clinical rotations and not allowed to resume clinical rotations until they sit for COMLEX-USA Level 2-CE a second time.**

The student is placed in a Modified Course of Study (MCOS; see Section 6.6.3), during which they are required to complete a Board preparation program of study.

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 student's completion of CUSOM graduation requirements, which may in turn affect their ability to participate in the residency match process.

**The Boards preparation program cannot exceed 90-days duration, and the student is required to sit for COMLEX-USA Level 2-CE for the second time no later than 14-days following successful completion of the Boards preparation program of study.**

**Students participating in a Boards preparation program of study must meet all associated program of study 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 referral to the APPS Committee for non-adherence to the agreed process and may result in sanctions up to and including Suspension or Dismissal.**

The APPS Committee will provide the student with a list of possible Board preparation programs of study - Multiple Options Pathway (MOP). The student will choose a program(s) of study they wish to use as they prepare for the second attempt at COMLEX-USA Level 2-CE. Any associated costs of these programs are at the student's expense and the student must complete the program(s) of study within ninety (90) days from start of the first program of study.

**Failure to follow the timeline established by a program of study, to complete the program within 90 days, or to sit for COMLEX-USA Level 2-CE within 14 days of completion of the program will result in referral to the APPS Committee for non-adherence to the agreed process and may result in sanctions up to and including Suspension or Dismissal.**

Suspension is defined as a temporary separation from the institution and during this period **students are removed from clinical rotations, not enrolled, not registered and are not eligible for financial aid.**

Students are not permitted to return from Suspension and resume clinical rotations until they achieve a passing score on COMLEX-USA Level 2-CE.

Per the DO Academic Bulletin, **students have a maximum of three (3) attempts to pass COMLEX-USA Level 2-CE.**

Regardless of the number of attempts a student makes on COMLEX-USA Level 2-CE while on Suspension (up to a maximum of three (3) total attempts), verification of a passing score on COMLEX Level 2-CE must be provided within 180 days of the start of Suspension.

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.

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.

**A student is permitted only three (3) attempts to pass COMLEX-USA Level 2-CE, after which they will be dismissed from the program.**

#### **Failure of COMLEX-USA Level 2-CE on the Second Attempt**

A student who fails COMLEX-USA Level 2-CE a second time is removed from clinical rotations, placed on Academic Probation, and referred to the APPS Committee.

**The student is removed from clinical rotations and not allowed to resume clinical rotations until they sit for COMLEX-USA Level 2-CE a third and final time.**

The student is placed in a Modified Course of Study (MCOS; see Section 6.6.3), during which they are required to complete a Board preparation program of study.

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 student's completion of CUSOM graduation requirements, which may in turn affect their ability to participate in the residency match process.

**The Boards preparation program cannot exceed 90-days duration, and the student is required to sit for COMLEX-USA Level 2-CE for the third and final time no later than 14-days**

following successful completion of the Boards preparation program of study.

**Students participating in a Boards preparation program of study must meet all associated program of study 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 referral to the APPS Committee for non-adherence to the agreed process and may result in sanctions up to and including Suspension or Dismissal.**

The APPS Committee will provide the student with a list of possible Board preparation programs of study - Multiple Options Pathway (MOP). The student will choose a program(s) of study they wish to use as they prepare for the third and final attempt at COMLEX-USA Level 2-CE. Any associated costs of these programs are at the student's expense and the student must complete the program(s) of study within ninety (90) days from start of the first program of study.

**Failure to follow the timeline established by a program of study, to complete the program within 90 days, or to sit for COMLEX-USA Level 2-CE within 14 days of completion of the program will result in referral to the APPS Committee for non-adherence to the agreed process and may result in sanctions up to and including Suspension or Dismissal.**

Suspension is defined as a temporary separation from the institution and during this period **students are removed from clinical rotations, not enrolled, not registered and are not eligible for financial aid.**

Students are not permitted to return from Suspension and resume clinical rotations until they achieve a passing score on COMLEX-USA Level 2-CE.

**Per the DO Academic Bulletin, students have a maximum of three (3) attempts to pass COMLEX-USA Level 2-CE.**

Regardless of the number of attempts a student makes on COMLEX-USA Level 2-CE while on Suspension (up to a maximum of three (3) total attempts), verification of a passing score on COMLEX Level 2-CE must be provided within 180 days of the start of Suspension.

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.



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.

**A student is permitted only three (3) attempts to pass COMLEX-USA Level 2-CE, after which they will be dismissed from the program.**

#### **6.6.2.9 COMLEX-USA Level 2-PE\***

**Students must pass COMLEX-USA Level 2-PE\* in order to meet graduation requirements.**

**\* NOTE:** COMLEX-USA Level 2-PE was suspended indefinitely in February 2021, and formally discontinued in June 2022. COMLEX-USA candidates are currently verified by attestation from their COM dean that they are proficient in these important clinical skills (<https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-2-pe/>).

As such, to be eligible to graduate, each student must have successfully completed CUSOM's Clinical Skills Assessment Program, which includes both a longitudinal assessment of student performance and an on-campus multi-station Objective Structured Clinical Exam (OSCE) during the fourth year. This multi-station OSCE, also called the Physical Exam-Qualifying Exam (PE-QE), requires students to demonstrate successfully the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

#### **6.6.2.10 COMLEX-USA Graduation Requirements**

**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 dismissal from the program.

### 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 required remediation, approved board preparation, 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 cannot request to be placed on a MCOS; rather, a student is placed on a MCOS by the APPS Committee or respective Associate Dean if an alternative educational pathway is required.

The MCOS will be individually designed based upon the student's performance and needs as designated by the APPS Committee or 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 individualized plan will be referred to the APPS Committee for review and may be subject to additional sanctions up to and including Suspension or dismissal from the program.

Students in a MCOS should be aware that they must complete all program requirements, including COMLEX-USA Level 1 and Level 2, to graduate, enter ERAS (Electronic Residency Application Service) and participate in the residency Match. Students who fail 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 clinical program.

**A student in a MCOS who does not adhere to the requirements and parameters of the MCOS, including but not limited to, compliance with established timelines or following directions of an assigned program such as Boards Boot Camp or the PASS Program, may be referred to the APPS Committee for further review and may be subject to additional sanctions up to and including Suspension or dismissal from the program.**

#### **Six (6)-Year Graduation Requirement**

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 program 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, or other leave of absence.

The Dean may grant an extension to this 6-year rule in exceptional circumstances.

## **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 Conduct, unprofessional conduct, or grievances. Additional information regarding these violations and corresponding procedures is found in this Bulletin at Sections 6.7.3 Honor Code, 6.7.4 Code of Conduct, 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 Office 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, and as such, neither attorneys nor other representatives (e.g., healthcare providers) are allowed.

### **Faculty Recusal from APPS Committee Hearings**

Per the CUSOM Faculty Recusal Policy (Section 6.2.2 of this Bulletin), any CUSOM faculty member who is a healthcare professional with a previous or ongoing therapeutic relationship with a CUSOM student, in any CUSOM program, must recuse themselves from all activities involving the summative assessment, grading, and promotion of that student.

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 APPS Committee member(s) identifying a potential conflict, including a previous or ongoing therapeutic relationship with a student, 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.

### **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.

Any student who has failed a course in a Block must be available to meet in-person with the APPS Committee on Friday of Final Exam week per the Block schedule.

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 for any reason** including to challenge or appeal an APPS Committee decision; appealable sanctions are handled through the Dean as outlined in Section 6.7.8 or through the Grievance procedures outlined in Section 6.10 of this 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 timeframe or 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 program, 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 Office 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 healthcare 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.

Students who fail to appear at a scheduled meeting or provide a written document may be reviewed in absentia by the APPS Committee.

**Students are prohibited from recording (in audio or video format) any APPS or *ad hoc* Committee meetings or proceedings, including those held via phone or videoconference.**

**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 APPS Committee 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.

As mentioned previously, any APPS Committee member(s) identifying a potential conflict of interest, including a previous or ongoing therapeutic relationship with a student, 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.

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.

#### **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.**

If the APPS Committee renders a decision which is considered appealable as delineated in Section 6.7.7.2 of this Bulletin, 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.

**Note: students are not permitted to appeal sanctions denoted as “non-appealable” as presented in Section 6.7.7.1 of this Bulletin.**

#### **6.7.2 Student Professionalism and Ethics Standards**

All CUSOM students are required 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 highest standards of professionalism and student conduct including, but not limited to, those delineated in this Bulletin. This includes adherence to the policies and procedures of CUSOM in all matters.

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 are prohibited from identifying themselves as CUSOM students when expressing personal opinions in a public forum, 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 the use of 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 must be respected during history taking, physical examinations, and any other interactions. 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 must exhibit respect for 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 must 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 Informed Consent Policy**

##### **Purpose**

Patients, research participants, and designated surrogates when appropriate, must be provided with appropriate information required for them to make informed choices and give informed consent.

Faculty, staff, students, and researchers are responsible for ensuring that all personal health information of patients and research participants remains confidential in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

All CUSOM faculty, staff, and students must practice within the informed consent framework as presented in this policy.

##### **Guiding Principles**

Patients have an ethical and legal right to be free of unwanted medical interventions and bodily invasions. Competent patients, by law, must



be informed of the risks, benefits, and alternatives of the proposed care and have the right to reject a physician's recommendations. This right to refuse also extends to noninvasive care, such as diagnostic tests and medications.

Patients have a right to consent or decline their participation in medical education (including the presence of students or other observers during treatment or examination) or to take part in research. "Observers" (including students) are defined as individuals additional to the normal medical team and personnel immediately involved in a patient's acute or on-going care.

Patients must not be included in research without their written informed consent. Additional information regarding informed consent for research studies is provided by the Institutional Review Board (IRB) of Campbell University or the IRB of record for affiliated clinical sites. The Campbell University IRB may be found at:

<https://cphs.campbell.edu/centers-programs/institutional-review-board/?centers-and-programs/institutional-review-board/>

## **Procedure**

### **General Principles**

- Informed consent is the process whereby an individual who has the capacity/competence to consent to a medical evaluation and treatment, having been given sufficient information, arrives at a reasoned decision as to whether or not to agree to a proposed therapy or procedure.
- Consent may be given verbally or in writing so long as the details that are discussed are appropriately documented. Consent must be given in writing if:
  - The patient will be under general anesthesia;
  - There is a significant risk of adverse effects on the patient;
  - The procedure is experimental;
  - The patient is to participate in any research study;
  - The procedure is to be undertaken in the operating room setting;
  - When either party requests it; or
  - As required by specific healthcare system/facility policies.
- Informed Consent is not only the act of completing documentation, but rather a process of exchange of information so that an informed decision can be made by the patient (or their legal surrogate) or research participant.
- The patient has the right to be accurately and adequately informed about any proposed procedure or treatment and to subsequently agree or refuse to proceed with the procedure or treatment discussed.

- All health professionals have a responsibility to inform patients about proposed procedures and treatments and to obtain informed consent to procedures and treatment plans.
- Due to the potential lack of familiarity of treatment details, potential adverse outcomes, and alternatives to treatment, medical students are NOT permitted to obtain informed written consent for diagnostic studies, treatment, or procedures being performed by other physicians or health care providers. In the event of a discrepancy between the CUSOM policy and the policy of the teaching site, this CUSOM policy supersedes the teaching site where written consent obtained by a student is concerned.
- Generally, informed consent must be obtained for each treatment or procedure proposed (e.g., anesthesia and surgery are separate procedures). There are, however, situations where consent for each individual treatment or procedure would be inappropriate. (See below section regarding Composite Procedures).
- Consent in Emergency Situations
  - Consent may not be available in emergencies when the capacity to consent is impaired or absent.
  - Key features of an emergency include a medical condition of extreme urgency, which, if left untreated, may result in serious consequences including significant morbidity or mortality.
  - In these situations, health care providers may operate under the principle of implied consent, which is founded on the notion that reasonable persons would consent to treatment in such emergency circumstances.
  - When providing treatment in the situation of implied consent, treatment provided should generally be limited to that which is necessary to stabilize and treat the emergent condition.
  - After the emergency has been stabilized, and the patient has the capacity to consent, the patient must be provided information regarding any treatment or procedures that were utilized in their care.

### **Information that Should be Provided When Obtaining Informed Consent**

- The higher the probability of risk, or the greater the magnitude of harm associated with a treatment plan or procedure, the more care and detail is required when providing the patient information. Every patient has the right to receive:
  - An explanation of their condition;
  - An explanation of the treatment options available,

- including any alternatives, and an assessment of the expected risks, side effects, benefits, and costs of each option;
- Advice as to the estimated time within which the services will or should be provided;
- Any other information required by legal, professional, ethical, and other relevant standards;
- The results of any diagnostic tests;
- The results and outcomes of procedures; and/or
- An explanation of any complications that may occur during a procedure or treatment.
- Every patient has the right to receive honest and accurate answers to questions relating to diagnostic and treatment services, including:
  - The identity and the qualifications of the provider(s) who will be rendering care
  - The recommendation of the provider(s)
  - How to obtain an opinion from another provider
  - The results of research related to the procedure
- Every patient has the right to receive, on request, a written summary of information provided.

### **Patient Right to Refuse Treatment**

- It should be made clear to the patient or research study participant that he or she has the right to refuse or withdraw from any treatment without fear of recrimination or penalty.

### **Advance Directives**

- Every patient may use an advanced directive to consent to or refuse a health care treatment or procedure. An advanced directive is the patient's instructions to consent to or to refuse treatment, given at a time when the patient was competent, for use when they are subsequently of diminished competency.
- An advanced directive must be written and notarized to be considered a legal document.
- There may be language in the advanced directive that specifies the healthcare power of attorney's ability to change the content in select circumstances, or that specifies the content of the advanced directive is not to be altered in any event.

### **Composite Procedures**

- Composite Procedures, or interdependent treatments, are those where the treatments are routine and necessarily interdependent, for example, administration of general

anesthetic, endotracheal intubation and the insertion of intra-vascular lines accompanying major surgical procedures (but not the surgery itself). In such cases, all the component procedures should be clearly described to the patient as an integral part of the treatment for which she/he is consenting.

- Appropriate further action may be consented to by a patient in the event of potential pathology being confirmed during the procedure for which they actually consented.
  - For example, the surgeon may proceed to a more extensive operation following a biopsy that is confirmed as malignancy during frozen section analysis.
  - The patient should be informed as to the possible nature of the additional surgery, and the consequences of non-consent; for example, the need for further surgery.
  - If the patient is unable to make an informed decision without a confirmed diagnosis, consent to a composite procedure should not be sought.
- Composite procedures should never be used to imply prior consent to treatment or procedures, which are not routinely used in the treatment for which the patient has consented, and/or are unproven in the situation, even in an emergency.
- In the event unforeseen pathology is discovered during the procedure for which the patient actually consented, the physician should not perform a definitive procedure for that pathology during that procedure. It is preferable that the new diagnosis be considered separately and separate consent to treatment gained from the patient.

### **Laws Concerning Procedures without Consent**

- Provisions for overriding the individual's right to decide whether or not to consent to treatment, including some procedures, exist in limited circumstances in cases where that right is seen to work against the public good. The following are examples:
  - A patient may be urgently sedated, by injection if necessary, without their consent when the medical practitioner has reasonable grounds to believe it is necessary to maintain that person's or another person's safety.
  - In the instance of tuberculosis, North Carolina law permits quarantine or isolation under certain circumstances as set forth in North Carolina General Statute Sec. 130A-145.
  - Coroners have the ability to require post-mortem exams, which the deceased's family has no right to refuse.
  - The court has the ability to appoint a welfare guardian to make decisions on behalf of a person who lacks capacity

to make or communicate decisions about any particular aspect or aspects of that person's personal care and welfare – including medical and surgical procedures.

- The use of “such force as may be reasonably necessary” is allowed in the circumstance to prevent the commission of suicide, or of an offense likely to cause immediate and serious injury to the person or property of anyone. This includes the application of chemical or physical restraint without consent in the circumstances specified in the section.

### **Informed Consent of Minors**

- Consent to treat patients under the age of 18 years must be obtained from the parent(s) or legal guardian(s), except in cases when the patient has been declared a legally emancipated minor. In order for parents to provide informed consent, they must be provided all the information normally required to obtain consent from an adult.
- In addition to obtaining parental consent, information should, where practical, be given to the minor in a way that the minor can understand and, where possible, the child's agreement should also be sought. Even when children are not capable of giving informed consent, their assent to interventions is still ethically important if it is developmentally appropriate.
- Some state laws may allow minors to consent to specific services such as care for pregnancy and sexually transmitted infections. Students, physicians, and other healthcare providers must be familiar with the state laws in which they are practicing and know how to reference them when required. Reference to the state laws where the student is rotating is recommended.
- The presumption of parental decision making provides that parents, after being provided with all information needed to make an informed decision, have the right to refuse treatments, procedures, and testing for their child even when it is recommended by the treating physician.
- However, courts have ruled that parents do not have absolute power to refuse care for their children. For example, when parents cannot be persuaded to accept life-saving therapy that has few side effects, such as antibiotics for bacterial meningitis in a previously healthy child, physicians may ask the courts to override parental decisions.

## **Blood and Blood Products**

- In the case in which treatment would include the administration of blood or blood products, the patient must receive adequate information regarding the reasons for the transfusion, the risks, the anticipated benefits, and potential adverse sequelae. In addition, they must receive the same information regarding potential outcomes of not proceeding with a transfusion.
- In circumstances where the patient cannot give informed consent (e.g., under anesthesia) blood products may be given if deemed to be in the patient's best interest, unless there is clear knowledge that the patient would not agree.
- As a general rule, when consent is being obtained for anesthesia, consent would also be obtained for the use of blood products if, in the particular circumstances, there is a significant risk (1% or more) of these products being required.
- When blood or blood products are refused by an adult for any reason (e.g., religious beliefs), this decision must be respected, ensuring that those making the decision fully understand the implications this may have on the clinical outcome.

## **Consent for Photography, Video, or Audio Recordings**

- Making a recording of any patient without obtaining written informed consent is not permitted.
- Clinical Case Recordings - The recordings must be used purely for patient management and must be included as part of the patient's confidential medical record and protected according to HIPAA requirements.
- In the case of a patient who is incapable of consenting personally, consent must be obtained from that patient's surrogate/representative.
- No patient who has declined consent may be included in a recording.
- Where staff or relatives are to be included in the recordings, their written consent must also be obtained.
- Where recordings are to be used for reproduction in a journal or textbook, inclusion in a display presentation or any other form of publication, or distributed or transmitted by electronic or digital media, written consent detailing the use of material is required.
- Recordings are to be identified by the patient's hospital number or other tracking number, rather than by use of the patient's name. There shall be no information on any recording which specifically identifies the patient by name.

## **Recording for Research or Educational Purposes**

- A consent to be recorded for research or educational purposes is ineffective and invalid unless it is given following a disclosure of all the relevant information surrounding the recording, including:
  - Who is to make the recording;
  - Why the recording is being made;
  - The audience for whom it is to be made and used; and
  - How, and for how long, the recording will be stored.
- These matters must be specified in the written consent obtained.
- The patient must not be subject to any pressure to give consent.
- No recordings may be used for any purpose other than the purpose or purposes specified in the consents obtained.

## **Ethical Guidelines for the Involvement of Patients in Clinical Teaching and Research**

- Any research involving patients must have appropriate mechanisms in place for identifying patients and gaining informed consent from each involved person.
- A healthcare provider CANNOT give participation consent on behalf of a group of individual patients. Individual consent must be obtained in all instances.
- In the partnership between patient, teaching and research staff, and student, the paramount consideration must always be the welfare and interests of the patient.
- These guidelines apply to all teaching staff, other qualified staff, and students working in all settings where patient/student interactions are organized primarily for teaching and research purposes.
- The quality of patient care is the responsibility of the clinical team. Students participating in aspects of the clinical treatment are supervised by their clinical team and supported by the teaching staff.
- Physical examination or specific procedures undertaken by students must not be repeated unreasonably on any one patient and must not produce or prolong any distress, embarrassment or pain.
- Students involved in research activities must have received authorization to participate and do so under supervision of the teaching staff.
- Campbell University Institutional Review Board (IRB) Policies and Procedures governing research safety, regulation compliance, scientific quality, and ethical standards are found at:

<https://www.campbell.edu/about/leadership/provost/institutional-review-board/for-investigators/policies-procedures/>

Campbell University IRB Policies regarding student Participation in research are found at:

<https://www.campbell.edu/about/leadership/provost/institutional-review-board/for-investigators/student-research/>

### **Medical Education Consent**

- Every patient has the right to decide whether he or she wishes to agree to an interview, examination or other specific procedure carried out by a student.
- Every patient has the right to withdraw from a teaching session or research project at any stage and must receive a clear prior assurance that refusal to participate in teaching and research or withdrawing from teaching and research will not jeopardize his or her care in any way.
- Students must seek the agreement of patients to be interviewed and examined, or to be the subject of specific learning procedures, and must explain clearly what is involved.
- Written consent must be obtained from the patient by the treating physician or health care provider for a student to undertake any procedure or examination to be performed by them while the patient is under general anesthesia or sedation.
- The patient's verbal consent must be obtained for learners to observe procedures in surgical suites if they are part of the care giving team. The consent should be obtained before pre-medication is given.
- Patients have the right to know the name and professional status of any person who wishes to interview them for teaching or research purposes and/or examine them, or to carry out specific treatment or investigation procedures.
- Clinical educators must ask a patient's permission to involve him or her in group teaching or clinical demonstration sessions and explain precisely what will be involved and how many students will be present.

### **Consequences of Non-Compliance**

- Instances of potential non-compliance with the Informed Consent Policy are of serious concern and any allegation of such will be investigated and adjudicated according to the process delineated in the CUSOM DO Academic Bulletin. Due to the sensitive nature of the grievance, CUSOM will require that all real and standardized patient interactions with



the accused be immediately suspended at the time of the grievance, pending the investigation conclusion.

- As outlined in the CUSOM DO Academic Bulletin, the APPS Committee is responsible for the review of situations involving academic misconduct or violations of CUSOM's Honor Code, Code of Conduct, or Professionalism standards.

#### 6.7.2.2 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 must comply with the following requirements:

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. In addition, all healthcare providers and students must adhere to the following principles:

- 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 healthcare 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:

- Conduct Probation;
- Suspension;
- Dismissal from the program without the option to return; or
- Revocation of Degree

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

### **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 conduct 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, simulation activities, 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 must 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, professionalism, or Honor Code violations.

#### 6.7.4 Code of Conduct

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 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 Conduct;
- 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 potential ability to participate in clinical rotations;
- Failed to adhere to established 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 Conduct, or professionalism or ethics violations, the person(s) identifying the issue(s) should report the issue(s) to the Office of Student Affairs or the respective Associate Dean (Biomedical or Clinical) within five (5) business days of the issue(s) or becoming aware of the issue(s).

The Office 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 Office of Student Affairs or respective Associate Dean will present the reporting student(s)'s testimony. Dated notes are taken to describe the discussion.

The Office 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 themselves 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.

### **Faculty Recusal from APPS Committee Hearings**

Per the CUSOM Faculty Recusal Policy (Section 6.2.2 of this Bulletin), 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 themselves from all activities involving the summative assessment, grading, and promotion of that student.

In the case of committee meetings, including, but not limited to, the Academic Performance, Progress and Standards (APPS) Committee or *ad hoc* committees, the committee Chair (or designee) will call for a declaration of any conflict of interest, from committee members prior to student case discussions.

Any APPS Committee or *ad hoc* Committee member(s) identifying a potential conflict, including a previous or ongoing therapeutic relationship with a student, 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.

### **APPS Committee Proceedings**

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.

The Committee will not accept or consider any additional information from the student, or on behalf of the student, after the student has exited the Committee meeting.

Deliberation of either the *ad hoc* Committee or the 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.

If the APPS committee renders a decision that is considered appealable as delineated in Section 6.7.7.2 of this Bulletin, 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 found guilty based on a preponderance of the evidence (whether a violation is more likely than not to have occurred);

- 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.
- **Note: students are not permitted to appeal sanctions denoted as “non-appealable” as presented in Section 6.7.7.1 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 themselves 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 their 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.

#### **Ad hoc Committee Decisions and Recommendations**

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.

**\*Note: Students are not permitted to appeal sanctions denoted as “Non-appealable” as presented in Section 6.7.7.1 of this Bulletin.**

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 also constitute 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 or Modified Schedule must occur;
- Require the successful completion of one or more additional clinical rotations and associated requirements, including, but not limited to, educational modules, procedure logs, and end-of-rotation exams (even if previously taken and passed);
- Place a student on a defined term of Academic 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 require removal from, student office or organizational office for a specified term;
- Establish specified lecture attendance requirements during years 1 and 2;
- 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). 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**: A student who fails any course or clinical rotation will be placed on Academic Warning for a defined term. While on Academic Warning, a student is not eligible to serve as a Student Government, club or organization officer, serve on a CUSOM committee, attend an off-campus conference/meeting, serve as a Teaching Assistant, or participate in research, including the Summer Research Scholars program. 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**: A student who fails a course or clinical rotation while on Academic Warning, fail multiple courses or clinical rotations, fails COMLEX USA Level-1 or Level 2-CE, fails to make satisfactory academic progress, or exhibit any other issue identified by the APPS Committee will be placed on Academic Probation for a defined term. While on Academic Probation a student is not eligible to serve as a Student Government, club or organization officer, serve on a CUSOM committee, attend an off-campus conference/meeting, serve as a Teaching Assistant, or participate in research, including the Summer Research Scholars program. 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 and state licensing boards where required.;**
- Assign a **Conduct Warning**: Students who violate the Honor Code or display unprofessional behavior may receive a Conduct Warning for a defined term. While on Conduct Warning a student is not eligible to serve as a Student Government, club or organization officer, serve on a CUSOM committee, attend an off-campus conference/meeting, serve as a Teaching Assistant, or participate in research, including the Summer Research Scholars program. 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. While on Conduct Probation a student is not eligible to serve as a Student Government, club or organization officer, serve on a CUSOM committee, attend an off-campus conference/meeting, serve as a Teaching Assistant, or participate in research, including the Summer Research Scholars program. Additional sanctions may be instituted based on the severity of the circumstance(s) leading to the Probation. 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 not appear on the student's official transcript but will be reported in the MSPE and state licensing boards where required.** Third- and fourth-year Students on Conduct Probation may be required to complete all electives within the Campbell system (i.e., no “away 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 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, is not considered an active student, and is barred from all campus and non-campus activities. **Suspension will appear on the student's transcript and be reported in the MSPE and to state licensing boards where required.;**
  - 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; or
- Dismissal from the program.

**Revocation of a Degree:** The Dean may recommend to the University the revocation of the Doctor of Osteopathic Medicine degree following graduation for discovered misconduct.

In addition, the revocation of the Doctor of Osteopathic Medicine degree may occur following graduation for discovered misconduct of prior students. The Dean may recommend to the University the revocation of the Doctor of Osteopathic Medicine degree following graduation for discovered misconduct. The Dean considers allegations of misconduct, which may result in a revocation of a granted degree.

#### **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 appealable 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.

### **Dean's Review of an Appeal**

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.

While not required, the Dean may request a meeting with the student as part of the appeal process.

The student must make no attempt to meet with the Dean to appeal an APPS Committee recommendation unless the Dean requests a meeting prior to making a decision on the student's written appeal.

**No legal counsel shall be present at an appeal meeting with the Dean as these meetings are not legal proceedings.**

**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).

Additional information regarding Educational Records is provided in Section 6.3 of this Bulletin.

### **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), must submit a completed Supplemental Application, Background Check, and Controlled Substance Screen which typically follows these timelines and associated requirements:

Separation from CUSOM of 1-44 days:

- Supplemental application may be required
- Background check and controlled substance screen may be required
- All required documents must be received **no earlier than 15 calendar days and no later than 7 calendar days prior to the anticipated return date**
- For example, a student returning from a 30-day Leave of Absence on July 1<sup>st</sup> must submit the required documentation between June 15<sup>th</sup> and June 23<sup>rd</sup>.

Separation from CUSOM of 45-89 days:

- Supplemental Application, background check, and controlled substance screen must be received **no earlier than 30 calendar days and no later than 7 calendar days prior to the anticipated return date**
- For example, a student returning from a 60-day Leave of Absence on July 1<sup>st</sup> must submit the required documentation between June 1<sup>st</sup> and June 23<sup>rd</sup>.

Separation from CUSOM of 90 days or longer:

- Supplemental Application, background check, and controlled substance screen must be received **no earlier than 60 calendar days and no later than 7 calendar days prior to the anticipated return date**
- For example, a student returning from a 120-day Leave of Absence on July 1<sup>st</sup> must submit the required documentation between May 2<sup>nd</sup> and June 23<sup>rd</sup>.

**Additional requirements, such as a medical or psychiatric evaluation, may be required of returning students as deemed appropriate.**

The Executive Committee of the CUSOM Admissions Committee, consisting of the Chair, two Vice-Chairs and at least two other members, will determine whether or not the student has met the requirements to return. 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 may 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.

#### **6.8.1.1 Accommodation Requests following return from a Separation**

All students, **including those returning from any Separation from CUSOM lasting more than 180 days** (including but not limited to Withdrawal, Academic Leave of Absence, Suspension, or return to repeat an academic year) **requesting accommodations must follow the process as outlined in Section 7.2.3 of this Bulletin.**

Students returning from a Separation from CUSOM, who are requesting accommodations, must contact the Office of Student Affairs to request services as soon as possible and **identify their request in the “Request for Accommodations” section of the CUSOM Supplemental Application.**

**This applies to a request to receive the same accommodations that were previously granted by CUSOM or a request to receive new accommodations upon return from a Separation from CUSOM.**

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. As noted above, accommodations are not provided retroactively.

#### **6.8.1.2 Modified Schedule**

In rare instances, a student may need to enter a Modified Schedule, which does not require a Leave of Absence, usually due to a brief acute illness, or personal emergency.

In such cases, the Associate Dean for Biomedical Affairs (MS-1 and MS-2 students) or the Associate Dean for Clinical Affairs (MS-3 and MS-4), will develop a proposed Modified Schedule with the student which is subsequently approved by the Executive Committee of the APPS Committee.

### 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 Office 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.

In addition, 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.

#### **Process for returning from an approved period away from CUSOM of less than 180 days:**

1. The Executive Committee of the CUSOM Admissions Committee consisting of the Chair, two Vice-Chairs and at least two other members, will determine whether or not the student has met the requirements to return. 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.
2. 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 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.

3. 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 may 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 Supplemental 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, letter from the supervising research mentor, 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. A Personal Leave of Absence lasting longer than 180 days will automatically become a Personal Withdrawal.

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 continued 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 a request for a Medical Withdrawal.

#### **Return from a Maternity Leave of Absence**

In order to return from a Maternity Leave of Absence, a student must provide a medical note from her medical provider indicating the definitive date of return 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.

Returning students must also complete and submit any additional requirements as delineated in Section 6.8.1 of this Bulletin.

#### **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.**

Students unable to return from a Parental Leave of Absence within four (4) weeks will be required to request a Personal Leave of Absence, which may last up to a total of 180 days. A Personal Leave of Absence extending more than 180 calendar days will require the student to file a request for a Personal Withdrawal.

Students requesting a Parental Leave of Absence must complete the following requirements:

- 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 Office of Student Affairs at the earliest available time to discuss the anticipated Parental Leave.
- Provide the Office of Student Affairs a proposed timeline of the requested leave.
- 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, not to exceed 4-weeks from the beginning of the leave. Students unable to return from a Parental Leave of Absence by four (4) weeks will be required to request a Personal Leave of Absence as delineated previously.

### **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. If approved, 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 Office 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 if approved, 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). However, students who fail to withdraw prior to beginning the first final course assessment (e.g., exam) of a Block or clinical rotation (e.g., end-of-rotation exam) resulting in the issuance of a grade of "F" on any course(s) within a Block, or for that rotation, may withdraw, but they would no longer be in good academic standing.

Students on Suspension are not enrolled students.

Students eligible to return from a Withdrawal from CUSOM, minimally must submit a completed Supplemental Application, Background Check, and Controlled Substance Screen within a timeframe designated by CUSOM, as described in Section 6.8.1 of this Bulletin. 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 are 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, including all clinical rotations, 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 minimally must submit a completed Supplemental Application, Background Check, and Controlled Substance Screen within a timeframe designated by CUSOM as delineated in Section 6.8.1 of this Bulletin. The student may also be required to provide the Dean with additional documentation verifying completion of the terms of the approved withdrawal as described in Section 6.8.1.

### **6.8.3.2 Academic Withdrawal**

An Academic Withdrawal may be granted to students who wish to voluntarily leave CUSOM after encountering academic difficulties, including a failed course(s). Students withdrawing from CUSOM for academic reasons are not guaranteed re-admission, are not considered to be in good academic standing, must complete all required paperwork and follow all CUSOM procedures during the withdrawal process.

### **6.8.3.3 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 Supplemental Application, Background Check, and Controlled Substance Screen within a timeframe designated by CUSOM as delineated in Section 6.8.1 of this Bulletin. 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.

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, pass required licensing exams, and provide competent and compassionate patient care.

#### 6.8.5 Suspension

Suspension is defined as a temporary separation from the institution during which time **students are not 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 are not permitted to be on the University campus or affiliated clinical campuses, participate in any clinical activities or wear their CUSOM white coat.

**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

The Dean makes the final decision on all student dismissals and this decision is not appealable.

### 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\*;

**\*NOTE:** COMLEX-USA Level 2-PE was suspended indefinitely in February 2021, and formally discontinued in June 2022. COMLEX-USA candidates are currently verified by attestation from their COM dean that they are proficient in these important clinical skills (<https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-2-pe/>).

As such, to be eligible to graduate, each student must have successfully completed CUSOM's Clinical Skills Assessment Program, which includes both a longitudinal assessment of student performance and an on-campus multi-station Objective Structured Clinical Exam (OSCE) during the fourth year. This multi-station OSCE, also called the Physical Exam-Qualifying Exam (PE-QE), requires students to demonstrate successfully the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

- 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.

**To become eligible for graduation, each fourth-year student must successfully complete all the above requirements within six (6) years of matriculation.** The six (6) years allow for the completion of a Modified Course of Study due to medical, academic, or other leave of absence.

The Dean may grant an extension to this 6-year rule, in exceptional circumstances.

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

A student must complete all curricular requirements at CUSOM, or a minimum of two (2) years at CUSOM and two (2) years at 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.

Students 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 according to the process delineated in Section 6.7 of this Bulletin.

Students must meet with Financial Aid and to complete all required exit documentation, including financial aid and debt counseling, in order to receive a diploma. CUSOM students must also attend the exit process in order to receive a diploma.

Upon passage of COMLEX-USA Level 1, Level 2-CE, CUSOM's Clinical Skills Assessment Program (in lieu of COMLEX-USA Level 2-PE as described above), 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 Withdrawal, 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 withdrawals, 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.

Six (6) Year Graduation Requirement: All single degree DO students, including those who require a Modified Course of Study, must complete their education within six (6) years following matriculation. To become eligible for graduation, each student must successfully complete all graduation requirements within six (6) years following matriculation.

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”** with the following stipulations:

- Forms for this purpose are available in the Campbell University School of Osteopathic Medicine Registrar's Office and must be completed and submitted no later than 15 days prior to graduation.
- 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, they will not be eligible to participate in any subsequent semester when they would have been eligible after having met all graduation requirements.
- For students to be eligible to participate in 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.
- 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.
- Students participating under the “thirty (30) hour rule” **will not receive their diploma until all graduation requirements have been met** and they have filed a new Application for Graduation for the term in which the degree will actually be conferred.

\* **NOTE:** COMLEX-USA Level 2-PE was suspended indefinitely in February 2021, and formally discontinued in June 2022. COMLEX-USA candidates are currently verified by attestation from their COM dean that they are proficient in these important clinical skills (<https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-2-pe/>).

As such, to be eligible to graduate, each student must have successfully completed CUSOM's Clinical Skills Assessment Program, which includes both a longitudinal assessment of student performance and an on-campus multi-station Objective Structured Clinical Exam (OSCE) during the fourth year. This multi-station OSCE, also called the Physical Exam-Qualifying Exam

(PE-QE), requires students to demonstrate successfully the fundamental clinical skills and physician-related competency domains required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care of patients.

### **6.9.3 Hooding Policy**

The CUSOM Hooding 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 eligible and 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 Office 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 Office of Student Affairs to explain their grievance.

The student must schedule a meeting with the Office 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 Office of Student Affairs shall investigate the Grievance within seven (7) calendar days. In the case where the discrimination is in any way threatening, the Office 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 Office 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 Office of Student Affairs determines there is insufficient evidence to support the allegations, they may close the Grievance and shall notify the student, within fourteen (14) calendar days, of their findings and inform the student of their right to request a Grievance Hearing.

The Office 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, they may request the Office 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 Office of Student Affairs.

This information must be sent by certified mail or delivered with signature of receipt to both the Office of the Office 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 Office of Student Affairs relating to the Grievance, and, as necessary, shall interview the Office 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 Office 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](mailto:nothstine@campbell.edu)

Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, District of Columbia Office:

U.S. Department of Education  
400 Maryland Avenue SW  
Washington, DC 20202-1475  
Telephone: (202) 453-6020  
Fax: (202) 453-6021  
Email: [OCR.DC@ed.gov](mailto:OCR.DC@ed.gov)

### **Consensual Relationships**

Consensual relationships between 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:

<https://osteopathic.org/accreditation/standards/>

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 accordance with CUSOM Confidentiality and Records Retention Policies.
- 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) 202-8124  
 Fax: (312) 202-8397  
 Email: [predoc@osteopathic.org](mailto:predoc@osteopathic.org)

CUSOM recognizes the right of students to express complaints regarding COCA Accreditation Standards and procedures directly to the immediate accrediting body, 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](mailto: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 to support student physical and mental well-being. CUSOM encourages students to seek assistance for themselves or fellow classmates early if they encounter any physical or mental health concerns.

#### **7.1.1 Student Health**

CUSOM students are able to utilize the Campbell University Health Center for confidential diagnostic, preventive and therapeutic medical services and personal health concerns. All personal medical information is kept confidential in compliance with HIPAA regulations.

The Campbell University Health Center office hours can be found on the Health Center website:

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

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.

Students needing health services while on Clinical Rotations away from CUSOM, should 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 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.

Before registration and before the beginning of class or clinical rotations annually, all students must either provide proof of health insurance and sign the Campbell University insurance waiver, or purchase the health insurance made available through Campbell University.

Students without active health insurance coverage will not be permitted to participate in any patient care clinical activities.

Any medical costs incurred by students as a result of exposure to infectious diseases or materials, needle sticks, injuries (falls, burns, lacerations, etc.) or other medical or surgical conditions while a student at CUSOM are the responsibility of the student and their 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 clinical requirements in the CUSOM curriculum.

Regulatory and legislative authorities require students to demonstrate vaccination, immunity or protection from multiple contagious diseases before being allowed to participate in clinical experiences.

Descriptions of CUSOM vaccination and testing requirements, including those addressing Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Varicella, Hepatitis B, Influenza, and COVID-19 and Tuberculosis are presented in Section 3.16.1 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.

**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.**

**Additional important information regarding CUSOM Vaccination Requirements is presented in Section 3.16.1 of this Bulletin.**

#### **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 classified as 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 affiliated clinical training sites.

CUSOM reserves the right to require controlled substance testing or a mental health evaluation of 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 required 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 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 classified as 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 regarding whom they will permit to participate in clinical rotations based on the results of the controlled substance 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. Background Checks revealing prior criminal activity, even charges which may have been dismissed by the courts, could still result in consequences affecting clinical rotations, acceptance into residency programs, future licensing, specialty board certification, or employment opportunities.

**If a student is unable to complete clinical rotations due to the inability to pass controlled substance testing requirements, they will not be capable of making academic progress or be able to meet graduation requirements. In addition, and as such, they will be referred to the 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:**

A random controlled substance screening is required prior to starting clinical rotations, and all results are shared with the clinical sites. 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, the Dean will appoint an *ad hoc* subcommittee, a subset of the CUSOM APPS Committee, to review the information and make a recommendation regarding an appropriate action to the Dean who will make the final decision. Depending on this 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 Office 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 Associate Dean for Behavioral Health in the event the student requires drug/alcohol counseling.

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

**If a student is unable to complete clinical rotations due to the inability to pass controlled substance testing requirements, they will not be capable of making academic progress or be able to meet graduation requirements.**

**In addition, and as such, the student will be referred to the APPS Committee for possible sanctions up to, and including, dismissal from the program.**

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

### **7.1.5 Infection Control**

Students exposed to an infectious disease should consult the Campbell University Health Center (910) 893-1560 for information regarding appropriate evaluation, testing, and 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 they 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 or physically go to the Campbell University 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 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 healthcare settings are accessible 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 healthcare 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, these individuals 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 is 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 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 or go to the Campbell University Health Center for consultation and assistance. Incident reports can be obtained from the Campbell University 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 immediately for assistance. A copy of the facility's incident report must be sent to:

Campbell University Health Center  
P.O. Box: 565  
129 T.T. Lanier St.  
Buies Creek, NC 27506

#### **7.1.7 HIPAA and OSHA Training**

##### **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 the 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 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.

##### **OSHA Training**

All CUSOM students enrolled in the Doctor of Osteopathic Medicine program 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

## 7.2 Behavioral Health

Confidential counseling services and mental health care, including access to a mental health representative, 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 MYgroup, a 24/7/365 student assistance program offering wrap-around psychosocial support services. All requests for information or assistance through the MYgroup program are free of charge and completely confidential.

CUSOM encourages students to seek assistance for themselves if they experience any personal behavioral health concerns, or notify the Office of Student Affairs if they suspect a fellow classmate may be experiencing behavioral health issues.

### 7.2.1 Counseling Services

CUSOM's Department of Behavioral Health provides support and counseling services to students for concerns including, but not limited to burnout, fatigue mitigation, anxiety, depression, academic difficulty and performance, study strategies, relationship/family difficulties, stress and anger management, and adjustment to illness and lifestyle changes. Additional information may be found at: <https://medicine.campbell.edu/behavioral-health/>.

Working with Academic and Student Affairs, the Associate Dean for Behavioral Health, a licensed mental health professional, and other CUSOM Behavioral Health clinical staff are available during normal business hours for direct student consultation. CUSOM Behavioral Health clinical staff are also available as a point-of-contact for after-hours issues in addition to the Student Assistance Program (SAP) services through McLaughlin Young (MYgroup) as described below.

Students may either self-refer or may be identified by and referred to CUSOM BH by others, all in a confidential manner. Appointment requests can be made by either email ([CUSOMBH@campbell.edu](mailto:CUSOMBH@campbell.edu)) or by calling the departmental phone number (910-893-7203). All requests are answered within 1-2 hours during normal business hours. Students are then sent a link to the department's secure server where they are asked complete all required intake forms prior to scheduling their appointment. Once the forms are completed, the departmental Administrative Assistant will then schedule them with one of the departmental clinicians. For students found to have needs beyond those provided by CUSOM BH, confidential referrals are made to appropriate community health providers.

CUSOM Behavioral Health clinical staff provide counseling for CUSOM students at two on-campus locations based on student preference: Leon Levine Hall and the Campbell University Health Center (129 T.T. Lanier Street). Students who are unable to travel to the on-campus locations can meet with a counselor via WebEx, a secure videoconferencing system which meets HIPAA and FERPA standards.

In addition to behavioral health clinical staff, CUSOM utilizes the Student Assistance Program (SAP) provided through McLaughlin Young (MYgroup). This SAP provides free, confidential, short-term counseling and personal consultation services 24 hours a day, seven days a week, 365 days of the year. All requests for information or assistance through this SAP are completely confidential and there is no cost to students for phone consultations or virtual visits with a licensed, experienced clinician. The program also provides students no-cost face-to-face visits with a licensed, experienced clinician in their area for up to 5 sessions for a specific issue for an unlimited number of issues.

The MYgroup Student Assistance Plan Core Services include, but are not limited to:

- Free, confidential, short-term counseling and personal consultation for concerns related to family and relationship issues, resiliency and coping skills, grief and loss, stress, depression and anxiety, work-related issues, alcohol or drug use, and legal and financial issues.
- Unlimited confidential tele-counseling with MYgroup 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;
- Work life resources such as legal and financial consultations; and
- Access to monthly online seminars, resource links, and learning resources related to a range of health topics.

Services are accessed through the MYgroup online web portal (<https://www.mygroup.com/>) or via the MYgroup mobile application. To access services online, students will navigate to the above link and then enter the CUSOM username and password information. Students may also call the service directly utilizing a toll-free number (1-800-633-3353) to speak with a counselor and/or case manager.

The Student Assistance Program services are also provided at no cost to student household family members.

**For emergency situations, including thoughts of self-harm or harming others, students should call 911.** For non-emergency situations Monday through Friday 9am-5pm, students should call Campus Safety and ask for the Behavioral Health practitioner. After 5pm, and on weekends and holidays, students should contact the MYgroup SAP following the instructions provided above.

In addition to publication in the Academic Bulletin, students are advised 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>

## **7.2.2 Campbell University Behavioral Intervention Team**

### **Purpose**

In order to ensure the safety and continued success of our medical student body, the Campbell University Behavioral Intervention Team (**CUBIT**), 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.**

Anyone with concerns regarding a student's potential risk of harming themselves or someone else should contact CUSOM's Office of Student Affairs or Campbell University's Associate Vice President for Campus Life to initiate the CUBIT process.

**911 Emergency Medical Services should be contacted immediately if there is a concern regarding an imminent threat to the safety of the student or others.**

The CUBIT process is outlined in the Campbell University Student Handbook, which can be found at the proceeding link:

[CU Student Handbook](#)

## **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 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 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](mailto:richl@campbell.edu)

## **Technical Standards**

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.

### **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 Office of Student Affairs.

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 they 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 their disability to the University. However, as discussed above, any student who discloses and receives approved accommodations after they have begun study at CUSOM will not receive any retroactive accommodations on work completed before the approval for accommodations was granted.

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 required to contact the Office 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 Office 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 Office of Student Affairs reviews the student's request and supporting documentation with the Director of Disability Services to determine, through an interactive process consistent with policy and the requirements for granting accommodations, what reasonable accommodations may be indicated and available for a student's specific situation, and based 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 Office 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 Office of Student Affairs to discuss the reasons for the denial. The Office of Student Affairs may discuss the Grievance procedure with the student at this time.



## **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.

**Note: The NBOME has specific accommodation criteria and may deny a student's accommodation request, even if that student has been granted accommodations by CUSOM.**

## **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”. “This includes, but is 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, the Office of Student Affairs with consultation with the Director of Disability Services will make this determination.

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 will be asked to remove them from university facilities. If the improper behavior happens repeatedly, the owner will 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 Office 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 which does not cause a disruption to the education of other students.

### **Service Animals in Clinical Training**

Clinical education sites may have their own regulations, policies, and procedures regarding the permissibility of service animals in the clinical setting, and which may differ from those of Campbell University. CUSOM has no control over an individual clinical site's requirements as related to service animals. Students must coordinate these requests with the clinical site Regional Dean/DSME, Human Resources, ADA coordinator, or designated individual at the institution.

### **Confidentiality of Information**

Information received from a student is governed under the provisions of the Family Education Rights and Privacy Act (FERPA) 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 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.

The University's FERPA release form is available at this [link](#).

Additional information regarding FERPA may be found at:

<https://www.campbell.edu/registrar/family-education-rights-and-privacy-act-ferpa/>.

By matriculating at CUSOM, a student agrees that CUSOM may share their graduate medical education (residency training program) Match data. A student has the right to review their 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 themselves to the Office 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. Documentation which conforms to the University's guidelines must be provided by the student. If the student's documentation is insufficient for any reason, the student is responsible for acquiring any additional required documentation and to pay any costs thereof. CUSOM reserves the right not to provide services or accommodations until all 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 Office 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 a student believes the Office of Assessment, Accreditation and Medical Education, or the Department of Clinical Affairs is not adequately meeting their accommodations, the student should discuss this concern with the Office of Assessment, Accreditation and Medical Education or Department of Clinical Affairs and the Office of Student Affairs immediately.

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 obtain an appropriate parking sticker from the Campbell University Department of Campus Safety.

If a student has consistent problems finding necessary handicapped parking near class buildings, they should notify the Office 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 provide documentation of 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, they may request modifications to previously approved accommodations.

The student will have to provide current supporting documentation for review at that time.

### **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 test scores (i.e., domain, cluster, subtest, index, etc.) represented in standard scores 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 must 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 possible obstacles to learning, they should be addressed in the summary. This summary may include recommended accommodations, but these are in no way binding to the University. CUSOM reserves the right to evaluate all documentation with the Director of Disability Services to determine, through an interactive process consistent with policy and the requirements for granting accommodations, what reasonable accommodations may be indicated and available for a student's specific situation, and based in part on the nature of the student's disability.

### **7.2.3.5 Section V: Grievance Procedure for Accommodations**

All requests and grievances related to accommodations or special services must be brought to the CUSOM Office of Student Affairs in writing first.

If the student is unable to resolve the matter with the CUSOM Office of Student Affairs, the student and the CUSOM Office 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 Office 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 Vice President 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, they 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 approved student clubs and organizations at CUSOM:

- Aerospace Medicine Club (AMC)
- American College of Osteopathic Surgeons, Medical Student Section (ACOS-MSS)
- American Medical Association – Medical Student Section (AMA-MSS)
- Anesthesiology Interest Group (AIG)
- Behavioral Health Club
- 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
- Internal Medicine Club (ACOI and ACP)
- Internal Medicine-Pediatrics Club (Med-Peds)
- Medical Students for Choice Club
- Obstetrics and Gynecology Club
- Pathology Club
- Pediatrics Club (American College of Osteopathic Pediatricians (ACOP))
- Physical Medicine and Rehabilitation Club (PM&R)
- Point of Care Ultrasound Club (POCUS)
- Preventative Medicine Club
- Psychiatry Club
- Research Club
- 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  $\geq 3.0$  on a 4.0 scale as calculated at the end of each grading period, no course failures, and must not be on Academic Probation or on Conduct Probation to:

- Serve in any role as an SGA officer (e.g., President, Vice President, Secretary, Treasurer, or ANY SGA Coordinator or Chair position);
- Serve as a CUSOM club or interest group officer (e.g., President, Vice President, Secretary, or Treasurer);

- Hold any Student Board position on the Campbell University Community Care Clinic (CUCCC) or Mobile Clinic;
- Serve on a CUSOM committee;
- Attend any off-campus conference/meeting;
- Serve as a teaching assistant;
- Participate in research;
  - For the Summer Research Scholars program, preference is given to students who have a cumulative GPA at or above the 3.0 requirement; or
- Be considered as a candidate for Student Doctor of the Year (SDOY) or Student Researcher of the Year (SROY).

Students may enter Club leadership roles beginning at the conclusion of Block 2 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 final course grades and cumulative GPA of each student participating in any of the above roles is reviewed by the Office of Student Affairs and the Registrar after each academic Block and, if the student fails any course, or if their cumulative GPA falls below 3.0, the student must relinquish their leadership role or other duties/privileges as delineated above. A student must also relinquish their leadership role if they are placed on Academic or Conduct Probation.

For an activity requiring pre-approval for participation, such as a research project, CUSOM utilizes the cumulative GPA at the time of application for the activity for approval. However, if the cumulative GPA drops below 3.0 by the start of the activity, the student will not be permitted to participate in order to allow them to focus on their academic well-being.

The requirements cited above are non-appealable.

### **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 CUSOM Administration and Student Government.

### **Recognition of Student Organizations**

The first step in obtaining recognition for a new student organization is the submission of an application to the Office of Student Affairs. The application must include the goals of the organization, the proposed charter, and the name of the proposed faculty advisor. Once the application is approved by the Office of Student Affairs, the application is then forwarded to the Dean's Council for final approval.



## **Campbell University Community Care Clinic (CUCCC)**

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 which 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 is available through the CUSOM Office of Student Affairs and must be submitted to the Office 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 as outlined in Sections 6.4.3 and 6.4.3.4 of this Academic Bulletin are permitted to attend conferences (not greater than three consecutive days). Only students in good academic and conduct standing are eligible to attend, and time away from campus counts per the CUSOM Attendance Policy.

### **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 engagement with CUSOM through personal and online communications. Those participating in this Program assist in the efforts to recruit talented students and also conduct themselves as servant leaders amongst their classmates.

This is a yearly designation, and 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 requirements set forth by the CUSOM Admissions staff for representing the school. Once submitted, prospective ambassadors are able to participate in, and be contacted for, future admissions events. The Admissions Department

tracks participation and notifies 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 are eligible to receive additional benefits. Failure to complete the requirements within the timeframe determined by the CUSOM Admissions staff, results in disqualification from the CUSOM Lead Ambassador tier. However, students are still able to be considered a Tier 1 Ambassador.

## **Service 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 a specific 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 counts 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 a 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 professionalism or Honor Code violations
- iii. Membership criteria: In order to gain and maintain membership, students must:
  1. Have successfully completed the 1<sup>st</sup> semester (Blocks 1 and 2)
  2. Achieved and maintained the required scholastic standing (Grade Point Average)
    - a. Induction requirements:
      - i. First- and second-year students must have a cumulative GPA at or above a 3.6 on a 4.0 point scale.

- b. Maintenance of membership
        - i. First- and second-year students
          - 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 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 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 the MS-1 and MS-2 years.
    - ii. Complete ten (10) hours of community/volunteer service each academic year during the MS-3 and MS-4 years.
    - 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. Abilities
    - c. Character
    - d. Habits
    - e. Demeanor
    - f. 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 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.
- B. CUSOM will charge a onetime fee of \$60 to new members.

#### SSP Annual Meetings

- A. The annual SSP Grand Chapter meeting takes place annually at OMED and the Grand Chapter pays for the hotel and airfare for one (1) 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

The chapter must send a copy of updated records of any new or deleted members 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 has 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 Chi Upsilon Chapter of Sigma Sigma Phi, the new member receives 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 is obligated to surrender the certificate. At the time of Commencement, the member receives an official certificate of membership in the Grand Chapter.

#### Sigma Sigma Phi Chapter Officers

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

### Standing Committees of the Chapter

- A. Standing committees are appointed at the beginning of the term of office of each newly elected President and include the following:
  - 1. Awards
  - 2. Membership
  - 3. Pledging
  - 4. Initiation
  - 5. Social
  - 6. Finance
  - 7. Community Service Coordination
- B. Regular meetings 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 mission of SSAF is to connect students, alumni and friends of CUSOM by providing leadership opportunities, educate students about the impact of philanthropic engagement with CUSOM and the University, and inspire 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 are taken into consideration when offering exclusive opportunities.

### Alumni Engagement & Alumni Association

The inaugural Class of 2017 founded the Campbell Medicine Alumni Association 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 of Directors 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 determines the bylaws, mission, vision and goals for the Campbell Medicine Alumni Association and works 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 3.0 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 required 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 Committee.
- Professionalism: No student is permitted to serve on a CUSOM Committee if they are on Conduct Probation or otherwise have any Honor Code or Professionalism infractions. Committee service of students with an Admonition or Conduct Warning is determined based on the recommendation of the Academic Performance, Promotion and



Standards (APPS) Committee at the time the Admonition or Conduct Warning 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. As part of CUSOM's support of students in the area of scholarly activity, students receive instruction in research skills and complete a scholarly project paper as part of the curriculum in the first two years. Whereas CUSOM specifically supports the academic and scholarly pursuits of students and faculty, this policy specifically applies to student extracurricular research and scholarly activities.

CUSOM does not require students to complete an extracurricular 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 through the submission of the research notification form. Students receiving mentorship and/or working on a project not associated with CUSOM should make those projects and relationships known through the research notification form. 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. Research mentors provide additional training specific to the research project.

#### **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 students receive appropriate mentorship while engaging in scholarly endeavors. A faculty member must approve all scholarly activity undertaken by students or if working on a project outside of CUSOM, the student must identify an individual higher-ranking than that of a student who will serve as the project lead and mentor. 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, preceptor, or outside higher ranking 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 Bulletin. Students participating in the research 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. Designed to expose students to basic science, clinical, osteopathic manipulative medicine, or simulation medicine research these opportunities allow students to gain valuable experience in research and explore various clinical and biomedical disciplines.

Students are incorporated into laboratories or educational settings to work with CUSOM faculty at the medical campus at CUSOM-affiliated clinical sites, or work on select projects at local institutions. 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. This is a competitive program and accepted students 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/or the project lead, 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 scientific 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 faculty mentor and all listed co-authors must review and approve the final poster, presentation or manuscript prior to submission to the Associate Dean for Research for final approval for presentation and/or publication. The author(s) and mentor must be up-to-date on research compliance processes. Failure to adhere to any of these requirements is 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 Oscar N. Harris Student Union and Wellness Center, Student Fitness Center, Aquatic Center, running and walking track, Keith Hills Golf Course, tennis courts, cross country 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. 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 Oscar N. Harris 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 Office 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; students must supply their own lock. Students are required to provide either a spare key or combination to their locker lock to the Office of Student Affairs. At the end of the Academic Year, all students must remove their locks and empty the lockers for the summer. If a key was left with the MSBS office, students can retrieve their key when their locker is cleared out. Failure to remove locks will result in the Office of Student Affairs removing the locks and disposing of all contents of the locker.

### **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.

Assigned Deputies provide 24-hour-a-day, seven-day-a-week police protection of the entire University campus including CUSOM. Campus Safety officers provide coverage on the medical school property for locking, unlocking and emergency responses 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, 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
- Campbell University Parking (910) 893-1550  
<https://www.campbell.edu/campus-safety/parking/>
- Campbell University Health Center (910) 893-1560  
<https://www.campbell.edu/health-center/>
- CUSOM Behavioral Health Department (910)-893-7203  
<https://medicine.campbell.edu/behavioral-health/>
- Dr. Daniel Marlowe, Associate Dean for 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/>
- Erin Suwattana, Behavioral Health Clinician (910) 893-7296  
<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/>
- MYgroup Counseling (800)-633-3353  
<https://www.mygroup.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 diagnostic, preventive and therapeutic medical services and personal health concerns. All personal medical information is kept confidential in compliance with HIPAA regulations.

The Health Center office hours may be found online at:

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

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.

Students needing health services while on Clinical Rotations away from CUSOM, should refer to Section 5.7.2 of this Bulletin.

Further information may be found at:

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

As delineated in Section 7.1.2 of this Bulletin, 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.

### **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 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. Institutional policies, as well as local, state, and federal laws relating to security, copyrights, and other statutes regarding electronic media govern acceptable use. 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 Health Center Helpdesk**

The Campbell University IT Services, Health Sciences 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.

## **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 Health Sciences Helpdesk may be contacted by the following methods: submitting an online support ticket [here](#), sending an e-mail to [cusomhelpdesk@campbell.edu](mailto:cusomhelpdesk@campbell.edu), calling (910) 893-7911 (or extension 7911 on campus), 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. 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 are prohibited from 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 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 provided is 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 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.
- 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 Bulletin and those regarding student conduct found in the Bulletin and as posted at:

<https://www.campbell.edu/information-technology-services/>

Violations of these regulations are reported to the appropriate Dean 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, they must report the problem to the Office of Student Affairs. Campbell University/CUSOM administrators will investigate and, if necessary, take corrective action.

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

The use of personal wireless broadcasting devices of any kind is prohibited 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 their 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/>

Information Technology assistance may be accessed through the Campbell University IT Services Health Sciences Support Team, or through the following:

[cusomhelpdesk@campbell.edu](mailto: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 private and confidential. Although this information must be accessed by system personnel for the purpose of backups, network management, etc., the content of user files and network transmissions are not 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 including, but not limited to the following:

- 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. A 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 required 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.

In a distance-learning environment, the Family Educational Rights and Privacy Act (FERPA), a federal privacy law, continues to remain in effect and students need to understand their role in supporting the privacy of fellow students. In courses which incorporate remote interactions, students must be cognizant that shared pictures, written assignments, audio, videos, emails, blog posts,

discussion boards, etc. remain part of the content of the course, just as they would if they were shared in the face-to-face classroom setting. The expectation is that each member of the class treats those materials with care and does not reshare or post beyond the course.

Accordingly, any student accessing class or other educational materials on Blackboard or any other electronic media:

1. Acknowledges the faculty members' intellectual property rights and that distribution of the materials outside the course participants violates the copyright policy; and
2. Recognizes the privacy rights of fellow students who speak or appear on video in class; and
3. Accepts that recording, distributing, posting, or uploading materials to students or any other third party not authorized to receive them or to those outside the classroom 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 the 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 a 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 or other specialist 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.**



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](http://epi.publichealth.nc.gov/cd/tb/docs/dhhs_3405.pdf).