CAMPBELL UNIVERSITY

Jerry M. Wallace
School of Osteopathic Medicine

Academic Bulletin

Doctor of Osteopathic Medicine (DO)

2026-2027

Contents

DEAN'S MESSAGE - WELCOME TO THE 2026-2027 ACADEMIC YEAR 10

THE APPLICATION OF THIS BULLETIN TO CUSOM STUDENTS 11

NOTES AND DEFINITIONS 11

CHANGES IN THE ACADEMIC BULLETIN 11

ACADEMIC FACILITIES 12

1. STATEMENTS OF COMPLIANCE 13

1.1 FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974 13
1.2 REHABILITATION ACT OF 1973 14
1.3 AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) AS AMENDED (ADAAA) 14
1.4 TITLE IX OF THE EDUCATION AMENDMENTS OF 1972 (20 U.S.C. §§ 1681, ET SEQ) 14

2. GENERAL INFORMATION 15

2.1 HISTORY, BACKGROUND, AND MISSION OF CAMPBELL UNIVERSITY 15
2.2 CAMPBELL UNIVERSITY MISSION STATEMENT 16
2.3 CUSOM MISSION STATEMENT 17
2.4 SCHOOL OF OSTEOPATHIC MEDICINE ACCREDITATION 18
2.5 ABOUT THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA) 19
2.6 AMERICAN OSTEOPATHIC ASSOCIATION CODE OF ETHICS 20
2.7 POSTGRADUATE MEDICAL EDUCATION 22
2.8 OSTEOPATHIC HISTORY 22
2.9 OSTEOPATHIC OATH 23

3. ADMISSION 24

3.1 ADMISSIONS PROCESS 24
3.2 REQUIREMENTS FOR ADMISSION 25
3.3 TECHNICAL STANDARDS AND VACCINATION REQUIREMENTS FOR ADMISSION TO CUSOM 26
3.4 NON-DISCRIMINATION 31
3.5 AMERICANS WITH DISABILITIES ACT AND SECTION 504 OF THE REHABILITATION ACT 32
3.6 APPLICATION PROCESS 32
3.7 APPLICATIONS DEADLINE 34
3.8 CUSOM SELECTION PROCESS 34
3.8.1 Confirmation of Intent to Matriculate 36
3.9 EARLY DECISION ADMISSIONS TRACK 37
3.10 GUARANTEED APPLICANT DAY INVITATION PROCESS 38
3.11 EARLY ASSURANCE PATHWAY 39
3.13 TRANSFER APPLICANTS 40
3.14 TRANSFERS FROM ACCREDITED SCHOOLS OF MEDICINE 42
3.15 INTERNATIONAL STUDENT APPLICANTS 43
3.16 JURIS DOCTOR AND DOCTOR OF OSTEOPATHIC MEDICINE (JD/DO) DUAL DEGREE PROGRAM 43
3.17 CUSOM MATRICULATION AND ENROLLMENT POLICIES 46
3.17.1 Health and Vaccination Requirements 46
3.17.2 National Background Checks 62
3.17.3 Driver's License 64
3.17.4 Basic Life Support Skills 65
3.17.5 Controlled Substance Screening 65

3.17.6 Transcripts *66*

4. STUDENT EXPENSES AND FINANCIAL AID **67**

4.1 COST OF ATTENDANCE 67
4.1.1 Secondary Application Fee *67*
4.1.2 Acceptance Fee *67*
4.1.3 Tuition and Fees *67*
4.1.4 Refund Policy *68*
4.2 FINANCIAL AID 68
4.2.1 Financial Aid Renewal *70*
4.3 SCHOLARSHIPS 70
4.3.1 Merit Scholarships *70*
4.3.2 Endowed Scholarships *72*
4.3.3 Direct Aid Scholarships *76*
4.3.4 Scholarship Renewal Criteria *76*

5. CURRICULUM **77**

5.1 GENERAL OVERVIEW 77
5.1.1 Academic Calendar *77*
5.1.2 Programmatic Level Educational Outcome Objectives *78*
5.1.3 Clinical Shadowing Policies and Procedures *78*
5.2 YEARS 1 AND 2 CURRICULUM 81
5.2.1 Curricular Content Overview *81*
5.2.2 Schedule of Course Offerings *82*
5.2.3 Course Descriptions *83*
5.2.3.1 Specific Course Descriptions, Year 1, Semester 1, Block 1 83
5.2.3.2 Specific Course Descriptions, Year 1, Semester 1, Block 2 86
5.2.3.3 Specific Course Descriptions, Year 1, Semester 2, Block 3 89
5.2.3.4 Specific Course Descriptions, Year 1, Semester 2, Block 4 91
5.2.3.5 Specific Course Descriptions, Year 2, Semester 1, Block 5 94
5.2.3.6 Specific Course Descriptions, Year 2, Semester 1, Block 6 97
5.2.3.7 Specific Course Descriptions, Year 2, Semester 2, Block 7 100
5.2.3.8 Specific Course Descriptions, Year 2, Semester 2, Block 8 102
5.2.4 Curricular Integration of OPP and OMM *105*
5.2.4.1 Year 1 105
5.2.4.2 Year 2 105
5.2.4.3 Years 3 and 4 106
5.3 YEARS 3 AND 4 CURRICULUM 106
5.3.1 Philosophy of Clinical Training *106*
5.3.2 Third-Year Clinical Rotations *109*
5.3.3 Fourth-Year Clinical Rotations *110*
5.3.4 Schedule of Rotation Offerings *111*
5.3.5 Selective and Elective Rotations *112*
5.3.6 Medical Selective Rotations *113*
5.3.7 Primary Care Selective Rotations *114*
5.3.8 Surgical Selective Rotations *115*
5.3.9 Elective Choices *115*
5.3.10 International Medical Mission Rotations *116*
5.3.11 Rotation Structure *117*
5.3.12 Rotation Descriptions *118*
5.3.12.1 Rotation Descriptions / Third-Year Rotations (MS-3) 118

5.3.12.2 Rotation Descriptions / Fourth-Year Rotations (MS-4) ... 123
5.3.12.3 Approved Electives ... 127
5.3.13 Curricular Integration of OPP and OMM ... 135
5.4 CLINICAL ROTATION STANDARDS ... 138
5.4.1 General Standards ... 138
5.4.2 Ethical Standards ... 140
5.4.3 Non-Cognitive Standards ... 141
5.5 CLINICAL ROTATION SCHEDULING ... 142
5.5.1 Assigned Clinical Rotations ... 142
5.5.2 Notice of Clinical Site Changes ... 143
5.5.3 Selective Clinical Rotations ... 143
5.5.4 Rural/Underserved/International (R/U/I) ... 143
5.5.5 Elective Clinical Rotations ... 144
5.5.6 Requirements for Scheduling Elective and Other Clinical Rotations ... 144
5.5.7 Family Medicine Preceptor Clinical Rotations ... 145
5.5.8 Out-of-State Clinical Rotations ... 145
5.5.9 International Clinical Rotations ... 146
5.5.10 Additional Clinical Rotation Information for Military Rotations ... 147
5.5.11 Away Clinical Rotation Requests ... 147
5.5.12 Scheduling Away Clinical Rotations ... 148
5.6 GENERAL POLICIES AND PROCEDURES – CLINICAL ROTATIONS ... 148
5.6.1 Overview ... 148
5.6.2 Responsibilities and Duties ... 151
5.6.3 Standards of Professional Conduct ... 151
5.6.4 Preceptor - Student Interactions ... 152
5.6.5 Dress Code ... 152
5.6.6 Supervision of Students ... 153
5.6.7 Student Problems / Issues ... 154
5.6.8 Letters of Recommendation ... 155
5.6.9 Student Records ... 155
5.6.10 History and Physicals ... 155
5.6.11 Patient Care Orders ... 156
5.6.12 Prescription Writing ... 156
5.6.13 Medical Care & Medication Samples ... 157
5.6.14 Health Insurance Portability and Accountability Act of 1996 (HIPAA) ... 157
5.6.15 Medicare Policy ... 157
5.6.16 Change of Address ... 158
5.6.17 Email Policy ... 158
5.6.18 Cell Phone Calls / Text Messages ... 159
5.6.19 Social Media ... 159
5.6.20 Housing ... 160
5.6.21 Other Regulations and Procedures ... 161
5.7 CLINICAL ROTATIONS HEALTH AND WELLNESS ... 162
5.7.1 Vaccination Record ... 162
5.7.2 Health Services ... 162
5.7.3 Counseling Services ... 163
5.7.4 Professional Liability Insurance ... 166
5.7.5 Infectious Disease Exposure Prevention and Management ... 167
5.7.6 Infectious Diseases ... 169
5.7.7 Standard Precautions ... 171

5.8 HOSPITAL / CLINICAL FACILITY INFORMATION 173
5.8.1 Clinical Student Preparation 173
5.8.2 Credentialing of Medical Students at Affiliated Sites 175
5.8.3 Personal Health Insurance 175
5.8.4 Hospital Training Program Structure 176
5.8.5 Administrative Functions 176
5.8.6 Orientation 176
5.8.7 Student Requirements 177
5.8.8 Informed Patient Consent Regarding Student Involvement in Patient Care 177
5.8.9 Medical Records / Charting 178
5.8.10 Supervision of the Student 179
5.9 GRADUATE MEDICAL EDUCATION 180

6. ACADEMIC POLICIES AND PROCEDURES 181

6.1 ADVISING AND PEER LEARNING PARTNERING 181
6.1.1 Advising and Faculty Access 181
6.1.2 Organizational Structure of the Academic Center of Excellence (ACE) 181
6.1.3 Academic Transition Activities 181
6.1.4 Long-term, Consistent Mentorship from Academic Advisors 182
6.1.5 Licensing Exams (Boards) and Residency Preparation Support 183
6.1.6 Enrichment and Intervention Support from the Academic Center of Excellence (ACE) 185
6.1.7 CUSOM Peer Learning Partner Program 186
6.2 ASSESSMENT 186
6.2.1 Global Assessment 186
6.2.2 Faculty Recusal from Assigning Student Grades 187
6.2.3 Credits, Grading, and Grade Point Average (GPA) Credit Assignment Process 191
6.2.3.1 CUSOM Credit Calculation 192
6.2.3.2 Credit Review Process 192
6.2.3.3 Grading 194
6.2.3.4 Grade Point Average (GPA), Quality Points 195
6.2.3.5 Quality Points 197
6.2.4 Remediation 198
6.2.5 Evaluation Categories for Years 1 and 2 199
6.2.6 Clinical Rotations Assessments 200
6.2.6.1 Didactics 200
6.2.6.2 Clinical Modules 201
6.2.6.3 Clinical Experience Database (Logs) 202
6.2.7 Grading Rubric for Years 3 and 4 203
6.2.7.1 Preceptor Evaluation of Student Performance 207
6.2.7.2 Composite Evaluations 208
6.2.7.3 Delinquent Evaluations 210
6.2.7.4 Rotations, Course Remediation, and Academic Warning/Probation 211
6.2.8 Grading Policies Years 3 and 4 212
6.3 EDUCATIONAL RECORDS 214
6.3.1 Policy Statement on Student Information and Educational Records 214
6.3.2 Match-State Medical Education Verification 215
6.4 ATTENDANCE 216
6.4.1 Attendance Overview 216
6.4.2 Attendance - Years 1 and 2 217
6.4.2.1 Absences from Required Lectures, Laboratory, Clinical Skills, and Interprofessional Education (IPE) Activities 217

6.4.2.2 Evaluation and Approval of an Excused Absence Request ... 220
6.4.2.3 Absences from an Assessment ... 220
6.4.2.4 Official Holidays ... 221
6.4.2.5 Consequences of Non-compliance with Attendance Policies ... 222
6.4.3 Attendance - Years 3 and 4 (Clinical Rotations) ... *222*
6.4.3.1 Reporting for Service ... 222
6.4.3.2 Work Hours ... 222
6.4.3.3 Training Hours ... 223
6.4.3.4 Clinical Rotation Attendance ... 224
6.4.3.5 Make-Up Time ... 228
6.4.3.6 Callback Fridays ... 229
6.4.3.7 Holidays ... 230
6.4.3.8 Consequences of Non-compliance with Attendance Policies ... 230
6.4.3.9 Dismissal from a Clinical Rotation Site ... 230
6.4.4 Severe Weather Policy ... *231*
6.4.5 Emergency Preparedness Plan ... *231*
6.5 DRESS CODE POLICY ... 233
6.5.1 OMM Laboratory Dress Code ... *234*
6.5.2 Anatomy Laboratory Dress Code ... *235*
6.5.3 Clinical Skills Laboratory Dress Code ... *236*
6.6 ACADEMIC STANDING AND ACADEMIC PROGRESS ... 237
6.6.1 Academic Standing ... *237*
6.6.1.1 Academic Warning ... 238
6.6.1.2 Academic Probation ... 238
6.6.2 Academic Progress ... *239*
6.6.3 Modified Course of Study ... *241*
6.6.4 Six (6) Year Graduation Requirement ... *244*
6.6.5 National Licensing (Board) Exams ... *245*
6.6.5.1 COMLEX-USA Level 1 ... 247
6.6.5.2 Qualifying Process for COMLEX-USA Level 1 ... 248
6.6.5.3 Rescheduling a COMLEX Exam ... 254
6.6.5.4 Failure of COMLEX-USA Level 1 ... 255
6.6.5.5 COMLEX-USA Level 2-CE ... 257
6.6.5.6 Qualifying Process to sit for COMLEX-USA Level 2-CE ... 258
6.6.5.7 Excused Absences for taking COMLEX-USA Level 2-CE ... 261
6.6.5.8 Failure of COMLEX-USA Level 2-CE ... 262
6.6.5.9 COMLEX-USA Graduation Requirements ... 265
6.6.6 Six (6)-Year Graduation Requirement ... *265*
6.7 ACADEMIC PERFORMANCE, PROMOTION AND STANDARDS (APPS) COMMITTEE ... 266
6.7.1 Procedures for Calling and Conducting an APPS Committee Meeting Regarding Academic Matters ... *267*
6.7.2 Student Professionalism and Ethics Standards ... *270*
6.7.2.1 Informed Consent Policy ... 272
6.7.2.2 Chaperoned Physical Exam Policy ... 281
6.7.2.3 Use of Generative Artificial Intelligence (AI) Policy ... 286
6.7.3 Honor Code ... *289*
6.7.3.1 Professional Standing ... 291
6.7.3.2 Conduct Warning ... 292
6.7.3.3 Conduct Probation ... 292
6.7.4 Code of Conduct ... *293*
6.7.5 Procedures for Calling and Conducting an APPS Committee Meeting Regarding Non-Academic Matters ... *295*

6.7.5.1 Rights of the Student 298
6.7.6 Ad hoc Committee Procedures *298*
6.7.7 APPS Committee Sanctions *300*
6.7.7.1. Non-appealable APPS Committee Sanctions 300
6.7.7.2. Appealable APPS Committee Sanctions 305
6.7.7.3. Non-Appealable Dean-assigned Sanctions 307
6.7.8 Appeal of an APPS Committee Decision *307*
6.7.9 Release of Information *308*
6.8 SEPARATION FROM THE PROGRAM 308
6.8.1 Separation from CUSOM *308*
6.8.1.1 Accommodation Requests Following Return from a Separation 310
6.8.1.2 Modified Schedule 310
6.8.2 Leave of Absence *311*
6.8.2.1 Academic Leave of Absence 313
6.8.2.2 Personal Leave of Absence 313
6.8.2.3 Medical Leave of Absence (Absence Less than 180 Calendar Days) 314
6.8.2.4 Student Maternity Leave of Absence 314
6.8.2.5 Parental Leave of Absence 315
6.8.3 Withdrawal *316*
6.8.3.1 Personal Withdrawal 317
6.8.3.2 Academic Withdrawal 317
6.8.3.3 Medical Withdrawal (Absence Greater than 180 Calendar Days) 318
6.8.4 Special Meetings of the APPS Committee *318*
6.8.5 Suspension *319*
6.8.6 Dismissal *319*
6.9 GRADUATION 319
6.9.1 Graduation Requirements *319*
6.9.2 Delayed Graduation Policy *321*
6.9.3 Hooding Policy *323*

7. STUDENT POLICIES AND SERVICES 324

7.1 STUDENT WELLNESS 324
7.1.1 Student Health *324*
7.1.2 Health Insurance *324*
7.1.3 Vaccinations *325*
7.1.4 Controlled Substance Screening *326*
7.1.5 Infection Control *328*
7.1.6 Medical Emergencies *331*
7.1.7 HIPAA and OSHA Training *333*
7.2 BEHAVIORAL HEALTH 334
7.2.1 Counseling Services *334*
7.2.2 Accommodations Policy *336*
7.2.2.1 Section I: Who to Contact 338
7.2.2.2 Section II: How to Obtain Services 338
7.2.2.3 Section III: Student Responsibilities 343
7.2.2.4 Section IV: Grievance Procedure for Accommodations 345
7.3 CLUBS AND ORGANIZATIONS 345
7.3.1 Student Clubs and Organizations *345*
7.3.2 Sigma Sigma Phi Honor Society *351*
7.3.3 CUSOM Alumni *354*
7.3.4 CUSOM Committees *355*

8. RESEARCH AND SCHOLARLY ACTIVITY 357

8.1 RESEARCH AT CUSOM 357
8.2 POLICY STATEMENT ON STUDENT RESEARCH AND SCHOLARLY ACTIVITY 357
8.3 EDUCATION IN RESEARCH PRINCIPLES 357
8.4 RESEARCH OPPORTUNITIES 358
8.5 MEDICAL STUDENT SUMMER RESEARCH SCHOLARS PROGRAM 359
8.6 STUDENT PRESENTATION PROCESSES 360
8.7 RESEARCH SYMPOSIUM 360

9. FACILITIES AND CAMPBELL UNIVERSITY POLICIES 361

9.1 GENERAL INFORMATION 361
9.1.1 Exercise and Fitness 361
9.1.2 Food and Dining 361
9.1.3 Banking 361
9.1.4 Postal Services 361
9.1.5 Student Union 361
9.1.6 Student Parking 361
9.1.7 Student Lockers 362
9.1.8 Student Study Space 362
9.2 HEALTH AND SAFETY 362
9.2.1 Campus Safety and Emergency Services 362
9.2.2 Health Services 364
9.2.3 Weapons 365
9.2.4 Smoking Policy 365
9.2.5 Alcohol and Drugs 365
9.3 LIBRARY 366
9.4 INFORMATION TECHNOLOGY 366
9.4.1 CUSOM Information Technology and Educational Resources 366
9.4.2 Information Technology Resources and Health Center Helpdesk 367
9.4.3 Information Access and User Privacy 370

10. CONCERNS AND ISSUES 374

10.1 FILE A STUDENT COMPLAINT 374
10.2 WAYS TO FILE A COMPLAINT AT CAMPBELL UNIVERSITY 374
10.2.1 Office of the Vice President for Student Life 374
10.2.2 SARA-NC Complaint Process 375
10.2.3 Consumer Protection Division, North Carolina Department of Justice 375
10.2.4 State Authorization Liaisons Per State 376
10.2.5 Professional Licensure Disclosures 376
10.2.6 Adult & Online Education 376
10.3 GRIEVANCE PROCESSES 376
10.3.1 Resolution and Grievance Procedure 376
10.3.2 Grievance for Academic Resolutions, Course Procedures, Grading Policies, and CUSOM Policies and Procedures 377
10.3.2.1 Academic Issues 377
10.3.2.2 CUSOM Policies and Procedures 378
10.3.3 Grievance Procedure for Harassment or Discrimination 378
10.4 IMPROPER RELATIONSHIPS 379
10.5 COMPLAINTS REGARDING NON-COMPLIANCE WITH AMERICAN OSTEOPATHIC ASSOCIATION (AOA) ACCREDITATION STANDARDS 379

10.6 FORMAL FEDERAL AGENCY GRIEVANCE PROCEDURES 380

11. APPENDICES 381

11.1 APPENDIX 1 - HEPATITIS B INFORMATION FORM 381
11.2 APPENDIX 2 - TB RISK ASSESSMENT FORM 381

Dean's Message - Welcome to the 2026-2027 Academic Year

Greetings and welcome to the Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM).

At CUSOM, we take pride in our mission to educate and prepare community-based osteopathic physicians within a Christian environment, focusing on caring for rural and underserved populations.

We warmly welcome our new and returning students as we begin the 2026-2027 academic year. This academic year presents a fresh opportunity for growth, learning, and the pursuit of excellence in osteopathic medical education. You represent the future of our profession, and we are committed to providing you with the knowledge, skills, and support necessary to become exceptional osteopathic physicians.

At CUSOM, you will receive a comprehensive education combining rigorous academic training and hands-on clinical experience. Our curriculum fosters critical thinking, intellectual curiosity, and a passion for lifelong learning. You will develop the competencies to provide exceptional patient care through medical simulation experiences, standardized patient encounters, clinical skills training, osteopathic manipulative medicine (OMM) workshops, clinical rotations, and small group learning sessions.

We emphasize the importance of compassion, integrity, professionalism, and a holistic approach to healthcare. Our core values of diversity, mutual respect, teamwork, and open communication are integral to our educational philosophy and the practice of osteopathic medicine.

As we navigate this academic year together, remember you are part of a supportive and dedicated community. Our outstanding biomedical and clinical faculty are also dedicated to cultivating lifelong learners and excellent practitioners. The faculty and staff at CUSOM are committed to your academic success, health, and well-being. We are here to guide, support, and celebrate your achievements.

In addition to your academic and clinical endeavors, we encourage you to participate in activities that promote your personal growth and professional development. Engage with your peers, seek mentorship, and contribute to the vibrant CUSOM community.

As we celebrate the significant milestones of the osteopathic profession and look forward to the future, let us embrace the challenges and opportunities that lie ahead. Together, we will continue advancing osteopathic medicine and positively impacting our communities' health and well-being.

Welcome to the new academic year at CUSOM. We are excited to have you with us and look forward to supporting you in becoming highly trained, compassionate osteopathic physicians.

Sincerely,

David L. Tolentino, D.O.

David L. Tolentino, DO
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 their 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 the 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, in which 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.
- Direct links to websites are denoted with underlined blue text - simply clicking on the text will open the related website in a new browser.

Changes in the Academic 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 2026 are "stamped" with a 2026 starting term. The requirements for that starting term are reflected in the 2026-2027 DO 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 this primary function.

Effective Date: **July 20, 2026**
Date

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 policy, 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. Students, faculty, and staff will be notified of any changes.

1. Statements of Compliance

Campbell University does not discriminate on the basis of race, color, sex, sexual orientation, gender, gender identity or expression, age, ethnicity or national origin, religion, disability, genetic information, protected veteran or military status and any other characteristic protected by law, except where exemption is appropriate and allowed 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.

Inquiries regarding discrimination, harassment and the University's equal opportunity policies may be directed to the Title IX Coordinator. Sexual harassment and sexual misconduct are forms of sex discrimination and prohibited by the University. 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 the Title IX Coordinator. Additional information, including the complete text of the policy and complaint procedure for such misconduct, may be found by clicking this link: Title IX at Campbell University.

Faculty and staff inquiries also may be directed to the Human Resources Department. 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.

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, Title IX of the Education Amendments Act of 1972, or any other federal or state nondiscrimination law, rule, or regulation. For further information go to: Campbell University Employment Opportunities.

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 in compliance with federal law (20 USC 1232g) and regulation (39 CFR 99) and will use "Directory Information" in the best interests of the student. For more information please visit the Campbell University Family Education Rights and Privacy Act (FERPA) website.

1.2 Rehabilitation Act of 1973

In accordance with Section 503 and 504 of the Rehabilitation Act of 1973, Campbell University does not discriminate on the basis of handicap in admission or access to or treatment or employment in its programs and activities. Faculty and staff inquiries may be directed to the Human Resources Department; student inquiries may be directed to Disability Services.

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 Disability Services; faculty and staff inquiries may be directed to the Human Resources Department.

Click the following link to file a Disabilities complaint: Disability Complaint

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, 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 the Campbell University Title IX Coordinator.

Click the following link to file a Title IX complaint: Title IX Complaint

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

U.S. Department of Education
400 Maryland Avenue
S.W. Washington, DC 20202-1475

Telephone: 202-453-6020
Fax: 202-453-6021
Email: OCR.DC@ed.gov

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. You may also contact the Title IX Coordinator, Danielle Evans at 910-893-1217 or titleix@campbell.edu. 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), Anson Correctional Institution (Polkton), and a vibrant online presence through Campbell Online.

Today, Campbell University enrolls approximately 5,000 students per year, including nearly 3,600 undergraduate and graduate students on its main campus. The University employs over 800 full-time employees, which includes nearly 250 full-time faculty. Over 150 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 Professions-focused Undergraduate/Graduate-Doctorate Medium by the 2025 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, the 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, the 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, masters, and doctorate degrees.

Campbell University also may offer credentials such as certificates and diplomas at approved degree levels.

Questions about the accreditation of Campbell University may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

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.

Individuals may submit complaints to the SACSCOC, the University's institutional accrediting body. In most cases, SACSCOC complaint procedures require that the complainant exhaust all other avenues to address the complaint. Prior to filing a complaint, please carefully review the SACSCOC Complaint Procedures Policy Statement.

Campbell University is one of six 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
Telephone: (404) 679-4500

The links below provide information on the SACSCOC complaint policy and process.

Website: http://www.sacscoc.org
SACSCOC Complaint Procedures and Form

The American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) accredits osteopathic medical education programs leading to the Doctor of Osteopathic Medicine (DO) degree in the United States (programmatic accreditation).

To achieve and maintain accreditation, an osteopathic medical education program leading to the DO degree must meet the standards delineated in the COCA COM Continuing Accreditation Standards provided on the COCA Accreditation Standards webpage. COMs beginning the process towards accreditation must follow the guidelines detailed in the COCA COM *New and Developing Accreditation Standards* provided on the COCA Accreditation Standards webpage.

At its April 11, 2024 meeting, the COCA granted the Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM) Accreditation with Exceptional Outcome status, with the next accreditation review scheduled for 2034. Accreditation with Exceptional Outcome status is the highest level of accreditation awarded by the COCA at this time.

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

2.5 About the American Osteopathic Association

The American Osteopathic Association (AOA), headquartered in Chicago, Illinois, is the representative member organization for the more than 197,000 osteopathic medical doctors and osteopathic medical students in the United States and is involved in post-graduate training for osteopathic physicians.

Serving as the professional home for more than 207,000 osteopathic physicians and medical students, the AOA works to advance the distinctive philosophy and practice of osteopathic medicine. 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. They also offer an in-depth look at the profession's ethical standards in their official Code of Ethics. AOA policies and positions also outline the AOA's stance on major health issues affecting all areas of society. Additional information regarding the AOA is available on their website.

2.6 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. Information shall be divulged by the physician 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 for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity or disability. 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 should make a reasonable effort to partner with patients to promote their health and 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 she/he is actually licensed on the basis of that degree in the state or other jurisdiction in which she/he practices. A physician shall designate her/his osteopathic or allopathic credentials 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 is in the best interest 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 hospital rules or regulations.

Section 12. Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no diversion 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 patient with whom a physician-patient relationship currently exists.

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.

Section 17. From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

Section 18. A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

Section 19. When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, and participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

2.7 Postgraduate Medical Education

In 2015, Campbell University became the sponsoring institution for CUSOM-affiliated residency programs in preparation for single accreditation. CUSOM also serves as the Educational Partner in support of graduate medical education for a variety of residency programs and fellowships.

2.8 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 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 their 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 emphasized 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

2.9 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 holistically.
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 osteopathic physician.
4. Consider each applicant's demonstrated interest in serving rural and underserved populations.
5. Confirm each applicant's alignment with the CUSOM Mission, values, 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 reflect our Mission and values and who will be an asset to the profession of osteopathic medicine. In reviewing applications, the Office of Admissions utilizes a holistic approach that considers factors including, but not limited to, an applicant's:

- Interest in serving rural and underserved communities.
- Academic preparation and achievements.
- Potential success in osteopathic medical education and practice as a Doctor of Osteopathic Medicine.
- Compassion, knowledge, professionalism, and commitment to healthcare.
- Alignment with, and commitment to the CUSOM Mission.

The CUSOM Admissions Committee conducts a comprehensive review of each applicant's academic background, Medical College Admissions Test (MCAT) scores, personal statement, letters of recommendation, health-related work, research and volunteer experiences, and feedback from Applicant Day.

In addition to academic performance, the Admissions Committee values the ethical treatment of others, and considers evidence of personal merit, compassion, community involvement, communication skills, teamwork, leadership, professionalism, integrity, dedication to professional goals, and the promotion of diversity.

CUSOM does not utilize formal "one-on-one" interviews as part of the admissions process. Instead, applicants participate in Interactive Dialogue Sessions (IDS) during CUSOM Applicant Day, which is *dedicated entirely to the applicant.* Applicant Day provides applicants the opportunity to learn more about CUSOM as their potential future medical school and complements the materials submitted through American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS) and the CUSOM Secondary Application.

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 collaboration with the CUSOM Alumni Association and the Office of Medical Education and Accreditation to track licensing examination performance, specialty certification, postgraduate employment, and career activities for each graduating class.

These data are used to evaluate and refine recruitment practices and admissions policies to ensure continued alignment with the Mission and Goals of the institution.

3.2 Requirements for Admission

To be considered for an Applicant Day, 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 be 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 MCAT scores from all exams administered up to three years prior to the year of matriculation unless the applicant receives an exception to this requirement from the Dean.

Competitive applicants to CUSOM have overall MCAT scores at the 50th percentile or higher with a preferred score in the 50th 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.

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 with Biochemistry with laboratory when offered.
- English: One year (6 semester hours/8 quarter hours)
- Six (6) additional science hours are highly recommended. CUSOM recommends courses at the 300/400 level or higher, such as Anatomy, Physiology, Biochemistry, Genetics, Microbiology, and Immunology, as completion of these courses 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 CUSOM Technical Standards, including required immunizations for healthcare workers, for admission and continued enrollment, and affirm that they meet the standards. Any falsification or misinformation (e.g., failure to disclose prior to matriculation a known, pre-existing condition which would prevent compliance with the Technical Standards) may result in Dismissal from the program.

Applicants must submit all required documentation materials in accordance with deadlines published by the Office of Admissions. If documentation materials are not submitted and received as required, an offer of admission may be rescinded.

Additionally, accepted applicants must submit a **non-refundable** deposit of $1,500.00 USD to CUSOM by the deadline designated in their offer of acceptance. Payment is credited toward tuition upon matriculation.

3.3 Technical Standards and Vaccination Requirements for Admission to CUSOM

The requirements for success 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 effectively in a variety of educational and clinical settings and demonstrate the ability to learn, retain, process and apply information accurately and consistently.

Osteopathic medicine incorporates palpation, the use of the hands to assess body structures and function, as a fundamental component of physical examination and treatment.

As part of the educational process, CUSOM students must be able to tolerate being palpated, examined, and treated with osteopathic manipulative techniques by individuals of all genders. Students must likewise be able to palpate, examine, and provide osteopathic manipulative treatment to others of all genders in order to develop these required clinical skills. All such activities are conducted in a professional and appropriate manner and occur under the guidance and supervision of CUSOM clinical faculty.

The acquisition of physical examination and palpatory skills requires students to examine partially disrobed individuals of all genders and is mandatory for successful completion of the curriculum. Students are required to participate fully in required educational activities and must possess the physical ability to perform appropriate physical examinations while serving in both the examiner and examinee roles during clinical laboratory sessions. These requirements apply to Clinical Skills and Osteopathic Manipulative Medicine laboratories, as well as other instructional settings in which physical examination skills are taught. In these settings, students examine standardized patients and fellow students of all genders who may be partially disrobed.

To ensure appropriate clinical exposure to anatomical areas being examined and to facilitate the performance of osteopathic manipulative techniques, students are expected to wear attire that allows for ease of examination and may be required to partially disrobe during certain laboratory sessions. CUSOM students also participate in ultrasound labs and are required to perform ultrasound examinations on fellow students of all genders, who may also be partially disrobed. Please refer to the Dress Code Policy (Section 6.5 of this Bulletin) for additional information.

CUSOM utilizes cadavers in the gross anatomy laboratory as an essential component of osteopathic medical education. Students must be able to tolerate working with, touching, and dissecting cadavers as part of the curriculum.

Due to the nature of medical education and requirements of clinical training and practice, all CUSOM students are **required** to participate in the male and female urogenital (UG) examinations using specially trained standardized patients as part of the Clinical Skills course and when caring for patients during clinical rotations. These examinations will be conducted under the direct guidance and supervision of CUSOM faculty. **Students are never asked and are strictly prohibited to perform sensitive examinations, including breast or urogenital exams on fellow students**.

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

CUSOM is committed to providing reasonable accommodations, as required by law, for students with disabilities, provided those disabilities do not prevent successful completion of the full curriculum and graduation as an osteopathic physician. However, all students must be able to function independently and demonstrate proficiency in the essential skills outlined below, which are considered mandatory for the safe and effective practice of osteopathic medicine.

CUSOM is committed to maintaining a safe and effective environment that prioritizes patient safety and minimizes unnecessary risk to patients, students, and others. Each Technical Standard has been chosen from standards deemed necessary for the safe and effective practice of osteopathic medicine.

Applicants who do not meet the CUSOM 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 presented in classroom and laboratory settings. Additionally, the student must be capable of accurately observing physical signs in patients, which are essential for diagnosis and clinical management, and integrating these observations with patient-reported symptoms.

   The use of a trained intermediary in such cases would compromise performance, as it introduces another individual's selection, interpretation, and observational biases. Effective 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 students possess the functional ability to speak, hear, and observe patients in order to accurately gather medical information. The student must be able to describe changes in mood, activity, posture, and other physical characteristics, as well as recognize and interpret nonverbal forms of communication.

   The student must be able to communicate clearly and efficiently in both verbal and written forms. Effective communication with patients and all members of the healthcare team is essential for successful completion of the curriculum and for competent clinical practice.

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 techniques. 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 catheters, administration of intravenous fluids and intravenous medications, management of an obstructed airway, hemorrhage control, wound closure by suturing, and obstetrical deliveries.

Osteopathic manipulation requires the use of the provider's extremities for palpation, positioning, and performing osteopathic manipulative techniques. These actions depend on both fine and gross motor skills, tactile sensitivity, and adequate visual inspection. Students must be able to generate and tolerate the physical forces involved in learning and delivering effective OMT across all techniques taught in the curriculum including, but 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 in a variety of formats, including, but not limited to, electronic/digital sources, EKGs, medical images, and similar modalities. Students must be able to independently comprehend, learn, synthesize, and recall a large amount of information to successfully complete the curriculum.

Students must be able to comprehend and apply three-dimensional and spatial relationships to successfully complete the curriculum and apply fundamental concepts to the provision of patient care. They must also be capable of acquiring and synthesizing knowledge from a variety of learning materials and instructional formats used throughout the CUSOM curriculum. In addition, students must be able to demonstrate cognitive abilities such as pattern recognition, information recall, identification and prioritization of key information, problem solving, calculation, and decision-making, even under time constraints and in environments with noise or other distractions.

These intellectual abilities are essential, as students and graduates must be able to rapidly recognize patterns, recall critical information, distinguish relevant clinical data, and make sound decisions in the emergent diagnosis and treatment of patients. The ability to quickly recall and apply knowledge to generate differential diagnoses and develop therapeutic management plans is vital for delivering timely and appropriate care in urgent clinical situations.

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 stability necessary to fully engage their intellectual abilities at all times. Emotional health is also essential for effective communication and for developing professional, mature, sensitive, and compassionate relationships with patients, peers, and members of the healthcare team.

   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 safe patient care and make emergent decisions.

   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 essential throughout a student's progress in the medical school curriculum.

   Maintaining emotional health is essential for delivering safe, high-quality medical care throughout medical school. CUSOM recognizes that substance use disorders, including drug and alcohol addiction, pose a significant risk to patient safety and outcomes. As such, CUSOM has developed policies regarding alcohol and substance use (See Section 3.17.5 of this Bulletin).

6. **Vaccination Requirements**

   Verification that all vaccination requirements are fully met or in progress is required by July 1. Accepted applicants 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 may forfeit their seat in the class and their deposit will not be refunded. See Section 3.17 of this Bulletin for additional information.

Applicants are responsible for informing the Office of Admissions of any concerns regarding their ability to meet the CUSOM Technical Standards. If an applicant has a question about their capacity to meet these minimal CUSOM Technical Standards, they must notify the Office of Admissions prior to submitting an application.

An offer of acceptance may be rescinded if an accepted applicant fails to meet the CUSOM Technical Standards and Vaccination Requirements for admission to CUSOM, or is later found to be unable to meet these requirements after matriculation (See Section 3.17).

The well-being of our students, and those with whom they may interact, is of utmost importance. This includes student peers, faculty, staff, standardized patients, and the general population.

As such, remaining current with immunizations, training/certifications (e.g., BLS/ACLS), and other aspects related to patient care and safety are considered essential components of medical education and practice. For matriculated students, inability to maintain compliance with CUSOM Technical Standards, including vaccinations and training/certifications, may result in sanctions up to and including Dismissal from the program. Please reference "**Important Notes Regarding Vaccination Requirements", in Section 3.17.1** of this Academic Bulletin, for additional information.

If a student knowingly affirms compliance with the minimum health requirements, including required vaccinations and the CUSOM Technical Standards for admission, but is later found to have misrepresented their ability to meet these standards after matriculation, they may be subject to disciplinary action, 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;
- color;
- sex;
- sexual orientation;
- gender;
- gender identity or expression;
- age;
- ethnicity or national origin;
- religion;
- disability;
- genetic information;
- protected veteran or military status; and
- any other characteristic protected by law, except where exemption is appropriate and allowed by law.

3.5 Americans with Disabilities Act and Section 504 of the Rehabilitation 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, and Section 504 of the Rehabilitation Act of 1973 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 accommodation under the ADA should contact the Office of Student Affairs following the process described in Section 7.2.2 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).

To initiate the application process, applicants must apply directly to AACOMAS and the 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
Telephone: (617) 612-2889

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 Association of American Medical Colleges (AAMC).

Applicants who have taken course work 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 review 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 reviews all primary applications but 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 for completing the Secondary Application and submitting the processing fee. A non-refundable fee of $50.00 USD 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 letter writer. Letters of recommendation may not be written by a relative, including relatives through marriage. CUSOM accepts letters through AACOMAS, Interfolio, and via both mail and email.

Letters of recommendation 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 an official application packet are accepted without signature or letterhead, as long as the letters are sent directly from the authors to the Pre-health committee. If the applicant's school does not utilize a Pre-health committee, a letter must be from a faculty member with a doctoral degree who is 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 to understanding 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. CUSOM will accept additional letters of recommendation via AACOMAS, Interfolio, and via both mail and email.

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 invitation to a CUSOM Applicant Day, an 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 doctoral-level faculty member, and the processing fee or AACOMAS fee waiver. Additional information may be required by CUSOM as necessary.

Following receipt of all required materials, the applicant's file is reviewed by the Office of Admissions to determine eligibility for an Applicant Day invitation based on criteria established by the CUSOM Admissions Committee.

Interactive Dialogue Sessions (IDS) are a key feature of CUSOM Applicant Day, *which is dedicated entirely to prospective students.* Applicant Day provides applicants with the opportunity to learn more about CUSOM as a prospective medical school and to engage meaningfully with members of the CUSOM community, including faculty, staff, and current students.

On Applicant Day, applicants first meet with CUSOM Admissions staff via a videoconferencing system such as Microsoft Teams for approximately sixty (60) minutes. This session, which provides an overview of CUSOM and Campbell University is followed by an informal small group Question & Answer session.

Applicants then participate in a 30-minute IDS with two CUSOM faculty or staff members in a small group setting. Faculty and staff participants do not have access to applicants' submitted application materials and only receive the applicant's name, hometown, and undergraduate/graduate institution(s).

These interactive sessions are designed to be *conversational* rather than evaluative in nature, and traditional interview questions are not asked. Instead, applicants are encouraged to engage in open dialogue and ask questions to learn more about CUSOM and the osteopathic profession.

Immediately following the faculty/staff IDS, applicants engage in a 60-minute IDS with current first- and second-year CUSOM medical students, providing applicants with first-hand perspectives on the CUSOM medical student experience.

Applicant Day concludes with a wrap-up session led by the CUSOM Office of Admissions. During this session, matriculation requirements are reviewed and any remaining applicant questions are addressed. At this time, Admissions staff also assist applicants in exploring opportunities for future in-person engagement, including Visitation Days, Accepted Students Day, and individual campus tours.

Following Applicant Day, any available feedback from faculty, staff, and students who participated in the Interactive Dialogue Sessions is shared with the Director of Admissions. This information is then presented at a subsequent meeting of the Admissions Committee. The Admissions Committee conducts a holistic review of each applicant, considering all submitted application materials as well as any feedback from Applicant Day, and makes a recommendation to the Dean to accept or deny admission.

The Dean, as the Chief Academic Officer, or the Dean's designee, makes the final decision regarding an applicant's admission status. Applicants are notified of the decision by email in a timely manner, typically within two to four weeks following the Admissions Committee meeting associated with an Applicant Day. Admissions decisions are final and are not subject to appeal.

CUSOM reserves the right to rescind an offer of admission to anyone if, between the time of their letter of acceptance and the date of matriculation:

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

CUSOM reserves the right to rescind an offer of admission to any applicant where the applicant has intentionally misrepresented or omitted information on any form or record required or in support of admission, or Dismiss a 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 an accepted applicant who fails to maintain satisfactory scholastic performance or appropriate standards of personal conduct between the time of their acceptance and matriculation at CUSOM.

Similarly, re-admission may be denied to students returning from an approved Leave of Absence if they fail to maintain a satisfactory scholarly performance or appropriate standards 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 if an accepted applicant does NOT meet the CUSOM Technical Standards and Vaccination Requirements for Admission to CUSOM.

For students who have matriculated, failure to maintain compliance with educational and training Technical Standards, including vaccinations and training/certifications, may result in disciplinary action, up to and including Dismissal from the program.

Applicants or students seeking re-admission who are found to have screening tests positive for alcohol, prescription medications without a valid prescription, or substances which are illegal under North Carolina or federal law may have an offer of admission rescinded or may be dismissed from the program if a positive result is identified after matriculation. Results of controlled substance screening are evaluated in accordance with applicable federal and North Carolina laws.

For example, although the use of cannabis is legal in some states, it remains classified as an illegal substance under federal law and is illegal in the state of North Carolina, including for medical use. Use or misuse of such substances may impair a healthcare professional's ability to provide safe and effective patient care. Accordingly, the use of cannabis in any form constitutes a violation of University policy.

CUSOM also reserves the right to rescind an offer of admission or deny readmission to any applicant or any student where that individual violated the law such as for a DUI, disorderly conduct, or other similar offenses, or who engages in conduct that violates the CUSOM Honor Code and standards for professionalism as outlined elsewhere in this Academic Bulletin.

3.8.1 Confirmation of Intent to Matriculate

CUSOM may contact an applicant offered acceptance to the Doctor of Osteopathic Medicine degree program prior to Orientation to confirm their intent to matriculate.

CUSOM utilizes WebAdmit to communicate with accepted applicants and may also utilize email, text messaging, or telephone contact information provided by the applicant.

Failure to receive communications as a result of inaccurate or outdated contact information provided by the applicant will not be considered a valid reason for failure to respond to CUSOM.

It is the accepted applicant's responsibility to ensure CUSOM has their most current and accurate contact information at all times.

Accepted applicants must respond to CUSOM communications and confirm their intent to matriculate no later than 5:00pm (Eastern Time Zone) fifteen (15) business days before the first day of Orientation. For example, if the first day of Orientation is July 22, the accepted applicant must respond to any attempts at contact and confirm their intent to participate in Orientation and matriculate at CUSOM no later than 5:00pm (Eastern Time Zone) on June 29.

Failure of the accepted applicant to respond to CUSOM communications and to confirm their intent to matriculate within the required timeframe will be interpreted as the accepted applicant's decision to *decline the offer of admission* to CUSOM. In such cases, the offer of admission will be rescinded immediately, and all deposited funds will be forfeited.

Applicants whose offers of admission are rescinded due to failure to confirm intent will be notified by email to the corresponding email address on file and by certified USPS mail to the current residential address on file.

It is the accepted applicant's responsibility to ensure CUSOM has their most current contact information. If the applicant misses the deadline to confirm their intent to matriculate because of incorrect or outdated contact information, the decision is final and not subject to appeal, as the vacated seat in the entering class is offered immediately to another applicant.

3.9 Early Decision Admissions Track

The Early Decision Admissions Track is an admissions option for candidates who identify CUSOM as their first choice for pursuing their medical education and earning their medical degree. To be considered for the Early Decision Admissions Track, an applicant must meet all the following requirements and agree to apply only to CUSOM until after an early decision notification has been made.

The Early Decision Admissions Track requirements for admission are delineated on Early Decision Admissions Track and in Sections 3.2 and 3.3 of this Bulletin.

Early Decision Admissions Track Requirements and Timeline

- Most competitive applicants have a minimum Science and Overall GPA of 3.50 on a 4.0 scale.
- Most competitive applicants have a minimum overall MCAT score at or above the 50th percentile; MCAT scores from tests administered up to three years before the date of matriculation are accepted.

- As part of CUSOM's holistic approach to admissions, applicants considering the Early Decision Admissions Track, but whose performance relative to GPA or MCAT may be slightly below targets listed above for the "most competitive applicants", are encouraged to apply if they have other aspects in their experiential base which identify being a good match with CUSOM's mission while demonstrating their ability to succeed in medical school and become an exceptional physician.
- The deadline to submit an AACOMAS application including official transcripts from all institutions attended and official MCAT scores for the Early Decision Admissions Track is **June 1**.
- Applicants must submit a letter of intent to the CUSOM Office of Admissions indicating that CUSOM is their first choice for medical school and request review for Early Decision Admissions Track by **June 1**.
- Applicants must submit all secondary application materials including the CUSOM Secondary Application, application fee or AACOMAS fee waiver, letter of recommendation from a Pre-Health Committee, Pre-Health Advisor, or doctoral-level faculty member, and letter of recommendation from an osteopathic or allopathic physician **within two (2) weeks** upon receiving the Secondary Application invitation.
- Qualified applicants will be invited for an Applicant Day **within one (1) week** of receipt of their Secondary Application.
- Applicants typically will receive a decision regarding admission **within five (5) business days of the Applicant Day**.
- Although there is no option to appeal an admissions decision, an applicant not accepted through the Early Decision Admissions Track may still be considered for admission to CUSOM through the traditional admissions pathway for the same application cycle.

3.10 Guaranteed Applicant Day Invitation Process

This Guaranteed Applicant Day Invitation is only applicable to Campbell University undergraduate students with:

- A minimum overall MCAT score at or above the 50th percentile with a preferred score in the 50th 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 Applicant Day invitation no later than October of their senior year.
- Guaranteed a CUSOM admissions decision within two weeks of the Applicant Day.

Any offer of acceptance will be contingent upon maintaining good academic and professional standing. **Please note an invitation to attend an Applicant Day does not guarantee an offer of acceptance**.

3.11 Early Assurance Pathway

The Campbell University Jerry M. Wallace School of Osteopathic Medicine offers an Early Assurance Pathway (EAP) to attract prospective Campbell University undergraduate students interested in attending medical school after completing their undergraduate studies. This program affords a guaranteed CUSOM Applicant Day invitation for qualified candidates matriculating as freshmen at Campbell University who meet the following requirements:

- Meet with their assigned EAP Advisor as needed.
- Remain in good standing in a program of study at Campbell University.
- Have a minimum cumulative (and pre-requisite) GPA of 3.5 at the end of the sophomore and junior years (as defined by Campbell University and credit hours earned).
- Successfully complete all CUSOM admission requirements, including pre-requisite courses, prior to matriculation into the Jerry M. Wallace Campbell University School of Osteopathic Medicine.
- Earn competitive scores in each section of the MCAT examination.
- Attend a CUSOM Applicant Day.
- Meet and fulfill all other requirements designated by the EAP Advisor and this Bulletin.

Candidates for the EAP are identified by the University Undergraduate Admissions Office. Final selections are based on a review of the students' high school academic performance and EAP application essay responses. Students in the EAP may be eligible to participate in specialized medically-related experiences during their undergraduate years based on availability.

These experiences may include:

- Priority access to physician shadowing opportunities coordinated with partners.
- Participation in interprofessional education (IPE) events.
- Select simulation medicine experiences.
- Service at CUCCC and related community initiatives.
- Mentorship with CUSOM students, faculty, and practicing physicians. **NOTE:** CUSOM Faculty mentors will not be responsible for academic advising. EAP students will continue to be advised academically by their departmental advisors. CUSOM faculty will only coach on extracurricular activities and admissions/professional expectations.

Additional information concerning the Early Assurance Pathway may be found at CUSOM Early Assurance Pathway.

Please note an invitation to attend an Applicant Day as part of the EAP does not guarantee an offer of acceptance to the CUSOM DO program.

3.12 Special Operations Forces to School of Medicine

The Special Operations Forces to School of Medicine (SOFtoSOM) and the Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM) have a shared vision of improved pathways for veterans to enter medicine and improved healthcare throughout the United States.

Interview Program:

- SOFtoSOM applicants who are vetted, selected, and have completed the SOFtoSOM preparatory program, will be offered a formal Interview session with CUSOM for the respective application cycle based on, but not necessarily limited to, the following criteria:
    - Competitive applicants to CUSOM should have achieved at least a 3.2 Science and Overall cumulative grade point average (GPA) on a 4.0 scale.
    - Competitive applicants to CUSOM have overall MCAT scores at the 50th percentile or higher with a preferred score in the 50th percentile or higher in Biological and Biochemical Foundations of Living Systems (BBFLS).
    - CUSOM utilizes a holistic admissions review, and the above stated academic metrics are only one component of the evaluation. Applicants vetted through the SOFtoSOM program are reviewed in the full context of their experiences, attributes, and academic preparation. The Admissions Committee determines Interview invitations based on this comprehensive review, and the timing and format of interviews remain at the Committee's discretion.

Admission to Program

- Admission into the CUSOM Doctor of Osteopathic Medicine (DO) degree program through the SOFtoSOM pathway does not guarantee conferral of the DO degree.

3.13 Transfer Applicants

CUSOM may consider applicants seeking transfer from another accredited medical school; however, CUSOM does not accept transfer students from international medical schools.

Applicants currently enrolled at another medical school who seek transfer to CUSOM must submit, at a minimum, the following materials to the Office of Admissions:

- A completed CUSOM Application for Transfer form;
- Certified, official transcripts from all postsecondary institutions attended, including the current medical school, demonstrating passing grades in all coursework completed at the time of transfer; and
- Evidence of an overall grade point average of 3.2 or higher on a 4.0 scale at the applicant's current medical school.
- CUSOM does not consider Pass/Fail curricula, and only reviews transfer applicants whose coursework includes a traditional letter grade system (A, B, C, or F).

Each course is evaluated by the Office of Academic Affairs as to course content, equivalency, and credit hours prior to any credit being transferred.

Transfer students leaving an accredited medical school must also arrange for the submission of the following letters:

- A letter authored and signed by the Dean of the medical school; and
- A letter authored and signed by at least one Associate Dean.

Proxy letters are not accepted. CUSOM does not solicit these letters; it is the responsibility of the transfer applicant to request that these letters be sent directly to CUSOM by the letter authors. Review of a transfer application will not occur until all required letters have been received.

Students who have completed two years of course work at another medical school will not be considered for transfer if they have not passed COMLEX-USA Level 1.

Transfer credit will be dependent on coursework completed by the applicant and acceptance of any credits for transfer will be subject to final approval by the CUSOM Dean based on the recommendations of an *ad hoc* committee.

Credits are only transferrable from osteopathic medical schools 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 applying for transfer 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 students applying for transfer must meet the CUSOM requirements for osteopathic manipulative medicine, including the demonstration of the requisite knowledge and application of osteopathic philosophy and osteopathic manipulative treatment, prior to graduation.

All materials submitted by applicants applying for transfer will be reviewed by the Admissions Committee, and the applicant may be granted an invitation to attend an Applicant Day by the Admissions Committee prior to the approval of a transfer.

CUSOM has the right to require completion of additional coursework or clinical rotations if deemed necessary to ensure curricular alignment and to support the CUSOM Mission. Determination of satisfactory completion of any additional requirements is made by the Dean.

Students must fulfill all requirements for graduation, including passing COMLEX-USA Level 1 and COMLEX-USA Level 2-CE, licensing examinations (referred to as "Board" or "Boards" in this document), as well as meeting identified standards for osteopathic competency within designated parameters delineated in Section 6.6.5.10 of this Bulletin, to be awarded the Doctor of Osteopathic Medicine (DO) degree from CUSOM.

3.14 Transfers from Accredited Schools of Medicine

Credits are only transferrable from osteopathic medical schools accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA), or from allopathic schools of medicine accredited by the Liaison Committee on Medical Education (LCME).

Students applying for 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 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), not a proxy, of currently/previously attended medical school(s) are required to verify the student is in good standing and is eligible for readmission to their institution. CUSOM will not solicit these letters; it is the responsibility of the transfer applicant to request these letters be sent directly to CUSOM by the letter writers. A review of the transfer application will not occur until these signed letters are received by CUSOM.

CUSOM will discuss the transfer process with prospective applicants but will not comment on the likelihood of acceptance. Transfer applicants must comply with all requirements outlined in this section. Review of a transfer application will begin only after all required materials have been submitted and received.

Students applying for transfer from LCME-accredited medical schools must complete the CUSOM requirements for osteopathic manipulative medicine prior to graduation. This includes demonstration of the requisite knowledge and application of osteopathic philosophy and osteopathic manipulative treatment.

Students who have completed two years of course work at another medical school will not be considered for transfer if they have not passed COMLEX-USA Level 1.

The Dean, as the Chief Academic Officer, or the Dean's designee, makes final decisions on transfer requests.

CUSOM does not accept transfer students from international medical schools.

3.15 International Student Applicants

CUSOM may accept students who are US-born citizens, naturalized citizens, and Green Card holders. The expiration date on the Green Card must extend through the entire duration of medical school.

CUSOM does not consider applicants with asylum status.

Applicants must understand that clearance for the permission to participate in clinical training at affiliated sites is determined by the clinical training site, not by CUSOM. Certain sites have more rigorous clearance processes, such as Veterans Administration hospitals and other federal facilities. As such, CUSOM cannot guarantee clearance for the permission to participate in clinical training at a specific site, or at any site if none are able to accept the student, but will work to secure appropriate clinical training that fulfills the program's educational requirements.

In addition, eligibility to participate in graduate medical education is determined by the individual residency program, not by CUSOM. As such, US-born citizens, naturalized citizens, and Green Card holders accepted into the CUSOM DO Program may not necessarily be guaranteed clinical rotation slots at affiliated locations, or the ability to obtain residency placement, since both are beyond the control of CUSOM. Applicants to any medical school, CUSOM or others, should consider this point when contemplating applying.

As noted in Section 3.6 of this Bulletin, applicants who have taken course work 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 coursework completed at an institution outside of the US is comparable to a regionally accredited US college or university in a course-by-course fashion.

3.16 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 of the program are well-prepared to obtain leadership, administration, and management roles and are well positioned to contribute significantly to their professional and civic communities at the intersection of law and medicine.

Although most graduates of the Campbell JD/DO program will ultimately practice in just one of the professions, their studies will provide them with exceptional insights into the increasingly complex legal and regulatory issues affecting healthcare. This program is rigorous and demanding and enrollment is limited to those students meeting for the admission standards of both the Campbell University School of Law and Campbell University School of Osteopathic Medicine.

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 students 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)-accredited 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 open-file interview to discuss their application, including but not limited to, the applicant's AACOMAS application, Secondary Application, and any additional supplemental application materials.

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) --- LAW (2L)	45.5 credits (Medicine) --- 2 credits (Law)	45.5 (Medicine) --- 46 (Law)
Summer	LAW (2L)	8 credits (Law)	45.5 (Medicine) --- 54 (Law)
3	MEDICINE (MS-2) --- LAW (2L)	42 credits (Medicine) --- 2 credits (Law)	87.5 (Medicine) --- 56 (Law)
4	LAW (3L)	30 credits (Law)	87.5 (Medicine) --- 86 (Law)
5	MEDICINE (MS-3) --- LAW (3L)	110 credits (Medicine) --- 2 credits (Law)	197.5 (Medicine) --- 88 (Law)
6	MEDICINE (MS-4) --- LAW (3L)	110 credits (Medicine) --- 2 credits (Law)	307.5 (Medicine) --- 90 (Law)
	JD and DO DEGREES CONFERRED		

Additional information concerning the JD/DO Dual Degree Program may be found on the Campbell University School of Law Dual Degree Programs website.

3.17 CUSOM Matriculation and Enrollment Policies

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

3.17.1 Health and Vaccination Requirements

Acceptance of an offer of admission to CUSOM requires the incoming student to comply with all University mandates, including those implemented after acceptance. Acceptance of the offer constitutes acknowledgment and agreement that compliance with such mandates is a condition of matriculation.

Verification that all vaccination requirements are either fully completed or in progress must be provided no later than July 1 prior to matriculation. Accepted applicants who fail to verify that all vaccination requirements are fully met or in progress by this date may have their offer of admission rescinded. In such cases, the applicant's seat in the entering class will be forfeited 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 CUSOM Office of Clinical Affairs **by July 1**:

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; and
6. Basic Life Support Certification for Healthcare Providers through the American Heart Association.

To participate in required supervised clinical practice experiences, students must complete all CUSOM-required vaccinations and corresponding titers prior to matriculation and must remain in full compliance with vaccination requirements through graduation.

Federal, state, and clinical training site regulations require students to demonstrate vaccination, immunity, or other approved protection against multiple communicable diseases in order to participate in clinical education.

Accordingly, CUSOM requires all students to meet vaccination requirements prior to matriculation and maintain compliance with these requirements through graduation. Detailed descriptions of CUSOM vaccination and health requirements, including those related to Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Varicella, Hepatitis B, Influenza, and COVID-19 and Tuberculosis testing are provided below.

All incoming and current students must log all vaccination requirements on the standard AAMC Standard Immunization Form.

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

CUSOM vaccination requirements are guided by recommendations from professional organizations such as the American College of Physicians, the American Academy of Pediatrics, Centers for Disease Control and Prevention, and the Advisory Committee on Immunization Practices, as well as by requirements of clinical education partners. In the event of differing recommendations, CUSOM will align its requirements with current evidence-based practice and clinical site expectations.

The well-being of our students, and those with whom they may interact, is of utmost importance. This includes student peers, faculty, staff, standardized patients, and the general population.

As such, maintaining compliance with immunizations, required training and certifications (such as BLS and ACLS), and other patient care and safety requirements are considered essential components of medical education and professional practice.

Acceptance of an offer of admission to CUSOM requires the incoming student to comply with all University mandates, including those implemented after acceptance. Acceptance of the offer constitutes acknowledgment and agreement that compliance with such mandates is a condition of matriculation.

All students must maintain full compliance with CUSOM vaccination and health requirements in order to participate in any patient care activities sponsored by or affiliated with CUSOM. **Prospective students are strongly encouraged to consider these requirements carefully when deciding whether to accept an offer of admission.**

- In addition, the influenza vaccine is required annually and before placement in a clinical rotation.
- COVID 19 vaccination requirements are guided by recommendations from professional organizations such as the American College of Physicians, the American Academy of Pediatrics, Centers for Disease Control and Prevention, and the Advisory Committee on Immunization Practices, as well as by requirements of clinical education partners. In the event of differing recommendations, CUSOM will align its requirements with current evidence-based practice and clinical site expectations and may require booster doses at designated intervals.

- Clinical experiences are required components of the curriculum to obtain the Doctor of Osteopathic Medicine degree. **Accordingly, CUSOM does not waive vaccination or student health requirements for religious or personal preferences except as set forth herein.**
- North Carolina state law requires individuals attending a college/university to have received certain immunizations. In addition, clinical training affiliates frequently impose vaccination requirements beyond those required by the state.
- Under the Campbell University Academic Vaccination Policy, students enrolled in degree programs that include clinical or experiential education with external partners must provide proof of full vaccination in accordance with program requirements or have an approved exemption on file within the timeframe established by the University.
- While the University may accept an exemption, acceptance of an exemption does not guarantee approval by a clinical or educational site. Requests for exemption should be submitted to:

  vaxexemption@campbell.edu

- Clinical education partners are not obligated to accept students who do not meet vaccination requirements. Campbell University cannot guarantee clinical placement for students who do not comply with CUSOM vaccination policies.
- The University does not control the decision-making authority of clinical sites, and students who are denied placement by a site due to noncompliance may be unable to complete required clinical experiences, thereby preventing fulfillment of degree requirements. Any costs associated with testing or compliance required by a clinical site are the responsibility of the student.
- Students who are unable to secure a clinical rotation placement because a clinical site refuses placement due to unmet vaccination requirements are not 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.
- Failure to comply with vaccination and health requirements which results in the inability to participate in required clinical experiences may lead to unexcused absences and disciplinary action, including course or clinical rotation failure, referral to the Academic Performance, Promotion and Standards (APPS) Committee, Academic Probation, Conduct Probation, Suspension, delay in graduation, or even Dismissal from the program.

Students must complete 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.

Failure to comply with CUSOM Vaccination Requirements will result in referral to the Academic Performance, Promotion and Standards (APPS) Committee. Noncompliance may also preclude participation in required clinical activities, including, but not limited to, standardized patient Objective Structured Clinical Examinations (OSCEs), early clinical experiences, and clinical rotations.

Inability to participate in these required activities may result in unexcused absence, failure of a course or clinical rotation, an inability to make successful academic progress, and additional referral to the APPS Committee, for sanctions including, but not limited to, Academic Probation, Conduct Probation, Suspension, delay in graduation, or 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 verifying all CUSOM-required vaccination and titer requirements (completed or in progress), as listed below, and in accordance with recommendations of professional organizations and evidence-based practice:

Tdap: Tetanus, Diphtheria, and Pertussis

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.
   i. Current recommendations and additional education on universal precautions, risk avoidance, and treatment options if exposed to HBV will be provided to the student.
   ii. 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
  1. 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 bronchoscopy 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: **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.

ii. **Two-Step Method:** If TST is utilized as the TB screening test, the **"two-step method" is <u>required</u>**.

iii. <u>Test interpretation</u>

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. <u>If the first test result is negative, the TST should be repeated in 1–3 weeks</u>.
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 classifies the TST as negative at baseline testing.

iv. **NOTE**: Two-step Method is only used at the <u>initial screening for a baseline measure – annual testing thereafter only requires a single PPD</u>.

v. When IGRAs are used for testing, there is no need for a second test.

vi. Summary of 2-step TST testing is provided in the following table:

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

* <u>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</u>.

d. <u>Option 2: **Interferon-Gamma Release Assays (IGRAs) Blood Test**</u>

i. TB blood tests (interferon-gamma release assays or IGRAs) measure how the immune system reacts to the bacteria that cause TB. Two IGRAs are approved by the U.S. Food and Drug Administration (FDA) and are available in the United States:

1. QuantiFERON®–TB Gold In-Tube test (QFT-GIT)
2. T-SPOT®.TB test (T-Spot)

ii. IGRAs are the **preferred method** of TB infection testing for **anyone who has received bacille Calmette–Guérin (BCG)**. BCG is a vaccine for TB disease.

iii. Results of IGRAs

1. <u>Positive IGRA</u>: 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. <u>Negative IGRA</u>: 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 CUSOM 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 CUSOM 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 CUSOM 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 CUSOM 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 CUSOM 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 CUSOM 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

Due to the evolving nature of this disease**, the requirements listed below are subject to change at any time to be consistent with recognized safe practices.**

a. COVID 19 vaccination requirements are guided by recommendations from professional organizations such as the American College of Physicians, the American Academy of Pediatrics, Centers for Disease Control and Prevention, and the Advisory Committee on Immunization Practices, as well as by requirements of clinical education partners. In the event of differing recommendations, CUSOM will align its requirements with current evidence-based practice and clinical site expectations and may require booster doses at designated intervals.
b. The most recent COVID guidelines may be found at CDC COVID Recommendations.
c. If additional COVID-19 vaccination requirements are implemented, they must be completed by the specified deadlines.
d. Clinical experiences are a required component of the curriculum to obtain the Doctor of Osteopathic Medicine degree, and, therefore, **CUSOM does not waive vaccination or student health requirements for religious, medical, or personal preferences, except as set forth herein.**
    - Students who seek a religious or personal exemption to the COVID-19 vaccination requirement should email:

      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 CUSOM 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 current 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 current guidelines

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, based on recommendations from the American College of Physicians, American Academy of Pediatrics, CDC, 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.

3.17.2 National Background Checks

A national background check must be completed prior to matriculation.

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 the CUSOM Office of Student Affairs.

In response to requirements of the professional practice environment and to minimize the risk to patients and others, a national background check will be completed on all accepted applicants prior to matriculation. Background checks may also be conducted on any student at any time when the student's conduct may reasonably be considered a potential risk to others.

If a student is charged with, arrested for, or convicted of an offense after matriculation, the student must report the offense to the Office of Student Affairs within thirty (30) days of the incident.

If offenses occurring prior to matriculation were not disclosed during the application process and are subsequently discovered after matriculation, the matter will be reviewed in accordance with Section 6.7.5 of this Bulletin by the Academic Performance, Promotion, and Standards (APPS) Committee and may result in sanctions, up to, and including, Dismissal from the program.

A national background check is also conducted prior to the start of clinical rotations and may be repeated at any time during enrollment. **Students must be aware that background check results are shared with affiliated clinical training sites.** By matriculating to CUSOM, students consent to the disclosure of national background check information in full to clinical sites for purposes of clinical placement and training.

Additional national background checks may be performed at the discretion of CUSOM or its partnering institutions before a student is approved to begin or continue participation in a clinical rotation.

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

CUSOM has no control over the scope or content of third-party background checks. Even records that have been expunged or dismissed by a court may still appear on a background check. The presence of prior offenses, including charges that did not result in conviction, may nevertheless affect a student's eligibility for clinical rotations, acceptance into residency programs, medical licensure, specialty board certification, or future employment.

If a student is unable to complete clinical rotations due to failure to meet national background check requirements will be unable to make satisfactory academic progress or fulfill graduation requirements. In such circumstances, they will be referred to the APPS Committee for review and possible sanctions, up to, and including, Dismissal from the program.

Students with a history of offenses are encouraged to contact the medical licensure boards in the state(s) of intended practice to determine whether such offenses may affect eligibility for medical licensure 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. This includes any conduct which may be considered a violation of the Standards of Professional Conduct (Section 5.6.3 of this Bulletin), Student Professionalism and Ethics Standards (Section 6.7.2 of this Bulletin), Honor Code (Section 6.7.3 of this Bulletin), or the Code of Conduct (Section 6.7.4 of this Bulletin). **This disclosure must occur no earlier than thirty (30) calendar days prior to the anticipated return date**.

For example, a student returning from a Medical Withdrawal on August 1, the National Background Check and Controlled Substance Screen must be completed, and results provided to CUSOM, on or after June 2 (no earlier than 30 days). An Offense occurring less than thirty (30) 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 withdraw or relinquish the seat of any current or former student returning from an approved extended absence if an offense, as previously defined, is discovered. Students who have resumed classes following an extended absence, who have been or are criminally charged or convicted of an Offense will be referred to the APPS Committee for review and sanctions up to, and including, Dismissal from the program. As future physicians, students are held to high standards of professionalism, ethics, and integrity, and CUSOM has a duty to protect patients and the public from potential harm.

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, are required, at a minimum, to submit a completed Supplemental Application, national background check, and controlled substance screen within a timeframe designated by CUSOM. Additional requirements, such as psychiatric or medical evaluations, may be imposed as deemed appropriate to support student readiness and patient safety.

Students who fail to return on the approved date or otherwise do not fulfill all the requirements for return yet still wish to attend CUSOM, must re-apply through AACOMAS. **Reapplication does not guarantee readmission.**

3.17.3 Driver's License

Although most CUSOM-affiliated clinical sites are within reasonable driving distance of campus, core clinical training sites extend across North Carolina and South Carolina. As a result, students must be able to travel independently to assigned clinical education sites.

All applicants are therefore required to provide evidence of a valid driver's license to support participation in clinical rotations. Travel to regional clinical sites may require driving up to one hour from a student's assigned location. Documentation of a valid driver's license must be submitted to the Office of Student Affairs no later than the end of the first year of medical school.

Failure to provide proof 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. Because clinical rotations during the third and fourth years may require travel to multiple locations, all students must maintain a valid driver's license through graduation.

3.17.4 Basic Life Support Skills

CUSOM students are required to complete Basic Life Support (BLS) training prior to matriculation and must maintain active certification through graduation. Each student must provide documentation of current American Heart Association cardiopulmonary resuscitation 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 prior to matriculation may result in the offer of admission being rescinded.**

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 referred to the APPS Committee according to the process outlined in this Academic Bulletin.

3.17.5 Controlled Substance Screening

In response to requirements of the professional practice environment and to minimize the risk to patients and others, all accepted applicants are required to undergo a Controlled Substance Screening prior to matriculation. This screening must meet CUSOM's standards and be conducted by an agency approved by CUSOM.

Controlled substance screening results are evaluated in accordance with applicable state and federal laws governing illegal or controlled substances. If a screening result is positive for a controlled substance or demonstrates other irregularities including, but not limited to, excessively dilute urine, an *ad hoc* committee will be assigned to review the case. **Based on the committee's findings and recommendations, an offer of admission may be rescinded.**

For example, although the use of cannabis is legal in some states, it remains classified as an illegal substance under federal law and is illegal in the state of North Carolina, including for medical use. Use or misuse of such substances may impair a healthcare professional's ability to provide safe and effective patient care. Accordingly, the use of cannabis in any form constitutes a violation of University policy.

By signing the Attestation acknowledging review and agreement with provisions of this Academic Bulletin, each applicant to CUSOM attests that they are not currently using, and will not use while a CUSOM student, any products or substances in any manner which are illegal under the laws of the state of North Carolina.

A random controlled substance screening is required prior to starting clinical rotations, and all results are shared with affiliated clinical education sites as required. Additional controlled substance screenings may be required at any time at the discretion of CUSOM or its clinical training partnering institutions. By matriculating to CUSOM, students consent to the disclosure of controlled substance screening results to the extent necessary to support clinical placement and training.

The following events will result in referral 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, arrest, charge, or conviction for Driving Under the Influence or possession of a controlled substance, which must be reported by the student to the CUSOM Office of Student Affairs within thirty (30) days of the occurrence.
2. A positive controlled substance screening test result or the presence of irregularities in the screening process including, but not limited to, excessively diluted urine.

Outcomes of APPS Committee review may include sanctions up to and including dismissal from the program.

3.17.6 Transcripts

All CUSOM students are required to provide official transcripts from all colleges and universities attended for any coursework not included in, or any degrees conferred after, submission of the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS) application. Transcripts submitted through the student's original AACOMAS application become part of the student's applications file so students are only required to provide CUSOM with official transcripts reflecting coursework completed or degrees conferred following submission of the AACOMAS application.

All required transcripts and documentation must be submitted by published deadlines. Failure to submit required materials as specified may result in an offer of admission being rescinded. Falsification of any document or omission of 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 USD 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 applicants must submit a **non-refundable** deposit of $1,500.00 USD 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. Current tuition and fees are posted by the University Bursar at:

https://www.campbell.edu/bursars-office/tuition-fees/graduate-professional-education/medicine/

Tuition for the 2026-2027 Academic Year is $61,180 USD with additional fees of $2,210 USD to cover technology and other needs. Campbell University's Board of Trustees reserves the right to change the schedule of tuition and fees without advance notice, and to make such changes applicable to present, as well as future students of CUSOM. The Board of Trustees may also establish additional fees or charges for special services whenever, in the Board of Trustee's opinion, such actions are deemed advisable.

Students receiving federal aid or scholarships 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.

Student Fees

Students in Years 1 through 4 are assessed an annual student fee of $2,210 USD. 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.

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 returned 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 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 student tuition refunds are issued for a University Withdrawal ("W" status) in accordance with the schedule for Campbell University Refund/Repayment Policy for Graduate and Professional Programs set forth in the link above. 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.

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 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) ensures compliance with the requirements for participation in federal programs under Title IV of the Higher Education Act of 1965, as amended. The Office 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.

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 selection process.

The Office of Financial Aid will email all accepted applicants 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.

The Office of Financial Aid provides financial aid counseling to all students to assist them with financial aid applications and debt management. Financial aid counseling is presented to incoming students at the Financial Aid Entrance 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. CUSOM, through its parent institution, Campbell University, collects and publishes data on student debt load and student loan default rates to ensure applicants have access to this information when making enrollment decisions.

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 Financial Aid Policies website.

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 current.

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. Merit Scholarship criteria are based primarily on GPA and MCAT score.

Merit Scholarship Criteria

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

Presidential Scholarship

In order for a student to be considered for the Presidential Scholarship, the student should have a cumulative GPA of 3.50 or higher on 4.0 scale (rounding up GPA is permitted by the Committee) AND an overall MCAT score of greater than or equal to the 75th percentile. Presidential Scholarship recipients will be awarded a $20,000 tuition scholarship which can be renewed annually.

Dean's Scholarship

In order for a student to be considered for the Dean's Scholarship, the student should have a cumulative GPA of 3.50 or higher on a 4.0 scale (rounding up GPA is permitted by the Committee) with an overall MCAT score of greater than or equal to the 45th percentile, OR an overall MCAT score of greater than or equal to the 75th percentile with a cumulative GPA of 3.30 or higher on a 4.0 scale. Dean's Scholarship recipients will be awarded a $10,000 tuition scholarship which can be renewed annually.

Campbell University Scholarship

In order for a student to be considered for the Campbell University Scholarship, the student must be a Campbell University graduate and have a cumulative GPA of 3.30 or higher on a 4.0 scale (rounding up GPA is permitted by the Committee) and an overall MCAT score of greater than or equal to the 45th percentile. Campbell University Scholarship recipients will be awarded a $10,000 tuition scholarship, which can be renewed annually. This award may be in addition to other Campbell University scholarships.

Academic Excellence Award

CUSOM students who have achieved a cumulative GPA of 3.750 or greater on a 4.0 scale after the first academic year are eligible to receive an Academic Excellence Award. Academic Excellence Award recipients can receive a maximum award of up to $5,000, subject to fund availability. This award can only be received one time at CUSOM and is non-renewable.

Jerry M. Wallace Scholar Award

CUSOM students who have achieved a cumulative GPA of 3.500 to 3.749 on a 4.0 scale after the first academic year are eligible to receive a Jerry M. Wallace Scholar Award. Jerry M. Wallace Scholar Award recipients can receive a maximum award of up to $2,500, subject to fund availability. This award can only be received one time at CUSOM and is non-renewable.

Scholarship recipients are notified of their award.

Along with the award notification, students receive a Scholarship Acceptance Contract, which must be completed and returned by the due date.

Failure to complete and return the contract by the due date will result in forfeiture of the 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, Dean's, or Campbell 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, etc.), the student relinquishes eligibility for the Presidential, Dean's, and Campbell University Scholarships.

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 CUSOM 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 principles.

Students who wish to be considered for an endowed scholarship must complete the endowed/direct aid scholarship application.

Scholarship applications are reviewed by either the Scholarship Committee or the Medical Missions Scholarship Committee. 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. 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 submitted 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 received 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:

Bukowski/Kagetsu Family Scholarship: Academic Scholarship awarded to student(s) who are enrolled full-time in the Jerry M. Wallace School of Osteopathic Medicine DO Program at Campbell University to develop relationship building skills.

DP & Helen Russ Scholarship: Academic Scholarship awarded to student(s) who are enrolled full-time in the Jerry M. Wallace School of Osteopathic Medicine DO Program at Campbell University.

Ed and Sadie Byrd Scholarship: 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: 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 awarded to student(s) enrolled in the Jerry M. Wallace School of Osteopathic Medicine DO Degree Program at Campbell University. First Preference: Student(s) who completed secondary education in Harnett County, NC. Second Preference: Student(s) who completed secondary education in NC.

Rachel Helen Silver Memorial Scholarship: Academic Scholarship awarded to student(s) who are enrolled in the Jerry M. Wallace School of Osteopathic Medicine DO Program at Campbell University. Preference: A medical student at the end of their second year who has clearly demonstrated a willingness and passion to give back to their academic community as well as to their local, regional and even national or international communities as nominated by a fellow second-year student.

William F. Morris Scholarship: Academic scholarship awarded to student(s) enrolled in the Jerry M. Wallace School of Osteopathic Medicine DO Degree Program at Campbell University. First preference: Earned a minimum cumulative GPA of 3.0 on a 4.0 scale and an OMM GPA of 3.5. Second preference: Participate as a teaching assistant for the OMM department in their second year. Third preference: Demonstrate a willingness and ability to help others.

Sharon Lautares Reynolds Scholarship: 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: DO students interested in completing the Botanical and Holistic Health Graduate Certificate.

Pearle K and Fred McCall Jr Scholarship: 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: Has financial need.

Homer and Toni Gaines Scholarship: 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: Desires to practice medicine in North Carolina or the southeastern United States.

CUSOM Student Government Association Scholarship: 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: MS-2, MS-3 and/or MS-4 students who demonstrate leadership through community service (including but not limited to TOUCH & Volunteer Hours), Second preference: Students who have exceptional academic achievement in medical school with a cumulative GPA of at least 3.0 on a 4.0 scale, and Third preference: Students who demonstrate financial need by submitting a 300-word essay, CV or letter of nomination from a professor or physician. A letter of recommendation is not required but a letter of recommendation from a professor or a physician is encouraged.

Medical Missions Scholarships

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 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 pursuing medical mission service as part of their medical training at CUSOM.

Medical Missions Scholarships Available to all Health Science Students:

Lacy and Mary Collier Medical Missions Scholarship: Eligibility for this scholarship includes student(s) seeking a degree in one or more interprofessional health and science programs. Funds are to help offset travel and related expenses for students pursuing medical mission service.

Glenn and Joyce White Medical Missions Scholarship: Eligibility for this scholarship includes student(s) seeking a degree in one or more interprofessional health and science programs. Funds are to help offset travel and related expenses for students pursuing medical mission service.

Glenn T. & Anne S. Infinger Medical Missions Scholarship: Eligibility for this scholarship includes student(s) seeking a degree in one or more interprofessional health and science programs with financial need. Funds are to help offset travel and related expenses for students pursuing medical mission service.

Joan B. Edwards Medical Missions Scholarship: Eligibility for this scholarship includes student(s) seeking a degree in one or more interprofessional health and science programs. Funds are to help offset travel and related expenses for students pursuing medical mission service.

Medical Missions Scholarships available to all Health Science students are evaluated by the Campbell University Interprofessional Education (IPE) Medical Missions Scholarship Committee, whose membership includes at least two (2) members: one (1) from the College of Pharmacy and Health Sciences and one (1) from the Campbell University School of Osteopathic Medicine.

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.

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; and
- 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 received by 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 received by the deadline date assigned by University Financial Aid Office.

4.3.4 Scholarship Renewal Criteria

Merit scholarships will be renewed annually during all four years of medical school if a student maintains at least a cumulative GPA of 3.0 on a 4.0 scale for the Campbell, 3.2 for the Dean's, and 3.5 for the Presidential scholarships respectively at the end of each year of study. Recipients must also abide by all aspects of the CUSOM Honor Code to maintain merit scholarships. Students placed on academic or conduct probation will become ineligible to receive merit scholarship funding. Cumulative grade point averages are not rounded (e.g., a GPA of 3.49 or 3.29 will void a scholarship). If a scholarship is revoked, it will not be reinstated in subsequent years.

CUSOM publishes annually a list of active scholarship opportunities made available by the institution to CUSOM students.

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 requirements but are generally structured so that lectures primarily take place in the morning with labs and clinical skills typically scheduled in the afternoons.

Lectures and discussions are complemented by labs and clinical skills sessions with designated time for interdependent study integrated throughout the curriculum. Osteopathic Manipulative Medicine (OMM) and other clinical skills are taught longitudinally throughout the first two years in a progression designed to integrate foundational knowledge and prepare students for a seamless transition to the third- and fourth-years. During the first two years, the curriculum is presented by biomedical science faculty and physicians incorporating team-teaching and small group learning activities. During the third- and fourth-years, students complete clinical rotations, which are typically four (4) weeks in duration and occur at assigned Regional Clinical Sites.

Learning assessment during the first 8 Blocks of years one and two includes integrated exams, quizzes, Objective Structured Clinical Exams (OSCEs) with Standardized Patients, clinical skills assessments, simulation exercises and anatomy and OMM practical exams. Clinical case exercises are utilized to reinforce integration and application of knowledge acquired during each Block and provide faculty opportunities for monitoring students' learning progress. During the third- and fourth-years, assessment includes National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) exams at the conclusion of select rotations, as well as competency-based evaluations completed by clinical preceptors at the end of each clinical rotation. Students also evaluate each clinical rotation to help identify opportunities for curricular improvement.

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 = 39 weeks
- Year 2 = 40 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 missions of CUSOM and Campbell University.

The 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. Occupational and Environmental 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.

5.1.3 Clinical Shadowing Policies and Procedures

CUSOM Medical Student Shadowing

It is essential for students participating in optional shadowing experiences to understand how these differ from the required clinical rotations that are part of CUSOM's credit-bearing curriculum. Clinical rotations such as Early Clinical Experiences, Outreach, International Medical Missions and MS-3 and MS-4 scheduled rotations are conducted under the supervision of CUSOM-appointed clinical faculty and follow clearly defined guidelines regarding student roles, responsibilities, supervision, and process for feedback and evaluation.

Unlike clinical experiences that are part of the CUSOM curriculum, shadowing experiences are optional and fall outside the formal educational program. As such, they may lack the structured supervision, feedback mechanisms, and medical-legal protections required of official 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 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, **are prohibited from performing 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 performing 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 inform non-CUSOM appointed physicians they are shadowing know that they are not covered by malpractice insurance provided by Campbell University.
3. Students must adhere to all policies of the hospital system, facility, or ambulatory site when participating in any shadowing experience. Because individual physicians may not be fully aware of their institution's policies, it is the student's responsibility to review and comply with all applicable guidelines.
4. Because individual physicians may be unaware of a student's level of training, it is the student's ethical and professional responsibility clearly communicate their training status.

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 the faculty member being shadowed.
3. Students wishing to schedule a shadowing experience with a CUSOM clinical faculty member must submit the Shadowing Agreement Form, (available from the CUSOM Office of Clinical Affairs) completed in its entirety to the CUSOM Office of Clinical Affairs.

4. Shadowing experiences should be arranged in conjunction with the faculty member and Regional Dean/Director of Student Medical Education (DSME), both of whom must sign to approve the agreement.
5. Students must sign the form and initial all required attestations.
6. The completed form must be submitted to the CUSOM 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 physicians or clinical sites 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 controlled substance screens and national background checks, immunization records, academic performance information or letters of recommendation.
    c. Students **may <u>not</u> wear their CUSOM white coat or name tag.**
    d. Students and the physician they are shadowing are **not protected by malpractice insurance through Campbell University**.
    e. Students acknowledge that Campbell University is not responsible for any medical care or expenses due to illness or injury sustained during, or as a result of, any clinical shadowing experience. By participating, students release Campbell University from a liability related to such illness or injury.
3. Students must adhere to all general guidelines outlined in this document, even when participating in shadowing experiences with non-CUSOM clinicians or at non-CUSOM clinical sites.

Violation of any conditions of this Shadowing Policy is considered a violation of CUSOM professionalism standards and may be referred to the Academic Performance, Promotion and Standards (APPS) Committee for sanctions, up to, and including, Suspension or Dismissal from the DO program.

5.2 Years 1 and 2 Curriculum

During the first two years at CUSOM, students follow an integrated curriculum that builds a strong foundation in biomedical sciences while developing essential clinical skills, including osteopathic principles, professionalism, and patient-centered care.

5.2.1 Curricular Content Overview

Each semester of the first- and second-year is divided into two academic Blocks, each lasting approximately nine (9) to eleven (11) weeks. Blocks 1 and 2 emphasize foundational biomedical sciences including Anatomy, Biochemistry and Cell Biology, Microbiology and Immunology, Pathology, Pharmacology, and Physiology. These topics are delivered through integrated courses that emphasize both clinical relevance and discipline-specific concepts. Anatomy is taught throughout the first year, spanning Blocks 1 through 4, as part of an integrated systems-based curriculum.

In Blocks 3 through 8, the CUSOM curriculum transitions to an organ-system-based approach to medical education. Instruction builds upon the foundational biomedical principles introduced in the first semester, incorporating increasingly advanced concepts and clinical applications. Integrated content is delivered collaboratively by biomedical scientists, primary care physicians, and medical subspecialists, with each Block organized around a specific organ system.

The Clinical Skills and Osteopathic Manipulative Medicine courses facilitate CUSOM student learning, integration, and application of the basic philosophy, principles, and practice of osteopathic medicine. Hands-on diagnosis and treatment form the foundation of osteopathic whole-person healthcare and are core components of the CUSOM curriculum. Instruction includes lectures and laboratories supported by simulation and standardized patient experiences. These educational activities support the development of essential clinical competencies, including physical examination skills, interviewing and counseling techniques, and medical documentation, all of which are critical for success during the third- and fourth-years of clinical training.

The Foundations of Medical Practice (FMP) courses, presented in alternating Blocks of the first- and second-year, provide CUSOM students a strong foundation in biostatistics, epidemiology, population health, research methodology, and experimental design to support the practice of evidence-based medicine. Students gain experience with the knowledge and skills required to appropriately locate, interpret, design, and complete a research or scholarly project that contributes clinically relevant knowledge to competent medical practice.

The Professional Core Competencies (PCC) courses, also presented in alternating Blocks of the first- and second-year, are designed to teach the core competencies necessary for the provision of caring, compassionate, and effective care, and the holistic practice of osteopathic medicine throughout a physician's career. Through lectures, discussions, and a variety of interactive and self-directed learning experiences, students are introduced to medical humanities, cultural competence, biomedical ethics, medical law and jurisprudence, quality improvement and patient safety, global health, 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 & Clinical Courses**	**Block 4** **Neuroscience & Human Behavior (Psychiatry) & Clinical Courses**
OMED 500 OMM	OMED 504 OMM	OMED 508 OMM	OMED 515 OMM
OMED 501 Clinical Skills	OMED 505 Clinical Skills	OMED 509 Clinical Skills	OMED 516 Clinical Skills
OMED 503 PCC	OMED 502 FMP	OMED 514 PCC	OMED 513 FMP
OMED 507 PCC	OMED 506 FMP	OMED 518 PCC	OMED 517 FMP
OMED 511 Cell Biology/Biochemistry	OMED 522 Pharmacology	OMED 570 Musculoskeletal System	OMED 579 Neuroscience
OMED 524 Microbiology/ Immunology	OMED 540 Physiology	OMED 590 Anatomy	OMED 583 Psychiatry
OMED 530 Anatomy	OMED 551 Pathology		OMED 594 Anatomy
	OMED 560 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 &** **Clinical Courses**	**Block 6** **Hematology, Dermatology & Renal Systems &** **Clinical Courses**	**Block 7** **Endocrine & Gastrointestinal Systems &** **Clinical Courses**	**Block 8** **Reproductive System, Clinical Applications of Biomedical Sciences II &** **Clinical Courses**
OMED 600 OMM	OMED 604 OMM	OMED 608 OMM	OMED 615 OMM
OMED 601 Clinical Skills	OMED 605 Clinical Skills	OMED 609 Clinical Skills	OMED 616 Clinical Skills
OMED 602 FMP	OMED 603 PCC	OMED 613 FMP	OMED 614 PCC
OMED 606 FMP	OMED 607 PCC	OMED 618 FMP	OMED 619 PCC
OMED 610 Cardiovascular System	OMED 631 Hematology	OMED 670 Endocrine System	OMED 690 CABS II
OMED 611 CABS I	OMED 640 Renal System	OMED 680 Gastrointestinal System	OMED 695 Reproductive System
OMED 620 Respiratory System	OMED 650 Dermatology		

OMM = Osteopathic Manipulative Medicine
FMP = Foundations of Medical Practice
PCC = Professional Core Competencies
CABS I = Clinical Applications of Biomedical Sciences I
CABS II = Clinical Applications of Biomedical Sciences II

5.2.3 Course Descriptions

The curriculum in Blocks 1 and 2 of the first-year introduces students to the foundational biomedical concepts of Cell and Molecular Biology, Genetics, Biochemistry, Gross Anatomy, Embryology, Histology, Immunology, Microbiology, Pathology, Pharmacology, and Physiology. Coursework also consists of introductory clinical training in osteopathic principles and practice in addition to 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 course lectures and labs.

5.2.3.1 Specific Course Descriptions, 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. Partner and group exercises are included to hone communication skills appropriate for use among colleagues and patients.

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 medical history taking and documentation.

OMED 503: Professional Core Competencies – 0.5 Credits

The Professional Core Competencies (PCC) course series and its content is designed to actively promote support all aspects of a healthy professional life and ensure foster lifelong learning. It also introduces students to foundational concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Through lectures and facilitated discussions, self-directed learning modules, case-based discussion, and group exercises, students learn and apply concepts essential to a professional career in medicine. The course emphasizes self-awareness as a foundation for effective patient care, guiding students to examine key aspects of personal identity, implicit bias, and communication styles in order to foster meaningful and professional interactions with patients, peers, and colleagues.

OMED 507: Professional Core Competencies – 0.5 Credits

The Professional Core Competencies (PCC) course series is designed to actively promote support all aspects of a healthy professional life and foster lifelong learning. The series also introduces students to foundational concepts of biomedical ethics, medical law, professionalism, and the structure and delivery of health systems.

Through lectures and facilitated discussions, self-directed learning modules, case-based discussion, and group exercises, students learn and apply concepts essential to a professional career in medicine. This course emphasizes the professional and ethical responsibilities of physicians and provides a framework for developing the competencies essential for effective, ethical medical practice.

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 function, 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 concepts 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 infections of the upper respiratory and gastrointestinal tracts. 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 goal 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 Descriptions, 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 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. Partner and group exercises are included to hone communication skills appropriate for use among colleagues and patients.

OMED 505: Clinical Skills and Lab – 1.0 Credit

The Clinical Skills course is delivered longitudinally throughout the first two years of the curriculum and is designed to prepare students with the fundamental skills required for effective patient communication, assessment and management. Through interactive lectures, small group discussions, hands-on practice, simulation activities, standardized patient encounters, and interprofessional educational experiences, students develop professional behaviors and essential clinical skills. These include patient-centered interviewing, physical examination techniques, fundamental procedural skills, medical documentation and reporting, as well as patient education and counseling. Block 2 focuses on the complete head-to-toe physical exam and its documentation.

OMED 502: Foundations of Medical Practice – 0.5 Credits

The two-year Foundations of Medical Practice (FMP) course series provides a broad overview of evidence-based medicine, biostatistics, epidemiology, research methodology, and experimental design. 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 course series culminates with the completion of a scholarly project in which students demonstrate their application 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 in the second year.

OMED 506: Foundations of Medical Practice – 0.5 Credits

The two-year Foundations of Medical Practice (FMP) course series provides a broad overview of evidence-based medicine, biostatistics, epidemiology, research methodology, and experimental design. 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 course series culminates with the completion of a scholarly project in which students demonstrate their application of course concepts.

OMED 506 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 or research questions.

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

This course introduces key physiologic and pathophysiologic concepts along with clinically relevant correlations helping students connect foundational knowledge to patient care This course provides basic physiological concepts, which are expanded on in the subsequent Blocks in the second-year to add more complex, clinically relevant information. The content in the Block 2 course provides fundamental information about body fluids, electrical activity of cells, neurotransmission, muscles, and autonomic nervous system. The course covers the normal physiology of organ systems in a clinically relevant manner, including cardiovascular, respiratory, endocrine, gastrointestinal system and liver, reproductive, and kidney physiology. Students acquire a basic understanding of the organization and function of each organ system and the interactions among these systems which maintain homeostasis. The course emphasizes adaptive processes which respond to changes in physiological needs and environments such as changes in muscle activity, fluid and food intake, environmental temperature, posture, growth etc., and the comprehension of these processes 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, and more specifically, 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 Descriptions, 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. Partner and group exercises are included to hone communication skills appropriate for use among colleagues and patients.

OMED 509: Clinical Skills and Lab – 1.0 Credit

The Clinical Skills course is delivered longitudinally over the first two years of the curriculum and is designed to prepare students with the fundamental skills required for effective patient communication, assessment and management. 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 including 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 514: Professional Core Competencies – 0.5 Credits

The Professional Core Competencies (PCC) course series is designed to actively promote and support all aspects of a healthy professional life and foster lifelong learning. It also introduces students to foundational concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts essential to a professional life in medicine. During this course 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 518: Professional Core Competencies – 0.5 Credits

The Professional Core Competencies (PCC) course series is designed to actively promote and support all aspects of a healthy professional life and foster lifelong learning. It also introduces students to foundational concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts essential to a professional life in medicine. Topics emphasized in this course include end-of-life care, hospice and palliative care, delivering bad news, and spirituality in medicine.

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 Descriptions, 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. Partner and group exercises are included to hone communication skills appropriate for use among colleagues and patients.

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 513: Foundations of Medical Practice – 0.5 Credits

The two-year Foundations of Medical Practice (FMP) course series provides a broad overview of evidence-based medicine, biostatistics, epidemiology, research methodology, and experimental design. 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 course series culminates with the completion of a scholarly project in which students demonstrate their application of course concepts.

This course supports student progress on the scholarly project due during the second year 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 517: Foundations of Medical Practice – 0.5 Credits

The two-year Foundations of Medical Practice (FMP) course series provides a broad overview of evidence-based medicine, biostatistics, epidemiology, research methodology, and experimental design. 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 course series culminates with the completion of a scholarly project in which students demonstrate their application of course concepts.

OMED 517 introduces students to additional types of research design and guides students through exploration of topics and formulation of a plan 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 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.

OMED 598: Modified Course of Study – 12.0 Credits

A Modified Course of Study (MCOS) is an individualized study plan designed for students who require an alternative educational pathway during the first year of the curriculum. Circumstances that may result in placement on an MCOS include, but are not limited to, required course remediation and approved Leaves of Absence. Each MCOS is developed based on the student's academic performance and individual circumstances and must be approved by the Academic Performance, Promotion, and Standards (APPS) Committee.

NOTE: Placement in a MCOS is not considered an adverse sanction; rather, it is intended as a transitional and supportive measure to facilitate student success. Placement in a Modified Course of Study may result in delayed clinical rotations, a delay in the student's graduation date, and potential impacts on participation in the residency Match process. A delayed graduation date could have a cascading effect on the timing of conferral of the DO degree, and, by extension, when a student would be eligible to obtain a state medical license and start their residency. Placement on a MCOS may also result in additional tuition charges.

5.2.3.5 Specific Course Descriptions, 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. Second-year content is delivered across Blocks 5 through 8. Students continue to participate in regular clinical case conferences that emphasize the application and integration of increasingly complex clinical scenarios drawing upon prior biomedical science and clinical skills instruction. Block 8 includes focused content to support preparation for COMLEX-USA Level 1 and readiness for 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. Partner and group exercises are included to hone communication skills appropriate for use among colleagues and patients.

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

The two-year Foundations of Medical Practice (FMP) course series provides a broad overview of evidence-based medicine, biostatistics, epidemiology, research methodology, and experimental design. 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 course series culminates with the completion of a scholarly project in which students demonstrate their application of course concepts.

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 the basics of presenting and discussing current medical literature.

The FMP Scholarly Project timeline is reviewed and reinforced to provide the students with ample time for successful completion. This course provides the final opportunity for adjusting or altering the project definition and team composition.

OMED 606: Foundations of Medical Practice – 0.5 Credits

The two-year Foundations of Medical Practice (FMP) course series provides a broad overview of evidence-based medicine, biostatistics, epidemiology, research methodology, and experimental design. 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 course series culminates with the completion of a scholarly project in which students demonstrate their application of course concepts.

This course 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 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

During this course, students will integrate the comprehensive assessment of patients with a variety of potential disease processes, both common and uncommon, with the differential diagnosis, pathogenesis, and treatment of those processes.

This course will be delivered through self-directed learning and assessments to highlight key biomedical and clinical concepts from year one and support integration of board preparation alongside successful completion of Block 5 course requirements. The course is also designed to integrate and consolidate the content from the first year with the requisite knowledge and skills required for entry into third-year clinical rotations. Completion of this course will help prepare students to successfully apply their clinical and biomedical knowledge and to pass COMLEX-USA Level 1.

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 Descriptions, Year 2, Semester 1, Block 6

OMED 603: Professional Core Competencies – 0.5 Credits

The Professional Core Competencies (PCC) course series is designed to actively promote and support all aspects of a healthy professional life and ensure foster lifelong learning. It also introduces students to foundational concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts essential to a professional life in medicine. This course 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 learning and application of core concepts. Group activities are utilized to explore issues related to medical humanities.

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. Partner and group exercises are included to hone communication skills appropriate for use among colleagues and patients.

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 607: Professional Core Competencies – 0.5 Credits

The Professional Core Competencies (PCC) course series is designed to actively promote and support all aspects of a healthy professional life and foster lifelong learning. It also introduces students to foundational concepts of biomedical ethics, medical law, professionalism, cultural competency, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts essential to a professional life in medicine. This course focuses on patient safety, medical errors, and methods of system improvement in both areas.

OMED 631: Hematology – 3.0 Credits

The Hematology course begins with an overview of commonly encountered hematologic disorders. The course is then divided into three parts: the coagulation unit, the red blood cell unit and the white blood cell unit. The objectives of each unit are to present normal structure and function, followed by pathophysiology of disease states and finally, the clinical presentation, and an approach to the diagnosis and management of hematologic disorders.

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 Descriptions, 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. Partner and group exercises are included to hone communication skills appropriate for use among colleagues and patients.

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

The two-year Foundations of Medical Practice (FMP) course series provides a broad overview of evidence-based medicine, biostatistics, epidemiology, research methodology, and experimental design. 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 course series culminates with the completion of a scholarly project in which students demonstrate their application of course concepts.

This course strengthens students' ability to interpret, evaluate, and apply evidence-based medical literature. Through the review of landmark studies, students explore their clinical implications and learn strategies for helping patients understand and apply medical evidence in their care.

OMED 618: Foundations of Medical Practice – 0.5 Credits

The two-year Foundations of Medical Practice (FMP) course series provides a broad overview of evidence-based medicine, biostatistics, epidemiology, research methodology, and experimental design. 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 course series culminates with the completion of a scholarly project in which students demonstrate their application of course concepts.

This course is the culmination of the FMP series, including the completion of the scholarly project. Four self-directed learning sessions focus on the definition and history of human subject research and crucial ethical considerations. Focused review materials in Biostatistics and Epidemiology/Population Health are provided to students for review.

The scholarly project is due at the end of Block 8.

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 Descriptions, Year 2, Semester 2, Block 8

OMED 614: Professional Core Competencies – 0.5 Credits

The Professional Core Competencies (PCC) course series is designed to actively promote and support all aspects of a healthy professional life and foster lifelong learning. It also introduces students to foundational concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion, and group exercises, students learn and apply concepts essential to a professional life in medicine. This course incorporates topics including population health, community health, and occupational and environmental health.

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. Partner and group exercises are included to hone communication skills appropriate for use among colleagues and patients.

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 619: Professional Core Competencies – 0.5 Credits

The Professional Core Competencies (PCC) course series is designed to actively promote and support all aspects of a healthy professional life and foster lifelong learning. It also introduces students to foundational concepts of biomedical ethics, medical law, professionalism, and the structure of health systems. Using lecture discussion, self-directed learning modules, case-discussion and group exercises, students learn and apply concepts essential to a professional life in medicine. This course focuses 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 Clinical Applications of Biomedical Sciences II course (CABS II), offered during Block 8, serves as a capstone to the first two years of the curriculum and preparation for COMLEX-USA Level 1. This credit-bearing course is designed to review, integrate, and reinforce content from the first two years of medical education while emphasizing application of knowledge and skills essential for clinical training. Successful completion of CABS II supports student preparation for COMLEX-USA Level 1 and readiness for entry into the third year of the curriculum. For a complete description of the approval process to sit for COMLEX-USA Level 1, see second 6.6.4.1 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, competent care to the patient by integrating reproductive health needs.

OMED 698: Modified Course of Study – 12.0 Credits

A Modified Course of Study (MCOS) is an individualized study plan designed for students who require an alternative educational pathway during the second year of the curriculum. Circumstances that may result in placement on an MCOS include, but are not limited to, required course remediation failure to qualify for COMLEX-USA Level 1, failure of COMLEX-USA Level 1 on the first attempt, and approved Leaves of Absence. Each MCOS is developed based on the student's academic performance and individual circumstances and must be approved by the Academic Performance, Promotion, and Standards (APPS) Committee.

NOTE: Placement in a MCOS is not considered an adverse sanction; rather, it is intended as a transitional and supportive measure to facilitate student success. Placement in a Modified Course of Study may result in delayed clinical rotations, a delay in the student's graduation date, and potential impacts on their participation in the residency Match process. A delayed graduation date could have a cascading effect on the timing of conferral of the DO degree, and, by extension, when a student would be eligible to obtain a state medical license and start their residency. Placement on a MCOS may also result in additional tuition charges.

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 1

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 2

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 3 and 4

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

During the third- and fourth-years, CUSOM students are assigned to Regional Sites/Clinical Campuses, with site placement occurring during the second-year. Clinical rotations take place across a range of healthcare settings, including inpatient hospital services, in ambulatory care practices, and geriatric acute care and long-term facilities. The clinical training program is designed to provide a broad and comprehensive educational experience for all students, regardless of assigned clinical site, and includes the following core elements:

- All students complete a clinical experience focused on rural or underserved care, which may occur in rural, small, urban, or critical access hospitals.
- During their third-year clinical rotations, all students complete at least one clinical rotation under the supervision of an osteopathic physician and at least two rotations that include inpatient care experiences.
- Prior to their fourth-year clinical rotations, all students will work with a resident physician(s) enrolled in an Accreditation Council for Graduate Medical Education (ACGME)–accredited residency program(s).

Clinical rotations are provide educational experiences across the major disciplines of medicine, including internal medicine, surgery, pediatrics, obstetrics/gynecology, psychiatry, family medicine, geriatrics, and emergency medicine.

The philosophical framework of clinical education and training at CUSOM is centered on preparing students to become competent, compassionate osteopathic physicians who understand their responsibilities as healthcare professionals. CUSOM graduates are equipped to provide comprehensive care to individuals, families, and the communities they serve.

Osteopathic physicians must be prepared to lead healthcare teams and contribute to meaningful improvement in healthcare delivery at both the individual and community levels. The overarching goal of the clinical education program is to develop patient-centered physicians who advance healthcare equity, strengthen healthcare systems, and expand access to high-quality care for patients and their families.

CUSOM believes that physicians have and important leadership role not only within the medical profession but also within the broader communities they practice. Community leadership plays a vital role in advancing public health; therefore, physicians must be committed to disease prevention and to enhancing the delivery of healthcare services across all levels of care.

The CUSOM clinical curriculum is a challenging blend of traditional and innovative educational approaches designed to:

- Foster the analytic and problem-solving skills required for physicians involved in disease prevention, diagnosis, and treatment of individual patients, families, communities, and populations;
- Ensure the acquisition and application of foundational clinical knowledge, osteopathic principles and practice, and essential clinical skills;
- Develop an understanding of contemporary issues in healthcare delivery and systems-based practice;
- Cultivate effective physician-patient relationships grounded in integrity, respect, compassion, and cultural sensitivity;
- Promote the development of high ethical standards and professional responsibility; and
- Promote a lifelong commitment to learning and continuous improvement.

Upon completion of clinical training, all CUSOM students will recognize and value the foundational roles and skills of primary care physicians and will integrate these competencies into their own patient-centered practice, regardless of specialty choice or practice setting. These skills include, but are not limited to, the ability to:

- Provide high-quality, patient-centered care grounded in current evidence-based medicine and foundational biomedical knowledge;
- Deliver continuing and comprehensive care to individuals and families across the lifespan;
- Integrate behavioral, emotional, social, cultural, and environmental factors into health promotion and disease prevention and management;
- Cultivate, maintain, and advance the knowledge, skills, and professional attitudes necessary to deliver high-quality care and achieve positive outcomes in an evolving healthcare environment;
- Engage in a systematic program of lifelong learning and professional development;

- Recognize indications for consultation and referral while maintaining continuity and coordination of care;
- Collaborate effectively within interprofessional teams, sharing responsibilities to optimize patient care;
- Critically evaluate medical literature and apply relevant evidence appropriately in clinical practice;
- Manage clinical practice efficiently and responsibly, balancing cost-effective care with professional fulfillment and personal well-being;
- Advocate for patients and families 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 and utilize community resources as an integral components of comprehensive patient care and population health;
- Counsel and educate patients regarding health conditions while recognize and respecting differences in backgrounds, beliefs, goals, values, and expectations;
- Establish and sustain effective physician-patient relationships that support comprehensive problem identification and problem-solving;
- Balance potential benefits, risks, costs, and resources when determining appropriate diagnostic and therapeutic interventions; and
- Integrate osteopathic principles and practices in the delivery of comprehensive, compassionate, and effective patient care.

The general expectations for all clinical rotations are designed to support the development of core competencies in medical problem solving, patient case management, procedural skills, and professional conduct.

Clinical rotations are administered under the direct supervision of the CUSOM Office of Clinical Affairs, led by the Associate Dean for Clinical Affairs. CUSOM maintains affiliations with a broad network of hospitals, clinics, and physician practices to provide students with diverse and meaningful clinical training experiences. The clinical curriculum is structured to maximize educational exposure in practical healthcare settings and to promote competency in patient diagnosis and management.

The availability of clinical rotations and number of students assigned at each affiliated Regional Clinical Campus are determined through collaborative agreement among CUSOM, the Associate Dean for Clinical Affairs, Hospital Administrator(s), Regional Dean, Vice-President for Medical Education (VPME) / Director of Medical Education (DME), Clinical Faculty, and the CUSOM Office of Clinical Affairs.

When possible, CUSOM partners with hospitals with Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs to ensure access to high-quality clinical instruction, experienced teaching faculty, and academically rich learning environments.

5.3.2 Third-Year Clinical Rotations

CUSOM's third-year osteopathic medical students are required to complete eleven (11) clinical rotations. Each rotation consists of approximately 160 contact hours inclusive of modules, self-directed learning, didactics, and other duties as assigned by the rotation site.

All third-year clinical rotations must be successfully 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. Required Rotations for third-year are listed below:

- Simulation Medicine (SIM) (4 weeks)
- Family Medicine (FM) (4 weeks)
- Medicine (MED) I (4 weeks)
- Medicine (MED) II (4 weeks)
- Obstetrics/Gynecology (OBG) (4 weeks)
- Pediatrics (PED) (4 weeks)
- Psychiatry/Behavioral Medicine (PSY) (4 weeks)
- Surgery (SUR) (4 weeks)
- 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, work with a resident physician(s) enrolled in an (ACGME)-accredited residency program, complete at least one clinical rotation under the supervision of an osteopathic physician, and complete at least two rotations which include an inpatient experience.

Students can be expected to drive up to sixty (60) miles from their assigned clinical region to complete a clinical rotation. If a student must be displaced for a required clinical rotation due to inadequate clinical rotation capacity, CUSOM will cover the cost of housing through their membership with the North Carolina Area Health Education Center (AHEC).

5.3.3 Fourth-Year Clinical Rotations

To be eligible for graduation, CUSOM fourth-year osteopathic medical students must successfully complete all fourth-year rotations and have passed COMLEX-USA Level 2-CE.

In addition, students must pass 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 fourth-year. This multi-station OSCE 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.

During fourth-year, students are provided the opportunity to participate in twenty (20) weeks of Elective rotations which may be completed at sites outside of CUSOM's clinical campuses. 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. A Sub-Internship is a four-week, in-patient or hospital-based clinical rotation.

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 clinical campuses. In addition, the remaining two (2) fourth-year Selectives may be completed at another CUSOM clinical campus as 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	OMED 810	Medical Selective
OMED 712	Medicine II	OMED 812	Surgery Selective
OMED 714	Medical Selective	OMED 816	Primary Care Selective
OMED 720	Surgery	OMED 840	Geriatrics
OMED 730	Family Medicine	OMED 850	Emergency Medicine
OMED 740	Pediatrics	OMED 860	Elective I
OMED 750	Obstetrics and Gynecology	OMED 862	Elective II
OMED 760	Psychiatry	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 approved Surgical and Medical Selective lists, based on educational standards and requirements, the student's self-assessment of areas of interest or needing further development, and guidance 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 request must be submitted to the CUSOM Office of Clinical Affairs at least sixty (60) days in advance of the clinical 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 training programs or at a military facility (Health Professions Scholarship Program, HPSP students only), they must arrange those clinical rotations themselves with appropriate notification to the respective clinical campus Student Medical Education Coordinator.

All required documentation for Elective and Selective rotations must be completed and submitted during the designated selection period, as outlined by the CUSOM Office of Clinical Affairs as delineated elsewhere in this Bulletin. Requests must be submitted at least sixty (60) days prior to the rotation start date for approval.

CUSOM does not approve Selectives or Electives outside its regional clinical training sites without prior notification and submission of all required documentation; no exceptions are granted. Requests for outside Electives or Selectives must include all required information, including, but not limited to, clinical rotation dates, specialty, facility or practice site, 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		
	Third Year	**Fourth Year**
Allergy and Immunology	X	X
Cardiology	X	X
Clinical Cardiac Electrophysiology		X
Critical Care/ Intensive Care Unit	X	X
Dermatology	X	X
Emergency Medicine	X	X
Endocrinology	X	X
Gastroenterology	X	X
Hematology/Oncology	X	X
Hospice and Palliative Medicine		X
Infectious Disease	X	X
Internal Medicine	X	X
Nephrology	X	X
Neurology	X	X
Pain Medicine	X	X
Physical Medicine & Rehabilitation	X	X
Preventative Medicine	X	X
Pulmonology	X	X
Rheumatology	X	X
Sleep Medicine	X	X
Wound Care		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
Community Based Medicine
Correctional Medicine
Family Medicine
General Internal Medicine
Geriatrics
Obstetrics/Gynecology
Osteopathic Manipulative Medicine (OMM)
Pediatrics
Primary Care
Psychiatry/Behavioral Health
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 clinical 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. Please refer to the specific syllabus for additional information.

SURGICAL SELECTIVE ROTATIONS
Anesthesiology
Cardiovascular Surgery
Colorectal Surgery
General Surgery
Gynecology/Oncology Surgery
Neurosurgery
Ophthalmology
Oromaxillofacial Surgery
Orthopedics
Otorhinolaryngology
Pain Medicine
Plastic Surgery
Podiatry
Thoracic Surgery
Trauma Surgery
Urogynecology
Urology
Vascular Surgery

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 list
- All rotations included in the Medical Selective list
- All rotations included in the Primary Care Selective list
- All rotations included in the Surgery Selective list

- The additional rotations of Addiction Medicine, Adolescent Medicine, Dermatology, Dermatopathology, Forensic Pathology, Gynecology (by itself), International Medical Missions, Maternal/Fetal Medicine, Occupational Medicine, Pathology, Pediatric subspecialties, Physical Medicine & Rehabilitation, Proctology, Radiology, Reproductive Endocrinology, CDC, NIH, or other federally sponsored rotations.
- Independent-Study Electives include Introduction to Medical Portuguese, Medical Ethics, Medical Spanish, Moral Wisdom & the Health of the Public, Newborn Caregiver, Obesity Medicine, Online Radiology, Point-of-Care Ultrasound, Research, Simulation Medicine Case Development, and Virtual Diagnostic Radiology.

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 virtual presentation by Clinical Affairs in January or 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 the CUSOM Office of Clinical Affairs for an away rotation.

Students should consult with the Clinical Chair of the discipline in which they are intend to pursue residency training when developing their fourth-year schedule. Clinical Chairs provide valuable assistance and guidance in selecting appropriate clinical rotations, including recommendations regarding the timing and location of audition rotations. They also offer individualized advising to assist students in maximizing educational opportunities and help support their successful preparation for the residency selection process.

5.3.10 International Medical Mission Rotations

International Medical Mission rotations must take place at CUSOM-affiliated sites and be 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 students participate in 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 requesting international travel. Students must have completed the Travel Safety student-directed learning module (SDL) and electronically sign to acknowledge their understanding of safe practices in a foreign country prior to travel.

5.3.11 Rotation Structure

Each clinical rotation consists of approximately 160 contact hours inclusive of modules, self-directed learning, didactics, and other duties as assigned by the clinical 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 CUSOM 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 established educational standards and requirements, individual student interests or areas identified for further development, and guidance 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 CUSOM 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 training programs or at a military facility (Health Professions Scholarship Program, HPSP students only), they must arrange those clinical rotations themselves with appropriate notification to the respective clinical campus Student Medical Education Coordinator.

All required documentation for Elective and Selective rotations must be completed and submitted during the designated selection period, as outlined by the CUSOM Office of Clinical Affairs. Requests must be submitted at least sixty (60) days prior to the rotation start date for approval.

CUSOM does not approve Selectives or Electives taken outside of its regional clinical training sites without 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 or 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.

The most up-to-date Third- and Fourth-year curriculum information will be posted on CUSOM's web-based evaluation system.

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 clinical rotation, which takes place in the CUSOM Simulation Center, students participate in a variety of hands-on learning activities within a structured and safe learning environment, designed to support their transition into clinical rotations and direct patient care. Activities include manikin-based simulation, Standardized Patient encounters, procedural skills training using simulated task trainers, and facilitated debriefing sessions. Through these experiences, students learn and apply common clinical protocols, procedures, and techniques essential to safe and effective patient care.

Students also gain additional experience in neuromusculoskeletal osteopathic manipulative medicine through peer-to-peer practice, faculty-led instruction, mentoring, and structured learning modules. The simulated learning environment encourages self-reflection and skill refinement while promoting patient-centered care, reducing medical errors, and enhancing patient safety.

The Simulation Medicine Rotation prepares students for entry into clinical rotations through participation in a series of structured 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) training
- Health Insurance Portability and Accountability Act (HIPAA) training

- Electronic health record, billing, and coding
- Osteopathic medical documentation
- Clinical campus rotation orientation
- Entrustable Professional Activities (EPAs)
- Prescription writing and risk evaluation mitigation strategies (REMS)
- Professional behavior and workplace expectations.

Upon successful completion of the Simulation Medicine rotation, students obtain certification in Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), and complete required OSHA and HIPAA training.

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

During the two Medicine clinical rotations, students will expand their knowledge and competencies in general internal 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 clinical 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 allows students to explore a specialty aligned with their interests and career goals, maximizing the educational value of their experience in specialty care. When appropriate, related ambulatory experiences are incorporated to deepen students' understanding of the chosen 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 several factors, including, but not limited to, rotation availability and clinical rotation schedules. Students are expected to participate in all patient care activities, teaching rounds, educational conferences, and lectures.

OMED 720: Surgery (SUR) – 10.0 Credits

The Surgery clinical rotation provides students an opportunity to learn, recognize, and participate 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) – 10.0 Credits

The Family Medicine clinical 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 engage in structured learning activities, both in the outpatient and inpatient setting, which will prepare them for a unique role in patient management, problem solving, counseling, and coordination of healthcare 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) – 10.0 Credits

The Pediatrics clinical rotation provides students experience in 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) – 10.0 Credits

The Obstetrics and Gynecology clinical rotation provides students with an exposure to and understanding of routine OB/GYN and women’s healthcare 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) – 10.0 Credits

The Psychiatry clinical rotation provides clinical experiences enabling students to develop knowledge and skills required to treat behavioral health problems and psychiatric disorders commonly encountered in the primary care office while paying particular attention to the specific factors contributing to a patient's emotional disorder. This rotation focuses on the importance of the family in relation to individual behavior and the ability to identify stressful conflicts and communication problems within the family. 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) clinical 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 settings. This rotation assists students in developing 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. R/U/I rotations are 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 can select from a list of possible clinical 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 of interest to the individual student upon approval of the CUSOM 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.

OMED 798: Modified Course of Study – 12.0 Credits

A Modified Course of Study (MCOS) is an individualized study plan designed for students who require an alternative educational pathway during the third year of the curriculum. Circumstances that may result in placement on an MCOS include, but are not limited to, required clinical rotation remediation, failure to qualify for COMLEX-USA Level 2-CE, failure of COMLEX-USA Level 2-CE on the first attempt, and approved Leaves of Absence. Each MCOS is developed based on the student's academic performance and individual circumstances and must be approved by the Academic Performance, Promotion, and Standards (APPS) Committee.

NOTE: Placement in a MCOS is not considered an adverse sanction; rather, it is intended as a transitional and supportive measure to facilitate student success. Placement in a Modified Course of Study may result in delayed clinical rotations, a delay in the student's graduation date, and potential impacts on their participation in the residency Match process. A delayed graduation date could have a cascading effect on the timing of conferral of the DO degree, and, by extension, when a student would be eligible to obtain a state medical license and start their residency. Placement on a MCOS may also result in additional tuition charges.

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

OMED 870: Residency Development (RD) – 10.0 Credits

During the Residency Development clinical rotation, students participate in a series of structured learning modules and Objective Structured Clinical Examination (OSCE) cases that provide essential assessment data to monitor progress in acquiring the knowledge, skills, and professional competencies required for fourth-year clinical rotations and residency training.

As part of this clinical rotation, students are required to successfully complete CUSOM's Clinical Skills Assessment Program, which includes both a longitudinal evaluation of student performance as well as a comprehensive, on-campus multi-station Objective Structured Clinical Exam (OSCE). This multi-station OSCE requires students to demonstrate proficiency in 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.

This assessment also evaluates students' critical thinking, clinical decision-making, and problem-solving skills developed during third-year clinical rotations.

In addition, the Residency Development clinical rotation provides the CUSOM Office of Clinical Affairs a valuable opportunity to identify students who may benefit from additional focused instruction, guided practice, or remediation, when appropriate, in preparation for the fourth-year. This process supports verification that students have achieved and demonstrated the clinical competencies required for graduation, readiness for residency training, and the provision of high-quality osteopathic medical care.

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 clinical rotation utilizes a multidisciplinary approach and engages students in utilizing core competencies. This clinical 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 clinical 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, and management of patients presenting to the Emergency Department. Students will gain experience in the immediate assessment and management of life-threatening and urgent conditions. 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).

These clinical 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 training. 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

Sub-internship clinical rotations are typically completed in a discipline aligned with the student's intended career path. During the rotation, students perform initial patient evaluations and present diagnostic and therapeutic plans to supervising residents and attending physicians. Ongoing patient management is carried out collaboratively by the student, residents and attending physicians.

Students will write daily progress notes, perform indicated procedures appropriate to their level of training, and communicate effectively with consultants, interprofessional team members, and ancillary. Students are expected to participate in teaching rounds, educational conferences, and lectures.

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

This clinical 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. During the clinical rotation, students will perform the initial patient evaluations and present diagnostic and therapeutic plans to supervising residents and attending physicians. Ongoing patient management is carried out collaboratively by the student in conjunction with the residents and attending physicians.

Students will write daily progress notes, perform indicated procedures appropriate to their level of training, and communicate effectively consultants, interprofessional team members, and ancillary services. Students are expected to participate in teaching rounds, educational conferences, and lectures.

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

This clinical rotation is pursued in internal medicine and associated subspecialties as listed previously. Students perform initial patient evaluations and present diagnostic and therapeutic plans to supervising residents and attending physicians. Ongoing patient management is carried out collaboratively by the student, residents, and attending physicians.

Students will write daily progress notes, perform indicated procedures appropriate to their level of training, and communicate effectively with consultants, interprofessional team members, and ancillary services. Students are expected to participate in teaching rounds, educational conferences, and lectures.

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

This clinical rotation is pursued in the surgical field and associated subspecialties as listed previously. Students perform initial patient evaluations and present diagnostic and therapeutic plans to supervising residents and attending physicians. Ongoing patient management is carried out collaboratively by the student, residents, and attending physicians.

Students will write daily progress notes, perform indicated procedures appropriate to their level of training, and communicate effectively with consultants, interprofessional team members, and ancillary services. 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 clinical rotation is pursued in Emergency Medicine. Students perform initial patient evaluations and present diagnostic and therapeutic plans to supervising residents and attending physicians. Ongoing patient management is carried out collaboratively by the student, residents, and attending physicians.

Students will write patient encounter notes, perform indicated procedures appropriate to their level of training, and communicate effectively with consultants, interprofessional team members, and ancillary services. Students are expected to participate in teaching rounds, educational conferences, and lectures.

OMED 899: Modified Course of Study – 12.0 Credits

A Modified Course of Study (MCOS) is an individualized study plan designed for students who require an alternative educational pathway during the third year of the curriculum. Circumstances that may result in placement on an MCOS include, but are not limited to, required clinical rotation remediation, failure to qualify for COMLEX-USA Level 2-CE, failure of COMLEX-USA Level 2-CE on the first attempt, and approved Leaves of Absence. Each MCOS is developed based on the student's academic performance and individual circumstances and must be approved by the Academic Performance, Promotion, and Standards (APPS) Committee.

NOTE: Placement in a MCOS is not considered an adverse sanction; rather, it is intended as a transitional and supportive measure to facilitate student success. Placement in a Modified Course of Study may result in delayed clinical rotations, a delay in the student's graduation date, and potential impacts on their participation in the residency Match process. A delayed graduation date could have a cascading effect on the timing of conferral of the DO degree, and, by extension, when a student would be eligible to obtain a state medical license and start their residency. Placement on a MCOS may also result in additional tuition charges.

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

This rotation within the Internal Medicine department 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.

Community Based Medicine – 10.0 Credits

During this rotation, the student will be exposed to a wide variety of health problems and participate in the care of patients in the inpatient setting under the supervision of attending physicians or with a physician in an outpatient clinic.

In both settings, the student should observe and participate in patient care which includes performing and documenting histories and physicals, writing SOAP notes, and evaluating patients osteopathically and documenting the findings a log format.

Critical Care / Intensive Care – 10.0 Credits

This rotation provides students with experience in ventilator management as well as hemodynamic monitoring. Students will participate 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 rotation provides exposure to trauma care and increased complexity in emergency medical practice. Students are assigned more complex patients and apply advanced diagnostic skills to evaluate presentations, develop differential diagnoses, and assist in the diagnosis and management of acutely ill and injured patients.

Students also have the opportunity to manage multiple 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

This rotation 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 Medicine 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 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

This rotation provides students the opportunity to expand their knowledge and competency in Internal Medicine by working as a team with intern and resident physicians in assessing and managing hospitalized patients. Students will participate in 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.

Introduction to Medical Portuguese (Independent-Study) – 10.0 Credits

This intensive, online course builds practical Brazilian Portuguese for patient-facing communication. Weeks 1–2 establish core pronunciation, grammar, and everyday conversation skills. Weeks 3–4 transition those structures into clinical communication: history-taking, basic physical exam instructions, explaining results, counseling, and safety-netting. The course concludes with a Week 4 final comprehensive exam and a Clinical report in Portuguese.

Introduction to Medical Spanish (Independent-Study) – 10.0 Credits

This Independent-Study rotation 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.

Medical Ethics (Independent-Study) – 10.0 Credits

This course addresses the need for human factors and biomedical ethics training. Biomedical ethics is the branch of ethics that deals with the moral principles and guidelines governing medical practice and research. It addresses the ethical issues that arise in the context of healthcare, medical research, and the treatment of patients. Human factors in medicine refer to the study of how humans interact with various elements within healthcare systems to optimize performance, enhance patient safety, and reduce errors. It focuses on understanding the capabilities and limitations of healthcare professionals and designing systems, processes, and environments that align with human behavior.

Human factors and medical ethics aim to improve healthcare delivery's overall safety and effectiveness by addressing how medical staff and patients communicate, how systems are designed, and the impact of teamwork and working conditions on the provider's performance and patient outcomes. Students are expected to complete assignments, online modules, and meet with the course instructor as determined by necessity.

Moral Wisdom & the Health of the Public (Independent-Study) – 10.0 Credits

This rotation integrates the student's direct observations and experiences into the study of the health of the public. This online rotation incorporates experiential, reflective, and didactic components to examine how health is produced within communities and systems. The rotation provides exposure to patterns of relational health, structural conditions, and community dynamics that shape well-being, from the perspective of both a physician and an engaged member of the public.

Nephrology – 10.0 Credits

This 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.

Newborn Caregiver (Independent-Study) – 10.0 Credits

This four-week rotation allows the personal experiences of the medical student to be integrated into their curriculum. This online rotation incorporates the study of infant health and development with experiential, reflective, and didactic components. The rotation will provide the student with exposure to normal patterns of growth, development, behavior, elimination, and sleep as well as nutrition and safety of an infant from the perspective of both a physician and a parent or caregiver.

NOTE: Eligible third-year students may enroll in this Elective, but it will serve as a Medical/Surgical Selective as opposed to a fourth-year Elective.

Obesity Medicine (Independent-Study) – 10.0 Credits

This online Independent-Study 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 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 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.

Pain Medicine – 10.0 Credits

This rotation will provide students with the opportunity to begin acquiring an understanding of the unique role of the osteopathic physician along with the basic knowledge, skills, and attitudes necessary to care for patients of all ages with chronic pain.

Students will gain these skills, knowledge, and attitudes by engaging in structured learning activities, in the outpatient setting, which will prepare students for a unique role in patient management, problem solving, counseling, and coordination of healthcare for the individual and family unit. The student is expected to participate in all patient care activities, teaching rounds, educational conferences, and lectures.

Pathology/Laboratory Medicine – 10.0 Credits

This 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 rotation provides students with a more advanced knowledge base and experience in the assessment and treatment of patients suffering from psychiatric disorders. Students work with 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 rotation is 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 imaging 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 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.

Radiology (Virtual Diagnostic) – 10.0 Credits

This virtual rotation is set up as a hybrid model. Students will meet virtually each day of the week with the course director and go through various lectures which include the topics previously described, as well as, board review and case presentations. Students will also have reading assignments each day to further their education. This course will serve to further expand and develop the knowledge base of the osteopathic medical student or intern/resident in the world of radiology.

Research (Independent-Study) – 10.0 Credits

The goal of this Independent-Study 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 all human-based 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 rotation, 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 participate in daily rounds, consults, and time spent in the outpatient setting. This rotation expands on previously learned surgical skills and provides 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 3 and 4

CUSOM integrates Osteopathic Manipulative Medicine (OMM) into the third- and fourth-year curriculum using a structured, clinically focused approach. Assessment of osteopathic knowledge and skills includes evaluation of both cognitive understanding and practical application of osteopathic manipulative techniques. Students' psychomotor skills are assessed through hands-on and oral evaluations conducted under the supervision of clinical faculty. This integrated assessment approach assists students in their preparation for the COMLEX-USA Level 2-CE and facilitates a successful transition to residency training.

OMM Hands-on Experiences

Participation in hands-on OMM experiences is included during third- and fourth-year clinical rotations, Callback Fridays, and the Residency Development clinical rotation. Osteopathic education plays a key role in the longitudinal CUSOM 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 clinical rotations throughout the course of third-year training. Students are required to complete these reading assignments concurrently with all other assigned modules for each clinical rotation. The information in the OMM reading assignments is assessed using the National Board of Osteopathic Medical Examiner's OMM COMAT which students are required to take during the Residency Development clinical rotation.

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 concept of self-healing, 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;
- Commonly encountered structural anomalies and functional abnormalities in the musculoskeletal system for each age group;
- 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 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 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 and treating conditions in special situations (e.g., pregnancy, labor, pediatrics, surgery);
- Identifying indications and contraindications for osteopathic manipulative techniques, including those in situations unique to the various specialties;
- Utilizing a variety of techniques in osteopathic manipulative medicine applied and 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 pathologic conditions of the musculoskeletal system to total well-being; and
- Writing appropriate orders and progress notes relevant to the use of osteopathic manipulative treatment.

Callback Fridays

During the third- and fourth-year, students are required to return to CUSOM on the last Friday (Callback 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, OMM and OSCE experiences, and attend a variety of professional seminars.

Students prepping for their Family Medicine and Psychiatry rotations are also required to participate in an OMM workshop. Students prepping for their Family Medicine and Pediatric rotations are also required to participate in Osteopathic Principles and Practice OSCE sessions. Full attendance and participation for the entire day is MANDATORY. **Callback Friday sessions typically run from 8am–5pm; therefore students should NOT make any travel plans prior to 5pm**.

On each Callback Friday, students take a National Board of Osteopathic Medical Examiners Comprehensive Osteopathic Medical Achievement Test (COMAT) or comparable exam (for designated rotations) from 8am-12 noon. During the afternoon sessions, which typically run from 1pm-5pm, students participate in clinical skills, OSCEs (including OMM specific OSCEs) and Simulation lab activities relevant to the student's upcoming clinical rotation or other educational sessions as described above.

During fourth-year clinical rotations, students are required to attend and actively participate in a minimum of two (2) on-campus Callback Friday Simulation/OSCE workshops, one during the Residency Development clinical rotation and the other during their required Emergency Medicine rotation. During the Residency Development clinical rotation, students are required to complete a multi-station OSCE, including an OMM-specific OSCE requiring students to provide OMT appropriate for the clinical case.

Students returning to campus to take their 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.

The clinical rotation syllabi contain more information on Callback Fridays and are posted to CUSOM's web-based evaluation system.

5.4 Clinical Rotation Standards

5.4.1 General Standards

The following general objectives apply to all clinical rotations and are intended to support the development of essential competencies in medical problem solving, patient case management, procedural skills, and professional behavior. Students should review these objectives carefully, as evaluation during each clinical rotation is based in large measure on demonstrated achievement of these objectives.

As students progress through clinical rotations, they are expected to demonstrate increasing proficiency in obtaining a comprehensive, logical, and sequential medical history. The history of present illness (HPI) should include pertinent positive and negative that reflect the student's understanding of the patient's medical condition. All relevant medications, treatments, and important milestones related to the patient's illness should be clearly noted.

Past History will include, but is not limited to the following elements:

- Complete current and past medication use, including doses and duration of use;
- All prior surgical procedures, including approximate dates and any associated sequelae;
- History of significant injuries and related sequelae;
- Immunizations;
- Quantitative assessment of alcohol, tobacco, and illicit substance use, as well as other relevant social history; and
- All adverse drug reactions (allergic or toxic), including anesthetic agents, specifying the agent involved and the nature of the reaction. Absence of adverse drug reactions should b e clearly noted.

Family History should identify conditions with a familial pattern or those relevant to the patient's presenting concerns. The ages and health status of all first-degree relatives should be included when available.

Review of Systems should contain appropriate notation for each body system. A detailed and complete review is required for any symptoms identified 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 and 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 or attending physician in 5-10 minutes in standard, logical, sequential fashion, demonstrating an understanding of the patient's disease process and its manifestations.

Differential Diagnosis and Management – 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:

- Gather patient information and data and offer an interpretation of the data relevant to the patient's concern(s) and condition(s);
- Generate a clear problem list;
- Develop an appropriate action plan to confirm a diagnosis;
- Review the pertinent literature to expand student knowledge of the problem;
- Identify indicated laboratory, imaging, and other appropriate tests;
- Generate a therapeutic plan of treatment;
- Define patient education objectives and assess the patient's understanding;
- Perform as an effective member of an interprofessional healthcare team;
- Report data on rounds and in progress notes. Progress notes and related documentation should reflect accuracy and objectivity; and
- Expand knowledge and skill concerning the patient's medical condition(s).

Affective and Professional Behavior – Develop and consistently demonstrate 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, resident physicians, healthcare professionals, and other persons in the healthcare setting; and
- Identify and emulate appropriate role models among attending physicians and healthcare providers, including those who demonstrate the process of developing rapport and positive communications with patients, faculty, resident physicians, and other healthcare professionals.

Consistently 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 patients, faculty, and fellow students. 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 through discussion with instructors and peers as well as written evaluation.

Medical students shall always demonstrate the 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 in the presence of any 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
- Abide by all civil and criminal laws, hospital rules, and university rules, policies and procedures 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 needed.

5.5 Clinical Rotation Scheduling

5.5.1 Assigned Clinical Rotations

Students are provided with an official schedule of their assigned clinical rotations. Changes to assigned clinical rotations are not permitted except in cases of documented medical, financial, or significant personal hardships and must be reviewed and approved by CUSOM's Hardship Committee. Decisions rendered by the Hardship Committee are final and not subject to appeal.

Students may not participate in more than one clinical rotation at any one time. Participation in any clinical activity outside of an assigned clinical rotation is strictly prohibited unless prior written approval is granted by the Office of Clinical Affairs. This restriction exists, in part, because students engaged in clinical activities outside of their approved clinical rotation assignments are not covered by Campbell University's medical professional liability insurance.

As with shadowing activities, non-CUSOM-appointed physicians who supervise or permit CUSOM students to engage in unapproved clinical activities are not covered by Campbell University's malpractice insurance. In the event of an adverse patient outcome during such activities, the student may be personally liable for legal claims, associated costs, or financial judgments. Depending on the circumstances, criminal charges may also be possible, as the student would not be practicing under the supervision of a CUSOM-approved physician.

Any student found to have participated in clinical activities while assigned to a different clinical rotation will be referred to the APPS Committee for review and subject to sanctions up to and including Suspension or Dismissal from the program.

Assigned clinical rotations that are not completed will be recorded as a failure (FC) and will be referred to the APPS Committee for review and adjudication following the process described elsewhere in this Bulletin. If a student is permitted to continue in the program following an incomplete or failed clinical rotation, they may be placed in a Modified Course of Study (MCOS) in order to make up the clinical rotation at a later time as designated by the APPS Committee and the Associate Dean for Clinical Affairs.

NOTE: Placement in a MCOS is not considered an adverse sanction; rather, it is intended as a transitional and supportive measure to facilitate student success. Placement in a Modified Course of Study may result in delayed clinical rotations, a delay in the student's graduation date, and potential impacts on their participation in the residency Match process. A delayed graduation date could have a cascading effect on the timing of conferral of the DO degree, and, by extension, when a student would be eligible to obtain a state medical license and start their residency. Placement on a MCOS may also result in additional tuition charges.

5.5.2 Notice of Clinical 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 clinical rotation when possible. Updated information regarding approved clinical training sites is reviewed and published annually.

5.5.3 Selective Clinical Rotations

If a student elects to complete one (1) of the fourth-year Selective clinical rotations away from their assigned clinical campus, they must arrange the Selective clinical rotation in the same manner as an Elective clinical rotation and in accordance with the process outlined 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) clinical rotation may be completed at either at a rural site or a non-rural site serving underserved populations. Rural and underserved areas are usually, but not always, designated or qualify as a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA under applicable federal or state criteria. Third-year R/U/I rotations most commonly take place in outpatient clinical settings and must be completed in a primary care discipline such as Family Medicine, Internal Medicine, Geriatrics, or Pediatrics. All R/U/I rotations must be completed at an approved facility with a fully executed affiliation agreement in place at the Regional Site.

5.5.5 Elective Clinical Rotations

Students are expected to honor all Elective clinical rotation commitments as a matter of professionalism and respect for the clinical site. **If a student must cancel an approved Elective clinical rotation they must first notify the CUSOM Office of Clinical Affairs no later than four (4) weeks prior to the scheduled start date of the clinical rotation.** Cancellations requested after this deadline will not be approved. This policy is necessary because clinical sites often reserve a limited number of Elective clinical rotation positions for students.

Once capacity is reached, sites may decline requests from students at other institutions. Late cancellation of an Elective clinical rotation results in the loss of a valuable educational opportunity that could otherwise have been offered to another qualified student and may negatively affect relationships with affiliated clinical partners. Any request to modify or withdraw from an Elective clinical rotation received after the deadline must be accompanied by official documentation confirming that the cancellation was initiated by the supervising physician or host institution originally approved for the clinical rotation.

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 clinical 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 clinical rotations should be directed to the respective clinical campus Student Medical Education Coordinator or the CUSOM Office of Clinical Affairs. Although it is preferable for students to schedule their Elective clinical rotation for four (4) consecutive weeks, some clinical rotations may be split into two (2) Elective clinical rotations, each two (2) weeks in duration. The specific clinical rotations eligible for two-week rotations and limitations of this option are reviewed in Section 5.3 of this Bulletin.

5.5.6 Requirements for Scheduling Elective and Other Clinical Rotations

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

Many clinical sites require specific documents in order to participate in a clinical rotation at their site. These may include but are not limited to:

- Letter of Good Standing (states your academic standing, verifies current BLS and ACLS certification, etc.);
- Immunization Records (to include proof of PPD, flu vaccination, etc.);
- National Background Check;
- Controlled Substance Screening; and
- Campbell University's Proof of Liability/Malpractice Coverage.

For liability and risk management purposes, the CUSOM Office of Clinical Affairs releases proof of professional liability and malpractice coverage only directly to requesting clinical sites and solely for the purposes of clinical coordination. Liability or malpractice documentation will not be released directly to students.

To facilitate the provision of required documentation to a clinical site, students must provide the following information to the CUSOM Office of Clinical Affairs:

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

** **Students should not make any travel or housing arrangements related to away clinical rotations until they have received official approval from the CUSOM Office of Clinical Affairs and confirmation that a fully executed affiliation agreement in place.** **

5.5.7 Family Medicine Preceptor Clinical Rotations

Clinical rotations must be scheduled for four (4) consecutive weeks with an office-based or residency-based family physician.

5.5.8 Out-of-State Clinical Rotations

All out-of-state clinical 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 participating in 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 different requirements 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 CUSOM 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 CUSOM 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 clinical rotation.
- Clinical Affairs will review the completed form and work with the Provost's Office staff to establish necessary state approvals to complete the clinical rotation.
- Clinical Affairs will notify the student of the status of the request at least thirty (30) days prior to the start of the clinical rotation.
- The student must notify the CUSOM Office of Clinical Affairs if there are any changes to their approved clinical rotation schedule, including but not limited to, rotation dates, approval of a rotation, or denial of a rotation.

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

5.5.9 International Clinical Rotations

Specific information regarding the scheduling of international rotations is provided in Section 5.3.10 of this Bulletin. A limited number of international rotations are available for fourth-year Elective clinical rotations. International clinical 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 students are participating in international clinical rotations. All international experiences must comply with CUSOM policies for international clinical rotations.

Requirements for students requesting to participate in an international clinical rotation include:

- Must be in good academic standing;
- Must have passed COMLEX-USA Level 1;
- Must have approval of the clinical 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 all 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 requesting international travel;
- Students must have completed the Travel Safety self-directed learning (SDL) module and electronically sign to acknowledge their understanding of safe practices in foreign countries prior to travel; and
- At the completion of the clinical rotation, the student must prepare a written case report from their clinical experience abroad. The report should be no more than two pages and address a topic pertinent to the country where the clinical rotation took place (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 select clinical rotations in Armed Forces and Veterans Affairs facilities subject to 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 Clinical Rotation Requests

All students requesting to complete Elective clinical 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 60 days prior to the start of a domestic clinical rotation and at least 90 days for all international clinical rotations).

Timely Approval

- Students are responsible for submitting all required affiliation agreement requests and associated forms within established deadlines.
- Failure to submit the appropriate forms within the required timeframe may result assignment to a clinical rotation other than the requested Elective, as determined by the student's assigned clinical campus Student Medical Education Coordinator and Regional Dean/Director of Student Medical Education (DSME).
- No clinical rotation may be started without formal approval obtained through the required CUSOM approval process (see Unauthorized Clinical Rotations).
- The student must notify the CUSOM Office of Clinical Affairs if there are any changes to their approved clinical rotation schedule, including but not limited to, rotation dates, approval of a rotation, or denial of a rotation.

5.5.12 Scheduling Away Clinical Rotations

Many fourth-year Elective clinical rotations are scheduled through Visiting Student Learning Opportunities (VSLO) and Clinician Nexus. Information regarding the use of VSLO and Clinician Nexus to schedule clinical rotations may be obtained from the CUSOM Office of Clinical Affairs. Additional information regarding VSLO is also available on CUSOM's web-based evaluation system.

Unauthorized Clinical Rotations

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

5.6 General Policies and Procedures – Clinical Rotations

5.6.1 Overview

Medical students will work directly under the supervision of an attending physician or advanced practice provider, who is under the supervision of an attending physician. A licensed healthcare provider 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 perform clinical procedures only under the direct supervision of a licensed, CUSOM-appointed physician or advanced practice provider and only if the procedure is within the healthcare provider's scope of practice. 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 are encouraged to ask questions and seek clarification if needed.

Morning Report: Many clinical services incorporate a morning report during which house staff present overnight patient updates and chief residents assign daily responsibilities. These sessions often include a required educational component. Attendance is mandatory for students assigned to services which conduct a morning report, and students are expected to arrive on time and be fully prepared to participate.

Procedure Workshop, Simulation or Skills Lab: During the rotation, students may be assigned to attend workshops or skills labs at the clinical training site to enhance their procedural or osteopathic manipulative treatment (OMT) skills. Attendance is mandatory, and students are expected to arrive prepared and actively participate.

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 is usually made available on a weekly or monthly basis from the hospital Department of Medical Education.

Evaluations: During the final week of the clinical rotation, students should remind their preceptor to complete the Preceptor Evaluation of Student (PES) in the online evaluation system and arrange a time to review both their performance and the completed evaluation. All evaluations must be completed online and in a timely fashion as noted in Sections 6.2.7.1-6.2.7.3 of this Bulletin.

Prior to completion of the clinical rotation, students are expected to complete evaluations of the clinical 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 clinical rotation requirement, including failure to submit any required clinical rotation documentation, will result in a failing grade (Fail Clinical, FC) for the clinical rotation and referral to the APPS Committee.

Any concerns regarding a specific preceptor or clinical rotation should be reported promptly to the Regional Dean/DSME or the Associate Dean for Clinical Affairs, rather than waiting to document them in the end-of-rotation evaluation.

Electronic Health Record (EHR): At most clinical training sites, students are issued individual login credentials to access the EHR system used during the clinical rotation. This access permits review and documentation of protected health information (PHI) as required for patient care and educational activities. Prior to receiving EHR access, students must complete site-specific EHR training and sign required confidentiality or user agreements.

Students are strictly prohibited from using another individual's login credentials or sharing their own credentials. Unauthorized access or credential sharing constitutes a violation of the Health Insurance Portability and Accountability Act (HIPAA) and may result in civil and criminal penalties, as well as academic or disciplinary action.

Confidentiality: In addition to full compliance with HIPAA requirements, students are required to adhere to all confidentiality policies and procedures stablished by their assigned clinical campus and affiliated healthcare facilities. Confidentiality obligations apply to all forms of patient information, including both electronic and non-electronic records.

Patient information may be accessed, used, or disclosed only when there is a legitimate professional need to know and only as permitted by HIPAA and applicable clinical site policies. Failure to maintain patient confidentiality may result in disciplinary action, up to and including Dismissal from the program, and may carry legal consequences.

5.6.2 Responsibilities and Duties

While participating in a clinical rotation, students are accountable to the personnel overseeing the service to which they are assigned. Students are also required to comply with all policies, procedures, and institutional requirements of the hospital or clinic where they are training. Any concerns, issues, or questions that arise during a clinical rotation should be reported immediately to the Regional Dean/DSME and the CUSOM Office of Clinical Affairs.

Time spent away from assigned clinical duties during scheduled hours for lectures, conferences, or other educational programs conducted at the hospital, clinic, or University must be approved in advance in accordance with policies outlined elsewhere in this Academic Bulletin.

Although direct patient care responsibilities take precedence over attendance at lectures and conferences, attending physicians are encouraged to permit student participation in scheduled educational activities when feasible. Any absence from required clinical duties must be approved in advance by the director of the clinical service.

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, and faculty
- Flexibility
- Academic integrity
- Honesty and trustworthiness
- Accountability for personal actions and 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 all four years of the CUSOM program. Violations of standards of conduct are subject to referral to the Academic Performance, Promotion and Standards (APPS) Committee for review and adjudication as delineated elsewhere in this Bulletin.

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

5.6.4 Preceptor - Student Interactions

Students must maintain professional relationships with preceptors at all times and adhere to appropriate professional boundaries. Contact with preceptors through personal or social media platforms (e.g., Facebook, X, Instagram, etc.) should be avoided. Career networking through professional sites, such as LinkedIn, is considered appropriate.

Students must refrain from any inappropriate relationship with faculty, staff, preceptors, and students to the extent the relationship may compromise any policies or expectations of the University or as noted elsewhere in this Bulletin. Inappropriate relationships include but are not limited to 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 clinical rotation so they may identify an alternative clinical practice or service for the student's clinical rotation, or in cases when that is not feasible, identify another preceptor on the clinical rotation to complete the student's 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. All students are expected to wear business casual attire appropriate for a professional setting unless otherwise directed by their clinical preceptor.

Jeans, t-shirts, and flip-flops are not permitted. Closed-toe shoes are required. Shoes should be professional (no tennis shoes), comfortable and functional.

Students must wear professional attire as described in the Section 6.5 of this Bulletin and as delineated in the CUSOM Dress Code Policy. 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 are required to also wear their CUSOM identification (ID) badges at all times. Students may also be required to wear additional approved identification dictated by each training facility. In cases of lost ID badges, students must contact CUSOM to obtain a replacement ID badge.

Scrubs are to be worn ONLY on services in which they are indicated, in which case they will be provided by the training facility. New scrubs must be worn daily, and scrubs are not to be worn home or into the hospital from outside. As such, students must wear appropriate professional attire to and from the facility. Surgical head and footgear is not to be worn outside of the operating room area.

If students arrive without a lab coat or are inappropriately dressed, they may be asked to leave the clinical rotation and may NOT be allowed to participate in clinical activities. This may result in an unexcused absence and will require further review by the Associate Dean for Clinical Affairs. Inappropriate dress may also be considered a professionalism violation and be referred to the Academic Performance, Promotion and Standards (APPS) Committee.
Good personal hygiene is expected. Students must not wear overpowering cologne or perfume. Failure to adhere to these standards of dress and grooming may result in corrective action as noted above.

5.6.6 Supervision of Students

While participating in a clinical rotation, students are accountable to the personnel supervising the assigned clinical service and are required to comply with all policies and procedures of the hospital or clinic at which the clinical rotation is conducted.

If a student has any questions or concerns regarding the policy or their role as a student, they should immediately contact the Regional Dean/DSME or the Director of Medical Education Office of the affiliated hospital, and the CUSOM Office of Clinical Affairs.

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;
- Co-sign all treatment orders and prescriptions;
- 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 CUSOM Office of Clinical Affairs makes every effort to ensure all clinical rotations are positive learning experiences. However, any problems or concerns which arise during rotations should immediately be brought to the attention of the CUSOM Office of Clinical Affairs for assistance. In addition, counseling services are available to all students on clinical 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 use disorder (alcohol and other drugs);
- Suspected illegal behavior; or
- Suspected physical, sexual, or emotional abuse.

If at any time, the CUSOM 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 clinical 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 CUSOM 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 CUSOM 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 uploaded by the letter-writer directly to the Electronic Residency Application Service (ERAS).

The Medical Student Performance Evaluation (MSPE) is an evaluation of a student's performance while enrolled at CUSOM. As the name signifies, this is a standardized instrument of evaluation and not a letter of recommendation. An MSPE is released through ERAS as part of the residency application process for students participating in the Match during that application cycle.

CUSOM does not release MSPEs to third parties outside of this process. Following graduation, an MSPE may be released to a residency program director or through ERAS Medical Institution Document Upload Service (ERAS MIDUS) for fellowship applications when appropriate.

5.6.9 Student Records

Preceptor evaluations of student performance (PES) are available for review according to CUSOM policy. Grades cannot be provided over the phone. Preceptor evaluations of student performance (PES) and grades are maintained in the CUSOM Office of Clinical Affairs following established CUSOM and university policies. Student files are CONFIDENTIAL and will not be copied by personnel of the CUSOM Office of Clinical Affairs or sent to another party for externship/internship applications. Students are, however, permitted to download a copy of their own evaluations. Student transcripts will remain under the aegis of the CUSOM Office of the Registrar and may be requested by following the corresponding policy. Comments provided by preceptors on the PES will be included in the MSPE.

5.6.10 History and Physicals

CUSOM recognizes the importance of an educationally sound policy regarding student performance of History and Physical (H&P) examinations at affiliated clinical training sites. Ideally, the H&P policy should be the same for all students. While the goal is to apply consistent expectations for all students, CUSOM recognizes and respects the authority of affiliated hospitals and clinical facilities and requires that student responsibilities align with site-specific policies and procedures. When permitted by the clinical site and supervising faculty, students are expected to complete a minimum of two (2) History and Physical examinations per day on each assigned service as part of their clinical education and skill development.

Students may sign H&P Notes if permitted by the rules and regulations of the training site. 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 students the policy of the respective hospital for student order writing.

Students are not licensed physicians, and as such, 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 supervising the student.

Students must perform procedures under appropriate and proper supervision, within the scope of practice of their supervising preceptor, and only in cases in which 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 and only if permitted by the clinical site's policies and procedures. The supervising physician must sign and send all prescriptions and 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 credentials to personally sign and submit 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 available to provide care.

As delineated in CUSOM's Faculty Recusal Policy, 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 clinical rotation so they may identify an alternative clinical practice or service for the student's clinical rotation, or in cases when that is not feasible, identify another preceptor on the clinical rotation to complete the end-of-rotation evaluation.

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

Students are **prohibited from taking any medication or supplies from a clinical rotation site.** Any student violating these guidelines will automatically fail that clinical rotation and be referred to the Academic Performance, Promotion and Standards (APPS) Committee for review and sanctions up to and including Suspension or Dismissal from the program.

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

Student physicians must comply with all requirements of the Health Insurance Portability and Accountability Act of 1996 (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 all students prior to starting both third-year and fourth-year clinical rotations.

Any violation of the HIPAA may result in civil and criminal penalties, referral to the Academic Performance, Promotion and Standards (APPS) Committee for academic or disciplinary action, and depending on the clinical site's policy, result in student removal and assignment to another clinical site.

5.6.15 Medicare Policy

The Centers for Medicare & Medicaid Services (CMS) revised the Medicare Claims Processing Manual in early 2018 to update the 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.

If permitted by the clinical site's policies, 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 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. Direct access to CMS rules regarding student documentation can be found on the Center for Medicare and Medicaid Services (CMS) website.

5.6.16 Change of Address

Students must notify the CUSOM Office of Clinical Affairs, Office of Student Affairs, and the Office of the Registrar of any change in mailing address during third- and fourth-year clinical rotations. Students can provide updated address information via an electronic form available on CUSOM's web-based evaluation system.
Students may contact the CUSOM Office of Clinical Affairs at:

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

5.6.17 Email Policy

The CUSOM Office of Clinical Affairs uses CUSOM email as an official means of communication with students during clinical rotations. While on a clinical rotation, students are **required to check their CUSOM email daily**, including weekends and holidays, and must respond to email requests **within twenty-four (24) hours**. Students are expected to acknowledge receipt of emails sent specifically to them (non-group communications) with a brief reply confirming receipt (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 failure to respond to CUSOM email communications in a timely manner may result in a referral to the Academic Performance Promotion and Standards (APPS) Committee for review as 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 specified date, CUSOM will not grant exceptions to the stated deadline except in the case of a medical emergency, in which case the student must provide the response as soon as medically feasible.

5.6.18 Cell Phone Calls / Text Messages

Using cell phones or other electronic devices for non-educational purposes, such as text messaging, social media use, or personal email, during clinical rotations is inappropriate and unprofessional. If the preceptor approves, electronic devices with internet capabilities may be used as a clinical resource (i.e., medical applications), but only at designated appropriate times.

Students who use cell phones or electronic devices for non-educational purposes during clinical rotations may be subject to disciplinary action and may be referred to the Academic Performance, Promotion, and Standards (APPS) Committee for unprofessional conduct. Such behavior may be reflected in preceptor evaluations, and all comments documented in the Preceptor Evaluation of Student (PES) become part of the student's Medical Student Performance Evaluation (MSPE).

5.6.19 Social Media

Students are **strictly prohibited** from posting ANY patient-related or clinical rotation-specific information on social media platforms including but not limited to Facebook, X, Instagram, or other similar sites. This prohibition applies even when patient names or other identifying details are not included.

This policy also applies to all Standardized Patients and Simulation encounters.

Students should **NEVER** post any patient-related information or commentary even if patient identifiers are not included. **This also applies to all Standardized Patients and Simulation encounters.**

Students should avoid contact with patients, clinical site employees, faculty, and staff through personal or social networking platforms. Professional networking with faculty and staff through career-focused platforms, such as LinkedIn, is considered appropriate.
Students must avoid any online activity that may create a perception of impropriety, including posting images or content that suggest unprofessional behavior, compromising states, or the use of alcohol.

When speaking or acting as private citizens, students must avoid creating the impression that they are representing CUSOM or Campbell University. As such, they are prohibited from identifying themselves as CUSOM students when expressing personal opinions in public forums, including online platforms and social media, without prior authorization from the Dean.

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 third- and fourth-year, students can be expected to drive up to sixty (60) miles from their assigned clinical region to complete a clinical rotation. If a student must be displaced for a required clinical rotation due to inadequate clinical rotation capacity, CUSOM will cover the cost of housing through their membership with the North Carolina Area Health Education Center (AHEC).

CUSOM will not assume the cost of housing for a student displaced from a clinical rotation due to remediation of a clinical rotation failure, dismissal from a clinical site, or to complete an Elective clinical rotation.

Students may request AHEC housing for Elective or away clinical rotations; however fulfillment of such requests is subject to AHEC availability and approval. Because AHEC cannot bill students directly, the University has established a repayment process through which approved AHEC housing expenses are billed to the student's University account. Once AHEC housing has been confirmed, students must complete and submit 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 financially responsible for all AHEC housing charges incurred housing is requested and not cancelled when no longer 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 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 as 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. The supervising physician must countersign all orders.
- Students may write or input electronic prescription information **only** with preceptor approval and only if permitted by the clinical site's policies and procedures. The supervising physician must sign/send all prescriptions and 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 using their own credentials and personally sign and send the electronic prescription.
- Students are required to attend 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 appropriate 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 3.17.1). Failure to do so will jeopardize starting or ongoing participation in clinical rotations.

Students are responsible for keeping their annual PPD testing current according to the process documented in Section 3.17.1 of this Bulletin. Verification of compliance with vaccination requirements, including annual PPD testing, must be submitted to the Office of Clinical Affairs prior to the student continuing on their clinical 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, referral to the Academic Performance, Promotion and Standards (APPS) Committee, Academic Probation, Suspension, delay in graduation, or even Dismissal from the program.

5.7.2 Health Services

The Campbell University Health Center is available to all CUSOM students 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 the Health Center's website. Additional information is provided in CUSOM's Student Health Services Policy.

As delineated in CUSOM's Student Health Insurance Policy, 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 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 assumes no financial responsibility for injuries, such as accidental needle sticks, burns, or lacerations, or for medical or surgical conditions incurred either during or outside of clinical rotations. For this reason, students are **required** to maintain continuous active health insurance coverage for the duration of their enrollment at CUSOM. Proof of health insurance coverage must be provided to the CUSOM Office of Clinical Affairs yearly and updated promptly if there are any changes in coverage.

5.7.3 Counseling Services

CUSOM's Department of Behavioral Health (CUSOM BH) 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 and family difficulties, stress and anger management, and adjustment to illness and lifestyle changes. Additional information may be found on the CUSOM Behavioral Health website.

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) (800-633-3353) 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) or by calling the departmental phone number (910-893-7203). All requests are answered as quickly as possible.

Students are then sent a link to the department's secure server where they are asked to complete all required intake forms prior to scheduling their appointment. Once the forms are completed, the Department Manager for Behavioral Health will schedule the student's appointment with one of the departmental clinicians. For students with needs beyond those provided by CUSOM BH, confidential referrals are made to appropriate community health providers. After 5pm, and on weekends and holidays, students should contact the MYgroup according to the instructions provided below.

CUSOM Behavioral Health clinical staff provide counseling for CUSOM students in Leon Levine Hall.

Students who are unable to travel to the on-campus location can meet with a clinician via 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 five (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 telecounseling 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 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 immediately to access emergency medical services.

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 instructed on how to access behavioral health services during Orientation as well as periodically throughout the year.

More information regarding Behavioral Health services may be found on the CUSOM Behavioral Health website.

Students on Clinical Rotations

Students on clinical rotations who are unable to travel to campus can meet with a CUSOM Behavioral Health clinician via a secure videoconferencing system which meets HIPAA and FERPA standards. Appointment requests can be made by either email or by calling the departmental phone number (910-893-7203) following the process presented above.

Additionally, students on clinical rotations may also access Student Assistance Plan services through the MYgroup online web portal 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, students should contact MYgroup.

For emergency situations, including thoughts of self-harm or harming others, students should call 9-1-1 immediately to access emergency medical services.

NOTE: CUSOM Behavioral Health is a valuable support service and resource available to all CUSOM students. To ensure equitable access and appropriate use of this shared resource, students who schedule appointments are expected to notify Behavioral Health as soon as possible if they are unable to attend. Failure to provide timely notice of cancellation may prevent another student from accessing needed services and may be considered a professionalism concern or a violation of the CUSOM Honor Code. Students are reminded to be respectful of their peers and mindful of the time and availability of Behavioral Health staff when scheduling and managing appointments.

5.7.4 Professional Liability Insurance

All students participating in curriculum-required clinical rotations are covered by the professional liability insurance of the Campbell University 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 performed outside the scope of practice or are not part of a CUSOM-approved clinical rotation. As with shadowing activities, non-CUSOM-appointed physicians who supervise or permit CUSOM students to engage in unapproved clinical activities are not covered by Campbell University's malpractice insurance. In the event of an adverse patient outcome during such activities, the student may be personally liable for legal claims, associated costs, or financial judgments. Depending on the circumstances, criminal charges may also be possible, as the student would not be practicing under the supervision of a CUSOM-approved physician.

As stated in Section of 5.1.3 of this Bulletin, students are not protected by malpractice insurance provided by Campbell University while engaged in physician shadowing experiences. Students are required to let all physicians they are shadowing know that they are **not** covered by malpractice insurance provided by Campbell University.

Students working in the CU Health Center or volunteering at the Campbell University Community Care Clinic (CUCCC) are covered by the professional liability insurance of the Campbell University. Any incident arising from clinical interactions with patients that may have medico-legal implications must be reported immediately to the on-site clinical supervisor, the CUSOM Office of Clinical Affairs, the Regional Dean/Director of Student Medical Education (DSME), the Associate Dean for Clinical Affairs, and the Campbell University Office of the General Counsel.

5.7.5 Infectious Disease Exposure Prevention and Management

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. Guidelines related to the prevention of infectious disease transmission and the procedure for immediate evaluation and treatment following potential exposures to blood-borne pathogens are delineated in CUSOM's Infectious Disease Exposure Prevention and Management Policy.

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 regarding the source patient's status. CDC guidelines for the prevention of blood-borne infectious disease following an exposure are found at the CDC Bloodborne Pathogen Exposure website.

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 exposure incident is critical.

In the event of an exposure, the **National Clinician's Post Exposure Prophylaxis Hotline is available by phone, (888) 448-4911, Monday-Friday (9:00am - 8:00pm ET) or weekends and holidays (11:00am – 8:00pm ET),** 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 the 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.
- Seek immediate care for necessary lab work and post-exposure prophylaxis if indicated.
- Call or 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 is critical.
- Proceed to the Emergency Department for evaluation if an exposure has occurred after normal business hours or if for any other reason, you are unable to be evaluated at one of the above locations.

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 clinical 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 post-exposure prophylaxis, 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
Phone: 610-933-0800
Fax: 610-933-4122
Email: claims@agadm.com

When presenting to a clinic for post-exposure care, the student may provide the above A-G policy information and their 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 a claim.

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 (CU) Health Center.

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 CUSOM 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, Monday-Friday (9:00am - 8:00pm ET) or weekends and holidays (11:00am – 8:00pm ET), 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 DO Academic Bulletin, Section 3.17.1.

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
- Measles
- Chickenpox
- Meningococcus
- Pertussis
- Influenza
- Respiratory syncytial virus
- Rubella
- Lassa fever
- SARS CoV-2

Fecal-Oral Transmission

- Salmonella
- Shigella
- Cryptosporidiosis
- *Clostridioides difficile*
- Enterovirus
- Adenovirus
- Hepatitis A

Direct Inoculation, Skin and Mucous Membrane Exposure

- Herpes Simplex
- *Staphylococcus aureus*
- Group A Streptococcus
- Syphilis
- Keratoconjunctivitis (Simple and Epidemic)
- 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
- Mpox
- Hepatitis B
- Group A Strep
- *Clostridioides 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.

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 on the CDC website.
- 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.
  - Do not 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.
    - Do not 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 on the CDC website.
- 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 on the CDC website.
    - Each isolation category specifies whether gloves, gowns, masks, 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, do not be a vector to patients, students, faculty, staff, or other healthcare workers
    - If you are ill, consult a physician.
    - Wear a mask or stay at home if you have a respiratory illness.
    - 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 CUSOM 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:

National Background Check and Controlled Substance Screening

Students have completed a national background check prior to matriculating to CUSOM and again prior to clinical rotations. A controlled substance screening is completed before matriculation and again before the beginning of the third-year. Students may be required to submit to additional controlled substance screening at any time, including during clinical rotations depending on the clinical site protocols, and any additional controlled substance screenings 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)
    a. COVID 19 vaccination requirements are guided by recommendations from professional organizations such as the American College of Physicians, the American Academy of Pediatrics, Centers for Disease Control and Prevention, and the Advisory Committee on Immunization Practices, as well as by requirements of clinical education partners.

In the event of differing recommendations, CUSOM will align its requirements with current evidence-based practice and clinical site expectations and may require booster doses at designated intervals.

b. The most recent COVID guidelines may be found at CDC COVID Recommendations.

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 in order to participate in clinical training at those sites.
9. **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), an inability to make successful academic progress, additional referral to the APPS Committee, for sanctions including, but not limited to, Academic Probation, Suspension, delay in graduation, or even Dismissal from the program.**

    Noncompliance may also preclude participation in required clinical activities, including, but not limited to, standardized patient Objective Structured Clinical Examinations (OSCEs), early clinical experiences, and clinical rotations.

Annual Influenza Vaccination Requirement

For student health and safety as well as that of the patients they 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. Additional information regarding influenza vaccination is available on the CDC website.

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

Certifications/Trainings

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

- American Heart Association Basic Life Support (BLS) for Health Care Providers (must remain current through graduation);
- American Heart Association Advanced Cardiac Life Support (ACLS) (must remain current through graduation);
- 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 that all required student credentialing is completed prior to the start of scheduled clinical rotations. Credentialing supports the delivery of high-quality clinical education while helping affiliated sites maintain standards for patient care and safety.

CUSOM provides affiliated healthcare sites with accurate and current information for all students participating in clinical rotations at their facilities. This credentialing process facilitates appropriate access, in accordance with site-specific policies, to clinical systems and resources, which may include physician portals, teaching faculty, clinical areas, dining facilities, medical libraries, physician workspaces, and employee parking. 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 documentation and maintain an efficient and standardized credentialing process.

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 vaccination during flu season);
- Substance Use Screening Results;
- Criminal Background Check Results;
- Proof of current BLS Certification;
- Proof of current ACLS Certification; and
- Student photograph.

At most CUSOM-affiliated healthcare sites, documentation required for student credentialing (vaccination records, controlled substance screening results, national background check results, proof of BLS & ACLS, etc.) is maintained by the CUSOM Office of Clinical Affairs. CUSOM provides this documentation directly to affiliated clinical sites upon request in order to support timely and efficient completion of site-specific credentialing requirements.

5.8.3 Personal Health Insurance

As delineated in the Student Health Insurance Policy, all CUSOM medical students are required to maintain health insurance coverage through graduation. All students must either provide proof of current 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 clinical rotations which include an inpatient experience.

Prior to their fourth-year clinical rotations, all students will work with a resident physician currently enrolled in an ACGME accredited residency training program.

5.8.5 Administrative Functions

The hospital/training site, in concert with the CUSOM Office of Clinical Affairs, will specifically define the extent 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 concerns or 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 but not limited to, obtaining a name badge and computer password, completing any necessary paperwork, electronic health record (EHR) 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;
- Attendance expectations;
- Call schedules;
- Overnight/weekend schedules;
- Participation during rounds and conferences;
- Expectations for clinical care, patient interaction, and procedures;
- Oral presentations;
- Written documentation – EHR and handwritten notes;
- Assignments and write-ups; and
- Any additional duties necessary for learning purposes.

Students must comply with all policies, procedures, and requirements related to patient care as established by the hospital/training site.

Student orientation should also include a review of the physical plant which 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 required clinical rotations in the clinical 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 clinical rotations. As previously delineated, students are required to attend educational lectures and seminars offered at the hospital/training site.
Students will be evaluated by each of the supervising clinicians 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 select clinical rotations by end-of-rotation exams.

5.8.8 Informed Patient Consent Regarding Student Involvement in Patient Care

CUSOM's Informed Consent Policy details the requirements for students and faculty members interacting with patients in the clinical, educational, and research settings.

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 that a student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms during patient intake 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 documentation in the medical record 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 Subjective, Objective, Assessment, and Plan (SOAP) format. If the clinical site permits dictation or computerized entry by students, 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 clinical rotation coordinator.

The introduction of electronic health records (EHRs) presents obstacles for students if they lack a password or are not fully trained in the use of a particular institution's EHR system. In these cases, students are encouraged, **if permitted by facility poli**cy, to **hand write notes**, which should be reviewed by preceptors whenever possible for feedback. Hand-written notes must be maintained according to HIPAA 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.

Students are strictly prohibited from accessing the medical records of any patient or individual unless they are directly involved with patient care, even if they have technical access to those medical records.

5.8.10 Supervision of the Student

The requirements for the supervision of students while participating in clinical rotations are detailed in CUSOM's Student Supervision During Provision of Patient Care Policy.

During clinical rotations, a designated CUSOM-appointed preceptor must be available to provide supervision, consultation, and teaching. Experiences with multiple preceptors may enhance learning through exposure to diverse practice styles, provided that appropriate supervision and continuity of instruction are maintained.

Students may also work with ancillary staff, including personnel in radiology, laboratory services, physical therapy, and other clinical departments as part of their educational experience. The preceptor should be aware of the student's assigned activities and location at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. On each clinical rotation, it is the student's responsibility to ensure the supervising physician or preceptor sees all of the student's patients. The preceptor must provide direct supervision of student technical skills and procedures and may allow for increased autonomy in accordance with the student's demonstrated level of expertise.

As with shadowing activities, non-CUSOM-appointed physicians who supervise or permit CUSOM students to engage in unapproved clinical activities are not covered by Campbell University's malpractice insurance. In the event of an adverse patient outcome during such activities, the student may be personally liable for legal claims, associated costs, or financial judgments. Depending on the circumstances, criminal charges may also be possible, as the student would not be practicing under the supervision of a CUSOM-approved physician.

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 clinical rotations with a family member as the clinical faculty preceptor of record. This includes family members related by marriage.

As designated in CUSOM's Faculty Recusal Policy, 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 clinical rotation, or in cases when that is not feasible, identify another preceptor on the clinical rotation to serve as the supervising clinician and complete the end-of-rotation evaluation.

5.9 Graduate Medical Education

CUSOM strives to develop and support residency training positions to meet the needs of our graduates and our ability to meet our Mission, reflect our values, and achieve our goals. The Assistant 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 (GME) programs. CUSOM-affiliated 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 Peer Learning Partnering

6.1.1 Advising and Faculty Access

CUSOM believes in strong academic counseling and provides students with excellent longitudinal guidance and support starting during the pre-matriculation phase and continuing through graduation. This 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 Learning Partners, as well as individual and group learning enrichment workshops through its Academic Center of Excellence (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. The sections below describe each specific process, responsible entity, and programs for these academic counseling activities.

6.1.2 Organizational Structure of the Academic Center for Excellence (ACE)

The ACE contributes to the academic success of CUSOM students by managing academic support programs and learning services including, but not limited to, the Peer Learning Partner Program, study skill development workshops, individual academic coaching, and faculty advising support. The ACE also hosts a collection of learning, advising, coaching, and Board preparation resources accessible to the CUSOM community through its electronic subscriptions and library. The CUSOM ACE Blackboard Organization provides an additional platform for disseminating information and resources.

6.1.3 Academic Transition Activities

The CUSOM Academic Center for Excellence (ACE) is responsible for developing and delivering programs designed to support student success through the development of effective study strategies and learning skills.

Prior to Orientation the ACE provides incoming students with a self-directed learning assignment. This foundational material introduces key concepts in learning theory and evidence-based study strategies relevant to success in a high-volume, fast-paced medical curriculum. The assignment also emphasizes the importance of wellness and utilization of CUSOM support resources. Students are encouraged to engage in structured self-reflection and to begin developing a personalized, adaptable study plan.

During Block 1, the ACE offers a series of study skills workshops that expand upon these concepts, including focused sessions on test-taking skills and reflective analysis of academic performance to support refinement of study strategies. These activities are designed to facilitate students' transition to the medical curriculum, reduce transition-related stress, and promote academic success.

Additional academic skills workshops are offered at key points throughout the curriculum with emphasis on transitions between different phases of the curriculum. The ACE also organizes periodic peer forums to provide opportunities for near-peer mentorship and modeling of effective learning strategies.

6.1.4 Long-term, Consistent Mentorship from Academic Advisors

The academic Advisor-Advisee relationship is designed to provide students with guidance on academic, professional, scholarly, and career development. This relationship encompasses a range of supportive roles, including advising, mentoring, coaching, and providing constructive feedback. The CUSOM advising model incorporates both biomedical science and clinical faculty to ensure a comprehensive approach to student development. This collaborative process is intended to foster meaningful relationships grounded in trust and open communication. Advisors provide ongoing feedback regarding academic performance and assist students in identifying and accessing appropriate support resources as needed.

All advisors play an important role in recognizing students who may be experiencing academic, personal, or behavioral health concerns and facilitating appropriate referrals. These may include the CUSOM Office of Student Affairs for general support, the Academic Center for Excellence (ACE) for individualized academic coaching, or Behavioral Health Services for assessment and care.

The Office of Student Affairs assigns academic advisors to each incoming CUSOM student with input and approval from the Associate Dean for Biomedical Affairs. Advising relationships are maintained through a combination of scheduled group sessions 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 during Orientation. After Block 2, starting in Block 3, additional individual meetings are arranged based on student needs.

- During Blocks 1-4, academic advisors and students are required to attend the Block Advising Meeting that is scheduled at the beginning of each Block during Year 1.
- The focus of these meetings is to provide academic support to 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.

In addition to their role as assigned academic advisors, faculty members are also available to meet with students seeking additional guidance or help with coursework. Faculty members offer individual office hours, and many of them host additional virtual office hours via a teleconference platform, providing students with additional flexibility and opportunities for assistance. Meetings may be scheduled directly with faculty or through a designated 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 Exams (Boards) and Residency Preparation Support

CUSOM provides a longitudinal, comprehensive COMLEX-USA Level 1 preparation program through the Clinical Application of Biomedical Sciences I (CABS I) and II (CABS II) courses in Years 1 and 2, respectively. Delivered through Self-Directed Learning and targeted assessments, these courses include over 2,000 Board-style practice questions designed to enforce, integrate, and apply foundational biomedical and clinical knowledge in preparation for COMLEX-USA Level 1. Students also complete multiple half-length and full-length practice exams that simulate the content, format and testing conditions of the actual licensing examination.

To further support exam preparation, faculty members of the CUSOM administration and the Academic Center for Excellence (ACE) provide structured presentations on COMLEX-USA Level 1 preparation. These sessions offer strategic guidance, performance data, and individualized planning to support student success on COMLEX-USA Level 1 and, when applicable, USMLE Step 1.

To support preparation for COMLEX-USA Level 2-CE, CUSOM integrates Self-Directed Board preparation and TrueLearn question sets into the clinical rotation curriculum. Students also complete specialty-specific Comprehensive Osteopathic Medical Achievement Tests (COMAT) at the end of select clinical rotations. These nationally standardized exams, developed by the National Board of Osteopathic Medical Examiners, assess knowledge in core osteopathic medical and foundational biomedical sciences.

This integrated approach, which combines Board preparation with COMAT assessments, helps students consolidate and apply key concepts, assess their readiness for COMLEX USA Level 2 CE, and develop targeted study strategies based on identified areas for improvement. As in the preclinical years, students receive multiple presentations on COMLEX-USA Level 2-CE preparation, along with individualized advising and academic support as needed.

As students enter their third-year, additional advising relationships are established to support clinical rotation needs, residency specialty selection, and the residency application process. Students receive a list of clinical advisors and mentors with expertise in various specialties and may also choose additional mentors aligned with their areas of interest. Clinical advisors provide guidance tailored to each student's intended specialty career path. In addition, CUSOM Clinical Department Chairs provide guidance regarding clinical rotations, including addressing performance concerns and ensuring students meet all 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, an event designed to help students refine their specialty interests and to prepare for the residency application process. The Fair includes a presentation on key factors to consider when selecting a specialty, followed by a panel discussion featuring residency program directors, current residents from Campbell affiliated postgraduate training programs, and fourth-year students actively navigating the application process.

Students can attend specialty-specific breakout sessions, each led by the respective Clinical Department Chair. These sessions provide insights into training pathways, career outlook, lifestyle considerations, and competitiveness for the specialty, along with practical advice for the application process. Students also have the chance to talk to Program Directors and staff from residency programs directly.

CUSOM medical students complete the Residency Development course (OMED 870), which includes an on-campus, multi-station Objective Structured Clinical Exam (OSCE), in the first month of fourth-year. This multi-station OSCE 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.

The Residency Development course also includes a series of lectures designed to prepare students for the residency application process. Topics include specialty selection, CUSOM advising and resources, the ERAS system, residency interviews, strategies for success in the residency selection, the Supplemental Offer and Acceptance Program (SOAP) processes, and expectations for performance as a new resident.

Students are provided residency selection reports from the National Resident Matching Program (NRMP), information related to the single accreditation system for graduate medical education, resources available through the American Association of Colleges of Osteopathic Medicine (AACOM) and the Association of American Medical Colleges (AAMC), Curriculum Vitae templates and writing support, and a CUSOM-developed residency application FAQ resource. Fourth-year students also participate in mock residency interviews and receive immediate feedback on their performance along with 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 Callback Fridays during their third- and fourth-years. Callback Fridays are the last Friday of select 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)

In collaboration with the Department of Behavioral Health, the CUSOM Academic Center for Excellence (ACE) supports students in achieving academic success through both direct and indirect services. ACE offers counseling on study strategies, time management, test-taking skills, and more, available through group settings or individual sessions. Individual meetings are scheduled based on need or according to the recommendations 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 the 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 meetings with their academic advisor or the ACE at any time, regardless of their academic performance.

To maximize the effectiveness of faculty academic advisors, the ACE also organizes and participates in Faculty Development sessions to facilitate discussion, share best practices, and offer useful tools for mentoring and coaching the development of master adaptive learners.

6.1.7 CUSOM Peer Learning Partner Program

The CUSOM ACE provides additional academic support services through the CUSOM Peer Learning Partners Program. The CUSOM Peer Learning Partners Program is designed to support students seeking academic assistance by enhancing their proficiency in subject-specific content and fostering more effective and efficient independent learning across a broad range of courses. The role of the Peer Learning Partner is to enhance, not replace lecture attendance and personal study time. Peer Learning Partners also act as facilitators for student learning, assisting with clarification of lecture and lab objectives, discussions, readings, or other assignments. The CUSOM ACE identifies, trains, certifies, and appoints course-specific Peer Learning Partners among rising second-year students and more senior students.

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.

Academic advisors, CUSOM Behavioral Health, the Academic Center for Excellence, faculty, Deans, and staff are available to assist students with personal and academic challenges that may arise throughout the four years of medical school and provide guidance or referrals to other resources as necessary.

6.2 Assessment

6.2.1 Global Assessment

The Offices of Academic Affairs, Administrative Affairs (including the Registrar), Biomedical Affairs, Clinical Affairs, in collaboration with the Office of the Dean, the Academic Performance, Promotion, and Standards Committee (APPS) Committee, and CUSOM faculty, collectively evaluate each student's eligibility for promotion and graduation. This review includes consideration of academic performance, assessment outcomes, attendance, conduct, and professionalism. Students who fail to make satisfactory academic progress are addressed through the processes and policies outlined elsewhere in this Academic Bulletin.

Program outcome objectives have been mapped to the American Association of Colleges of Osteopathic Medicine (AACOM) Core Competencies and are aligned with the courses in which they are taught and assessed. A range of evaluation strategies is utilized to ensure that all graduates achieve the intended learning outcomes. The CUSOM Comprehensive Assessment Plan further outlines the methods and metrics used to support ongoing program evaluation and continuous improvement.

Assessment of knowledge is conducted through multiple-choice examinations and quizzes administered at scheduled intervals. Laboratory, including anatomy, OMM, clinical skills, simulation and OSCE assessments are conducted in written or verbal exam format. Assessment of performance on clinical rotations utilizes competency-based end-of-rotation examinations, preceptor evaluations and related methods.

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

Students must fulfill all requirements for graduation, including passing COMLEX-USA Level 1 and COMLEX-USA Level 2-CE licensing examinations (referred to as "Board" or "Boards" in this document), as well as meeting identified standards for osteopathic competency within the parameters delineated in Section 6.6.5.10 of this Bulletin, to be awarded the Doctor of Osteopathic Medicine (DO) degree from CUSOM.

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.

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 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, and 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 clinical rotation, or in cases when that is not feasible, identify another preceptor on the clinical rotation to serve as the supervising physician and complete the end-of-rotation evaluation.

Policy Implementation

Adherence

All faculty are notified of this Policy and, through signed acknowledgement, attest they have read and agreed to abide by the policies and procedures delineated in the CUSOM Academic Bulletin and Faculty Handbook.

Each faculty member is expected to acknowledge their review of the Faculty Handbook annually. New faculty will acknowledge a review and acceptance of the Faculty Handbook upon signing their contract, and thereafter 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 who has an established therapeutic relationship with a student is prohibited from assigning grades for that student.

In the pre-clinical curriculum, the Office of Medical Education and Accreditation manages the assessment process and recording of grades for all courses. A CUSOM faculty Course Director serves as the instructor of record and is responsible for the assigning of grades in their respective course. At the start of each Block, Course Directors are asked to disclose any therapeutic relationships with students enrolled in their course. 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.

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, if a Clinical Chair has a therapeutic relationship with a student, the Associate Dean for Clinical Affairs would act as the instructor of record and assign a grade for that student.

If a circumstance arises 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), and with whom they have a previous or ongoing therapeutic relationship, they should immediately contact the Course Director (for first- and second-year courses) or Associate Dean for Clinical Affairs (for third- or fourth-year clinical rotations).

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

The Office of Administrative Affairs is responsible for 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 are consistent with the definition of a credit hour as provided in the Commission on College Accreditation's (COCA) *Accreditation of Colleges of Osteopathic Medicine: Glossary*.

The CUSOM Initial Review Committee (IRC), the CUSOM DO Curriculum Committee, and the Campbell University Curriculum Council (UCC) have reviewed and approved the credit assignment process and CUSOM curriculum as part of the institutional accreditation process.

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 accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate, baccalaureate, masters, and doctorate degrees.

Campbell University also may offer credentials such as certificates and diplomas at approved degree levels.

Questions about the accreditation of Campbell University may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

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 six private universities in North Carolina to be awarded Level VI accreditation status by SACSCOC.

6.2.3.1 CUSOM Credit Calculation

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.

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.

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 performed by the CUSOM Initial Review Committee (IRC), the CUSOM DO 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 credit assignments are maintained in the Office of Administrative Affairs.

All proposed curricular changes, including minor and substantive changes, are brought to the Initial Review Committee (IRC), and the full CUSOM DO Curriculum Committee for review, consideration, discussion, and approval. Minor changes include such matters as the addition or 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 student requirements, approval is required first through the Block Leaders and Course Directors, in consultation with the Associate Dean for Biomedical Affairs, Vice Dean for Administrative Affairs and 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, Vice Dean for Administrative Affairs 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), follow procedures and deadlines as outlined in the COCA Accreditation of Colleges of Osteopathic Medicine Accreditation Standards and Procedures:

- 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 are found on the COCA website.

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Campbell University also may offer credentials such as certificates and diplomas at approved degree levels.

Questions about the accreditation of Campbell University may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

6.2.3.3 Grading

CUSOM has developed and published a grading system, in keeping with the CUSOM Mission, to assess the progress of each student toward meeting programmatic educational objectives and acquiring the fundamental clinical skills and competencies required for graduation, entrance into supervised graduate medical education programs, and the provision of safe osteopathic medical care.

Throughout all four years of the CUSOM curriculum, students must successfully 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 of this Bulletin).

Additionally, CUSOM maintains longitudinal records marking the career tracks, choices, and achievements of graduates in a comprehensive assessment system.

This assessment includes: COMLEX-USA Level 1, COMLEX-USA Level 2-CE, and 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 Campbell University Board of Trustees.

Students must fulfill all requirements for graduation, including passing COMLEX-USA Level 1 and COMLEX-USA Level 2-CE licensing examinations (referred to as "Board" or "Boards" in this document), as well as meeting identified standards for osteopathic competency within the parameters delineated in Section 6.6.5.10 of this Bulletin, to be awarded the Doctor of Osteopathic Medicine (DO) degree from CUSOM.

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.

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** *Preceptor – Exam Grades*	*Overall Final Grade*	**Quality Points**	**Other Grades**	
A	90-100[a]	4.0	H-H	Honors	4.0	IC	Incomplete
B	80-89	3.0	H-HP	Honors	4.0	W	Withdraw
C	70-79	2.0	HP-HP	High Pass	3.5		
C*[b]	70	2.0	H-P	High Pass	3.5		
F	< 70	0.0	HP-P	High Pass	3.5		
P	≥ 70	4.0	P-P	Pass Clinical	3.0		
P*[b]	70	2.0	PC*[b]	Pass Clinical	2.0		
			FC	Fail Clinical	0.0		
FMP and PCC are P/F P = 4.0 QP F = 0.0 QP P* = 2.0 QP			PC = Pass Clinical FC = Fail Clinical				

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

[b] Denotes course was passed after successful remediation of an initial failing grade.

Incomplete (IC) and 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 credit hours attempted. Note that for purposes of GPA calculations, a grade of "W" is not included in "graded credit hours attempted". As an example, if a student has earned 227 quality points on 61 graded credit hours attempted, the grade point average would be 227/61 = 3.721.

In the first- and second-years of the CUSOM DO curriculum, most courses utilize 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 DO curriculum, all rotations have a clinical rotation grade based on the evaluation completed by the student's preceptor. Select clinical rotations also include clinical modules and end-of-rotation exam grades. Both the clinical rotation grade and the end-of-rotation exam and module components are evaluated using the Honors, High Pass, Pass Clinical, Fail Clinical grading scale. Successful completion of the clinical rotation requires students to pass both the clinical rotation (preceptor evaluation) and the end-of-rotation exam and/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 end-of-rotation exam, an F is recorded on the module/exam grade and the student receives an FC for the clinical rotation. Students who fail a clinical rotation either due to failure of the end-of-rotation exam or the preceptor evaluation will be reviewed and acted upon by the Academic Performance, Promotion and Standards (APPS) Committee as described in this Bulletin. If the APPS Committee grants the student the opportunity to remediate the failed clinical rotation, the entire clinical rotation and end-of-rotation exam must be repeated in order to successfully remediate the clinical rotation.

No course or clinical rotation grade will be changed unless the Office of Administrative 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.

Incomplete (IC) Grades

Due to Academic Performance

An Incomplete (IC) grade designation is assigned when a student has completed all the course requirements and has earned a failing course grade, and is eligible to remediate the failed course.

An IC grade designation is considered a temporary grade assignment until the outstanding course requirements are resolved and a final grade is issued.

Due to Non-Academic Reasons

An Incomplete (IC) grade designation is assigned when a student is unable to complete all the course requirements to earn a final course grade unless assigned a Modified Course of Study by the APPS Committee, for non-academic reasons, such as a documented temporary medical or personal issue.

An IC grade designation is considered a temporary grade assignment until the outstanding course requirements are resolved and a final grade is issued.

Students who fail to successfully remediate a grade of F will have failed the course and receive an F (or FC if a Clinical Rotation) 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 remediated 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.

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.

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 are required to successfully complete all courses and clinical rotations in accordance with the grading standards outlined in this Academic Bulletin. Students who fail any course or clinical rotation are required to meet with the Academic Performance, Promotion and Standards (APPS) Committee to discuss factors contributing to their academic performance. The APPS Committee will identify appropriate strategies to support the student's ability to make satisfactory academic progress. One such option, when appropriate, is the opportunity for remediation (See Section 6.7.7).

- **Remediation is a structured and time-limited course of study that culminates in an assessment and is designed to allow the student to demonstrate attainment of minimum competency in the course material.**
- **Remediation is not a repeat of the original course or clinical rotation in its entirety.**
- Remediation is not guaranteed.

A student in the first- (MS-1) or second-year (MS-2) of study, 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 temporary 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 of this Bulletin).

** **Remediation for failed coursework, when offered, is conducted during the week immediately following final examinations. As such, students should not make travel arrangements immediately following the conclusion of a Block in the first and second years. Once a student successfully completed any required remediation, they may travel as necessary.**

A student in the third- (MS-3) or fourth-year (MS-4) of study 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 clinical rotation, and the PC* will appear on the transcript with the notation that the student passed the clinical rotation after remediation. A student will earn a grade of FC if remediation is not permitted or if the student fails the remediation (See Section 6.2.3.4 of this Bulletin).

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 1 and 2

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

1. Integrated written examinations
2. Laboratory practical examinations
3. Quizzes
4. Other (e.g., performance on simulation experiences and Objective Structured Clinical Exams (OSCE), 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.

Process

In an effort to promote faculty flexibility in assigning grades while also providing consistency across courses, CUSOM recognizes the following approach to assessment and grading:

- Integrated exams occur two or three times in each Block in Years 1 and 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 on the specified preceding 3-4 instruction days.
- Quizzes may be administered at other times as determined by respective Course Directors.
- 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.

** **Remediation for failed coursework, *when offered*, is conducted during the week immediately following final examinations. As such, students should not make travel arrangements immediately following the conclusion of a Block in the first and second years. Once the student successfully completed any required remediation, they may travel as necessary.****

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.

6.2.6 Clinical Rotations Assessments

6.2.6.1 Didactics

Students have a half-day of dedicated didactic experiences per week and attendance is required while on a clinical rotation. These consist of:

- *Cecil's Essentials of Medicine* (based on a current schedule provided to the clinical campuses) in a *Jeopardy©* format.
- *50 Studies Every Doctor Should Know* - Each student will present one assigned landmark case including the most recent literature pertaining to the 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 clinical case in which they have been involved.
- *COMBANK* (*TrueLearn*) questions. Students will complete 150 assigned questions relevant to their clinical rotation. If they exhaust the question bank for that discipline, they may repeat those questions or complete questions from other topics. These are checked for completion.

In an effort to enhance the half-day didactic experience, Regional Deans/Directors of Student Medical Education (DSME's) may add topics to the didactic experiences at their discretion, or at the request of their student cohorts.

Noon conferences and morning reports, if available at the respective clinical campus, are mandatory. Other clinical campus didactic offerings, such as Tumor Board and medical staff continuing medical education programs, may also be required 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 clinical 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 of the clinical rotation experience and future planning purposes.

6.2.6.2 Clinical Modules

Clinical Modules including videos, lectures, and other educational materials are designed to supplement learning and skill development during clinical rotations. These resources support self-directed learning experiences, promote self-assessment, and help students cultivate habits essential for lifelong learning. Appropriate for both third- and fourth-year students, the modules offer learner flexibility and reinforce key clinical concepts. In addition to enhancing rotation-based learning, Clinical Modules serve as valuable study aids for end-of-rotation exams, COMLEX-USA Level 2-CE, and the CUSOM-administered summative exam.

While Clinical Modules are an important educational supplement, they do not replace the comprehensive learning which occurs through reading, studying, and direct patient care during clinical rotations.

Students are provided with required curricula during the third- and fourth-year along with syllabi which include clinical rotation-specific learning objectives and corresponding reading assignments.

Completion of learning modules are due no later than 11:59pm on the Thursday before the Callback Friday of the clinical 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 complete and maintain a Clinical Experience Database Log in CUSOM's web-based evaluation system.

Purpose and Value of Logs

Clinical Experience Database Logs are utilized to monitor students' acquisition of key clinical skills and ensure exposure to a broad scope of practice during each rotation.

Maintaining Clinical Experience Logs supports student self-assessment, promotes self-directed learning, and contributes to the development of a comprehensive professional portfolio. These logs enable students to track participation in clinical encounters and procedures, helping to identify areas of strength as well as gaps in clinical exposure.

Recognizing these patterns allows students to take a proactive approach to their education by seeking additional clinical or simulation opportunities to build competency in essential procedures required for residency and clinical practice.

Clinical Experience Logs also serve as a longitudinal record of patient care activities and procedural experience. This documentation may be valuable when preparing residency applications, discussing clinical experience during interviews, and supporting credentialing and privileging processes after graduation.

Consistent and accurate documentation of clinical experiences helps ensure that students achieve appropriate breadth and depth of training while demonstrating readiness for the next stage of clinical training and professional development.

Log Requirements

A minimum of ten (10) procedures must be documented for each third-year clinical rotation and for Emergency Medicine and Geriatrics rotations in fourth year. If a 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 the student meeting with the Associate Dean for Clinical Affairs to discuss this matter. Additional failure to submit logs will result in a failing grade (Fail Clinical, FC) for the clinical 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 clinical rotation. Students must include all information requested on the log form. In compliance with HIPAA, no patient names or other identifiers may be included.

6.2.7 Grading Rubric for Years 3 and 4

The primary basis for the clinical rotation grade is the CUSOM Preceptor Evaluation of the Student (PES) Form and the end-of-rotation exam/module grade. The end-of-rotation exam is given at the conclusion of the four-week block for select clinical rotations. The PES Form is completed by the student's clinical faculty preceptor or the clinical campus's respective rotation clerkship director (or designee) following completion of the clinical rotation and should be discussed with the student before submission. For clinical rotations without an end-of-rotation exam, the student's grade is based solely on the clinical faculty preceptor's evaluation (PES) of the student.

1. Some Selective and Elective four-week clinical rotations may be divided into two (2) separate 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 clinical rotation will be the combination of both of the (2) two-week experience grades. Students who fail <u>either</u> two-week clinical rotation, even if the average of the two clinical rotation evaluations results in a passing grade, will receive an FC for the entire four-week clinical 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 Medicine II, Surgery, Obstetrics/Gynecology, Family Medicine, Pediatrics, Psychiatry, and Emergency Medicine clinical rotations.

   Students must pass the end-of-rotation exam to pass the clinical rotation. Students who do not pass an end-of-rotation exam are allowed one chance to retake the exam, within 30 days of receiving their score. 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 clinical 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 clinical rotation, the **entire clinical rotation and end-of-rotation exam must be passed in order to successfully remediate the clinical 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 clinical rotations, including Pediatrics, Medicine I and II, Family Medicine, General Surgery, Obstetrics/Gynecology, and Psychiatry utilize evidence-based, online medical education modules, which are 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 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 11:59pm on the Thursday before the Callback Friday of the clinical 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 twenty (20) calendar days of completion of each clinical 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.

The CUSOM competency-based evaluation is based on the following Core Competencies:

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

Clinical rotation grades for students who are permitted to split a four-week Selective or Elective clinical rotation into two separate two-week experiences will be determined by the combination of the two individual, 2-week experience grades. If a student has an approved clinical rotation of two (2) weeks duration, the evaluation is to be completed at the end of the two-week period. Students who fail either two-week clinical rotation, even if the average of the two clinical rotation evaluations results in a passing grade, will receive an FC for the entire four-week clinical rotation Block and will be called to the APPS Committee for review.

One clinical rotation evaluation form will be submitted and accepted per each two (2) or four (4) week clinical rotation. If a student worked with more than one clinical faculty member during the clinical rotation, it is **expected** the clinical faculty member completing the clinical rotation will provide 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 situations where a composite evaluation is not possible, the clinical campus/site coordinator will distribute the PES to the preceptor(s) with whom the student worked, and the results of those evaluations will be averaged towards the final grade.

In order to receive a grade for each clinical 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. Clinical rotation learning modules
6. Clinical experience database (logs)

Failure to complete any clinical rotation requirement or submit any required clinical rotation documentation will result in a failing grade (Fail Clinical, FC) and referral to the APPS Committee.

Additional requirements 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 clinical rotation.
4. Osteopathic Manipulative Medicine – Completion of OMM special assignments and participation in OMM skills lab during Callback Fridays for select clinical rotations is 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 encountered in adult and pediatric patients.

   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 Callback Fridays.

CUSOM Clinical Skills Assessment and Summative OSCE

In order to successfully complete the Doctor of Osteopathic Medicine Program, each student must successfully complete 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 fourth-year.

During the Residency Development course, the first clinical rotation of the fourth-year, CUSOM students must successfully complete an on-campus summative multi-station OSCE. This multi-station OSCE 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.

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 clinical 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 clinical rotation, the student should 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 CUSOM Office of Clinical Affairs within twenty (20) calendar days of completion of each clinical rotation. If the student worked with more than one clinical faculty member, the student should have the primary 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 clinical rotation. Students are not permitted to solicit additional evaluations.**

PES Forms must be completed by the primary evaluator who must be an attending physician or other licensed healthcare provider. In situations where a composite evaluation is not possible, the clinical campus/site coordinator will distribute the PES to the preceptor(s) with whom the student worked, and the results of those evaluations will be averaged towards the final grade.

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 clinical rotation failure (FC) or Incomplete (IC) grade. Any Incomplete (IC) grade will jeopardize student eligibility for financial aid and may also 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 twenty (20) calendar days of completion of each clinical rotation. It is the student's responsibility to expediently inform the CUSOM Office of Clinical Affairs of any difficulty in obtaining an evaluation from the preceptor at the end of the clinical rotation.

It is expected each student will meet with the preceptor assigning the grade at the end of the clinical rotation to review their comments and to reconcile any issues, including concerns related to factual or typographical errors in the evaluation, at that time. If a student fails to meet with the preceptor to review the evaluation, 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 10.3.2 of this Bulletin) to the CUSOM Office of Clinical Affairs. 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

If a student worked with more than one clinical faculty member, the student should have the principal primary evaluator or the clinical campus's respective clinical rotation clerkship director (or designee) submit a composite evaluation, as designated on the PES form, based on the input of those physicians with whom the student worked.

If 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 clinical rotation performance.

Only one PES Form from the preceptor, primary evaluation, or clinical rotation clerkship director (or designee) will be accepted. In situations where a composite evaluation is not possible, the clinical campus/site coordinator will distribute the PES to the preceptor(s) with whom the student worked, and the results of those evaluations will be averaged towards the final grade.

Students are not permitted to solicit additional evaluation forms from other clinical faculty on the clinical rotation to be included in the final evaluation form. Students who solicit additional evaluations or are in violation of any other rules related to the PES 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 clinical rotation to review their comments and to reconcile any issues, including concerns related to factual or typographical errors in the evaluation, at that time. If a student fails to meet with the preceptor to review the evaluation, 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.

Additional aspects of the Composite Evaluation

Students are responsible for ensuring that all PES Forms, including composite evaluations, are completed online or submitted to the Clinical Affairs Office within twenty (20) calendar days completion of each clinical rotation. To facilitate this, students must schedule a meeting with their preceptor during the final week of the clinical rotation to review their evaluation, discuss overall performance, and obtain the preceptor's signature.

While the summative PES Form must be completed and submitted at the end of the clinical rotation, students are expected to seek regular feedback. Asking questions such as *"How am I doing?"* or *"What can I improve?"* allows students to address areas for improvement in real time. This proactive approach helps enhance performance during the clinical rotation, facilitate improvement, and reduces the likelihood of receiving an unexpected poor evaluation. **It is the student's responsibility to seek ongoing feedback from their preceptor.**

Students should check with the CUSOM Office of Clinical Affairs (or site coordinators if directed) regularly to assure their completed preceptor evaluation has been received within twenty (20) calendar days of the completion of each clinical rotation. 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 CUSOM 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 clinical rotation, the CUSOM Office of Clinical Affairs will enter the student preceptor information provided by the clinical campus Student Medical Education Coordinator into CUSOM's web-based evaluation system.

CUSOMs expects Clinical Faculty preceptors to complete the PES Form during the final week of the clinical 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 Office of Clinical Affairs will perform an audit in CUSOM's web-based evaluation system to identify any incomplete PES Forms.

Missing PES forms, as identified by the Office of Clinical Affairs, are reported to the corresponding student, clinical campus Student Medical Education Coordinator, and Regional Dean/DSME. The Regional Dean/DSME will then contact the Clinical Faculty preceptor directly to remind them of the pending PES Form.

At the end of the second week following a clinical rotation, the CUSOM Office of Clinical Affairs will perform another audit 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, will then contact the Clinical Faculty preceptor directly to obtain the pending PES Forms.

If the PES Form is not completed by the third week following the completion of a clinical rotation, the Regional Dean/DSME or a designee will complete the student's evaluation.

6.2.7.4 Rotations, Course Remediation, and Academic Warning/Probation

Failure of a clinical rotation occurs if the student fails either the preceptor evaluation of the student (PES) 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.

In addition, failure to complete any clinical rotation requirement or submit any required clinical rotation documentation will result in a failing grade (Fail Clinical, FC) and referral to the APPS Committee.

If the student is permitted to remediate, they will be required to repeat the entire clinical rotation, including any associated modules and end-of-rotation exam, and will be placed on Academic Warning at a minimum.

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.

If permitted to remediate a failed clinical rotation, the student may incur additional tuition costs and fees such as re-taking the end-of-rotation exam. Additionally, the student is responsible for all expenses associated with repeating any failed clinical rotations including, but not limited to, housing costs if a student is displaced from their clinical campus in order to remediate the failed clinical rotation. These charges will be billed directly to the student's account.

Failure of a second clinical rotation will result in referral to the APPS Committee for sanctions up to, and including, Dismissal from the program.

Students who fail a clinical rotation for any reason will be referred to the APPS Committee. **Additionally, repeated performance evaluations with competency ratings of "1" or "2" in a specific category, or across multiple categories, even if the overall clinical rotation grade is passing, may warrant remediation**. This decision is at the discretion of the Associate Dean for Clinical Affairs in consultation with the Clinical Chair, the clinical faculty preceptor, or the APPS Committee.

Any evaluation rating of "2" or below in any competency area, regardless of an overall passing grade, will be reviewed by the Associate Dean for Clinical Affairs. Based on this review, the student may be required to meet with the Associate Dean for Clinical Affairs, Regional Dean/DSME, or Clinical Chair, or may be referred to the APPS Committee for further action.

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 concerning comments on the Preceptor Evaluation of Student (PES) Form related to professionalism or ethical behavior will be reviewed by the Associate Dean for Clinical Affairs. Such ratings must be accompanied by specific comments from the preceptor detailing the nature of the concern. Based on the findings, **the Associate Dean for Clinical Affairs may assign appropriate remediation to address the deficiency**. In cases where the concern is significant, **the student may be referred to the APPS Committee, which will determine further action based on the severity and nature of the issue**.

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 clinical 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 entire clinical rotation, including any associated modules and end-of-rotation exam. Remediation of a clinical rotation may result in the institution of a Modified Course of Study, a delay in the student's graduation date, and adversely affect financial aid and the student's ability to participate in the residency match process.

Additional consequences may apply to students who have failed a clinical rotation as noted in Section 6.7 of this Bulletin.

If a student successfully remediates a failed clinical rotation, a Pass Clinical (PC*) will be entered as the final grade for the clinical rotation.

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

Incomplete Grades: If, for any reason, a student receives an incomplete evaluation or is unable to complete a clinical rotation or its associated requirements, the student will receive an Incomplete (IC) for the clinical 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 clinical 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 clinical rotations with a family member as the clinical faculty preceptor of record. This includes family members related by marriage.

Unauthorized Rotations: Students must complete proper registration and obtain formal approval from the CUSOM Office of Clinical Affairs before beginning any Elective or Selective clinical rotation, as outlined elsewhere in this Bulletin. Failure to obtain prior approval will result in the clinical rotation not being awarded academic credit and may lead to referral to the APPS Committee for review. Students must follow the prescribed process for obtaining pre-approval for all Elective and Selective clinical rotations to ensure all required documentation and proper affiliation agreements are in place. For questions regarding the approval process, students should contact the CUSOM Office of Clinical Affairs.

6.3 Educational Records

6.3.1 Policy Statement on Student Information and Educational Records

For general information related to the Family Educational Rights and Privacy Act (FERPA) see Section 1.1 of this Bulletin. Campbell University guarantees each student certain rights in compliance with FERPA. Please refer to Campbell University's Annual Notification of Rights Under FERPA.

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 professionalism violations.

The CUSOM Office of Student Affairs maintains pre-admission academic and demographic data for each matriculating class in a confidential manner, while the Office of the Registrar maintains in a confidential manner academic records for all enrolled students. All pre-admission student files are held electronically and access is restricted to the Director of Student Affairs, Director of Admissions, the Application Services Specialists, the Admissions and Student Affairs Coordinator. Access to pre-admission files, along with CUSOM student academic records, is also available to the Registrar, Assistant Registrar, Vice Dean for Academic Affairs, Vice Dean for Administrative Affairs, and the Dean.

The CUSOM Office of the Registrar manages and maintains all academic records of all current and former medical students. The office is responsible for the registration and course enrollment of medical students and the management of grades. All verifications of attendance, satisfactory academic programs, transcript requests, COMLEX and USMLE applications and Medical Student Performance Evaluations (MSPE) letters are processed though the CUSOM Office of the Registrar.

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 include the President, Provost, Academic Deans, Registrar, Office of Student Affairs, and designees of these University officials with a legitimate educational interest in the record.

Under the Family Educational Rights and Privacy Act (FERPA), the University may disclose personally identifiable information from a student's education record to appropriate parties, including parents, in the event of a health or safety emergency when such information is necessary to protect the health or safety of the student or other individuals.

More information can be found at the U.S. Department of Education Family Educational Rights and Privacy Act (FERPA) website.

All documents and other information concerning student academic records, student disciplinary issues, 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.

The complete *Confidentiality Policy for Educational, Health, and Employment Records* is available on the CUSOM Policies and Procedures webpage. It includes detailed information regarding how CUSOM and Campbell University protect confidentiality, including compliance with FERPA and HIPAA.

6.3.2 Match-State Medical Education Verification

Once a student participates in the National Resident Matching Program (NRMP) or the San Francisco, Urology 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 requirements vary by jurisdiction, and these forms often require detailed and specific information. Accordingly, CUSOM is responsible for providing accurate, complete, and timely responses to all verification requests.

Medical education verification may be requested multiple times throughout a graduate's career in connection with licensure, credentialing, or changes in training program or employment. CUSOM will continue to provide verification of medical education as required.

6.4 Attendance

6.4.1 Attendance Overview

Years 1 and 2

During Years 1 and 2, attendance at most lectures is not required. However, students are strongly encouraged to attend all scheduled sessions, even those not designated as mandatory.

Attendance and active participation in lectures, workshops, and labs during first- and second-year provide valuable opportunities to engage with faculty and fellow students, participate in active learning, and seek clarification of complex concepts. To support in-person engagement, faculty schedule office hours during designated study periods rather than during scheduled class or laboratory sessions.

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

Absences from mandatory sessions during Years 1 and 2 are considered on a case-by-case basis through the Department of Medical Education (Med Ed) in consultation with the Course Director as delineated in Section 6.4.2.1 of this Bulletin.

Students in both the first- and second-years are expected to arrive at all curricular and non-curricular activities (including assessments) on time. Arriving after the scheduled start time is both disruptive to the learning environment and shows a lack of respect and professionalism for the faculty, staff, and other students.

Years 3 and 4

Attendance of third- and fourth-year students is required for all requisite clinical duties of the assigned clinical rotation. Any time away from a clinical rotation must be approved through the process described in Section 6.4.3.4 of this Bulletin.

Students on clinical rotations are required to be on time for all assigned activities associated with each clinical rotation which may include, but are not limited to, lectures, rounds, hospital committee meetings, on-call assignments, and case presentations. Students must abide by attendance requirements as described in Section 6.4.3 of this Bulletin.

Absences from mandatory sessions are considered on a case-by-case basis through the Department of Clinical Affairs in consultation with the Course Director as delineated in Section 6.4.3.4 of this Bulletin.

Non-adherence to Attendance Policies

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 imposed by the APPS Committee may include, but are not limited to, removal from any leadership position with a student club, organization or student government office, inability to participate in CUSOM-sponsored research, such as the Summer Research Scholars program, issuance of a Conduct Warning, or placement on Conduct Probation as delineated in Section 6.7 of this Bulletin.

6.4.2 Attendance - Years 1 and 2

During Years 1 and 2, 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, specific designated lectures, activities labeled as mandatory, and Interprofessional Education (IPE) events.
- All assessments as listed on the Block schedules. Integrated Exams are in-person except in unusual circumstances.

6.4.2.1 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, workshop, or IPE activity is not excused from the subject materials or activities of the particular session(s). The student may be required to make up the missed educational session(s) during off-hours if an Excused Absence is granted.

CUSOM will consider individual needs of the student; however, the decision as to when a make-up assessment is offered is at the discretion of the institution and is considered a non-appealable decision.

Make-up laboratories are conducted only in extenuating situations and at the discretion of the Course Director in consultation with the Director of Medical Education and Assessment (Director of Med Ed), and the Associate Dean for Biomedical Affairs when necessary.

An approved Excused Absence must be granted and obtained in order to arrange a make-up session with the Course Director. The Director of Med Ed will notify the Course Director of the decision.

Appropriate documentation to support any Excused Absence request is required (see Section 6.4.2.2 of this Bulletin), and must be submitted for approval to the Director of Med Ed.

Failure to provide appropriate documentation will result in the absence being considered an Unexcused Absence.

An Unexcused Absence from any activities outlined in Section 6.4.2 may result in a grade of zero (0) or an overall point deduction (as indicated in each specific Course Syllabus) for any graded assessment or activity missed, which may lead to a failing course grade.

Excused Absence Requests

A student may request an Excused Absence from a required session through Med Ed by meeting one of the following qualifying criteria:

- Illness: **The student must provide the Director of 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 anticipated return-to-class date.
- Unforeseen Incidents: For a vehicle accident or other vehicle-related incidents, the student must provide the Director of Med Ed with a copy of the law enforcement incident report for an accident, and appropriate documentation of other vehicle-related incidents (i.e., flat tire, battery replacement, etc.).
- Personal: Unless it is emergent in nature, the absence request must be submitted at least seven (7) calendar days prior to the anticipated absence. **Personal reasons for an absence do not include vacations, weddings, graduations, or other similar activities or events.** Examples of appropriate reasons for a personal absence include:
    - Death in the 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: 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 Excused Absence request as outlined below and advise the Director of Med Ed as soon as possible.
    - For Jury Duty, the Excused 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: In order to attend 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). Additionally, students wishing to attend a conference must complete the Conference Attendance Request form through Presence (https://campbell.presence.io/form/conference-approval-request).
    - To be considered for such a request, students should have a cumulative GPA $\geq$ 3.0 on a 4.0 scale, no unresolved course failures, and be in good academic and professional standing (not on Academic or Conduct Warning or Probation).
    - Any student with a cumulative GPA below 3.0 on a 4.0 scale, may be granted an exception to attend a meeting upon recommendation by the Associate Dean for Research or the Associate Dean for Clinical Affairs, and approval by the Vice Dean for Academic Affairs.
    - 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 Absence request for this purpose does not guarantee approval will be granted.

Appropriate documentation to support Excused Absence request is required and must be submitted for approval to Med Ed.

6.4.2.2 Evaluation and Approval of an Excused Absence Request

For an absence to be considered Excused, students must notify the Director of Med Ed and complete the appropriate "Excused Absence Request Form", on the Class Organization page on Blackboard. The Director of Med Ed will determine if the Excused Absence request is approved or denied, and the student and Course Director will be notified of this 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 Excused Absence request is approved, **it is the student's responsibility to contact the Course Director(s) to schedule the make-up for the missed class or laboratory session where applicable.**

- It is important to note that, although Course Directors will do their best to accommodate make-up requests, some missed experiences may not be able to be replicated, and the accommodation 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 any graded assessment or activity missed, which may lead to an overall failing course grade.
- CUSOM will consider individual needs of the student; however, the decision as to if, and when, a make-up assessment is offered is at the discretion of the institution and is considered non-appealable.

6.4.2.3 Absences from an Assessment

Students are provided with the Academic Calendar at Orientation, which includes the dates of most assessments during the Blocks, and therefore, should plan accordingly to ensure their attendance at these assessments.

In the event of any absence from an assessment including, but not necessarily limited to, written examinations, practical examinations, quizzes, or OSCEs, an Excused Absence approval (based upon the qualifying criteria detailed above) must be obtained from Med Ed in order to arrange a make-up. **It is essential students make every effort <u>not</u> to miss any assessment**. Requests for make-up assessments must be made in a timely manner with Med Ed.

An Unexcused Absence from any assessment may result in a grade of zero (0) or an overall grade point deduction (as indicated in each specific Course Syllabus) which may lead to an overall failing course grade.

If a student receives an Excused Absence for an assessment, the student will be required to make-up the assessment. The date and time of the make-up is determined by Med Ed in consultation with the Course Director, and approved by the Associate Dean for Biomedical Affairs as necessary. **Make-up assessments may need to be scheduled during the last week of the Block**. CUSOM will consider the individual needs of the student; however, the decision as to when a make-up assessment is given is at the discretion of the institution and is considered non-appealable.

If a student arrives late for an assessment, they will be allowed to sit for that assessment, but they will forfeit the amount of time they were late. For example, if a student shows up ten (10) minutes late for an assessment, they will have ten (10) minutes less time to complete the assessment, and the proctor will strictly enforce the assessment end time.

Med Ed will provide definitive start and end times for the assessment in the email they send out the day before the assessment, and these will be hard start and end times.

Recurrent or patterns of absences from assessments will result in the student having to appear before the APPS Committee to explain the reason for the repeated absences.

6.4.2.4 Official Holidays

CUSOM observes the following University holidays.

- New Year's Day
- Martin Luther King, Jr. Day
- Good Friday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving
- Christmas

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.

A list of Campbell University recognized holidays for the current calendar year is found on the University's Human Resources website.

Clinical rotations operate independently of this schedule and follow the approach delineated in Section 6.4.3.7 of this Bulletin.

6.4.2.5 Consequences of Non-compliance with Attendance Policies

As professionals, students are expected to strictly adhere to the Attendance Policy. Non-compliance with the Attendance Policy is considered a violation of the CUSOM Honor Code and will result in referral to the APPS Committee for disciplinary action up to and including Suspension or Dismissal from the program.

6.4.3 Attendance - Years 3 and 4 (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 8:00am or at the time required by the preceptor. Any questions regarding specific instructions for reporting on the first day of clinical rotations should be directed to the regional site Student Medical Education Coordinator or the CUSOM Office of Clinical Affairs.

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 clinical rotation consists of approximately 160 contact hours inclusive of required modules, self-directed learning, didactic sessions, and other responsibilities assigned by the clinical site. Students are required to be present and actively engaged in all assigned clinical duties during scheduled working hours. Exceptions may be granted in accordance with policies outlined in Section 6.4.3.4 and require approval by the training site, the supervising physician, and appropriate CUSOM leadership, including the Associate Dean for Clinical Affairs and the Vice President for Medical Education, Regional Dean, or Director of Medical Student Education (DMSE).

Specific schedules, including required days and hours, are determined by the supervising preceptor. Students may be scheduled to work daytime, evening, or overnight shifts, as well as weekends and holidays. Preceptors may ask students to accompany them during their scheduled work hours to ensure the student gains valuable clinical experience, especially during periods of peak patient care activity.

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 CUSOM Office of Clinical Affairs, and the training sites supports reasonable flexibility within clinical scheduling while maintaining the integrity of the educational experience and upholding standards of professionalism.

Both the third- and fourth-years include four (4) weeks of vacation, scheduled as a designated clinical rotation Block. The specific number of days or required shift hours is determined by the preceptor and may vary based on the specialty, clinical site expectations, and achievement of rotation objectives. General Surgery, Obstetrics/Gynecology, Hospitalist, sub-internship, and Emergency Medicine clinical rotations frequently require participation in evening, overnight, weekend, or holiday shifts.

Working schedules for each clinical rotation are established by the clinical site and the supervising physician, in coordination 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. Individual clinical rotations will specify expectations regarding call responsibilities, as well as night and weekend coverage, when applicable.

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 on a General Surgery rotation 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 clinical 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 alter their regular work schedules to take time off during any clinical rotation. The only exception applies to the Emergency Medicine and inpatient Hospitalist rotations, where adjustments may be made to accommodate shift schedules, provided the change is approved by the appropriate supervising physician.

Professionalism in patient care requires reliable attendance. The CUSOM Office of Clinical Affairs will 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 CUSOM Office of Clinical Affairs or accessed on CUSOM's web-based evaluation system.

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**. Tardiness may adversely impact student performance ratings in their Preceptor Evaluations and lead to review by the APPS Committee.

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 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 CUSOM Office of Clinical Affairs

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

Appropriate requests for absences from a clinical rotation include:

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 Callback Friday.

   Discretionary days **MUST be approved by both the preceptor and CUSOM 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 CUSOM Office of Clinical Affairs.

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 clinical rotations, the student may be referred to the CUSOM 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 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 clinical 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 CUSOM 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 requirements of the clinical rotation.

- If circumstances require a prolonged absence (more than three (3) days in one clinical rotation), the student may be encouraged to consider a Medical Leave of Absence which can be requested through the CUSOM 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 clinical rotation.
- A Medical Leave of Absence may require the student to be placed in a Modified Course which may delay student's graduation date and adversely affect the student's financial aid and ability to participate in the residency placement process. Medical Leaves of Absence are 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 the Immediate Family

   Time-off requested for family emergencies or a death in the family will be reviewed by the CUSOM 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 in a Modified Course of Study which could result in a delay in the student's graduation and adversely impact their financial aid and ability to participate in the residency placement process.

4. Time off for Residency Interviews

   Students may request no more than four (4) days off for interviews during any four-week clinical rotation, and no more than two (2) days over any two-week clinical 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 clinical rotation.

All requests for time-off must include written verification of the interview location and date and be provided to the CUSOM 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 at the conference, 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 clinical rotation.

Educational presentations, such as posters or research, may be considered toward meeting the required contact hours for the clinical 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.

- Any student with a cumulative GPA below 3.0 on a 4.0 scale, may be granted an exception to attend a meeting upon recommendation by the Associate Dean for Research or the Associate Dean for Clinical Affairs, and on approval by the Vice Dean for Academic Affairs.

In addition, for students to be considered for an excused 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 or pet care are NOT acceptable excuses for absences from clinical rotations.

Student Absence Request Requirements

All student absence requests must be made utilizing the official CUSOM Absence Request / Submission form which may be obtained from the CUSOM Office of Clinical Affairs or accessed on CUSOM's web-based evaluation system.

All absences, whether for 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 CUSOM Office of Clinical Affairs of ***any absence*** from a clinical 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.

6.4.3.5 Make-up Time

Students must be available to make up anticipated time off at the discretion of the clinical 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 CUSOM Office of Clinical Affairs.

Make-up time must be completed during the clinical rotation where the absence occurred and on a day the student is not scheduled to be on the clinical rotation (i.e. a weekend day). The student is required to notify the CUSOM Office of Clinical Affairs when make-up time is arranged.

Students who miss more than a total of four (4) days of a four-week clinical rotation, or two (2) days of a two-week clinical rotation, regardless of the reason, and who are unable to make up the missed time prior to the end of the clinical rotation **will not receive credit for the clinical 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 CUSOM Office of Clinical Affairs of ***any absence*** from a clinical 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 Callback 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 clinical 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 in-person 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 Callback Friday due to illness, they will be required to make up BOTH the end-of-rotation exam and the clinical rotation-specific pre-preparation activities in order to receive credit for completion of the clinical rotation. Any emergency requiring absence from a Callback Friday must be communicated to the CUSOM Office of Clinical Affairs immediately.

If a student arrives late for an end-of-rotation assessment, they will be allowed to sit for that assessment, but they will forfeit the amount of time they were late. Clinical Affairs will provide the definitive start and end times for the assessment in the email they send out before the assessment, and these will be hard start and end times. If a student shows up ten (10) minutes late for an end-of-rotation assessment, they will have ten (10) minutes less time to complete the assessment, and the proctor will strictly enforce the assessment end time.

Fourth-Year Callback Friday Requirements

Attendance and active participation in a minimum of two (2) on-campus Callback Friday OMM workshops is required during fourth-year. The first takes place during the Residency Development course and includes an OMM-specific OSCE conducted in a simulated outpatient setting. The second will occur when students return to campus to take their Emergency Medicine end-of-rotation exam and includes an OMM workshop structured to help them develop strategies for integrating OMM into their post-graduate education.

Students are always encouraged to attend additional Callback Friday activities in order to take advantage of additional practice, OMM and educational opportunities. Students who wish to attend additional Callback Friday activities must register in advance by contacting the CUSOM Office of Clinical Affairs.

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 CUSOM Office of Clinical Affairs.

Students may request an excused absence for religious holidays not included in the list of recognized University holidays (Section 6.4.2.4 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 with Attendance Policies

As professionals, students are expected to strictly adhere to the Attendance Policy. Any unexcused absence while on clinical rotation may result in a failure for that clinical 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 Clinical Rotation Site

In the event a student is asked to leave the clinical 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 CUSOM Office of Clinical Affairs 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 the CUSOM Office of Clinical Affairs within the ensuing twenty-four (24) hours.

6.4.4 Severe Weather Policy

If inclement weather results in changes to class schedules, a message will be posted via the website at www.campbell.edu and Facebook, X (formerly known as Twitter), and through the Campbell University inclement weather line:

On campus:	call 5700
Local, but not on campus:	call (910) 814-5700
Long distance:	call (800) 760-8980 then 5700

It is recommended students visit the Campbell University Emergency Preparedness website to sign up to receive campus alerts through the CU Notify system. 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, as long as it is safe to do so. 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 CUSOM Office of Clinical Affairs 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 clinical rotation Block in order to receive credit for the clinical 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 Office of Clinical Affairs and Regional Deans/Director of Student Medical Education (DSMEs), is crucial to assessing risks within the 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

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

Regional Deans/DSMEs serve as the key point of contact for CUSOM and its students in the respective regions and should keep a printed copy of student contact information 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

It is recommended that students visit the Campbell University Emergency Preparedness website to sign up to receive campus alerts through the CU Notify system.

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 CUSOM Office of Clinical Affairs, will be in frequent contact to discuss whether relocation of affected students is necessary to ensure educational program continuity. End-of-rotation exams and Callback 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 wear appropriate attire at all times while on CUSOM premises, including adjacent Campbell University property, and during all clinical and educational activities, including in-person and virtual sessions. Professional attire is required for all lectures, examinations, laboratory sessions, workshops and clinical experiences.

All students are expected to wear business casual attire appropriate for a professional setting. Changing areas and lockers are provided for students to change into appropriate dress for Osteopathic Manipulative Medicine (OMM), Clinical Skills, and Anatomy labs. All students must have at least one short, white consultation coat maintained in a clean and presentable condition.

Students, faculty, and staff are expected to maintain a neat, clean, and well-groomed appearance at all times. The apparel and appearance of faculty, staff, and students project, in part, the image the community has of the University. Attire should not be distracting to faculty, staff, students, or patients.

Shorts, jeans, sweatpants, scrubs, T-shirts, and athletic shoes are not permitted except when authorized for specific activities such as OMM, Clinical Skills, and Anatomy labs, as designated in the applicable Course Syllabi. Clothing that is revealing or excessively tight and form-fitting is not appropriate in the educational or clinical environment.

Head coverings, caps, hooded garments, and sunglasses may not be worn during classes, labs or assessments unless required for documented religious or medical reasons. Students who are not in compliance with these requirements will be asked to remove them.

Students who are not appropriately dressed or groomed may be required to leave the campus or their clinical rotation and may not return until appropriately attired. Any academic or clinical activities missed as a result will be considered an unexcused absence. Questionable or disputed cases of dress or grooming shall be presented to the Office of Student Affairs or the CUSOM Office of Clinical Affairs, whose determination will be final. Repeated violations may be considered a professionalism concern and result in referral to the Academic Performance, Promotion, and Standards (APPS) Committee.

Certain educational experiences at CUSOM require a specific dress code. These include OMM, Anatomy, and Clinical Skills labs, where dress requirements are outlined in the respective course syllabi.

6.5.1 OMM Laboratory Dress Code

Dress requirements for OMM lab sessions are designed to support effective learning by providing appropriate access for observation and palpation. Clothing that restricts movement or limits access to anatomical areas may interfere with the educational experience of both the student and lab partners.

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 heavy or thick-seamed garments, clothing that restricts movement, or attire that limits visualization of areas under examination. During OMM lab sessions, students may be required to expose the back, rib cage and abdomen to facilitate examination and treatment. Appropriate undergarments include athletic-style garments which allow for both professional coverage and freedom of movement.

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, as shoes are not permitted on examination tables.

Hats or other head coverings are not permitted in the OMM lab unless required for documented religious or medical reasons. 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 lab sessions, students must wear clean attire which allows for appropriate visualization, examination, and palpation of the anatomical areas being studied. This may require partial exposure of the body. On such days, students are expected to follow the "OMM Dress Code" as outlined in Section 6.5.1.

- Students should avoid wearing any heavy or thick-seamed garments, clothing that restricts movement, attire that limits visualization of the area under examination, and any inappropriately revealing clothing.
- Students may be required to expose the back, rib cage and abdomen to facilitate examination. Appropriate undergarments include athletic-style garments which allow for both professional coverage and freedom of movement.

Hats or other head coverings are not permitted in anatomy or ultrasound labs unless required for documented religious or medical reason. 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 for storage of gross anatomy lab clothing and personal belongings. Students are responsible for providing their own locks and must store all personal items in lockers rather than leaving them in common areas, including the fourth-floor lobby outside the laboratory. Lockers must also be used during gross anatomy practical exams.

Protective eyewear is suggested but not required and students are responsible for providing their own eyewear. **Soft contact lenses are NOT recommended in the lab** as they may absorb chemical substances 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 day's educational activity and is clearly stated in the Course Syllabi. Unless otherwise stated, students are expected to follow the CUSOM "Dress Code Policy" 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 following the "OMM Dress Code"; Section 6.5.1.

Clinical Skills laboratory sessions involve the physical examination of classmates, models, and standardized patients. Students are expected to maintain professionalism at all times when interacting with patients and peers. The development of a professional and respectful approach to performing the physical exam is an essential component of clinical training and full participation in laboratory activities is expected.

Students are assigned rotating laboratory partners to promote broad exposure to different body types and to support the development of clinical examination skills across diverse patient presentations.

Students will not be required to examine, or be examined by a classmate or faculty member for breast, genital, or rectal exams. However, certain laboratory sessions, such as those involving examination of the heart, lungs, abdomen, or extremities, may require partial exposure of the body. On such days, students must adhere to the "OMM Dress Code" as outlined in Section 6.5.1.

Students are expected to wear appropriate undergarments which provide professional coverage while allowing necessary access for examination. Attire that is overly restrictive, excessively revealing, or contains inappropriate language or imagery is not permitted in Clinical Skills laboratory sessions. Specific attire requirements, including the use of scrubs, will be communicated in advance and outlined in course syllabi. Students must wear a white coat for all encounters with Standardized Patients. Professional attire, including a white coat, is required for all Final Objective Structured Clinical Examinations (OSCEs).

Faculty and staff reserve the right to deny participation to any student who is not in compliance with the Dress Code Policy as set forth in this Academic Bulletin. Students who are not permitted to participate in a Clinical Skills, Simulation or OSCE session or exam due to noncompliance may receive an unexcused absence and may be assigned a grade of zero (0) for any associated graded activity.

6.6 Academic Standing and Academic Progress

6.6.1 Academic Standing

Academic Standing is defined as a student's academic status at any time within the four-year CUSOM curriculum.

CUSOM must attest to the National Board of Osteopathic Medical Examiners (NBOME) that each CUSOM student has successfully completed the first year of study and is in Good Academic and Professional Standing prior to sitting for COMLEX-USA Level 1 and COMLEX-USA Level 2-CE. As such, a student Not in Good Academic or Professional Standing will not be approved to sit for COMLEX. Students are encouraged to review the NBOME website for additional information concerning COMLEX examinations.

A student in **Good Academic Standing** is one with officially recorded, passing grades in all completed courses and clinical rotations attempted at a given point in time. This includes students who have successfully remediated a previously failed course or clinical rotation.

- A student assigned an Incomplete (IC) grade due to a non-academic reason, such a medical or personal issue, which prevents completion of course or clinical rotation requirements is considered to be in **Good Academic Standing** during the period of the Incomplete.

A student is considered **Not in Good Academic Standing** if there is any unresolved failing grade in a course or clinical rotation, including failures that have not been successfully remediated.

- A student assigned an Incomplete (IC) grade due to failure to meet the minimum academic standards for a specific course or clinical rotation is considered to be **Not in Good Academic Standing** at that time.

Academic Standing is also used, in part, to determine student eligibility to participate in CUSOM-approved activities, such as conferences, student organizations, and CUSOM-sponsored research such as the Summer Research Scholars program. Academic Standing and GPA requirements for student eligibility to serve as an SGA or club officer, participate in CUSOM-sponsored research, serve on a CUSOM Committee, and receive an approved absence to attend any off-campus conference or meeting are delineated in Sections 6.4.2, 6.4.3.4, and 7.3.1 of this Bulletin.

6.6.1.1 Academic Warning

The APPS Committee will place a student on Academic Warning for a defined term if the student fails a course or clinical rotation.

At the end of the designated Academic Warning period, the APPS Committee reviews each student's academic record to assess progress and determine whether the Academic Warning should be continued or removed. Academic Warning will not appear on the student's official transcript and will not be included in the Medical Student Performance Evaluation (MSPE).

Students on Academic Warning are not eligible to serve as officers in Student Government, clubs or organizations; participate on CUSOM committees; receive approved absences to attend off-campus conferences or meetings; or serve as Teaching Assistants.

Directors and Coordinators of the Campbell University Community Care Clinic (CUCCC) are not considered formal leadership positions for the purposes of Academic Warning sanctions and are therefore not subject to these restrictions. Similarly, the Collaborative Anatomy Pathology (CAP) project is not classified as CUSOM-sponsored research and is not subject to these sanctions.

Students on Academic Warning are encouraged to evaluate and adjust their study strategies to support academic success. They are strongly encouraged to take advantage of available resources, including the CUSOM Academic Center for Excellence (ACE), the Office of Student Affairs, Behavioral Health Services, faculty support, and Peer Learning Partners.

Students who fail a course or clinical rotation while on Academic Warning will be placed on Academic Probation by the APPS Committee.

6.6.1.2 Academic Probation

The APPS Committee will place a student on Academic Probation for a defined term if the student fails multiple courses or clinical rotations; fails COMLEX-USA Level-1 or Level 2-CE; fails a course, a clinical rotation, or fails to make satisfactory academic progress while on Academic Warning; or other academic issues as deemed relevant to warrant the sanction of Academic Probation.

At the end of the designated Academic Probation period, the APPS Committee reviews each student's academic record to assess progress and determine whether the Academic Probation should be continued or removed.

Academic Probation will appear on the student's official transcript, along with the date the Academic Probation was instituted, and rectified. **Academic Probation will be included in the Medical Student Performance Evaluation (MSPE), and applications for state medical licenses where required**.

Students on Academic Probation are not eligible to serve as a Student Government, club or organization officer, or serve on a CUSOM committee, receive an approved absence to attend an off-campus conference or meeting, serve as a Teaching Assistant, or participate in CUSOM-sponsored research, such as the Summer Research Scholars program.

Directors and Coordinators of the Campbell University Community Care Clinic (CUCCC) are not considered formal leadership positions for the purposes of Academic Probation sanctions and are therefore not subject to these restrictions. Similarly, the Collaborative Anatomy Pathology (CAP) project is not classified as CUSOM-sponsored research and is not subject to these sanctions.

Academic Probation is a more significant sanction than Academic Warning, and any additional course or clinical rotation failures while on Academic Probation may result in Dismissal from the program.

6.6.2 Academic Progress

Years 1 and 2

Academic Progress during the first and second years of the curriculum requires passing all courses in each Block in a sequential manner. Students must satisfy all curricular requirements for a given Block before progressing to the next (i.e., all curricular requirements for Block 1 must be satisfied before a student may start Block 2, Block 2 requirements before Block 3, etc.). This includes successful completion of all course requirements and fulfillment of any conditions established by the APPS Committee, including those applicable to students enrolled in a Modified Course of Study. Students must also demonstrate appropriate development in professionalism as determined by the faculty and administration.

All Year 1 curricular requirements must be completed successfully before a student may be promoted to and begin Year 2 coursework. Students must also fulfill all financial obligations to the University, including tuition and fees, prior to advancing to the next Semester or academic year. Students will not be registered for subsequent courses until all financial obligations have been fulfilled.

In order to be permitted to sit for COMLEX-USA Level 1, the student must have passed the CABS II course and all prior coursework (be in Good Academic Standing) as delineated in Section 6.6.5.1 of this Bulletin, and met any other requirements as set forth by the National Board of Osteopathic Medical Examiners (NBOME). Students must fulfill all financial obligations to the University before they will be allowed to sit for any Level of COMLEX-USA.

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 during the third and fourth years of the curriculum requires completion of all clinical rotations, end-of-rotation exams, and associated curricular requirements. These requirements include, but are not limited to, clinical modules, procedure and patient logs, Callback Fridays, and completion of required evaluations of their clinical site and their preceptors.

Students who have been placed in a Modified Course of Study must also meet all requirements set forth by the APPS Committee.

Students are required to fulfill all financial obligations to the University, including tuition and fees, prior to advancing to the next clinical rotation or academic year. Students will not be registered for any courses or clinical rotations until all financial obligations have been satisfied.

To be eligible for graduation and the award of the Doctor of Osteopathic Medicine (DO) degree, each student must successfully pass COMLEX-USA Level 2–Cognitive Evaluation (CE) and demonstrate achievement of required osteopathic competencies as defined by CUSOM.

In order to be permitted to sit for COMLEX-USA Level 2-CE, the student must have achieved a passing score on a CUSOM-identified Qualifying Exam (QE), passed all prior coursework (be in Good Academic Standing) as delineated in Section 6.6.4.5 of this Bulletin, and have met any other requirements as set forth by the NBOME. Students must also fulfill all financial obligations to the University before they will be allowed to sit for any Level of COMLEX-USA.

All students are required to successfully complete CUSOM's Clinical Skills Assessment Program during fourth-year. This program includes both longitudinal evaluation of student performance and a comprehensive on-campus, multi-station Objective Structured Clinical Exam (OSCE). This multi-station OSCE 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.

Students who do not pass the Qualifying Exam (QE) after three (3) consecutive attempts are referred to the APPS Committee as delineated in Section 6.6.5.2 of this Bulletin.

Students who experience difficulty successfully completing any component of the CUSOM curriculum or any level of the COMLEX examination series within the timeframe established in this Bulletin may be required to enter a Modified Course of Study. In cases of COMLEX examination performance, students may also be required to complete a structured Board preparation program.

Students placed in a Modified Course of Study must agree to comply with all terms and conditions established by the APPS Committee. Students remain in full-time status while enrolled in an MCOS, provided they are making satisfactory progress and do not exceed the maximum time allowed for completion.

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 further action, including sanctions up to, and including, Suspension or 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, but not limited to, required remediation, licensing exam performance, and Leave of Absence. Placement in a MCOS is not considered an adverse sanction; rather, it is intended as a transitional and supportive measure to facilitate student success.

A student cannot request a Modified Course of Study (MCOS); rather, a MCOS is individually designed based on the student's performance and needs as designated by the APPS Committee or respective Associate Dean and approved by the APPS Committee.

If the student is already in a MCOS, adjustments to the MCOS may be required. In either case, a **MCOS may result in delayed clinical rotations, a delay in the student's graduation date, and potential impacts on participation in the residency Match process.**

A delayed graduation date could have a cascading effect on the timing of conferral of the DO degree, and, by extension, when a student would be eligible to obtain a state medical license and start their residency. Placement on a MCOS may also result in additional tuition charges.

Students in a MCOS must agree to, and comply with, the conditions and schedule of the MCOS as determined by the APPS Committee. **Students not following the individualized MCOS 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 must complete all program requirements, including COMLEX-USA Level 1 and Level 2-CE, to graduate, enter the Electronic Residency Application Service (ERAS), 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 time to start their residency program may lose their Matched position. These decisions are made by the Residency Program Director or Director of Medical Education at the respective clinical program.

MCOS for COMLEX or Qualifying Exams

A MCOS may not be utilized 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 in a MCOS; rather, a student is placed on a MCOS by the APPS Committee or respective Associate Dean with approval by the APPS Committee if an alternative educational pathway is required.

Students enrolled in a MCOS are required to comply with all program requirements, including adherence to established timelines and program instruction. Failure to follow the terms of a MCOS may result in referral to the APPS Committee for further review and may lead to additional sanctions up to and including Suspension or Dismissal from the program.

A Modified Course of Study consisting of a Board preparation program(s) cannot exceed 90-days duration, and the student is required to sit for COMLEX-USA Level 1 or 2-CE no later than 14 days following successful completion of the Board preparation program of study. As such, the total length of a MCOS for Boards preparation cannot exceed 104 days.

Students participating in a Boards preparation program as their MCOS must meet all associated 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 conditions of the MCOS and may result in sanctions up to and including Suspension or Dismissal from the program.

If a student fails COMLEX-USA Level 1, COMLEX Level 2-CE, or does not qualify for COMLEX-USA Level 2-CE the APPS Committee will place the student in a MCOS and provide them 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 complete during their MCOS in preparation for their subsequent attempt on their respective exam. Any associated costs of these programs are at the student's expense and the student must complete MCOS program(s) of study within ninety (90) days from start of the first program of study chosen for the MCOS.

Failure to follow the timeline established by a program of study, to complete the MCOS program of study within 90 days, or to sit for COMLEX-USA Level 1 or 2-CE within 14 days of completion of the program will result in referral to the APPS Committee for non-adherence to the conditions of the MCOS and may result in sanctions up to and including Suspension (see Section 6.8.5) or Dismissal (see Section 6.8.6) from the program.

Students who choose, or are placed on, Suspension are not permitted to return from Suspension and resume clinical rotations until they achieve a passing score on COMLEX-USA Level 1 or 2-CE.

While on Suspension, verification of a passing score on COMLEX-USA Level 1 or COMLEX-USA Level 2-CE must be received by CUSOM within 180 days of the start of Suspension.
If the terms set out under the Suspension are not fulfilled, or the student exceeds the Suspension term of 180 calendar days, the student will be referred to the APPS Committee for Dismissal from the program.

Modified Schedule (See Section 6.8.1.2)

In rare instances, a student may need to enter a Modified Schedule, which does not require a Leave of Absence or formal Modified Course of Study, 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 students), will develop a proposed Modified Schedule with the student which is subsequently approved by the Executive Committee of the APPS Committee.

A student enrolled in a Modified Schedule who does not follow the requirements, including but not limited to, meeting established timelines may be referred to the APPS Committee for further review. Failure to comply may result in additional sanctions up to and including Suspension or Dismissal from the program.

Suspension is defined as a temporary separation from the institution during which time **students are not enrolled or registered and are ineligible for financial aid. Students must be aware that this status may affect other aspects of their academic and professional progression. For example, while on Suspension, CUSOM students are not eligible for institutional approval to sit for USMLE Step 1 or Step 2 CK due to their enrollment requirements. However, they may be approved to sit for COMLEX-USA Level 1 or Level 2-CE, as the NBOME has different attestation requirements than the NBME.**

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 student exceeds the Suspension term of 180 calendar days, the student will be referred to the APPS Committee for Dismissal from the program.

6.6.4 Six (6) Year Graduation Requirement

In accordance with COCA standards, single degree DO students must successfully complete the DO curriculum and all associated requirements within 150% of the standard time (six (6) years following matriculation).

To become eligible for graduation, each student must successfully complete all graduation requirements (as delineated in Section 6.9.1 of this Bulletin) 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 leaves 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 are not limited to, placement in a Modified Course of Study, Academic Probation, or Dismissal from the program.

6.6.5 National Licensing (Board) Exams

Students are required to pass the COMLEX-USA Level 1 and COMLEX-USA Level 2-CE prior to graduation as outlined in the table of Academic 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.

To be eligible to sit for COMLEX-USA Level 1 and Level 2-CE, students must be in good Academic and Professional Standing and must successfully complete the required Qualifying Process. This process may include achieving a pre-determined minimum passing score on a Qualifying Exam (QE), such as a CUSOM-administered College of Osteopathic Medicine Self-Assessment Exam (COMSAE) or similar exam. CUSOM establishes qualifying score thresholds prior to each administration of a Qualifying Exam.

Students may register for COMLEX-USA Level 1 or Level 2-CE prior to passing a required Qualifying Exam (QE); however, students who do not successfully complete the Qualifying Process are not permitted to sit for exams.

The Clinical Applications of Biomedical Sciences II (CABS II; OMED 690) course offered during Block 8, serves as a capstone to the first two years of the curriculum and a transition to clinical training. This credit-bearing course is designed to review, integrate, and reinforce foundational biomedical and clinical concepts while emphasizing the knowledge and skills required clinical rotations. Completion of this course supports preparation for COMLEX-USA Level 1 and readiness for entry into third-year clinical rotations.

Prior to receiving 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. Third-year status is not granted until a student passes COMLEX-USA Level 1.

Academic Progress Milestones
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 Clinical 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 CUSOM's Comprehensive Clinical Skills Assessment Program
Successful Completion of Fourth-Year Clinical Rotations

To be eligible for the award of the Doctor of Osteopathic Medicine (DO) degree from CUSOM, students must fulfill all graduation requirements, including successful completion of all curricular components, passage of COMLEX-USA Level 1 and COMLEX-USA Level 2–Cognitive Evaluation (CE), and demonstration of required osteopathic competency standards as outlined in Section 6.6.5.10 of this Academic Bulletin.

Students must achieve all programmatic educational objectives, including demonstrated proficiency in fundamental knowledge, clinical skills, professional behaviors, attitudes, and physician competency domains necessary for graduation, entry into supervised graduate medical education, and the provision of high-quality osteopathic medical care.

As part of these requirements, each student must successfully complete CUSOM's Clinical Skills Assessment Program during the fourth-year. This program includes both a longitudinal evaluation of clinical performance and a comprehensive on-campus multi-station Objective Structured Clinical Exam (OSCE).

Accommodations on COMLEX-USA Exams

Students who want to request accommodations for any COMLEX-USA examination **must submit their applications directly to the National Board of Osteopathic Medical Examiners (NBOME)** according to their timelines and requirements. Information regarding testing accommodations for COMLEX-USA examinations is available on the NBOME's Test Accommodations website.

CUSOM is <u>not</u> responsible for requesting or approving COMLEX-USA testing accommodations, or for communicating with the testing center or the NBOME if there was an Adverse Testing Condition (see below).

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.

NOTE: If a student experiences an Adverse Testing Environment (NBOME Adverse Testing Conditions Webpage) while sitting for a COMLEX examination, they are to follow the directions as delineated by the NBOME in processing an appeal. A student who files an Adverse Testing Condition complaint with the NBOME should notify CUSOM of the incident as it may impact academic progress and timeline through clinical rotations; however, CUSOM has no authority to impact the NBOME's decision regarding an appeal and CUSOM cannot intervene in the process.

6.6.5.1 COMLEX-USA Level 1

To be eligible to sit for COMLEX-USA Level 1, students must successfully complete the required Qualifying Process which may include achieving a predetermined minimum passing score on a Qualifying Exam (QE). Students who do not achieve the established qualifying score are not permitted to sit for COMLEX-USA Level 1.

Students may register for COMLEX-USA Level 1 prior to passing the Qualifying Exam (QE); however, students failing to meet the minimum CUSOM passing score on the QE are not permitted to sit for COMLEX-USA Level 1.

Students must successfully 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 clinical rotation of the third academic year.

Students who are unable to successfully complete the Qualifying Process and take COMLEX-USA Level 1 prior to this date will be referred to the APPS Committee and may be required to enter a Modified Course of Study.

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

Students who have successfully completed the Qualification Process, MUST sit for COMLEX-USA Level 1, prior to the first day of the Simulation Medicine (OMED 770) clinical rotation. Students receive a passing score for CABS II once they sit for COMLEX-USA Level 1.

If a student does not sit for COMLEX-USA Level 1 by this date (except in the cases of a legitimate reason such as a documented medical necessity), they will be required to meet with the APPS Committee for failure to make satisfactory academic progress. Their grade for CABS II will remain Incomplete until such time as they sit for COMLEX-USA Level 1.

Students who miss this deadline will be delayed on their clinical rotation schedule and in completing the Simulation Medicine clinical rotation, and may be required to enter a Modified Course of Study.

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

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

Please note that the NBOME requires all COMs to provide attestation that the student is in good Academic and Professional Standing before the NBOME will allow them to sit for COMLEX-USA Level 1. Eligibility requirements for COMLEX-USA Level 1 are provided on the NBOME website.

As outlined in this Bulletin, **students have a maximum of three (3) attempts to pass COMLEX-USA Level 1.**

6.6.5.2 Qualifying Process 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 and **MUST sit for COMLEX-USA Level 1 prior to the first day of the Simulation Medicine (OMED 770) clinical rotation**. Students will receive a grade of Pass (P) for the CABS II course once they sit for COMLEX-USA Level 1.

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.

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 are **required to complete either the Kaplan or Boards Boot Camp (BBC) Board preparation program.**

Students choosing to participate in the BBC program may be placed in a Modified Course of Study (MCOS; see Section 6.6.3 of this Bulletin). Students choosing the Kaplan option continue in the CABS II course as described below.

NOTE: Students choosing the BBC program may be placed in a MCOS. **Placement in a MCOS is not considered an adverse sanction; rather it is intended as a transitional and supportive measure to facilitate student success. Placement in a Modified Course of Study may result in delayed clinical rotations, a delay in the student's graduation date, and potential impacts on their participation in the residency Match process.**

A delayed graduation date could have a cascading effect on the timing of conferral of the DO degree, and, by extension, when a student would be eligible to obtain a state medical license and start their residency. Placement on a MCOS may also result in additional tuition charges.

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.

A student may be assigned a maximum number of 12 credits for an MCOS in each year of their student status (e.g., MS-1, MS-2, MS-3, and MS-4). **An MCOS may not exceed 104 calendar days in duration**. If the MCOS extends beyond 104 calendar days, the student must meet with the APPS Committee. The APPS Committee may grant a time extension based on the recommendation of the BBC program or may recommend the student be placed on Suspension.

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

Students who do not pass a Level 1 Qualifying Exam (QE) on their first (QE-L1-1) or second (QE-L1-2), attempt are required to successfully complete one of the following programs of study 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 Live-Online Program (Option 1)
- Boards Boot Camp (BBC) Ultra Program (Option 2)

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 from the program.

OPTION 1: The student is required to complete the **Kaplan Board preparation program**. CUSOM provides this program at no cost.

The Kaplan program is four (4) weeks in duration and is delivered as part of the Clinical Applications of Biomedical Sciences II (CABS II) course. The program focuses on high yield content relevant to the licensing exam and consists primarily of faculty-led instruction provided by Kaplan educators with experience and expertise in Board preparation.

Students must complete this four-week component of the CABS II course AND achieve a passing score on the third Qualifying Exam (QE-L1-3) administered at the conclusion of the course.

Course Directors may incorporate additional assessments, such as a Comprehensive Osteopathic Medical Self-Assessment Examination (COMSAE) administered by the National Board of Osteopathic Medical Examiners (NBOME), as part of the Qualifying Process. Any such requirements will be specified in the course syllabus.

The passing score for the third Qualifying Exam (QE-L1-3) is established following exam administration and is based on cohort performance and exam-specific statistical analysis. Determination of the qualifying score incorporates current class performance, historical cohort data, and performance on licensing examinations, consistent with CUSOM assessment and grading practices.

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

Passing QE #3

- Students who qualify to take COMLEX-USA Level 1 by completing the Kaplan program and passing QE #3 **must sit for COMLEX-USA Level 1 prior to the first day of the Simulation Medicine (OMED 770) clinical rotation**.
- Students will receive a grade of Pass for the CABS II course once they sit for COMLEX-USA Level 1.

Failure to Pass QE #3

- Students who do not achieve a passing score on the QE #3 will meet with the APPS Committee, be placed in a Modified Course of Study (MCOS), and required to complete the Boards Boot Camp (BBC) Ultra Program.
- They will receive a grade of Incomplete for the CABS II Course until they successfully complete the BBC program and sit for COMLEX-USA Level 1, at which time they will be awarded a grade of Pass for the CABS II course.
- A Modified Course of Study consisting of a Board preparation program(s) cannot exceed 90-days duration, and the student is required to sit for COMLEX-USA Level 1 no later than 14-days following successful completion of the Board preparation program of study.
  As such, the total length of a MCOS for Boards preparation cannot exceed 104 days.
- Additional requirements for a Modified Course of Study are delineated in Section 6.6.3 and 6.6.5 of the CUSOM DO Academic Bulletin.

OPTION 2: The student is required to complete the Boards Boot Camp (BBC) Ultra Board preparation program.

The Boards Boot Camp Ultra Program **is taken at the student's expense** and **cannot exceed a timeframe established by the APPS Committee**.

Students are 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 in a Modified Course of Study (MCOS; see Section 6.6.3) if their COMLEX-USA Level 1 test date falls after the first day of Simulation Medicine (OMED 770), the first clinical rotation of the third academic year.

Students Completing BBC Prior to the Start of Clinical Rotations

- Students who successfully complete the BBC program prior to the start of clinical rotations, **must sit for COMLEX-USA Level 1 prior to the first day of the Simulation Medicine (OMED 770) clinical rotation**.
- Students will receive a grade of Pass for the CABS II course once they sit for COMLEX-USA Level 1

Students Not Completing BBC Prior to the Start of Clinical Rotations

- Students enrolled in the BBC program who are not able to successfully complete all requirements of the program and sit for COMLEX-USA Level 1 prior to the first day of the Simulation Medicine (OMED 770) clinical rotation will be placed in a Modified Course of Study (MCOS).

- They will receive a grade of Incomplete for the CABS II Course until they successfully complete the BBC program and sit for COMLEX-USA Level 1, at which time they will be awarded a grade of Pass for the CABS II course.
- A Modified Course of Study consisting of a Board preparation program(s) cannot exceed 90-days duration, and the student is required to sit for COMLEX-USA Level 1 no later than 14-days following successful completion of the Board preparation program of study. As such, the total length of a MCOS for Boards preparation cannot exceed 104 days.
- Additional requirements for a Modified Course of Study are delineated in Sections 6.6.3 and 6.6.5 of the CUSOM Academic Bulletin.

A student may be assigned a maximum number of 12 credits for an MCOS in each year of their student status (e.g., MS-1, MS-2, MS-3, and MS-4). **A MCOS may not exceed 104 calendar days in duration,** unless for a legitimate, documented, approved reason, such as surgery. If the MCOS extends beyond 104 calendar days, the student must meet with the APPS Committee. The APPS Committee may grant a time extension based on the recommendation of the BBC program or may recommend the student be placed on Suspension.

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 must provide the BBC Program permission to 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 participating in the BBC program are required to adhere to all program expectations and timelines, including completion of study assignments and the Post-Course Diagnostic Exam (PCDE) or other equivalent assessment as determined by BBC. Failure to achieve a passing score on the PCDE or equivalent assessment will result in referral to the APPS Committee.

Upon successful completion of the BBC program and achievement of a passing score on the PCDE (or other equivalent assessment as determined by BBC), students must sit for COMLEX-USA Level 1 by the date established in their individualized plan. This date must be no later than 14 days following completion of the PCDE (or other equivalent exam as determined by BBC) unless an exception is approved by both the BBC program and the APPS Committee.

Failure to follow the timeline established by BBC, to pass the PCDE, to gain approval by BBC to sit for COMLEX-USA Level 1, or any subsequent further delay in sitting for COMLEX-USA Level 1 will result in referral to the APPS Committee for failure to meet the conditions of the MCOS.

In this case, the APPS Committee may assign a sanction of **Suspension for failure to make academic progress.** This may delay the student's graduation date and adversely impact the ability to participate in the residency selection process.

A student must sit for COMLEX-USA Level 1 no later than the day before the start of the Simulation Medicine (OMED 770) clinical rotation.

If a student does not sit for the exam by the first day of the OMED 770 clinical rotation (except in the cases of a legitimate reason such as a documented medical necessity), they will be considered as not making satisfactory academic progress and must meet with the APPS Committee to explain the circumstances. Students who miss this deadline will not be able to participate in the Simulation Medicine clinical rotation.

6.6.5.3 Rescheduling a COMLEX Exam

All students are responsible for coordinating all logistics associated with COMLEX-USA examinations, including scheduling, rescheduling, and payment of all associated fees with the National Board of Osteopathic Medical Examiners (NBOME). CUSOM is not responsible for any fees associated with registration or changes to scheduled COMLEX dates. Current requirements, fee schedules, and related information are available on the National Board of Osteopathic Medical Examiners NBOME website. Students are encouraged to consider the costs of these exams, including potential rescheduling fees, when planning their budgets.

In accordance with NBOME requirements, colleges of osteopathic medicine must attest that a student is in good Academic and Professional Standing before the NBOME will permit them to sit for a COMLEX-USA examination. Eligibility requirements for COMLEX-USA Level 1 are provided on the NBOME website.

Students must sit for COMLEX-USA Level 1 no later than the Friday before the start of the Simulation Medicine rotation (OMED 770).

Although student must schedule their own COMLEX test date, eligibility to sit for the examination requires CUSOM approval. Students who are not in good Academic Standing, including those with an unresolved failing grade in a course or clinical rotation, will not be approved to sit for COMLEX-USA Level 1, and any previously approved examination date may be withdrawn in accordance with NBOME requirements. Once a student successfully completes remediation and is reinstated to good Academic Standing, they may reschedule their COMLEX exam.

A student who schedules a COMLEX-USA Level 1 test date but does not sit for the exam on that date OR cancels/reschedules within 24 hours of the scheduled exam date must notify the Director of Student Affairs no later than the day after the scheduled test date and provide an explanation. Failure to notify CUSOM in a timely manner will result in the student being called before the APPS Committee.

6.6.5.4 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. Students are not permitted 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) which may not exceed a total of 104 calendar days in duration. Students placed in a MCOS for failure of COMLEX-USA Level 1 on their first attempt are required to complete a Board preparation program of study, not to exceed 90-days in duration and sit for COMLEX-USA Level 1 for the second attempt no later than 14-days following successful completion of the Board preparation program.

The APPS Committee will provide the student with a list of possible Board preparation programs of study, the 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**.

A student may be assigned a maximum number of 12 credits for an MCOS in each year of their student status (e.g., MS-1, MS-2, MS-3, and MS-4). A MCOS may not exceed 104 calendar days in duration. If the MCOS extends beyond 104 calendar days, the student must meet with the APPS Committee which may grant a time extension based on the recommendation of a formal Boards review program such as BBC or PASS, or may recommend the student be placed on Suspension.

If the student is already in 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 Board 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 Board preparation program study must meet all associated program of study requirements, which include, but are 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 requirements of the MCOS and may result in sanctions up to and including Suspension or Dismissal from the program.

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 conditions of the MCOS and may result in sanctions up to and including Suspension (see Section 6.8.5) or Dismissal (see Section 6.8.6) from the program.

As outlined in this Academic Bulletin, **students have a maximum of three (3) attempts to pass COMLEX-USA Level 1.**

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 is referred to the APPS Committee.

The student is 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) which may not exceed a total of 104 calendar days in duration. Students placed in a MCOS for failure of COMLEX-USA Level 1 on their second attempt are required to complete a Board preparation program of study, not to exceed 90-days in duration and sit for COMLEX-USA Level 1 for the third and final attempt no later than 14-days following successful completion of the Board preparation program.

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 their third and final attempt at COMLEX-USA Level 1. **Any associated costs of these programs are at the student's expense**.

A student may be assigned a maximum number of 12 credits for an MCOS in each year of their student status (e.g., MS-1, MS-2, MS-3, and MS-4). A MCOS may not exceed 104 calendar days in duration.

If the MCOS extends beyond 104 calendar days, the student must meet with the APPS Committee. The APPS Committee may grant a time extension based on the recommendation of a formal Boards review program such as BBC or PASS or may recommend the student be placed on Suspension.

If the student is already in 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 Board 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 Board preparation program of study.

Students participating in a Board 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 conditions of the MCOS and may result in sanctions up to and including Suspension or Dismissal from the program.

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 (see Section 6.8.5) or Dismissal (see Section 6.8.6) from the program.

As outlined in this Academic Bulletin, **students have a maximum of three (3) attempts to pass COMLEX-USA Level 1.**

6.6.5.5 COMLEX-USA Level 2-CE

Third-year students must pass an end-of-rotation exam after select clinical rotations. In addition to assessing achievement of clinical rotation-specific learning objectives, these exams support preparation for COMLEX-USA Level 2-CE.

Unless otherwise approved, students must register to sit for COMLEX-USA Level 2–CE by March 15 of the third-year. Examination timing should allow for score reporting in advance of the initial residency application review period, which typically begins in mid-September **of the MS-4 year.**

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

6.6.5.6 Qualifying Process to sit for COMLEX-USA Level 2-CE

Eligibility to take COMLEX-USA Level 2-CE

To be eligible to sit for COMLEX-USA Level 2-CE, students must successfully complete the required Qualifying Process. This process includes achieving a predetermined minimum passing score on a Level 2 Qualifying Examination (QE-L2), such as a CUSOM-administered Comprehensive Osteopathic Medical Self-Assessment Examination (COMSAE) or an equivalent assessment. CUSOM establishes qualifying score thresholds prior to each administration of the QE. Students must also successfully complete all third-year clinical rotations before being approved to sit for COMLEX-USA Level 2-CE.

In accordance with NBOME requirements, colleges of osteopathic medicine must attest that a student is in good Academic and Professional Standing before the NBOME will permit them to sit for COMLEX-USA Level 2-CE. Eligibility requirements for COMLEX-USA Level 2-CE are provided on the NBOME website. Students may register to sit for COMLEX-USA Level 2-CE prior to completing the Qualifying Process; however, students who do not achieve the required passing score after three (3) attempts on the QE-L2 are not permitted to sit for COMLEX-USA Level 2-CE.

CUSOM covers the cost of the initial Qualifying Examination (QE-L2-1). Students are responsible for any fees associated with additional Qualifying Examination attempts.

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

Students completing their vacation month prior to January will begin their QE-L2 testing cycle in February.

Students with a January vacation month will also begin the QE-L2 testing cycle in February and complete the cycle in April. Students whose vacation month occurs in February or March are required to complete all three QE-L2 attempts by April in order to qualify for COMLEX-USA Level 2-CE. Interruptions to the consecutive testing cycle are only permitted for approved vacation months or international clinical rotations.

Students who have previously been placed in a MCOS will begin the QE-L2 qualification period after completion of six (6) clinical rotations. Qualifying exams are administered at intervals of approximately four (4) weeks.

In addition to qualifying for COMLEX-USA Level 2-CE, students must successfully complete all third-year clinical rotations before being permitted to sit for COMLEX-USA Level 2-CE. This typically occurs as of June 1 between third- and fourth-year. However, students who have not completed all third-year clinical rotations by June 1 will not be permitted to sit for COMLEX-USA Level 2-CE until their final third-year clinical rotation is completed.

In order to be eligible to sit for COMLEX-USA Level 2-CE ***prior*** to June 1 and the completion of all third-year clinical rotations, students must have scored at least a 600 on a Level 2-CE qualifying exam **or** have completed all core rotations **(Medicine I, Medicine II, Family Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and General Surgery)** with a high pass or honors **and** have scored at least a 500 on a Level 2-CE qualifying exam.

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

If a student does not pass the Qualifying Exam (QE) for COMLEX-USA Level 2-CE after three (3) attempts, that *student will be permitted to finish third year clinical rotations*, but then will be required to continue their focused Board Preparation and take a fourth and final Qualifying Exam (QE-L2-4) within the Residency Development Course.

- A student **PASSING** the Qualifying Exam (QE-L2-4) at this point will be allowed to continue on clinical rotations.
- A student **FAILING** the Qualifying Exam (QE-L2-4) at this point will not be permitted to continue on clinical rotations and instead will meet with the APPS Committee to be placed on a MCOS and participate in a Multiple Options Pathway (MOP) Board preparation plan. Please refer to the Multiple Options Pathway (MOP) for information concerning the timeline for completion of the Board preparation pathway (i.e., 90 days +14 days).

In consideration of the four (4)-week cancellation policy for scheduled rotations (see section 5.5.5), it is the responsibility of the student to cancel the first rotation scheduled after the Residency Development Course if they do not pass their third qualifying exam if it is a rotation scheduled outside of their assigned third-year site. For away rotations outside of the Campbell system, the student may seek the help of Clinical Affairs staff canceling the rotation scheduled through the Visiting Student Learning Opportunities (VSLO). Rescheduling this rotation at a later date is dependent on passing the qualifying examination during Residency Development Course. Failure to meet the four (4)-week cancellation policy will result in referral to the APPS Committee.

In all cases, though, the student must keep CUSOM Clinical Affairs apprised of any proposed schedule changes.

A student who failed the Qualifying Exam (QE-L2-4) but is subsequently cleared to take COMLEX-USA Level 2-CE after successfully completing the MOP:

- Will be permitted to **resume** clinical rotations after taking COMLEX-USA Level 2-CE.

- Will be permitted to **remain** on clinical rotations after earning a passing score on COMLEX-USA Level 2-CE.

- Will be **removed** from clinical rotations if they do not achieve a passing score on COMLEX-USA Level 2-CE and will not be permitted to return to rotations until they earn a passing score on COMLEX-USA Level 2-CE (see section on failure of COMLEX-USA Level 2-CE).

A student may be assigned a maximum number of 12 credits for an MCOS in each year of their student status (e.g., MS-1, MS-2, MS-3, and MS-4). A MCOS may not exceed 104 calendar days in duration. If the MCOS extends beyond 104 calendar days, the student must meet with the APPS Committee. The APPS Committee may grant a time extension based on the recommendation of a formal Boards review program such as BBC or PASS, or may recommend the student be placed on Suspension.

If the student is already in a MCOS, adjustments to the MCOS may be required. Placement in a MCOS may result in delayed clinical rotations, a delay in the student's graduation date, and potential impacts on their participation in the residency Match process.

A delayed graduation date could have a cascading effect on the timing of conferral of the DO degree, and, by extension, when a student would be eligible to obtain a state medical license and start their residency. Placement on a MCOS may also result in additional tuition charges.

The Board 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 Board 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 requirements of the MCOS and may result in sanctions up to and including Suspension or Dismissal from the program.

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**.

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 (see Section 6.8.5) or Dismissal (see Section 6.8.6) from the program.

6.6.5.7 Excused Absences for taking COMLEX-USA Level 2-CE

Students must provide notice to the CUSOM Office of Clinical Affairs, their clinical faculty preceptor, and Regional Dean/DSME (if at a CUSOM training site) **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 rotation **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 excused absence for the day prior to their scheduled exam in order to provide adequate travel time.

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

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

All student absence requests, including those to sit for 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 CUSOM Office of Clinical Affairs or found on CUSOM's web-based evaluation system.

Absences for USMLE Step 2-CK

A discretionary day must be used when a student decides to sit for USMLE Step 1 or USMLE Step 2-CK, since these exams are not a CUSOM graduation requirement. Students must provide notice to the CUSOM Office of Clinical Affairs, their clinical faculty preceptor, and Regional Dean/DSME (if at a CUSOM training site) **at least two (2) weeks in advance of their scheduled examination date.**

6.6.5.8 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. Students are not permitted 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), which may not exceed a total of 104 calendar days in duration. Students placed in a MCOS for failure of COMLEX-USA Level 2-CE on their first attempt 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 APPS Committee will provide the student with a list of possible Board preparation programs of study, the 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**.

A student may be assigned a maximum number of 12 credits for a MCOS in each year of their student status (e.g., MS-1, MS-2, MS-3, and MS-4). A MCOS may not exceed 104 calendar days in duration. If the MCOS extends beyond 104 calendar days, the student must meet with the APPS Committee. The APPS Committee may grant a time extension based on the recommendation of a formal Board review program such as BBC or PASS, or may recommend the student be placed on Suspension.

The Board 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 Board preparation program of study.

Students participating in a Board 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 requirements of the MCOS and may result in sanctions up to and including Suspension (see Section 6.8.5) or Dismissal (see Section 6.8.6) from the program.

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 requirements of the MCOS and may result in sanctions up to and including Suspension (see Section 6.8.5) or Dismissal (see Section 6.8.6) from the program.

<u>Failure of COMLEX-USA Level 2-CE on the Second Attempt</u>

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. Students are not permitted to resume clinical rotations until they sit for COMLEX-USA Level 2-CE for the third and final time.

The student is placed in a Modified Course of Study (MCOS; see Section 6.6.3), which may not exceed a total of 104 calendar days in duration. Students placed in a MCOS for failure of COMLEX-USA Level 2-CE on their second attempt are required to complete a Board preparation program of study.

A student may be assigned a maximum number of 12 credits for a MCOS in each year of their student status (e.g., MS-1, MS-2, MS-3, and MS-4). A MCOS may not exceed 104 calendar days in duration. If the MCOS extends beyond 104 calendar days, the student must meet with the APPS Committee. The APPS Committee may grant a time extension based on the recommendation of a formal Board review program such as BBC, or may recommend the student be placed on Suspension. An extension of a MCOS is not an *additional* MCOS.

If the student is already in 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 APPS Committee will provide the student with a list of possible Board preparation programs of study, the 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**.

The Board 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 Board preparation program of study.

Students participating in a Board 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 requirements of the MCOS and may result in sanctions up to and including Suspension (see Section 6.8.5) or Dismissal (see Section 6.8.6) from the program.

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 requirements of the MCOS and may result in sanctions up to and including Suspension (see Section 6.8.5) or Dismissal (see Section 6.8.6) from the program.

6.6.5.9 COMLEX-USA Graduation Requirements

To be eligible for the award of the Doctor of Osteopathic Medicine (DO) degree from CUSOM, students must fulfill all graduation requirements, including successful completion of all curricular components, passage of COMLEX-USA Level 1 and COMLEX-USA Level 2–Cognitive Evaluation (CE), and demonstration of required osteopathic competency standards as outlined in this Section.

As part of these requirements, each student must successfully complete CUSOM's Clinical Skills Assessment Program during the fourth-year. This program includes both a longitudinal evaluation of clinical performance and a comprehensive on-campus multi-station Objective Structured Clinical Exam (OSCE).

Additional details regarding the national standard for osteopathic clinical skills requirements to graduate and achieve eligibility to take the NBOME COMLEX Level 3 exam are provided in CUSOM's *Enhanced Attestation to meet Graduation Requirements as an Alternate to Passing COMLEX-USA Level 2-PE* policy available on the CUSOM Policies and Procedures webpage.

Students are allowed a maximum of three (3) attempts to pass COMLEX-USA Level 1 and three (3) attempts to pass COMLEX-USA Level 2-CE.

Failure to pass COMLEX-USA Level 1, COMLEX-USA Level 2-CE, or CUSOM's Clinical Skills Assessment Program according to the corresponding deadlines and requirements outlined in this Academic Bulletin will result in a referral to the APPS Committee and Dismissal from the program.

6.6.6 Six (6)-Year Graduation Requirement

In accordance with COCA standards, single degree DO students must successfully complete the DO curriculum and all associated requirements within 150% of the standard time (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 Offices of Academic Affairs and Administrative Affairs, is responsible for monitoring the academic progress of all students throughout the entire CUSOM Doctor of Osteopathic Medicine academic program.

The APPS Committee also reviews cases involving academic misconduct (i.e., cheating or plagiarism), violations of the Honor Code or Code of Conduct, concerns related to professionalism, and student grievances. Detailed information regarding these matters and associated procedures is provided in this Bulletin, including Sections 6.7.3 Honor Code, 6.7.4 Code of Conduct, and 10.3 Grievance Processes.

The APPS Committee is appointed by the Dean, and membership may be subject to change at any time. The Registrar and representatives from the 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 additional individuals to participate as non-voting members when appropriate.

APPS Committee meetings are administrative in nature and are not considered legal proceedings. As such attorneys and other representatives, including healthcare providers, are not permitted to participate.

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 and exit the meeting until that student's case is concluded.

6.7.1 Procedures for Calling and Conducting an APPS Committee Meeting Regarding Academic Matters

The APPS Committee meets as needed to assess student academic progress in the CUSOM curriculum.

Any student who has failed a course or a clinical rotation must be available to meet with the APPS Committee.

The APPS Committee Chair or the appropriate Associate Dean (or designee) 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 are not permitted to 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 10.3 of this Bulletin.

Reasons for referral to an APPS Committee hearing include, **but are not limited to**, the following:

- Failure of a course;
- Failure to successfully remediate a course;
- Failure to pass any course while on Academic Probation;
- Failure of a clinical rotation;
- Failure of an end-of-rotation exam;
- Failure to pass a COMLEX-USA Qualifying Exam within the required timeframe or number of attempts;
- Failure of a required COMLEX-USA licensing examination;
- Failure to make satisfactory academic progress or comply with the requirements of an assigned remediation plan, Board preparation program, or Modified Course of Study;
- Failure to meet established deadlines;
- Failure to respond in timely manner to email and other forms of communication from CUSOM; or
- Any other issues as deemed appropriate.

Upon initial review of a student referral, the APPS Committee Chair may determine that an intermediary action is appropriate. This may include directing the student to meet with the appropriate Associate Dean or other designated individual in an effort to address the concern without convening an APPS Committee meeting.

APPS Committee meetings are led by the Chair or Vice Chair as appointed by the Dean. Members of the APPS Committee, depending on the academic year of the student, have the following roles:

- The appropriate Associate Dean (or designee) for the student's academic year presents information regarding the student's academic progress as necessary.
- The Associate Dean may provide a written or oral report documenting support services offered to the student, including, but not limited to, Peer Learning Partners or advising.
- The Course Director, Department Chair, or the student's Faculty Advisor may be invited to an APPS Committee meeting to provide input regarding the student's academic performance and related concerns.
- Representatives from the Office of Student Affairs may provide relevant information pertaining to the student's academic and professional development as well as student support history. 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 timely communication of Committee decisions and actions.

Each student reviewed by the APPS Committee is provided the opportunity to present information relevant to their case through an oral presentation of up to ten (10) minutes. Presentation materials such as a PowerPoint presentation or handouts are not permitted, with the exception of written documentation from a healthcare provider when applicable. Members of the APPS Committee may ask questions of the student. This is the only portion of the meeting at which the student may be present.

With prior approval from the APPS Committee Chair, a student may be allowed to participate remotely via telephone or videoconference (e.g., Microsoft Teams). Students may also submit a written document, not to exceed two pages, single-spaced, in advance of the meeting. Approval of remote participation methods requires a valid reason for not attending in person and students must agree not to record the session or have any other person(s) present or monitoring the session.

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 Committee will not accept or consider any additional evidence from the student, or on the student's behalf, after the student has exited the Committee meeting except in circumstances where the information was not reasonable available at the time of the meeting or is subsequently deemed relevant by the Committee during deliberations.

APPS Committee sessions are closed to all individuals except those directly involved in the case under review. APPS Committee meetings are not considered legal hearings, therefore attorneys or other representatives, including healthcare providers are not permitted to attend.

All persons present at APPS Committee proceedings are required to maintain the confidentiality of the process and are restricted from disclosing information beyond that contained in the Committee's official report. For remote APPS Committee meetings, a valid reason for not attending in person must be provided and students must agree not to record the session or have any other person(s) present or monitoring the session.

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 and decision-making phases of the meeting.

In accordance with the Family Educational Rights and Privacy Act (FERPA), all deliberations, findings, and recommendations of the APPS Committee are confidential except where the student waives confidentiality, or the release is required by law.

All APPS Committee meeting documents 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, 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.

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, in which case, the student must provide the response as soon as medically feasible.

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. Upholding the highest standards of honor, integrity, and personal responsibility is fundamental to the development of ethical and competent physicians. It is the responsibility of each student to demonstrate and support these standards of professional behavior and conduct including, but not limited to, the policies and procedures outlined in this Bulletin.

CUSOM students retain the rights and obligations of all citizens and are expected to balance these responsibilities with their obligations to colleagues, to their profession, and to the institution.

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

Private Speech and Social Media

When speaking or acting as private citizens, students must avoid creating the impression that they are representing CUSOM or Campbell University. As such, they are prohibited from identifying themselves as CUSOM students when expressing personal opinions in public forums, including online platforms and social media, without prior authorization from the Dean.

Students are **strictly prohibited from posting ANY patient-related or clinical rotation-specific information on social media platforms** including but not limited to Facebook, X, Instagram, or other similar sites. **This prohibition applies even when patient names or other identifying details are not included.**

This policy also applies to all Standardized Patients and Simulation encounters.

Students should **NEVER** post any patient-related information or commentary, even if patient identifiers are not included.

This applies to all Standardized Patients, including video recordings of OSCE standardized patient and simulation encounters. Students in violation will meet with the APPS Committee for sanctions up to and including Suspension or Dismissal from the DO program.

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 is committed to upholding the highest standards of respect for patients, including strict adherence to principles of dignity, privacy, and confidentiality.

As osteopathic medical students, individuals must demonstrate respect for patients by using appropriate, professional, and non-judgmental language and behavior. **These expectations extend to interactions with standardized patients, including simulated patients**, during all OSCE, clinical skills, OMM, and simulation experiences.

Students must respect patient privacy and modesty during all aspects of care, including history taking, physical examination, and clinical interactions. Students are expected to communicate truthfully and must not intentionally misrepresent information or provide inaccurate statements to patients or others.

Students should avoid disclosing information to a patient which only the patient's physician should reveal. Students should seek input from supervising physicians or other qualified members of the healthcare team when questions arise or when requested by the patient.

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

Students must exhibit respect in all interactions with faculty, staff, peers, healthcare personnel, guests, and members of the broader community. This professional conduct includes punctuality, timely completion of assigned responsibilities, responsiveness to reasonable instructions, and appropriate regard for the knowledge and experience of others. When differences of opinion arise, students are expected to communicate respectfully and constructively, recognizing that consensus may not always be achieved.

Respect for Self

All students must uphold high standards of personal integrity, values, and ethical conduct in all aspects of their academic and professional lives. This includes maintaining behaviors that support personal well-being and professional development.

Respect for Laws, Policies and Regulations

Students are required to comply with all applicable laws, policies, and regulations at the institutional, local, state, and federal levels. Adherence to these standards is essential to maintaining professional accountability and upholding the trust placed in the medical profession.

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 research or medical education, including the presence of students or other observers during examination or. "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. Specific information regarding Campbell University's IRB may be found at the Institutional Review Board website.

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 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
- An explanation of any complications that may occur during or following 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; and
- The results of research related to the treatment or procedure being studied.

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 they have the right to refuse or withdraw from any treatment or study 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.

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 potential 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, which includes still photographs/images, of any patient without obtaining written informed consent is not permitted. **This includes all standardized patients**.

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, including still photographs/images, 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 on the Institutional Review Board Policies and Procedures website.

Campbell University IRB Policies regarding student Participation in research are found on the Institutional Review Board Student Research website.

Medical Education Consent

Every patient has the right to decide whether they wish 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 examine them, or to carry out specific treatment or investigation procedures.

Clinical educators must ask a patient's permission to involve them 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 this 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 this 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 role, expectations and appropriate use of patient chaperone in patient care, simulation, and educational settings of Campbell University and its affiliated clinical sites.

Patient and learner trust depends upon a clear understanding of professional roles, boundaries, and responsibilities. The valued human experience of the physician-patient relationship is founded on respect, integrity, and appropriate professional conduct. Confusion regarding professional boundaries or failure to uphold these standards may compromise trust and has the potential to result in 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
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 all levels of training are held to the same ethical standards 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 or patient'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. Never 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 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, including 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 patient 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 a chaperone 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 medical record 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 a chaperone 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 a Degree.

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

6.7.2.3 Use of Generative Artificial Intelligence (AI) Policy

This Policy provides guidance on the ethical, responsible, and academically appropriate use of generative artificial intelligence (AI) tools and technologies in support of student learning. It aims to foster academic integrity, digital professionalism, and a culture of responsible innovation while preparing students for a future where AI is integrated across disciplines and professions.

Definition of Artificial Intelligence (AI)

For the purposes of this policy, Artificial Intelligence (AI) refers to the simulation of human intelligence and processes by machines, especially computer systems. This includes, but is not limited to:

- Artificial Narrow Intelligence (ANI);
- Artificial General Intelligence (AGI);
- Artificial Super Intelligence (ASI);
- Large Language Models (LLMs);
- Natural Language Processing (NLP);
- Speech Recognition; or
- Machine Vision.

Academic Use of AI: Principles and Expectations

Students are encouraged to use AI tools as a supplement—not a substitute—for critical thinking, original work, and active learning. All use of AI must comply with Campbell University and CUSOM policies and uphold the CUSOM Honor Code. Misuse of AI will be treated as a violation of academic integrity.

<u>When using generative AI to support academic work, students must</u>:

Disclose AI Use Transparently

- Clearly state when and how AI tools were used in academic work, including the specific tool (e.g., Microsoft Copilot, Grammarly).
- Use proper citation formats as outlined by recognized style guides (e.g., AMA, APA, MLA).
- Failure to disclose AI use may be considered plagiarism under the CUSOM Code of Conduct.

Critically Evaluate AI-Generated Content

- Verify the accuracy of AI-generated information using credible, secondary sources.
- Students are fully responsible for any inaccurate, biased, or inappropriate content, regardless of its origin.

Follow Course-Specific Guidelines

- Adhere to any additional AI-related instructions or restrictions provided by faculty for specific courses or assignments.

Defer to Authoritative Sources

- AI is a tool, not an authority. It is essential to verify the accuracy and relevance of AI-generated information against established clinical guidelines and peer-reviewed research. In cases of conflict, students must prioritize course materials, instructor guidance, and peer-reviewed literature.

Use Only Approved AI Platforms for Course Materials

- **Students may upload course content (e.g., lecture slides, outlines) only into Microsoft Copilot, accessed through Campbell University credentials**.
- This closed system ensures protection of intellectual property and compliance with data privacy standards.
- Uploading course content into open AI systems (e.g., ChatGPT, Claude, DeepSeek, Google Gemini) is strictly prohibited.

⚠ **Important:** **Uploading any course-related or copyrighted materials into open AI systems is a violation of the CUSOM Honor Code.**

Limit AI Use in Clinical Settings

- AI use in clinical environments is restricted to tools integrated into Electronic Health Records (EHRs), such as dot phrases or smart phrases.
- Protected Health Information (PHI) must never be entered into any AI tool outside of an institutionally approved EHR system.

Comply with Scholarly Publication Standards

- When submitting work for publication or presentation, students must follow the AI use policies of the relevant journal or organization, including proper citation of AI assistance.

Examples of Appropriate AI Use for Learning

Students may use AI tools to:

- Brainstorm or generate ideas during early stages of assignments;
- Improve grammar, clarity, or structure in writing;
- Explore alternative explanations of complex concepts;
- Generate practice questions or clinical vignettes aligned with learning objectives;
- Create study guides, summaries, or review materials using original content;
- Develop visual aids such as flowcharts or diagrams for presentations; or
- Assist with writing or debugging code.

Examples of Unacceptable AI Use

The following uses are prohibited and may result in disciplinary action:

- Submitting AI-generated content as original work without disclosure;
- Using AI to complete assessments or generate responses for exams, quizzes, or assignments meant to assess individual knowledge;
- Misrepresenting AI-assisted content as human-authored in reflective or analytical assignments;
- Fabricating false data, sources, or citations;
- Using AI to generate clinical documentation outside of approved EHR systems;
- Drafting communications (e.g., emails, applications) that misrepresent identity or intent;
- Creating content that is offensive, discriminatory, or violates University values or policies;

- Simulating peer feedback or participation in group work without meaningful contribution; or
- Uploading any course-related content into unapproved, open AI platforms.

The use of artificial intelligence (AI) glasses, smart glasses, or similar devices are strictly prohibited in any testing, laboratory or clinical setting.

- AI glasses and similar devices are generally characterized by having advanced sensors, cameras, microphones, and displays that allow them to interact with the user and their surroundings.

6.7.3 Honor Code

The Campbell University Jerry M. Wallace School of Osteopathic Medicine Honor Code (CUSOM Honor Code) embodies a spirit of mutual trust, intellectual honesty, and professionalism shared by the School and the student body. It represents 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 is maintained to preserve an academic environment free from misconduct and the inequities created by dishonesty.

CUSOM students are expected to conduct themselves in a professional and ethical manner consistent with the responsibilities of the honorable profession they are entering. **Students have an obligation to uphold the highest standards of honesty, integrity, and accountability in all academic, clinical, and professional activities.**

Because it is not possible to identify every example of appropriate or inappropriate behavior, the expectations outlined in the Honor Code are intended to serve as guiding principles.

The foundational principles of the CUSOM Honor Code include adherence to established rules, policies and expectations of the CUSOM community. The CUSOM community includes the school, its affiliated hospitals, and any institution ("Affiliated Sites") where students participate in activities for academic credit.

Students are expected to comply with all applicable policies, rules, and regulations of these Affiliated Sites. Violations of such policies may constitute a violation of the CUSOM Honor Code.

In addition, 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 or clinical 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 clinical 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.
- **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, the CUSOM community, or the osteopathic profession 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;
        - **Students are strictly prohibited from posting ANY patient-related or clinical rotation-specific information on social media platforms including but not limited to Facebook, X, Instagram, or other similar sites**.

        - **Students are strictly prohibited from posting or publishing any photographs/still images or recordings of any patient, including standardized patients, patients from the Campbell University Community Care Clinic (CUCCC), community outreach events, and international medical mission trips without a signed patient consent and preapproval by the Dean or their designee**.
    - Taking pictures or recording video in the anatomy lab, clinical lab, OSCE rooms, or in any rooms housing clinical simulators;
        - **This includes the downloading or screen capturing of any Standardized Patient, OSCE, or Simulation Encounter recording.**
    - Relationships between a student and a faculty/staff member, including clinical preceptors, entrusted to oversee the student, which extend beyond the educational requirements or CUSOM activities. Student or faculty relationships with patients which extend beyond their patient care responsibilities are strictly prohibited;
    - 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 osteopathic profession**; or
    - A violation of any policy of the University or CUSOM, including but not limited to the American Osteopathic Association Code of Ethics.

6.7.3.1 Professional Standing

Professional Standing is defined as a student's professional status at any time within the CUSOM curriculum.

A student is considered in Good Professional Standing if they are not currently on Conduct Probation or Suspension.

A student is Not in Good Professional Standing if they are currently on Conduct Probation or Suspension.

Professional Standing is used, part, in determining eligibility for students to participate in CUSOM approved activities, including but not limited to conferences, student organizations, and CUSOM-sponsored research such as the Summer Research Scholars program. Professional Standing and GPA requirements for student eligibility to serve as an SGA or club officer, participate in CUSOM-sponsored research, serve on a CUSOM Committee, and receive an approved absence to attend any off-campus conference or meeting are delineated in Sections 6.4.2, 6.4.3.4, and 7.3.1 of this Bulletin.

In accordance with NBOME requirements, colleges of osteopathic medicine must attest that a student is in good Academic and Professional Standing before the NBOME will permit them to sit for a COMLEX-USA examination. As such, a student who is in Not in Good Academic or Not Good Professional Standing will not be approved to sit for COMLEX.

6.7.3.2 Conduct Warning

The APPS Committee may place a student on Conduct Warning for a defined term if the student violates the CUSOM Honor Code or Code of Conduct.

The APPS Committee reviews the record of each student on Conduct Warning at the end of the defined term to evaluate the student's professional progress and makes recommendations regarding the continuation or removal of Conduct Warning.

Conduct Warning will not appear on the student's official transcript and will not be included in the Medical Student Performance Evaluation (MSPE).

Students on Conduct Warning are not eligible to serve as a Student Government, club or organization officer, serve on a CUSOM committee, receive an approved absence to attend an off-campus conference or meeting, serve as a Teaching Assistant, or participate in CUSOM-sponsored research, such as the Summer Research Scholars program.

Directors and Coordinators of the Campbell University Community Care Clinic (CUCCC) are not considered formal leadership positions for the purposes of Academic Warning sanctions and are therefore not subject to these restrictions. Similarly, the Collaborative Anatomy Pathology (CAP) project is not classified as CUSOM-sponsored research and is not subject to these sanctions.

6.7.3.3 Conduct Probation

The APPS Committee may place a student on Conduct Probation for a defined term if the student violates the CUSOM Honor Code or Code of Conduct.

The APPS Committee reviews the record of each student on Conduct Probation at the end of the defined term to evaluate the student's professional progress and makes recommendations regarding the continuation or removal of Conduct Probation.

- **Conduct Probation <u>will not</u> appear on the student's official transcript**.

- **Conduct Probation <u>will be</u> included in the Medical Student Performance Evaluation (MSPE) *and* <u>will be</u> reported to state licensing boards where required**.

Students on Conduct Probation are not eligible to serve as a Student Government, club or organization officer, serve on a CUSOM committee, receive an approved absence to attend an off-campus conference/meeting, serve as a Teaching Assistant, or participate in CUSOM-sponsored research, such as the Summer Research Scholars program.

Directors and Coordinators of the Campbell University Community Care Clinic (CUCCC) are not considered formal leadership positions for the purposes of Academic Warning sanctions and are therefore not subject to these restrictions. Similarly, the Collaborative Anatomy Pathology (CAP) project is not classified as CUSOM-sponsored research and is not subject to these sanctions.

Conduct Probation is a more significant sanction than Conduct Warning, and any additional professionalism issues, which occur while a student is on Conduct Probation, may result in further disciplinary action up to and including Dismissal from the program.

While on Conduct Probation, a student who has a subsequent issue which would have merited being placed on Conduct Probation, will be brought to the APPS Committee for review and may be subject to sanctions, including Suspension or Dismissal from the program.

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 of CUSOM's Code of Conduct may include, but are not limited to:

- Harassment, harm, abuse, or damage to any person or property in the CUSOM community. This includes knowingly or purposely causing damage to or vandalizing CUSOM community property;
- Arrest for a criminal offense other than a minor traffic offense;
- Participating in academic or clinical activities 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 from the program. 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;
- Controlled substance screening tests which are positive for illegal substances, prescription medications without a valid prescription, alcohol, or which demonstrate other irregularities including, but not limited to, excessively dilute urine. Controlled substance screening results are viewed in light of North Carolina and federal laws governing illegal substances. For example, although the use of cannabis is legal in some states, it remains classified as an illegal substance under federal law and is illegal in the state of North Carolina, including for medical use. Use or misuse of such substances may impair a healthcare professional's ability to provide safe and effective patient care;
    - As such, the use of cannabis 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 a violation of the CUSOM Honor Code and Code of Conduct**.
- Communicating or dissemination of information or images in public forums, including written, electronic, web-based, or social media platforms, that may diminish public trust in the student, CUSOM, or the osteopathic profession.
- **Disruptive Behavior**: Conduct that interferes with the learning environment or demonstrates a pattern of disrespect or unprofessional behavior. This includes inappropriate conduct occurring either as a single significant incident or as repeated actions establishing a pattern of concern. Examples of disruptive behavior include, but are not limited to:
    - 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 small student 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**: Unacceptable uses of technology include, but are not limited to, the following:
  - Using computers for purposes which are considered unprofessional or immoral;
  - Accessing pornographic or otherwise inappropriate material at any time while on any campus of the CUSOM community or when using any CUSOM-owned or affiliated equipment or networks;
  - Unauthorized distribution, posting, or transmission of instructional or institutional materials to individuals within or outside is prohibited and considered a CUSOM Honor Code violation. Lecture materials, including presentations, recordings, and videos may contain confidential or proprietary content protected under intellectual property laws and may not be shared without appropriate authorization.;
  - The use of any device capable of capturing still images, video recordings or audio recordings, including but not limited to, mobile phones and wearable technology, is prohibited in any clinical environment or laboratory setting (including Anatomy, Clinical Skills, OMM, and Simulation Simulation), or in any clinical setting. This restriction applies to all patient care and simulated patient activities, including Objective Structured Clinical Examinations (OSCEs), standardized patient encounters, simulation exercises, clinical rotations, and student health clinic settings.
  - **The use of wearable technology including artificial intelligence glasses, smart glasses, or similar devices are strictly prohibited in any laboratory or clinical setting**.
    - AI glasses and similar devices are generally characterized by having advanced sensors, cameras, microphones, and displays which allow them to interact with the user and their surroundings.

6.7.5 Procedures for Calling and Conducting an APPS Committee Meeting Regarding Non-Academic Matters

Reasons for referral to an APPS Committee or *ad hoc* Committee for review of non-academic matters include, but are not limited to, allegations that a 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 comply with required vaccination or immunization schedules;

- Demonstrated findings on a national background check that would affect the student's matriculation or eligibility to participate in clinical rotations;
- Failed to comply with established timelines or deadlines for academic or administrative requirements;
- Failed to maintain current or accurate contact information;
- Failed to respond in a timely manner to email and other forms of communication from CUSOM; or
- Engaged in other conduct or circumstances deemed appropriate for review by the APPS Committee.

Allegations of misconduct may originate from students, faculty members, clinical preceptors, staff, or members of the broader community. Concerns involving potential violations of the Honor Code, Code of Conduct, or standards of professionalism or ethics should be reported to the Office of Student Affairs or the appropriate Associate Dean (Biomedical or Clinical) within five (5) business days of the incident(s) or becoming aware of the concern.

Upon receipt of a report, the Office of Student Affairs or the appropriate Associate Dean will collect and review relevant documentation related to the alleged violation. This may include, but is not limited to, written statements or reports from students involved, faculty, or staff. When a student reports a concern, reasonable efforts will be made to maintain confidentiality to the extent permitted by law and institutional policy. In such cases, the Office of Student Affairs or the appropriate Associate Dean may present the reporting student's account or statement on their behalf.

The Office of Student Affairs or the appropriate Associate Dean will notify one of the Vice Deans of the reported concern and provide a summary of the allegations along with all supporting documentation. Based on the nature and severity of the concern, the Vice Dean may either:

- Appoint an *ad hoc* committee to conduct further investigation and provide a written report of findings; or
- (ii) Refer the matter directly to the APPS Committee for review and adjudication.

If forwarded to the APPS Committee pursuant to Section 6.7.6, the findings or recommendations of the *ad hoc* committee or the decision of the Vice Dean, will be presented to the APPS Committee for review. The student will be informed of the allegations and provided an opportunity to meet with the APPS Committee to explain any mitigating factors.

All sessions of the Committee are closed to all individuals except those immediately concerned in the case. APPS Committee meetings are administrative in nature and are not considered legal proceedings; therefore, attorneys and other external representatives, including healthcare providers, are not permitted 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 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 and exit the meeting until that student's case is concluded.

APPS Committee Proceedings

All persons present at APPS Committee proceedings are required to maintain the confidentiality of the process and are restricted from disclosing information beyond that contained in the Committee's official report.

Witnesses provide testimony individually and are not present during the testimony of other witnesses.

The Committee may allow and consider relevant evidence including documentary materials, in addition to witness testimony. The Committee establishes procedures governing the conduct of proceedings and the collection and review of evidence. Timeframes for investigation, hearings, and related processes may be adjusted when circumstances warrant.

The Committee will not accept or consider additional evidence from the student, or on the student's behalf, after the student has exited the Committee meeting **except in circumstances where the information was not reasonable available at the time of the meeting or is subsequently deemed relevant by the Committee during deliberations.**

Deliberation of both *ad hoc* committees and the APPS Committee are conducted in private and remain confidential. Decisions in cases involving misconduct or Honor Code violations are based on a preponderance of the evidence, meaning that a violation is determined to be 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, meaning that a violation is determined to be 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

The Dean shall appoint *ad hoc* committees on an as needed basis.

If a student is referred to an *ad hoc* Committee, the *ad hoc* Committee Chair 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 is typically 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.

Witnesses provide testimony individually and are not present during the testimony of other witnesses.

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

After the *ad hoc* Committee concludes its investigation, they shall provide a written report to a Vice Dean 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 may accept the finding, and so notify the Respondents(s);
2. No violation occurred, and the Vice Dean disagrees, they 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 accepts 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 disagrees with the sanction proposed by the *ad hoc* Committee, they 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 notifies the student in writing of their decision and if the decision of the Vice Dean is:

1. No. 2a, 3, or 4a above and the Respondents(s) accepts the decision, the decision of the Vice Dean shall be final; or
2. No. 2a, 3, or 4a above, and Respondent(s) do not accept the decision of the Vice Dean, 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.**

A student may appeal the decision of the Vice Dean by submitting an appeal request to the Office of Student Affairs for referral to the APPS Committee. A written appeal must be submitted within five (5) business days of receipt of

notification of the Vice Dean's decision 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

Sanctions for violation of institutional policies or rules and regulations may be imposed regardless of whether the actions of the student also constitute civil or criminal violations. When disciplinary actions result in a student's separation from CUSOM, grades will be assigned in accordance with the CUSOM grading policy.

All APPS Committee records, including meeting minutes and supporting documentation, are maintained in the Office of the Dean.
Depending on the nature and severity of the matter under review, the APPS Committee may recommend to the Dean, or impose as appropriate, a range of sanctions which include but are not limited to those outlined in Sections 6.7.7.1 through 6.7.7.3 of this Bulletin.

6.7.7.1. Non-appealable APPS Committee Sanctions

Definition of a Non-Appealable Decision

A "Non-Appealable" decision is one that is explicitly designated as such in this Academic Bulletin as rendered by the APPS Committee, an *ad hoc* Committee, or a Vice Dean. Such decisions are final and may not be reviewed or challenged through an appeals process to the CUSOM Dean or any other individual.

Similarly, a Non-Appealable sanction imposed by the CUSOM Dean is final and may not be reviewed or appealed to any other individual or body within the University.

Scope and Restrictions

Non-Appealable decisions and sanctions are final and are not subject to further review or appeal. Accordingly, these decisions may not be discussed with CUSOM faculty, staff, APPS Committee members, the CUSOM Dean, or any other representative of CUSOM or Campbell University for the purpose of reconsideration, modification, or re-adjudication.

Basis for Non-Appealable Status

Non-Appealable decisions are issued following review and adjudication by the APPS Committee, an *ad hoc* Committee, a Vice Dean, or the Dean (in the case of Dean-assigned Non-Appealable sanctions), in accordance with procedures outlined in this Academic Bulletin.

Prior to the issuance of a Non-Appealable decision or sanction, students are provided an opportunity to present all relevant information for consideration. Once a decision is rendered and designated as Non-Appealable, it is final and binding and may not be reconsidered or revisited.

A Non-Appealable decision is considered final and binding.

The APPS Committee may impose a sanction, which is Non-Appealable to the Dean, for students failing to make satisfactory academic progress, which includes, but is not limited to, the following:

- Failure of one or more courses within a single 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 enrolled in a Modified Course of Study;
- Failure of any course or clinical rotation while on Academic Probation;
- Failure to successfully remediate a previously failed course or clinical rotation (which constitutes an additional course/rotation failure);
- Failure to successfully complete any curricular requirements; or
- Any other comparable circumstances, as determined by the APPS Committee

In addition to imposing sanctions for failure to make academic progress, the Committee may review student progress in order to remove or continue a student's Academic Warning, Academic Probation, or Suspension.

A **Non-Appealable** sanction imposed by the APPS Committee, *ad hoc* Committee**, or a Vice Dean** may include, **but is not limited to**, one or more of the following actions:

** *Ad hoc* Committee and Vice Dean sanctions apply only to non-academic matters

- Award a satisfactory grade (C*, P*, or PC*) and approve promotion to the next Block/clinical rotation following satisfactory remediation;

- Require remediation, further coursework, repeat of courses, or completion of assigned academic work (including written assignments/papers as appropriate **;
- Require repetition of one or more courses or examinations;
- Require repetition of multiple courses in which the student initially earned a failing grade;
- Specify timelines and conditions for completion of remediation or a Modified Course of Study (MCOS);
- Approve and extend duration of a MCOS beyond the standard 104-day timeline;
- Require the successful completion additional clinical rotations and associated requirements, including, but not limited to, educational modules, procedure logs, and end-of-rotation exams (even if previously 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, or remove a student from, leadership positions or organizational roles 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**;
- Require additional assessments to verify the student has the ability to make satisfactory progress, participate safely in patient care, and become an osteopathic physician. These may include, but are not limited to, psychological evaluations, controlled substance or alcohol screening/testing, or other evaluations as deemed appropriate. Such testing will be at the student's expense**;
- Require participation in targeted educational or behavioral programs, such as, but not limited to, professionalism training or anger management**;
- Offer the opportunity to enter the Multiple Options Pathway (MOP), allowing the student to select from a list of approved board review programs;

- Assign a Modified Course of Study, which may delay promotion and graduation;
- Assign an **Admonition**: Student will receive a written warning. An Admonition will not become part of the student's permanent record and is not reported in the Medical Student Performance Evaluation (MSPE). In certain circumstances, the APPS Committee Chair may assign an Admonition without a full Committee hearing 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, receive an approved absence to attend an off-campus conference or meeting (unless presenting research as described elsewhere in this Bulletin), or serve as a Teaching Assistant. Directors and Coordinators of the Campbell University Community Care Clinic (CUCCC) are not considered formal leadership positions for the purposes of Academic Warning sanctions and are therefore not subject to these restrictions. Similarly, the Collaborative Anatomy Pathology (CAP) project is not classified as CUSOM-sponsored research and is not subject to these sanctions.
    - 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, fails multiple courses or clinical rotations, fails COMLEX USA Level-1 or Level 2-CE, fails to make satisfactory academic progress, or exhibits any other relevant 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, receive an approved absence to attend an off-campus conference or meeting (unless presenting research as described elsewhere in this Bulletin), serve as a Teaching Assistant. Directors and Coordinators of the Campbell University Community Care Clinic (CUCCC) are not considered formal leadership positions for the purposes of Academic Probation sanctions and are therefore not subject to these restrictions. Similarly, the Collaborative Anatomy Pathology (CAP) project is not classified as CUSOM-sponsored research and is not subject to these sanctions.
- 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 carries with it a notification that **any further violations** of CUSOM regulations will result in more serious disciplinary action up to, and including, Dismissal.
- **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 to 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, receive an approved absence to attend an off-campus conference or meeting, serve as a Teaching Assistant, or participate in CUSOM-sponsored research, such as the Summer Research Scholars program. Directors and Coordinators of the Campbell University Community Care Clinic (CUCCC) are not considered formal leadership positions for the purposes of Conduct Warning sanctions and are therefore not subject to these restrictions. Similarly, the Collaborative Anatomy Pathology (CAP) project is not classified as CUSOM-sponsored research and is not subject to these sanctions.

- 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, receive an approved absence to attend an off-campus conference or meeting, serve as a Teaching Assistant, or participate in CUSOM-sponsored research, such as the Summer Research Scholars program. CUCCC Directors/Coordinators are not leadership and not subject to these Conduct Probation sanctions and the Collaborative Anatomy Pathology (CAP) project is not considered CUSOM-sponsored research and again is not subject to this sanction.
  - 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 to state licensing boards where required**.
  - Third- and fourth-year Students on Conduct Probation may be required to complete all clinical 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 that a student be Suspended or Dismissed from the program when the APPS Committee determines the student is unable to make satisfactory academic progress. Such recommendations may be based on, but are **not limited to**, the following circumstances:

- Failure of two or more courses within a single 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 rotation while in a Modified Course of Study (MCOS);
- Failure of any course or clinical rotation while on Academic Probation;
- Failure to successfully remediate a previously failed course or clinical rotation (which constitutes an additional course/rotation failure);
- Exceeding the authorized 104-day MCOS timeline without prior approval from the APPS Committee; or
- Any other circumstances demonstrating an inability to achieve satisfactory academic progress, as determined by the APPS Committee.

The APPS Committee may impose sanctions **which are Appealable** to the Dean. Such sanctions may include, **but are not limited to**, one or more of the following:

- Assign a grade reduction for an examination, assignment, or course;
- Require repetition of an academic semester or academic year;
- Assign a **Suspension**: Suspension may be imposed for violation of the terms of an Academic or Conduct Probation, failure to comply with the conditions of a MCOS, including exceeding the authorized 104-day timeline without approval, or in cases where a first-time violation is of sufficient severity to warrant such action.
    - Students on suspension are ineligible for financial aid, not considered actively enrolled, and are prohibited from participation in all academic, clinical, and extracurricular activities, whether on or off campus.
    - **Suspension will appear on the student's official transcript and reported in the MSPE and to state licensing boards where required**; or
    - Any student may be placed on Suspension pending the outcome of an investigation into alleged conduct violations, including but not limited to Title IX matters.
- **Dismissal**: The APPS Committee may recommend dismissal of a student from the program. Final authority for dismissal rests with the Dean, who reviews the Committee's recommendation and makes the final determination.

6.7.7.3. Non-Appealable Dean-assigned Sanctions

In addition to sanctions imposed by the APPS Committee, the Dean has the authority to impose additional academic and professional sanctions that are designated as Non-Appealable. These sanctions may include, **but are not limited to**, the following:

- Withholding official transcripts;
- Denial of re-admission to CUSOM, following dismissal;
- Prohibiting a student from enrolling for a specified period of time;
- Requiring restitution, including monetary reimbursement or assignment of specific duties, for damages to or misappropriation of property belonging to CUSOM, students, faculty, or staff; 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 if misconduct is discovered to have occurred either prior to or following graduation. Allegations of such misconduct will be reviewed by the Dean, and may result in revocation of the degree in accordance with University policies.

6.7.8 Appeal of an APPS Committee Decision

The APPS Committee Chair will notify the student in writing of the APPS Committee decision as soon as reasonably practical. Upon receipt of this notification, the student is required to sign and return the Notice of Decision within the timeframe specified in the letter.

Appeals of an Appealable APPS Committee decision must be based solely on new and relevant information that was not reasonably available to the student at the time of the original hearing. Information that was available but not presented at the hearing, including medical, psychological, or personal information known to the student at that time, will not be considered as a basis for appeal. Additionally, documentation created after the hearing that pertains to information previously available will not be considered new evidence.

Dean's Review of an Appeal

A written appeal must be submitted to the Office of the Dean within five (5) business days of the student's receipt of the APPS Committee decision, and no later than 5:00 p.m. Eastern Time on the final day of the submission period. Appeals received after this deadline will not be considered, and the APPS Committee decision will be deemed final.

The Dean will review the appeal and issue a written response within ten (10) business days of receiving the written appeal.

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. ***Any attempt by the student to circumvent this process may be considered as a violation of CUSOM's professionalism standards and could result in a sanction.***

Appeal meetings are administrative in nature and are not considered legal proceedings; therefore, legal counsel and other external representatives are not permitted to participate.

The decision of the Dean is final.

6.7.9 Release of Information

CUSOM maintains a secure, confidential, electronic record system with offsite backup to protect the integrity of student information. All documents related to student discipline, including written reprimands, are maintained in a secure and confidential file.

Disciplinary actions become a part of the student's permanent educational record and are disclosed only at the discretion of the Dean and only in accordance with CUSOM and university policies, as well as federal and state regulations.

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).

Additional information regarding student Educational Records and confidentiality 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 the final determination regarding all separations from CUSOM. Once a final decision has been rendered by the Dean, no further appeal is available.

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, national background check, and controlled substance screen according to the following timelines and associated requirements:

Separation from CUSOM (excluding Dismissal) less than 45 days:

- A Supplemental Application may be required
- A National Background Check and Controlled Substance Screen may be required
- All required documents must be received **no earlier than fifteen (15) calendar days and no later than seven (7) calendar days prior to the anticipated return date**
- For example, a student returning from a 30-day Leave of Absence on July 1 must submit the required documentation between June 15 and June 23.

Separation from CUSOM (excluding Dismissal) of 45 days or greater:

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

Additional requirements, such as medical or mental health evaluations, may be required prior to a student's return, as deemed appropriate by CUSOM.

The Executive Committee of the CUSOM Admissions Committee, composed of the Chair, Vice-Chair, and at least two other members, determines whether a student has satisfied the requirements to return from a Separation from CUSOM. In cases of potential conflict of interest or insufficient availability of designated members, the Dean may appoint alternate members from the full Admissions Committee.

Students who do not return on the approved date, or otherwise fail to meet all requirements for return, including fulfillment of all financial obligations to the University (e.g., tuition, fees, etc.), must re-apply for admission through the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS) and are not guaranteed re-admission. Students will not be registered for any courses until all financial obligations have been satisfied.

In order to return from any approved separation, the student must submit documentation to the Dean verifying completion of all terms associated with 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 the point at which the student will resume the curriculum and whether additional requirements are necessary. This determination is based on the student's preparedness to resume the curriculum, including requisite knowledge skills and competencies, and the need to maintain continuity of medical education. The Committee may require additional coursework, remediation, or other educational activities to support student success, performance on licensing examinations, and readiness to provide safe and effective patient care. In cases of potential conflict of interest or insufficient availability of designated APPS members, the Dean may appoint alternate members from the full APPS Committee.

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 7.2.2 of this Bulletin**.

Students seeking accommodations upon return must contact the Office of Student Affairs as soon as possible and indicate **their request as outlined in the "Request for Accommodations" section of the CUSOM Supplemental Application.**

The requirements apply to both requests to reinstate previously approved accommodations and requests 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 the student has completed the required request process. As noted previously, accommodations are not granted retroactively.

6.8.1.2 Modified Schedule

In rare instances, a student may be placed on a Modified Schedule, which does not require a Leave of Absence or formal Modified Course of Study. A Modified Schedule is typically utilized to accommodate short-term situations, such as an acute illness or other temporary personal circumstance.

When appropriate, the Associate Dean for Biomedical Affairs (for first- and second-year students) or the Associate Dean for Clinical Affairs (for third- and fourth-year students), will develop a proposed Modified Schedule in collaboration with the student. The proposed plan must be reviewed and approved by the Executive Committee of the Academic Performance, Promotion, and Standards (APPS) Committee.

6.8.2 Leave of Absence

A Leave of Absence is a temporary separation from CUSOM granted by the Dean. A Leave of Absence may not exceed 180 calendar days. Reasons for a leave include, but are not limited to, academic, personal, medical, and maternity-related circumstances. **A Leave extending beyond 180 calendar days will become a Withdrawal.**

CUSOM is a full-time program and does not permit part-time enrollment. Students enrolled in a single course or clinical rotation during a fall or spring semester will be assessed full-semester tuition in accordance with University policy.

Requests for a Leave of Absence must be submitted in writing to the Dean through the Office of Student Affairs. A Leave of Absence request must include the reason for the Leave and the anticipated date of return. The Office of Student Affairs will forward the request to the Dean, who makes the final determination regarding approval.

In addition, students must complete the official Leave of Absence form available from the Office of Student Affairs. Depending on the circumstances of the Leave, students may be required to return CUSOM-issued property.

Students requesting a Leave of Absence are required to meet with the Office of Financial Aid and the Bursar's Office and obtain their signatures on the Leave of Absence form. This process ensures that students are informed of the potential financial impact of the leave, including implications for tuition, billing, and financial aid.

The effective date of a Leave of Absence is the date on which the Dean approves the Leave of Absence request.

Students on a Leave of Absence are not considered enrolled or registered and are therefore ineligible for financial aid during the period of the leave. **This status may also affect other aspects of the student's academic and professional progression.**

While on a Leave of Absence, CUSOM students are not eligible to receive institutional approval to sit for the United States Medical Licensing Examination (USMLE) Step 1 or Step 2 Clinical Knowledge (CK), as these exams require active enrollment status. However, they may be eligible for approval to sit for COMLEX-USA Level 1 or Level 2-Cognitive Evaluation (CE) as the National Board of Osteopathic Medical Examiners (NBOME) maintains different eligibility and attestation requirements.

Process for Returning from an Approved Leave 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 review all relevant documentation to determine whether the student has satisfied the requirements to return.

   In cases of potential conflict of interest or insufficient availability of designated members, the Dean may appoint alternate members from the full Admissions Committee.
2. If a student is approved for return, the Executive Committee of the Academic Performance, Promotion, and Standards (APPS) Committee, consisting of the Chair, two Vice-Chairs and at least two other members, will determine the appropriate point at which the student will resume the curriculum and whether additional requirements are necessary. This determination is based on the student's readiness to reenter the curriculum, including appropriate knowledge, skills, and competencies, and the need to ensure continuity of medical education. The Committee may require additional coursework, remediation, or other educational activities to support student success, performance on licensing examinations, and readiness to provide safe and effective patient care.

   In cases of potential conflict of interest or insufficient availability of designated members, the Dean may appoint alternate members from the full APPS Committee.

3. **Students must fulfill all financial obligations to the University, including tuition and fees prior to being reenrolled as a registered student. Students will not be registered for any courses or clinical rotations until all financial obligations have been satisfied.**

4. **Students who do not return on the approved date or who fail to meet all requirements for return must re-apply through the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS) and are not guaranteed re-admission.**

6.8.2.1 Academic Leave of Absence

An Academic Leave of Absence is a specialized form of leave, typically up to one year in duration, that allows a student to pursue an academic, research, or scholarly opportunity, including completion of a graduate degree or participation in structured research activities. Upon completion of the approved activity, the student must meet all requirements for return as outlined in Section 6.8.1 of this Academic Bulletin. At a minimum, this includes submission of a completed Supplemental Application, national background check, and controlled substance screening within the designated.

Third-year students, who successfully qualify for COMLEX-USA Level 2-Cognitive Evaluation (CE) via a CUSOM-proctored COMSAE, must sit for Level 2-CE prior to the start of their Academic Leave of Absence.

Third-year students, who are unsuccessful at qualifying for COMLEX Level 2-CE, via a CUSOM-proctored COMSAE, must sit for Level 2-CE **and provide a passing score prior to the start of their Academic Leave of Absence**.

To be eligible to return from an approved Academic Leave of Absence, the student must provide documentation verifying successful completion of the terms of the approved Academic Leave of Absence as described in Section 6.8.1 of this Bulletin.

The letter from the Dean approving an Academic Leave of Absence will delineate any specific requirements prior to the start of the leave, such as a passing COMLEX Level 2-CE score. The letter will also specify required deliverables that must be provided upon return from the leave which may include but are not limited to:

- Documentation of research activity such as a list of abstracts, publications, or grant submissions;
- A letter or evaluation from the supervising research mentor;
- Evidence of academic progress or degree completion; or
- Other documentation demonstrating the tangible evidence of engagement or productivity during the leave period.

6.8.2.2 Personal Leave of Absence

A Personal Leave of Absence is a temporary separation from CUSOM granted by the Dean and may not exceed 180 calendar days. A Personal Leave of Absence is intended to address significant personal circumstances that may interrupt a student's education, including but not limited to the death of an immediate family member or other serious personal hardship that would interrupt a student's education.

A Personal Leave of Absence extending beyond 180 days will automatically become a Personal Withdrawal.

To be eligible to return from an approved Personal Leave of Absence, the student must provide documentation to the Dean verifying completion of the terms of terms of the leave, in accordance with Section 6.8.1 of this Bulletin.

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 provide appropriate documentation supporting a valid medical condition requiring temporary leave along with an anticipated date of return. All Medical Leave of Absence requests are reviewed and approved at the discretion of the Dean.

A Medical Leave of Absence may not exceed 180 calendar days. If the Leave extends beyond 180 calendar days it will automatically become a Medical Withdrawal as described elsewhere in this Bulletin.

To be eligible to return from an approved Medical Leave of Absence, the student must provide documentation from a qualified healthcare provider confirming the student is medically cleared to resume full-time participation in the curriculum. All return requirements must be completed in accordance with Section 6.8.1 of this Bulletin.

6.8.2.4 Student Maternity Leave of Absence

A Student Maternity Leave of Absence may be granted to students who provide appropriate documentation supporting the need for a Leave of Absence related to their pregnancy. Approval of a Student Maternity Leave of Absence is determined by the Dean.

The duration of a Student Maternity Leave of Absence may include time prior to the delivery, after delivery, or both. Supporting documentation must include an estimated delivery date and, if applicable, the date of delivery for any leave extending beyond that point.

A Student Maternity Leave of Absence extending more than 180 calendar days will become a Medical Withdrawal.

Return from a Maternity Leave of Absence

To be eligible to return from a Student Maternity Leave of Absence, the student must provide documentation from a qualified healthcare provider confirming the date on which the student is medically cleared to resume full-time participation in all required curricular activities.

If the healthcare provider identifies any activity limitations or restrictions, the nature and duration of those restrictions must be clearly specified.

Returning students must also complete all additional requirements for return as outlined in Section 6.8.1 of this Bulletin.

6.8.2.5 Parental Leave of Absence

CUSOM may grant a Parental Leave of Absence to students whose partner gives birth to, or who adopt, a child while enrolled in the curriculum.

Parental Leave of Absence requests are considered on a case-by-case basis and require appropriate documentation.

A Parental Leave of Absence is intended for non-birth parents and may not exceed four (4) weeks following the birth or adoption, of a child.

Students requesting a Parental Leave of Absence must provide the Office of Student Affairs with an anticipated return-to-curriculum date, which may not exceed four (4) weeks from the start of the leave period.

Students who are unable to return from a Parental Leave of Absence within four (4) weeks must request a Personal Leave of Absence, which may extend up to a total of 180 days. A Personal Leave of Absence extending more than 180 calendar days will become a Personal Withdrawal.

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

- Meet with the Associate Dean for Biomedical Affairs (for first- and second-year students) or Associate Dean for Clinical Affairs (for third- and fourth-year students), and the Office of Student Affairs at the earliest opportunity to discuss the anticipated leave.
- Provide the Office of Student Affairs with a proposed timeline outlining the requested leave period and anticipated return date.

6.8.3 Withdrawal

Withdrawal from CUSOM is granted by the Dean and may be either a temporary or permanent separation from the program. A Withdrawal may extend beyond 180 calendar days. Reasons for a Withdrawal include, but are not limited to, personal, academic, or medical circumstances.

CUSOM is a full-time program and does not permit part-time enrollment. Students enrolled in any portion of a semester, including a single course or clinical rotation, will be assessed full-semester tuition in accordance with University policy.

In order to avoid a final grade being recorded on a student's transcript, any request for Withdrawal must be completed prior to <u>beginning</u> the first final course assessment (e.g., exam) of a Block or clinical rotation (e.g., end-of-rotation exam). This requirement applies to all courses within a Block, including those that conclude earlier than others.

Failure to withdraw by this deadline may result in the assignment of a grade of "F" for all courses in that Block, or the clinical rotation, which will be recorded on the student's transcript and may adversely affect the student's academic record.

Withdrawal requests made after a grade has been assigned, a course or clinical final examination or an assessment event has been started, or after a clinical rotation is completed, even if approved by the Dean, will result in the final grade being the grade of record. As such, **a Withdrawal cannot remove a grade of "F"**.

Requests for Withdrawal must be submitted in writing to the Dean through the Office of Student Affairs, who then provides it to the Dean. Students must also complete the official Withdrawal Form available from the Office of Student Affairs.

As part of the Withdrawal process, students are required to meet with the Office of Financial Aid and the Bursar's Office and obtain their signatures on the Withdrawal form. This ensures that students understand the financial implications of Withdrawal, including tuition obligations and any impact on financial aid and repayment requirements.

The Dean makes the final determination regarding all Withdrawal requests.

To be considered **Withdrawn in Good Standing**, a student must complete and submit a Withdrawal Form and, if approved, return any designated CUSOM-issued property to the Office of Student Affairs.

The effective date of a Withdrawal is the date on which the Dean approves the Withdrawal request.

The Dean makes the final decision regarding all Withdrawals. Any student who discontinues enrollment at CUSOM, regardless of reason, is required to complete a Withdrawal Form.

Students eligible to return from a Withdrawal from CUSOM, minimally must submit a completed Supplemental Application, national 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 mental health 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 of this Bulletin.

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

Subject to the provisions outlined in Section 6.8.3 of this Bulletin, a Personal Withdrawal may be granted to students who wish to voluntarily leave CUSOM for personal reasons. Students who withdraw from CUSOM for personal reasons are not guaranteed re-admission.

Students eligible to return from a Personal Withdrawal minimally must submit a completed Supplemental Application, national 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 of this Bulletin.

6.8.3.2 Academic Withdrawal

An Academic Withdrawal may be granted to students who wish to voluntarily leave CUSOM due to academic difficulty, including but not limited to failure of one or more courses or clinical rotations. Students who withdraw from CUSOM for academic reasons are not guaranteed re-admission.

Students eligible to return from an Academic Withdrawal minimally must submit a completed Supplemental Application, national 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 of this Bulletin.

6.8.3.3 Medical Withdrawal (Absence Greater than 180 Calendar Days)

A Medical Withdrawal may be granted to students in good academic standing who require an extended absence for a documented medical condition exceeding 180 calendar days.

A student returning from an approved Medical Withdrawal minimally must submit a completed Supplemental Application, national 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 mental health evaluations, may be placed on returning students as deemed appropriate.

In order to return from an approved Medical Withdrawal, students must also provide documentation from a qualified healthcare provider confirming that the student is medically cleared to resume full-time participation in the curriculum.

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 of this Bulletin.

6.8.4 Special Meetings of the APPS Committee

The Dean may convene a special meeting of the APPS Committee to determine appropriate placement of a student who is returning from an approved Leave of Absence, Withdrawal, or Suspension to determine the point at which the student will resume the curriculum and whether additional requirements or supplementary educational activities are required.

Recommendations are based on the student's readiness to reenter the curriculum, including demonstration of the knowledge, skills, and abilities required for success at the designated point in training. These determinations also consider continuity of the educational program, readiness for licensing examinations, and the ability to provide safe, competent, and compassionate patient care.

6.8.5 Suspension

Suspension is defined as a temporary separation from the institution during which the student is **not enrolled or registered and is therefore ineligible for financial aid.**

While on Suspension, CUSOM students are not eligible to receive institutional approval to sit for the United States Medical Licensing Examination (USMLE) Step 1 or Step 2 Clinical Knowledge (CK), as these exams require active enrollment status. However, they may be eligible for approval to sit for COMLEX-USA Level 1 or Level 2-Cognitive Evaluation (CE) as the National Board of Osteopathic Medical Examiners (NBOME) maintains different eligibility and attestation requirements.

The duration of the Suspension is determined by the Dean and may include recommendations from the APPS Committee.

While on Suspension, students are not considered active members of the student body and must not represent themselves as CUSOM students. In addition, students are suspension prohibited from:

- accessing University or affiliated clinical campuses
- participating in academic, clinical, or extracurricular activities, whether on- or off-campus
- wearing CUSOM-issued attire, including their white coat

Failure to comply with the terms of Suspension or exceeding a Suspension period of 180 calendar days will result in referral to the APPS Committee for Dismissal from the program.

6.8.6 Dismissal

A dismissal is a permanent separation from CUSOM.

The Dean makes the final decision regarding all dismissals. Decisions resulting in dismissal are final and not subject to appeal.

6.9 Graduation

6.9.1 Graduation Requirements

The degree of Doctor of Osteopathic Medicine is conferred upon, candidates who have successfully met all requirements for graduation, including the following:

- Successful completion of all required coursework and clinical rotations, and fulfillment of the total number of credits required for the degree calculated at the time of graduation;

- Successful passage of COMLEX-USA Level 1 and COMLEX-USA Level 2-Cognitive Evaluation (CE);
- Successful completion of CUSOM's Clinical Skills Assessment Program during the fourth year.
    - This program includes both longitudinal evaluation of clinical performance and a comprehensive, on-campus multi-station Objective Structured Clinical Examination (OSCE), through which students must demonstrate competency in fundamental clinical skills and physician competency domains necessary for graduation, entry into graduate medical education, and the delivery of safe osteopathic medical care.
    - Additional information regarding graduation requirements and eligibility for COMLEX-USA Level 3 is provided in CUSOM's *Enhanced Attestation to meet Graduation Requirements as an Alternate to Passing COMLEX-USA Level 2-PE* policy available on the CUSOM Policies and Procedures webpage.

- Demonstration of good moral character and adherence to professional and ethical standards expected of the osteopathic medical profession; and
- Completion of all required exit documentation and fulfillment of all financial obligations to CUSOM, Campbell University, and affiliated or partnering institutions incurred during the academic program.

In accordance with Commission on Osteopathic College Accreditation (COCA) standards, each single degree DO student must complete all degree requirements within 150% of the standard program length (not to exceed six (6) years from the date of matriculation).

To become eligible for graduation, each student must successfully complete all program requirements within six (6) years of the date of matriculation.

The six (6)-year timeframe includes any approved interruptions in the curriculum, such as participation in a Modified Course of Study or approved periods of leave, including Medical, Academic, or Personal Leave.

In exceptional circumstances, the Dean may grant an extension to this 6-year completion requirement.

Professional and Ethical Competence: In addition to academic and programmatic requirements, students must demonstrate professional and ethical competence to be eligible for graduation. This includes:

- Adherence to the ethical and professional standards expected of the osteopathic medical profession;
- Demonstration of integrity, accountability, and sound judgment in academic, clinical, and professional activities;
- Suitability for the practice of medicine, including responsible participation in patient care.

Failure to meet required standards of professional and ethical conduct may result in disciplinary action, up to and including dismissal from the program.

Students 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, students must have been enrolled full-time at CUSOM during their entire third- and fourth- academic years.

In order to graduate, students must complete all prescribed coursework and clinical experiences to the satisfaction of the faculty, as determined by course directors, clinical preceptors, and the Academic Performance, Promotion, and Standards (APPS) Committee.

Prior to graduation, students must meet with the Office of Financial Aid, complete all required exit documentation (including financial aid and debt counseling), and fulfill all outstanding financial obligations to CUSOM, Campbell University, and any affiliated or collaborative partners.

Students are also required to complete all components of the institutional exit process in order to receive a diploma.

Upon successful completion of all graduation requirements, including passage of COMLEX-USA Level 1 and Level 2-Cognitive Evaluation (CE), CUSOM's Clinical Skills Assessment Program, and all other requirements outlined in this Academic Bulletin, the CUSOM faculty, through the Dean and President, will recommend eligible candidates to the Board of Trustees.

Upon approval of this recommendation, the Board of Trustees confers the Doctor of Osteopathic Medicine degree to candidates who have successfully satisfied 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.

In addition, voluntary Withdrawal, Leave of Absence, Suspension secondary to academic or non-academic matters, or failure to meet licensing exam requirements in accordance with CUSOM policy may also result in a delays in academic progression, completion of clinical rotations, and graduation.

A delay in a graduation date may adversely impact a student's ability to participate in the corresponding Residency Match process. A delayed graduation date could have a cascading effect on the timing of conferral of your degree, and, by extension, when you would be eligible to obtain your state medical license and start your residency.

Six (6) Year Graduation Requirement: In order to be eligible for graduation, all single degree DO students, including those who require a Modified Course of Study, must complete all degree requirements within six (6) years following matriculation, consistent with CUSOM policy and accreditation standards.

Any alteration in the normal curriculum progression may affect a student's eligibility for financial aid, including qualification for education-based funding. Placement in a MCOS or delayed progression may also affect a student's ability to participate in the residency Match process.

Students are strongly encouraged to seek guidance from the Office of Academic Affairs, the Office of Clinical Affairs, and the University's Office of Financial Aid when considering or entering a Modified Course of Study or other altered academic pathway.

Participation in Commencement Prior to Completion of Degree Requirements

Doctor of Osteopathic Medicine candidates with a cumulative grade point average of 2.000 or higher who are lacking no more than thirty (30) credit hours required for graduation may request permission to participate in a commencement ceremony under the "Thirty (30) Credit Hour Rule," subject to the following conditions:

- Students must submit a *Request to Participate in Commencement* form, available from the CUSOM Registrar's Office, no later than fifteen (15) days prior to the scheduled commencement ceremony.
- Candidates applying for the "Thirty (30) Credit Hour Rule" exemption must also file an Application for Graduation.
- If approved, the candidate will be allowed to participate in only one Commencement ceremony for the degree program. Students who participate in a May or December ceremony under this policy are not eligible to participate in a subsequent ceremony once all degree requirements have been completed.
- To be eligible to participate in the May graduation ceremony, students must have taken COMLEX USA Level 2-Cognitive Evaluation (CE) prior to graduation, with the results available no later than six (6) weeks following the ceremony.

- Participation in commencement under this provision does not constitute degree conferral. The Doctor of Osteopathic Medicine (DO) degree will be awarded only after all graduation requirements have been successfully completed.
- Graduation honors will not be awarded at the time of the ceremony and will be determined only after all requirements have been met and a new Application for Graduation has been submitted for the term in which the degree is formally conferred.

6.9.3 Hooding Policy

The CUSOM Hooding Policy establishes the eligibility requirements for individuals who may participate in hooding CUSOM graduates receiving the Doctor of Osteopathic Medicine degree at Commencement.

The Dean designates all individuals approved to serve as hooders for each Commencement ceremony. This designation may include eligible and approved immediate family members, as outlined below.

All hooders must either members of the CUSOM faculty or hold a Doctor of Osteopathic Medicine (DO) or Doctor of Medicine (MD) degree from an accredited medical school.

Members of the graduation ceremony platform party who do not hold a DO or MD degree may be permitted to hood graduates at the discretion of the Dean.

Immediate family members who hold a DO or MD degree from an accredited medical school may be permitted to serve as hooders at the discretion of the Dean.

For the purposes of this policy, "immediate family member" includes individuals related to the graduate by blood or marriage, including spouse, parent, parent-in-law, sibling, child, grandparent, aunt, uncle, cousin, nephew, niece, or sibling-in-law.

Family hooders are required to wear appropriate academic regalia during the Commencement ceremony. Family hooders are responsible for any costs associated with obtaining or renting regalia for the ceremony.

Students who participate in Commencement ceremonies outside of CUSOM's May Commencement Ceremony are not permitted to designate individual hooders. Family hooders are only permitted during the May Commencement ceremony.

CUSOM reserved the right to modify these policies and procedures as necessary due to unforeseen circumstances.

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 timely assistance for themselves or fellow classmates if they encounter any physical or mental health concerns.

7.1.1 Student Health

The Campbell University Health Center is available to all CUSOM students 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 and additional information can be found on the Health Center website.

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 regarding student health services is provided in CUSOM's *Students, Faculty, and Staff Seeking Diagnostic, Preventive and Therapeutic Health Services Policy* and *Students Seeking Counseling and Mental Health Services Policy*, accessible on CUSOM's Policy and Procedures webpage.

7.1.2 Health Insurance

All students are required to maintain active health insurance coverage from matriculation through graduation. Students must either enroll in the Campbell University's health insurance plan or provide proof of comparable coverage obtained through another provider.

On an annual basis and prior to registration, the start of classes, or participation in clinical rotations, students must either provide proof of active health insurance coverage and complete the Campbell University insurance waiver or enroll in the Campbell University health insurance plan.

Students who do not maintain active health insurance coverage will not be permitted to participate in any clinical activities involving patient care.

All healthcare expenses incurred by students during their enrollment, including those resulting from exposure to infectious diseases or materials, needle sticks, injuries (falls, burns, lacerations, etc.) or other medical or surgical conditions, are the responsibility of the student and their health insurance carrier.

Additional information regarding Campbell University's health insurance plan is available on the Student Health Insurance website.

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.

Federal, state, and institutional regulations require students to demonstrate immunity or protection against designated communicable diseases before engaging in patient care activities.

Required vaccination and testing protocols, including those for Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Varicella, Hepatitis B, Influenza, and COVID-19 and Tuberculosis, are outlined in Section 3.17.1 of this Bulletin.

All students must document their immunization status using the linked standard AAMC Standard Immunization Form.

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.

Failure to comply with CUSOM Vaccination Requirements will result in referral to the Academic Performance, Promotion and Standards (APPS) Committee. Noncompliance will also preclude participation in required clinical activities, including, but not limited to, standardized patient Objective Structured Clinical Examinations (OSCEs), early clinical experiences, and clinical rotations.

Inability to participate in these required activities may result in unexcused absence, failure of a course or clinical rotation, an inability to make successful academic progress, and additional referral to the APPS Committee, for sanctions including, but not limited to, Academic Probation, Conduct Probation, Suspension, delay in graduation, or Dismissal from the program.

Additional important information regarding CUSOM Vaccination Requirements is presented in Section 3.17.1 of this Bulletin.

7.1.4 Controlled Substance Screening

Controlled substance screening of learners and staff members is required at most healthcare facilities prior to participating in patient care.

Students must complete a controlled substance screening prior to matriculation and again prior to the start of the third year of the curriculum. Screening results must demonstrate no evidence of alcohol, illicit substances, controlled substances without a valid prescription, or substances deemed illegal under applicable federal or North Carolina law. Additional screening or confirmatory tests may be required at the discretion of CUSOM or affiliated clinical training sites.

CUSOM reserves the right to require controlled substance testing or a mental health evaluation of any student if there is concern regarding a student's behavior, appearance, or performance that may indicate impairment or risk.

Refusal or failure to submit to required testing, or a positive test result indicating the presence of prohibited substances or misuse of prescribed medications, may result in disciplinary action, up to and including Dismissal from the program.

For purposes of this Policy, controlled substances include those listed in Schedules I through V of the Federal Controlled Substances Act (21 U.S.C. § 812), as well as substances classified as illegal in the state of North Carolina, regardless of legality in other jurisdictions.

For example, although the use of cannabis is legal in some states, it remains classified as an illegal substance under federal law and is illegal in the state of North Carolina, including for medical use. Use or misuse of such substances may impair a healthcare professional's ability to provide safe and effective patient care. Accordingly, the use of cannabis in any form constitutes 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 to CUSOM, students consent to the disclosure of controlled substance screening results to the extent necessary to support clinical placement and training.

Clinical training sites may establish their own standards and may require additional or repeat testing beyond CUSOM requirements. Failure to meet site-specific requirements may result in inability to participate in assigned clinical rotations.

Students who are unable to participate in clinical rotations due to controlled substance screening results will be unable to meet required academic and clinical program requirements.

Such cases will be **referred to the Academic Performance, Promotion and Standards (APPS) Committee for review and may result in sanctions possible sanctions up to and including, Dismissal from the program.**

CUSOM has no control over the content of third-party National Background Checks. Background check findings or substance-related offenses, including but not limited to Driving Under the Influence (DUI) or Driving While Intoxicated (DWI), may impact a student's eligibility for clinical placements, residency selection, professional licensure, and future employment, even if such charges have been dismissed.

Prior to Starting Year 3 Clinical Rotations:

Prior to the start of third-year clinical rotations, students are required to complete a random controlled substance screening. All screening samples must be collected at a facility approved by CUSOM, and results are shared with clinical training sites as required for participation in patient care.

If a screening result is positive or shows other abnormalities, the Dean will appoint an *ad hoc* subcommittee of the CUSOM APPS Committee to review the findings and make a recommendation regarding appropriate follow-up actions, which may include but is not limited to further evaluation or disciplinary sanctions. The Dean will make the final determination regarding any required action, which may include a delay in progression to third-year clinical rotations.

By matriculating at CUSOM, students consent to the release of controlled substance screening results to clinical sites, as necessary for placement and participation in clinical training.

All controlled substance screening tests are maintained in a secure and confidential manner. Access to this information is limited to the Office of Student Affairs, the Associate Dean for Clinical Affairs, the CUSOM Dean (or a 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 when necessary to facilitate appropriate evaluation, referral, or counseling services.

All costs associated with controlled substance screening, including any additional or confirmatory testing, are the responsibility of the student.

If a student is unable to complete required clinical rotations due to failure to meet controlled substance screening requirements, the student will be unable to make satisfactory academic progress or meet graduation requirements.

In such circumstances, the student will be referred to the Academic Performance, Promotion, and Standards (APPS) Committee for review and may be subject to 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 otherwise 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 guidance regarding appropriate evaluation, testing, and treatment.

Students who develop signs or symptoms consistent with an infectious or communicable disease should see evaluation through the Campbell University Health Center or the infection control office at their affiliated clinical site. Based on this evaluation, the student will be advised whether it is appropriate to continue participating in patient care activities and, if not, when it is safe to return.

Standard Precautions

The Centers for Disease Control (CDC) has established guidelines to reduce the risk of transmission of infectious diseases in healthcare settings. These guidelines include **standard precautions**, which apply to all patient care, and **transmission-based precautions,** which are implemented when specific infections are identified or suspected. A comprehensive description of these precautions is found on the CDC's website.

Standard precautions incorporate routine practices and the use of appropriate personal protective equipment to protect healthcare providers and prevent the transmission of infections between patients.

Examples of standard precautions 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 on the CDC's website.

Gloves

- For contact with blood, body fluids, secretions and contaminated items; and
- 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; and
- 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; and
- 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; and
- Clean and appropriately disinfect reusable equipment prior to reuse.

Environmental cleaning

- Routinely care, clean and appropriately 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; and
- Place used sharps in puncture-resistant containers.

Additional information is available on the CDC's website.

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 or potential exposure to blood-borne pathogens require immediate action to protect student health and safety. Current CDC guidelines for post-exposure evaluation and management is available on the CDC Bloodborne Pathogen Exposure website.

If a student sustains a needle stick or is exposed to infectious materials they should take the following actions immediately:

- Thoroughly wash the affected area with soap and water (or flush with water in the case of mucous membrane exposure).
- Notify the clinical supervisor at the rotation site for assistance.
- Seek immediate evaluation at the Campbell University Health Center, the designated occupational health clinic, or the appropriate clinical site resource for exposure management.

Timely consultation is critical to ensure appropriate testing, risk-assessment, and consideration of post-exposure prophylaxis.

In particular, Human Immunodeficiency Virus (HIV) **post-exposure prophylaxis is most effective when initiated as soon as possible, ideally within the first few hours following an exposure**.

If exposure occurs outside of normal operating hours or if evaluation cannot be obtained through the above resources, the student must proceed immediately to the nearest emergency department for evaluation.

CDC guidelines for the prevention of blood-borne infectious disease following an exposure are found on the CDC Bloodborne Pathogen Exposure website

In the event of an exposure, the **National Clinician's Post-Exposure Prophylaxis Hotline (PEPline)** is available by phone, (888) 448-4911, Monday-Friday (9:00am - 8:00pm ET) or weekends and holidays (11:00am – 8:00pm ET) to provide guidance in managing exposures. For exposures or questions that occur outside these hours, a PEP Quick Guide for Occupational Exposures is available on their PEP: Post-Exposure Prophylaxis website.

Incident Documentation and Follow-Up

Following an exposure incident, students must 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).

All costs associated with evaluation, testing, and treatment following an exposure must be submitted to the student's health insurance provider. Students are responsible for any expenses not covered by their insurance.

The following additional CDC guidelines for the prevention of infection transmission in healthcare settings should be reviewed carefully before participating in any patient care activities:

CDC Guide to Infection Prevention for Outpatient Settings
CDC Infection Control Basics

Additional information is provided in CUSOM's *Infectious Disease Exposure Prevention and Management Policy*, available on the CUSOM Policies and Procedures webpage.

7.1.6 Medical Emergencies

The safety of students, faculty, staff, and visitors on the Health Science Campus is of utmost concern. The utilization of a standard approach to medical emergencies is essential to ensure the provision of timely, efficient, and appropriate care in a medical emergency.

As a school of osteopathic medicine, CUSOM's primary mission is medical education. While many capable and compassionate healthcare providers are present on our campus they are serving in educational and administrative roles rather than as practicing clinicians in this setting. While they may be able to provide immediate assistance in a life-threatening emergency, they should not be consulted to provide medical evaluation or treatment in non-emergent situations.

Any individual experiencing a medical emergency must be evaluated by Emergency Medical Services (EMS), which is activated by dialing 9-1-1.

In the event of a medical emergency on the Health Science, the first person on the scene should immediately call 9-1-1 and:

- Provide the dispatcher with their name, location, number of people sick/injured, and a description of the emergency.
- Remain on the line for further instructions.
- Avoid moving the affected individual unless there is an immediate safety threat.

Following activation of the EMS system, campus security must be notified. Security personnel will assist by coordinating with EMS, confirming the emergency response, and providing additional information regarding the location of the individual and access to campus facilities.

Security will complete and maintain an incident report for all emergency events requiring EMS activation, regardless of whether the individual accepts treatment or transport.

The **Campbell University Emergency Guidebook**, which outlines important actions to take during specific Emergency incidents, is available on Campbell University's Emergency Preparedness website.

Additional campus safety information is available on Campbell University's Emergency Preparedness website.

Incident Reporting

Students who sustain an injury or are involved in an accident during a CUSOM-related activity must promptly report the incident and see appropriate medical evaluation.

If an incident occurs on the Health Science Campus, the student must complete an incident report and contact or present to the Campbell University Health Center (910-893-1560) for evaluation, consultation, and assistance. Incident report forms are available at the Health Center.

If the accident occurs at an affiliated clinical training site, the student must complete the incident report required by the clinical facility and immediately notify the following:

- Clinical supervisor;
- CUSOM Office of Clinical Affairs;
- Regional Dean or Director of Student Medical Education (DSME); and
- CUSOM Associate Dean for Clinical Affairs

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

Additional guidance regarding response procedures for medical or other emergencies is provided in the *CUSOM Safety and Security Policy* available on the CUSOM Policies and Procedures website.

7.1.7 HIPAA and OSHA Training

HIPAA Training

CUSOM is committed to maintaining the privacy, confidentiality, and security of all patient health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). All students are required to complete HIPAA training annually.

To support the commitment to patient confidentiality, CUSOM and its clinical partners have developed processes to ensure appropriate verification of the identity and authority of individuals and entities requesting access to protected health information as required under 45 C.F.R. §164.514(h) and other applicable federal, state, and local laws and regulations.

CUSOM also maintains policies and safeguards designed to ensure the confidentiality, integrity, and availability of its information systems containing electronically protected health information. These measures include procedures to prevent, detect, mitigate, and respond to potential security incidents or violations.

CUSOM complies 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").

Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens (BBP) training.

All CUSOM students enrolled in the Doctor of Osteopathic Medicine program are required to complete OSHA Blood-Borne Pathogens (BBP) training. This training focuses on the prevention of exposure to and transmission of bloodborne and other communicable pathogens in the healthcare settings.

Students are required to complete OSHA BBP training annually, during which they review applicable OSHA regulations, safety standards, and recommended practices for minimizing occupational risk and maintaining a safe clinical environment.

Additional information is provided in CUSOM's *Infectious Disease Exposure Prevention and Management Policy*, available on the CUSOM Policies and Procedures webpage.

Additional information is provided through the following policies available on the CUSOM Policies and Procedures webpage.

- CUSOM's *Infectious Disease Exposure Prevention and Management Policy*
- CUSOM's *Chemical Spill Response Policy*
- CUSOM's *Safety and Security Policy*

7.2 Behavioral Health

Confidential counseling and mental health services are available to CUSOM students 24-hours-a-day, seven-days-a-week. These services are provided through a combination of resources, including clinical services offered by the CUSOM Department of Behavioral Health (CUSOM BH), under the leadership of the Associate Dean for 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 are strictly confidential.

CUSOM encourages students to seek assistance when experiencing behavioral health concerns. Students are also encouraged to notify the Office of Student Affairs if they have concerns that a fellow student may require support, so that appropriate assistance and resources can be offered.

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 CUSOM BH.

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) or by calling the departmental phone number (910-893-7203). All requests are answered as quickly as possible. Students are then sent a link to the department's secure server where they are asked to complete all required intake forms prior to scheduling their appointment. Once the forms are completed, the Behavioral Health Departmental Manager will 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. After 5pm, and on weekends and holidays, students should contact the MYgroup according to the instructions provided below.

CUSOM Behavioral Health clinical staff provide counseling for CUSOM students in Leon Levine Hall. Students who are unable to travel to the on-campus location can meet with a clinician via 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 or via the MYgroup mobile application. To access services online, students 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 9-1-1 immediately to access emergency medical services.

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 and periodically throughout the year.

More information regarding Behavioral Health services may be found on the CUSOM Behavioral Health website.

NOTE: CUSOM Behavioral Health is a valuable support service and resource available to all CUSOM students. To ensure equitable access and appropriate use of this shared resource, students who schedule appointments are expected to notify Behavioral Health as soon as possible if they are unable to attend. Failure to provide timely notice of cancellation may prevent another student from accessing needed services and may be considered a professionalism concern or a violation of the CUSOM Honor Code. Students are reminded to be respectful of their peers and mindful of the time and availability of Behavioral Health staff when scheduling and managing appointments

7.2.2 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 ADA 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.*"

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 law, 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. The law 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 Disability Services.

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 in Section 3.5 of this Academic Bulletin 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

7.2.2.1 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.

7.2.2.2 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's request 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 Campbell University's Director of Disability Services to provide documentation of the disability and to complete the appropriate documentation.

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.

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. 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 in evaluating accommodation requests 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.

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 Student 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 National Board of Osteopathic Medical Examiners (NBOME)** according to their timelines and requirements.

Additional information regarding testing accommodations for COMLEX-USA examinations is available on the NBOME's Test Accommodations website.

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.

Animals on campus

According to the Americans with Disabilities Act (ADA; ADA.gov), a *service* animal is defined as any **dog** individually trained to do work or perform tasks for an individual with a disability. In specific circumstances, the ADA also includes miniature horses. The work or tasks must be directly related to the person's 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 in consultation with Campbell University's Director of Disability Services will make this determination.

In compliance with the ADA, service animals can be restricted from areas where their presence would fundamentally alter the nature of the service or pose a direct threat to safety.

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.

Differing from service animals, 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.

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.

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.

7.2.2.3 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. Provide all required documentation in conformance with University's guidelines. 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. Retrieve their Letter of Accommodation (LOA) and Release of Information Form from the Office of Student Affairs.

Responsibilities of a Student Approved for Testing Accommodations

Testing accommodations require frequent communication between the student and the Office of Medical Education and Accreditation (Years 1 and 2) or Department of Clinical Affairs (Years 3 and 4). It is critical 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 Medical Education and Accreditation or the Department of Clinical Affairs all approved testing accommodations. This discussion should address the questions of how, when and where the Office of Medical Education and Accreditation or the CUSOM Office of Clinical Affairs will provide the approved testing accommodations. The student should make sure to have a calendar and a copy of the LOA with them at the time of this discussion. The student should also remind the Office of Medical Education and Accreditation or the CUSOM Office 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 Medical Education and Accreditation, or the CUSOM Office of Clinical Affairs is not adequately meeting their accommodations, the student should discuss this concern with the Office of Medical Education and Accreditation or CUSOM Office of Clinical Affairs and the Office of Student Affairs immediately.

The Office of Medical Education and Accreditation and the CUSOM Office of Clinical Affairs are 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 difficulty finding necessary handicapped parking near class buildings, they should notify the Office of Student Affairs and the Campbell University Department of Campus Safety immediately.

7.2.2.4 Section IV: Grievance Procedure for Accommodations

All requests and grievances related to accommodations or special services must first be brought in writing to the CUSOM Office of Student Affairs.

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 Campbell University's 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 Campbell University's 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 a complaint with Campbell University's 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 an integral component of the student experience at the Campbell University School of Osteopathic Medicine (CUSOM). Participation in these organizations provides opportunities for service, leadership, professional development, and engagement with the broader community.

Many CUSOM students participate in one or more organizations and may serve in leadership roles at the institutional, state, regional, or national level.

The activities and objectives of student clubs and organizations are intended to support and reflect the mission of CUSOM and the values of the osteopathic medical profession.

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)
- Anesthesiology Interest Group (AIG)
- Asian Pacific American Medical Student Association (APAMSA)
- 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)
- Exceptional Camels Club
- Family Medicine Club (ACOFP and AAFP)
- Global Health/Medical Missions Club
- Internal Medicine Club (ACOI and ACP)
- Internal Medicine-Pediatrics Club (Med-Peds)
- Latino Medical Student Association (LMSA) Club
- 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 ≥ 3.0 on a 4.0 scale as calculated at the end of each grading period, no unresolved course failures, and must not be on Academic Warning or Probation or on Conduct Warning or 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, Treasurer, or National Liaison);
- 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 unless presenting their own research;
- Serve as a teaching assistant;
- Serve as clinical site representative; or
- Be considered as a candidate for Student Doctor of the Year (SDOY) or Student Researcher of the Year (SROY).

Students are eligible to assume leadership roles in student clubs and organizations beginning at the conclusion of Block 2 in Year 1 and transition their leadership responsibilities to the incoming officers at the end of Block 6 or the beginning of Block 7 of the second year.

The Office of Student Affairs and the Registrar review the final course grades and cumulative grade point average (GPA) of students in leadership positions after each academic Block. Students who fail a course or whose cumulative GPA falls below 3.0 may be required to relinquish leadership roles or other associated responsibilities, as determined by CUSOM policy. Students must also relinquish their leadership positions if they are placed on Academic or Conduct Probation.

For activities requiring pre-approval for participation, eligibility is determined based on the student's cumulative GPA at the time of application. However, if the cumulative GPA falls below 3.0 prior to the start of the activity, the student will no longer be eligible to participate in order to prioritize their academic progress and well-being.

Students with a cumulative GPA below 3.0 on a 4.0 scale may be granted a limited exception to attend specific meetings upon recommendation from the Associate Dean for Research or the Associate Dean for Clinical Affairs.

NOTE: The requirements cited above are Non-Appealable.

CUSOM Student Government

The CUSOM Student Government serves as the representative body for the student community and provides a formal mechanism for student input and engagement. The organization is open to all students and encourages participation, feedback, and the submission of proposals from the entire student body.

The responsibilities of Student Government include gathering and conveying student perspectives, serving as a liaison between students and CUSOM Administration, promoting the principles of osteopathic medicine, supporting student clubs and class initiatives, and enhancing the overall student experience at CUSOM.

The Office of Student Affairs serves as the primary liaison between the Student Government and the CUSOM Administration.

Recognition of Student Organizations

Students seeking to establish a new organization must submit an application to the Office of Student Affairs. The application must include the goals and purpose of the organization, a draft organizational chart, and the name of the proposed faculty advisor.

Following review and approval by the Office of Student Affairs, the proposed faculty advisor presents the organization to the Dean's Council for final approval.

Campbell University Community Care Clinic (CUCCC)

The Campbell University Community Care Clinic provides high-quality, compassionate healthcare to medically underserved communities across North Carolina through an inter-professional, collaborative model. The clinic also serves as an extracurricular learning environment for students across Campbell University's Health Science programs.

Services offered include routine physical examinations, treatment of minor medical problems, smoking cessation counseling, basic lab testing, medication refills, pharmacy medication counseling, nutrition counseling, and vaccinations.

Students working in the CU Health Center or volunteering at the CUCCC are covered by the professional liability insurance of the Campbell University Health Center, LLC.

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 with this policy may result in disciplinary action, up to and including Dismissal from the program.

Requests for use of the CUSOM or University logo, including for merchandise or promotional materials, must be submitted through the Office of Student Affairs. The Office of Student Affairs will process requests in coordination with University Communications and Marketing and provide final approval.

Social Media

Students are **strictly prohibited** from posting ANY patient-related or clinical rotation-specific information on social media platforms including but not limited to Facebook, X, Instagram, or other similar sites. This prohibition applies even when patient names or other identifying details are not included.

This policy also applies to all Standardized Patients and Simulation encounters.

Students should **NEVER** post any patient-related information or commentary even if patient identifiers are not included. **This also applies to all Standardized Patients and Simulation encounters.**

Students should avoid contact with patients, clinical site employees, faculty, and staff through personal or social networking platforms. Professional networking with faculty and staff through career-focused platforms, such as LinkedIn, is considered appropriate.

Students must avoid any online activity that may create a perception of impropriety, including posting images or content that suggest unprofessional behavior, compromising states, or the use of alcohol.

When speaking or acting as private citizens, students must avoid creating the impression that they are representing CUSOM or Campbell University. As such, they are prohibited from identifying themselves as CUSOM students when expressing personal opinions in public forums, including online platforms and social media, without prior authorization from the Dean.

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.

Student Sponsored Events

Any activity organized by a recognized CUSOM student club or organization is considered a student-sponsored event and requires prior approval from the Office of Student Affairs. Requests for event approval must be submitted in writing to the Office of Student Affairs and include a description of the event and its purpose, and any facilities or resources required.

Event scheduling forms, including requests for use of institutional facilities, are available through the Office of Student Affairs and must be completed in advance of the event.

Alcoholic beverages are strictly prohibited at all on-campus student-sponsored events and activities. Student organization funds may not be used to purchase alcohol for off-campus events.

Scheduling Extracurricular Activities

Students or student organizations planning extracurricular academic activities (i.e., speakers, mini-courses, pharmaceutical exhibits, or non-credit educational sessions) must obtain prior approval from the Office of Student Affairs.

Requests must be submitted in writing through the designated activity request form and must include a description of the activity and any required facilities or resources.

All off-campus events sponsored by a CUSOM club or organization must receive prior approval from the Office of Student Affairs before any arrangements are made with external facilities or organizations.

Attending Conferences

Students who meet the eligibility criteria outlined in Sections 6.4.2 and 6.4.3.4 of this Bulletin may be permitted to attend conferences for a period not exceeding three (3) consecutive days.

Eligibility is limited to students in good academic and conduct standing. Time spent attending conferences is subject to the CUSOM Attendance Policy and will count toward allowable absences.

Any student with a cumulative GPA below 3.0 on a 4.0 scale, may be considered for an exception to attend a meeting upon recommendation of the Associate Dean for Research or the Associate Dean for Clinical Affairs.

7.3.2 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 1st semester (Blocks 1 and 2)
    2. Achieved and maintained the required scholastic standing (Grade Point Average)
        a. Induction requirements:
            i. First- and second-year students must have a cumulative GPA at or above a 3.6 on a 4.0 point scale.
        b. Maintenance of membership
            i. First- and second-year students
                - Maintain a cumulative GPA at or above a 3.5 on a 4.0 point scale.
                - Not have remediated any courses for academic reasons.
                - Not have professionalism or Honor Code violations.
            ii. Third- and fourth-year students
                - Maintain a cumulative GPA at or above a 3.5 on a 4.0 point scale.
                - 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
   Induction will occur during Block 4 for first year students and Block 8 for second year students.

Chapter Financial Requirements

A. An initiation fee shall be charged to each accepted candidate for admission into the chapter, which will be disbursed between the GRAND CHAPTER and the Chi Upsilon Chapter. Dues shall be assessed upon all active members and failure to meet this obligation over a period of 30 days shall render that member liable to suspension from the chapter.

B. In order to be listed as a member of SSP and Chi Upsilon at the time of graduation and be eligible for that status to be listed in CUSOM's MSPE (Deans Letter), students must meet the current academic eligibility requirements and should have paid the Grand Chapter fee as part of the initiation fee at the time of induction.

SSP Annual Meetings

A. The annual SSP Grand Chapter meeting takes place at annual Osteopathic Medical Education (OMED) conference 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 CUSOM 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
    4. Treasurer
    5. Membership Chair
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.

7.3.3 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 foster meaningful connections among students, alumni, and supporters of CUSOM by promoting leadership opportunities, increasing awareness of philanthropic engagement, and encouraging lifelong involvement with CUSOM and the University. SSAF also supports student understanding of the role and impact of University Advancement and Alumni Engagement, while promoting a culture of service and giving among peers.

SSAF is composed of students committed to advancing philanthropic awareness on campus and actively participates in and supports institutional events such as Campbell Medicine Golf Classic, TAG Day, Founders Week, and Campbell Day of Giving. Students serving in SSAF leadership roles receive training in event planning, project management, fundraising, strategic planning, and marketing.

SSAF members serve as ambassadors to students, alumni, and friends of CUSOM. Through their involvement, members represent their respective classes during their time as students and are encouraged to continue engagement as alumni.

Alumni Engagement & Alumni Association

The inaugural Class of 2017 founded the Campbell Medicine Alumni Association as a dues-based organization dedicated to fostering lasting relationships among graduates, faculty, staff, students, and the broader Campbell community.

The Alumni Association promotes engagement and service through a variety of initiatives, including scholarships, awards, mentorship opportunities, and social and professional events to connect with fellow Campbell physicians, faculty, staff and students.

The alumni association offers tiered membership options designed to reflect graduates' stages of professional development:

- Resident Membership (Years 1-3 post-graduation): $25.00 annually;
- Young Alumni Membership (Years 4-6 post-graduation): $50.00 annually
- Annual Alumni Membership (more than six (6) years post-graduation): $100.00 annually
- Lifetime Membership:
    - $750 for residents and young alumni
    - $1,000 for alumni more than six (6) years post-graduation

The Campbell Medicine Alumni Association is governed by a Board of Directors composed of four class representatives from each graduating class. The Association may also nominate two members to serve on the University Alumni Board of Directors.

The Medicine Alumni Association Board establishes the organization's bylaws, mission, vision and strategic goals. The Board also works with the Alumni Office to expand member and coordinate alumni engagement initiatives and events.

The Board serves as the representative voice of alumni within both the CUSOM and broader University communities.

7.3.4 CUSOM Committees

The Campbell University School of Osteopathic Medicine (CUSOM) values the perspectives, experiences, and contributions of its students and actively encourages student participation in institutional committees to support academic, operational, and quality improvement efforts.

Appointment to a CUSOM committee is distinct from service as a Student Government representative or class officer and is considered a privilege.

The Office of Student Affairs identifies student vacancies on CUSOM Committees prior to the start of each academic year and as needed throughout the year. Eligible students are selected based on established criteria and institutional needs.

Students appointed to CUSOM committees must remain in good standing and meet the following criteria throughout their term of service:

- Academic standing: Students must maintain cumulative GPA of ≥ 3.0 on a 4.0 scale, have no unresolved course failures, and must not be on Academic or Conduct Probation to serve on a CUSOM committee. Students who fall below the required GPA or fail a course will be required to step down from committee service to focus on their academic success.

- COMLEX-USA: Students who fail any COMLEX-USA examination are required to relinquish their committee role.
- Professionalism: Students must meet all CUSOM professionalism standards and may not serve on a committee while on Conduct Probation or with unresolved Honor Code or professionalism violations.
  - Eligibility for students with an Admonition or Conduct Warning is determined at the time of the action by the Academic Performance, Promotion, and Standards (APPS) Committee or, when applicable, by the APPS Committee Chair.
  - Students who incur a professionalism violation during their term of service will be required to step down from committee participation.
- Students must meet all requirements necessary to remain enrolled in good standing, including fulfillment of financial obligations to the University.
- 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 Office of Student Affairs works with class officers to solicit nominations from students interested in serving on CUSOM Committees that include student membership. The Office of Student Affairs provides the information regarding each committee's charge, responsibilities, and desired qualifications for student representatives.

Interested students must submit application materials addressing their qualifications, interests, and relevant experiences in relation to the committee's stated needs. Application timelines are established by the Office of Student Affairs in coordination with the class officers.

Class officers review all submissions in a fair, impartial, and unbiased manner, and provide recommendations. Class officers may recommend up to three (3) students for each Committee vacancy.

The Office of Student Affairs, in collaboration with the Office of Administrative Affairs, reviews recommended candidates to confirm that all eligibility requirements have been met. Verified candidates are then are forwarded to the respective Committee Chairs, review the applications and select the student(s) they wish to invite to serve on the committee.

The Office of Student Affairs will notify all applicants of the outcome of the selection process.

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 the mission of CUSOM and essential to fostering excellence in teaching and the creation of a scholarly atmosphere for learning. CUSOM is committed to developing its research capacity to continue to attract and retain outstanding faculty and students and to prepare graduates for productive careers in osteopathic medicine, biomedical research, and meaningful contributions to society.

Research and scholarly activity at CUSOM encompasses a wide range of areas, including basic biomedical research, translational research, clinical research, and medical educational research.

8.2 Policy Statement on Student Research and Scholarly Activity

CUSOM promotes the advancement of scientific and medical knowledge and supports the distinct principles and practice of osteopathic medicine. As part of CUSOM's curriculum, students receive instruction in research methodologies and complete a scholarly project in the first two years of the program.

Whereas CUSOM supports the academic and scholarly pursuits of students and faculty, this policy specifically applies to student extracurricular research and scholarly activities.

While participation in extracurricular research is encouraged, it is not required for graduation. Students who choose to engage in research must do so under the supervision of a qualified faculty member or clinical preceptor, who serves as the principal investigator (PI). Students are not permitted to serve as the principal investigator.

Students presenting their research (through oral presentation, poster presentation, or publication) must notify the Associate Dean for Research by submitting the required research notification form prior to presenting or publishing their work. This requirement applies to all research activities, including those conducted independently or in collaboration with individuals or institutions external to CUSOM.

Through this process, CUSOM provides oversight and additional support for student scholarly efforts while complementing the mentorship provided by faculty and preceptors.

8.3 Education in Research Principles

Instruction in research principles, compliance practices, and the responsible conduct of research (RCR) is integrated into the Foundations of Medical Practice (FMP) course during the first- and second-years of the curriculum.

Topics include research ethics, statistical methods, project development, human subject protections, and the roles and responsibilities of CUSOM students in basic science, educational, and clinical research. Additional educational opportunities related to research and scientific methods, statistics, and scholarly activity are offered throughout the curriculum and through workshops associated with extracurricular research activities.

Students participating in research activities may be required to complete Collaborative Institutional Training Initiative (CITI) training or other required compliance training, as applicable. When required, documentation of completion must be submitted to the Associate Dean for Research prior to initiating work on the project. Faculty mentors or clinical preceptors provide project-specific training and oversight to ensure that students are appropriately prepared to participate in research activities.

8.4 Research Opportunities

CUSOM students are encouraged to pursue research and scholarly activities aligned with their individual interests. Faculty mentors in areas such as biomedical, clinical, and educational research are available to provide guidance and oversight for student scholarly work.

All student research activities must be conducted under the supervision of a qualified faculty member, clinical preceptor, or other appropriately credentialed mentor who serves as the principal investigator (PI). The faculty mentor is responsible for the oversight of the project, including adherence to applicable regulatory requirements and obtaining approvals from regulatory oversight committees as needed.

Students may assist in developing research proposals and applications in collaboration with their mentor and may share responsibility for complying with institutional policies related to research ethics and conduct. For projects conducted outside of CUSOM, students must identify a qualified individual from that institution or CUSOM to serve as the project lead and mentor. Other students, even if more senior, may not serve as the mentor.

All student and faculty participants in research are responsible for conducting their work in accordance with University policies and the policies of any affiliated institutions.

Research Elective

Students wishing to earn academic credit for research or other scholarly activity may enroll in the Research (Independent Study) elective during the fourth year. Course requirements are outlined in the course syllabus and elsewhere in this Bulletin.

Students participating in the research elective must comply with all applicable regulatory and institutional requirements, which may include approval from the Institutional Review Board (IRB) or other oversight committees prior to initiation of the project. Students and their faculty mentors share responsibility for ensuring that all necessary approvals and compliance requirements are met.

8.5 Medical Student Summer Research Scholars Program

Each year, a limited number of seven (7)-week paid research fellowships are available to CUSOM medical students during the summer between the first- and second-years of the curriculum. The Summer Research Scholars Program is designed to provide students with exposure to research in areas such as basic science, clinical medicine, osteopathic manipulative medicine, and simulation-based research, while fostering interest in scholarly inquiry and academic medicine.

Participation in the program is competitive and preference may be given to students with a cumulative GPA of 3.0 or higher; however, no specific GPA is required. Students with Conduct Probation are ineligible to apply.

Students selected for the program are assigned to work with faculty mentors in laboratory, clinical or educational research settings at CUSOM, affiliated clinical sites, or other approved institutions.

Program Expectations and Activities

The Summer Research Scholars Program is designed to enhance students' understanding and application of research methodologies and to support the development of skills relevant to healthcare innovation and future physician-scientists.

Students selected for the program are expected to:

- Participate in Responsible Conduct of Research (RCR) training;
- Attend weekly work-in-progress sessions;
- Dedicate focused time to the completion of their project during the summer program period; and
- Comply with all applicable research and institutional requirements.

Participants typically receive a stipend at the successful completion of the program.

All Summer Scholars are encouraged to present their work at local, regional, or national conferences or symposia.

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 through submission of the research notification form 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 or project lead and the Associate Dean for Research. The Associate Dean for Research must review and verify all compliance requirements before submission of the abstract for any scientific meeting.
For manuscript submissions, including case reports, original research, or other scholarly works:

- The final manuscript draft must be reviewed and approved by the faculty mentor and all listed co-authors prior to submission;
- The manuscript must then be submitted to the Associate Dean for Research for final review and approval prior to submission to any journal for consideration of publication; and
- All authors and mentors must ensure that all research compliance and regulatory requirements have been met prior to submission.

Failure to adhere to any of these requirements is considered professional misconduct and may result in referral through the appropriate channels for review by the Academic Performance, Promotion, and Standards (APPS) Committee with potential sanctions as outlined elsewhere in this Bulletin.

8.7 Research Symposium

Campbell University and CUSOM maintain a strong tradition of promoting and showcasing student scholarly activity. Each year, Campbell University hosts the Campbell University Interprofessional Education (IPE) Health Sciences Research Symposium, an adjudicated competition open to students, residents, and faculty across the Health Sciences.

The IPE research symposium provides students with the opportunity to present their work, engage with peers from a variety of healthcare disciplines, and gain exposure to a broad range of scholarly projects. CUSOM students also present posters and oral presentations at other local, regional, and national events.

Additional requirements and guidance related to student research and scholarly activity are outlined in the CUSOM "Student Research and Scholarly Activity Policy", accessible on the CUSOM Policies and Procedures webpage.

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 on the Campbell University Dining Services website.

Meal plans are optional for graduate students. More information on meal plans and dining locations where the plans can be used are on the Campbell University Dining Services website.

Meal plan effective dates follow the Main Campus Undergraduate schedule.

9.1.3 Banking

Full range banking services 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 on the Parking Administration website.

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

A student may obtain a parking permit by completing the vehicle registration form available on the Parking Administration website.

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 Office of Student Affairs 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 desks and 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 formal partnership with the Harnett County Sheriff's Office, a Sheriff's Department Captain 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.

Harnett County Sherriff's deputies provide continuous law enforcement services including 24-hour-a-day, seven-day-a-week police protection for the University campus, including CUSOM. Campus Safety officers provide on-site support for the Health Science Campus, including facility access, security monitoring and emergency response.

The Campus Safety Department maintains the safety and physical security of the campus through enforcement of local, state, and federal laws. The department also support campus safety through crime prevention awareness initiatives and educational programming, as well as the development and enforcement of campus traffic and parking regulations.

Additional campus safety information including the **Campbell University Emergency Guidebook**, which delineates important actions to take during specific Emergency incidents, is available on Campbell University's Emergency Preparedness website.

How to Access Help in an Emergency

In an emergency, immediately dial extension 1-9-1-1 (on-campus) or 9-1-1 (off-campus).

There are four (4) emergency stations strategically located in the CUSOM parking lots, connected directly to Campus Safety.

It is recommended students visit the Campbell University Emergency Preparedness website to sign up to receive campus alerts through the CU Notify system. 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.

Important Emergency Preparedness and Safety Resources

Emergency Response: On-Campus dial Ext. 1911
Off Campus dial 911

Campbell University Emergency Preparedness Website

Campbell University Emergency Alerts Website

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 links and phone numbers:

- Leon Levine Hall of Medical Sciences (Security) (910) 893-1804
- Campbell University Parking (910) 893-1550
- Campbell University Health Center (910) 893-1560
- CUSOM Behavioral Health Department (910) 893-7203
- Dr. Daniel Marlowe, Associate Dean for Behavioral Health (914) 814-4959
- Dr. Jeffrey Krepps, Co-Chair of Behavioral Health (910) 893-1741
- Samantha Turnipseed, Assistant Director of Clinical Services (910) 893-1780
- Teresa Butrum, Behavioral Health Departmental Manager (910) 893-7203
- Constanza "Coty" Calabro, Behavioral Health Clinician (910) 893-1365
- Tracie Connor, Behavioral Health Clinician (910) 893-7830
- Joseph Lowe, Behavioral Health Clinician (910) 893-7212
- MYgroup Counseling (800) 633-3353
- NC Poison Control Center (800) 222-1222
- Harnett Health System (910) 892-1000
  - Cape Fear Valley Betsy Johnson Hospital, Dunn
  - Cape Fear Valley Central Harnett Hospital, Lillington
- Good Hope Psychiatric Hospital, Erwin (910) 897-6151
- Harnett County Sheriff's Department, Lillington (910) 893-9111
- Sexual Assault Family Emergency-SAFE of Harnett County (910) 893-7233
- National Suicide Prevention Lifeline 1-800-273-TALK (8255)
- Campbell University Title IX Coordinator (910) 814-5707

9.2.2 Health Services

The Campbell University Health Center is available to all CUSOM students 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 on the Health Center website.

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.

Further information regarding health services may be found on the Health Center website.

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 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, possession, or distribution of drugs or alcohol is prohibited at all times, whether on or off campus.

Consistent with its Mission, CUSOM emphasizes education, prevention, and early treatment as primary strategies in addressing alcohol and substance use. However, any violation of local, state, or federal laws, or of CUSOM policies related to alcohol and drugs, may result in legal consequences as well as institutional disciplinary action.

Students found in violation of this policy are subject to disciplinary sanctions, 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 a comprehensive and constantly evolving electronic collection that 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, copiers, 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 with 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 electronic 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. The digital library is available to 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 on their website.

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. A full disclosure of the policy is available on the Information Technology Services Acceptable Use Policy website.

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 for 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 either: submitting an online support ticket here, sending an e-mail to 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. Additional information is available on the IT Service Desk website.

Helpdesk Staff Availability and Response Time

The Helpdesk is typically available from 7:30am - 5:30pm Monday through Friday for CUSOM and 8:30am - 5:00pm Monday through Friday for Campbell University main campus.

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.

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. A full disclosure of the policy is available on the Information Technology Services Acceptable Use Policy website.

Student email accounts and Internet systems 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 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. 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. A comprehensive description of these policies is available on the University Communications & Marketing website.

Information Technology

The Internet connection provided on campus is a privilege, not a right, and 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 Campbell University Helpdesk if they need help choosing or installing a subscription-based antivirus program.
- All computers, regardless of their operating system (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 or wireless access. 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 this Bulletin.

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 verifying 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 additional information concerning the University's Information Technology Services is available on their website.

Information Technology assistance may be accessed through the Campbell University IT Services Health Sciences Support Team, or through email, the Service Desk website, or directly at one of the following phone numbers:

Extension	7911
Telephone:	910-893-7911
Toll-Free:	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 a violation, the account will be disabled, and action taken with the 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, nor 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, respect for the needs of others is expected among users.

To ensure access and service for all, eligible users must refrain from any action that interferes with normal system operation, such as:

- Using computer or network services for commercial purposes or personal profit
- Sending excessive emails 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, including legal action, will be taken.

Copies of the Acceptable Use Policy are included in official University publications including, but not limited to, the graduate and undergraduate catalogs, staff/faculty/student handbooks, and selected course syllabi. The Acceptable Use Policy is also posted on the University's policy web page.

Eligible Users

Only the following properly authorized persons may access Campbell University computing facilities:

- Undergraduate, graduate, and professional students currently enrolled in Campbell University courses
- Non-degree seeking and special students currently enrolled in Campbell University courses
- Campbell University faculty (full and adjunct), staff, and administration
- Designated alumni
- Official guests of the President and the University
- Individuals formally associated with the University, upon verification of the appropriate dean and/or administrator

Original Work by Students Using Campbell University Technology Resources

Original works created by students using Campbell University technological resources are the property of the creator. With the notable exceptions of the processes normally associated with grading, critique, assessment, and lecture or classroom illustrations, no other student, faculty, 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 and as delineated in the ***Use of Generative Artificial Intelligence (AI) Policy*** presented in Section 6.7.2.3 of this Bulletin. Any student who does not agree to them is prohibited from accessing or making 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. Concerns and Issues

10.1 File a Student Complaint

The Vice President for Student Life and Christian Mission serves as an ombudsman for students and parents seeking to resolve complaints. In many cases, especially when student services are involved, the Student Life Office will deal directly with the issue. In other cases, when the complaint is beyond the purview of the Vice President for Student Life, students and/or parents will be assisted in determining the appropriate channel by which to obtain a timely response.

10.2 Ways to File a Complaint at Campbell University

10.2.1 Office of the Vice President for Student Life

A student may file a complaint with the Office of the Vice President for Student Life and Christian Mission.

Please click this link to access the online form to file a complaint regarding any area of the campus.

The Vice President for Student Life and Christian Mission may be contacted at:

Vice President for Student Life and Christian Mission
PO Box 95
Buies Creek, NC 27506
Telephone: 800-334-4111

10.2.2 SARA-NC Complaint Process

Campbell University is a member of the State Authorization Reciprocity Agreement – North Carolina (SARA-NC). Students may also file a complaint through SARA-NC. SARA-NC is the portal for North Carolina. Students should follow the SARA-NC Complaint Process and use the SARA-NC Complaint Form (.pdf).

The contact information for SARA-NC is:

North Carolina State Education Assistance Authority
c/o SARA North Carolina
P.O. Box 41349
Raleigh, NC 27629
Telephone: (855) SAR-A1NC (727-2162)
Telephone: (919) 549-8614, ext. 4667
Email: information@saranc.org
Website: nc-sara.org

10.2.3 Consumer Protection Division, North Carolina Department of Justice

To file a complaint with the Consumer Protection Division of the North Carolina Department of Justice, please visit the State Attorney General's web page at:

http://www.ncdoj.gov/complaint.

North Carolina residents may call: 877-566-7226. Outside of North Carolina, please call: 919-716-6000. En Español: 919-716-0058.

The online complaint form can be accessed at:

https://ncdoj.gov/file-a-complaint/consumer-complaint/.

The mail-in form can be downloaded at:

https://ncdoj.gov/download/16/general-information/15716/consumer-complaint-form-sh

If you choose to mail-in a complaint, please use the following address:

Consumer Protection Division
Attorney General's Office
Mail Service Center 9001
Raleigh, NC 27699-9001

10.2.4 State Authorization Liaisons per State

Students also have the option of filing a complaint with the State Authorization Portal in their state.

- Student Complaint Information by State and Agency
- NC-SARA Portal Contacts

10.2.5 Professional Licensure Disclosures

Students considering a program leading to professional licensure should contact the program director to discuss enrollment options prior to beginning the program. Contact information for each program is listed below. If you are considering a program at Campbell University that leads to professional Lecel and you do not live in North Carolina, please contact the respective licensing board in the state where you reside before beginning the program.

- General Disclosures
- Academic Program Contacts
- State-by-State Licensing Board Information

10.2.6 Adult & Online Education

Online Education students having complaints or grievances should make every effort to resolve the matter by following the guidelines in the most current Campbell University Student Handbook.

In the event that your concern has not been addressed to your satisfaction at the institution, you may choose to file a complaint with:

- North Carolina Post-Secondary Education using the North Carolina Post-Secondary Education Student Complaint Form or visiting the State Agency Complaints Web Page
- State Authorization Reciprocity Agreement North Carolina (SARA-NC) by visiting the SARA-NC Complaint Process or using the SARA-NC Complaint Form (pdf).

For more information, see the Student Complaint Process for Adult & Online Education Students.

10.3 Grievance Processes

10.3.1 Resolution and Grievance Procedure

CUSOM recognizes the importance of providing a structured process through which students may raise concerns and seek resolution of issues, disagreements, or questions related to institutional policies and procedures. Students are expected to express their concerns in a professional, respectful, and ethical manner.

Grievances may include but are not limited to concerns related to course grades (excluding those reviewed by the APPS Committee), promotion decisions, behavioral or conduct issues, financial matters, or questions regarding compliance with external accreditation standards (e.g. COCA, SACSCOC).

This grievance process may <u>not</u> be used to appeal a final decision of the APPS Committee or a final decision by the Dean.

All grievances must be submitted in writing to the CUSOM Office of the Dean. All grievance material is securely maintained by the Office of the Dean in accordance with institutional policies.

<u>Timelines and Extensions</u>

Each step in the Resolution and Grievance Procedure generally takes fourteen (14) calendar days to complete, unless otherwise noted. Extensions to established deadlines may be granted on a case-by-case basis.

Students requesting an extension from must submit a written request to the Dean at least ten (10) calendar days prior to the applicable deadline. The Dean will provide a written response to the request via letter within two (2) business days of receipt of the request.
If CUSOM requires an extension of a deadline, the Office of the Dean will provide written notice to the student at least ten (10) calendar days before the established deadline.

Students are responsible for adhering to all procedural requirements associated with the grievance process, including submission of appeals or supporting documentation in writing and within specified timelines.

10.3.2 Grievance for Academic Resolutions, Course Procedures, Grading Policies, and CUSOM Policies and Procedures

10.3.2.1 Academic Issues

Students are encouraged to address academic concerns promptly and professionally, using the appropriate channels based on the nature of the concern.

Students with individual academic concerns, such as issues related to interactions with an instructor or preceptor or actions affecting them individually, should first address the mater directly with the instructor or preceptor in a professional manner.

If the concern cannot be resolved at this level, the student may submit a written appeal to the appropriate Associate Dean, within fourteen (14) calendar days of the unsuccessful resolution.

Concerns related to general course procedures, policies or grading practices should be brought forward through the Class President, who will communicate the concern to either the Associate Dean for Biomedical Affairs or the Associate Dean for Clinical Affairs.

If satisfactory resolution cannot be achieved, the Class President may submit a written appeal to the Vice Dean for Academic Affairs within fourteen (14) calendar days of the unsuccessful resolution.

If the matter remains unresolved, the Class President may submit a final written appeal to the Dean within fourteen (14) calendar days of the unsuccessful resolution. The Dean may refuse to meet with the Class President if the appeal has not been presented in writing, in advance.

Reminder: Course Assessment policies, including exam grading disputes or test question challenges, are not addressed through this process. Students should refer to the applicable course syllabus for procedures related to these issues.

10.3.2.2 CUSOM Policies and Procedures

Concerns related to CUSOM policies or procedures should be addressed through the Student Government Association (SGA) President and the Office of Student Affairs for review and resolution.

If satisfactory resolution cannot be achieved through the normal process, the SGA President may submit a written appeal to the Dean within fourteen (14) calendar days of the unsuccessful resolution. The decision of the Dean is final. The Dean may decline to meet with the SGA President if the appeal has not submitted in writing in advance.

For concerns related to financial matters or other operational areas of CUSOM, students should follow the appropriate chain of command as outlined in the CUSOM Organizational Chart.

10.3.3 Grievance Procedure for Harassment or Discrimination

Students who believe they have been the subject of illegal harassment or discrimination should contact the Title IX Coordinator, Danielle Evans at 910-893-1217 or titleix@campbell.edu. The Title IX Office supports students who believe they have been subject of sexual harassment or other forms of harassment and discrimination based on race, color, national origin and ethnicity. Retaliation against a student who files a complaint with the Title IX Office or participates in an investigation through the Title IX Office is strictly prohibited.

10.4 Improper Relationships

Relationships between a student and a faculty or staff member, including clinical preceptors or others in a supervisory or evaluative role, which extend beyond the professional educational context are prohibited.

Relationships between students or faculty and patients which extend beyond the scope of clinical care are strictly prohibited.

Inquiries should be directed to the University's Title IX Coordinator.

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

U.S. Department of Education
400 Maryland Avenue
S.W. Washington, DC 20202-1475
Telephone: 202-453-6020
Fax: 202-453-6021
Email: OCR@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.

10.5 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 request from the Office of the Dean or at the AOA COCA Accreditation Standards website.

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 a Vice Dean 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, the Office of Student Affairs, and the student complainant.

- If corrective action is indicated, the Vice Dean will develop a description/plan for such action within thirty (30) calendar 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 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 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

CUSOM recognizes the right of students to express complaints regarding COCA Accreditation Standards and procedures directly to the immediate accrediting body, the COCA.

10.6 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 by following this link.

For more information, students can contact the Office for Civil Rights:

Telephone: 1-800-421-3481
Email: OCR@ed.gov

11. APPENDICES

11.1 Appendix 1 - Hepatitis B Information Form

11.2 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 <u>may be restricted</u> 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 <u>generally not restricted</u> from performing Category II procedures.**

1. Last Name	First Name	MI
2. Patient Number		
3. Date of Birth (MM/DD/YYYY)	Month / Day / Year	
4. Race ☐ 1. American Indian/Alaska Native ☐ 2. Asian ☐ 3. Black/African American ☐ 4. Native Hawaiian/ Other Pacific Islander ☐ 5. White ☐ 6. Unknown		
Ethnicity: Hispanic or Latino Origin? ☐ Yes ☐ No ☐ Unknown		
5. Gender ☐ 1. Female ☐ 2. Male		
6. County of Residence		

N.C. Department of Health and Human Service
Division of Public Health
Epidemiology Section • TB Control

Record of Tuberculosis Screening

Section A.

Answer the following questions.

Do you have:	**Descriptions**	**Yes**	**No**
1. Unexplained productive cough	*Cough greater than 3 weeks in duration*		
2. Unexplained fever	*Persistent temp elevations greater than one month*		
3. Night sweats	*Persistent sweating that leaves sheets and bedclothes wet*		
4. Shortness of breath/Chest pain	*Presently having shortness of breath or chest pain*		
5. Unexplained weight loss/appetite loss	*Loss of appetite with unexplained weight loss*		
6. Unexplained fatigue	*Very tired for no reason*		

The above health statement is accurate to the best of my knowledge. I will see my doctor and/or the health department if my health status changes.

_____ ____/____/____ _____

Signature *Date* *Witness*

Section B.

This is to certify that the above-named person (a) had a tuberculin skin test or an interferon gamma release assay (IGRA) on_____/_____/_____which was read as_____mm. which was interpreted as positive and

(b) Had a chest X-ray done on_____/_____/_____which showed no sign of active inflammatory disease.

(c) This person has no symptoms suggestive of active tuberculosis disease. A chest X-ray for tuberculosis is not indicated.

_____ _____/_____/_____

Licensed Medical Professional *Date*

Purpose: To be used for persons who:

(1) have had a significant reaction to the tuberculin skin test;
(2) have had a negative chest X-ray; and
(3) need a record of their tuberculosis status.

Preparation: To be completed by a licensed medical professional.

Section A: Record the person's answers to questions 1-6.

(1) If all answers are ***no***, have person sign where specified and continue to Section B.
(2) If any two answers are ***yes***, **do not** complete the record. Refer person for evaluation as appropriate.

Section B: Complete information as specified.

NOTE: Document this visit in person's clinical record and specify outcome, i.e., indicate that the record or a referral was given to the person.

Disposition: (1) If all answers in Section ***A*** are ***no***, no copy required. Document as noted above.
(2) If any two answers in Section ***A*** are ***yes***, retain original and any further referral form in record.

Destroy in accordance with Standard 5, *Records Disposition Schedule*, published by the N.C. Division of Archives and History.

Additional forms may be downloaded from the N.C. TB Control website