

# **Policies and Procedures**

Date Adopted: August 1, 2017

Revised Date: September 1, 2022

## Contents for Policies and Procedures

### Standard 1: Mission and Governance

10-003	Conflict of Interest	Element	1.4a
10-011	Financial Conflict of Interest in Research	Element	1.4a
10-007	Employee Problem Solving Procedure	Element	1.4b
10-016	Whistleblower	Element	1.4b
10-002	Confidentiality	Element	1.4c
10-014	Purchasing Policy and Procedure	Element	1.4d
10-015	Red Flags Rule	Element	1.4d
	<i>Attachment A: Annual Red Flags Reporting Form</i>	Element	1.4d
10-001	Code of Ethical Standards	Element	1.4e
10-004	Prohibition of Discrimination, Harassment, and Retaliation	Element	1.5a
50-005	Approval of Graduates	Element	1.6

### Standard 2 Leadership and Administration

50-003	Accreditation Standard Complaints	Element	2.4
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### Standard 4: Facilities

30-001	Contingency Plan	Element	4.2
30-003	Emergency Mode Operation Plan	Element	4.2
30-006	Identification Badges	Element	4.2
30-007	Incident Reporting	Element	4.2
30-008	Lock-out/Tag-out	Element	4.2
30-009	Missing Student	Element	4.2
	<i>Attachment A: Missing Person Contact Form</i>	Element	4.2
30-010	OMS-I Missing Student Notification Policy	Element	4.2a
	<i>Attachment A: Missing Person Contact Form</i>	Element	4.2a

### Standard 5: Learning Environment

50-013	Course and Instructor Evaluation Tool	Element	5.1
50-015	Cultural Proficiency	Element	5.1
50-020	Interprofessional Collaboration	Element	5.1
30-013	Patient Safety	Element	5.1
50-026	Professionalism	Element	5.1
10-005	Diversity	Element	5.2
30-002	Disease Exposure Prevention and Control Plan	Element	5.3
	<i>Attachment 1: Exposure Determination</i>	Element	5.3
	<i>Attachment 2: Hepatitis B Vaccine Acceptance/Declination Form</i>	Element	5.3
	<i>Attachment 3: TB Risk Assessment Tool</i>	Element	5.3

30-004	Employee Assistance Program	Element	5.3
30-005	Hazard Communication Program	Element	5.3
30-011	Needlestick/Bloodborne Pathogens	Element	5.3
50-024	Physical Health Services	Element	5.3
30-004-1	Student Assistance Program (Timely)/Mental Health for Students	Element	5.3
30-012	Patient Care Supervision	Element	5.4

## Standard 6: Curriculum

50-006	Approving Additional Curriculum	Element	6.1
50-016	OMS-I,-II Exam Formatting and Editing Policy	Element	6.1a
50-025	ATSU-SOMA Presentation Content and Exam Question Expiration	Element	6.1b
50-014	Course Director Responsibilities	Element	6.1c
50-022	OMS-I – Late Arrivals to Exams	Element	6.1d
50-012	Completion of D.O. Degree	Element	6.3
50-009	Clinical Education through the COM	Element	6.9.2
50-011	Comparable Education Experience	Element	6.11
50-010	COMLEX	Element	6.12

## Standard 7: Faculty and Staff

10-010	Faculty Credentials	Element	7.2
10-013	Preceptor Credentials	Element	7.2
10-009	Faculty, Clinical Faculty, and Clinical Preceptor Approval and Advancement	Element	7.8

## Standard 8 Scholarly Activity

50-031	Student Research and Scholarly Activity	Element	8.2
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## Standard 9: Students

50-004	Admissions	Element	9.1
50-002	Academic Standards	Element	9.2
50-033	Transfers	Element	9.3
50-028	Secure Student Recordkeeping	Element	9.4
10-008	Employee Required Training	Element	9.4.2
50-001	Academic Counseling	Element	9.5
50-008	Career Counseling	Element	9.6
50-021	Mental Health	Element	9.8
50-024	Physical Health Services	Element	9.9
10-012	Non-Academic Health Professionals Conflict of Interest	Element	9.10
50-019	Health Insurance	Element	9.11
	<i>Attachment 1: Submitting Proof of Health Insurance Coverage</i>	Element	9.11
	<i>Attachment 2: Acknowledgement of Student Health Insurance Requirements</i>	Element	9.11

## Standard 10 Graduate Medical Education (GME)

50-017	Graduate Medical Education Osteopathic Educational Continuum	Element	10.1
50-018	Graduate Medical Education Mechanism to Assist New and Existing Graduate Programs/Meeting the Requirements of Osteopathic Recognition	Element	10.2 & 10.3

## Standard 11 Program and Student Assessment and Outcomes

50-027	Program Assessment	Element	11.1
50-029	Student Evaluation of Classroom and Rotation	Element	11.2
50-030	Student Evaluation of Instruction	Element	11.2

## 10-003 Conflict of Interest (1.4a)

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**APPROVAL:**                      **Signature On File in Dean's office**                      **DATE: 09/01/2022**

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### PURPOSE

A.T. Still University School of Osteopathic Medicine in Arizona (ATSU-SOMA) expects all employees of the University to maintain the highest standard of integrity and demonstrate ethical and moral conduct. Internal controls ensure the University mission and objectives are not compromised by the actions of its employees. This general order provides an important internal control by identifying and managing situations that could give rise to potential or perceived conflicts of interest. In the same spirit, the ATSU Board of Trustees adheres to a separate conflict of interest policy. For additional context, see ATSU Policy Nos. [90-105: Nepotism and Employment of Relatives](#) and [20-117: Financial Conflict of Interest \(FCOI\) in Research](#).

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### POLICY

- A. Actual conflicts of interest. An actual conflict of interest exists in a situation where financial interests, personal relationships, or professional associations compromise an employee's objectivity, professional judgment, professional integrity, and/or ability to perform their professional responsibilities to the University. A conflict of interest may result in an employee receiving material benefit from knowledge of confidential ATSU information.
- B. Perceived or potential conflicts of interest. If an actual conflict of interest does not exist, there may still be the perception of or the potential for a conflict of interest. The appearance of a conflict of interest may be as detrimental to the University as an actual conflict of interest. Perceived or potential conflicts of interest include situations where an employee's family member or friend has financial interests, personal relationships, or professional associations such that the employee could appear to be influenced by that interest or relationship in ways that could compromise the University.
- C. Definitions.
  - 1. **Family**. An employee's spouse, parent, sibling, child, or any other relative, including uncle, aunt, cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister, whether related by blood, marriage, or adoption, partner in a civil union, or any member of a household or an extended family not otherwise stated above who lives at the same address as the employee.
  - 2. **Friend**. A personal or professional colleague who has an actual or potential opportunity to reap some financial interest or gain from a transaction directly or indirectly related to the University, and any person with whom the employee has a close or intimate relationship regardless of any opportunity to reap any financial interest or gain. Examples include a colleague from the University or an outside institution with whom there is a close professional relationship.
- D. Required disclosures. All ATSU employees (including full-time and part-time faculty and staff) are required to disclose situations that may result in an actual, perceived, or potential conflict of interest. Disclosure does not necessarily indicate wrongdoing or inappropriate activity. Employees are responsible to make such disclosures

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Conflict of Interest

- to either their supervisor, Human Resources, or the vice president & general counsel. Disclosures should be made as soon as the employee is aware of the actual, perceived, or potential conflict of interest. Any subsequent change in status of an existing actual, perceived, or potential conflict of interest should also be promptly disclosed.
  - E. Review of disclosures. All disclosures of potential conflicts of interest disclosure will be reviewed by the vice president & general counsel. If the vice president & general counsel believes no actual, perceived, or potential conflict of interest exists, they will so advise the employee and the supervisor. If the vice president & general counsel believes the situation warrants further review, the process described in this general order will continue.
  - F. Annual acknowledgement. As part of annual Required Employee Education (REE), all employees will be required to acknowledge whether they are aware of any actual, perceived, or potential conflicts of interest.
  - G. Conflict of interest categories. Disclosed situations or activities may be evaluated using the following categories.
    1. Category A. These are generally permissible situations that suggest no actual, perceived, or potential conflict of interest. These situations may continue without special safeguards or oversight, unless a change occurs. Employees should disclose any subsequent changes that may affect the category of the situation.
    2. Category B. These situations represent perceived or potential conflicts of interest, which may be eliminated, modified, or allowed to continue. An approved management plan may or may not be required.
    3. Category C. These situations represent actual conflicts of interest that must either be eliminated or permitted to go forward only under an approved management plan and continuing oversight.
  - H. Response to disclosures. Taking into consideration the conflict of interest category, the vice president & general counsel will respond by:
    1. Category A. Advising the employee, and if appropriate, the employee's supervisor. No action is required.
    2. Categories B and C. Reporting the disclosure and any recommended management plan to the president, and monitoring any management plans approved by the president.
  - I. Sanctions for noncompliance. Employees must comply fully and promptly with this general order. Sanctions for non-compliance may include reprimand, disciplinary warning to be added to the employee's permanent file, required updated training and/or coaching, probation, suspension with or without pay, and/or termination of employment.
  - J. Reporting violations. Employees are expected to report actual and suspected violations of this general order to their supervisor, Human Resources, or the vice president & general counsel.
  - K. Non-retaliation. An employee who retaliates against someone reporting an actual or suspected violation in good faith is subject to disciplinary action up to and including termination of employment. ATSU general orders are intended to create a safe environment that encourages and enables employees and others to report violations or suspected violations without fear of retaliation.
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## PROCEDURE(S)

- L. Actual conflicts of interest. An actual conflict of interest exists in a situation where financial interests, personal relationships, or professional associations compromise an employee's objectivity, professional judgment, professional integrity, and/or ability to perform their professional responsibilities to the University. A conflict of interest may result in an employee receiving material benefit from knowledge of confidential ATSU information.
- M. Perceived or potential conflicts of interest. If an actual conflict of interest does not exist, there may still be the perception of or the potential for a conflict of interest. The appearance of a conflict of interest may be as detrimental to the University as an actual conflict of interest. Perceived or potential conflicts of interest include situations where an employee's family member or friend has financial interests, personal

relationships, or professional associations such that the employee could appear to be influenced by that interest or relationship in ways that could compromise the University.

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1. Family. An employee's spouse, parent, sibling, child, or any other relative, including uncle, aunt, cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister, whether related by blood, marriage, or adoption, partner in a civil union, or any member of a household or an extended family not otherwise stated above who lives at the same address as the employee.
  2. Friend. A personal or professional colleague who has an actual or potential opportunity to reap some financial interest or gain from a transaction directly or indirectly related to the University, and any person with whom the employee has a close or intimate relationship regardless of any opportunity to reap any financial interest or gain. Examples include a colleague from the University or an outside institution with whom there is a close professional relationship.
- O. Required disclosures. All ATSU employees (including full-time and part-time faculty and staff) are required to disclose situations that may result in an actual, perceived, or potential conflict of interest. Disclosure does not necessarily indicate wrongdoing or inappropriate activity. Employees are responsible to make such disclosures to either their supervisor, Human Resources, or the vice president & general counsel. Disclosures should be made as soon as the employee is aware of the actual, perceived, or potential conflict of interest. Any subsequent change in status of an existing actual, perceived, or potential conflict of interest should also be promptly disclosed.
- P. Review of disclosures. All disclosures of potential conflicts of interest disclosure will be reviewed by the vice president & general counsel. If the vice president & general counsel believes no actual, perceived, or potential conflict of interest exists, they will so advise the employee and the supervisor. If the vice president & general counsel believes the situation warrants further review, the process described in this general order will continue.
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1. Category A. These are generally permissible situations that suggest no actual, perceived, or potential conflict of interest. These situations may continue without special safeguards or oversight, unless a change occurs. Employees should disclose any subsequent changes that may affect the category of the situation.
  2. Category B. These situations represent perceived or potential conflicts of interest, which may be eliminated, modified, or allowed to continue. An approved management plan may or may not be required.
  3. Category C. These situations represent actual conflicts of interest that must either be eliminated or permitted to go forward only under an approved management plan and continuing oversight.
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- T. Sanctions for noncompliance. Employees must comply fully and promptly with this general order. Sanctions for non-compliance may include reprimand, disciplinary warning to be added to the employee's permanent file, required updated training and/or coaching, probation, suspension with or without pay, and/or termination of employment.
- U. Reporting violations. Employees are expected to report actual and suspected violations of this general order to their supervisor, Human Resources, or the vice president & general counsel.
- V. Non-retaliation. An employee who retaliates against someone reporting an actual or suspected violation in good faith is subject to disciplinary action up to and including termination of employment. ATSU general orders are intended to create a safe environment that encourages and enables employees and others to report violations or suspected violations without fear of retaliation.

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## RESPONSIBILITY

- A. All employees – responsible for promptly and fully disclosing any actual, perceived, or potential conflicts of interest or changes in status. Employees are also responsible for reporting any actual or suspected violations of this general order.
- B. Supervisors – responsible for promptly reporting all disclosures by employees of actual, perceived, or potential conflicts of interest to the vice president & general counsel.
- C. Vice president & general counsel – responsible for evaluating disclosures of actual, perceived, or potential conflicts of interest; determining the conflict of interest category; and, as needed, reporting conflicts of interest to the president and developing and monitoring management plans.

This policy is referenced from the: AT Still University. "ATSU Conflict of Interest # 10-212", HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/#executive>. 19 Jun 2020. Pag 1-2.Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 1.4a (Mission and Governance: Governance and Program Policies: Conflict of Interest for board members, employees, and institutionally employed faculty).

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## 10-011 Financial Conflict of Interest (FCOI) in Research (1.4a)

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**APPROVAL:** Signature On File in Dean's office

**DATE:** 09/01/2022

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### PURPOSE/SUMMARY

This general order is designed to meet requirements of Code of Federal Regulations, [Title 42, CFR Part 50, Subpart F](#) Promoting Objectivity in Research and Title 45, CFR Part 94 Responsible Prospective Contractors. These regulations establish new standards and clarify previously established standards to be followed by institutions applying for or receiving research funding from U.S. Department of Health and Human Services, Public Health Service (PHS) Awarding Components, including National Institutes of Health (NIH), for grants, cooperative agreements, and research contracts.

Investigators who conduct research or studies regulated/funded by other federal agencies, including Food and Drug Administration or National Science Foundation, are subject to agency-specific regulations for FCOIs in research (see Sections XI.B and XI.C) and are advised to review such regulations prior to submission of a research application.

Please also see [ATSU Policy No. 10-212: Conflict of Interest](#).

### SCOPE

This policy applies to all persons at ATSU meeting the following definition of investigator, and to all ATSU activities meeting the following definition of research where activity is sponsored or, if non-sponsored, involves human subjects. This policy also applies to external investigators affiliated with ATSU who do not have a PHS-compliant FCOI policy. Investigators must pre-disclose to ATSU's institutional official in the Division of Research, Grants, & Scholarly Innovations (RGSi) any real or potential financial interest (and those of his/her spouse and/or dependent children) reasonably appearing to be related to investigator's institutional responsibilities.

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### DEFINITIONS

- A. **Disclosure** – Investigator's disclosure of financial interests to ATSU.
- B. **Entity** – A non-ATSU organization, whether public or private (e.g., a company, partnership, professional association, voluntary health organization, etc.).
- C. **Financial conflict of interest (FCOI)** – A significant financial interest that could directly and significantly affect design, conduct, or reporting of PHS-funded research or non-sponsored research involving human subjects.
- D. **Financial interest** – Anything of monetary value, whether or not the value is readily ascertainable.
- E. **Human subjects research** – Research conducted with a living individual about whom an investigator obtains data via intervention or interaction with individual or identifiable private information.
- F. **Institutional responsibilities** – An investigator's professional responsibilities on behalf of ATSU, which may include research, research consultation, teaching, professional practice, institutional committee



- memberships, and service on panels, including Institutional Review Board (IRB) or data and safety monitoring boards.
- G. **Investigator** – Project director (PD) or principal investigator (PI) and any other person, regardless of title or position, who is responsible for design, conduct, or reporting of research funded by PHS or non-sponsored research involving human subjects; or proposed for such funding, which may include sub-grantees, contractors, collaborators, or consultants.
  - H. **Manage** – Take action to address an FCOI, which may include reducing or eliminating FCOI, to ensure, to the extent possible, design, conduct, and reporting of research will be free from bias or appearance of bias.
  - I. **Research** – A systematic investigation, study, or experiment designed to develop or contribute to generalized knowledge relating broadly to public health, including behavioral and social sciences research. The term encompasses basic and applied research and product development.
  - J. **Senior/key personnel** – PD or PI and any other person identified as senior/key personnel in the grant/research application, progress report, or any other report submitted to PHS.
  - K. **Significant financial interest (SFI)**
    - 1. Any financial interest of the investigator (and those of his/her spouse and dependent children) reasonably appearing to be related to the investigator's institutional responsibilities, including:
      - a. **Publicly traded entity** – Value of any remuneration received from an entity in 12 months preceding disclosure and value of any equity interest in the entity as of date of disclosure, when aggregated exceeds \$5,000. Remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.
      - b. **Non-publicly traded entity** – Value of any remuneration received from an entity in 12 months preceding disclosure, when aggregated exceeds \$5,000; or any equity interest (e.g., stock, stock option, or other ownership).
      - c. **Intellectual property rights and interests** (e.g., patents, copyrights, and royalties from such rights) – Upon receipt of income related to such rights and interests.
    - 2. Investigators also must disclose occurrence of any reimbursed or sponsored travel (i.e., which is paid on behalf of and not reimbursed to investigator) related to their ATSU responsibilities. However, this disclosure requirement does not apply to travel reimbursed or sponsored by [excluded sources provided in the regulation](#).
    - 3. Significant financial interest excludes:
      - a. Salary, royalties, or other remuneration paid by ATSU to investigator if investigator is currently employed or otherwise appointed by ATSU, including intellectual property rights assigned to ATSU and agreements to share in royalties related to such rights.
      - b. Income from investment vehicles (e.g., mutual funds and retirement accounts) as long as investigator does not directly control investment decisions made in these vehicles.
      - c. Income from seminars, lectures, teaching engagements, or travel reimbursed or sponsored by excluded sources provided in the regulation.
      - d. Income from service on advisory committees or review panels for excluded sources provided in the regulation.
  - L. **Special project** – Any service, educational, or training initiative pursued by an investigator involving ATSU resources, services, and/or facilities.
  - M. **Sponsored research or program** – An exchange transaction for any externally or internally funded research or scholarly activity having a defined scope of work and/or set of objectives, which provides a basis for sponsored expectations.
  - N. **Sponsored travel** – Travel expenses paid on behalf of investigator and not reimbursed to investigator such the exact monetary value may not be readily available.

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## POLICY

### I. Training

Investigators must complete and provide evidence of FCOI training prior to engaging in research related to any PHS grant or in human subjects research (sponsored or non-sponsored). To this end, investigators must certify they have: 1) reviewed General Order No. 20-117, 2) completed relevant FCOI training option authorized by institutional official and recognized by respective campus IRB, and 3) forwarded training certification to RGSi. Training will be overseen by institutional official and must be updated every four years. Additional training will be required when there is a change in ATSU policy affecting investigator requirements, an investigator is new to the University, or in the case of noncompliance.

### II. Institutional official

The highest-ranking individual in RGSi responsible for oversight of research activities at ATSU shall be designated as the institutional official. This individual shall solicit and review pre-disclosures of SFIs of investigator (and those of investigator's spouse and/or dependent children) related to an investigator's institutional responsibilities as outlined in the attached FCOI flowchart (Section XI.E).

### III. Conflict of Interest Review Committee

Institutional official shall appoint a Conflict of Interest Review Committee (CIRC). Membership shall comprise at least institutional official (or his/her designee), vice president & general counsel, director of research support for respective campus, an IRB member from respective campus, one faculty member from each ATSU campus, and an at-large community member. CIRC will be appointed and convened, as needed.

### IV. Disclosures process

- A. **Before submission/initiation of research** – Prior to investigator's submission of a grant application, execution of a cooperative agreement or sponsored research contract, or initiation of any human subjects research (sponsored or not), each investigator is required to submit a Financial Interest Disclosure Form (Section XI.F) describing any SFIs (and those of investigator's spouse and dependent children) that appear reasonably related to his/her institutional responsibilities. Process shall include:
1. For sponsored submissions, using ATSU's Grant/Contract Application: Internal Approval Form, each investigator shall indicate if s/he has any projected or potential SFI relative to proposed project. If so, investigator is required to complete ATSU's Financial Interest Disclosure Form and place it in a sealed pre-disclosure packet, containing supporting documentation identifying the business enterprise or entity involved and nature and amount of interest. Completed disclosure form and sealed packet should be marked confidential and must be submitted to institutional official, along with copies of the proposal and completed Grant/Contract: Internal Approval Form. Disclosure packet will be opened only by institutional official.
  2. An investigator, in his/her own best interest, may choose to pre-disclose any other financial or related interest that could present an actual FCOI or be perceived to present an FCOI. Pre-disclosure is a key factor in protecting an investigator's reputation and career from potentially embarrassing or harmful allegations of misconduct.
- B. **Annual updates** – Each investigator who submits a disclosure form is required to update disclosure annually during the award period, or for non-sponsored research, annually during conduct of the project. It is the PI's responsibility to ensure each investigator working on/who will work on the project submits a timely annual update to a previously submitted disclosure form. Annual updates must be submitted to institutional official of RGSi by April 30 each calendar year and may require further review/action by institutional official.
- C. **Updating/submitting a new disclosure packet for an ongoing project** – Changes to information provided annually must be submitted within 30 days of discovering or acquiring any new SFI (e.g., creation of a new start-up company, sponsorship of research by a new outside entity, changes in amount of personal financial remuneration from outside entities, including additional consulting, etc.). A disclosure is also required when a new investigator is added to an existing project.

- D. **External investigators (sub-recipients and contractors)** – A written agreement must delineate whether external investigators must comply with ATSU’s FCOI policy or their own institution. Such agreements should include a specified time period for meeting disclosure requirements (if applicable) and FCOI reporting requirements to ATSU. External investigators following their institution’s own FCOI policy must certify in writing it complies with PHS regulations. During the project period, external investigators must submit an updated disclosure of SFI at least annually per the prescribed written agreement. Moreover, each external investigator must submit an updated disclosure of SFI within 30 days of discovering or acquiring a new SFI.

**V. Review and management process**

- A. **Determination of SFI** – Institutional official shall conduct a review of financial disclosure forms to determine if any disclosed SFI exists that may affect design, conduct, or reporting of proposed research or special project.
1. If no management plan is necessary, institutional official will notify investigator who submitted disclosure, with all related records retained for at least three years from date of submission of final expenditures report or from other dates specified in 45 CFR 74.53(b) and 92.42(b), where applicable.
  2. If it is determined there may be a potential FCOI covered by this policy, institutional official will convene a CIRC. Disclosure form, along with the sealed packet, will then be referred to CIRC for review.
- B. **CIRC review** – CIRC will review disclosure packet. If CIRC determines a conflict exists and if project is initiated or sponsored, then CIRC shall determine what conditions or restrictions, if any, should be imposed to manage actual or potential FCOI. Investigator and CIRC will co-develop an FCOI resolution plan detailing proposed steps to manage, reduce, or eliminate any actual or potential FCOI.
1. No member of CIRC who holds an SFI in a project may participate in the review process.
  2. CIRC meetings are closed to the public.
  3. CIRC will give primary consideration to nature of the research, nature/size of the SFI, degree to which conflict is related to the research, extent to which the interest could be affected by the research, and any management strategies that may mitigate or eliminate the conflict. Ultimately, the plan will be reviewed and approved by investigator’s immediate supervisor/department chair, and/or dean/director.
  4. **Management strategies** may include, but are not limited to:
    - a. Public disclosure of FCOIs in all presentations and publications, within informed consent form specific to human research subjects, and via written notification to research sponsor.
    - b. Appointment of an independent monitor capable of protecting the design, conduct, and reporting of research against bias, or appearance of such from FCOI.
    - c. Modification of research plan and establishment of timetables for project delivery.
    - d. Change of personnel or personnel responsibilities, including potential disqualification of personnel from participation in all or a portion of the research.
    - e. Designation of a colleague or department chair with no FCOI relationship to the research to serve as an academic co-advisor or lead investigator.
    - f. Reduction or divestiture of financial interest giving rise to the conflict.
    - g. Severance of relationships that are the source of the FCOI.
    - h. Removing contract terms creating FCOI in research (e.g., where payment depends on outcome of the research).
  5. **Specific provisions for human subjects research** – ATSU will not allow any investigator with an FCOI to conduct a clinical research project to evaluate safety or effectiveness of a drug, medical device, or treatment, given disclosure or standard FCOI management strategies may be inadequate or impossible to implement. This prohibition applies to PI of a clinical research project as well as any investigator involved in design, conduct, or reporting of the research. ATSU may waive this prohibition only where investigator provides a compelling justification. In considering a waiver request, CIRC will require investigator to address:
    - a. Nature of research project (e.g., early stage or closer to commercial application).

- b. Size and nature of investigator's financial interest.
  - c. Relationship of financial interest to research.
  - d. Extent to which financial interest may be affected by the research.
  - e. Degree of risk to research participants.
  - f. Investigator's proposed role in research (e.g., design; selection of participants; administration of informed consent; performance of protocol-mandated clinical procedures; evaluation of effectiveness of drug, device, or treatment; and evaluation of adverse effects).
  - g. Existence of unique circumstances requiring research be performed at ATSU (e.g., unique qualification of investigator or unique resources of ATSU).
- C. **Memorandum of understanding (MOU)** – Actual or potential FCOIs will be satisfactorily managed, reduced, or eliminated in accordance with this policy prior to accepting any award or starting non-sponsored research involving human subjects, or will be disclosed to the sponsoring agency for action. Approved resolution plan will be articulated into an MOU detailing conditions or restrictions imposed on investigator in conducting the project or in the relationship with the business enterprise or entity. Institutional official will produce MOU for signature by investigator. Signed MOU copies will be provided to investigator's director/department chair and dean, and in the case of human subjects research, to relevant campus IRB.
- D. **Monitoring requirements** will be outlined in approved management plan and articulated in MOU with investigator(s). Monitoring will be ongoing until research project is complete.
- E. **Retrospective review** – Should ATSU identify an SFI not disclosed in a timely manner by an investigator or, for whatever reason, was not previously reviewed by the University during the ongoing research project, and where institutional official has determined the undisclosed SFI constitutes an FCOI related to the research project, a CIRC will be convened and will implement a management plan within 60 days of identification of SFI. Within 120 days of its determination of noncompliance, CIRC will complete a retrospective review of investigator's research activities associated with the project to determine whether research conducted during the period of noncompliance was biased in design, conduct, or reporting of such research.
- F. **Ongoing research** – When an investigator new to the project discloses an SFI or an existing investigator discloses a new or changed SFI, wherein institutional official determines the disclosed SFI constitutes an FCOI subject to management under this policy, a CIRC will be convened and will review disclosure packet. ATSU will then implement a management plan within 60 days of submission of disclosure. Further, ATSU may determine additional interim measures are necessary with regard to investigator's participation in the research project between date of disclosure and implementation of the University's management plan. Particular consideration will be given to any additional interim measures ATSU's IRB deems necessary for protection of human research subjects.
- G. **Mitigation plan** – If CIRC determines during retrospective review the research was in any way biased, CIRC will recommend a mitigation plan to institutional official to address. Institutional official will notify PHS awarding component of its determination and subsequently follow up with mitigation report for the project.
- H. **Public accessibility of ATSU's FCOI policy and access of disclosed SFI** – ATSU will post its FCOI policy on the institution's public website. Upon request, ATSU will make publicly available information on any disclosed SFI meeting these three criteria: 1) Disclosed SFI is still held by senior/key personnel of an active PHS project; 2) ATSU determines SFI is related to PHS-funded research; and 3) ATSU determines SFI is an FCOI. Written information requests must be made to institutional official, who will respond within five business days of receipt of request. Disclosed information will include minimum elements as provided in the regulation. Any newly determined FCOI will be posted to ATSU's website within 60 days of discovery. The website will be updated annually, and information will remain available for three years from date information was most recently updated.

## VI. Appeal

Appeals regarding decisions made via FCOI review and management process described herein will be made to the ATSU president, whose decision is final.

#### **VII. Noncompliance**

Failure to file a complete, truthful disclosure or comply with conditions or restrictions imposed in the resolution, management, or elimination of FCOIs violates ATSU policy and possibly state and/or federal law(s). Within 120 days of determination of noncompliance, ATSU will conduct a retrospective review (per Section V.E), and if bias is found, complete a mitigation report, recommending sanctions that may include appropriate disciplinary action. In cases in which investigator is noncompliant and found to have biased design, conduct, or reporting of research in accordance with the process outlined above, institutional official will promptly notify the research sponsor as required by law and describe corrective measures taken or proposed.

Consequences may include requiring investigator to disclose FCOI in each public presentation of research results and/or to request an addendum to previous publications. ATSU may also suspend an ongoing research project, halt expenditure of funds, or suspend technology transfer activity to prevent continued violation of this policy. In cases of noncompliance, ATSU will withdraw any affected application for funding if project cannot be otherwise completed without involvement of investigator. If violation results in a collateral proceeding under ATSU's misconduct in science policy (i.e., Order No. 20-113), then CIRC shall defer a decision on sanctions until the misconduct in science process is completed. CIRC's recommendations on sanctions shall be presented to institutional official who shall enforce any disciplinary action.

#### **VIII. Reporting**

ATSU will send initial, annual (ongoing), and any revised FCOI reports (including all required reporting elements) to designated PHS funding agency for the institution and its sub-recipients, if applicable, as required:

- A. Prior to expenditure of funds.
- B. Within 60 days of identification for an investigator who is newly participating in a project.
- C. Within 60 days for new, or newly identified, FCOIs for existing Investigators.
- D. At least annually to provide status of FCOI or any changes to management plan until completion of project.
- E. Following a retrospective review to update previously submitted reports, if appropriate.

Additionally, ATSU will notify respective PHS agency within 10 business days if bias is found with design, conduct, or reporting of PHS-funded research including a mitigation report with all elements as required by the regulation.

ATSU will report within 10 business days if an investigator fails to comply with ATSU's FCOI policy or if management plan appears to have biased design, conduct, or reporting of PHS-funded research.

#### **IX. Maintenance of records**

Led by institutional official, ATSU RGSJ shall, with confidentiality, maintain records of all investigator disclosures of financial interests and ATSU's review of, and response to, such disclosures (whether a disclosure resulted in determination of FCOI) and all actions under ATSU's policy or retrospective review, if applicable, for at least three years from date of submission of final expenditures report or from other dates specified in 45 CFR 74.53(b) and 92.42(b), where applicable. Documents to be retained will include disclosure forms, records, management plans, and CIRC minutes.

#### **X. Significant financial interests held by ATSU officials**

ATSU officials with an SFI in an externally sponsored research project or any project involving participation of human research subjects may not participate in solicitation, negotiation of contract terms or conditions, oversight of research (unless named as a research team member), or management of any FCOI held by research team members.

## XI. ADDENDA

- A. NIH Public Health Service regulations: <https://grants.nih.gov/grants/policy/coi/index.htm>
  - B. Food and Drug Administration regulations: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/CFRSearch.cfm?CFRPart=54&showFR=1>
  - C. National Science Foundation regulations: <https://nsf.gov/policies/conflicts.jsp>
  - D. ATSU Grant/Contract Application: Internal Approval Form (attached)
  - E. ATSU PHS FCOI flowchart (attached)
  - F. ATSU Financial Interest Disclosure Form (attached)
  - G. NIH frequently asked questions for responsibility of applicants for promoting objectivity in research <https://grants.nih.gov/faqs#/financial-conflict-of-interests.htm>
- 

## PROCEDURE(S)

### ■ VI. Training

Investigators must complete and provide evidence of FCOI training prior to engaging in research related to any PHS grant or in human subjects research (sponsored or non-sponsored). To this end, investigators must certify they have: 1) reviewed General Order No. 20-117, 2) completed relevant FCOI training option authorized by institutional official and recognized by respective campus IRB, and 3) forwarded training certification to RGSi. Training will be overseen by institutional official and must be updated every four years. Additional training will be required when there is a change in ATSU policy affecting investigator requirements, an investigator is new to the University, or in the case of noncompliance.

### VII. Institutional official

The highest-ranking individual in RGSi responsible for oversight of research activities at ATSU shall be designated as the institutional official. This individual shall solicit and review pre-disclosures of SFIs of investigator (and those of investigator's spouse and/or dependent children) related to an investigator's institutional responsibilities as outlined in the attached FCOI flowchart (Section XI.E).

### VIII. Conflict of Interest Review Committee

Institutional official shall appoint a Conflict of Interest Review Committee (CIRC). Membership shall comprise at least institutional official (or his/her designee), vice president & general counsel, director of research support for respective campus, an IRB member from respective campus, one faculty member from each ATSU campus, and an at-large community member. CIRC will be appointed and convened, as needed.

### IX. Disclosures process

- A. **Before submission/initiation of research** – Prior to investigator's submission of a grant application, execution of a cooperative agreement or sponsored research contract, or initiation of any human subjects research (sponsored or not), each investigator is required to submit a Financial Interest Disclosure Form (Section XI.F) describing any SFIs (and those of investigator's spouse and dependent children) that appear reasonably related to his/her institutional responsibilities. Process shall include:
  - 1. For sponsored submissions, using ATSU's Grant/Contract Application: Internal Approval Form, each investigator shall indicate if s/he has any projected or potential SFI relative to proposed project. If so, investigator is required to complete ATSU's Financial Interest Disclosure Form and place it in a sealed pre-disclosure packet, containing supporting documentation identifying the business enterprise or entity involved and nature and amount of interest. Completed disclosure form and sealed packet should be marked confidential and must be submitted to institutional official, along with copies of the proposal and completed Grant/Contract: Internal Approval Form. Disclosure packet will be opened only by institutional official.
  - 2. An investigator, in his/her own best interest, may choose to pre-disclose any other financial or related interest that could present an actual FCOI or be perceived to present an FCOI. Pre-disclosure

is a key factor in protecting an investigator's reputation and career from potentially embarrassing or harmful allegations of misconduct.

- B. **Annual updates** – Each investigator who submits a disclosure form is required to update disclosure annually during the award period, or for non-sponsored research, annually during conduct of the project. It is the PI's responsibility to ensure each investigator working on/who will work on the project submits a timely annual update to a previously submitted disclosure form. Annual updates must be submitted to institutional official of RGS1 by April 30 each calendar year and may require further review/action by institutional official.
- C. **Updating/submitting a new disclosure packet for an ongoing project** – Changes to information provided annually must be submitted within 30 days of discovering or acquiring any new SFI (e.g., creation of a new start-up company, sponsorship of research by a new outside entity, changes in amount of personal financial remuneration from outside entities, including additional consulting, etc.). A disclosure is also required when a new investigator is added to an existing project.
- D. **External investigators (sub-recipients and contractors)** – A written agreement must delineate whether external investigators must comply with ATSU's FCOI policy or their own institution. Such agreements should include a specified time period for meeting disclosure requirements (if applicable) and FCOI reporting requirements to ATSU. External investigators following their institution's own FCOI policy must certify in writing it complies with PHS regulations. During the project period, external investigators must submit an updated disclosure of SFI at least annually per the prescribed written agreement. Moreover, each external investigator must submit an updated disclosure of SFI within 30 days of discovering or acquiring a new SFI.

#### X. **Review and management process**

- E. **Determination of SFI** – Institutional official shall conduct a review of financial disclosure forms to determine if any disclosed SFI exists that may affect design, conduct, or reporting of proposed research or special project.
  - 1. If no management plan is necessary, institutional official will notify investigator who submitted disclosure, with all related records retained for at least three years from date of submission of final expenditures report or from other dates specified in 45 CFR 74.53(b) and 92.42(b), where applicable.
  - 2. If it is determined there may be a potential FCOI covered by this policy, institutional official will convene a CIRC. Disclosure form, along with the sealed packet, will then be referred to CIRC for review.
- F. **CIRC review** – CIRC will review disclosure packet. If CIRC determines a conflict exists and if project is initiated or sponsored, then CIRC shall determine what conditions or restrictions, if any, should be imposed to manage actual or potential FCOI. Investigator and CIRC will co-develop an FCOI resolution plan detailing proposed steps to manage, reduce, or eliminate any actual or potential FCOI.
  - 1. No member of CIRC who holds an SFI in a project may participate in the review process.
  - 2. CIRC meetings are closed to the public.
  - 3. CIRC will give primary consideration to nature of the research, nature/size of the SFI, degree to which conflict is related to the research, extent to which the interest could be affected by the research, and any management strategies that may mitigate or eliminate the conflict. Ultimately, the plan will be reviewed and approved by investigator's immediate supervisor/department chair, and/or dean/director.
  - 4. **Management strategies** may include, but are not limited to:
    - a. Public disclosure of FCOIs in all presentations and publications, within informed consent form specific to human research subjects, and via written notification to research sponsor.
    - b. Appointment of an independent monitor capable of protecting the design, conduct, and reporting of research against bias, or appearance of such from FCOI.
    - c. Modification of research plan and establishment of timetables for project delivery.
    - d. Change of personnel or personnel responsibilities, including potential disqualification of personnel from participation in all or a portion of the research.

- e. Designation of a colleague or department chair with no FCOI relationship to the research to serve as an academic co-advisor or lead investigator.
  - f. Reduction or divestiture of financial interest giving rise to the conflict.
  - g. Severance of relationships that are the source of the FCOI.
  - h. Removing contract terms creating FCOI in research (e.g., where payment depends on outcome of the research).
5. **Specific provisions for human subjects research** – ATSU will not allow any investigator with an FCOI to conduct a clinical research project to evaluate safety or effectiveness of a drug, medical device, or treatment, given disclosure or standard FCOI management strategies may be inadequate or impossible to implement. This prohibition applies to PI of a clinical research project as well as any investigator involved in design, conduct, or reporting of the research. ATSU may waive this prohibition only where investigator provides a compelling justification. In considering a waiver request, CIRC will require investigator to address:
- a. Nature of research project (e.g., early stage or closer to commercial application).
  - b. Size and nature of investigator's financial interest.
  - c. Relationship of financial interest to research.
  - d. Extent to which financial interest may be affected by the research.
  - e. Degree of risk to research participants.
  - f. Investigator's proposed role in research (e.g., design; selection of participants; administration of informed consent; performance of protocol-mandated clinical procedures; evaluation of effectiveness of drug, device, or treatment; and evaluation of adverse effects).
  - g. Existence of unique circumstances requiring research be performed at ATSU (e.g., unique qualification of investigator or unique resources of ATSU).
- G. **Memorandum of understanding (MOU)** – Actual or potential FCOIs will be satisfactorily managed, reduced, or eliminated in accordance with this policy prior to accepting any award or starting non-sponsored research involving human subjects, or will be disclosed to the sponsoring agency for action. Approved resolution plan will be articulated into an MOU detailing conditions or restrictions imposed on investigator in conducting the project or in the relationship with the business enterprise or entity. Institutional official will produce MOU for signature by investigator. Signed MOU copies will be provided to investigator's director/department chair and dean, and in the case of human subjects research, to relevant campus IRB.
- H. **Monitoring requirements** will be outlined in approved management plan and articulated in MOU with investigator(s). Monitoring will be ongoing until research project is complete.
- I. **Retrospective review** – Should ATSU identify an SFI not disclosed in a timely manner by an investigator or, for whatever reason, was not previously reviewed by the University during the ongoing research project, and where institutional official has determined the undisclosed SFI constitutes an FCOI related to the research project, a CIRC will be convened and will implement a management plan within 60 days of identification of SFI. Within 120 days of its determination of noncompliance, CIRC will complete a retrospective review of investigator's research activities associated with the project to determine whether research conducted during the period of noncompliance was biased in design, conduct, or reporting of such research.
- J. **Ongoing research** – When an investigator new to the project discloses an SFI or an existing investigator discloses a new or changed SFI, wherein institutional official determines the disclosed SFI constitutes an FCOI subject to management under this policy, a CIRC will be convened and will review disclosure packet. ATSU will then implement a management plan within 60 days of submission of disclosure. Further, ATSU may determine additional interim measures are necessary with regard to investigator's participation in the research project between date of disclosure and implementation of the University's management plan. Particular consideration will be given to any additional interim measures ATSU's IRB deems necessary for protection of human research subjects.
- K. **Mitigation plan** – If CIRC determines during retrospective review the research was in any way biased, CIRC will recommend a mitigation plan to institutional official to address. Institutional official will notify PHS



awarding component of its determination and subsequently follow up with mitigation report for the project.

- L. **Public accessibility of ATSU's FCOI policy and access of disclosed SFI** – ATSU will post its FCOI policy on the institution's public website. Upon request, ATSU will make publicly available information on any disclosed SFI meeting these three criteria: 1) Disclosed SFI is still held by senior/key personnel of an active PHS project; 2) ATSU determines SFI is related to PHS-funded research; and 3) ATSU determines SFI is an FCOI. Written information requests must be made to institutional official, who will respond within five business days of receipt of request. Disclosed information will include minimum elements as provided in the regulation. Any newly determined FCOI will be posted to ATSU's website within 60 days of discovery. The website will be updated annually, and information will remain available for three years from date information was most recently updated.

## **VII. Appeal**

Appeals regarding decisions made via FCOI review and management process described herein will be made to the ATSU president, whose decision is final.

## **VIII. Noncompliance**

Failure to file a complete, truthful disclosure or comply with conditions or restrictions imposed in the resolution, management, or elimination of FCOIs violates ATSU policy and possibly state and/or federal law(s). Within 120 days of determination of noncompliance, ATSU will conduct a retrospective review (per Section V.E), and if bias is found, complete a mitigation report, recommending sanctions that may include appropriate disciplinary action. In cases in which investigator is noncompliant and found to have biased design, conduct, or reporting of research in accordance with the process outlined above, institutional official will promptly notify the research sponsor as required by law and describe corrective measures taken or proposed.

Consequences may include requiring investigator to disclose FCOI in each public presentation of research results and/or to request an addendum to previous publications. ATSU may also suspend an ongoing research project, halt expenditure of funds, or suspend technology transfer activity to prevent continued violation of this policy. In cases of noncompliance, ATSU will withdraw any affected application for funding if project cannot be otherwise completed without involvement of investigator. If violation results in a collateral proceeding under ATSU's misconduct in science policy (i.e., Order No. 20-113), then CIRC shall defer a decision on sanctions until the misconduct in science process is completed. CIRC's recommendations on sanctions shall be presented to institutional official who shall enforce any disciplinary action.

## **IX. Reporting**

ATSU will send initial, annual (ongoing), and any revised FCOI reports (including all required reporting elements) to designated PHS funding agency for the institution and its sub-recipients, if applicable, as required:

- A. Prior to expenditure of funds.
- B. Within 60 days of identification for an investigator who is newly participating in a project.
- C. Within 60 days for new, or newly identified, FCOIs for existing Investigators.
- D. At least annually to provide status of FCOI or any changes to management plan until completion of project.
- E. Following a retrospective review to update previously submitted reports, if appropriate.

Additionally, ATSU will notify respective PHS agency within 10 business days if bias is found with design, conduct, or reporting of PHS-funded research including a mitigation report with all elements as required by the regulation.

ATSU will report within 10 business days if an investigator fails to comply with ATSU's FCOI policy or if management plan appears to have biased design, conduct, or reporting of PHS-funded research.

**X. Maintenance of records**

Led by institutional official, ATSU RGSJ shall, with confidentiality, maintain records of all investigator disclosures of financial interests and ATSU's review of, and response to, such disclosures (whether a disclosure resulted in determination of FCOI) and all actions under ATSU's policy or retrospective review, if applicable, for at least three years from date of submission of final expenditures report or from other dates specified in 45 CFR 74.53(b) and 92.42(b), where applicable. Documents to be retained will include disclosure forms, records, management plans, and CIRC minutes.

**XI. Significant financial interests held by ATSU officials**

ATSU officials with an SFI in an externally sponsored research project or any project involving participation of human research subjects may not participate in solicitation, negotiation of contract terms or conditions, oversight of research (unless named as a research team member), or management of any FCOI held by research team members.

**XII. ADDENDA**

- A. NIH Public Health Service regulations: <https://grants.nih.gov/grants/policy/coi/index.htm>
- B. Food and Drug Administration regulations: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/CFRSearch.cfm?CFRPart=54&showFR=1>
- C. National Science Foundation regulations: <https://nsf.gov/policies/conflicts.jsp>
- D. ATSU Grant/Contract Application: Internal Approval Form (attached)
- E. ATSU PHS FCOI flowchart (attached)
- F. ATSU Financial Interest Disclosure Form (attached)
- G. NIH frequently asked questions for responsibility of applicants for promoting objectivity in research <https://grants.nih.gov/faqs#/financial-conflict-of-interests.htm>

This policy is referenced from the: AT Still University. "ATSU Financial Conflict of Interest (FCOI) in Research # 20-117", HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/#executive> 10 Jul 2020. Pag 1-6. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 1.4a (Mission and Governance: Governance and Program Policies: Conflict of Interest for board members, employees, and institutionally employed faculty).

## 10-007 Employee Problem Solving Procedure (1.4b)

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**APPROVAL:**            **Signature On File in Dean's office**

**DATE: 09/01/2022**

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### **PURPOSE**

This general order describes A.T. Still University (ATSU) policy for providing employees an opportunity to discuss and resolve any work-related problem or complaint in a prompt, fair, and equitable manner.

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### **POLICY**

When an employee who has completed their initial 90-day provisional period believes they have an unresolved work-related issue or claim under established policies, rules, and regulations, or that they have been treated unfairly, they are encouraged to follow the successive steps of this procedure.

- A. The employee will discuss the problem with their immediate supervisor.
  - 1. The supervisor will reduce the problem to writing and validate the written report with the employee.
  - 2. Upon employee validation of the written report, the supervisor will investigate all facts and circumstances.
  - 3. All affected parties will be given equal opportunity to contribute to the supervisor's fact-finding process.
  - 4. Applicable ATSU policies and procedures will be the basis for making decisions.
  - 5. The supervisor will provide a final report summary, including suggested action, to the employee no more than ten (10) working days after validating the written report.
- B. If the supervisor's findings or suggested action is unsatisfactory to the employee, or if the employee does not believe the problem can be initially discussed with the immediate supervisor, the employee can submit a written description of the problem to their department head. In such case:
  - 1. The department head will reduce the problem to writing or review the report submitted to the employee's supervisor and validate the written report with the employee.
  - 2. Upon employee validation of the written report, the department head will investigate all facts and circumstances.
  - 3. All affected parties will be given equal opportunity to contribute to the fact-finding process.
  - 4. The department head will provide a final report summary, including suggested action, to the employee no more than ten (10) working days after validating the written report.
- C. If the department head's findings or suggested action is unsatisfactory to the employee or if the employee does not believe the problem can be discussed with the department head, the employee can submit a written description of the problem to the assistant vice president of human resources. In such case:

1. The assistant vice president of human resources (or designee) will reduce the problem to writing or review the report submitted to the employee's supervisor/department head and validate the written report with the employee.
  2. Upon employee validation of the written statement, the assistant vice president of human resources (or designee) will discuss the problem with the employee and review what steps, if any, in this procedure have been taken.
  3. The assistant vice president of human resources (or designee) may:
    - a. Investigate all facts and circumstances. All affected parties will be given equal opportunity to contribute to the fact-finding process, and/or
    - b. Discuss the problem with the employee's supervisor and/or department head to try and reach resolution.
  4. The assistant vice president of human resources (or designee) will provide a final report summary, including suggested action, to the employee no more than ten (10) working days after validating the written report.
- D. The employee may decide to request higher review by submitting a written statement of the problem to the appropriate President's Cabinet member. In such case:
1. The ATSU President's Cabinet member (or designee) will review the employee's statement and the decision previously made.
  2. The ATSU President's Cabinet member (or designee) will meet personally with the employee after receiving the written statement of the problem to present and discuss the final decision.
  3. In the event an employee does not believe the problem can be discussed with the ATSU President's Cabinet member (or designee), the vice president & general counsel will assign a different ATSU President's Cabinet member to review the problem.
  4. The ATSU President's Cabinet member decision shall be final.

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## PROCEDURE(S)

When an employee who has completed their initial 90-day provisional period believes they have an unresolved work-related issue or claim under established policies, rules, and regulations, or that they have been treated unfairly, they are encouraged to follow the successive steps of this procedure.

- E. The employee will discuss the problem with their immediate supervisor.
1. The supervisor will reduce the problem to writing and validate the written report with the employee.
  2. Upon employee validation of the written report, the supervisor will investigate all facts and circumstances.
  3. All affected parties will be given equal opportunity to contribute to the supervisor's fact-finding process.
  4. Applicable ATSU policies and procedures will be the basis for making decisions.
  5. The supervisor will provide a final report summary, including suggested action, to the employee no more than ten (10) working days after validating the written report.
- F. If the supervisor's findings or suggested action is unsatisfactory to the employee, or if the employee does not believe the problem can be initially discussed with the immediate supervisor, the employee can submit a written description of the problem to their department head. In such case:

1. The department head will reduce the problem to writing or review the report submitted to the employee's supervisor and validate the written report with the employee.
  2. Upon employee validation of the written report, the department head will investigate all facts and circumstances.
  3. All affected parties will be given equal opportunity to contribute to the fact-finding process.
  4. The department head will provide a final report summary, including suggested action, to the employee no more than ten (10) working days after validating the written report.
- G. If the department head's findings or suggested action is unsatisfactory to the employee or if the employee does not believe the problem can be discussed with the department head, the employee can submit a written description of the problem to the assistant vice president of human resources. In such case:
1. The assistant vice president of human resources (or designee) will reduce the problem to writing or review the report submitted to the employee's supervisor/department head and validate the written report with the employee.
  2. Upon employee validation of the written statement, the assistant vice president of human resources (or designee) will discuss the problem with the employee and review what steps, if any, in this procedure have been taken.
  3. The assistant vice president of human resources (or designee) may:
    - a. Investigate all facts and circumstances. All affected parties will be given equal opportunity to contribute to the fact-finding process, and/or
    - b. Discuss the problem with the employee's supervisor and/or department head to try and reach resolution.
  4. The assistant vice president of human resources (or designee) will provide a final report summary, including suggested action, to the employee no more than ten (10) working days after validating the written report.
- H. The employee may decide to request higher review by submitting a written statement of the problem to the appropriate President's Cabinet member. In such case:
1. The ATSU President's Cabinet member (or designee) will review the employee's statement and the decision previously made.
  2. The ATSU President's Cabinet member (or designee) will meet personally with the employee after receiving the written statement of the problem to present and discuss the final decision.
  3. In the event an employee does not believe the problem can be discussed with the ATSU President's Cabinet member (or designee), the vice president & general counsel will assign a different ATSU President's Cabinet member to review the problem.
  4. The ATSU President's Cabinet member decision shall be final.
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## **RESPONSIBILITY**

- A. Employees have the right to make use of this procedure without fear of retaliation.
- B. Supervisors and department heads are responsible for making every reasonable effort to find an equitable solution to any employee problem that occurs in their area of responsibility.
- C. The ATSU President's Cabinet member (or designee) responsible for the employee's work area has the final decision.
- D. The assistant vice president of human resources (or designee) may lengthen the time frames for action at any time with written explanation to appropriate parties.

This policy is referenced from the: AT Still University. "ATSU Employee Solving Procedure # 90-209", HR portal: <https://hr.atsu.edu/policies-handbooks/human-resources-policies/>. 01 Oct 2019. Pag 1-2. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 1.4b (Mission and Governance: Governance and Program Policies: Due process for all employees, students, faculty, and credentialed instructional staff).

## 10-016 Whistleblower (1.4b)

**APPROVAL:**            **Signature On File in Dean's office**            **DATE: 09/01/2022**

### PURPOSE

A.T. Still University School of Osteopathic Medicine in Arizona (ATSU-SOMA) is committed to safekeeping resources that enable the University to carry out its mission, including grant funding and private donations. Consistent with this commitment, General Order 10-216 provides avenues for employees, students, federal grant award sub-recipients, Board of Trustees members, and clinic patients to report suspected misconduct, dishonesty, fraud, and/or other illegal practice, including noncompliance with the Health Information Portability and Accountability Act (HIPAA), and provides reassurance individuals making such reports, in good faith, will be protected from reprisals or victimization for whistleblowing.

### POLICY

- A. Responsibility and right to report suspected violations: ATSU employees, federal grant award sub-recipients, Board of Trustees members, and other persons who have a concern relating to actual or suspected misconduct, dishonesty, fraud, or other illegal practice have a responsibility to report suspected violations. ATSU wants to know of any/all violations or suspected violations. ATSU has an open-door policy regarding the reporting of violations and suspected violations and recommends employees share their questions, concerns, suggestions, or complaints with someone who can address them promptly and properly. If the suspected violation relates to the gross mismanagement of a federal contract or grant; gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant), the complainant is further protected by federal whistleblower protection statute 41 U.S.C. §4712. According to the statute, fraud relating to federal grants or contracts may be reported internally or such disclosure can be made to a member of Congress or a representative of a Congressional committee, the Inspector General, Government Accountability Office, a federal employee responsible for contract or grant oversight or the management at the relevant federal agency, an official from the Department of Justice or other law enforcement agency, or a court or a grand jury. Consistent with Section E of this policy, employees and/or grant sub-recipients reporting suspected violations related to federal grants or contracts may not be discharged, demoted, or otherwise discriminated against as reprisal for reporting violations or suspected violations.**
- B. Reporting options.**
- 1. ATSU employees. ATSU Employees should first consider speaking with their supervisor who, in most cases, is in the best position to address an area of concern. However, if a complainant is not comfortable speaking with their supervisor or is not satisfied with the supervisor's response, complainants are then encouraged to speak with an ATSU Human**

**Resources representative or a trusted member of management. Supervisors and managers are required to report suspected misconduct, dishonesty, fraud, or other illegal practice to ATSU's assistant vice president for human resources, who has specific and exclusive responsibility to investigate all internally-reported violations.**

- a. **ATSU clinic patients. ATSU clinic patients should put HIPAA privacy complaints in writing and forward them to:**

Chief Information Privacy Officer  
A.T. Still University of Health Sciences  
800 W. Jefferson St.  
Kirksville, MO 63501

- b. Complaints by ATSU clinic patients, other than HIPAA privacy complaints, should be directed to the relevant ATSU clinic director.
2. Anonymous complaints. If an employee or other individual wants to remain anonymous, is not satisfied with management response, or is uncomfortable for any reason addressing such concerns for management, they may report anonymously by using:
    - a. Fraud hotline (855.FRAUD.HL), available 24 hours a day, 365 days a year; or
    - b. ATSU's secure online reporting form, located at [fraudhl.com](http://fraudhl.com). Reference company ID "ATSU" when making a report.
- C. Investigating suspected violations: Following receipt of internal reports, the assistant vice president for human resources and/or chief information privacy officer (CIPO) and/or vice president & general counsel will investigate each matter and take corrective and/or disciplinary actions, where appropriate. Other ATSU employees may be enlisted, including but not limited to, the vice president for finance/CFO, associate vice president for sponsored programs, director of purchasing, and/or the audit team of ATSU's Board of Trustees, as appropriate, to conduct any investigation of complaints regarding financial reporting, utilization of federal awards, accounting, internal accounting controls, auditing matters, or any other form of misconduct, dishonesty, or fraud. In conducting any investigation, the investigator(s) shall use reasonable efforts to protect the confidentiality and anonymity of the complainant.
  - D. Accounting and auditing matters: The audit team of ATSU's Board of Trustees shall address all reported violations or suspected violations regarding corporate accounting practices, internal controls, or auditing. The assistant vice president for human resources shall immediately notify the audit team of any such report and work with the team until the matter is resolved.**
  - E. Acting in good faith: Anyone reporting actual or suspected misconduct, dishonesty, fraud, or other illegal practice must be acting in good faith and have reasonable grounds for believing the information disclosed indicates misconduct, dishonesty, fraud, or other illegal practice. Any allegations proves to be unsubstantiated and/or proven to have been made maliciously or are knowingly false will be viewed as a serious disciplinary and/or lawful offense.**
  - F. No retaliation: No ATSU Board of Trustees member, employee, grant sub-recipient, or clinic patient, who in good faith reports actual or suspected misconduct, dishonesty, fraud, privacy violation, or other illegal practice, shall suffer harassment, retaliation, or adverse employment consequences, including demotion or discharge. An employee who retaliates against someone who has reported an actual or suspected violation in good faith is subject to discipline up to and including termination of employment. Policy 10-216 is intended to create a safe environment that encourages and enables ATSU Board of Trustees members, employees, federal grant sub-recipients, clinic patients, and others to report violations or suspected violations within the organization without fear of retaliation or discrimination. ATSU employees have the right to refuse to carry out a task, order, or directive, which they believe constitutes fraud or is a**



violation of local, state, federal, or other applicable laws or regulations, without fear of retaliation.

- G. **Confidentiality:** Reports of violations or suspected violations may be submitted on a confidential or anonymous basis by the complainant. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.
- H. **Handling of reported violations:** The assistant vice president for human resources will notify the sender and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be promptly investigated, and appropriate corrective action will be taken if or as warranted by the investigation.

## ■ PROCEDURE

- I. **Responsibility and right to report suspected violations:** ATSU employees, federal grant award sub-recipients, Board of Trustees members, and other persons who have a concern relating to actual or suspected misconduct, dishonesty, fraud, or other illegal practice have a responsibility to report suspected violations. ATSU wants to know of any/all violations or suspected violations. ATSU has an open-door policy regarding the reporting of violations and suspected violations and recommends employees share their questions, concerns, suggestions, or complaints with someone who can address them promptly and properly. If the suspected violation relates to the gross mismanagement of a federal contract or grant; gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant), the complainant is further protected by federal whistleblower protection statute 41 U.S.C. §4712. According to the statute, fraud relating to federal grants or contracts may be reported internally or such disclosure can be made to a member of Congress or a representative of a Congressional committee, the Inspector General, Government Accountability Office, a federal employee responsible for contract or grant oversight or the management at the relevant federal agency, an official from the Department of Justice or other law enforcement agency, or a court or a grand jury. Consistent with Section E of this policy, employees and/or grant sub-recipients reporting suspected violations related to federal grants or contracts may not be discharged, demoted, or otherwise discriminated against as reprisal for reporting violations or suspected violations.
- J. **Reporting options.**
  - 1. **ATSU employees.** ATSU Employees should first consider speaking with their supervisor who, in most cases, is in the best position to address an area of concern. However, if a complainant is not comfortable speaking with their supervisor or is not satisfied with the supervisor's response, complainants are then encouraged to speak with an ATSU Human Resources representative or a trusted member of management. Supervisors and managers are required to report suspected misconduct, dishonesty, fraud, or other illegal practice to ATSU's assistant vice president for human resources, who has specific and exclusive responsibility to investigate all internally-reported violations.
    - a. **ATSU clinic patients.** ATSU clinic patients should put HIPAA privacy complaints in writing and forward them to:

Chief Information Privacy Officer  
A.T. Still University of Health Sciences  
800 W. Jefferson St.  
Kirksville, MO 63501



B. Chief information privacy officer (CIPO) - Responsible to investigate and respond to complaints regarding PHI.

C. Vice president & general counsel - Responsible to work with assistant vice president for human resources in investigating and responding to complaints and claims.

This policy is referenced from the: AT Still University. "ATSU Whistleblower # 10-216", 28 Feb. 2019 HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/#executive>. 28 Feb 2019 Pag 1-2. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 1.4b (Mission and Governance: Governance and Program Policies: Due process for all employees, students, faculty, and credentialed instructional staff).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Whistleblower

## 10-002 Confidentiality (1.4c)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 09/01/2022**

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### **PURPOSE**

The purpose of this policy is to satisfy certain standards and requirements of HIPAA and the HIPAA regulations, including, but not limited to, Title 45, Sections 160 and 164 of the Code of Federal Regulations, as the same may be amended from time to time.

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### **POLICY**

Each current faculty, staff, and/or student and all future faculty, staff, and/or students upon hire or admission, acknowledge the confidentiality requirements of A.T. Still University of Health Sciences ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA"). Those faculty, staff, and/or students upon receiving HIPAA Privacy Training, shall execute a Statement of Confidentiality that attests to their commitment to the confidentiality of protected health information (PHI). This document shall be kept and be made a part of the faculty, staff, and/or student's record.

The Statement of Confidentiality to be executed upon completion of HIPAA Privacy Training shall include:

1. An acknowledgment that the faculty, staff, and/or student must hold PHI in confidence, regardless of whether the faculty, staff, and/or student comes across such information in the line of duty or inadvertently, and regardless of the form or format of such information;
  2. An acknowledgment that the faculty, staff, and/or student may use PHI only to perform their duties;
  3. An acknowledgment that any violation of the confidentiality of PHI will result in sanctions, which may include administrative action by the University and legal action; and
  4. An acknowledgment that the faculty, staff, and/or student has been trained and understands the HIPAA privacy requirements as they relate to the faculty or staff member's employment or the student's clinical experience.
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### **PROCEDURE(S)**

Each current faculty, staff, and/or student and all future faculty, staff, and/or students upon hire or admission, acknowledge the confidentiality requirements of A.T. Still University of Health Sciences ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA"). Those faculty, staff, and/or students upon receiving HIPAA Privacy Training, shall execute a Statement of

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2. An acknowledgment that the faculty, staff, and/or student may use PHI only to perform their duties;
3. An acknowledgment that any violation of the confidentiality of PHI will result in sanctions, which may include administrative action by the University and legal action; and
4. An acknowledgment that the faculty, staff, and/or student has been trained and understands the HIPAA privacy requirements as they relate to the faculty or staff member's employment or the student's clinical experience.

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## **RESPONSIBILITY**

The Chief Privacy Officer or his/her designee will provide HIPAA training to all new faculty, staff, and/or student and will obtain a Confidentiality Statement from them.

This policy is referenced from the: AT Still University. "ATSU Protecting Confidential Information Policy # 55-115", HR portal: <https://sites.google.com/a/atsu.edu/human-resources/policy-index>.  
6 Oct. 2021 Pag 1-2. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 1.4c (Mission and Governance: Governance and Program Policies: Confidentiality of employment, student, and medical records.).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Confidentiality

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## 10-014 Purchasing Policy and Procedure (1.4d)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### PURPOSE

This general order states A.T. Still University (ATSU) policy and procedure relative to the ATSU purchasing function.

ATSU Purchasing, as the centralized purchasing and requisition office, will provide all purchasing and coordination/distribution services for ATSU and administer the purchasing function for all supplies and equipment including, but not limited to, those supplies and equipment found on the [Expense Object Code Listing](#).

Purchasing shall be responsible for 1) establishing procedures to ensure quality goods and services are obtained at the lowest reasonable cost, 2) ensuring goods and services are competitively selected (i.e., competitive selection may incorporate multiple criteria of purchase award, with awards made based on the bidder whose proposal provides the best value, use of a preferred vendor list, and cooperative contracts), 3) providing oversight to avoid acquisition of unnecessary or duplicative items, 4) avoiding and/or disclosing all identified conflicts of interest in the selection of vendors/service providers (see ATSU Policy No. 10-212: Conflict of Interest), and 5) maintaining all purchase-related documentation that identifies, at a minimum, rationale for the method of purchase/procurement, selection/rejection of vendor/contractor, and the basis for the price.

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### POLICY

- A. Requisitions and payable transactions excluding individual reimbursements:
  - 1. Purchasing
    - a. Remote employees may request office supplies required for working off campus as long as such supplies are requested in appropriate quantities, used for ATSU business, total less than \$200 per fiscal year, and approved by the appropriate supervisor/department head in advance of purchase. Any purchases exceeding \$200 need prior approval of the appropriate vice president/dean. ATSU will reimburse sales tax for purchased office supplies. Any reimbursement is limited to \$200 per fiscal year (including sales tax).
    - b. Employees must comply with all applicable ATSU purchasing, travel, and reimbursement guidelines and policies. See [ATSU Policy No. 50-101: Reimbursement for Travel Expenses](#) and [ATSU Policy No. 75-101: Purchasing](#)

- [Policy and Procedure](#). Per policy, receipts for reimbursement, travel, and other expenses must be submitted.
- c. Supervisors are responsible for ensuring compliance with all applicable ATSU guidelines and policies.
2. Small purchases more than \$3,000 and up to \$250,000 per item
    - a. Definition: Small purchase is defined as being greater than \$3,000 and up to \$250,000 per item.
    - b. Acquisition procedure: Equipment and supplies costing more than \$3,000 and up to \$250,000 per item are acquired through the submission of a POR. Small purchases exceeding \$100,000 in total must have at least two price or rate quotations accompanying the required POR.
    - c. Required approvals: Small purchases require the approval of an academic department chair or non-academic department head, and the academic dean or President's Cabinet member. Small purchase procurement is executed by the director of purchasing and purchasing staff.
  3. Capital equipment \$5,000 or more
    - a. Definition: Capital equipment is defined as the tangible personal property having a useful life of more than one year and a per-unit cost of \$5,000 or more (see ATSU Policy No. 50-200: Fixed Asset and Capital Purchase Policy).
    - b. Acquisition procedure: Capital equipment costing \$5,000 or more is acquired through the submission of a POR. Capital equipment purchases must have at least two price or rate quotations accompanying the required POR when the price exceeds \$100,000.
    - c. Required approvals: Capital equipment requests costing \$5,000 or more must be approved by the academic department chair and dean, or the non-academic department head and President's Cabinet member. Capital equipment PORs will be shared with Finance upon submission to Purchasing to ensure the specific request is included in the approved capital budget. Finance will assist when the request falls outside the approved capital budget. Capital equipment procurement is executed by the director of purchasing and purchasing staff.
  4. Sole source purchases
    - a. Sole source purchasing is allowed in certain situations. Instances necessitating sole source purchasing include the need to purchase items: 1) performing a certain function for which no other items are known to exist, 2) with new patents or uniqueness limiting purchase availability, 3) for standardization purposes (e.g., research integrity), and 4) in emergency situations.
    - b. Justification for specifying such items is extremely important and must be documented. Allowable justifications for sole source purchases include, but are not limited to, the following:
      1. Supplier is the only source for the commodity or operates in a limited competitive market where the manufacturer only authorizes one dealer for its products in each sales area.
      2. Supplier could have a patented design or feature or merely be the closest producer from a transportation standpoint.
      3. Supplier may have a higher quality product, have better engineering support, or have the best production capacity for the buyer's needs.
      4. Supplier is the only supplier willing to deal with small volume.
      5. Other justifications may include superior customer service, low reject rates, favorable payment terms, or a good delivery track record.
    - c. Acquisition procedure: The acquisition procedure for a sole source purchase corresponds to the type of goods or services and amount of purchase (i.e., sole

Date Adopted: August 1, 2017

Last Reviewed: September 1, 2022

Purchasing Policy and Procedure

source micro purchase follows the same acquisition procedure as requests for micro purchase, sole source purchase capital equipment follows the same acquisition procedure as requests for capital equipment, etc.).

d. Required approvals: Required approvals for a sole source situation correspond to the type of goods or services and amount.

5. Employees are prohibited from initiating multiple purchases to stay under purchasing limits.
6. Other approval processes may be triggered if the purchase total expands beyond one purchase type into another.
7. Purchase patterns of employees are reviewed regularly by Purchasing.

#### B. Reimbursements

1. Definition: A reimbursement arises when the University agrees to pay an employee or student an amount of money equal to the amount that person spent on approved University-related purchases excluding sales tax. A reimbursement requires the original itemized receipt or invoice from the vendor. A reimbursement results in a vendor/payee relationship between the individual and the University.
2. ATSU employees and students purchasing for ATSU funded organizations and projects are discouraged from paying for University-related purchases with personal accounts. The use of personal accounts for University-related purchases should be minimally and infrequently used. Purchases of equipment and supplies should be sourced through Purchasing. Reimbursements exceeding \$5,000 (including capital equipment) require prior approval from the President's Cabinet member.
3. Required approvals: The department may initiate a micro purchase reimbursement request upon completion of the appropriate paperwork and required approvals by the academic department chair or non-academic department head. Small purchases reimbursement requests require the approval of an academic department chair or non-academic department head, and the academic dean or President's Cabinet member.
4. Review and payment procedure: In order to allow the required review of reimbursement requests, Purchasing and Finance may require up to 60 business days to process for payment.
  - . ATSU will not reimburse sales tax incurred with the exception of sales tax on meals, lodging, and other unavoidable travel-related expenses.

#### . Sealed bids and competitive proposal

1. Sealed bids and competitive proposal use are generally limited to the procurement of construction and competitive contracts for services. Procurement under federal awards necessitating sealed bids and competitive proposals is subject to certain administrative requirements.
0. See ATSU Financial Management Plan for Administration of Grants and Contracts (located at [atsu.edu/employeeforms](http://atsu.edu/employeeforms)), [ATSU Policy No. 10-204: Contract Review and Approval Procedure](#), and the Uniform Administrative Guidance 200.320 (c-d) for more information.

#### D. Prohibited purchases: Items that cannot be purchased or reimbursed using University funds

1. Firearms
2. Ammunition
3. Alcohol, unless approved by the president (See [ATSU Policy No. 95-101: Alcohol at ATSU Events](#))
4. Items identified as non-reimbursable by other University policy including but not limited to
  - a. [ATSU Policy No. 50-101: Reimbursement for Travel Expenses](#)
    1. Non-institutional necessary entertainment
    2. Movies

Date Adopted: August 1, 2017

Last Reviewed: September 1, 2022

Purchasing Policy and Procedure



3. In-room bar
  4. Gift shop items
  5. Travel for family
  6. Traffic violation fines
  7. Parking fines
  8. Personal automotive repairs
  9. Alcohol
  10. Seat upgrades from economy/coach
  11. Other expenses that do not meet the business purpose
  - b. [ATSU Policy No. 55-102: Hardware/Software Procurement Procedure](#)
    1. All computer purchases must be reviewed by Information Technology Services prior to purchase
  - c. [ATSU Policy No. 75-103: Local Kirksville Charge Accounts](#)
    1. Items purchased without a voucher from vendors within the voucher program may not be reimbursed
  - d. [ATSU Policy No. 90-106: Employee Work Location Policy](#)
    1. Computer hardware and peripherals
    2. Internet
    3. Telephone line
    4. Furniture
    5. Remodeling
  - e. Additionally, [ATSU Policy No. 90-110: Reporting of Taxable Gifts, Awards, and Prizes](#) or other ATSU policy not mentioned here may need to be referenced to identify proper channels for purchases.
2. Items prohibited by federal, state, and local laws
- Restricted purchases: The following items are restricted purchases and may only be made by the identified department. University funds may not be used for the purposes below without prior approval of the president.
1. Recognition items/gifts
    - a. Recognition for retirement and farewell receptions
      1. Retiring employees may be recognized at the department or University level
      2. Receptions should be limited to one hour unless in conjunction with the lunch hour
    - a. Recognition for service to the institution is conducted by Human Resources only.
      1. Reception and recognition items are purchased and provided by Human Resources annually.
      2. Employees will be recognized at the annual recognition event.
      3. Employees will be recognized at five-year intervals.
    - c. Recognition of unique life circumstances
      1. Birth or adoption of a child will be recognized by the President's Office if notified.
      2. Academic graduation or accomplishment will be recognized by the President's Office if notified.
      3. Death of an immediate family member will be recognized by Human Resources in the form of a memorial or flowers at the request of the employee or employee's supervisor.
    - d. University funds may not be utilized for gifts except for those provided by Human Resources.
      1. Human Resources budgets and plans for one holiday event each year per campus and at the St. Louis Clinic.
      2. Individual departments, schools, and colleges may not utilize University funds to pay for gifts.

Date Adopted: August 1, 2017

Last Reviewed: September 1, 2022

Purchasing Policy and Procedure

- 0. Retreats and advances
  - . Retreats and advances must have an agenda, a written budget, and strategic objectives to align with the University strategic plan.
  - a. Objectives and budget must be approved in advance by the appropriate President's Cabinet member and the president.
- F. Procurement procedures:
  - 1. All purchases and requisitions must follow the ATSU policy and be completed via the approved purchasing system.
  - 2. Purchase requisitions and accounts payable submissions (including reimbursement requests) not completed in compliance with ATSU policy and procedures will not be processed and will be reported as a policy exception.
  - 3. All documentation and approvals are required prior to authorization of payment.
  - 4. The procurement process is:
    - . Requester originates a POR prior to completing the order. POR is completed in its entirety including department code, object code, description, and price, or when necessary, a price estimate.
    - a. Requester secures appropriate documentation (e.g., a price quote, price list, etc.) based on purchase type/amount.
    - b. Requester secures appropriate approvals based on purchase type/amount.
    - c. Requester submits completed and approved POR to Purchasing for processing.
    - d. Purchasing initiates the purchase by placing order(s) for goods/services.
    - e. Goods/services are received. Recipient of goods/services is responsible for reconciling packing slip with goods/services received.
    - f. Requester must notify Purchasing that goods/services were satisfactorily received and send packing slip/receipt of goods documentation for reconciliation with original POR.
    - g. Upon receipt of the final invoice from the vendor, Purchasing will perform final confirmation/reconciliation of packing slip, POR, and invoice.
    - h. Purchasing submits final approved invoice to ATSU's accounts payable clerk for payment.

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## Responsibility

- . Employees -- It is the responsibility of all employees initiating a POR to follow policy/procedure and avoid/disclose conflicts of interest in purchasing.
- A. Supervisors -- It is the responsibility of all supervisors to enforce adherence to department budget and ATSU purchasing policy/procedure and avoid/disclose conflicts of interest in purchasing.
- B. Purchasing staff -- The director of purchasing and purchasing staff are responsible for maintaining ATSU purchasing policy/procedure and upholding the best interests of the University, including avoidance of conflict of interest in purchasing.




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## PROCEDURE(S)

- B. Requisitions and payable transactions excluding individual reimbursements:
1. Purchasing
    - e. Remote employees may request office supplies required for working off campus as long as such supplies are requested in appropriate quantities, used for ATSU business, total less than \$200 per fiscal year, and approved by the appropriate supervisor/department head in advance of purchase. Any purchases exceeding \$200 need prior approval of the appropriate vice president/dean. ATSU will reimburse sales tax for purchased office supplies. Any reimbursement is limited to \$200 per fiscal year (including sales tax).

- f. Employees must comply with all applicable ATSU purchasing, travel, and reimbursement guidelines and policies. See [ATSU Policy No. 50-101: Reimbursement for Travel Expenses](#) and [ATSU Policy No. 75-101: Purchasing Policy and Procedure](#). Per policy, receipts for reimbursement, travel, and other expenses must be submitted.
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2. Small purchases more than \$3,000 and up to \$250,000 per item
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      1. Supplier is the only source for the commodity or operates in a limited competitive market where the manufacturer only authorizes one dealer for its products in each sales area.
      2. Supplier could have a patented design or feature or merely be the closest producer from a transportation standpoint.
      3. Supplier may have a higher quality product, have better engineering support, or have the best production capacity for the buyer's needs.
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  - f. Acquisition procedure: The acquisition procedure for a sole source purchase corresponds to the type of goods or services and amount of purchase (i.e., sole source micro purchase follows the same acquisition procedure as requests for micro purchase, sole source purchase capital equipment follows the same acquisition procedure as requests for capital equipment, etc.).
  - g. Required approvals: Required approvals for a sole source situation correspond to the type of goods or services and amount.
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  3. Required approvals: The department may initiate a micro purchase reimbursement request upon completion of the appropriate paperwork and required approvals by the academic department chair or non-academic department head. Small purchases reimbursement requests require the approval of an academic department chair or non-academic department head, and the academic dean or President's Cabinet member.
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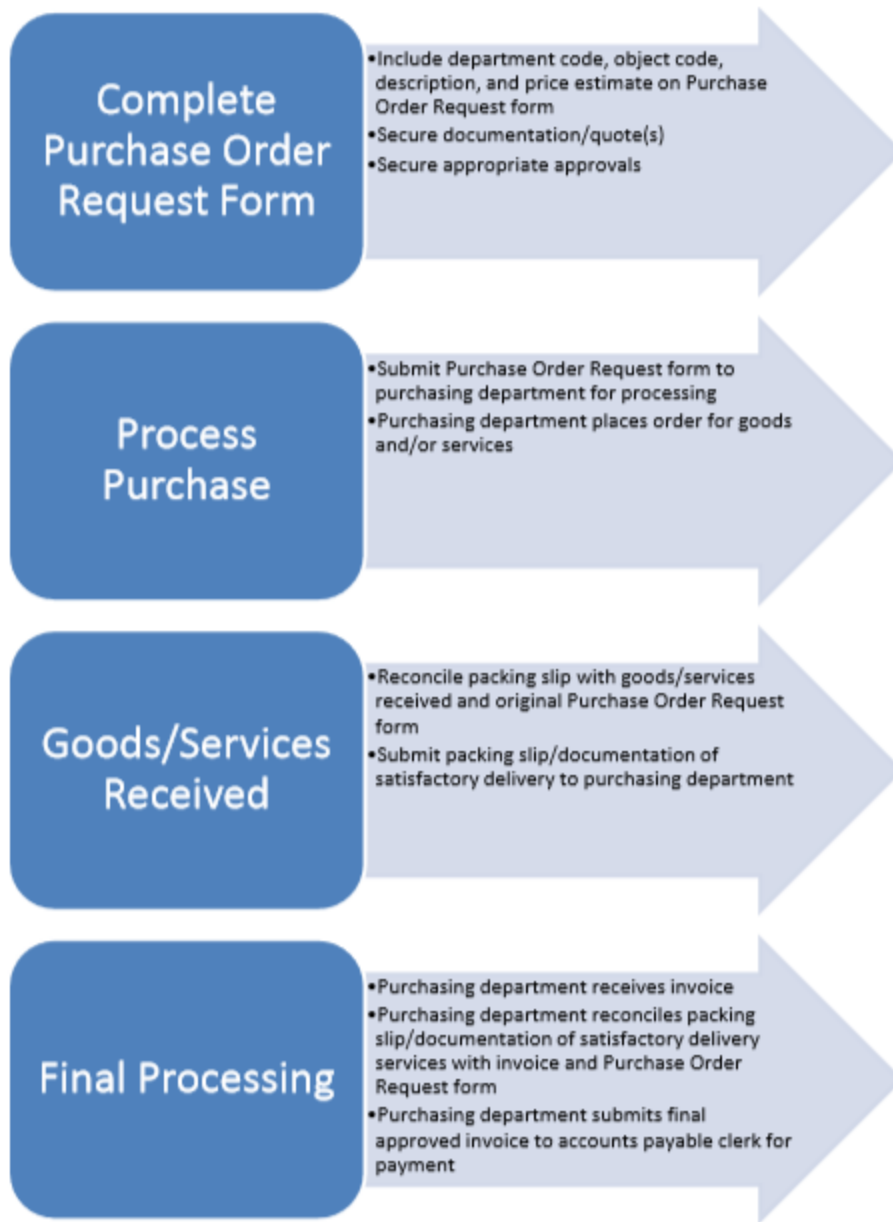
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  - a. [ATSU Policy No. 50-101: Reimbursement for Travel Expenses](#)
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    2. Movies
    3. In-room bar
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    5. Travel for family
    6. Traffic violation fines
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    8. Personal automotive repairs
    9. Alcohol
    10. Seat upgrades from economy/coach
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  - b. [ATSU Policy No. 55-102: Hardware/Software Procurement Procedure](#)
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      - a. Recognition for retirement and farewell receptions
        1. Retiring employees may be recognized at the department or University level
        2. Receptions should be limited to one hour unless in conjunction with the lunch hour
      - c. Recognition for service to the institution is conducted by Human Resources only.
        1. Reception and recognition items are purchased and provided by Human Resources annually.
        2. Employees will be recognized at the annual recognition event.
        3. Employees will be recognized at five-year intervals.
      - c. Recognition of unique life circumstances
        1. Birth or adoption of a child will be recognized by the President's Office if notified.
        2. Academic graduation or accomplishment will be recognized by the President's Office if notified.
        3. Death of an immediate family member will be recognized by Human Resources in the form of a memorial or flowers at the request of the employee or employee's supervisor.

- h. University funds may not be utilized for gifts except for those provided by Human Resources.
  - 1. Human Resources budgets and plans for one holiday event each year per campus and at the St. Louis Clinic.
  - 2. Individual departments, schools, and colleges may not utilize University funds to pay for gifts.
- 1. Retreats and advances
  - b. Retreats and advances must have an agenda, a written budget, and strategic objectives to align with the University strategic plan.
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- G. Procurement procedures:
  - 1. All purchases and requisitions must follow the ATSU policy and be completed via the approved purchasing system.
  - 2. Purchase requisitions and accounts payable submissions (including reimbursement requests) not completed in compliance with ATSU policy and procedures will not be processed and will be reported as a policy exception.
  - 3. All documentation and approvals are required prior to authorization of payment.
  - 4. The procurement process is:
    - . Requester originates a POR prior to completing the order. POR is completed in its entirety including department code, object code, description, and price, or when necessary, a price estimate.
    - a. Requester secures appropriate documentation (e.g., a price quote, price list, etc.) based on purchase type/amount.
    - b. Requester secures appropriate approvals based on purchase type/amount.
    - c. Requester submits completed and approved POR to Purchasing for processing.
    - d. Purchasing initiates the purchase by placing order(s) for goods/services.
    - e. Goods/services are received. Recipient of goods/services is responsible for reconciling packing slip with goods/services received.
    - f. Requester must notify Purchasing that goods/services were satisfactorily received and send packing slip/receipt of goods documentation for reconciliation with original POR.
    - g. Upon receipt of the final invoice from the vendor, Purchasing will perform final confirmation/reconciliation of packing slip, POR, and invoice.
    - h. Purchasing submits final approved invoice to ATSU's accounts payable clerk for payment.

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## Responsibility

- C. Employees -- It is the responsibility of all employees initiating a POR to follow policy/procedure and avoid/disclose conflicts of interest in purchasing.
- D. Supervisors -- It is the responsibility of all supervisors to enforce adherence to department budget and ATSU purchasing policy/procedure and avoid/disclose conflicts of interest in purchasing.
- E. Purchasing staff -- The director of purchasing and purchasing staff are responsible for maintaining ATSU purchasing policy/procedure and upholding the best interests of the University, including avoidance of conflict of interest in purchasing.



This policy is referenced from the: AT Still University. “ATSU Purchasing Policy and Procedure # 75-101”, HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/>. 29 May. 2019. Pag 1-5. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 1.4d (Mission and Governance: Governance and Program Policies: Fiscal management and accountability).

Date Adopted: August 1, 2017

Last Reviewed: September 1, 2022

Purchasing Policy and Procedure

ATSU- SOMA Policies and Procedures



## 10-015 Red Flags Rule (1.4d)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

- A. This general order establishes an identity theft red flags program ("the program") A.T. Still University of Health Sciences ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") to detect, prevent, and mitigate identity theft in connection with the formation of a covered account or the operation of an existing account.
  - B. This policy will help ATSU-SOMA:
    - 1. Identify risks that signify potentially fraudulent activity within new or existing covered accounts.
    - 2. Detect risks when they occur in covered accounts.
    - 3. Respond to risks to determine if fraudulent activity has occurred and act if there is an attempted or actual occurrence of fraud.
    - 4. Update the program periodically, including reviewing covered accounts and identified risks.
  - C. This policy is intended to comply with the Red Flags Rule under sections 114 and 315 of the Fair and Accurate Credit Transactions Act (FACT Act), which amended the Fair Credit Reporting Act (FCRA).
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### **DEFINITIONS**

- A. "Covered account" means:
    - 1. An account that a creditor offers or maintains, primarily for personal, family, or household purposes that involves or is designed to permit multiple payments or transactions. Covered accounts include credit card accounts, mortgage loans, automobile loans, margin accounts, cell phone accounts, utility accounts, checking accounts, and savings accounts. Any type of account or payment plan that involves multiple transactions or multiple payments in arrears is a covered account.
    - 2. Any other account that the creditor offers or maintains for which there is a reasonably foreseeable risk to customers or to the safety and soundness of the creditor from identity theft, including financial, operational, compliance, reputation, or litigation risks.
  - B. "Credit" means the right granted by a creditor to a debtor to defer payment of debt, to incur debt and defer its payment, or to purchase property or services and defer payment.
  - C. "Creditor" means any person or organization that regularly extends, renews, or continues credit.
  - D. "Identity theft" means actual or attempted fraud using identifying information of another
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person without authority to do so.

- E. “Red flag” means a pattern, practice, or specific activity indicating possible identity theft.
- F. “Responsible administrators” means
  - 1. senior vice president-academic affairs or his/her designee (responsible for continuing education matters),
  - 2. the vice president for finance and administration/CFO or his/her designee (responsible for student tuition collection matters),
  - 3. vice president for student affairs or his/her designee (responsible for student loan matters),
  - 4. vice president for university advancement or his/her designee (responsible for annual, major, or planned gifts),
  - 5. KCOM dean or his/her designee (responsible for Gutensohn Clinic Associates),
  - 6. ASDOH dean or his/her designee (responsible for ASDOH clinics),
  - 7. ASHS dean or his/her designee (responsible for the Audiology Foundation of America Balance and Hearing Institute), and
  - 8. SOMA dean or his/her designee (responsible for the A.T. Still University Osteopathic Medicine Center Arizona).

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## **POLICY**

### **Overview**

- A. Administration of program
  - 1. ATSU-SOMA’s Board of Trustees reviewed and approved this general order on October 8, 2008. Subsequent revisions to this general order, if implemented to improve the program’s process and/or comply with federal and/or state law, may be made if agreed upon by the responsible administrators.
  - 2. The responsible administrators shall report annually to the vice president & general counsel regarding the University’s ongoing compliance with this general order (Attachment A).
  - 3. The report shall also address the following:
    - a. Effectiveness of the program in addressing risk of identity theft.
    - b. Significant incidents involving identity theft and management’s response.
    - c. Recommendations for material changes to the program.
  - 4. Following receipt of red flags reports from the responsible administrators, the vice president & general counsel shall report to the president.
- B. Red flags

The following red flags are potential indicators of fraud and/or identity theft:

  - 1. Alerts, notifications, or warnings from a consumer reporting agency.
  - 2. Fraud or active duty alert included with a consumer report.
  - 3. Notice of credit freeze from a consumer reporting agency in response to a request for a consumer report.
  - 4. Notice of address discrepancy from a consumer reporting agency as defined in 12 CFR 334.82(b).
  - 5. Requests to refund money to a credit card other than the one originally transacted. If the card is no longer available, the refund should be issued in the form of a check and mailed to a verified address.
  - 6. Requests to return a recent credit card payment/online gift to a different credit card. Perpetrators may attempt a scheme whereby an online gift is made for a large amount

from a stolen or lost credit card. The perpetrator then calls the organization to say too many zeros were mistakenly added to the donation, and a refund for most of the money is requested to a different credit card.

7. Attempts to charge small amounts for a donation online, generally \$1 to \$5, from a credit card of someone with no apparent affiliation with the accepting organization. These are generally an attempt to see if the credit card is valid and may be charged.
  8. Attempts to charge a credit card online and the requested information (address/city/state/zip/first name/last name) are garbled or do not make sense.
  9. Presentation of suspicious documents, such as:
    - a. Documents provided for identification appearing to have been altered or forged.
    - b. Photograph or physical description on the identification is not consistent with appearance of the applicant or customer presenting the identification.
    - c. Other information on the identification is inconsistent with information provided by the person opening a new covered account.
    - d. Application appears to have been altered or forged, or gives the appearance of having been destroyed and reassembled.
    - e. Presentation of suspicious personal identifying information including the following:
      1. Address does not match any address in the consumer report.
      2. Social security number (SSN) has not been issued or is listed on the Social Security Administration's death master file.
      3. Personal identifying information provided by the customer is inconsistent with other personal identifying information provided by the customer. For example, there is a lack of correlation between the SSN range and the date of birth.
      4. Personal identifying information is associated with known fraudulent activity as indicated by internal or third-party sources used by ATSU-SOMA. For instance, the address on an application is the same as the address provided on a fraudulent application previously submitted.
      5. Personal identifying information provided is of a type commonly associated with fraudulent activity as indicated by internal or third-party sources used by ATSU-SOMA. For example, the address on an application is fictitious, a mail drop, or a prison, or the phone number is invalid or is associated with a pager or answering service.
      6. Unusual use of, or other suspicious activity related to, a covered account including the following:
        - a. Mail sent to the customer is returned repeatedly as undeliverable although transactions continue to be conducted in connection with the customer's covered account.
        - b. Notice from customers, victims of identity theft, law enforcement authorities, or other persons regarding possible identity theft in connection with covered accounts.
- C. Response to red flags
1. Once a red flag is detected, the employee who detected the red flag shall gather all related documentation, draft a brief explanation of the facts, and forward the information to the appropriate responsible administrator.
  2. Once forwarded to the appropriate responsible administrator, he/she shall complete additional research and authentication to determine whether the attempted transaction was authentic or fraudulent.
  3. If the reviewing party, based on a thorough investigation, determines a particular transaction is, or is likely to be fraudulent, appropriate actions must be taken

immediately. Actions may include:

- a. Contact the customer;
  - b. Change any passwords, security codes, or other security devices that permit access to a covered account;
  - c. Reopen a covered account with a new account number;
  - d. Not open a new covered account;
  - e. Close an existing covered account; and/or
  - f. Notify law enforcement.
  - g. Identity theft red flags program updates
- D. Every year the identity theft red flags program shall be re-evaluated by the responsible administrators to ensure:
1. All aspects of the program are current and the program takes into consideration all realistic identity theft threats within the existing business environment;
  2. All covered accounts are included in the program;
  3. The process covered by this general order is the most efficient, accurate means of protecting the University and its customers from identity theft.

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## PROCEDURE(S)

### A. Administration of program

1. ATSU-SOMA's Board of Trustees reviewed and approved this general order on October 8, 2008. Subsequent revisions to this general order, if implemented to improve the program's process and/or comply with federal and/or state law, may be made if agreed upon by the responsible administrators.
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3. The report shall also address the following:
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  - c. Recommendations for material changes to the program.
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### B. Red flags

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6. Requests to return a recent credit card payment/online gift to a different credit card. Perpetrators may attempt a scheme whereby an online gift is made for a large amount from a stolen or lost credit card. The perpetrator then calls the organization to say too many zeros were mistakenly added to the donation, and a refund for most of the money is requested to a different credit card.

7. Attempts to charge small amounts for a donation online, generally \$1 to \$5, from a credit card of someone with no apparent affiliation with the accepting organization. These are generally an attempt to see if the credit card is valid and may be charged.
  8. Attempts to charge a credit card online and the requested information (address/city/state/zip/first name/last name) are garbled or do not make sense.
  9. Presentation of suspicious documents, such as:
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    - b. Photograph or physical description on the identification is not consistent with appearance of the applicant or customer presenting the identification.
    - c. Other information on the identification is inconsistent with information provided by the person opening a new covered account.
    - d. Application appears to have been altered or forged, or gives the appearance of having been destroyed and reassembled.
    - e. Presentation of suspicious personal identifying information including the following:
      1. Address does not match any address in the consumer report.
      2. Social security number (SSN) has not been issued or is listed on the Social Security Administration's death master file.
      3. Personal identifying information provided by the customer is inconsistent with other personal identifying information provided by the customer. For example, there is a lack of correlation between the SSN range and the date of birth.
      4. Personal identifying information is associated with known fraudulent activity as indicated by internal or third-party sources used by ATSU-SOMA. For instance, the address on an application is the same as the address provided on a fraudulent application previously submitted.
      5. Personal identifying information provided is of a type commonly associated with fraudulent activity as indicated by internal or third-party sources used by ATSU-SOMA. For example, the address on an application is fictitious, a mail drop, or a prison, or the phone number is invalid or is associated with a pager or answering service.
      6. Unusual use of, or other suspicious activity related to, a covered account including the following:
        - a. Mail sent to the customer is returned repeatedly as undeliverable although transactions continue to be conducted in connection with the customer's covered account.
        - b. Notice from customers, victims of identity theft, law enforcement authorities, or other persons regarding possible identity theft in connection with covered accounts.
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  2. Once forwarded to the appropriate responsible administrator, he/she shall complete additional research and authentication to determine whether the attempted transaction was authentic or fraudulent.
  3. If the reviewing party, based on a thorough investigation, determines a particular transaction is, or is likely to be fraudulent, appropriate actions must be taken immediately. Actions may include:
    - a. Contact the customer;
    - b. Change any passwords, security codes, or other security devices that permit

- access to a covered account;
  - c. Reopen a covered account with a new account number;
  - d. Not open a new covered account;
  - e. Close an existing covered account; and/or
  - f. Notify law enforcement.
  - g. Identity theft red flags program updates
- D. Every year the identity theft red flags program shall be re-evaluated by the responsible administrators to ensure:
1. All aspects of the program are current and the program takes into consideration all realistic identity theft threats within the existing business environment;
  2. All covered accounts are included in the program;
  3. The process covered by this general order is the most efficient, accurate means of protecting the University and its customers from identity theft.

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## RESPONSIBILITY

- A. The responsible administrators shall each provide an annual red flags report to the vice president & general counsel (Attachment A).
- B. The vice president & general counsel shall provide an annual red flags report to the president.
- C. Employee training will be conducted yearly for all employees of ATSU-SOMA for whom it is reasonably foreseeable they may have access to accounts or personally identifiable information posing a security risk to ATSU-SOMA or its customers.
- D. Responsible administrators shall notify the training & compliance coordinator in Human Resources of employees in their respective area requiring this training.
- E. The training & compliance coordinator will conduct the training mandated under this policy for each new hire or transfer affected as well as offer a yearly update in the fall.
- F. ATSU-SOMA shall take steps to ensure activity of a service provider for whom it is reasonably foreseeable may have access to accounts or personally identifiable information that may pose a security risk to ATSU-SOMA or its customers complies with the red flags rule.

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This policy is referenced from the: AT Still University. "ATSU Red Flags Rule # 10-210" 31 Oct. 2017, HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/>. 31 March. 2020. Pag 1-3. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 1.4d (Mission and Governance: Governance and Program Policies: Fiscal management and accountability)

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Date Adopted: August 1, 2017

Last Reviewed: September 1, 2022

Red Flags Rule

## 10-001 Code of Ethical Standards (1.4e)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

As a learning-centered university dedicated to preparing highly competent healthcare professionals, all members of the A.T. Still University ("ATSU-SOMA") School of Osteopathic Medicine in Arizona ("SOMA") community must promote and adhere to the highest ethical standards of professional, academic, and community conduct. Portions of this policy were extrapolated from the Statement of Professional Ethics of the American Association of University Professors.

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### **POLICY**

#### **A. SCOPE OF POLICY**

This code of ethical standards applies to all "members of the ATSU-SOMA's community," including:

1. Faculty and staff;
2. Contractors, consultants, and vendors doing business with or on behalf of ATSU-SOMA- and,
3. Individuals who perform services for ATSU-SOMA as volunteers and who assert an association with ATSU-SOMA.

#### **B. RESPECT FOR AND COMPLIANCE WITH THE LAW AND ATSU-SOMA POLICIES**

ATSU-SOMA is committed to compliance with all laws (including but not limited to, FERPA and HIPAA), regulations, and ATSU-SOMA policies and procedures. ATSU-SOMA will not tolerate illegal or unethical conduct, including but not limited to, theft, fraud, or other financial irregularity, misuse of University resources, misuse of grant funds, unlawful discrimination (including sexual harassment), crimes of violence, or conflicts of interest. Each ATSU-SOMA community member is expected to be familiar with and comply with both the spirit and the letter of all laws, regulations, policies, and procedures applicable to his/her position and duties. All university-wide policies are located on the Human Resources page of the ATSU-SOMA portal. ATSU-SOMA will provide education and training to promote awareness and to monitor and promote compliance.

#### **C. REPORTING POTENTIAL VIOLATIONS**

1. All reports, questions, and concerns about legality or propriety of any action or failure to take action by or on behalf of ATSU-SOMA should be referred to an immediate supervisor, Human Resources, or the Office of the Vice President & General Counsel.

2. Every ATSU-SOMA community member is responsible to report any potential wrongdoing. Not reporting may be cause for discipline.
3. All inquiries and good faith reports of suspected non-compliance may be made free from fear of retaliation.
4. While open, full-disclosure reporting is strongly preferred, anonymous, confidential reporting is available through a 24-hour telephone service at 1-855-FRAUD-HL or through the secure online reporting form at <http://www.fraudhl.com>. Reference Company ID (“ATSU-SOMA”) when making a report. Be aware reporting anonymously may hinder an investigation.
5. ATSU-SOMA will investigate all reports of suspected non-compliance, regardless of source, and implement corrective action or disciplinary action when necessary.
6. Reported behavior should be evaluated under the guidelines for conduct established by ATSU-SOMA policies *90-209: Employee Problem Solving Procedure* and *90-210: Prohibition of Discrimination, Harassment, & Retaliation*.

D. SUPPORT OF ATSU-SOMA’S MISSION AND AVOIDANCE OF CONFLICTS OF INTEREST

ATSU-SOMA is a not-for-profit institution dedicated to teaching and scholarly activity. Every ATSU-SOMA community member is expected to faithfully carry out his/her professional duties in furtherance of ATSU-SOMA’s mission. Every member has a duty to avoid conflicts between his/her personal interests and official responsibilities and to comply with ATSU-SOMA and applicable school/college codes and guidelines for reporting and reviewing actual and potential conflicts of interest. Additionally, a member may not utilize his/her position with ATSU-SOMA for his/her personal benefit or the benefit of family or friends. Members are also expected to consider and avoid not only an actual conflict but also the appearance of a conflict of interest. Please see ATSU-SOMA policy *10-212: Conflict of Interest* and ATSU-SOMA policy *20-117: Financial Conflict of Interest in Research*.

E. ACADEMIC INTEGRITY

1. Each ATSU-SOMA community member involved in teaching and scholarly activities is expected to conform to the highest standards of honesty and integrity.
2. ATSU-SOMA respects the following rights of members involved in teaching and scholarly activity:
  - a. opportunity for free inquiry and the free exchange of ideas in his/her subject area;
  - b. privilege to present controversial material relevant to a course of instruction for which s/he has responsibility;
  - c. responsibility to indicate uncertainties or limitations in teaching; and
  - d. responsibility to conduct valid research and publish or distribute genuine results
3. Activities such as plagiarism, misrepresentation, and falsification of data are expressly prohibited. All research must be conducted in strict conformity with the applicable ATSU-SOMA policies, procedures, and approvals and requirements of all governmental and private research sponsors.

F. RESPECT FOR THE RIGHTS AND DIGNITY OF OTHERS

1. ATSU-SOMA is committed to a policy of equal treatment, opportunity, and respect in its relations with faculty, administrators, staff, students, and others who come into contact with ATSU-SOMA.
2. All ATSU-SOMA community members share in the responsibility for maintaining a climate of mutual respect, while upholding free and open discussion of ideas.



3. Communication in any format with all persons, including employees, students, guests and third parties, should be conducted professionally in the spirit of collegiality, civility, and decency.
4. Severe or persistent misconduct that harms, intimidates, offends, degrades, or humiliates (sometimes referred to as bullying or intimidation) an ATSU-SOMA community member, whether verbal, physical, or otherwise, should be reported as outlined in Part C of this policy.
5. Disputes among employees should be resolved involving the smallest number of individuals necessary.
6. Communication regarding issues or problems with or among employees should be shared with an immediate supervisor or Human Resources. Such communication should not include other employees, students, or third parties.

G. Ethical code of faculty activity

Faculty will assure a principal proportion of their professional effort will be devoted to accomplishing the mission of ATSU-SOMA. Faculty will seek to be effective teachers and scholars and help ATSU-SOMA professionally with committees and courses or research/scholarly improvements. While some faculty may engage in significant professional activities outside ATSU-SOMA, each will commit to the effort required to capably and completely perform his/her assigned duties within ATSU-SOMA.

H. Standards for interactions with students

1. Students are a vital component of the academic setting at ATSU-SOMA. ATSU-SOMA community members are encouraged to develop and maintain professional, collegial relationships with students.
2. ATSU-SOMA faculty may not engage in consensual romantic or sexual relationships with students due to the inherent imbalance of power present in all such relationships.
3. Consensual romantic or sexual relationships between current ATSU-SOMA staff and current ATSU-SOMA students are discouraged but not expressly prohibited. Any consensual romantic or sexual relationship between a current ATSU-SOMA student and an ATSU-SOMA staff member should be reported by the staff member to Human Resources immediately.
  - a. Human Resources should evaluate responsibilities of the staff member with regard to potential influence over the student's academics, placement for rotation/residency, potential career, etc.
  - b. Human Resources has full discretion to prohibit relationships between staff members and students which create potential conflict or improper imbalances of power. In such cases, Human Resources may recommend a course of action to mitigate such a conflict or power imbalance. Recommended courses of action may include an adjustment of the staff member's responsibilities, transfer of the staff member to another work area, or prohibition of the relationship.
  - c. Failure to disclose existing relationships, or to comply with Human Resources recommendations, may result in disciplinary action consistent with part C of this policy.
4. Certain exceptions to standards for interactions with students may apply if a student's spouse/partner is employed by ATSU-SOMA during the academic tenure of the student. In such cases, ATSU-SOMA will ensure no student spouse/partner is employed in any capacity where the student spouse/partner may evaluate, supervise, or advise students as a part of an ATSU-SOMA program.

## I. ETHICAL STANDARDS OF COMMUNITY CONDUCT

ATSU-SOMA community members have the same rights and responsibilities as all U.S. citizens, and all members are expected to uphold and obey local, state, and federal laws. Members are free to express their views and to participate in political and social processes of the community. However, when they speak or act in their capacity as private citizens, members should avoid creating the impression they speak for or represent ATSU-SOMA. Constitutionally guaranteed freedom of expression does not supersede ATSU-SOMA's responsibility to discipline a member for violations of the ethical standards outlined above.

- J. Violations of ATSU policies safeguarding confidential financial information, protected health information, and other confidential information, may result in sanctions. Sanctions for employee workforce members may include a disciplinary warning to be added to the employee's permanent file, probation, suspension with or without pay, and/or termination. Sanctions for student/resident workforce members may include a reprimand, disciplinary warning to be added to the student's permanent file, probation, suspension, and/or dismissal.

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## PROCEDURES(S)

### A. SCOPE OF POLICY

This code of ethical standards applies to all "members of the ATSU-SOMA's community," including:

1. Faculty and staff;
2. Contractors, consultants, and vendors doing business with or on behalf of ATSU-SOMA and,
3. Individuals who perform services for ATSU-SOMA as volunteers and who assert an association with ATSU-SOMA.

### B. RESPECT FOR AND COMPLIANCE WITH THE LAW AND ATSU-SOMA POLICIES

ATSU-SOMA is committed to compliance with all laws (including but not limited to, FERPA and HIPAA), regulations, and ATSU-SOMA policies and procedures. ATSU-SOMA will not tolerate illegal or unethical conduct, including but not limited to, theft, fraud, or other financial irregularity, misuse of University resources, misuse of grant funds, unlawful discrimination (including sexual harassment), crimes of violence, or conflicts of interest. Each ATSU-SOMA community member is expected to be familiar with and comply with both the spirit and the letter of all laws, regulations, policies, and procedures applicable to his/her position and duties. All university-wide policies are located on the Human Resources page of the ATSU-SOMA portal. ATSU-SOMA will provide education and training to promote awareness and to monitor and promote compliance.

### C. REPORTING POTENTIAL VIOLATIONS

1. All reports, questions, and concerns about legality or propriety of any action or failure to take action by or on behalf of ATSU-SOMA should be referred to an immediate supervisor, Human Resources, or the Office of the Vice President & General Counsel.
2. Every ATSU-SOMA community member is responsible to report any potential wrongdoing. Not reporting may be cause for discipline.
3. All inquiries and good faith reports of suspected non-compliance may be made free from fear of retaliation.

4. While open, full-disclosure reporting is strongly preferred, anonymous, confidential reporting is available through a 24-hour telephone service at 1-855-FRAUD-HL or through the secure online reporting form at <http://www.fraudhl.com>. Reference Company ID (“ATSU-SOMA”) when making a report. Be aware reporting anonymously may hinder an investigation.
5. ATSU-SOMA will investigate all reports of suspected non-compliance, regardless of source, and implement corrective action or disciplinary action when necessary.
6. Reported behavior should be evaluated under the guidelines for conduct established by ATSU-SOMA policies *90-209: Employee Problem Solving Procedure* and *90-210: Prohibition of Discrimination, Harassment, & Retaliation*.

D. SUPPORT OF ATSU-SOMA’S MISSION AND AVOIDANCE OF CONFLICTS OF INTEREST

ATSU-SOMA is a not-for-profit institution dedicated to teaching and scholarly activity. Every ATSU-SOMA community member is expected to faithfully carry out his/her professional duties in furtherance of ATSU-SOMA’s mission. Every member has a duty to avoid conflicts between his/her personal interests and official responsibilities and to comply with ATSU-SOMA and applicable school/college codes and guidelines for reporting and reviewing actual and potential conflicts of interest. Additionally, a member may not utilize his/her position with ATSU-SOMA for his/her personal benefit or the benefit of family or friends. Members are also expected to consider and avoid not only an actual conflict but also the appearance of a conflict of interest. Please see ATSU-SOMA policy *10-212: Conflict of Interest* and ATSU-SOMA policy *20-117: Financial Conflict of Interest in Research*.

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  - b. privilege to present controversial material relevant to a course of instruction for which s/he has responsibility;
  - c. responsibility to indicate uncertainties or limitations in teaching; and
  - d. responsibility to conduct valid research and publish or distribute genuine results
3. Activities such as plagiarism, misrepresentation, and falsification of data are expressly prohibited. All research must be conducted in strict conformity with the applicable ATSU-SOMA policies, procedures, and approvals and requirements of all governmental and private research sponsors.

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1. ATSU-SOMA is committed to a policy of equal treatment, opportunity, and respect in its relations with faculty, administrators, staff, students, and others who come into contact with ATSU-SOMA.
2. All ATSU-SOMA community members share in the responsibility for maintaining a climate of mutual respect, while upholding free and open discussion of ideas.
3. Communication in any format with all persons, including employees, students, guests and third parties, should be conducted professionally in the spirit of collegiality, civility, and decency.
4. Severe or persistent misconduct that harms, intimidates, offends, degrades, or humiliates (sometimes referred to as bullying or intimidation) an ATSU-SOMA

community member, whether verbal, physical, or otherwise, should be reported as outlined in Part C of this policy.

5. Disputes among employees should be resolved involving the smallest number of individuals necessary.
  6. Communication regarding issues or problems with or among employees should be shared with an immediate supervisor or Human Resources. Such communication should not include other employees, students, or third parties.
- G. Ethical code of faculty activity:  
Faculty will assure a principal proportion of their professional effort will be devoted to accomplishing the mission of ATSU-SOMA. Faculty will seek to be effective teachers and scholars and help ATSU-SOMA professionally with committees and courses or research/scholarly improvements. While some faculty may engage in significant professional activities outside ATSU-SOMA, each will commit to the effort required to capably and completely perform his/her assigned duties within ATSU-SOMA.
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1. Students are a vital component of the academic setting at ATSU-SOMA. ATSU-SOMA community members are encouraged to develop and maintain professional, collegial relationships with students.
  2. ATSU-SOMA faculty may not engage in consensual romantic or sexual relationships with students due to the inherent imbalance of power present in all such relationships.
  3. Consensual romantic or sexual relationships between current ATSU-SOMA staff and current ATSU-SOMA students are discouraged but not expressly prohibited. Any consensual romantic or sexual relationship between a current ATSU-SOMA student and an ATSU-SOMA staff member should be reported by the staff member to Human Resources immediately.
    - a. Human Resources should evaluate responsibilities of the staff member with regard to potential influence over the student's academics, placement for rotation/residency, potential career, etc.
    - b. Human Resources has full discretion to prohibit relationships between staff members and students which create potential conflict or improper imbalances of power. In such cases, Human Resources may recommend a course of action to mitigate such a conflict or power imbalance. Recommended courses of action may include an adjustment of the staff member's responsibilities, transfer of the staff member to another work area, or prohibition of the relationship.
    - c. Failure to disclose existing relationships, or to comply with Human Resources recommendations, may result in disciplinary action consistent with part C of this policy.
  4. Certain exceptions to standards for interactions with students may apply if a student's spouse/partner is employed by ATSU-SOMA during the academic tenure of the student. In such cases, ATSU-SOMA will ensure no student spouse/partner is employed in any capacity where the student spouse/partner may evaluate, supervise, or advise students as a part of an ATSU-SOMA program.
- I. ETHICAL STANDARDS OF COMMUNITY CONDUCT  
ATSU-SOMA community members have the same rights and responsibilities as all U.S. citizens, and all members are expected to uphold and obey local, state, and federal laws. Members are free to express their views and to participate in political and social processes of the community. However, when they speak or act in their capacity as private citizens,

- members should avoid creating the impression they speak for or represent ATSU-SOMA. Constitutionally guaranteed freedom of expression does not supersede ATSU-SOMA's responsibility to discipline a member for violations of the ethical standards outlined above.
- J. Violations of ATSU policies safeguarding confidential financial information, protected health information, and other confidential information, may result in sanctions. Sanctions for employee workforce members may include a disciplinary warning to be added to the employee's permanent file, probation, suspension with or without pay, and/or termination. Sanctions for student/resident workforce members may include a reprimand, disciplinary warning to be added to the student's permanent file, probation, suspension, and/or dismissal.
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## RESPONSIBILITY

- A. Each ATSU-SOMA community member is responsible for understanding and complying with his/her rights and responsibilities as outlined in this policy.
- B. Each ATSU-SOMA community member is responsible to report any observed behavior or information relating to potential violations of this policy consistent with Part C, "Reporting potential violations," outlined above.
- C. Each ATSU-SOMA community member is responsible to cooperate with any investigation arising from a report of non-compliance with this policy.
- D. Human Resources and the Office of the Vice President & General Counsel are responsible for promoting awareness and appropriate application and enforcement of this policy.

This policy is referenced from the A.T. Still University "Code of Ethical Standards 10-220", located on Human Resources internal portal (<https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/>) 28 Feb 2019. Pag 1-3.Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 1.4e (Mission and Governance: Governance and Program Policies: Ethics)

## 10-004 Prohibition of Discrimination, Harassment, and Retaliation (1.5a)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/22**

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### **PURPOSE**

The purpose of this general order is to provide an employment and a learning environment at A.T. Still University ("ATSU" or "University") free from discrimination, harassment, and retaliation and ensure compliance with Title IX of the Education Amendments Act of 1972, the Violence Against Women Act Reauthorization of 2013, Title VII of the Civil Rights Act of 1964, and all other applicable national, state, and local laws. Discrimination, harassment, or retaliation by anyone—managers, administrators, supervisors, co-workers, students, or non-University personnel, including clients, vendors, and suppliers—on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), gender, sexual orientation, gender identity, age, disability, veteran status, or any other status protected by applicable law, is a violation of University policy and prohibited by ATSU. This policy ensures compliance with law, emphasis on a fair and equitable learning and work environment, and fair process for all concerned.

This policy, and excerpts from it, appears within many ATSU publications, both online and in print. For the most up-to-date version of this policy, refer to [atsu.edu/prohibition-of-discrimination-harassment-and-retaliation](https://atsu.edu/prohibition-of-discrimination-harassment-and-retaliation).

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### **POLICY**

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**Internal complaints regarding potential violations of the Clery Act, Title IX, or Title VII**

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To report violations of ATSU’s nondiscrimination policies, request information, or for assistance filing a police report, all ATSU community members may contact:

Dr. John Gardner, Title IX Coordinator

800 W. Jefferson St., Kirksville, MO, 63501  
660.626.2113 or johngardner@atsu.edu

Alternately, the following deputy Title IX coordinators are available at ATSU campuses.

	Mesa, Arizona, campus	Kirksville, Missouri, campus	Santa Maria, California, campus
Students	Michael Zajac Associate VP, Student Affairs Deputy Title IX Coordinator 5845 E. Still Circle Mesa, AZ 85206 480.219.6026 michaelzajac@atsu.edu	Lori Haxton Vice President, Student Affairs Deputy Title IX Coordinator 800 W. Jefferson St. Kirksville, MO 63501 660.626.2236 lhaxton@atsu.edu	Dr. Ryan K. Jefferson Director, Student Affairs Deputy Title IX Coordinator 1075 E. Betteravia Rd. Suite 201 Santa Maria, CA 93454 805.621.7651 ryanjefferson@atsu.edu
Employees, members of the public, or beneficiaries should contact:	Tonya Fitch Director, Human Resources Deputy Title IX Coordinator 5845 E. Still Circle Mesa, AZ 85206 480.219.6007 tfitch@atsu.edu	Donna Brown Assistant VP, Human Resources Deputy Title IX Coordinator 800 W. Jefferson St. Kirksville, MO 63501 660.626.2792 dbrown@atsu.edu	Tonya Fitch Director, Human Resources Deputy Title IX Coordinator 5845 E. Still Circle Mesa, AZ 85206 480.219.6007 tfitch@atsu.edu

To anonymously and confidentially report situations or behavior prohibited by this policy, call the 24-hour service at 1.855.FRAUD-HL or use the secure online reporting form at [fraudhl.com](http://fraudhl.com). Reference company ID (“ATSU”) when making a report.

**Crime reporting options**

<u>Facility</u>		<u>Emergency</u>	<u>Security</u>	<u>Police</u>
<u>Mesa, Arizona, campus</u>	<u>Off-campus</u>	<u>911</u>	<u>480.341.9075</u>	<u>480.341.9075, opt. 2</u>
	<u>On-campus</u>	<u>911</u>	<u>*7</u>	
<u>Kirksville, Missouri, campus</u>	<u>Off-campus</u>	<u>911</u>	<u>660.349.9513</u>	<u>660.785.6945</u>
	<u>On-campus</u>	<u>9-911</u>	<u>33</u>	
<u>Santa Maria, California, campus</u>	<u>Off-campus</u>	<u>911</u>	<u>805.245.6221</u>	<u>805.928.3781</u>
	<u>On-campus</u>	<u>911</u>	<u>805.245.6221</u>	
<u>St. Louis Dental Center</u>	<u>Off-campus</u>	<u>911</u>	<u>314.814.8568</u>	<u>314.231.1212</u>
	<u>On-campus</u>	<u>4444</u>	<u>314.814.8568</u>	

If you are in an area without an identified ATSU facility, please contact 911 to report a crime or seek police assistance.



**On-campus, confidential resources available for students**

ATSU Behavioral Health & Wellness Counseling Services ([atsu.edu/counseling\\_services](https://atsu.edu/counseling_services))

Mesa, Arizona, campus	Kirkville, Missouri, campus	Santa, Maria, California, campus	St. Louis Dental Center
Desirai Browning Behavioral Health & Wellness Counselor 480.219.6170 <a href="mailto:desiraibrowning@atsu.edu">desiraibrowning@atsu.edu</a>  Timely Care 833-4-TIMELY	Sarah Thomas Behavioral Health & Wellness Counselor 660.626.2751 <a href="mailto:sarahthomas@atsu.edu">sarahthomas@atsu.edu</a>  Phil Jorn Behavioral Health & Wellness Counselor 660.626.2138 <a href="mailto:philjorn@atsu.edu">philjorn@atsu.edu</a>  Timely Care 833-4-TIMELY	Timely Care 833-4-TIMELY	Sarah Thomas Behavioral Health & Wellness Counselor 660.626.2751 <a href="mailto:sarahthomas@atsu.edu">sarahthomas@atsu.edu</a>  Phil Jorn Behavioral Health & Wellness Counselor 660.626.2138 <a href="mailto:philjorn@atsu.edu">philjorn@atsu.edu</a>  Timely Care 833-4-TIMELY

**Regulatory complaints regarding potential violations of the Clery Act, Title IX, or Title VII may be directed to:**

Location	Title IX and Clery Act	Title VII
Missouri	U.S. Department of Education One Petticoat Lane 1010 Walnut Street, Suite 320 Kansas City, MO 64106 816.268.0550 816.268.0559 fax <a href="mailto:OCR.kansascity@ed.gov">OCR.kansascity@ed.gov</a>	U.S. Equal Employment Opportunity Commission Robert A. Young Federal Building 1222 Spruce Street, Room 8100 St. Louis, MO 63103 800.669.4000 314.539.7894 fax 800.669.6820 TTY

Arizona	U.S. Department of Education Cesar E. Chavez Memorial Building 1244 Speer Boulevard, Suite 310 Denver, CO 80204 303.844.5695 303.844.4304 fax OCR.Denver@ed.gov	U.S. Equal Employment Opportunity Commission 3300 North Central Avenue Suite 690 Phoenix, AZ 85012 800.669.4000 602.640.5071 fax
California	U.S. Department of Education 915 Second Avenue, Room 3310 Seattle, WA, 98174 206.607.1600 206.607.1601 fax OCR.SanFrancisco@ed.gov	U.S. Equal Employment Opportunity Commission 450 Golden Gate Avenue 5 West P.O. Box 36025 San Francisco, CA 94102 800.669.4000 415.522.3415 fax

## Resources

Off-campus counseling and victim support are available through:

National Sexual Assault Hotline - 800.656.4673

Mesa Victim Services Unit (Arizona) - 480.644.4075

Santa Maria Rape Crisis Center Hotline (California) - 805.928.3554

St. Louis Regional Sexual Assault Hotline (Missouri) - 314.531.7273

Employees may access the Employee Assistance Program (EAP) by calling 877.622.4327 or by visiting [mycigna.com](http://mycigna.com)

## Policy definitions

**Advisor** – A person selected by the complainant or respondent to be present at interviews or the hearing process. Advisors may not answer questions on behalf of their party. Advisors pose questions on behalf of their party in the hearing setting. Advisors may not contact the other party except in the hearing setting. The Title IX coordinator can provide an advisor for a party if the party so desires. A party may request from the Title IX coordinator for more than one advisor if there is a support need, including a disability accommodation. Evidence from a healthcare professional, or similarly situated expert, of a support need will be required. Advisors will present themselves in a professional manner. Investigators, hearing board chairs, and other institutional officials may remove an advisor from the process if the advisor’s behavior is abusive, belligerent, or otherwise inconsistent with a professional nature. A party will be able to replace their advisor if removed.

**Appellate panel** – A group of trained ATSU employees from the Grievance and Equity Response Team (GERT) who reviews appeals of findings from the Title IX Grievance Process or General Discrimination Grievance Process.

**ATSU community member** – A person participating in or attempting to participate in an ATSU education program as an employee, student, prospective student, alumni, or similarly positioned individual.

**Coercion** – Coercion is *unreasonable* pressure for sexual activity. Coercive conduct differs from seductive conduct based on factors including the type and/or extent of the pressure used to obtain consent. When someone makes clear they do not want to engage in certain sexual activity, wants to stop, or does not want to go past a certain point of sexual interaction, continued pressure beyond that point can be coercive.

**Complainant** – An ATSU community member who alleges their educational or employment rights were infringed upon based on class-based (race, sex, gender, etc.) discrimination or harassment.

**Investigation** – A process conducted by unbiased investigators to gather and synthesize evidence while providing analysis of the credibility of evidence. In the General Discrimination Grievance Process, investigator(s) will make a determination of *in violation* or *not in violation of policy*. In the Title IX Grievance Process, the investigator(s) will not make a determination of *in violation* or *not in violation*, but instead, determine the facts to be considered by the hearing panel.

**Consent** – Consent is knowing, voluntary, and clear permission by word or action to engage in sexual activity. For consent to be valid, there must be a clear expression in words or actions that the other individual consented to that specific sexual conduct. Reasonable reciprocation can be implied. For example, if someone kisses you, you can kiss him/her back (if you want to) without the need to explicitly obtain *his/her* consent to being kissed back. Consent can also be withdrawn once given, as long as the withdrawal is reasonably and clearly communicated. If consent is withdrawn, that sexual activity should cease within a reasonable time. Consent to some sexual contact (including kissing or fondling) cannot be presumed to be consent for other sexual activity (including intercourse). A current or previous intimate relationship is not sufficient to constitute consent.

**Finding** – The determination of the hearing panel (Title IX Grievance Process) or investigators (General Discrimination Grievance Process) regarding a violation of policy based on the preponderance of the evidence standard.

**Force** – Force is the use of physical violence and/or physical imposition to gain sexual access. Force also includes threats, intimidation (implied threats), and coercion intended to overcome resistance or produce consent (e.g., “Have sex with me, or I’ll hit you.” “Okay, don’t hit me, I’ll do what you want.”).

Sexual activity that is forced is, by definition, non-consensual, but non-consensual sexual activity is not necessarily forced.

Silence or the absence of resistance alone is not consent. Consent is not demonstrated by the absence of resistance. While resistance is not required or necessary, it is a clear demonstration of non-consent.

**General discrimination** – Discrimination or harassment not defined or covered under Title IX regulations and the Title IX Grievance Process.

**Grievance and Equity Response Team (GERT)** – A team of trained ATSU employees who serve as advocates, investigators, hearing panel members, and appellate panel members within the grievance process. GERT membership is maintained and trained by the Title IX coordinator.

**Hearing panel** – A group of trained ATSU employees (usually three) from the GERT who hear and conduct a proceeding to determine a finding regarding a formal complaint of discrimination in the Title IX Grievance Process.

**Incapacitation** – A person cannot consent if they are unable to understand what is happening or is disoriented, helpless, asleep, or unconscious for any reason, including by alcohol or other drugs. Incapacitation occurs when someone cannot make rational, reasonable decisions, because they lack the capacity to give knowing/informed consent (e.g., to understand the “who, what, when, where, why, or how” of the sexual interaction). Incapacitation is determined through consideration of all relevant indicators of an individual’s state and is not synonymous with intoxication, impairment, blackout, and/or being drunk. This policy also covers a person whose incapacity results from a temporary or permanent physical or mental health condition, involuntary physical restraint, and/or the consumption of incapacitating drugs. Incapacitation should be evaluated from the ability of the respondent to know of the incapacitation.

**Preponderance of evidence** – The standard of evidence used in this policy. This standard indicates it is more likely than not of a finding of either in violation or not in violation of policy.

**Recipient** – The institution receiving federal funding. In this policy, the recipient is ATSU.

**Respondent** – Party accused of violating ATSU policy.

### **General overview of grievance processes**

The general overview of grievance processes is a simplified guide. For specific information about each process, please review the actual processes, *Title IX Prohibited Conduct and Grievance Process* and *General Discrimination Prohibited Conduct and Grievance Process* below.

#### **A. Initial review of formal complaints. Formal complaints of discrimination and harassment made under this policy will be reviewed under a multipronged approach.**

1. Formal complaints will be reviewed to consider whether they are sex (including pregnancy), gender, or sexual orientation based in nature. Formal complaints which could be sex (including pregnancy), gender, or sexual orientation based in nature will be considered initially under the Title IX Grievance Process. Formal complaints which are not sex (including pregnancy), gender, or sexual orientation based will be routed to the General Discrimination Grievance Process.
2. Sex (including pregnancy), gender, or sexual orientation formal complaints routed to the Title IX Grievance Process will be reviewed as to whether they fall under Title IX Final Rule published in the Federal Register, May 19, 2020.
3. If a sex (including pregnancy), gender, or sexual orientation formal discrimination complaint at any point is dismissed as a potential violation under the Title IX Grievance Process (See *Title IX Prohibited Conduct and Grievance Process*.), it will be reviewed as a potential violation under the General Discrimination Grievance Process (See *General Discrimination Prohibited Conduct and Grievance Process*.).
4. Components of discrimination or harassment, which indicate a potential violation of both the Title IX and General Discrimination Grievance Process, will be considered under the Title IX Grievance Process. If no Title IX violation is found, the complaint may be considered under the General Discrimination Grievance Processes.
5. Promotion and progress boards are not involved in the hearing, investigation, sanctioning, or appeal process of formal complaints of discrimination, harassment, or retaliation based on class.

#### **B. Title IX Grievance Process summary**

1. Any formal complaint routed to the Title IX grievance process will be reviewed first to determine if there are grounds for immediate dismissal (See *Title IX Prohibited Conduct and Grievance Process B.2.*). If the formal complaint is dismissed under the Title IX Grievance Process, it may be reviewed under the General Discrimination Grievance Process.
2. If there are no grounds for dismissal, there will be notice of investigation provided to both the complainant and respondent.
3. Both parties will have opportunities for supportive measures.
4. A formal resolution process will begin, which includes an investigation by an impartial investigator(s), a hearing before an impartial hearing panel of one to three panel members, the opportunity to present witnesses and evidence, the opportunity to cross-examine the other party's witnesses, and the opportunity to appeal.
5. Parties have the opportunity to move from a formal resolution process to an informal resolution process in some instances based on the nature of the complaint.
6. In the formal resolution process, the hearing panel decides on policy violation(s) and sanctions.

7. Both parties have the opportunity to appeal a dismissal or a finding. If an appeal has standing under the policy, an appellate panel will rule on the appeal. Written notice will be provided to the parties following the appellate panel report.

### **C. General Discrimination Grievance Process summary**

1. A discrimination and harassment complaint, which is not sex (including pregnancy), gender, or sexual orientation related or dismissed under the Title IX Grievance Process, will be reviewed under the General Discrimination Grievance Process.
2. Initial steps include a meeting between the investigator and the complainant and implementation of reasonable supportive measures, as requested.
3. If it is determined that if all alleged facts are true there would still be no policy violation, the complaint will be dismissed, and the investigator will produce a report stating such conclusion.
4. If there is a determination of a potential policy violation, notice will be provided to the respondent and appropriate supportive measures provided.
5. An investigation by an unbiased investigator(s) will begin.
6. Written notice to both parties of the investigation findings, including determination of responsibility, sanctions, and available appeal procedures, will be provided to both parties. Both parties have the right to appeal the decision of the investigator to an appellate panel, provided the appeal has standing under this policy. The appellate panel's decision will be communicated to the parties in writing.

### **Title IX Prohibited Conduct and Grievance Process**

This process applies to ATSU community members in their dealings with each other within the educational program of ATSU. If through this process, any University employee or student is found in violation of this policy, then they will be subject to corrective action up to and including termination or dismissal. University employees or students may be disciplined, up to and including termination or dismissal, for engaging in behavior disrespectful, disruptive, or otherwise prohibited by this policy, regardless of whether such behavior constitutes harassment prohibited by law. Patient complaints related to discrimination or harassment will be addressed under [ATSU Policy No. 30-103: Patient Complaints](#).

#### **A. Prohibited conduct under Title IX**

1. Prohibited conduct includes unwelcome conduct, whether verbal, non-verbal, physical, or visual, based on or relates to an individual's sex (including pregnancy), gender, or sexual orientation, which occurs within the U.S. as a part of the recipient's program or activity to a person who participates in a recipient's program or is attempting to participate in a recipient's program and such conduct has the effect of creating a hostile environment, constitutes quid pro quo harassment, or constitutes sexual assault, dating violence, domestic violence, or stalking.
  - a. Hostile environment
    1. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive it effectively denies a person equal access to the recipient's education program or activity or alters the conditions of employment from both a subjective (the alleged victim's) and an objective (a reasonable person standard) viewpoint.
    2. Determination of whether an environment is "hostile" will be based upon circumstances, including:
      - a. Conduct's frequency;
      - b. Conduct's nature and severity;
      - c. Whether the conduct was physically threatening;
      - d. Whether the conduct was humiliating;
      - e. Conduct's effect on the alleged victim's mental or emotional state;
      - f. Whether the conduct was directed at more than one person;

- g. Whether the conduct arose in the context of other discriminatory conduct;
  - h. Whether the conduct unreasonably interfered with the alleged victim's educational or work performance;
  - i. Whether the statement is an utterance of an epithet, which engenders offense in an employee or student or offends by mere discourtesy or rudeness;
  - j. Whether the speech or conduct deserves the protections of academic freedom or the First Amendment of the U.S. Constitution; and
  - k. Whether the conduct impacts the educational or work environment, regardless of the location of the actual harassment, discrimination, or retaliation.
3. Examples of prohibited conduct include, but are not limited to, jokes, epithets, slurs, insults, negative stereotyping, written or graphic material (including emails), or any threatening or intimidating acts denigrating or showing hostility toward an individual and relate to sex (including pregnancy), gender, or gender identity.
  4. Prohibited behavior also includes any unwelcome behavior of a sexual nature, including sexual advances and propositions; requests for sexual favors; sexual jokes, comments, suggestions, or innuendos; foul or obscene gestures or language; display of foul, obscene, or offensive printed or visual material; unwelcome physical contact of a sexual nature, including bodily contact with the breast, groin, or buttocks; patting, pinching, hugging, or brushing against another individual's body; and any other unwelcome verbal, non-verbal, physical, or visual conduct of a sexual nature where:
    - a. Submission to such conduct is an explicit or implicit condition of employment or education; or
    - b. Submission to or rejection of such conduct is used as a basis for employment-related or academic related decisions, including promotion, discharge, performance evaluation, pay adjustment, discipline, work assignment, or any other condition of employment or career or academic development; or
    - c. Such conduct has the effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, abusive, or offensive working or educational environment.
- b. Quid pro quo harassment
    1. An employee of the recipient conditioning the provision of an aid, benefit, or service of the recipient on an individual's participation in unwelcome sexual conduct;
    2. A person having power or authority over another constitutes sexual harassment when submission to sexual conduct is made either explicitly or implicitly a term or condition of rating or evaluating an individual's educational or employment progress, development, or performance. This includes when submission to such conduct would be a condition for access to receiving the benefits of any educational or employment program.
  - c. Sexual assault, dating violence, domestic violence, and stalking
    1. Sexual assault, defined as:
      - a. Sex offenses, forcible – Any sexual act directed against another person, without the consent of the complainant, including instances where the complainant is incapable of giving consent. This includes attempts to commit any of the following acts.
      - b. Forcible rape – Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the complainant.
      - c. Forcible sodomy – Oral or anal sexual intercourse with another person, forcibly and/or against that person's will, or not forcibly or against the person's will (non-consensually) in instances where the complainant is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity.

- d. Sexual assault with an object – To use an object or instrument to penetrate, however slightly, the genital or anal opening of the body of another person, forcibly and/or against that person’s will, or not forcibly or against the person’s will (non-consensually) in instances where the complainant is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity.
  - e. Forcible fondling – The touching of the private body parts of another person (buttocks, groin, breasts) for the purpose of sexual gratification, forcibly and/or against that person’s will (nonconsensual), or not forcibly or against the person’s will in instances where the Complainant is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity.
  - f. Sex offenses, nonforcible – Nonforcible sexual intercourse. This includes attempts to commit any of the following acts.
    - i. Incest – Nonforcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by state law.
    - ii. Statutory rape – Nonforcible sexual intercourse with a person who is under the statutory age of consent where the violation occurs.
2. Dating violence, defined as: Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the complainant. The existence of such a relationship shall be determined based on the complainant’s statement and with consideration of the length of the relationship, type of relationship, and frequency of interaction between the persons involved in the relationship. For purposes of this definition,
- a. Dating violence includes, but is not limited to, sexual or physical abuse or the threat of such abuse.
  - b. Dating violence does not include acts covered under the definition of domestic violence.
3. Domestic violence, defined as:
- a. A felony or misdemeanor crime of violence committed against the complainant by a:
    - i. Current or former spouse or intimate partner of the complainant;
    - ii. Person with whom the complainant shares a child in common;
    - iii. Person who is cohabitating with, or has cohabitated with, the complainant as a spouse or intimate partner; or
    - iv. Person similarly situated to a spouse of the complainant under the state or local domestic or family violence laws.
    - v. Any other person against an adult or youth complainant who is protected from that person’s acts under state or local domestic or family violence laws.
  - b. Domestic violence does not apply to those who are roommates, but do not meet other components of the definition.
4. Stalking defined as:
- a. Engaging in a course of conduct directed at a specific person that would cause a reasonable person to:
    - i. Fear for the person’s safety or the safety of others; or
    - ii. Suffer substantial emotional distress.
  - b. For the purposes of this definition:
    - i. Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person’s property.

- ii. Reasonable person means a reasonable person under similar circumstances and with similar identities to the complainant.
  - iii. Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily require medical or other professional treatment or counseling.
5. Additional sex-based complaints of discrimination or harassment, which are mandated by state law, federal court decisions, or state court decisions to have a hearing as a part of the grievance process, will follow the Title IX Prohibited Conduct and Grievance Process.

## **B. Title IX grievance procedures**

1. Any individual, who feels s/he has witnessed or experienced behavior prohibited by this policy or who has questions, concerns, or information regarding violations of this policy, should immediately report the circumstance(s) or incident(s) to their supervisor or one of the contact persons described in this policy. Once a report is shared with the Title IX coordinator or deputy Title IX coordinator, the complainant will be notified in writing of their ability to file a formal complaint. All University employees are required to report any knowledge of violation of this policy, with the limited exception of licensed professional mental health counselors and other persons with a professional license requiring confidentiality who are working within that license.
  - a. Those doing confidential research approved by ATSU's Institutional Review Board are not required to report instances of harassment, discrimination, or retaliation reported to them within the specific scope of research. However, researchers must contact the Title IX coordinator to receive guidance on providing the research subject with information on reporting and access to supportive measures and interim remedies.
  - b. If a complainant does not wish for a formal complaint to move forward, the Title IX coordinator (or designee) may move forward and submit a formal complaint if there is a compelling risk to health or safety of individuals or the community based on a risk assessment. The risk may be based on pattern, predatory behavior, abuse of minors, use of weapons, and/or violence.
2. Upon receipt of a formal discrimination or harassment complaint based on sex, the Title IX coordinator (or designee) will conduct an initial assessment of the formal complaint to determine whether it indicates a possible violation of this policy. If a report is made, the Title IX coordinator (or designee) will review the report in an initial meeting with the complainant. Objectives of this initial meeting will be to reduce the report to writing, stop the harassment, prevent its recurrence, and take steps to remedy its effects in the interim.
  - a. A report must be made in writing to the Title IX coordinator or a deputy Title IX coordinator to initiate an initial assessment, which may lead to an investigation.
  - b. A complainant may receive supportive measures without submitting a formal complaint in writing. Supportive measures include, but are not limited to, academic, housing, co-curricular activity, and employment adjustments, temporary no-contact orders, and other steps to stop the behavior and prevent its occurrence in the interim.
  - c. The Title IX coordinator (or designee) will review the formal complaint to determine if there is a need to dismiss it as a Title IX violation and refer it to the General Discrimination Grievance Process.
    1. Mandatory dismissal under Title IX will occur because:
      - a. Alleged behavior did not occur within the U.S.
      - b. Alleged behavior did not occur within the education program or activity (including buildings or property controlled by recognized student organizations), and/or the respondent is not within ATSU's jurisdiction.
      - c. Alleged behavior did not meet the definition of sexual harassment, sexual assault, stalking, domestic violence, or dating violence in the policy.



- d. Complainant was not participating or attempting to participate in the educational program or employment of the recipient.
  2. Discretionary dismissal by ATSU may occur when:
    - a. Complainant wishes to withdraw the formal complaint (if the complainant notifies the Title IX coordinator, in writing, of this wish).
    - b. Respondent is no longer enrolled or employed by the recipient.
    - c. There are specific circumstances preventing ATSU from gathering evidence sufficient to reach a determination as to the formal complaint or allegations therein.
  3. If a federal or state court requires a hearing for sex- or gender-based offenses, then dismissal under B.2.c.1 and B.2.c.2 do not apply.
3. Reports are reviewed, investigated, and heard by GERT members. In some instances, an outside party may be contracted to complete some or all of the roles in the grievance process.
  - a. GERT is made up of the Title IX coordinator, deputy Title IX coordinators, and other employees trained to serve in a variety of roles within the grievance process.
  - b. GERT members receive annual training. This training may include the following topics, processes, and skills, but is not limited to: 1) Training topics: definition of sexual harassment, scope of the recipient's education program or activity, impartiality, how to avoid prejudging of facts, conflicts of interest, bias, issues of relevance as it relates to questions and evidence (specifically as how it relates to sexual predisposition or prior sexual behavior), 2) Processes: how to conduct an investigation, hearing, appeal, and an informal resolution, and 3) Skills: ability to use technology in a live hearing, writing of investigative reports, and writing of hearing and appeals decisions.
  - c. GERT members are required to attend annual training. Training is posted on [atsu.edu/titleix](https://atsu.edu/titleix).
4. If, following initial review of the complaint, it is determined no potential policy violations exist, the Title IX coordinator (or designee) will produce a report stating such conclusion, including all elements of the initial meeting and supportive measures taken.
5. If, after an initial meeting between the Title IX coordinator (or designee) and a complainant, it is determined any part of this policy may have been violated, the complainant may choose to utilize a formal or informal process to address the complaint:
  - a. Whether a formal or informal complaint, the respondent and complainant will receive notice of the accusations with:
    1. Applicable policies with specific sections of violation identified
    2. Notice of details of allegation(s)
    3. Identities of parties involved
    4. Date(s) of incident(s)
    5. Location(s) of incident(s)
    6. A statement that the respondent is presumed not in violation of policy
    7. Access to applicable policies
    8. A reminder of the expectation for truthfulness in the process
  - b. Informal resolution - Typically used for less serious offenses and when the respondent is willing to accept responsibility for some or all of the alleged violation(s). The complainant and respondent must agree to informal resolution in writing.
    1. An informal resolution is available to the parties at any time up until a determination has been made within a formal process.
    2. Any party involved within an informal resolution may stop it at any time up until an agreement is achieved and request a formal resolution process.
    3. Informal resolution process:

- a. Parties engage in a dialogue regarding the accusations through a trained facilitator (often the Title IX coordinator). This may be in person, through shuttle diplomacy, or some other manner.
  - b. Respondent may accept responsibility for all or some of the allegations.
  - c. Sanctions and remedies are determined by the parties through dialogue and not by ATSU.
  - d. Parties come to a written resolution which will be maintained on record by the Title IX coordinator.
4. Both parties may have an advisor of their choice present for the informal resolution.
  5. ATSU will provide both parties in an informal resolution with written notice of the reported misconduct and any sanctions or remedies that may result from the process.
  6. If an informal resolution process is initiated and then stopped, information shared during the informal resolution discussion or process may not be used in the formal resolution process.
  7. Parties who begin an informal resolution and request to return to a formal resolution for any reason will not be able to return to the informal resolution process.
  8. An informal resolution cannot be conducted between an employee and student. Informal resolutions may only be utilized in employee/employee or student/student complaints.
  9. Parties who reach an agreement through an informal resolution waive their appeal rights.
  10. A resolution within the informal resolution process is made with the agreement of non-disclosure, and the resolution is binding. Either party who violates the resolution may be in violation of additional policies. Once the agreement is made, there cannot be a formal process resolution.
- c. Formal resolution - Investigation and a hearing before neutral, impartial panel members, subject to appeal and final determination. Remedies to restore those impacted will be implemented upon a finding of a policy violation.
1. Investigation
    - a. Length of investigations is based on a number of factors and variables, including nature and detail of complaint received, complexity of investigation, and cooperation level of parties and witnesses.
    - b. Investigations will be completed within a prompt and reasonable timeframe dependent on the context and facts related to the complaint.
    - c. Parties will be regularly updated as to projected timeline for completion of the investigation. During the process, parties will be given timely notice of any meetings at which either or both may be present. Parties will have equal opportunity to present witnesses and provide evidence. Both parties have the opportunity to have an advisor of their choice. If either party does not have an advisor during the investigative process, ATSU will provide an advisor for the party, if the party wishes. During the hearing process, an advisor is required and will be provided to the parties if they do not have one. It is advised supervisors of the parties should not be advisors. If a supervisor of the respondent is the advisor of choice for either party, the supervisor will not be involved within the sanctioning process. Parties' advisors may not contact investigators, Title IX coordinator, hearing panel members, or appellate panel members directly. All contact should be initiated and carried out by the parties themselves.
    - d. Investigators will be assigned from the GERT in an effort to provide the most fair and impartial process. In some circumstances, investigators may be third party consultants.
    - e. If a respondent withdraws from the University during the investigation process, the respondent will not be permitted to re-enroll until disposition of the case, and a notation will be placed on their transcript.
    - f. At the conclusion of the investigation process, the investigation report and evidence collected will be submitted to the Title IX coordinator (or designee), in order to share the report with the parties and provide the report and evidence for the hearing panel.

1. A draft of the investigative report will be provided to the parties. The parties will have 10 business days to respond in writing to the draft report.
  2. After receiving responses to the draft report or waiting 10 business days and there is no response, investigators will review additional material provided by the parties and compile the final investigation report.
  3. The final investigation report will be provided to the parties, who will have 10 business days to respond to the final investigative report in writing prior to the beginning of the hearing process.
  4. In addition to the final report, parties will receive all evidence collected in the investigative process.
2. Hearing
- a. The hearing will be conducted live. Hearings may be conducted virtually or in person depending on case circumstances. Parties will be notified of the hearing time and date no fewer than 10 business days in advance. Notification will include a description of violations of policy; date, time, and location of the hearing; rules of the hearing, and hearing panel members. Rescheduling of the hearing is at the hearing panel chair's sole discretion. In the case of multiple respondents, there may be joint or separate hearings, and the notice will so indicate.
  - b. The panel chair will conduct the hearing.
  - c. The hearing panel will be selected from GERT, who have not previously been involved in the case and have no known bias. ATSU may utilize third party consultants as hearing panel members and chairs. Any objections to hearing panel members must be raised in writing to the Title IX coordinator no fewer than five days prior to the hearing. Removal or changing of a hearing panel member is at the discretion of the Title IX coordinator (or designee).
  - d. Prior to the hearing, a pre-hearing conference will be offered to both parties. The pre-hearing conference will discuss procedural expectations with the parties, answer questions, and resolve any contested areas of process. Issues of relevance regarding lines of questioning and evidence are best decided in the pre-hearing conference rather than during the hearing. The pre-hearing conference will not be recorded.
  - e. Hearing panel will review the witness testimony, investigator report, and other submitted evidence in order to make a decision of the respondent being in violation or not in violation.
  - f. Hearing will proceed at the scheduled time, unless rescheduled by the panel chair. Absence of parties, witnesses, or advisors will not postpone a hearing.
  - g. Both parties may choose to submit an impact statement. The impact statement must be provided to the Title IX coordinator at least one day prior to the hearing. The impact statements will be held by the Title IX coordinator; if the respondent is found responsible at the hearing, impact statements will be provided to the hearing panel for its use during the sanctioning phase.
  - h. Hearing panel will begin the hearing with an assumption of not in violation on behalf of the respondent. As evidence is introduced, the hearing panel will evaluate credibility of the evidence until all evidence is presented to develop a finding.
  - i. Hearing panel will use "preponderance of evidence" standard of evidence when determining whether there is a violation of policy.
  - j. Order of the hearing:
    1. Welcome and explanation of the process
    2. Presentation of investigative report by the investigator
    3. Witnesses for complainant and complainant's testimony
    4. Witnesses for respondent and respondent's testimony
    5. Witnesses requested by hearing panel
    6. Conclusion of hearing and notification of timeline for finding

- k. The hearing panel may create time limits for different aspects of the hearing process including how long an advisor has to question a party or witness, presentation of the investigative report, opening or closing remarks, etc. Time limits should be equal between the parties.
- l. Investigators will present their investigation report during the hearing. The investigative report will not make an indication of findings, but share evidence found during the investigation. Investigators are not to share an opinion regarding whether or not a violation occurred.
- m. Parties are entitled to provide witnesses at the hearing. Parties may submit witness lists. Any witness lists must be submitted to the Title IX coordinator no fewer than five business days in advance of the hearing. Witnesses, not submitted five business days prior to the hearing, may not be permitted to participate. The hearing panel chair will notify all parties of the shared witness list no fewer than two business days prior to the hearing. The investigator must have previously questioned all witnesses (If an in-person or virtual questioning is not possible, written response to questions may be accepted as an investigator interview.). It is the parties' responsibility to ensure their witnesses are present at the hearing.
- n. Hearing panel will ask its questions of each witness prior to direct questioning and cross-examination by the parties' advisors. If a party's advisor does not arrive for the hearing, ATSU will provide an advisor to conduct direct and cross-examination questions provided by the party.
- o. Parties, by their advisors, may question their own witnesses and cross-exam witnesses submitted by a different party. Advisors for parties will conduct questioning, and not the parties themselves. Advisors are to submit their questions from a seated position and in a professional tone. Parties, witnesses, or advisors who behave in a non-professional manner may be removed by the hearing panel chair. Witnesses may only be present for the part of the hearing in which they are questioned. The decision makers may consider testimony and evidence provided at the hearing or within the investigative process. The panel may consider evidence collected during the investigation including interview summaries, transcripts, document evidence, or other evidence regardless of whether a party or witness submits to direct or cross examination. A party or witness' willingness to submit to cross examination or direct examination may impact the credibility analysis by the hearing panel.
- p. The hearing panel chair will communicate a process to parties, advisors, and witnesses regarding whether a question is relevant and, therefore, whether a party should answer. The hearing panel chair has absolute discretion to determine which questions are relevant and may decline to pose or permit certain questions based on relevance. Rationale for not permitting certain questions must be provided within two business days to the submitting party. Questions are usually not allowed because of lack of relevance, repetition, or because they are abusive in nature.
- q. Parties and witnesses are encouraged to respond to the hearing panel chair's approved questions submitted by the advisors and hearing panel. A party does not need to be present for an advisor to ask direct and cross-examination questions of witnesses or other parties.
- r. Each party also has the opportunity to refer the hearing panel to inculpatory evidence (evidence indicating the respondent violated policy) or exculpatory evidence (evidence indicating the respondent did not violate policy) which has already been submitted during the investigation. Evidence submitted during the investigation will be available to the hearing panel and does not need to be resubmitted during a hearing. Evidence should be submitted during the investigation period and not during the hearing period. The hearing panel chair has the right to deny admittance of evidence not submitted during the investigation or to refer the case back to the investigation stage.
- s. Unless the Title IX coordinator (or designee) determines it is appropriate, no one will present information or raise questions concerning: (1) incidents not directly related to the possible

violation, unless such incidents evidence a pattern; (2) sexual history of the parties (Though there may be a limited exception with respect to pattern, sexual history between parties, or where evidence regarding the complainant's sexual history is offered to prove a person or persons ,who are not the respondent, engaged in the reported misconduct, if relevant); or (3) character of the parties. While previous conduct violations by the respondent are not generally admissible as information about the present allegation, investigators may supply the hearing panel with information about previous findings to consider as possible evidence of pattern and/or predatory conduct. There will be no observers of the hearing and no more than one advisor per party at the hearing. If a party has need for a supplemental advisor related to a disability or language translation, it may be allowed based on a review of documentation. The need for a support advisor related to a disability or language translation must be arranged prior to the hearing with the Title IX coordinator (or designee).

- t. The hearing will be recorded only by the Title IX coordinator (or designee) and only for potential use in appeals. There are to be no other recordings by the parties or anyone else. If there is an appeal, the recording may be reviewed by the parties and their advisors in a controlled setting to be determined by the Title IX coordinator (or designee). No copies of the recording will be provided.
  - u. Deliberations will occur with only the hearing panel and the Title IX coordinator (or designee) present. The Title IX coordinator (or designee) is only present to clarify questions. The hearing panel will make the final decision. Deliberations are not recorded.
  - v. Simultaneous written notice to the parties describing hearing findings, including determination of responsibility and sanctions and available appeal procedures, will occur within five business days of the hearing. Any delay within the notification of findings and sanctions will be communicated to the parties simultaneously.
- d. All ATSU employees who are not named as respondents must cooperate fully with any investigations and hearings.
- 1. Exception - Employees acting under a professional license, which provides privilege (i.e., behavioral health & wellness counselors)
  - 2. Employees who have a professional license, which provides privilege, but are not acting under that license, do not have privilege (i.e., a healthcare provider serving in a professor role).
  - 3. Academic information protected under the Family Educational Rights and Privacy Act (FERPA) is available to investigations as legitimate educational interest.
- e. Complainant, respondent, and appropriate officials will be given timely and equal access to information to be used during informal and formal disciplinary meetings and hearings.
- f. Complainants and respondents are able to gather their own evidence and may discuss the allegations in the process of gathering evidence.

### **General Discrimination Prohibited Conduct and Grievance Process**

This process applies to all University employees and students in their dealings with each other and to all University employees and students in their dealings with third parties. Patient complaints related to discrimination or harassment will be addressed under [ATSU Policy No. 30-103: Patient Complaints](#). If through this process, any University employee or student is found in violation of this policy, then they will be subject to corrective action up to and including termination or dismissal. University employees or students may be disciplined, up to and including termination or dismissal, for engaging in behavior disrespectful, disruptive, or otherwise prohibited by this policy, regardless of whether such behavior constitutes harassment prohibited by law.

#### **A. General discrimination prohibited conduct**

1. Prohibited conduct includes unwelcome conduct, whether verbal, non-verbal, physical, or visual, that is based on or relates to an individual's race, color, religion, ethnicity, national origin, age, disability, veteran status, or any other status protected by applicable law, and has the effect of creating a hostile environment which:
    - a. Has the effect of unreasonably interfering with an individual's work or student's performance.
    - b. Has the effect of otherwise adversely affecting an individual's employment or educational opportunities.
  2. A hostile environment is any situation in which there is harassing conduct sufficiently severe, pervasive, or objectively offensive to alter the conditions of employment or limit, interfere with, or deny educational benefits or opportunities, from both a subjective (the alleged victim's) and an objective (a reasonable person's standard) viewpoint.
  3. Determination of whether an environment is "hostile" will be based upon circumstances, including:
    - a. Conduct frequency;
    - b. Conduct's nature and severity;
    - c. Whether conduct was physically threatening;
    - d. Whether conduct was humiliating;
    - e. Effect of conduct on the alleged victim's mental or emotional state;
    - f. Whether conduct was directed at more than one person;
    - g. Whether conduct arose in the context of other discriminatory conduct;
    - h. Whether conduct unreasonably interfered with the alleged victim's educational or work performance;
    - i. Whether the statement is an utterance of an epithet, which engenders offense in an employee or student, or offends by mere discourtesy or rudeness;
    - j. Whether the speech or conduct deserves the protections of academic freedom or the First Amendment of the U.S. Constitution.
    - k. Examples of prohibited conduct include, but are not limited to, jokes, epithets, slurs, insults, negative stereotyping, written or graphic material (including emails), or any threatening or intimidating acts denigrating or showing hostility toward an individual and relate to race, color, religion, ethnicity, national origin, sexual orientation, age, disability, veteran status, or any other status protected by applicable law.
- B. Discrimination, harassment, and retaliation grievance procedures
1. Any individual who feels they have witnessed or experienced behavior prohibited by this policy or who has questions, concerns, or information regarding violations of this policy must immediately report the circumstance(s) or incident(s) to their supervisor or one of the contact persons described within this policy.
  2. Upon receipt of a discrimination, harassment, or retaliation report, the University will conduct a prompt, thorough, and impartial review, evaluating all relevant information and documentation relating to the report.
    - a. If a report is made, ATSU's Title IX coordinator (or designee) will review the report in an initial meeting with the reporting party. Objectives of this initial meeting will be to reduce the report to writing, stop the harassment, prevent its recurrence, and take steps to remedy its effects in the interim.
    - b. If, following the initial review of the complaint, it is determined no potential policy violations exist, the Title IX coordinator (or designee) will produce a report stating such conclusion, including all elements of the initial meeting and interim remedial steps taken.
    - c. Interim remedial steps may include academic or work adjustments, no contact orders, temporary suspension of the responding party, or any other reasonable measure to facilitate the end and prevention of harassment or discrimination.
    - d. If, after an initial meeting between ATSU's Title IX coordinator (or designee) and a reporting party, it is determined any part of this policy may have been violated, a full investigation will be conducted.

- Investigators from GERT will be assigned. Investigators will be appropriately trained and will not have a conflict of interest or bias against the reporting or responding party. In some instances, an outside party may be contracted to complete some or all of the roles in the grievance process.
- e. Parties will be regularly updated as to projected timeline for completion of investigation. During the process, the reporting party and responding party will have equal opportunity to present witnesses and provide evidence. Reporting party, responding party, and appropriate officials will be given timely and equal access to information to be used during informal and formal disciplinary meetings and hearings.
  - f. All ATSU employees, who are not named as responding parties, must cooperate fully with any investigations.
    1. Exception - Employees acting under a professional license which provides privilege (i.e., behavioral health & wellness counselors).
    2. Employees who have a professional license, which provides privilege, but are not acting under that license, do not have privilege (i.e., a healthcare provider serving in a professor role).
    3. Academic information protected under FERPA is available to investigations as legitimate educational interest.
  - g. Investigators use “preponderance of evidence” standard when determining whether or not there is a violation.

## Sanctions

- A. Sanctions are determined by the hearing panel (within the Title IX Grievance Process) or recommended by the investigators (within the General Discrimination Grievance Process).
- B. Sanctions for student violations of ATSU Policy No. 90-210 may include, but are not limited to a reprimand, disciplinary warning to be added to the student’s permanent file, educational sanctions, required counseling, limitations in activities, probation, suspension, dismissal, revocation of diploma, student organizational sanctions, and other context appropriate sanctions.
- C. Sanctions for employee violations of ATSU Policy No. 90-210 may include, but are not limited to, disciplinary warning to be added to the employee’s permanent file, performance management improvement process, required counseling, probation, additional training, suspension with or without pay, loss of annual pay increase, loss of oversight or supervisory responsibility, demotion, dismissal, and other context appropriate sanctions.
- D. ATSU community members who share employee and student status may be sanctioned under either or both status.
- E. Sanctioning is guided by the ATSU Policy No. 90-210 sanctioning guide.

## Appeals

- A. Parties will have the right to appeal within five business days of receiving the findings and sanctions or the report’s dismissal. If the appeal is not timely or substantively eligible, the original decision will stand, and the decision will be final. The party requesting the appeal must show error per the grounds below and sanctions are presumed to have been decided reasonably and appropriately. The only grounds for appeal are:
  1. A procedural irregularity affecting the outcome of matter.
  2. To consider new evidence, unavailable during the original hearing or investigation, which could substantially impact the decision in the matter. A summary of this new evidence and its potential impact must be included.

3. Investigators or hearing panel members had a conflict of interest or bias affecting the outcome of the matter.
- B. Parties will be provided the evidence which is relevant or directly related to the finding in an electronic format. The evidence is not to be printed or transferred to other parties. The parties may request their advisor receive access to the evidence as well.
  - C. Appeals must be submitted for review to the Title IX coordinator (or designee) to determine standing. Appeals with standing will be forwarded to a panel of trained GERT member(s) or third party consultant(s).
  - D. If an appeal is determined to have standing, the other party will have the opportunity to review the appeal and provide a written response within three business days. If some or all of an appeal is determined to not have standing, the appealing party will receive notice and explanation. A decision to deny an appeal because of a lack of standing is not appealable.
  - E. Upon receipt of a written appeal, an appellate panel consisting of up to three GERT members (or outside consultant(s)) will be selected to rule on the appeal.
    1. Appeals decisions are to be deferential to the original hearing body, making changes to the finding only where there is clear error and to the sanction only if there is a compelling justification to do so. An appeal is not an opportunity for appeals officers to substitute their judgment for that of the original hearing body merely because they disagree with the finding and/or sanctions.
    2. Any sanctions, excluding termination, employment transfer, or expulsion, imposed at the conclusion of an investigation will remain in effect during the appeals process. Termination, employment transfer, expulsion, or dismissal will be treated as a suspension from the conclusion of the application of sanctions to the conclusion of the appeal process. If employment termination, employment transfer, or expulsion are upheld in the appeal process, such sanction will be instituted immediately at the conclusion of the appeal.
    3. The appellate panel will rule on the appeal within 15 business days. Any extension of time beyond 15 business days will be communicated to both parties along with an updated timeframe for the ruling. If an appeal is granted, direction will be provided by the appellate panel regarding next steps. Appellate panel may:
      - a. Remand case to the original hearing panel.
      - b. Remand case to a new hearing panel.
      - c. Remand case back to the original investigators.
      - d. Remand case to a new set of investigators.
      - e. Make no change to the decision or sanction.

## **Amnesty**

- A. Amnesty for drug/alcohol possession and consumption violations
  1. ATSU strongly encourages students and employees to report potential violations of this policy. Therefore, good faith reporters to appropriate authorities regarding potential violations will not face University disciplinary action for their own drug/alcohol possession or consumption in connection with the reported incident.
  2. Amnesty for persons making a report in good faith does not include substance abuse counseling and/or rehabilitation, which may be necessary for employees or students with clinical responsibilities or patient contact.



## Free speech and academic freedom

- A. Faculty and other academic appointees, staff, and students of the University enjoy significant free speech protections guaranteed by the First Amendment of the U.S. Constitution.
- B. This policy is intended to protect members of the University community from discrimination, not to regulate protected speech.
- C. This policy will be implemented in a manner recognizing the importance of rights to freedom of speech and expression.
- D. The University also has a compelling interest in free inquiry and collective search for knowledge, and thus, recognizes principles of academic freedom as a special area of protected speech.
- E. Consistent with these principles, no provision of this policy will be interpreted to prohibit conduct legitimately related to course content, teaching methods, scholarship, or public commentary of an individual faculty member or the educational, political, artistic, or literary expression of students in classrooms and public forums.
- F. Freedom of speech and academic freedom are not limitless and do not protect speech or expressive conduct violating federal or state antidiscrimination laws.

**Record retention.** ATSU will maintain copies of the following documents/records relating to this policy in accordance with ATSU's record retention schedule.

- A. Each discrimination investigation report and evidence gathered;
- B. Final determination letters and disciplinary sanctions imposed upon respondent;
- C. Audio or audiovisual recordings or transcript of live hearings;
- D. Remedies provided to complainant in order to restore or preserve equal access to education programs or activities;
- E. Any appeal and the result therefrom;
- F. Informal resolution agreements;
- G. Supportive measures offered in response to a report or formal complaint of sexual harassment;
- H. Written basis explaining ATSU was not deliberately indifferent in its response to reports for formal complaints of sexual harassment, which is often a conclusion of the investigation report and hearing panel report;
- I. ATSU will retain all materials used to train Title IX coordinators, investigators, and any person who facilitates an informal resolution process;
- J. Documentation for reasons why supportive measures were not provided and why it was reasonable in light of known circumstances.

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## PROCEDURE(S)

The purpose of this general order is to provide an employment and a learning environment at A.T. Still University (“ATSU” or “University”) free from discrimination, harassment, and retaliation and ensure compliance with Title IX of the Education Amendments Act of 1972, the Violence Against Women Act Reauthorization of 2013, Title VII of the Civil Rights Act of 1964, and all other applicable national, state, and local laws. Discrimination, harassment, or retaliation by anyone—managers, administrators, supervisors, co-workers, students, or non-University personnel, including clients, vendors, and suppliers—on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), gender, sexual orientation, gender identity, age, disability, veteran status, or any other status protected by applicable law, is a violation of University policy and prohibited by ATSU. This policy ensures compliance with law, emphasis on a fair and equitable learning and work environment, and fair process for all concerned.

This policy, and excerpts from it, appears within many ATSU publications, both online and in print. For the most up-to-date version of this policy, refer to [atsu.edu/prohibition-of-discrimination-harassment-and-retaliation](https://atsu.edu/prohibition-of-discrimination-harassment-and-retaliation).

### Internal complaints regarding potential violations of the Clery Act, Title IX, or Title VII

To report violations of ATSU’s nondiscrimination policies, request information, or for assistance filing a police report, all ATSU community members may contact:

Dr. John Gardner, Title IX Coordinator

800 W. Jefferson St., Kirksville, MO, 63501  
660.626.2113 or johngardner@atsu.edu

Alternately, the following deputy Title IX coordinators are available at ATSU campuses.

	Mesa, Arizona, campus	Kirksville, Missouri, campus	Santa Maria, California, campus
Students	Michael Zajac Associate VP, Student Affairs Deputy Title IX Coordinator 5845 E. Still Circle Mesa, AZ 85206 480.219.6026 michaelzajac@atsu.edu	Lori Haxton Vice President, Student Affairs Deputy Title IX Coordinator 800 W. Jefferson St. Kirksville, MO 63501 660.626.2236 lhaxton@atsu.edu	Dr. Ryan K. Jefferson Director, Student Affairs Deputy Title IX Coordinator 1075 E. Betteravia Rd. Suite 201 Santa Maria, CA 93454 805.621.7651 ryanjefferson@atsu.edu

Employees, members of the public, or beneficiaries should contact:	Tonya Fitch	Donna Brown	Tonya Fitch
	Director, Human Resources	Assistant VP, Human Resources	Director, Human Resources
	Deputy Title IX Coordinator	Deputy Title IX Coordinator	Deputy Title IX Coordinator
	5845 E. Still Circle	800 W. Jefferson St.	5845 E. Still Circle
	Mesa, AZ 85206	Kirksville, MO 63501	Mesa, AZ 85206
	480.219.6007	660.626.2792	480.219.6007
	tfitch@atsu.edu	dbrown@atsu.edu	tfitch@atsu.edu

To anonymously and confidentially report situations or behavior prohibited by this policy, call the 24-hour service at 1.855.FRAUD-HL or use the secure online reporting form at [fraudhl.com](http://fraudhl.com). Reference company ID (“ATSU”) when making a report.

### Crime reporting options

<u>Facility</u>		<u>Emergency</u>	<u>Security</u>	<u>Police</u>
<u>Mesa, Arizona, campus</u>	<u>Off-campus</u>	<u>911</u>	<u>480.341.9075</u>	<u>480.341.9075, opt. 2</u>
	<u>On-campus</u>	<u>911</u>	<u>*7</u>	
<u>Kirksville, Missouri, campus</u>	<u>Off-campus</u>	<u>911</u>	<u>660.349.9513</u>	<u>660.785.6945</u>
	<u>On-campus</u>	<u>9-911</u>	<u>33</u>	
<u>Santa Maria, California, campus</u>	<u>Off-campus</u>	<u>911</u>	<u>805.245.6221</u>	<u>805.928.3781</u>
	<u>On-campus</u>	<u>911</u>	<u>805.245.6221</u>	
<u>St. Louis Dental Center</u>	<u>Off-campus</u>	<u>911</u>	<u>314.814.8568</u>	<u>314.231.1212</u>
	<u>On-campus</u>	<u>4444</u>	<u>314.814.8568</u>	

If you are in an area without an identified ATSU facility, please contact 911 to report a crime or seek police assistance.

**On-campus, confidential resources available for students**

ATSU Behavioral Health & Wellness Counseling Services ([atsu.edu/counseling\\_services](https://atsu.edu/counseling_services))

Mesa, Arizona, campus	Kirkville, Missouri, campus	Santa, Maria, California, campus	St. Louis Dental Center
Desirai Browning Behavioral Health & Wellness Counselor 480.219.6170 <a href="mailto:desiraibrowning@atsu.edu">desiraibrowning@atsu.edu</a>	Sarah Thomas Behavioral Health & Wellness Counselor 660.626.2751 <a href="mailto:sarahthomas@atsu.edu">sarahthomas@atsu.edu</a>	Timely Care 833-4-TIMELY	Sarah Thomas Behavioral Health & Wellness Counselor 660.626.2751 <a href="mailto:sarahthomas@atsu.edu">sarahthomas@atsu.edu</a>
Timely Care 833-4-TIMELY	Phil Jorn Behavioral Health & Wellness Counselor 660.626.2138 <a href="mailto:philjorn@atsu.edu">philjorn@atsu.edu</a>		Phil Jorn Behavioral Health & Wellness Counselor 660.626.2138 <a href="mailto:philjorn@atsu.edu">philjorn@atsu.edu</a>
	Timely Care 833-4-TIMELY		Timely Care 833-4-TIMELY

Regulatory complaints regarding potential violations of the Clery Act, Title IX, or Title VII may be directed to:

Location	Title IX and Clery Act	Title VII

Missouri	U.S. Department of Education One Petticoat Lane 1010 Walnut Street, Suite 320 Kansas City, MO 64106 816.268.0550 816.268.0559 fax OCR.kansascity@ed.gov	U.S. Equal Employment Opportunity Commission Robert A. Young Federal Building 1222 Spruce Street, Room 8100 St. Louis, MO 63103 800.669.4000 314.539.7894 fax 800.669.6820 TTY
Arizona	U.S. Department of Education Cesar E. Chavez Memorial Building 1244 Speer Boulevard, Suite 310 Denver, CO 80204 303.844.5695 303.844.4304 fax OCR.Denver@ed.gov	U.S. Equal Employment Opportunity Commission 3300 North Central Avenue Suite 690 Phoenix, AZ 85012 800.669.4000 602.640.5071 fax
California	U.S. Department of Education 915 Second Avenue, Room 3310 Seattle, WA, 98174 206.607.1600 206.607.1601 fax OCR.SanFrancisco@ed.gov	U.S. Equal Employment Opportunity Commission 450 Golden Gate Avenue 5 West P.O. Box 36025 San Francisco, CA 94102 800.669.4000 415.522.3415 fax

## Resources

Off-campus counseling and victim support are available through:

National Sexual Assault Hotline - 800.656.4673

Mesa Victim Services Unit (Arizona) - 480.644.4075

Santa Maria Rape Crisis Center Hotline (California) - 805.928.3554

St. Louis Regional Sexual Assault Hotline (Missouri) - 314.531.7273

Employees may access the Employee Assistance Program (EAP) by calling 877.622.4327 or by visiting [mycigna.com](http://mycigna.com)

## Policy definitions

**Advisor** – A person selected by the complainant or respondent to be present at interviews or the hearing process. Advisors may not answer questions on behalf of their party. Advisors pose questions on behalf of their party in the hearing setting. Advisors may not contact the other party except in the hearing setting. The Title IX coordinator can provide an advisor for a party if the party so desires. A party may request from the Title IX coordinator for more than one advisor if there is a support need, including a disability accommodation. Evidence from a healthcare

professional, or similarly situated expert, of a support need will be required. Advisors will present themselves in a professional manner. Investigators, hearing board chairs, and other institutional officials may remove an advisor from the process if the advisor's behavior is abusive, belligerent, or otherwise inconsistent with a professional nature. A party will be able to replace their advisor if removed.

**Appellate panel** – A group of trained ATSU employees from the Grievance and Equity Response Team (GERT) who reviews appeals of findings from the Title IX Grievance Process or General Discrimination Grievance Process.

**ATSU community member** – A person participating in or attempting to participate in an ATSU education program as an employee, student, prospective student, alumni, or similarly positioned individual.

**Coercion** – Coercion is *unreasonable* pressure for sexual activity. Coercive conduct differs from seductive conduct based on factors including the type and/or extent of the pressure used to obtain consent. When someone makes clear they do not want to engage in certain sexual activity, wants to stop, or does not want to go past a certain point of sexual interaction, continued pressure beyond that point can be coercive.

**Complainant** – An ATSU community member who alleges their educational or employment rights were infringed upon based on class-based (race, sex, gender, etc.) discrimination or harassment.

**Investigation** – A process conducted by unbiased investigators to gather and synthesize evidence while providing analysis of the credibility of evidence. In the General Discrimination Grievance Process, investigator(s) will make a determination of *in violation* or *not in violation of policy*. In the Title IX Grievance Process, the investigator(s) will not make a determination of *in violation* or *not in violation*, but instead, determine the facts to be considered by the hearing panel.

**Consent** – Consent is knowing, voluntary, and clear permission by word or action to engage in sexual activity. For consent to be valid, there must be a clear expression in words or actions that the other individual consented to that specific sexual conduct. Reasonable reciprocation can be implied. For example, if someone kisses you, you can kiss him/her back (if you want to) without the need to explicitly obtain *his/her* consent to being kissed back. Consent can also be withdrawn once given, as long as the withdrawal is reasonably and clearly communicated. If consent is withdrawn, that sexual activity should cease within a reasonable time. Consent to some sexual contact (including kissing or fondling) cannot be presumed to be consent for other sexual activity (including intercourse). A current or previous intimate relationship is not sufficient to constitute consent.

**Finding** – The determination of the hearing panel (Title IX Grievance Process) or investigators (General Discrimination Grievance Process) regarding a violation of policy based on the preponderance of the evidence standard.

**Force** – Force is the use of physical violence and/or physical imposition to gain sexual access. Force also includes threats, intimidation (implied threats), and coercion intended to overcome resistance or produce consent (e.g., "Have sex with me, or I'll hit you." "Okay, don't hit me, I'll do what you want.").

Sexual activity that is forced is, by definition, non-consensual, but non-consensual sexual activity is not necessarily forced.

Silence or the absence of resistance alone is not consent. Consent is not demonstrated by the absence of resistance. While resistance is not required or necessary, it is a clear demonstration of non-consent.

**General discrimination** – Discrimination or harassment not defined or covered under Title IX regulations and the Title IX Grievance Process.

**Grievance and Equity Response Team (GERT)** – A team of trained ATSU employees who serve as advocates, investigators, hearing panel members, and appellate panel members within the grievance process. GERT membership is maintained and trained by the Title IX coordinator.

**Hearing panel** – A group of trained ATSU employees (usually three) from the GERT who hear and conduct a proceeding to determine a finding regarding a formal complaint of discrimination in the Title IX Grievance Process.

**Incapacitation** – A person cannot consent if they are unable to understand what is happening or is disoriented, helpless, asleep, or unconscious for any reason, including by alcohol or other drugs. Incapacitation occurs when someone cannot make rational, reasonable decisions, because they lack the capacity to give knowing/informed consent (e.g., to understand the “who, what, when, where, why, or how” of the sexual interaction). Incapacitation is determined through consideration of all relevant indicators of an individual’s state and is not synonymous with intoxication, impairment, blackout, and/or being drunk. This policy also covers a person whose incapacity results from a temporary or permanent physical or mental health condition, involuntary physical restraint, and/or the consumption of incapacitating drugs. Incapacitation should be evaluated from the ability of the respondent to know of the incapacitation.

**Preponderance of evidence** – The standard of evidence used in this policy. This standard indicates it is more likely than not of a finding of either in violation or not in violation of policy.

**Recipient** – The institution receiving federal funding. In this policy, the recipient is ATSU.

**Respondent** – Party accused of violating ATSU policy.

### **General overview of grievance processes**

The general overview of grievance processes is a simplified guide. For specific information about each process, please review the actual processes, *Title IX Prohibited Conduct and Grievance Process* and *General Discrimination Prohibited Conduct and Grievance Process* below.

### **D. Initial review of formal complaints. Formal complaints of discrimination and harassment made under this policy will be reviewed under a multipronged approach.**

1. Formal complaints will be reviewed to consider whether they are sex (including pregnancy), gender, or sexual orientation based in nature. Formal complaints which could be sex (including pregnancy), gender, or sexual orientation based in nature will be considered initially under the Title IX Grievance Process. Formal complaints which are not sex (including pregnancy), gender, or sexual orientation based will be routed to the General Discrimination Grievance Process.
2. Sex (including pregnancy), gender, or sexual orientation formal complaints routed to the Title IX Grievance Process will be reviewed as to whether they fall under Title IX Final Rule published in the Federal Register, May 19, 2020.
3. If a sex (including pregnancy), gender, or sexual orientation formal discrimination complaint at any point is dismissed as a potential violation under the Title IX Grievance Process (See *Title IX Prohibited Conduct*

*and Grievance Process.*), it will be reviewed as a potential violation under the General Discrimination Grievance Process (See *General Discrimination Prohibited Conduct and Grievance Process.*).

4. Components of discrimination or harassment, which indicate a potential violation of both the Title IX and General Discrimination Grievance Process, will be considered under the Title IX Grievance Process. If no Title IX violation is found, the complaint may be considered under the General Discrimination Grievance Processes.
5. Promotion and progress boards are not involved in the hearing, investigation, sanctioning, or appeal process of formal complaints of discrimination, harassment, or retaliation based on class.

#### **E. Title IX Grievance Process summary**

1. Any formal complaint routed to the Title IX grievance process will be reviewed first to determine if there are grounds for immediate dismissal (See *Title IX Prohibited Conduct and Grievance Process B.2.*). If the formal complaint is dismissed under the Title IX Grievance Process, it may be reviewed under the General Discrimination Grievance Process.
2. If there are no grounds for dismissal, there will be notice of investigation provided to both the complainant and respondent.
3. Both parties will have opportunities for supportive measures.
4. A formal resolution process will begin, which includes an investigation by an impartial investigator(s), a hearing before an impartial hearing panel of one to three panel members, the opportunity to present witnesses and evidence, the opportunity to cross-examine the other party's witnesses, and the opportunity to appeal.
5. Parties have the opportunity to move from a formal resolution process to an informal resolution process in some instances based on the nature of the complaint.
6. In the formal resolution process, the hearing panel decides on policy violation(s) and sanctions.
7. Both parties have the opportunity to appeal a dismissal or a finding. If an appeal has standing under the policy, an appellate panel will rule on the appeal. Written notice will be provided to the parties following the appellate panel report.

#### **F. General Discrimination Grievance Process summary**

1. A discrimination and harassment complaint, which is not sex (including pregnancy), gender, or sexual orientation related or dismissed under the Title IX Grievance Process, will be reviewed under the General Discrimination Grievance Process.
2. Initial steps include a meeting between the investigator and the complainant and implementation of reasonable supportive measures, as requested.
3. If it is determined that if all alleged facts are true there would still be no policy violation, the complaint will be dismissed, and the investigator will produce a report stating such conclusion.
4. If there is a determination of a potential policy violation, notice will be provided to the respondent and appropriate supportive measures provided.
5. An investigation by an unbiased investigator(s) will begin.
6. Written notice to both parties of the investigation findings, including determination of responsibility, sanctions, and available appeal procedures, will be provided to both parties. Both parties have the right to appeal the decision of the investigator to an appellate panel, provided the appeal has standing under this policy. The appellate panel's decision will be communicated to the parties in writing.

#### **Title IX Prohibited Conduct and Grievance Process**

This process applies to ATSU community members in their dealings with each other within the educational program of ATSU. If through this process, any University employee or student is found in violation of this policy, then they will be subject to corrective action up to and including termination or dismissal. University employees or students may be disciplined, up to and including termination or dismissal, for engaging in behavior disrespectful, disruptive, or otherwise prohibited by this policy, regardless of whether such behavior constitutes harassment



prohibited by law. Patient complaints related to discrimination or harassment will be addressed under [ATSU Policy No. 30-103: Patient Complaints](#).

### C. Prohibited conduct under Title IX

1. Prohibited conduct includes unwelcome conduct, whether verbal, non-verbal, physical, or visual, based on or relates to an individual's sex (including pregnancy), gender, or sexual orientation, which occurs within the U.S. as a part of the recipient's program or activity to a person who participates in a recipient's program or is attempting to participate in a recipient's program and such conduct has the effect of creating a hostile environment, constitutes quid pro quo harassment, or constitutes sexual assault, dating violence, domestic violence, or stalking.
  - a. Hostile environment
    1. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive it effectively denies a person equal access to the recipient's education program or activity or alters the conditions of employment from both a subjective (the alleged victim's) and an objective (a reasonable person standard) viewpoint.
    2. Determination of whether an environment is "hostile" will be based upon circumstances, including:
      - a. Conduct's frequency;
      - b. Conduct's nature and severity;
      - c. Whether the conduct was physically threatening;
      - d. Whether the conduct was humiliating;
      - e. Conduct's effect on the alleged victim's mental or emotional state;
      - f. Whether the conduct was directed at more than one person;
      - g. Whether the conduct arose in the context of other discriminatory conduct;
      - h. Whether the conduct unreasonably interfered with the alleged victim's educational or work performance;
      - i. Whether the statement is an utterance of an epithet, which engenders offense in an employee or student or offends by mere discourtesy or rudeness;
      - j. Whether the speech or conduct deserves the protections of academic freedom or the First Amendment of the U.S. Constitution; and
      - k. Whether the conduct impacts the educational or work environment, regardless of the location of the actual harassment, discrimination, or retaliation.
    3. Examples of prohibited conduct include, but are not limited to, jokes, epithets, slurs, insults, negative stereotyping, written or graphic material (including emails), or any threatening or intimidating acts denigrating or showing hostility toward an individual and relate to sex (including pregnancy), gender, or gender identity.
    4. Prohibited behavior also includes any unwelcome behavior of a sexual nature, including sexual advances and propositions; requests for sexual favors; sexual jokes, comments, suggestions, or innuendos; foul or obscene gestures or language; display of foul, obscene, or offensive printed or visual material; unwelcome physical contact of a sexual nature, including bodily contact with the breast, groin, or buttocks; patting, pinching, hugging, or brushing against another individual's body; and any other unwelcome verbal, non-verbal, physical, or visual conduct of a sexual nature where:
      - a. Submission to such conduct is an explicit or implicit condition of employment or education; or
      - b. Submission to or rejection of such conduct is used as a basis for employment-related or academic related decisions, including promotion, discharge, performance evaluation, pay adjustment, discipline, work assignment, or any other condition of employment or career or academic development; or

- c. Such conduct has the effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, abusive, or offensive working or educational environment.
- b. Quid pro quo harassment
  - 1. An employee of the recipient conditioning the provision of an aid, benefit, or service of the recipient on an individual's participation in unwelcome sexual conduct;
  - 2. A person having power or authority over another constitutes sexual harassment when submission to sexual conduct is made either explicitly or implicitly a term or condition of rating or evaluating an individual's educational or employment progress, development, or performance. This includes when submission to such conduct would be a condition for access to receiving the benefits of any educational or employment program.
- c. Sexual assault, dating violence, domestic violence, and stalking
  - 1. Sexual assault, defined as:
    - a. Sex offenses, forcible – Any sexual act directed against another person, without the consent of the complainant, including instances where the complainant is incapable of giving consent. This includes attempts to commit any of the following acts.
    - b. Forcible rape – Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the complainant.
    - c. Forcible sodomy – Oral or anal sexual intercourse with another person, forcibly and/or against that person's will, or not forcibly or against the person's will (non-consensually) in instances where the complainant is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity.
    - d. Sexual assault with an object – To use an object or instrument to penetrate, however slightly, the genital or anal opening of the body of another person, forcibly and/or against that person's will, or not forcibly or against the person's will (non-consensually) in instances where the complainant is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity.
    - e. Forcible fondling – The touching of the private body parts of another person (buttocks, groin, breasts) for the purpose of sexual gratification, forcibly and/or against that person's will (nonconsensual), or not forcibly or against the person's will in instances where the Complainant is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity.
    - f. Sex offenses, nonforcible – Nonforcible sexual intercourse. This includes attempts to commit any of the following acts.
      - i. Incest – Nonforcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by state law.
      - ii. Statutory rape – Nonforcible sexual intercourse with a person who is under the statutory age of consent where the violation occurs.
  - 2. Dating violence, defined as: Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the complainant. The existence of such a relationship shall be determined based on the complainant's statement and with consideration of the length of the relationship, type of relationship, and frequency of interaction between the persons involved in the relationship. For purposes of this definition,
    - a. Dating violence includes, but is not limited to, sexual or physical abuse or the threat of such abuse.
    - b. Dating violence does not include acts covered under the definition of domestic violence.
  - 3. Domestic violence, defined as:

- a. A felony or misdemeanor crime of violence committed against the complainant by a:
    - i. Current or former spouse or intimate partner of the complainant;
    - ii. Person with whom the complainant shares a child in common;
    - iii. Person who is cohabitating with, or has cohabitated with, the complainant as a spouse or intimate partner; or
    - iv. Person similarly situated to a spouse of the complainant under the state or local domestic or family violence laws.
    - v. Any other person against an adult or youth complainant who is protected from that person's acts under state or local domestic or family violence laws.
  - b. Domestic violence does not apply to those who are roommates, but do not meet other components of the definition.
4. Stalking defined as:
- a. Engaging in a course of conduct directed at a specific person that would cause a reasonable person to:
    - i. Fear for the person's safety or the safety of others; or
    - ii. Suffer substantial emotional distress.
  - b. For the purposes of this definition:
    - i. Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property.
    - ii. Reasonable person means a reasonable person under similar circumstances and with similar identities to the complainant.
    - iii. Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily require medical or other professional treatment or counseling.
5. Additional sex-based complaints of discrimination or harassment, which are mandated by state law, federal court decisions, or state court decisions to have a hearing as a part of the grievance process, will follow the Title IX Prohibited Conduct and Grievance Process.

#### **D. Title IX grievance procedures**

1. Any individual, who feels s/he has witnessed or experienced behavior prohibited by this policy or who has questions, concerns, or information regarding violations of this policy, should immediately report the circumstance(s) or incident(s) to their supervisor or one of the contact persons described in this policy. Once a report is shared with the Title IX coordinator or deputy Title IX coordinator, the complainant will be notified in writing of their ability to file a formal complaint. All University employees are required to report any knowledge of violation of this policy, with the limited exception of licensed professional mental health counselors and other persons with a professional license requiring confidentiality who are working within that license.
  - a. Those doing confidential research approved by ATSU's Institutional Review Board are not required to report instances of harassment, discrimination, or retaliation reported to them within the specific scope of research. However, researchers must contact the Title IX coordinator to receive guidance on providing the research subject with information on reporting and access to supportive measures and interim remedies.
  - b. If a complainant does not wish for a formal complaint to move forward, the Title IX coordinator (or designee) may move forward and submit a formal complaint if there is a compelling risk to health or safety of individuals or the community based on a risk assessment. The risk may be based on pattern, predatory behavior, abuse of minors, use of weapons, and/or violence.

2. Upon receipt of a formal discrimination or harassment complaint based on sex, the Title IX coordinator (or designee) will conduct an initial assessment of the formal complaint to determine whether it indicates a possible violation of this policy. If a report is made, the Title IX coordinator (or designee) will review the report in an initial meeting with the complainant. Objectives of this initial meeting will be to reduce the report to writing, stop the harassment, prevent its recurrence, and take steps to remedy its effects in the interim.
  - a. A report must be made in writing to the Title IX coordinator or a deputy Title IX coordinator to initiate an initial assessment, which may lead to an investigation.
  - b. A complainant may receive supportive measures without submitting a formal complaint in writing. Supportive measures include, but are not limited to, academic, housing, co-curricular activity, and employment adjustments, temporary no-contact orders, and other steps to stop the behavior and prevent its occurrence in the interim.
  - c. The Title IX coordinator (or designee) will review the formal complaint to determine if there is a need to dismiss it as a Title IX violation and refer it to the General Discrimination Grievance Process.
    1. Mandatory dismissal under Title IX will occur because:
      - a. Alleged behavior did not occur within the U.S.
      - b. Alleged behavior did not occur within the education program or activity (including buildings or property controlled by recognized student organizations), and/or the respondent is not within ATSU's jurisdiction.
      - c. Alleged behavior did not meet the definition of sexual harassment, sexual assault, stalking, domestic violence, or dating violence in the policy.
      - d. Complainant was not participating or attempting to participate in the educational program or employment of the recipient.
    2. Discretionary dismissal by ATSU may occur when:
      - a. Complainant wishes to withdraw the formal complaint (if the complainant notifies the Title IX coordinator, in writing, of this wish).
      - b. Respondent is no longer enrolled or employed by the recipient.
      - c. There are specific circumstances preventing ATSU from gathering evidence sufficient to reach a determination as to the formal complaint or allegations therein.
    3. If a federal or state court requires a hearing for sex- or gender-based offenses, then dismissal under B.2.c.1 and B.2.c.2 do not apply.
3. Reports are reviewed, investigated, and heard by GERT members. In some instances, an outside party may be contracted to complete some or all of the roles in the grievance process.
  - a. GERT is made up of the Title IX coordinator, deputy Title IX coordinators, and other employees trained to serve in a variety of roles within the grievance process.
  - b. GERT members receive annual training. This training may include the following topics, processes, and skills, but is not limited to: 1) Training topics: definition of sexual harassment, scope of the recipient's education program or activity, impartiality, how to avoid prejudging of facts, conflicts of interest, bias, issues of relevance as it relates to questions and evidence (specifically as how it relates to sexual predisposition or prior sexual behavior), 2) Processes: how to conduct an investigation, hearing, appeal, and an informal resolution, and 3) Skills: ability to use technology in a live hearing, writing of investigative reports, and writing of hearing and appeals decisions.
  - c. GERT members are required to attend annual training. Training is posted on [atsu.edu/titleix](https://atsu.edu/titleix).
4. If, following initial review of the complaint, it is determined no potential policy violations exist, the Title IX coordinator (or designee) will produce a report stating such conclusion, including all elements of the initial meeting and supportive measures taken.

5. If, after an initial meeting between the Title IX coordinator (or designee) and a complainant, it is determined any part of this policy may have been violated, the complainant may choose to utilize a formal or informal process to address the complaint:
  - a. Whether a formal or informal complaint, the respondent and complainant will receive notice of the accusations with:
    1. Applicable policies with specific sections of violation identified
    2. Notice of details of allegation(s)
    3. Identities of parties involved
    4. Date(s) of incident(s)
    5. Location(s) of incident(s)
    6. A statement that the respondent is presumed not in violation of policy
    7. Access to applicable policies
    8. A reminder of the expectation for truthfulness in the process
  - b. Informal resolution - Typically used for less serious offenses and when the respondent is willing to accept responsibility for some or all of the alleged violation(s). The complainant and respondent must agree to informal resolution in writing.
    1. An informal resolution is available to the parties at any time up until a determination has been made within a formal process.
    2. Any party involved within an informal resolution may stop it at any time up until an agreement is achieved and request a formal resolution process.
    3. Informal resolution process:
      - a. Parties engage in a dialogue regarding the accusations through a trained facilitator (often the Title IX coordinator). This may be in person, through shuttle diplomacy, or some other manner.
      - b. Respondent may accept responsibility for all or some of the allegations.
      - c. Sanctions and remedies are determined by the parties through dialogue and not by ATSU.
      - d. Parties come to a written resolution which will be maintained on record by the Title IX coordinator.
    4. Both parties may have an advisor of their choice present for the informal resolution.
    5. ATSU will provide both parties in an informal resolution with written notice of the reported misconduct and any sanctions or remedies that may result from the process.
    6. If an informal resolution process is initiated and then stopped, information shared during the informal resolution discussion or process may not be used in the formal resolution process.
    7. Parties who begin an informal resolution and request to return to a formal resolution for any reason will not be able to return to the informal resolution process.
    8. An informal resolution cannot be conducted between an employee and student. Informal resolutions may only be utilized in employee/employee or student/student complaints.
    9. Parties who reach an agreement through an informal resolution waive their appeal rights.
    10. A resolution within the informal resolution process is made with the agreement of non-disclosure, and the resolution is binding. Either party who violates the resolution may be in violation of additional policies. Once the agreement is made, there cannot be a formal process resolution.
  - c. Formal resolution - Investigation and a hearing before neutral, impartial panel members, subject to appeal and final determination. Remedies to restore those impacted will be implemented upon a finding of a policy violation.
    1. Investigation
      - a. Length of investigations is based on a number of factors and variables, including nature and detail of complaint received, complexity of investigation, and cooperation level of parties and witnesses.

- b. Investigations will be completed within a prompt and reasonable timeframe dependent on the context and facts related to the complaint.
  - c. Parties will be regularly updated as to projected timeline for completion of the investigation. During the process, parties will be given timely notice of any meetings at which either or both may be present. Parties will have equal opportunity to present witnesses and provide evidence. Both parties have the opportunity to have an advisor of their choice. If either party does not have an advisor during the investigative process, ATSU will provide an advisor for the party, if the party wishes. During the hearing process, an advisor is required and will be provided to the parties if they do not have one. It is advised supervisors of the parties should not be advisors. If a supervisor of the respondent is the advisor of choice for either party, the supervisor will not be involved within the sanctioning process. Parties' advisors may not contact investigators, Title IX coordinator, hearing panel members, or appellate panel members directly. All contact should be initiated and carried out by the parties themselves.
  - d. Investigators will be assigned from the GERT in an effort to provide the most fair and impartial process. In some circumstances, investigators may be third party consultants.
  - e. If a respondent withdraws from the University during the investigation process, the respondent will not be permitted to re-enroll until disposition of the case, and a notation will be placed on their transcript.
  - f. At the conclusion of the investigation process, the investigation report and evidence collected will be submitted to the Title IX coordinator (or designee), in order to share the report with the parties and provide the report and evidence for the hearing panel.
    - 1. A draft of the investigative report will be provided to the parties. The parties will have 10 business days to respond in writing to the draft report.
    - 2. After receiving responses to the draft report or waiting 10 business days and there is no response, investigators will review additional material provided by the parties and compile the final investigation report.
    - 3. The final investigation report will be provided to the parties, who will have 10 business days to respond to the final investigative report in writing prior to the beginning of the hearing process.
    - 4. In addition to the final report, parties will receive all evidence collected in the investigative process.
2. Hearing
- a. The hearing will be conducted live. Hearings may be conducted virtually or in person depending on case circumstances. Parties will be notified of the hearing time and date no fewer than 10 business days in advance. Notification will include a description of violations of policy; date, time, and location of the hearing; rules of the hearing, and hearing panel members. Rescheduling of the hearing is at the hearing panel chair's sole discretion. In the case of multiple respondents, there may be joint or separate hearings, and the notice will so indicate.
  - b. The panel chair will conduct the hearing.
  - c. The hearing panel will be selected from GERT, who have not previously been involved in the case and have no known bias. ATSU may utilize third party consultants as hearing panel members and chairs. Any objections to hearing panel members must be raised in writing to the Title IX coordinator no fewer than five days prior to the hearing. Removal or changing of a hearing panel member is at the discretion of the Title IX coordinator (or designee).
  - d. Prior to the hearing, a pre-hearing conference will be offered to both parties. The pre-hearing conference will discuss procedural expectations with the parties, answer questions, and resolve any contested areas of process. Issues of relevance regarding lines of questioning and evidence are best decided in the pre-hearing conference rather than during the hearing. The pre-hearing conference will not be recorded.

- e. Hearing panel will review the witness testimony, investigator report, and other submitted evidence in order to make a decision of the respondent being in violation or not in violation.
- f. Hearing will proceed at the scheduled time, unless rescheduled by the panel chair. Absence of parties, witnesses, or advisors will not postpone a hearing.
- g. Both parties may choose to submit an impact statement. The impact statement must be provided to the Title IX coordinator at least one day prior to the hearing. The impact statements will be held by the Title IX coordinator; if the respondent is found responsible at the hearing, impact statements will be provided to the hearing panel for its use during the sanctioning phase.
- h. Hearing panel will begin the hearing with an assumption of not in violation on behalf of the respondent. As evidence is introduced, the hearing panel will evaluate credibility of the evidence until all evidence is presented to develop a finding.
- i. Hearing panel will use “preponderance of evidence” standard of evidence when determining whether there is a violation of policy.
- j. Order of the hearing:
  1. Welcome and explanation of the process
  2. Presentation of investigative report by the investigator
  3. Witnesses for complainant and complainant’s testimony
  4. Witnesses for respondent and respondent’s testimony
  5. Witnesses requested by hearing panel
  6. Conclusion of hearing and notification of timeline for finding
- k. The hearing panel may create time limits for different aspects of the hearing process including how long an advisor has to question a party or witness, presentation of the investigative report, opening or closing remarks, etc. Time limits should be equal between the parties.
- l. Investigators will present their investigation report during the hearing. The investigative report will not make an indication of findings, but share evidence found during the investigation. Investigators are not to share an opinion regarding whether or not a violation occurred.
- m. Parties are entitled to provide witnesses at the hearing. Parties may submit witness lists. Any witness lists must be submitted to the Title IX coordinator no fewer than five business days in advance of the hearing. Witnesses, not submitted five business days prior to the hearing, may not be permitted to participate. The hearing panel chair will notify all parties of the shared witness list no fewer than two business days prior to the hearing. The investigator must have previously questioned all witnesses (If an in-person or virtual questioning is not possible, written response to questions may be accepted as an investigator interview.). It is the parties’ responsibility to ensure their witnesses are present at the hearing. Hearing panel will ask its questions of each witness prior to direct questioning and cross-examination by the parties’ advisors. If a party’s advisor does not arrive for the hearing, ATSU will provide an advisor to conduct direct and cross-examination questions provided by the party.
- n. Parties, by their advisors, may question their own witnesses and cross-exam witnesses submitted by a different party. Advisors for parties will conduct questioning, and not the parties themselves. Advisors are to submit their questions from a seated position and in a professional tone. Parties, witnesses, or advisors who behave in a non-professional manner may be removed by the hearing panel chair. Witnesses may only be present for the part of the hearing in which they are questioned. The decision makers may consider testimony and evidence provided at the hearing or within the investigative process. The panel may consider evidence collected during the investigation including interview summaries, transcripts, document evidence, or other evidence regardless of whether a party or witness submits to direct or cross examination. A party or witness’ willingness to submit to cross examination or direct examination may impact the credibility analysis by the hearing panel.

- o. The hearing panel chair will communicate a process to parties, advisors, and witnesses regarding whether a question is relevant and, therefore, whether a party should answer. The hearing panel chair has absolute discretion to determine which questions are relevant and may decline to pose or permit certain questions based on relevance. Rationale for not permitting certain questions must be provided within two business days to the submitting party. Questions are usually not allowed because of lack of relevance, repetition, or because they are abusive in nature.
  - p. Parties and witnesses are encouraged to respond to the hearing panel chair's approved questions submitted by the advisors and hearing panel. A party does not need to be present for an advisor to ask direct and cross-examination questions of witnesses or other parties.
  - q. Each party also has the opportunity to refer the hearing panel to inculpatory evidence (evidence indicating the respondent violated policy) or exculpatory evidence (evidence indicating the respondent did not violate policy) which has already been submitted during the investigation. Evidence submitted during the investigation will be available to the hearing panel and does not need to be resubmitted during a hearing. Evidence should be submitted during the investigation period and not during the hearing period. The hearing panel chair has the right to deny admittance of evidence not submitted during the investigation or to refer the case back to the investigation stage.
  - r. Unless the Title IX coordinator (or designee) determines it is appropriate, no one will present information or raise questions concerning: (1) incidents not directly related to the possible violation, unless such incidents evidence a pattern; (2) sexual history of the parties (Though there may be a limited exception with respect to pattern, sexual history between parties, or where evidence regarding the complainant's sexual history is offered to prove a person or persons, who are not the respondent, engaged in the reported misconduct, if relevant); or (3) character of the parties. While previous conduct violations by the respondent are not generally admissible as information about the present allegation, investigators may supply the hearing panel with information about previous findings to consider as possible evidence of pattern and/or predatory conduct. There will be no observers of the hearing and no more than one advisor per party at the hearing. If a party has need for a supplemental advisor related to a disability or language translation, it may be allowed based on a review of documentation. The need for a support advisor related to a disability or language translation must be arranged prior to the hearing with the Title IX coordinator (or designee).
  - s. The hearing will be recorded only by the Title IX coordinator (or designee) and only for potential use in appeals. There are to be no other recordings by the parties or anyone else. If there is an appeal, the recording may be reviewed by the parties and their advisors in a controlled setting to be determined by the Title IX coordinator (or designee). No copies of the recording will be provided.
  - t. Deliberations will occur with only the hearing panel and the Title IX coordinator (or designee) present. The Title IX coordinator (or designee) is only present to clarify questions. The hearing panel will make the final decision. Deliberations are not recorded.
  - u. Simultaneous written notice to the parties describing hearing findings, including determination of responsibility and sanctions and available appeal procedures, will occur within five business days of the hearing. Any delay within the notification of findings and sanctions will be communicated to the parties simultaneously.
- d. All ATSU employees who are not named as respondents must cooperate fully with any investigations and hearings.
- 1. Exception - Employees acting under a professional license, which provides privilege (i.e., behavioral health & wellness counselors)
  - 2. Employees who have a professional license, which provides privilege, but are not acting under that license, do not have privilege (i.e., a healthcare provider serving in a professor role).



3. Academic information protected under the Family Educational Rights and Privacy Act (FERPA) is available to investigations as legitimate educational interest.
- e. Complainant, respondent, and appropriate officials will be given timely and equal access to information to be used during informal and formal disciplinary meetings and hearings.
- f. Complainants and respondents are able to gather their own evidence and may discuss the allegations in the process of gathering evidence.

### **General Discrimination Prohibited Conduct and Grievance Process**

This process applies to all University employees and students in their dealings with each other and to all University employees and students in their dealings with third parties. Patient complaints related to discrimination or harassment will be addressed under [ATSU Policy No. 30-103: Patient Complaints](#). If through this process, any University employee or student is found in violation of this policy, then they will be subject to corrective action up to and including termination or dismissal. University employees or students may be disciplined, up to and including termination or dismissal, for engaging in behavior disrespectful, disruptive, or otherwise prohibited by this policy, regardless of whether such behavior constitutes harassment prohibited by law.

#### **C. General discrimination prohibited conduct**

1. Prohibited conduct includes unwelcome conduct, whether verbal, non-verbal, physical, or visual, that is based on or relates to an individual's race, color, religion, ethnicity, national origin, age, disability, veteran status, or any other status protected by applicable law, and has the effect of creating a hostile environment which:
  - a. Has the effect of unreasonably interfering with an individual's work or student's performance.
  - b. Has the effect of otherwise adversely affecting an individual's employment or educational opportunities.
2. A hostile environment is any situation in which there is harassing conduct sufficiently severe, pervasive, or objectively offensive to alter the conditions of employment or limit, interfere with, or deny educational benefits or opportunities, from both a subjective (the alleged victim's) and an objective (a reasonable person's standard) viewpoint.
3. Determination of whether an environment is "hostile" will be based upon circumstances, including:
  - a. Conduct frequency;
  - b. Conduct's nature and severity;
  - c. Whether conduct was physically threatening;
  - d. Whether conduct was humiliating;
  - e. Effect of conduct on the alleged victim's mental or emotional state;
  - f. Whether conduct was directed at more than one person;
  - g. Whether conduct arose in the context of other discriminatory conduct;
  - h. Whether conduct unreasonably interfered with the alleged victim's educational or work performance;
  - i. Whether the statement is an utterance of an epithet, which engenders offense in an employee or student, or offends by mere discourtesy or rudeness;
  - j. Whether the speech or conduct deserves the protections of academic freedom or the First Amendment of the U.S. Constitution.
  - k. Examples of prohibited conduct include, but are not limited to, jokes, epithets, slurs, insults, negative stereotyping, written or graphic material (including emails), or any threatening or intimidating acts denigrating or showing hostility toward an individual and relate to race, color, religion, ethnicity,

national origin, sexual orientation, age, disability, veteran status, or any other status protected by applicable law.

D. Discrimination, harassment, and retaliation grievance procedures

1. Any individual who feels they have witnessed or experienced behavior prohibited by this policy or who has questions, concerns, or information regarding violations of this policy must immediately report the circumstance(s) or incident(s) to their supervisor or one of the contact persons described within this policy.
2. Upon receipt of a discrimination, harassment, or retaliation report, the University will conduct a prompt, thorough, and impartial review, evaluating all relevant information and documentation relating to the report.
  - a. If a report is made, ATSU's Title IX coordinator (or designee) will review the report in an initial meeting with the reporting party. Objectives of this initial meeting will be to reduce the report to writing, stop the harassment, prevent its recurrence, and take steps to remedy its effects in the interim.
  - b. If, following the initial review of the complaint, it is determined no potential policy violations exist, the Title IX coordinator (or designee) will produce a report stating such conclusion, including all elements of the initial meeting and interim remedial steps taken.
  - c. Interim remedial steps may include academic or work adjustments, no contact orders, temporary suspension of the responding party, or any other reasonable measure to facilitate the end and prevention of harassment or discrimination.
  - d. If, after an initial meeting between ATSU's Title IX coordinator (or designee) and a reporting party, it is determined any part of this policy may have been violated, a full investigation will be conducted. Investigators from GERT will be assigned. Investigators will be appropriately trained and will not have a conflict of interest or bias against the reporting or responding party. In some instances, an outside party may be contracted to complete some or all of the roles in the grievance process.
  - e. Parties will be regularly updated as to projected timeline for completion of investigation. During the process, the reporting party and responding party will have equal opportunity to present witnesses and provide evidence. Reporting party, responding party, and appropriate officials will be given timely and equal access to information to be used during informal and formal disciplinary meetings and hearings.
  - f. All ATSU employees, who are not named as responding parties, must cooperate fully with any investigations.
    1. Exception - Employees acting under a professional license which provides privilege (i.e., behavioral health & wellness counselors).
    2. Employees who have a professional license, which provides privilege, but are not acting under that license, do not have privilege (i.e., a healthcare provider serving in a professor role).
    3. Academic information protected under FERPA is available to investigations as legitimate educational interest.
  - g. Investigators use "preponderance of evidence" standard when determining whether or not there is a violation.

**Sanctions**

- F. Sanctions are determined by the hearing panel (within the Title IX Grievance Process) or recommended by the investigators (within the General Discrimination Grievance Process).
- G. Sanctions for student violations of ATSU Policy No. 90-210 may include, but are not limited to a reprimand, disciplinary warning to be added to the student's permanent file, educational sanctions,

required counseling, limitations in activities, probation, suspension, dismissal, revocation of diploma, student organizational sanctions, and other context appropriate sanctions.

- H. Sanctions for employee violations of ATSU Policy No. 90-210 may include, but are not limited to, disciplinary warning to be added to the employee's permanent file, performance management improvement process, required counseling, probation, additional training, suspension with or without pay, loss of annual pay increase, loss of oversight or supervisory responsibility, demotion, dismissal, and other context appropriate sanctions.
- I. ATSU community members who share employee and student status may be sanctioned under either or both status.
- J. Sanctioning is guided by the ATSU Policy No. 90-210 sanctioning guide.

## Appeals

- F. Parties will have the right to appeal within five business days of receiving the findings and sanctions or the report's dismissal. If the appeal is not timely or substantively eligible, the original decision will stand, and the decision will be final. The party requesting the appeal must show error per the grounds below and sanctions are presumed to have been decided reasonably and appropriately. The only grounds for appeal are:
  - 1. A procedural irregularity affecting the outcome of matter.
  - 2. To consider new evidence, unavailable during the original hearing or investigation, which could substantially impact the decision in the matter. A summary of this new evidence and its potential impact must be included.
  - 3. Investigators or hearing panel members had a conflict of interest or bias affecting the outcome of the matter.
- G. Parties will be provided the evidence which is relevant or directly related to the finding in an electronic format. The evidence is not to be printed or transferred to other parties. The parties may request their advisor receive access to the evidence as well.
- H. Appeals must be submitted for review to the Title IX coordinator (or designee) to determine standing. Appeals with standing will be forwarded to a panel of trained GERT member(s) or third party consultant(s).
- I. If an appeal is determined to have standing, the other party will have the opportunity to review the appeal and provide a written response within three business days. If some or all of an appeal is determined to not have standing, the appealing party will receive notice and explanation. A decision to deny an appeal because of a lack of standing is not appealable.
- J. Upon receipt of a written appeal, an appellate panel consisting of up to three GERT members (or outside consultant(s)) will be selected to rule on the appeal.
  - 1. Appeals decisions are to be deferential to the original hearing body, making changes to the finding only where there is clear error and to the sanction only if there is a compelling justification to do so. An appeal is not an opportunity for appeals officers to substitute their judgment for that of the original hearing body merely because they disagree with the finding and/or sanctions.
  - 2. Any sanctions, excluding termination, employment transfer, or expulsion, imposed at the conclusion of an investigation will remain in effect during the appeals process. Termination, employment transfer, expulsion, or dismissal will be treated as a suspension from the conclusion of the application of sanctions to the conclusion of the appeal process. If employment termination, employment transfer, or expulsion are upheld in the appeal process, such sanction will be instituted immediately at the conclusion of the appeal.
  - 3. The appellate panel will rule on the appeal within 15 business days. Any extension of time beyond 15 business days will be communicated to both parties along with an updated timeframe for the ruling. If an appeal is granted, direction will be provided by the appellate panel regarding next steps. Appellate panel may:

- a. Remand case to the original hearing panel.
- b. Remand case to a new hearing panel.
- c. Remand case back to the original investigators.
- d. Remand case to a new set of investigators.
- e. Make no change to the decision or sanction.

## **Amnesty**

- B. Amnesty for drug/alcohol possession and consumption violations
  - 1. ATSU strongly encourages students and employees to report potential violations of this policy. Therefore, good faith reporters to appropriate authorities regarding potential violations will not face University disciplinary action for their own drug/alcohol possession or consumption in connection with the reported incident.
  - 2. Amnesty for persons making a report in good faith does not include substance abuse counseling and/or rehabilitation, which may be necessary for employees or students with clinical responsibilities or patient contact.

## **Free speech and academic freedom**

- G. Faculty and other academic appointees, staff, and students of the University enjoy significant free speech protections guaranteed by the First Amendment of the U.S. Constitution.
- H. This policy is intended to protect members of the University community from discrimination, not to regulate protected speech.
- I. This policy will be implemented in a manner recognizing the importance of rights to freedom of speech and expression.
- J. The University also has a compelling interest in free inquiry and collective search for knowledge, and thus, recognizes principles of academic freedom as a special area of protected speech.
- K. Consistent with these principles, no provision of this policy will be interpreted to prohibit conduct legitimately related to course content, teaching methods, scholarship, or public commentary of an individual faculty member or the educational, political, artistic, or literary expression of students in classrooms and public forums.
- L. Freedom of speech and academic freedom are not limitless and do not protect speech or expressive conduct violating federal or state antidiscrimination laws.

**Record retention.** ATSU will maintain copies of the following documents/records relating to this policy in accordance with ATSU's record retention schedule.

- K. Each discrimination investigation report and evidence gathered;
- L. Final determination letters and disciplinary sanctions imposed upon respondent;
- M. Audio or audiovisual recordings or transcript of live hearings;
- N. Remedies provided to complainant in order to restore or preserve equal access to education programs or activities;
- O. Any appeal and the result therefrom;
- P. Informal resolution agreements;
- Q. Supportive measures offered in response to a report or formal complaint of sexual harassment;
- R. Written basis explaining ATSU was not deliberately indifferent in its response to reports for formal complaints of sexual harassment, which is often a conclusion of the investigation report and hearing panel report;

- S. ATSU will retain all materials used to train Title IX coordinators, investigators, and any person who facilitates an informal resolution process;
  - T. Documentation for reasons why supportive measures were not provided and why it was reasonable in light of known circumstances.
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## **RESPONSIBILITY**

- A. All ATSU employees - Employees are required to report instances of discrimination, harassment, or retaliation to the Title IX coordinator or deputy Title IX coordinators and cooperate fully in an investigation when not named as a respondent.
- B. All ATSU employees and students –
  - 1. Employees and students are required to comply with the requests of the Title IX coordinator (or designee) in implementing supportive or interim measures and sanctions.
  - 2. Employees and students who are not named as responding parties must cooperate fully with investigations and hearing panels.
- C. Title IX coordinator – Responding to and monitoring all complaints of discrimination, harassment, or retaliation from students, employees, members of the public, or beneficiaries is the responsibility of the Title IX coordinator or their designee.
- D. This employee is responsible for facilitating appropriate sex- and gender-based harassment and discrimination awareness, prevention, training, monitoring, reporting, investigation, and resolution at ATSU.

This policy is referenced from the: AT Still University. "ATSU Prohibition of Discrimination, Harassment, and Retaliation # 90-210", 5 Aug. 2022, HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/>. 05 Aug. 2022. Pag 1-6. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 1.5a (Mission and Governance: Governance and Program Policies: Non-Discrimination).

## 50-005 Approval of Graduates (1.6)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

In accordance with the COCA Standards for Accreditation, Element 1.6, ATSU-SOMA is required to have a policy demonstrating that the faculty senate (or approved body) must recommend candidates for graduation.

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### **POLICY**

#### **FACULTY APPROVAL**

One of the requirements for graduation, as stated in the ATSU-SOMA University Catalog, is that the student must have been approved by the faculty to receive his or her diploma. In order to obtain faculty approval

- A. The Chair of the Faculty Council, which is the executive body of the Faculty Assembly and serves as a representative of the faculty, provides the proposed list of graduates to the faculty.
- B. The faculty is given time to review the list and provide any comments or concerns to the Chair of the Student Performance Committee ("SPC").
  1. As stated in the ATSU-SOMA University Catalog, "The SPC ensures that all students meet the standards to advance through each year of the ATSU-SOMA curriculum and that each student has completed all graduation requirements."
  2. No later than its scheduled April meeting, the members of the SPC will review and discuss the proposed list and any faculty comments and concerns, and then vote on the list.
  3. Only those students who have successfully completed all graduation requirements will be allowed to graduate.
  4. Any student that is scheduled to complete all of the requirements prior to December 31st of that year will be allowed to participate in the graduation ceremony, although no degree will be conferred until all requirements are successfully completed.
  5. The list is then sent to the Dean, who presents the final approved list of graduates to the ATSU-SOMA administration.

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## PROCEDURE(S)

- A. The list of students expected to be eligible to participate in commencement is sent by the Chair of the Faculty Council to the ATSU-SOMA faculty for review by.
- B. If a faculty member has evidence that a student on the list should not graduate, the faculty member must provide written documentation to the chair of the SPC by the published deadline. The chair of the SPC will inform the Dean of any such documentation received from the faculty.
- C. The SPC will consider the information provided as part of their review of the graduating student list. Following this review, the SPC will vote on the list and provide its recommendation, on behalf of the faculty, to the ATSU-SOMA Dean no later than 1 day after the SPC's scheduled April meeting.
- D. The Dean will review the list and clarify any questions or final issues with the SPC (if needed).
- E. The final graduation list will be sent from the Dean's office to the ATSU-SOMA administration by the requested deadline.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 1.6 (Mission and Governance: Degree-Granting Body).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Approval of Graduates

## 50-003 Accreditation Standard Complaints (2.4)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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**PURPOSE** To provide a confidential accreditation standard complaint resolution process.

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### **POLICY**

#### **SUBMISSION AND RESPONSE OF COMPLAINT**

- A. The complaint must be in writing and signed by the complainant.
- B. All signed complaints must be submitted to the Secretary, COCA; American Osteopathic Association; 142 E. Ontario St.; Chicago, IL 60611 or via email to predoc@osteopathic.org.
- C. Complaints that are received that are not signed by the complainant(s) or are submitted anonymously will not be processed.
- D. The complainant will present a concern regarding a violation(s) of an accreditation standard or procedure that must be based upon direct and responsible information. The complainant must provide a narrative of his/her allegation, as it relates to the accreditation standards or procedures, and include any documentation that could support his/her allegation. This information must be accurate and well documented.
- E. The complainant will provide evidence that an effort has been made to resolve the problem through the recommended route through COM administration, and will include information about all other actions initiated to resolve the problems.
- F. Within ten (10) business days of receipt of a signed complaint, copies of the complaint will be sent to the COM's Chief Executive Officer or Chief Academic Officer for response to the complaint.
- G. The COM's Chief Executive Officer or Chief Academic Officer will have fifteen (15) business days to respond.
- H. The COM's response and the complaint will be forwarded to the COCA chair who will either ask the COCA Executive Committee or appoint an ad hoc subcommittee to determine whether the complaint merits further investigation.
- I. An investigation will be conducted if the complaint has merit.
- J. If the COCA Executive Committee or the ad hoc subcommittee finds no merit in the complaint, the complainant and the COM will be notified in writing.
- K. The complainant and the COM Accreditation of Colleges of Osteopathic Medicine: COM will be notified of the outcome in writing. This process will be concluded within fifteen (15) business days.



## INVESTIGATION OF COMPLAINT

- A. If an investigation is warranted, the COCA Secretary, in cooperation with AOA corporate counsel, and the COCA Executive Committee or the ad hoc subcommittee will initiate a formal review within thirty (30) days from the decision to initiate an investigation.
- B. The ad hoc subcommittee will decide what particular method of study and mode of investigation is most appropriate for the complaint that has been received, which may include an on-site visit.
- C. The COCA Executive Committee or the ad hoc subcommittee's findings will be forwarded to the COCA. Based upon these findings, the COCA may take either of the following actions:
  - 1. Dismiss the complaint and report that the COM is in compliance with the accreditation standards; or
  - 2. Notify the COM in question that, on the basis of an investigation, the COCA has determined that the COM is failing to meet the accreditation standards.
- D. If the COM has been found to be out of compliance with the accreditation standards, the COCA may determine one of the following methods of review:
  - 1. A report outlining the COM's plans to address the deficiencies outlined by the COCA; and/or
  - 2. A Progress Report documenting the COM's planning and its implementation of the plans; or
  - 3. An on-site visit may be recommended to determine whether a change in the accreditation status of the COM is warranted.
- E. These procedures should be completed and the COM notified within fifteen (15) days of the COCA decision. Any such accreditation decision or action of the COCA will be subject to the reconsideration and appeal procedures set forth in these procedures.

## COMPLAINT AGAINST COCA OR ADMINISTRATIVE STAFF

- A. The complaint must be in writing and signed by the complainant.
- B. All signed complaints must be submitted to the Secretary, COCA; American Osteopathic Association; 142 E. Ontario St.; Chicago, IL 60611 or via email to predoc@osteopathic.org.
- C. The COCA Secretary will present the complaint, in conjunction with AOA corporate counsel, to the COCA chair, vice-chair, and, when applicable, to affected staff members.
- D. A subcommittee of the COCA will be appointed by the COCA chair to formally review the complaint and develop a response to the complaint.
- E. This subcommittee review process and response will be completed and forwarded to the COCA within thirty (30) days of the date the subcommittee is convened.
- F. The COCA will consider the complaint and the response at its next regularly scheduled meeting.
- G. The complainant will be invited to appear before the COCA to present respective views in order to attempt an agreed resolution.
- H. The final action of the COCA will be communicated to the complainant within fifteen (15) business days of the COCA decision.

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## PROCEDURE(S)

Complaint review procedures are established to protect the integrity and the maintenance of accreditation standards and procedures as they relate to approved COMs having recognition from the COCA. Complaint procedures provide a mechanism for concerned individuals or organizations to bring to the attention of the accrediting agency information concerning specific actions and programs, which may be in non-compliance with the COCA's accreditation standards. The COCA recognizes their responsibility to provide complainants the opportunity to utilize the COCA as a vehicle to deal with specific grievances as well as being a mechanism for reviewing and finally resolving complaints against the COCA or the administrative staff.

Complaints may be filed by any individual or group including, but not limited to, the following:

- A. An osteopathic medical student;
- B. An individual, organization, or institution affected by the accreditation program academically or professionally
- C. A member of the general public.

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## RESPONSIBILITY

- A. The School of Osteopathic Medicine in Arizona must publish policies and procedures regarding student complaints related to accreditation standards and procedures, and must maintain records of the receipt, adjudication, and resolution of such complaints.
- B. The COCA will routinely share information about the applicant, candidate, pre-accreditation, or accreditation status of a COM or any adverse action taken against the COM with other appropriate recognized accrediting agencies and state agencies.

This policy is referenced from the: Commission on Osteopathic College Accreditation: Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures. "Complaint Review Procedures", <https://www.osteopathic.org/inside-aoa/accreditation/COM-accreditation/Documents/com-accreditation-standards-8-29-2016.pdf> . 29 Aug. 2016. Pag 78-80. Web. 01 Aug. 2017.

<https://osteopathic.org/wp-content/uploads/2018/02/complaint-review-procedures.pdf>

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 2.4 (Leadership and Administration: Accreditation Standard Complaint Policies and Procedures).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Complaints

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## 30-001 Contingency Plan (4.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 09/01/2022**

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### **PURPOSE**

The purpose of this policy and its procedures is to satisfy certain standards and requirements of HIPAA and the HIPAA regulations, including, but not limited to, Title 45, Section 164 of the Code of Federal Regulations, as the same may be amended from time to time.

Due to the sensitive and confidential nature of the specific details involved in the Contingency Plan, Data Backup, and Disaster Recovery this policy contains only general process descriptions. A copy of the details involved with each step is kept within the Department of Information Technology and Services and is available for inspection by individuals who have a specific documented need to know.

- A. Contingency Plan for the Continued Operation of all A.T. Still University Critical Healthcare, Business, and Educational Functions.
- B. Given the increasing and continued reliance upon electronic computing functions for the operations of A.T. Still University of Health Sciences ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA"), there must be in place plans to provide for the detection, implementation, and resolution of emergency conditions which threaten critical business functions (i.e., the healthcare, business, or educational functions of the program and University). Realizing this fact, the University has determined that there may be situations which might influence the ability to efficiently and effectively carry out critical business functions. The categories of Emergency conditions have been described in "Emergency Mode Operation Plan". This Contingency Plan will outline in detail the steps which must be implemented under any given emergency condition. The Contingency Plan identifies the critical functions of ATSU-SOMA and the resources required to support them. It provides guidelines for ensuring that needed personnel and resources are available for both disaster preparation and response and that the proper steps will be carried out to permit the appropriate restoration of services.
- C. The Plan assumes the following:
  - 1. The emergency is localized to the data processing facility located in either building, or space housing, the data processing facility located on the A.T. Still University Mesa-Campus; or to the communication systems and networks that support the data processing functions provided at these sites.
  - 2. The Plan is based on the availability of hot sites or the back-up resources. The accessibility of these, or equivalent back-up resources, is a critical requirement for the successful implementation of the Plan.

3. Since the resources of ATSU-SOMA are constantly changing, the Contingency Plan requires a continual updating in order to maintain it in a current state of readiness.
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## **POLICY**

### **A. Maintenance**

1. Ensuring that the Contingency Plan reflects current resources is crucial to the usefulness of the Plan. This includes updating the Plan and modifying it to reflect updates to the systems; testing the updated Plan; and training personnel.
2. In order to guarantee the currency of the Contingency Plan, a Business Continuity Management Team ("BCMT") will be established whose responsibility includes the comprehensive maintenance of this Plan. No less than once per year, the BCMT will guarantee that the Plan undergoes a formal review to confirm the incorporation of all changes implemented during the prior year. This review could result in major revisions to this document. All revisions will be distributed to all authorized personnel, who will exchange their old Plan for the newly revised Plan. At that time the BCMT will provide a status report on continuity planning to the Chief Security Officer as well as the Privacy Officer.
3. Testing the Contingency Plan is an essential element of preparation. Partial tests of individual components and recovery plans of specific data will be carried out on a regular basis. A comprehensive exercise of ATSU-SOMA's continuity capabilities and support by the designated recovery facilities will be performed on an annual basis.
4. The organizational entity responsible for business continuity planning at ATSU-SOMA is the Business Continuity Management Team. In the event of a disaster affecting any of the ATSU-SOMA data processing resources identified above, the BCMT will respond according to this Plan and will initiate the specific actions described for recovery. The Business Continuity Management Team will have the responsibility for approving all actions regarding Business Continuity Planning at ATSU-SOMA.

### **B. BCMT Team Description**

1. The Business Continuity Management Team plans and implements the responses and recovery actions in the event of a disaster disabling either a functional area, or the main data center at the Mesa campus. Its primary role is to provide University-level support services to any functional area affected by the problem. The BCMT oversees the development, maintenance and testing of recovery plans addressing all Category I and II business functions; in the event of a "disaster" it manages the backup and recovery efforts, and facilitates the support for key business functions and restoration of normal activities. The Team is composed of key management personnel from each of the areas involved in the recovery process. The BCMT interfaces with and is responsible for all business continuity plans and planning personnel at ATSU-SOMA.
2. On a semi-annual basis, the team will meet to review any changes required in this Contingency Plan required by the addition of new equipment, processes, etc. during the last six months. On an annual basis, the Team will review the overall status of the recovery plan, and report on this status through the Chief Security Officer, to the President and Board of Trustees.
3. The BCMT will ensure that continuing levels of support are available for any group involved in implementation of the Plan that require it. They will also participate in

emergency preparedness drills initiated by the Safety Office or other appropriate campus organizations.

4. The Business Continuity Management Team is composed of the following members:
  - a. Safety and Security Manager, provides liaison between the University's operational and management teams, provides for physical security and emergency support to affected areas and for notification mechanisms for problems that are or could be disasters. Extends a security perimeter around the functional area affected by the disaster. Provides coordination with public emergency services (Police, Fire, etc.) as required. Also responsible for ongoing maintenance, training and testing of the Business Continuity Plan.
  - b. Assistant Vice President of Information Technology and Services, provides for support for data processing resources with primary responsibility for restoration for all computing processing. Coordinates all services in support of the restoration of network services and support facilities.
  - c. Network Database Administrator, provides backup and technical support during any emergency operations.
  - d. Director of Facilities, provides alternate voice and data communications capability in the event normal telecommunication lines and equipment are disrupted by the disaster. Evaluates the requirements and selects appropriate means of backing up the ATSU-SOMA telecommunications network. Recovery plans for the primary telephone switching equipment at the main Kirksville campus as well as the Mesa campus. Additionally, this individual coordinates all services for the restoration of plumbing and electrical systems and structural integrity. Assesses damage and makes a prognosis for occupancy of the structure affected by the disaster. Coordinates safety and hazardous materials related issues with other organizations involved in recovery planning and response as well as governmental and other emergency services.
  - e. Associate Vice President of Academic Affairs, provides oversight for all processes to assure that there is not an inadvertent loss of privacy due to any emergency. Assists in coordinating all functions to provide privacy oversight for the recovery. Communicates with the staff, faculty, and student body who are not involved in the recovery operation.
  - f. Assistant Vice President of Human Resources, coordinates all activities of the recovery process with key attention to the personnel aspects of the situation. This includes releasing staff from areas affected, initiating emergency notification systems and working with the ATSU President's Office on dissemination of information about the recovery effort.
  - g. Controller, represents the Financial Operations in recovery efforts.

C. Other University Support Teams

1. Damage Assessment/Salvage Team
  - a. The function of the Damage Assessment/Salvage Team (DAST) is to report to the Business Continuity Management Team (BCMT), within two to four hours after access to the facility is permitted, on the extent of the damage to the affected site, and to make recommendations to the BCMT regarding possible reactivation and/or relocation of data center or user operations. Existing Facilities emergency procedures are documented in the Policy Manual for ATSU-SOMA. The Business Continuity Plan procedures supplement, and are subordinate to those, which take

- precedence in the case of any difference. Following assessment of the damage, the team is then responsible for salvage operations in the area affected.
- b. The DAST is headed by the Director of Facilities, and draws members from the Facilities Department, Campus Security, and from Information Technology and Services. It is activated during the initial stage of an emergency, the team reports directly to the Business Continuity Management Team, evaluates the initial status of the damaged functional area, and estimates the time to reoccupy the facility and the salvage-ability of the remaining equipment. During an emergency situation, the individual designated by current policy will take operational responsibility for implementation of damage assessment.
  - c. Following assessment, the team is responsible for salvaging equipment, data, and supplies following a disaster; identifying which resources remain; and determining their future utilization in rebuilding the data center and recovery from the disaster.
  - d. The Damage Assessment/Salvage Team will interface with other physical plant operations groups, the Campus Security, and Information Technology and Services operations functions, including vendor and insurance representatives, to keep abreast of new equipment, physical structures, and other factors relating to recovery.
  - e. It is the responsibility of the Damage Assessment/Salvage Team to identify all equipment and to keep the list of critical equipment current. A semi-annual report detailing all hardware and software components of the University information processing resources will be stored off-site together with physical backup tapes of data volumes produced by Information Technology and Services. A report detailing all current information, such as change levels, book value, lessor, etc., and configuration diagrams will also be available. Emergency equipment, such as portable lighting, floor plans and equipment layouts will be maintained by Facilities.
  - f. A listing of all vendor sales personnel, customer engineers, and regional sales and engineering offices is to be kept and reviewed semi-annually. Names, addresses, and phone numbers (normal, home, and emergency) are also to be kept.
2. Campus Security
- a. The function of this team is to provide for all facets of a positive security and safety posture, to assure that proper protection and safeguards are afforded all ATSU-SOMA employees and University assets at both the damaged and backup sites. The team will consist of the Campus Safety and Security Manager and appropriate support staff. The team will report through the Director of Facilities, who is a member of the Business Continuity Management Team. The Campus Security Team will interface with the following teams or organizational units, relative to security and safety requirements:
    - i. Personnel
    - ii. Facilities
    - iii. Safety office
    - iv. Other appropriate departments as required
  - b. The Campus Security Team will provide:
    - i. Emergency medical services, if necessary
    - ii. Identify the number of Campus Security personnel needed to provide physical security protection of both the damaged and backup sites
    - iii. Identify the type of equipment needed by Campus Security personnel in the performance of their assigned duties

- iv. Coordinate and arrange for additional security equipment and manpower, as applicable, if needed
  - v. Identify and provide security protection required for the transport of confidential information to and from both off-site and backup sites
  - vi. Coordinate with the appropriate ATSU-SOMA Department
  - vii. Periodically review the level of security needed at both the damaged and backup sites.
3. ATSU-SOMA Communications and Marketing - Public Information
- a. The most difficult time to maintain good public relations is when there is an accident or emergency. Public relations planning is required so that when an emergency arises, inquiries from the news media, friends and relatives of staff, faculty, and students can be handled effectively. While we cannot expect to turn a bad situation into a good one, we can assist in making sure facts presented to the public are accurate and as positive as possible given the situation. It is in our best interest to cooperate with the media as much as possible, so that they will not be forced to resort to unreliable sources to get information that could be untrue and more damaging to the University than the facts. Therefore, for the purposes of this policy in time of emergency, the following will apply:
  - b. The ATSU-SOMA Communications and Marketing Office will serve as the authorized spokesperson for the University. (All public information must be coordinated and disseminated by their staff following approval of the BCMT.)
    - i. Refrain from releasing information on personnel casualties until families have been notified. Once families have been notified, names of those personnel should be released quickly to alleviate the fears of relatives of others.
    - ii. Provide factual information to the press and authorities as quickly as facts have been verified, and use every means of communications available to offset rumors and misstatements.
    - iii. Avoid speculating on anything that is not positively verified, including cause of accident, damage estimates, losses, etc. (Fire Officials normally release their own damage estimates.)
    - iv. Emphasize positive steps taken by the University to handle the emergency and its effects.
  - c. Situations calling for implementation of the Emergency Public Information Plan may include, but are not limited to:
    - i. Systems malfunctions disrupting the normal course of operations. o Accidents, particularly when personal injury results.
    - ii. Natural disasters, such as fires, floods, tornadoes and explosions. o Civil disorders, such as riots and sabotage.
    - iii. Executive death.
    - iv. Scandal, including embezzlement and misuse of funds.
    - v. Major litigation initiated by or against the University.
  - d. The Director of the ATSU-SOMA University Communications and Marketing, a member of the Business Continuity Management Team, will act as the Public Information Officer for the University. In their absence the responsibility will revert to the Senior Manager on the scene
  - e. The ATSU-SOMA Marketing and Communications Office will be the interface between ATSU-SOMA and the public or news media. The Business Continuity

Management Team will forward to the Public Information Officer material deemed relevant for release for potential value in information distribution for good public relations. They will also work with the Human Resources Department in dissemination of information to staff.

- f. Existing relationships with local media will be utilized to notify the public of emergency and recovery status. The Public Information Officer will maintain up-to-date contact information for the media and other required parties. A facility will be identified to be used as a pressroom. Arrangements will be made to provide the necessary equipment and support services for the press. Coordination with the Telecommunications Team for additional voice communication, if required, will also be made.
4. Insurance
    - a. The Insurance Team will provide for all facets of insurance coverage before and after a disaster and ensure that the recovery action is taken in such a way as to assure a prompt and fair recovery from our insurance carriers. The team will consist of the Treasurer, who will chair the Team, Vice President and General Counsel, and required staff and insurance carrier personnel. The team reports through the chair to the Business Continuity Management Team. The Insurance Team will interface with the following teams, relative to insurance matters:
      - i. Facilities
      - ii. Information Technology and Services
      - iii. Campus Security
      - iv. Damage Assessment/Salvage
      - v. ATSU-SOMA Communications and Marketing
    - b. This team will be activated upon the initial notification of a disaster and will:
      - i. Determine needs for insurance coverage. Identify the coverage required for hardware, media, media recovery, liability and extra expense.
      - ii. Prepare procedure outlining recommended steps to be followed by Damage Assessment/Salvage Team during initial stage of disaster (Appendix A)
      - iii. List appropriate contacts in (Appendix B).
      - iv. Arrange for availability of both still and video recording equipment to record the damage.
      - v. Ensure that an equipment inventory is available, to include model and serial number of all devices.
      - vi. Evaluate all new products and services offered by ATSU-SOMA for potential liability in the event of a disaster.
  5. Telecommunications
    - a. The purpose of the Telecommunications Team is to provide voice and data communications to support critical functions as well as to guarantee the restoration of damaged lines and equipment. The Team will consist of appropriate Facilities, Information Technology and Services, and external support staffs. The Director, Facilities, will chair this Team. The Team will also coordinate with and supervise outside contractors as necessary. The Team will report through the Director of Facilities, who is a member of the Business Continuity Management Team. The Telecommunications Team will interface with the following teams or organizational units, relative to telecommunications requirements:
      - i. Facilities



- ii. Information Technology and Services
  - iii. Campus Security
  - iv. Other ATSU-SOMA departments requiring emergency telecommunications
  - v. Outside contractors and service providers as necessary
- b. The Telecommunications Team is responsible for providing critical voice and data communications services in the event that normal telecommunications lines and equipment are disrupted or relocation of personnel is necessary. The Team will consult with outside contractors and service providers to ensure that replacement equipment and materials are available for timely delivery and installation. They will utilize available resources, such as the ATSU-SOMA interactive video and voice mail system, to broadcast information relevant to the disaster.

D. Disaster Response

1. The following sections describe the required responses to a disaster, or to a problem that could evolve into a disaster:
  - a. Detect and determine a disaster condition. The detection of an event which could result in a disaster affecting information processing systems at ATSU-SOMA is the responsibility of the Facilities Office, Campus Security, Information Technology and Services, or whoever first discovers or receives information about an emergency situation developing in one of the areas on campus (either in Kirksville or Mesa) housing major information processing systems or about the communications lines between these buildings.
  - b. Notify persons responsible for recovery. Once personnel from the Facilities Office, Campus Security, or Information Technology and Services become aware of a disaster or potential disaster, immediate notification will be provided to the Chief Security Officer (CSO) who will inform all members of the Business Continuity Management Team. The CSO will monitor the evolving situation and, if appropriate, will then call together all members of the Business Continuity Management Team based upon the predefined set of notification parameters.
  - c. When a situation occurs that could lead to a major interruption of processing of critical systems on campus, the following people must be notified:
    - i. Normally, the Facilities Office and /or Campus Security receive the initial notice through their alarm monitoring capabilities. If the problem does not activate a normal alarm system, these two areas should immediately be notified.
    - ii. Asst. V.P., Information Technology and Services, if not already aware of the situation.
    - iii. The Business Continuity Management Team, if not already aware of the situation.
  - d. Initiate the University's Continuity Plan Activation of the Continuity Plan is the responsibility of the BCMT. Once activated, its implementation becomes the responsibility of the Director, Information Technology and Services.
  - e. Activate the designated hot site. The responsibility for activating any of the designated hot sites or back-up resources is delegated to the Safety and Security Manager. In the absence of this individual, it becomes the responsibility of the Director of Facilities. Within two (2) hours of the occurrence, the Safety and Security Manager, or the alternate, and the Damage Assessment Team, headed by the Director of Facilities, will determine the timeline for recovery of the damaged functional area. If the estimated time to recovery of the damaged functional area

cannot be accomplished within twenty-four (24) hours, the designated back-up site will be notified of the intention to utilize their facility.

- f. Disseminate Public Information. The Director of Communications and Marketing is responsible for directing all meetings and discussions with the news media and the public, and in conjunction with the Human Resources Department, with ATSU-SOMA personnel not actively participating in the recovery operation. In the absence of the University Relations representative, the responsibility reverts to the senior official present at the scene.
- g. Provide support services to aid recovery during and following a disaster, all University personnel responsible for recovery operations will report directly to the Business Continuity Management Team through their appropriate (co)-director.

#### E. Disaster Recovery Strategy

1. The disaster recovery strategy explained below will apply specifically to a disaster disabling the main data center at Mesa Campus. This area provides all of the major server support to ATSU-SOMA's critical healthcare, business, and administrative applications. Recovery of the capacity to support these critical applications must occur within twenty-four (24) hours. The following sections detail the activities required within each area in preparation of disaster recovery. The three phases of disaster recovery include:
  - a. Emergency Phase.
    - i. The emergency phase begins with the initial determination of a potential or actual disaster. The immediate emergency plans and procedures of Campus Security and the Facilities Office are directed to efforts to protect life and property. Security over the area is established as local support services such as the Police and Fire Departments are enlisted through existing policies/procedures. The Safety and Security Manager is alerted and begins to monitor the situation.
    - ii. If the emergency situation appears to affect the main data center (or other critical facility or service), either through damage to data processing or support facilities, or if access to the facility is prohibited, the Safety and Security Manager will closely monitor the event, notifying BCMT personnel as required to assist in damage assessment. Once access to the facility is permitted, an assessment of the damage is made to determine the estimated length of the outage. If access to the facility is precluded, then the estimate includes the time until the effect of the disaster on the facility can be evaluated.
    - iii. If the estimated outage is less than five (5) hours, recovery will be initiated under normal Information Technology and Services operational recovery procedures. If the outage is estimated to be longer than twenty-four (24) hours, then the CSO activates the BCMT, which in turn notifies the Vice President for Research, Grants, and Information Systems and the Business Continuity Plan is activated. The recovery process then moves into the back-up phase.
    - iv. The Business Continuity Management Team remains active until recovery is complete to ensure that the University will be ready in the event the situation changes. The procedures required for Emergency Phase operation are described in the "Emergency Mode Operation Plan" General Order #85-186, and the reader is referred to that policy for details.
  - b. Back-up Phase

- i. The back-up phase begins with the determination of an outage enduring longer than twenty-four (24) hours. In the initial stage of the back-up phase, the goal is to resume processing critical applications. Processing will resume either at the main data center or at the designated hot site, depending on the results of the assessment of damage to equipment and the physical structure of the building.
        - ii. In the back-up phase, the initial hot site must support critical applications for up to two (2) weeks or as long as resources permit. During this period, processing of these systems resumes, possibly in a degraded mode, up to the capacity of the hot site. Within this two (2)-week period, the main data center will be returned to full operational status if possible.
        - iii. If the damaged area requires a longer period of reconstruction, then the second stage of back up commences.
      - c. Recovery Phase
        - i. The time required for recovery of the functional area and the eventual restoration of normal processing depends on the damage caused by the disaster. The time frame for recovery can vary from several days to several months. In either case, the recovery process begins immediately after the disaster and takes place in parallel with back-up operations at the designated hot site. The primary goal is to restore normal operations as soon as possible.
- F. Scope of the Business Continuity Plan
  - 1. The object of this Plan is to restore Critical Functions within twenty-four (24) hours, and Essential Functions within one (1) week of a disaster that disables any functional area and/or essential equipment supporting the systems or functions in that area. Necessary Functions and Desirable Functions will be restored within two (2) weeks of the original event which produced their failure. The administrative systems in Categories I - IV are those that provide University wide services. There are many departmental and laboratory systems as well as non-information processing systems that are also either essential for the University or the local area(s) they support. Recovery for these systems too must be based upon an assessment of the impact of their loss and the cost of their recovery.
  - 2. The initial Risk Assessment of the computer applications that support ATSU-SOMA healthcare, business, and administration assigned certain systems to one the functional categories below:
    - a. Category I - Critical Functions
    - b. Category II - Essential Functions
    - c. Category III - Necessary Functions
    - d. Category IV - Desirable Functions, note: Category IV functions are important to ATSU-SOMA administrative processing, but due to their nature, the frequency they are run and other factors, they can be suspended for the duration of the emergency.

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## PROCEDURE(S)

- A. Maintenance
  - a. Ensuring that the Contingency Plan reflects current resources is crucial to the usefulness of the Plan. This includes updating the Plan and modifying it to reflect updates to the systems; testing the updated Plan; and training personnel.

- b. In order to guarantee the currency of the Contingency Plan, a Business Continuity Management Team ("BCMT") will be established whose responsibility includes the comprehensive maintenance of this Plan. No less than once per year, the BCMT will guarantee that the Plan undergoes a formal review to confirm the incorporation of all changes implemented during the prior year. This review could result in major revisions to this document. All revisions will be distributed to all authorized personnel, who will exchange their old Plan for the newly revised Plan. At that time the BCMT will provide a status report on continuity planning to the Chief Security Officer as well as the Privacy Officer.
- c. Testing the Contingency Plan is an essential element of preparation. Partial tests of individual components and recovery plans of specific data will be carried out on a regular basis. A comprehensive exercise of ATSU-SOMA's continuity capabilities and support by the designated recovery facilities will be performed on an annual basis.
- d. The organizational entity responsible for business continuity planning at ATSU-SOMA is the Business Continuity Management Team. In the event of a disaster affecting any of the ATSU-SOMA data processing resources identified above, the BCMT will respond according to this Plan and will initiate the specific actions described for recovery. The Business Continuity Management Team will have the responsibility for approving all actions regarding Business Continuity Planning at ATSU-SOMA.

B. BCMT Team Description

- a. The Business Continuity Management Team plans and implements the responses and recovery actions in the event of a disaster disabling either a functional area, or the main data center at the Mesa campus. Its primary role is to provide University-level support services to any functional area affected by the problem. The BCMT oversees the development, maintenance and testing of recovery plans addressing all Category I and II business functions; in the event of a "disaster" it manages the backup and recovery efforts, and facilitates the support for key business functions and restoration of normal activities. The Team is composed of key management personnel from each of the areas involved in the recovery process. The BCMT interfaces with and is responsible for all business continuity plans and planning personnel at ATSU-SOMA.
- b. On a semi-annual basis, the team will meet to review any changes required in this Contingency Plan required by the addition of new equipment, processes, etc. during the last six months. On an annual basis, the Team will review the overall status of the recovery plan, and report on this status through the Chief Security Officer, to the President and Board of Trustees.
- c. The BCMT will ensure that continuing levels of support are available for any group involved in implementation of the Plan that require it. They will also participate in emergency preparedness drills initiated by the Safety Office or other appropriate campus organizations.
- d. The Business Continuity Management Team is composed of the following members:
  - i. Safety and Security Manager, provides liaison between the University's operational and management teams, provides for physical security and emergency support to affected areas and for notification mechanisms for

problems that are or could be disasters. Extends a security perimeter around the functional area affected by the disaster. Provides coordination with public emergency services (Police, Fire, etc.) as required. Also responsible for ongoing maintenance, training and testing of the Business Continuity Plan.

- ii. Assistant Vice President of Information Technology and Services, provides for support for data processing resources with primary responsibility for restoration for all computing processing. Coordinates all services in support of the restoration of network services and support facilities.
- iii. Network Database Administrator, provides backup and technical support during any emergency operations.
- iv. Director of Facilities, provides alternate voice and data communications capability in the event normal telecommunication lines and equipment are disrupted by the disaster. Evaluates the requirements and selects appropriate means of backing up the ATSU-SOMA telecommunications network. Recovery plans for the primary telephone switching equipment at the main Kirksville campus as well as the Mesa campus. Additionally, this individual coordinates all services for the restoration of plumbing and electrical systems and structural integrity. Assesses damage and makes a prognosis for occupancy of the structure affected by the disaster. Coordinates safety and hazardous materials related issues with other organizations involved in recovery planning and response as well as governmental and other emergency services.
- v. Associate Vice President of Academic Affairs, provides oversight for all processes to assure that there is not an inadvertent loss of privacy due to any emergency. Assists in coordinating all functions to provide privacy oversight for the recovery. Communicates with the staff, faculty, and student body who are not involved in the recovery operation.
- vi. Assistant Vice President of Human Resources, coordinates all activities of the recovery process with key attention to the personnel aspects of the situation. This includes releasing staff from areas affected, initiating emergency notification systems and working with the ATSU President's Office on dissemination of information about the recovery effort.
- vii. Controller, represents the Financial Operations in recovery efforts.

#### C. Other University Support Teams

##### a. Damage Assessment/Salvage Team

- i. The function of the Damage Assessment/Salvage Team (DAST) is to report to the Business Continuity Management Team (BCMT), within two to four hours after access to the facility is permitted, on the extent of the damage to the affected site, and to make recommendations to the BCMT regarding possible reactivation and/or relocation of data center or user operations. Existing Facilities emergency procedures are documented in the Policy Manual for ATSU-SOMA. The Business Continuity Plan procedures supplement, and are subordinate to those, which take precedence in the case of any difference. Following assessment of the damage, the team is then responsible for salvage operations in the area affected.

- ii. The DAST is headed by the Director of Facilities, and draws members from the Facilities Department, Campus Security, and from Information Technology and Services. It is activated during the initial stage of an emergency, the team reports directly to the Business Continuity Management Team, evaluates the initial status of the damaged functional area, and estimates the time to reoccupy the facility and the salvage-ability of the remaining equipment. During an emergency situation, the individual designated by current policy will take operational responsibility for implementation of damage assessment.
  - iii. Following assessment, the team is responsible for salvaging equipment, data, and supplies following a disaster; identifying which resources remain; and determining their future utilization in rebuilding the data center and recovery from the disaster.
  - iv. The Damage Assessment/Salvage Team will interface with other physical plant operations groups, the Campus Security, and Information Technology and Services operations functions, including vendor and insurance representatives, to keep abreast of new equipment, physical structures, and other factors relating to recovery.
  - v. It is the responsibility of the Damage Assessment/Salvage Team to identify all equipment and to keep the list of critical equipment current. A semi-annual report detailing all hardware and software components of the University information processing resources will be stored off-site together with physical backup tapes of data volumes produced by Information Technology and Services. A report detailing all current information, such as change levels, book value, lessor, etc., and configuration diagrams will also be available. Emergency equipment, such as portable lighting, floor plans and equipment layouts will be maintained by Facilities.
  - vi. A listing of all vendor sales personnel, customer engineers, and regional sales and engineering offices is to be kept and reviewed semi-annually. Names, addresses, and phone numbers (normal, home, and emergency) are also to be kept.
- b. Campus Security
- i. The function of this team is to provide for all facets of a positive security and safety posture, to assure that proper protection and safeguards are afforded all ATSU-SOMA employees and University assets at both the damaged and backup sites. The team will consist of the Campus Safety and Security Manager and appropriate support staff. The team will report through the Director of Facilities, who is a member of the Business Continuity Management Team. The Campus Security Team will interface with the following teams or organizational units, relative to security and safety requirements:
    - 1. Personnel
    - 2. Facilities
    - 3. Safety office
    - 4. Other appropriate departments as required
  - ii. The Campus Security Team will provide:
    - 1. Emergency medical services, if necessary

2. Identify the number of Campus Security personnel needed to provide physical security protection of both the damaged and backup sites
  3. Identify the type of equipment needed by Campus Security personnel in the performance of their assigned duties
  4. Coordinate and arrange for additional security equipment and manpower, as applicable, if needed
  5. Identify and provide security protection required for the transport of confidential information to and from both off-site and backup sites
  6. Coordinate with the appropriate ATSU-SOMA Department
  7. Periodically review the level of security needed at both the damaged and backup sites.
- c. ATSU-SOMA Communications and Marketing - Public Information
- i. The most difficult time to maintain good public relations is when there is an accident or emergency. Public relations planning is required so that when an emergency arises, inquiries from the news media, friends and relatives of staff, faculty, and students can be handled effectively. While we cannot expect to turn a bad situation into a good one, we can assist in making sure facts presented to the public are accurate and as positive as possible given the situation. It is in our best interest to cooperate with the media as much as possible, so that they will not be forced to resort to unreliable sources to get information that could be untrue and more damaging to the University than the facts. Therefore, for the purposes of this policy in time of emergency, the following will apply:
  - ii. The ATSU-SOMA Communications and Marketing Office will serve as the authorized spokesperson for the University. (All public information must be coordinated and disseminated by their staff following approval of the BCMT.)
    1. Refrain from releasing information on personnel casualties until families have been notified. Once families have been notified, names of those personnel should be released quickly to alleviate the fears of relatives of others.
    2. Provide factual information to the press and authorities as quickly as facts have been verified, and use every means of communications available to offset rumors and misstatements.
    3. Avoid speculating on anything that is not positively verified, including cause of accident, damage estimates, losses, etc. (Fire Officials normally release their own damage estimates.)
    4. Emphasize positive steps taken by the University to handle the emergency and its effects.
  - iii. Situations calling for implementation of the Emergency Public Information Plan may include, but are not limited to:
    1. Systems malfunctions disrupting the normal course of operations. o Accidents, particularly when personal injury results.
    2. Natural disasters, such as fires, floods, tornadoes and explosions. o Civil disorders, such as riots and sabotage.
    3. Executive death.
    4. Scandal, including embezzlement and misuse of funds.
    5. Major litigation initiated by or against the University.

- iv. The Director of the ATSU-SOMA University Communications and Marketing, a member of the Business Continuity Management Team, will act as the Public Information Officer for the University. In their absence the responsibility will revert to the Senior Manager on the scene
  - v. The ATSU-SOMA Marketing and Communications Office will be the interface between ATSU-SOMA and the public or news media. The Business Continuity Management Team will forward to the Public Information Officer material deemed relevant for release for potential value in information distribution for good public relations. They will also work with the Human Resources Department in dissemination of information to staff.
  - vi. Existing relationships with local media will be utilized to notify the public of emergency and recovery status. The Public Information Officer will maintain up-to-date contact information for the media and other required parties. A facility will be identified to be used as a pressroom. Arrangements will be made to provide the necessary equipment and support services for the press. Coordination with the Telecommunications Team for additional voice communication, if required, will also be made.
- d. Insurance
- i. The Insurance Team will provide for all facets of insurance coverage before and after a disaster and ensure that the recovery action is taken in such a way as to assure a prompt and fair recovery from our insurance carriers. The team will consist of the Treasurer, who will chair the Team, Vice President and General Counsel, and required staff and insurance carrier personnel. The team reports through the chair to the Business Continuity Management Team. The Insurance Team will interface with the following teams, relative to insurance matters:
    - 1. Facilities
    - 2. Information Technology and Services
    - 3. Campus Security
    - 4. Damage Assessment/Salvage
    - 5. ATSU-SOMA Communications and Marketing
  - ii. This team will be activated upon the initial notification of a disaster and will:
    - 1. Determine needs for insurance coverage. Identify the coverage required for hardware, media, media recovery, liability and extra expense.
    - 2. Prepare procedure outlining recommended steps to be followed by Damage Assessment/Salvage Team during initial stage of disaster (Appendix A)
    - 3. List appropriate contacts in (Appendix B).
    - 4. Arrange for availability of both still and video recording equipment to record the damage.
    - 5. Ensure that an equipment inventory is available, to include model and serial number of all devices.
    - 6. Evaluate all new products and services offered by ATSU-SOMA for potential liability in the event of a disaster.
- e. Telecommunications



- i. The purpose of the Telecommunications Team is to provide voice and data communications to support critical functions as well as to guarantee the restoration of damaged lines and equipment. The Team will consist of appropriate Facilities, Information Technology and Services, and external support staffs. The Director, Facilities, will chair this Team. The Team will also coordinate with and supervise outside contractors as necessary. The Team will report through the Director of Facilities, who is a member of the Business Continuity Management Team. The Telecommunications Team will interface with the following teams or organizational units, relative to telecommunications requirements:
  - 1. Facilities
  - 2. Information Technology and Services
  - 3. Campus Security
  - 4. Other ATSU -SOMA departments requiring emergency telecommunications
  - 5. Outside contractors and service providers as necessary
- ii. The Telecommunications Team is responsible for providing critical voice and data communications services in the event that normal telecommunications lines and equipment are disrupted or relocation of personnel is necessary. The Team will consult with outside contractors and service providers to ensure that replacement equipment and materials are available for timely delivery and installation. They will utilize available resources, such as the ATSU-SOMA interactive video and voice mail system, to broadcast information relevant to the disaster.

#### D. Disaster Response

- a. The following sections describe the required responses to a disaster, or to a problem that could evolve into a disaster:
  - i. Detect and determine a disaster condition. The detection of an event which could result in a disaster affecting information processing systems at ATSU-SOMA is the responsibility of the Facilities Office, Campus Security, Information Technology and Services, or whoever first discovers or receives information about an emergency situation developing in one of the areas on campus (either in Kirksville or Mesa) housing major information processing systems or about the communications lines between these buildings.
  - ii. Notify persons responsible for recovery. Once personnel from the Facilities Office, Campus Security, or Information Technology and Services become aware of a disaster or potential disaster, immediate notification will be provided to the Chief Security Officer (CSO) who will inform all members of the Business Continuity Management Team. The CSO will monitor the evolving situation and, if appropriate, will then call together all members of the Business Continuity Management Team based upon the predefined set of notification parameters.
  - iii. When a situation occurs that could lead to a major interruption of processing of critical systems on campus, the following people must be notified:
    - 1. Normally, the Facilities Office and /or Campus Security receive the initial notice through their alarm monitoring capabilities. If the

problem does not activate a normal alarm system, these two areas should immediately be notified.

2. Asst. V.P., Information Technology and Services, if not already aware of the situation.
  3. The Business Continuity Management Team, if not already aware of the situation.
- iv. Initiate the University's Continuity Plan Activation of the Continuity Plan is the responsibility of the BCMT. Once activated, its implementation becomes the responsibility of the Director, Information Technology and Services.
  - v. Activate the designated hot site. The responsibility for activating any of the designated hot sites or back-up resources is delegated to the Safety and Security Manager. In the absence of this individual, it becomes the responsibility of the Director of Facilities. Within two (2) hours of the occurrence, the Safety and Security Manager, or the alternate, and the Damage Assessment Team, headed by the Director of Facilities, will determine the timeline for recovery of the damaged functional area. If the estimated time to recovery of the damaged functional area cannot be accomplished within twenty-four (24) hours, the designated back-up site will be notified of the intention to utilize their facility.
  - vi. Disseminate Public Information. The Director of Communications and Marketing is responsible for directing all meetings and discussions with the news media and the public, and in conjunction with the Human Resources Department, with ATSU-SOMA personnel not actively participating in the recovery operation. In the absence of the University Relations representative, the responsibility reverts to the senior official present at the scene.
  - vii. Provide support services to aid recovery during and following a disaster, all University personnel responsible for recovery operations will report directly to the Business Continuity Management Team through their appropriate (co)-director.

#### E. Disaster Recovery Strategy

- a. The disaster recovery strategy explained below will apply specifically to a disaster disabling the main data center at Mesa Campus. This area provides all of the major server support to ATSU-SOMA's critical healthcare, business, and administrative applications. Recovery of the capacity to support these critical applications must occur within twenty-four (24) hours. The following sections detail the activities required within each area in preparation of disaster recovery. The three phases of disaster recovery include:
  - i. Emergency Phase.
    1. The emergency phase begins with the initial determination of a potential or actual disaster. The immediate emergency plans and procedures of Campus Security and the Facilities Office are directed to efforts to protect life and property. Security over the area is established as local support services such as the Police and Fire Departments are enlisted through existing policies/procedures. The Safety and Security Manager is alerted and begins to monitor the situation.

2. If the emergency situation appears to affect the main data center (or other critical facility or service), either through damage to data processing or support facilities, or if access to the facility is prohibited, the Safety and Security Manager will closely monitor the event, notifying BCMT personnel as required to assist in damage assessment. Once access to the facility is permitted, an assessment of the damage is made to determine the estimated length of the outage. If access to the facility is precluded, then the estimate includes the time until the effect of the disaster on the facility can be evaluated.
  3. If the estimated outage is less than five (5) hours, recovery will be initiated under normal Information Technology and Services operational recovery procedures. If the outage is estimated to be longer than twenty-four (24) hours, then the CSO activates the BCMT, which in turn notifies the Vice President for Research, Grants, and Information Systems and the Business Continuity Plan is activated. The recovery process then moves into the back-up phase.
  4. The Business Continuity Management Team remains active until recovery is complete to ensure that the University will be ready in the event the situation changes. The procedures required for Emergency Phase operation are described in the "Emergency Mode Operation Plan" General Order #85-186, and the reader is referred to that policy for details.
- ii. Back-up Phase
1. The back-up phase begins with the determination of an outage enduring longer than twenty-four (24) hours. In the initial stage of the back-up phase, the goal is to resume processing critical applications. Processing will resume either at the main data center or at the designated hot site, depending on the results of the assessment of damage to equipment and the physical structure of the building.
  2. In the back-up phase, the initial hot site must support critical applications for up to two (2) weeks or as long as resources permit. During this period, processing of these systems resumes, possibly in a degraded mode, up to the capacity of the hot site. Within this two (2)-week period, the main data center will be returned to full operational status if possible.
  3. If the damaged area requires a longer period of reconstruction, then the second stage of back up commences.
- iii. Recovery Phase
1. The time required for recovery of the functional area and the eventual restoration of normal processing depends on the damage caused by the disaster. The time frame for recovery can vary from several days to several months. In either case, the recovery process begins immediately after the disaster and takes place in parallel with back-up operations at the designated hot site. The primary goal is to restore normal operations as soon as possible.

#### F. Scope of the Business Continuity Plan

Date Adopted: August 1, 2017  
 Last Reviewed: September 1, 2022

Contingency Plan

- a. The object of this Plan is to restore Critical Functions within twenty-four (24) hours, and Essential Functions within one (1) week of a disaster that disables any functional area and/or essential equipment supporting the systems or functions in that area. Necessary Functions and Desirable Functions will be restored within two (2) weeks of the original event which produced their failure. The administrative systems in Categories I - IV are those that provide University wide services. There are many departmental and laboratory systems as well as non-information processing systems that are also either essential for the University or the local area(s) they support. Recovery for these systems too must be based upon an assessment of the impact of their loss and the cost of their recovery.
  - b. The initial Risk Assessment of the computer applications that support ATSU-SOMA healthcare, business, and administration assigned certain systems to one the functional categories below:
    - i. Category I - Critical Functions
    - ii. Category II - Essential Functions
    - iii. Category III - Necessary Functions
    - iv. Category IV - Desirable Functions, note: Category IV functions are important to ATSU administrative processing, but due to their nature, the frequency they are run and other factors, they can be suspended for the duration of the emergency.
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## RESPONSIBILITY

It is the responsibility of the Security Taskforce to determine the categorization of any and all electronic applications/data.

This policy is referenced from the: AT Still University. "ATSU Contingency Plan # 85-184", HR portal:<https://sites.google.com/a/atsu.edu/human-resources/policy-index>. 20 Apr. 2005. Pag 1-13. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 4.2 (Facilities: Security and Public Safety).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Contingency Plan

## 30-003 Emergency Preparedness and Management (4.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 09/01/2022**

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### **PURPOSE**

The purpose of this general order is to ensure A.T. Still University of Health Sciences (ATSU) has the proper preparation, organization, and resources to respond to emergencies. ATSU has a broad-based Emergency Operations Committee, safety and security director, additional safety and security personnel, and a comprehensive Emergency Operations Plan (EOP). Emergency preparedness (EP) is most effectively demonstrated through clear responsibility and centralization of resources and documentation. By creating University-wide EOP, ATSU will have a customized, standardized, and flexible infrastructure to prepare for, respond to, and recover from emergencies.

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### **POLICY**

- A. The president of the University has established emergency preparedness is a priority.
- B. The University has formally adopted the National Incident Management System (NIMS) as its all-hazard incident management system.
- C. The president has the final authority and ultimate responsibility for all facets of emergency management. Pursuant to the EOP, the president will defer operational management of immediate life/safety emergencies to designated incident commander(s).
- D. In the event the president is unavailable, the final authority and ultimate responsibility for all facets of emergency management, as delineated in C., will fall to the executive in charge, as identified in the on-call list maintained/distributed through the President's Office.
- E. On behalf of the president, the safety and security director is responsible for emergency management development and oversight including EOP updates, planning, preparation, training, policies, procedures, emergency response, and recovery. Unless otherwise specified, the safety and security director oversees all emergency preparedness efforts and acts as NIMS point of contact (POC).
- F. It is the responsibility of every employee, student, and partner (doing business at an ATSU facility) to be familiar with and actively support ATSU's emergency preparedness efforts.
  - 1. All ATSU employees, students, and partners must be aware of how to respond in emergency situations, such as, but not limited to:
    - a. Active shooter/violent intruder
    - b. Tornado
    - c. Dust storm
    - d. Power outage

- e. Fire
  - f. Flood
  - g. Cyber security threat
2. ATSU employees may have, depending on their role, additional responsibilities to prepare for their role in emergency response. See training responsibilities in the EOP.
- G. Employees who agree to accept an assigned specific responsibility, in furtherance of the EP priority, will carry out those duties as directed.
- H. ATSU will maintain an EOP specific to ATSU operations in conformity with national standards and guidelines.
- I. The EOP will be adaptable, subject to change, and updated on a yearly basis or as otherwise needed.
- J. The Emergency Operations Committee is chaired by the safety and security director. The committee meets a minimum of twice per year to:
- 1. Act on behalf of, and in support of, the President's Office in all areas of emergency preparedness/management.
  - 2. Review and recommend EOP updates to the safety and security director.
  - 3. Advise, and act as a resource, for the safety and security director.
  - 4. Represent the interests of a diverse University community in matters related to EP.
- K. The EOP (and its appendices) functions as the base emergency planning/response document for the University.
- L. Personal information (e.g., private cell numbers) provided in the EOP, or other preparedness undertakings (e.g., RAVE), is not for public disclosure or use other than as designated.
- M. Confidential information (e.g., emergency operation centers/EOC locations) provided in the EOP, or other preparedness documents, is not for public disclosure or use other than as designated.
- N. Registration for RAVE text messages is mandatory for all students and employees of ATSU. The real-time benefits from such a system must still be balanced with privacy concerns. As a result, everyone has a choice to opt out if they wish. To opt out, follow the procedure listed in Appendix W of the EOP.
- O. The version of the EOP published on ATSU's website will not contain personal or confidential information. The version of the EOP on employees' desktops will contain such personal and confidential information. Employees should respect this information and use it only as required in an emergency.

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## PROCEDURE(S)

- P. The president of the University has established emergency preparedness is a priority.
- Q. The University has formally adopted the National Incident Management System (NIMS) as its all-hazard incident management system.
- R. The president has the final authority and ultimate responsibility for all facets of emergency management. Pursuant to the EOP, the president will defer operational management of immediate life/safety emergencies to designated incident commander(s).
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- T. On behalf of the president, the safety and security director is responsible for emergency management development and oversight including EOP updates, planning, preparation, training, policies, procedures, emergency response, and recovery. Unless otherwise specified, the safety and security director oversees all emergency preparedness efforts and acts as NIMS point of contact (POC).
- U. It is the responsibility of every employee, student, and partner (doing business at an ATSU facility) to be familiar with and actively support ATSU's emergency preparedness efforts.
  - 1. All ATSU employees, students, and partners must be aware of how to respond in emergency situations, such as, but not limited to:
    - a. Active shooter/violent intruder
    - b. Tornado
    - c. Dust storm
    - d. Power outage
    - e. Fire
    - f. Flood
    - g. Cyber security threat
  - 2. ATSU employees may have, depending on their role, additional responsibilities to prepare for their role in emergency response. See training responsibilities in the EOP.
- V. Employees who agree to accept an assigned specific responsibility, in furtherance of the EP priority, will carry out those duties as directed.
- W. ATSU will maintain an EOP specific to ATSU operations in conformity with national standards and guidelines.
- X. The EOP will be adaptable, subject to change, and updated on a yearly basis or as otherwise needed.
- Y. The Emergency Operations Committee is chaired by the safety and security director. The committee meets a minimum of twice per year to:
  - 1. Act on behalf of, and in support of, the President's Office in all areas of emergency preparedness/management.
  - 2. Review and recommend EOP updates to the safety and security director.
  - 3. Advise, and act as a resource, for the safety and security director.
  - 4. Represent the interests of a diverse University community in matters related to EP.
- Z. The EOP (and its appendices) functions as the base emergency planning/response document for the University.
- AA. Personal information (e.g., private cell numbers) provided in the EOP, or other preparedness undertakings (e.g., RAVE), is not for public disclosure or use other than as designated.
- BB. Confidential information (e.g., emergency operation centers/EOC locations) provided in the EOP, or other preparedness documents, is not for public disclosure or use other than as designated.
- CC. Registration for RAVE text messages is mandatory for all students and employees of ATSU. The real-time benefits from such a system must still be balanced with privacy concerns. As a result, everyone has a choice to opt out if they wish. To opt out, follow the procedure listed in Appendix W of the EOP.

DD. The version of the EOP published on ATSU's website will not contain personal or confidential information. The version of the EOP on employees' desktops will contain such personal and confidential information. Employees should respect this information and use it only as required in an emergency.

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## RESPONSIBILITY

- A. Safety and security director – ATSU's safety and security director is responsible for reviewing/updating this policy as needed and maintaining liaison/coordinating with state and local emergency agencies/managers.
- B. Employees and students – All ATSU employees and students are responsible for knowledge of and ability to carry out individual response to emergencies based on [ATSU emergency procedures](#).
- C. Emergency response identified employees – Employees who have been identified by the president, or appropriate President's Cabinet member, to receive additional training and carry additional responsibility in an emergency situation will complete required training and carry out specific needed tasks in emergency situations.

This policy is referenced from the: AT Still University. "ATSU Emergency Preparedness and Management # 95-113", HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/#facilities-management>. 19 May 2021. Pag 1-2. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 4.2 (Facilities: Security and Public Safety).



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## 30-006 Identification (ID) Badges (4.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 7/7/2023**

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### **PURPOSE**

A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") strives to provide the safest learning and working environment for our students and staff. Standardized identification of members of the ATSU-SOMA community is an essential step in the process of securing our campuses. While some areas of campus are relatively public; students, staff and security officers should be able to tell with a glance if a person is authorized to be in certain areas

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### **POLICY**

- A. Photo ID badges will be issued to all ATSU-SOMA faculty and staff.
  - 1. The photo ID badge should be worn and visible at all times while on University premises or as a part of University activities and programs.
  - 2. Photo ID badges are used for security identification and will conform to the ATSU-SOMA ID Badge Guidelines (Attachment A).
  - 3. As needed, ATSU-SOMA departments will schedule time to have ID photos taken and ATSU-SOMA photo ID badges distributed.
- B. All ATSU-SOMA residential students will be issued photo ID badges when their educational program begins.
  - 1. The photo ID badge should be worn and visible at all times while on University premises or as a part of University activities and programs.
  - 2. Photo ID badges are used for security identification, to check out materials from the library, and to check out equipment and will conform to the ATSU-SOMA ID Badge Guidelines (Attachment A).
  - 3. Student Life will schedule a time for class cohorts to have ID photos taken and photo ID badges distributed.
- C. Replacement of lost or misplaced photo ID badges will be made by the ATSU-SOMA Service Desk (Missouri) or the Security Office (Arizona).
  - 1. Photo ID badges will be replaced free of charge for:
    - a. changes in name,
    - b. damage from normal wear and tear, and
    - c. theft, provided the individual files a report with local police or campus security.

2. The replacement fee for all other purposes is \$10.00.
  3. Employees at any ATSU campus (Kirksville, Mesa, and Santa Maria) or location may seek assistance in obtaining or replacing an ID by submitting a ticket through the Information Technology Services ticket system.
- D. Visitors to campus are also required to wear a unique ID tag identifying them as a visitor.
1. "Visitors" include prospective students, vendors, consultants, and contractors.
  2. Contact the ATSU-SOMA Service Desk (Missouri) or Security Office (Arizona) to request a visitor ID tag.
- E. On ATSU-SOMA campuses, non-photo ID badges may be worn in addition to, but not as a replacement for, ATSU-SOMA issued photo ID badges. Individual schools or departments may purchase non-photo ID badges through Communication & Marketing for use approved by the respective dean or President's Cabinet member.
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## **PROCEDURE(S)**

- A. A Photo ID badges will be issued to all ATSU-SOMA faculty and staff.
1. The photo ID badge should be worn and visible at all times while on University premises or as a part of University activities and programs.
  2. Photo ID badges are used for security identification and will conform to the ATSU-SOMA ID Badge Guidelines (Attachment A).
  3. As needed, ATSU-SOMA departments will schedule time to have ID photos taken and ATSU-SOMA photo ID badges distributed.
- B. All ATSU-SOMA residential students will be issued photo ID badges when their educational program begins.
1. The photo ID badge should be worn and visible at all times while on University premises or as a part of University activities and programs.
  2. Photo ID badges are used for security identification, to check out materials from the library, and to check out equipment and will conform to the ATSU-SOMA ID Badge Guidelines (Attachment A).
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- C. Replacement of lost or misplaced photo ID badges will be made by the ATSU-SOMA Service Desk (Missouri) or the Security Office (Arizona).
1. Photo ID badges will be replaced free of charge for:
    - a. changes in name,
    - b. damage from normal wear and tear, and
    - c. theft, provided the individual files a report with local police or campus security.
  2. The replacement fee for all other purposes is \$10.00.
  3. Employees at any ATSU campus (Kirksville, Mesa, and Santa Maria) or location may seek assistance in obtaining or replacing an ID by submitting a ticket through the Information Technology Services ticket system.
- D. Visitors to campus are also required to wear a unique ID tag identifying them as a visitor.

1. "Visitors" include prospective students, vendors, consultants, and contractors.
  2. Contact the ATSU-SOMA Service Desk (Missouri) or Security Office (Arizona) to request a visitor ID tag.
- E. On ATSU-SOMA campuses, non-photo ID badges may be worn in addition to, but not as a replacement for, ATSU-SOMA issued photo ID badges. Individual schools or departments may purchase non-photo ID badges through Communication & Marketing for use approved by the respective dean or President's Cabinet member.

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## RESPONSIBILITY

- A. Employees should obtain an official ATSU-SOMA photo ID badge.
- B. Managers should ensure all employees in their area of responsibility obtain and wear an official ATSU-SOMA photo ID badge while on campus. Repeated violations should be addressed through the employee discipline process.
- C. Administrators and faculty should serve as role models to promote compliance with this policy.

This policy is referenced from the: AT Still University. "ATSU Identification (ID) Badges # 95-109", 13 Apr. 2018 HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/>. 13 Apr. 2018. Pag 1-2. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 4.2 (Facilities: Security and Public Safety).

Date Adopted: August 1, 2017  
Last Reviewed: July 7, 2023

Identification Badges

## 30-007 Incident Reporting (4.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

This policy is to ensure that adequate and accurate documentation is provided for events and circumstances not consistent with routine care of a patient or routine events of a student, visitor or volunteer.

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### **POLICY**

- A. An incident report should be completed when any unusual occurrence or incident occurs within the University or on University property.
  - 1. The definition of an incident is any occurrence not part of the routine care of a patient or routine operation of the University when it involves a student, employee, visitor, volunteer, or any other person causing potential injury or property damage. Such an incident indicates a potential wrong, which may be a prelude to more serious problems that would become apparent at a later date.
  - 2. Incidents involving employee injuries should be handled according to [ATSU Policy No. 323: Worker's Compensation Insurance](#).
- B. The person who discovers, observes, or is part of the incident must report the incident to Security by calling Security for the appropriate location's specific emergency number. Security will complete the incident report form. Incidents occurring at ATSU's Thompson Campus Center (TCC) should be handled in accordance with Section G of this policy.
  - 1. Security shall notify the supervisor of the area involved as soon as possible.
  - 2. Security shall email incident reports as follows:
    - a. Missouri campus incident reports to ATSU's vice president & general counsel, vice president for finance/CFO, compliance manager, and Missouri campus director of facilities.
    - b. Arizona campus incident reports to ATSU's vice president & general counsel, vice president for finance/CFO, compliance manager, senior vice president for university planning and strategic initiatives, and Arizona campus director of facilities.
    - c. St. Louis Dental Clinic incident reports to ATSU's vice president & general counsel, vice president for finance/CFO, MOSDOH dean, and compliance manager.
    - d. If students are involved, in addition to those listed above, Security shall email the incident report to ATSU's vice president for student affairs and appropriate dean.
    - e. If employees are involved, in addition to those listed above, Security shall email the incident report to ATSU's assistant vice president for human resources.
  - 3. The incident report form is a confidential document maintained for University use only, unless requested by law enforcement for criminal investigation or as part of a request for

- disclosure by an attorney. Any requests to share an incident report outside of the University should be directed to ATSU's vice president & general counsel.
4. The confidential incident report is not retained with a patient's regular clinic chart or a student's educational record.
  5. Only ATSU's vice president & general counsel can comment on ATSU liability regarding an incident. ATSU employees should not discuss liability through acts or statements made in the presence of patients, visitors, volunteers, or students.
- C. Injured individuals should seek appropriate medical care for their injuries. Financial responsibility for medical expenses will vary, depending on the circumstances.
1. ATSU's vice president & general counsel shall communicate with the University's insurance company to determine financial responsibility for incidents involving patients, visitors, or volunteers.
  2. All ATSU student incidents shall be processed through the individual's student health insurance plans.
- D. If the individual refuses medical attention, a statement to this effect shall be made on the incident report form.
- E. In the case of a life-threatening emergency, the injured individual shall be transported according to [ATSU Policy No. 90-325: Emergency Medical Response Policy](#).
- F. All completed incident report forms shall be maintained by Security and retained in accordance with [ATSU Policy No. 10-209: ATSU Record Retention Policy](#).
- G. Incidents occurring at ATSU's TCC will be handled in the following manner:
1. ATSU TCC staff will complete an incident report form and send it to Security.
  2. ATSU TCC staff may call Security when assistance is required in handling an incident.
  3. [ATSU Policy No. 90-325: Emergency Medical Response Policy](#) should be followed in the case of a life-threatening emergency.

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## PROCEDURE(S)

- A. An incident report should be completed when any unusual occurrence or incident occurs within the University or on University property.
1. The definition of an incident is any occurrence not part of the routine care of a patient or routine operation of the University when it involves a student, employee, visitor, volunteer, or any other person causing potential injury or property damage. Such an incident indicates a potential wrong, which may be a prelude to more serious problems that would become apparent at a later date.
  2. Incidents involving employee injuries should be handled according to [ATSU Policy No. 323: Worker's Compensation Insurance](#).
- B. The person who discovers, observes, or is part of the incident must report the incident to Security by calling Security for the appropriate location's specific emergency number. Security will complete the incident report form. Incidents occurring at ATSU's Thompson Campus Center (TCC) should be handled in accordance with Section G of this policy.
1. Security shall notify the supervisor of the area involved as soon as possible.
  2. Security shall email incident reports as follows:
    - a. Missouri campus incident reports to ATSU's vice president & general counsel, vice president for finance/CFO, compliance manager, and Missouri campus director of facilities.
    - b. Arizona campus incident reports to ATSU's vice president & general counsel, vice president for finance/CFO, compliance manager, senior vice president for university planning and strategic initiatives, and Arizona campus director of facilities.

- c. St. Louis Dental Clinic incident reports to ATSU's vice president & general counsel, vice president for finance/CFO, MOSDOH dean, and compliance manager.
  - d. If students are involved, in addition to those listed above, Security shall email the incident report to ATSU's vice president for student affairs and appropriate dean.
  - e. If employees are involved, in addition to those listed above, Security shall email the incident report to ATSU's assistant vice president for human resources.
3. The incident report form is a confidential document maintained for University use only, unless requested by law enforcement for criminal investigation or as part of a request for disclosure by an attorney. Any requests to share an incident report outside of the University should be directed to ATSU's vice president & general counsel.
  4. The confidential incident report is not retained with a patient's regular clinic chart or a student's educational record.
  5. Only ATSU's vice president & general counsel can comment on ATSU liability regarding an incident. ATSU employees should not discuss liability through acts or statements made in the presence of patients, visitors, volunteers, or students.
- C. Injured individuals should seek appropriate medical care for their injuries. Financial responsibility for medical expenses will vary, depending on the circumstances.
1. ATSU's vice president & general counsel shall communicate with the University's insurance company to determine financial responsibility for incidents involving patients, visitors, or volunteers.
  2. All ATSU student incidents shall be processed through the individual's student health insurance plans.
- D. If the individual refuses medical attention, a statement to this effect shall be made on the incident report form.
- E. In the case of a life-threatening emergency, the injured individual shall be transported according to [ATSU Policy No. 90-325: Emergency Medical Response Policy](#).
- F. All completed incident report forms shall be maintained by Security and retained in accordance with [ATSU Policy No. 10-209: ATSU Record Retention Policy](#).
- G. Incidents occurring at ATSU's TCC will be handled in the following manner:
1. ATSU TCC staff will complete an incident report form and send it to Security.
  2. ATSU TCC staff may call Security when assistance is required in handling an incident.
  3. [ATSU Policy No. 90-325: Emergency Medical Response Policy](#) should be followed in the case of a life-threatening emergency.
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## RESPONSIBILITY

- A. Employees and students - It is the responsibility of any witness to an incident to report the incident to Security.
- B. ATSU TCC staff - It is the responsibility of ATSU TCC staff to report incidents occurring at the TCC to Security.
- C. Security - It is the responsibility of Security to provide assistance, as needed, in keeping with the incident scenario, notify the supervisor over the area where the incident occurred, and complete or maintain accurate incident reports.
- D. ATSU vice president & general counsel - It is the responsibility of ATSU's vice president & general counsel to determine if the University has financial responsibility for medical services rendered and make decisions regarding the disclosure of incident report forms to entities outside of ATSU.

This policy is referenced from the: AT Still University. "ATSU Incident Reporting Policy, General Order # 95-105", HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/>. 26 Nov. 2019. Pag 1-3. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 4.2 (Facilities: Security and Public Safety).

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## 30-008 Lock-out/Tag-out (4.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### PURPOSE

Most industrial accidents are caused by the uncontrolled release of hazardous energy. Many of these accidents can be prevented by proper lock-out/tag-out procedures. OSHA's lock-out/tag-out standard is designed to prevent needless deaths and serious injuries to service and maintenance workers by controlling hazardous energy.

To perform service and maintenance work on equipment safely, it is important to understand the importance of energy control and OSHA's lock-out/tag-out standard and how to apply energy isolation and lock-out/tag-out.

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### POLICY

- A. **LOCK-OUT:** A lock-out is a method of keeping equipment from being set in motion and endangering workers. In lock-outs:
  - 1. A disconnect switch, circuit breaker, valve, or other energy isolating mechanism is put in the safe or off position.
  - 2. A device is often placed over the energy isolating mechanism to hold it in the safe position.
  - 3. A lock is attached, so that the equipment can't be energized.
- B. **TAG-OUT:** In a tag-out, the energy isolating device is placed in the safe position and a written warning is attached to it.
- C. **LOCK-OUT/TAG-OUT MATERIALS:** The employer supplies all lock-out and tag-out materials. Each device must be:
  - 1. Durable, to withstand wear.
  - 2. Substantial, so it won't come off easily.
  - 3. Capable of identifying the person who applied it.All lock-out/tag-out equipment is located in the Maintenance Shop in the Wright Building.
- D. **WHEN TO LOCK-OUT OR TAG-OUT:** Lock-out or tag-out must be used whenever service or maintenance is to be performed around any machine or piece of equipment where injury could occur by:
  - 1. Unexpected start-up of the equipment.
  - 2. Release of stored energy.
  - 3. Two situations are most likely to need lock-out/tag-out:
    - a. When a guard or other safety device must be removed or bypassed.
    - b. When any part of the body must be placed where it could be caught by moving machinery.
  - 4. Some jobs for which lock-out/tag-out must be used are:
    - a. Repairing electrical circuits.
    - b. Cleaning or oiling machinery with moving parts.
    - c. Clearing jammed mechanisms.



- d. Replacing drive belts or gears on motors and other equipment.
  - e. Repairing or replacing steam or condensate lines, heat exchangers and high temperature water lines.
  - 5. The OSHA regulation lets each employer use lock-out, tag-out, or both. The systems must be followed that have been chosen for the workplace.
  - 6. Locks and tags by themselves do not de-energize equipment. Attach them only after the machinery has been isolated from its energy sources.
- E. ENERGY:
- 1. Energy is movement or the possibility of movement.
  - 2. Whether the power switch is on or off, energy of some sort is always present in any powered equipment.
  - 3. Energy can come from many different sources, but it is always one of two types:
    - a. Kinetic energy—the force caused by the motion of an object.
    - b. Potential energy—the force stored in an object that isn't moving.
- F. ENGINEERING: Some examples of protective engineering are:
- 1. Machine guards.
  - 2. Electrical disconnects.
  - 3. Mechanical stops, such as pins and valves.
  - 4. Engineering lock-outs, which provide automatic protection against human error.
  - 5. Any engineering safety feature can be defeated:
    - a. Never bypass an engineering lock-out or let a co-worker do so.
    - b. Never rely blindly on engineering safety features.
- G. EDUCATION:
- The employer will use two methods to make sure the company's lock-out/tag-out procedure is understood.
- 1. Documentation—a written policy of the lock-out/tag-out program of the employee's department.
  - 2. Employee training to help employees understand how to use the energy control program; such as the video tape instruction presentation seen by all department employees.
- H. ENFORCEMENT: Enforcement is necessary to make sure workers do their part in protecting their own safety.
- 1. An inspection is to be conducted at least once a year to make sure energy control procedures are being carried out.
  - 2. Enforcement of safety rules must be fair and uniform.
  - 3. Employees must know that the penalties for failure to follow written procedures are:
    - a. First offense: Consultation and first conference (written).
    - b. Second offense: Further disciplinary action which may include termination of employment.
- I. APPLYING ENERGY CONTROLS: Energy isolation and lock-out/tag-out are to be applied only by trained employees authorized to perform service or maintenance.
- Before lock-out/tag-out is applied, all employees who work in the affected area must be notified.
- The OSHA regulation requires that control of hazardous energy be done according to a 6-step procedure.
- 1. Preparation for Shutdown: Before turning off any equipment in order to lock or tag it out, one must know:
    - a. The types and amounts of energy that power it.
    - b. The hazards of that energy.
    - c. How the energy can be controlled.
  - 2. Equipment Shutdown:
    - a. Shut the system down by using its operating controls.
    - b. Follow whatever procedure is right for the equipment, so that no one is endangered during shutdown.
  - 3. Equipment Isolation.
    - a. Operate all energy isolating devices so that the equipment is isolated from its energy sources.
    - b. Be sure to isolate all energy sources—secondary power supplies as well as the main one.
    - c. Never pull an electrical switch while it is under load.
    - d. Never remove a fuse instead of disconnecting.
  - 4. Applying Lock-out/Tag-out Devices:

- a. All energy isolating devices are to be locked, tagged, or both, according to ATSU Maintenance Department energy control program.
  - b. Only the standardized devices supplied by the employer are to be used for lock-out/tag-out, and they are not to be used for anything else.
  - c. Use a lock-out device if the lock cannot be placed directly on the energy control.
  - d. When lock-out is used, every employee in the work crew must attach his personal lock.
  - e. More than one employee can lock out a single energy isolating device by using a multiple-lock hasp.
  - f. For big jobs, a lock-out box may be used to maintain control over a large number of keys.
  - g. If tags are used instead of locks, attach them at the same point as a lock would be attached or as close to it as possible.
  - h. Fill tags out completely and correctly.
5. Control of Stored Energy: Take any of the following steps that are necessary to guard against energy left in the equipment after it has been isolated from its energy sources.
- a. Inspect the system to make sure all parts have stopped moving.
  - b. Install ground wires.
  - c. Relieve trapped pressure.
  - d. Release the tension on springs, or block the movement of spring-driven parts.
  - e. Block or brace parts that could fall because of gravity.
  - f. lock parts in hydraulic and pneumatic systems that could move from loss of pressure. Bleed the lines and leave vent valves open.
  - g. Drain process piping systems and close valves to prevent the flow of hazardous materials.
  - h. If a line must be blocked where there is no valve, use a blank flange.
  - i. Purge reactor tanks and process lines.
  - j. Dissipate extreme cold or heat, or wear protective clothing.
  - k. If stored energy can re-accumulate, monitor it to make sure it stays below hazardous levels.
6. Verifying Isolation of Equipment: Take any of the following steps that fit ATSU's equipment and energy control program.
- a. Make sure all danger areas are clear of personnel
  - b. Verify that the main disconnect switch or circuit breaker can't be moved to the on position.
  - c. Use a voltmeter or other equipment to check the switch.
  - d. Press all start buttons and other activating controls on the equipment itself.
  - e. Shut off all machine controls when the testing is finished.
- J. PERFORMING THE WORK:
1. Look ahead and avoid doing anything that could reactivate the equipment.
  2. Don't bypass the lock-out when putting in new piping or wiring.
- K. REMOVING LOCK-OUT/TAG-OUT:
1. Make sure the equipment is safe to operate.
    - a. Remove all tools from the work area.
    - b. Be sure the system is fully assembled.
  2. Safeguard all employees.
    - a. Conduct a head count to make sure everyone is clear of the equipment.
    - b. Notify everyone who works in the area that lock-out/tag-out is being removed.
  3. Remove the lock-out/tag-out devices. Except in emergencies, the person who put it on must remove it.
  4. In some workplaces, the last person to remove their lock may have extra duties.
    - a. They may have to remove the hasp and lock-out device.
    - b. Tags must be removed, signed, and turned in.
  5. Follow a checklist of required steps to re-energize the system.
- L. SPECIAL SITUATIONS: When contractors or other outside workers are performing service or maintenance at employee's workplace:
1. The outside contractor and the on-site employer must exchange lock-out/tag-out information. Employees on site need to understand rules used by the other company's energy control program.
  2. Be alert for new types of lock-out or tag-out devices

3. If equipment being worked on must be temporarily reactivated, the following procedures are to be followed:
    - a. Remove unnecessary tools from the work area and make sure everyone is clear of the equipment.
    - b. Remove the lock-out/tag-out devices and re-energize the system.
    - c. As soon as the energy is no longer needed, isolate the equipment and reapply lock-out/tag-out, using the 6-step procedure.
  4. If servicing lasts more than one work shift:
    - a. Lock-out/tag-out protection must not be interrupted.
    - b. Employees leaving work do not remove their locks until the ones arriving are ready to lock out.
  5. When the worker who applied a lock isn't there to remove it:
    - a. The lock may be removed only in an emergency and only under the direction of the supervisor.
    - b. Use the "Two-Person Rule." The lock is not cut unless a supervisor is present.
    - c. Never remove the lock without making sure it is absolutely safe.
    - d. File any necessary reports.
- 

## PROCEDURE(S)

- A. LOCK-OUT: A lock-out is a method of keeping equipment from being set in motion and endangering workers. In lock-outs:
    - a. A disconnect switch, circuit breaker, valve, or other energy isolating mechanism is put in the safe or off position.
    - b. A device is often placed over the energy isolating mechanism to hold it in the safe position.
    - c. A lock is attached, so that the equipment can't be energized.
  - B. TAG-OUT: In a tag-out, the energy isolating device is placed in the safe position and a written warning is attached to it.
  - C. LOCK-OUT/TAG-OUT MATERIALS: The employer supplies all lock-out and tag-out materials. Each device must be:
    - a. Durable, to withstand wear.
    - b. Substantial, so it won't come off easily.
    - c. Capable of identifying the person who applied it.All lock-out/tag-out equipment is located in the Maintenance Shop in the Wright Building.
  - D. WHEN TO LOCK-OUT OR TAG-OUT: Lock-out or tag-out must be used whenever service or maintenance is to be performed around any machine or piece of equipment where injury could occur by:
    - a. Unexpected start-up of the equipment.
    - b. Release of stored energy.
    - c. Two situations are most likely to need lock-out/tag-out:
      - i. When a guard or other safety device must be removed or bypassed.
      - ii. When any part of the body must be placed where it could be caught by moving machinery.
    - d. Some jobs for which lock-out/tag-out must be used are:
      - i. Repairing electrical circuits.
      - ii. Cleaning or oiling machinery with moving parts.
      - iii. Clearing jammed mechanisms.
      - iv. Replacing drive belts or gears on motors and other equipment.
      - v. Repairing or replacing steam or condensate lines, heat exchangers and high temperature water lines.
    - e. The OSHA regulation lets each employer use lock-out, tag-out, or both. The systems must be followed that have been chosen for the workplace.
    - f. Locks and tags by themselves do not de-energize equipment. Attach them only after the machinery has been isolated from its energy sources.
  - E. ENERGY:
    - a. Energy is movement or the possibility of movement.
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- b. Whether the power switch is on or off, energy of some sort is always present in any powered equipment.
- c. Energy can come from many different sources, but it is always one of two types:
  - i. Kinetic energy—the force caused by the motion of an object.
  - ii. Potential energy—the force stored in an object that isn't moving.
- F. ENGINEERING: Some examples of protective engineering are:
  - a. Machine guards.
  - b. Electrical disconnects.
  - c. Mechanical stops, such as pins and valves.
  - d. Engineering lock-outs, which provide automatic protection against human error.
  - e. Any engineering safety feature can be defeated:
    - i. Never bypass an engineering lock-out or let a co-worker do so.
    - ii. Never rely blindly on engineering safety features.
- G. EDUCATION:
 

The employer will use two methods to make sure the company's lock-out/tag-out procedure is understood.

  - a. Documentation—a written policy of the lock-out/tag-out program of the employee's department.
  - b. Employee training to help employees understand how to use the energy control program; such as the video tape instruction presentation seen by all department employees.
- H. ENFORCEMENT: Enforcement is necessary to make sure workers do their part in protecting their own safety.
  - a. An inspection is to be conducted at least once a year to make sure energy control procedures are being carried out.
  - b. Enforcement of safety rules must be fair and uniform.
  - c. Employees must know that the penalties for failure to follow written procedures are:
    - i. First offense: Consultation and first conference (written).
    - ii. Second offense: Further disciplinary action which may include termination of employment.
- I. APPLYING ENERGY CONTROLS: Energy isolation and lock-out/tag-out are to be applied only by trained employees authorized to perform service or maintenance.

Before lock-out/tag-out is applied, all employees who work in the affected area must be notified.

The OSHA regulation requires that control of hazardous energy be done according to a 6-step procedure.

- a. Preparation for Shutdown: Before turning off any equipment in order to lock or tag it out, one must know:
  - i. The types and amounts of energy that power it.
  - ii. The hazards of that energy.
  - iii. How the energy can be controlled.
- b. Equipment Shutdown:
  - i. Shut the system down by using its operating controls.
  - ii. Follow whatever procedure is right for the equipment, so that no one is endangered during shutdown.
- c. Equipment Isolation.
  - i. Operate all energy isolating devices so that the equipment is isolated from its energy sources.
  - ii. Be sure to isolate all energy sources—secondary power supplies as well as the main one.
  - iii. Never pull an electrical switch while it is under load.
  - iv. Never remove a fuse instead of disconnecting.
- d. Applying Lock-out/Tag-out Devices:
  - i. All energy isolating devices are to be locked, tagged, or both, according to ATSU Maintenance Department energy control program.
  - ii. Only the standardized devices supplied by the employer are to be used for lock-out/tag-out, and they are not to be used for anything else.
  - iii. Use a lock-out device if the lock cannot be placed directly on the energy control.
  - iv. When lock-out is used, every employee in the work crew must attach his personal lock.
  - v. More than one employee can lock out a single energy isolating device by using a multiple-lock hasp.
  - vi. For big jobs, a lock-out box may be used to maintain control over a large number of keys.

- vii. If tags are used instead of locks, attach them at the same point as a lock would be attached or as close to it as possible.
- viii. Fill tags out completely and correctly.
- e. Control of Stored Energy: Take any of the following steps that are necessary to guard against energy left in the equipment after it has been isolated from its energy sources.
  - i. Inspect the system to make sure all parts have stopped moving.
  - ii. Install ground wires.
  - iii. Relieve trapped pressure.
  - iv. Release the tension on springs, or block the movement of spring-driven parts.
  - v. Block or brace parts that could fall because of gravity.
  - vi. Block parts in hydraulic and pneumatic systems that could move from loss of pressure. Bleed the lines and leave vent valves open.
  - vii. Drain process piping systems and close valves to prevent the flow of hazardous materials.
  - viii. If a line must be blocked where there is no valve, use a blank flange.
  - ix. Purge reactor tanks and process lines.
  - x. Dissipate extreme cold or heat, or wear protective clothing.
  - xi. If stored energy can re-accumulate, monitor it to make sure it stays below hazardous levels.
- f. Verifying Isolation of Equipment: Take any of the following steps that fit ATSU's equipment and energy control program.
  - i. Make sure all danger areas are clear of personnel
  - ii. Verify that the main disconnect switch or circuit breaker can't be moved to the on position.
  - iii. Use a voltmeter or other equipment to check the switch.
  - iv. Press all start buttons and other activating controls on the equipment itself.
  - v. Shut off all machine controls when the testing is finished.
- J. PERFORMING THE WORK:
  - a. Look ahead and avoid doing anything that could reactivate the equipment.
  - b. Don't bypass the lock-out when putting in new piping or wiring.
- K. REMOVING LOCK-OUT/TAG-OUT:
  - a. Make sure the equipment is safe to operate.
    - i. Remove all tools from the work area.
    - ii. Be sure the system is fully assembled.
  - b. Safeguard all employees.
    - i. Conduct a head count to make sure everyone is clear of the equipment.
    - ii. Notify everyone who works in the area that lock-out/tag-out is being removed.
  - c. Remove the lock-out/tag-out devices. Except in emergencies, the person who put it on must remove it.
  - d. In some workplaces, the last person to remove their lock may have extra duties.
    - i. They may have to remove the hasp and lock-out device.
    - ii. Tags must be removed, signed, and turned in.
  - e. Follow a checklist of required steps to re-energize the system.
- L. SPECIAL SITUATIONS: When contractors or other outside workers are performing service or maintenance at employee's workplace:
  - a. The outside contractor and the on-site employer must exchange lock-out/tag-out information. Employees on site need to understand rules used by the other company's energy control program.
  - b. Be alert for new types of lock-out or tag-out devices
  - c. If equipment being worked on must be temporarily reactivated, the following procedures are to be followed:
    - i. Remove unnecessary tools from the work area and make sure everyone is clear of the equipment.
    - ii. Remove the lock-out/tag-out devices and re-energize the system.
    - iii. As soon as the energy is no longer needed, isolate the equipment and reapply lock-out/tag-out, using the 6-step procedure.
  - d. If servicing lasts more than one work shift:
    - i. Lock-out/tag-out protection must not be interrupted.
    - ii. Employees leaving work do not remove their locks until the ones arriving are ready to lock out.

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- e. When the worker who applied a lock isn't there to remove it:
    - i. The lock may be removed only in an emergency and only under the direction of the supervisor.
    - ii. Use the "Two-Person Rule." The lock is not cut unless a supervisor is present.
    - iii. Never remove the lock without making sure it is absolutely safe.
    - iv. File any necessary reports.
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## **RESPONSIBILITY**

A. ATSU-SOMA Facilities is responsible for providing awareness training, monitoring compliance, and developing and/or acquiring practices/procedures/equipment to ensure the safety of ATSU-SOMA employees.

B. This policy describes circumstances and job functions where the life or health of the employee is dependent upon taking appropriate precautions. Each employee is responsible for his/her own safety by complying with this policy.

This policy is referenced from the: AT Still University. "ATSU Lock-out/Tag-out # 95-103", HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/>. 12 Jul. 2017. Pag 1-4. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 4.2 (Facilities: Security and Public Safety).

## 30-009 Missing Student (4.2)

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**APPROVAL:** Signature On File in Dean's office

**DATE:** 9/1/2022

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### **PURPOSE**

To establish policy and procedures for A.T. Still University ("ATSU") School of Osteopathic Medicine ("SOMA") regarding the reporting, investigation, and required emergency notification when a student is deemed to be missing. This policy and coinciding procedures are guided by the Higher Education

- Opportunity Act, 20 U.S.C.S. § 1092; 42 U.S.C.S. §5579.
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### **DEFINITIONS**

Missing: For purposes of this policy, a student may be considered missing under a variety of circumstances. These circumstances may include, but are not limited to, being overdue in reaching a specific location, on or off campus, past his/her expected arrival time; concerns for safety based on prior knowledge of mental or physical health issues or other extenuating life circumstances; and/or additional factors that lead university staff to believe that he/she is missing, and a check of his/her residence supports that determination. ATSU Missouri campus does not require a 24-hour waiting period to consider a student missing and will initiate investigations through collaboration with various departments if circumstances indicate the likelihood that someone is missing.

### **POLICY**

- A. Notification to students of option to identify confidential emergency contact

Students will be informed they have the option to identify a confidential emergency contact (see Attachment A) who would be contacted by the institution if there is reason to believe the student is missing or otherwise believed to be in danger. The student may provide a telephone number for that contact to ATSU-SOMA Student Affairs. It is the responsibility of the student to ensure the contact information is current and accurate. ATSU-SOMA will notify local law enforcement within 24 hours of a determination the student is deemed missing. This applies to any missing student, regardless of their age, status, or whether or not he or she has provided a confidential contact person. The only circumstance under which the confidential contact information will be disclosed is to law enforcement personnel in furtherance of a missing person investigation. For students under the age of 18 and not emancipated, their parent or guardian will be notified, in addition to local law enforcement, within 24 hours of a determination the student is deemed missing.

Students will be informed that ATSU-SOMA Student Affairs will be notified immediately, when genuine concern has been raised that a student is missing. Further, this notification to ATSU- SOMA Student Affairs will trigger a formal investigation process that will be handled in collaboration with ATSU-SOMA Security and/or local law enforcement agencies.

**B. Procedures for reporting and for investigating missing students**

If it is suspected a student is missing, ATSU Student Affairs, in collaboration with ATSU Security and other University staff, will conduct a preliminary investigation in order to verify the situation and will obtain information around circumstances relating to the student in question. That preliminary investigation may include but is not limited to a check of the student's residence, calls to the student's residence and/or cell phone, review of class schedules, and conversations with roommates and other community members or friends. To clarify, any missing student report made to ATSU Student Affairs will be referred immediately to ATSU Security.

If at any point during the preliminary investigation circumstances appear suspicious or if all available avenues within ATSU Student Affairs and ATSU Security's control have been exhausted, the Mesa Police Department will be notified to do a formal investigation into the missing student. The Vice President for Student Affairs will make notification to the confidential contact designated by the student, if the student is deemed missing through investigative efforts. That contact will be made within 24 hours of that determination.

If a student is located and his/her status and well-being have been verified following a missing person's report or investigation, staff should notify ATSU Student Affairs, and ATSU Security immediately.

**C. Contact numbers to report a missing student:**

**ATSU-SOMA Campus Security** (<http://www.atsu.edu/security>) Arizona Campus:

Emergency – 911 (off-campus)  
Emergency – 911 (on-campus)  
Security Office: \*7 (on-campus)  
Non-Emergency Security – 480.341.9075  
Mesa Police Department – 480.644.2211, opt.2

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## **PROCEDURE(S)**

**A. Notification to students of option to identify confidential emergency contact**

Students will be informed they have the option to identify a confidential emergency contact (see Attachment A) who would be contacted by the institution if there is reason to believe the student is missing or otherwise believed to be in



danger. The student may provide a telephone number for that contact to ATSU-SOMA Student Affairs. It is the responsibility of the student to ensure the contact information is current and accurate. ATSU-SOMA will notify local law enforcement within 24 hours of a determination the student is deemed missing. This applies to any missing student, regardless of their age, status, or whether or not he or she has provided a confidential contact person. The only circumstance under which the confidential contact information will be disclosed is to law enforcement personnel in furtherance of a missing person investigation. For students under the age of 18 and not emancipated, their parent or guardian will be notified, in addition to local law enforcement, within 24 hours of a determination the student is deemed missing.

Students will be informed that ATSU-SOMA Student Affairs will be notified immediately, when genuine concern has been raised that a student is missing. Further, this notification to ATSU- SOMA Student Affairs will trigger a formal investigation process that will be handled in collaboration with ATSU-SOMA Security and/or local law enforcement agencies.

#### B. Procedures for reporting and for investigating missing students

If it is suspected a student is missing, ATSU-SOMA Student Affairs, in collaboration with ATSU- SOMA Security and other University staff, will conduct a preliminary investigation in order to verify the situation and will obtain information around circumstances relating to the student in question. That preliminary investigation may include but is not limited to a check of the student's residence, calls to the student's residence and/or cell phone, review of class schedules, and conversations with roommates and other community members or friends. To clarify, any missing student report made to ATSU-SOMA Student Affairs will be referred immediately to ATSU- SOMA Security.

If at any point during the preliminary investigation circumstances appear suspicious or if all available avenues within ATSU-SOMA Student Affairs and ATSU-SOMA Security's control have been exhausted, the Mesa Police Department will be notified to do a formal investigation into the missing student. The Vice President for Student Affairs will make notification to the confidential contact designated by the student, if the student is deemed missing through investigative efforts. That contact will be made within 24 hours of that determination.

If a student is located and his/her status and well-being have been verified following a missing person's report or investigation, staff should notify ATSU-SOMA Student Affairs, and ATSU- SOMA Security immediately.

#### C. Contact numbers to report a missing student:

**ATSU-SOMA Campus Security** (<http://www.atsu.edu/security>) Arizona Campus:

Emergency – 911 (off-campus)

Emergency – 911 (on-campus)  
Security Office: \*7 (on-campus)  
Non-Emergency Security – 480.341.9075  
Mesa Police Department – 480.644.2211, opt.2

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## **RESPONSIBILITY**

ATSU Student Affairs is responsible for reviewing and updating this policy as needed.

This policy is referenced from the: AT Still University. “ATSU Missing Student # 95-104”, HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/> 06 Oct. 2021. Pag 1-3. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 4.2 (Facilities: Security and Public Safety).

Date Adopted: August 1, 2017  
Date Reviewed: September 1, 2022

Missing Student Policy

# MISSING PERSON CONTACT FORM

Attachment A

Student's Name: \_\_\_\_\_

Student's Cell Phone Number: \_\_\_\_\_

Please identify individual(s) to be notified by ATSU-SOMA if you are determined to be missing. ATSU-SOMA will notify the appropriate law enforcement agency no later than 24 hours after the time you are determined to be missing. If you are under 18 years of age and not an emancipated individual, ATSU-SOMA is also required to notify your custodial parents or legal guardian if you are determined to be missing. This information will be accessible only to authorized campus officials, and it may not be disclosed, except to law enforcement personnel in furtherance of a missing person investigation.

I decline the option to provide emergency contact information.

I will provide emergency contact information. (Complete the information below.)

**X** \_\_\_\_\_  
**Student Signature**

In the event of an emergency, please contact the following individual(s):

**Contact#1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_

**Contact#2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_

## 30-010 OMS-I Missing Student Notification Process (4.2a)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

To have a process in place for notifying the appropriate administration of missing students.

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### **POLICY**

The appropriate staff and administration will be notified when a student is more than 15 minutes late to a mandatory session or exam

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### **PROCEDURE(S)**

15 minutes after an exam or mandatory session has started and a student is missing, the following procedure will be used:

1. A text will be sent to the Curriculum Manager and the Year-One Curriculum Coordinator.
2. An email will be sent to 'somayear1communique@atsu.edu', the Associate Dean of Curriculum Integration, and the appropriate Course Director.
3. The Curriculum Manager, or Year-One Curriculum Coordinator will attempt to contact the missing study via phone.
4. If the missing student cannot be reached by phone, an email will be sent to the missing student's school email account and personal email account (if available).
5. If there is no immediate response from the student, the Curriculum Manager or Year-One Curriculum Coordinator will contact the University's Student Services department to make them aware of the missing student.

Students are responsible for sending an email to the SOMA Assessment Team if the student is planning to be more than 15 minutes late to any scheduled exam.

Students are responsible for sending an email to 'somaabsences@atsu.edu' if they are planning to be more than 15 minutes late to a mandatory session.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 4.2 (Facilities: Security and Public Safety).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

OMS-I Missing Student Notification Process

# MISSING PERSON CONTACT FORM

Attachment A

Student's Name: \_\_\_\_\_

Student's Cell Phone Number: \_\_\_\_\_

Please identify individual(s) to be notified by ATSU-SOMA if you are determined to be missing. ATSU-SOMA will notify the appropriate law enforcement agency no later than 24 hours after the time you are determined to be missing. If you are under 18 years of age and not an emancipated individual, ATSU-SOMA is also required to notify your custodial parents or legal guardian if you are determined to be missing. This information will be accessible only to authorized campus officials, and it may not be disclosed, except to law enforcement personnel in furtherance of a missing person investigation.

I decline the option to provide emergency contact information.

I will provide emergency contact information. (Complete the information below.)

**X** \_\_\_\_\_  
**Student Signature**

In the event of an emergency, please contact the following individual(s):

**Contact#1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_

**Contact#2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_

## 50-013 Course and Instructor Evaluation Tool Policy (5.1)

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**APPROVAL:** Curriculum Committee

**DATE:** 9/1/2022

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### **PURPOSE**

To have a standard tool for course and instructor evaluation that includes an OPP portion.

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### **POLICY**

The 2017 Course and Instructor Evaluation Tool with added OPP portion is to be implemented beginning with the current Health and Healing Course.

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### **PROCEDURE(S)**

1. The Course and Instructor Evaluation Tool with added OPP portion will be sent out to students at the end of the 2017 Health and Healing Course.
2. This same Course and Instructor Evaluation Tool will be sent out to students at the end of each course.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 5.1 (Learning Environment: Professionalism).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Course and Instructor Evaluation Tool Policy

## 50-015 Cultural Proficiency (5.1)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

The ability to value and respect differences as evidenced by knowledge, attitudes, and behaviors that enable effective interactions in all situations.

(The following Policy has been copied from the ATSU-SOMA Core Professional Attributes and Key Elements.)

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### **POLICY**

#### A. Cultural Knowledge

1. Demonstrates understanding of the complex elements inherent to cultural differences and their impact on health and healthcare delivery.

#### B. Cultural Differences

1. Applies understanding of cultural differences through active participation in diverse cultural experiences and opportunities.

#### C. Adaptation to Diversity

1. Mitigates differences by communicating and acting in a supportive manner and recognizing other cultural group perspectives.
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### **PROCEDURE(S)**

#### D. Cultural Knowledge

1. Demonstrates understanding of the complex elements inherent to cultural differences and their impact on health and healthcare delivery.

#### E. Cultural Differences

1. Applies understanding of cultural differences through active participation in diverse cultural experiences and opportunities.

#### F. Adaptation to Diversity

1. Mitigates differences by communicating and acting in a supportive manner and recognizing other cultural group perspectives.

This policy is referenced from the: ATSU Core Professional Attributes and Key Elements. 01  
Aug. 2017. <https://www.atsu.edu/academic-affairs/core-professional-attributes#cultural-proficiency>

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020  
Accreditation Policy Requirement 5.1 (Learning Environment: Professionalism)

Date Adopted: August 1, 2017

Last Reviewed: September 1, 2022

Cultural Proficiency



## 50-020 Interprofessional Collaboration (5.1)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

The ability to work effectively on an interprofessional team to improve health outcomes and deliver the highest quality of whole person healthcare.

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### **POLICY**

It is the policy and expectation of A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") that all members of our community maintain consistent demonstration of core values evidenced by professionals working together, aspiring to and wisely applying principles of altruism and caring, excellence, ethics, respect, communication, accountability to achieve optimal health and wellness in individuals and communities. Interprofessional collaborative practice is key to safe, high quality, accessible, patient-centered care desired by all. Student engagement with multiple professions in interactive learning experiences and working effectively as members of clinical teams will be a fundamental part of their educational process.

Key elements to this process include:

- A. Scopes of Practice
  - 1. Recognizes the scopes of practice and values the unique roles and responsibilities each profession contributes to whole person healthcare.
- B. Collaboration and Consultancy
  - 1. Includes other healthcare professionals, patients, and family members in planning and implementing care to achieve the best healthcare outcome.
- C. Teamwork/Teambuilding
  - 1. Applies concepts of teamwork and shares responsibility for team actions.

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## PROCEDURE(S)

It is the policy and expectation of A.T. Still University (“ATSU”) School of Osteopathic Medicine in Arizona (“SOMA”) that all members of our community maintain consistent demonstration of core values evidenced by professionals working together, aspiring to and wisely applying principles of altruism and caring, excellence, ethics, respect, communication, accountability to achieve optimal health and wellness in individuals and communities. Interprofessional collaborative practice is key to safe, high quality, accessible, patient-centered care desired by all. Student engagement with multiple professions in interactive learning experiences and working effectively as members of clinical teams will be a fundamental part of their educational process.

Key elements to this process include:

- D. Scopes of Practice
  - 1. Recognizes the scopes of practice and values the unique roles and responsibilities each profession contributes to whole person healthcare.
- E. Collaboration and Consultancy
  - 1. Includes other healthcare professionals, patients, and family members in planning and implementing care to achieve the best healthcare outcome.
- F. Teamwork/Teambuilding
  - 1. Applies concepts of teamwork and shares responsibility for team actions.

This policy is referenced from the: ATSU Core Professional Attributes and Key Elements. 01 Aug. 2017. <https://www.atsu.edu/academic-affairs/core-professional-attributes#interprofessional-collaboration>

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 5.1 (Learning Environment: Professionalism).

Adopted Date: August 1, 2017  
Last Reviewed: September 1, 2022

Interprofessional Collaboration

## 30-013 Patient Safety (5.1)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

The ability to recognize the moral responsibility to engage in initiatives, activities and lifelong education that positively impact the health and wellbeing of the individuals, communities, and professions served.

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### **POLICY**

ATSU-SOMA supports and advocates for the health and wellness of all patient populations through engagement with community, various professionals and/or scholarship activities.

Throughout the medical educational curriculum and clinical rotation activities, it is the expectation of all students to comply with the general rules and regulations established by their preceptors, regional site hospital/clinic, Regional Director of Medical Education, Community Education Coordinator or any other individuals associated with their educational experience.

All patients that are evaluated by the student must also be evaluated by a licensed physician, physician assistant or nurse practitioner.

All clinical procedures performed by the student must be observed by the preceptor or the preceptor's designee.

The preceptor will directly supervise the medical student in those skills for which the medical student has received proper training at all times.

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### **PROCEDURE(S)**

ATSU-SOMA supports and advocates for the health and wellness of all patient populations through engagement with community, various professionals and/or scholarship activities.

Throughout the medical educational curriculum and clinical rotation activities, it is the expectation of all students to comply with the general rules and regulations established by their preceptors, regional site hospital/clinic, Regional Director of Medical Education, Community Education Coordinator or any other individuals associated with their educational experience.

All patients that are evaluated by the student must also be evaluated by a licensed physician, physician assistant or nurse practitioner.

All clinical procedures performed by the student must be observed by the preceptor or the preceptor's designee.

The preceptor will directly supervise the medical student in those skills for which the medical student has received proper training at all times.

This policy is referenced from the: ATSU Core Professional Attributes and Key Elements. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 5.4 (Learning Environment: Patient Care Supervision).

Adopted Date: August 1, 2017  
Last Reviewed: September 1, 2022

Patient Safety

## 50-026 Professionalism (5.1)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") values professionalism among our faculty, staff, and students in carrying out our mission of improving the health of the public through focused whole person healthcare, scholarship, community health, interprofessional education, diversity and under-served populations. Professionalism includes demonstrating excellence, respect, integrity, compassion, altruism, and accountability in all endeavors. Diversity of ideas, perspectives and experiences is integral to our mission. All individuals in our ATSU-SOMA community are responsible for creating a welcoming and respectful environment where every person is valued and honored.

It is the policy and expectation of ATSU-SOMA that all members of our community will conduct themselves in a professional manner in interactions with patients, colleagues in the community, and the public. It is the expectation of the leaders in our community to model, promote, and advocate for a strong and visible culture of professionalism.

An important aspect of any professional educational curriculum is the development of professional behaviors and role identity. Evidence shows that unprofessional behavior exhibited during training is a predictor of future referrals to state regulatory boards and/or the need for disciplinary actions. Since such behavior presents a potential danger to the provision of good patient care and issues for the credibility of the profession, they share equal importance to academic and manual skills. SOMA considers breaches of professional conduct as academic deficiencies. Recognizing the responsibility to display appropriate professional behaviors, SOMA sets expectations for professional conduct and evaluates students in this sphere to document satisfactory acquisition of these important behaviors.

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### **POLICY**

Below is a list of expectations of professionalism adapted by ATSU-SOMA from the Behaviors Reflecting Professionalism identified by the National Board of Medical Examiners. Each member of ATSU-SOMA should model these behaviors to ensure quality patient care and growth of the profession.

A. Altruism

1. Helps colleagues and team members who are busy.
2. Takes on extra work to help the team.
3. Serves as knowledge or skill resource to others.
4. Advocates for policies, practices and procedures that will benefit patients.
5. Endures inconvenience to accommodate patient needs.

B. Honor and Integrity (honesty)

1. Admits errors and takes steps to prevent reoccurrence.
2. Deals with confidential information appropriately.
3. Does not misuse resources (i.e. school property)
4. Attributes ideas and contributions appropriately for other's work.
5. Upholds ethical standards in research and scholarly activity.
6. Submits original work at all times and on time for graded assignments.
7. Requests help when needed.
8. Assumes personal responsibility for mistakes.

C. Caring and Compassion

1. Treats the patient as an individual, considers lifestyle, beliefs and support systems.
2. Shows compassion to patients and maintains appropriate boundaries in professional relationships.
3. Responds to patient's needs in an appropriate way.
4. Optimizes patient comfort and privacy when conducting history, physical examination and procedures.

D. Respect

1. Respects institutional staff and representatives; respects faculty and colleagues during teaching sessions.
2. Adheres to local dress code.
3. Participates constructively as a team member.
4. Adheres to institutional and departmental policies and procedures.
5. Displays compassion and respect for all patients even under difficult circumstances.
6. Discusses patients/faculty/colleagues without inappropriate labels or comments.

E. Responsibility and Accountability

1. Presents self in an appropriate manner to patients and colleagues.
2. Completes assignments and tasks in a timely manner.
3. Responds promptly when called or when pages, emails or phone calls are sent.
4. Intervenes when unprofessional behavior presents a clear and present danger.
5. Uses resources effectively.
6. Responds appropriately to an impaired colleague.
7. Responds to and reflects on own or other's lapses in conduct and performance.
8. Makes valuable contributions to class, rounds and group interactions.
9. Elicits patient's understanding to ensure accurate communication of information.
10. Facilitates conflict resolution.
11. Remains flexible to changing circumstances and unanticipated changes.
12. Balances personal needs and patient responsibilities.
13. Respectfully provides honest and constructive feedback.

## F. Excellence

1. Has internal focus and direction, sets goals to achieve excellence.
2. Takes initiative in organizing, participating and collaborating with peer groups and faculty.
3. Maintains composure under difficult situations.
4. Inspires confidence in patients by proper preparation for clinical tasks and procedures.

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## PROCEDURE(S)

Below is a list of expectations of professionalism adapted by ATSU-SOMA from the Behaviors Reflecting Professionalism identified by the National Board of Medical Examiners. Each member of ATSU-SOMA should model these behaviors to ensure quality patient care and growth of the profession.

### A. Altruism

1. Helps colleagues and team members who are busy.
2. Takes on extra work to help the team.
3. Serves as knowledge or skill resource to others.
4. Advocates for policies, practices and procedures that will benefit patients.
5. Endures inconvenience to accommodate patient needs.

### B. Honor and Integrity (honesty)

1. Admits errors and takes steps to prevent reoccurrence.
2. Deals with confidential information appropriately.
3. Does not misuse resources (i.e. school property)
4. Attributes ideas and contributions appropriately for other's work.
5. Upholds ethical standards in research and scholarly activity.
6. Submits original work at all times and on time for graded assignments.
7. Requests help when needed.
8. Assumes personal responsibility for mistakes.

### C. Caring and Compassion

1. Treats the patient as an individual, considers lifestyle, beliefs and support systems.
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1. Respects institutional staff and representatives; respects faculty and colleagues during teaching sessions.
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6. Responds appropriately to an impaired colleague.
7. Responds to and reflects on own or other's lapses in conduct and performance.
8. Makes valuable contributions to class, rounds and group interactions.
9. Elicits patient's understanding to ensure accurate communication of information.
10. Facilitates conflict resolution.
11. Remains flexible to changing circumstances and unanticipated changes.
12. Balances personal needs and patient responsibilities.
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1. Has internal focus and direction, sets goals to achieve excellence.
2. Takes initiative in organizing, participating and collaborating with peer groups and faculty.
3. Maintains composure under difficult situations.
4. Inspires confidence in patients by proper preparation for clinical tasks and procedures.

This policy is referenced from the: ATSU/SOMA Catalog,  
<https://www.atsu.edu/academic-catalog/soma/doctor-of-osteopathic-medicine-program-soma/#top>. 01 Aug. 2017. n. page. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 5.1 (Learning Environment: Professionalism).

Adopted Date: August 1, 2017  
Last Reviewed: September 1, 2022

Professionalism



## 10-005 Diversity (5.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") recognizes, values, and affirms that diversity contributes richness to the University community and enhances the quality of education and campus life for individuals and groups.

ATSU-SOMA students, faculty, staff and administrators are valued for their diversity as reflected by gender, race, national origin, age, religious beliefs, social/economic background, sexual orientation, political beliefs, and disabilities

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### **POLICY**

- A. ATSU is committed to creating and maintaining an environment where persons can work together in an atmosphere free of all forms of abusive or demeaning communication. ATSU acknowledges the individual right of expression within the bounds of courtesy, sensitivity, and respect.
- B. The University attracts a diverse student body representing nearly every state and several foreign countries. The cultural and ethnic diversity within the student body has given the University its national presence and character. Many of the University's alumni have returned to their homes seeking employment opportunities, resulting in a strong national support group.
- C. ATSU creates and supports a campus community that educates healthcare professionals who value and appreciate the importance of, and have a unique perspective and outlook on, diversity. ATSU seeks to improve the quality of life of faculty, staff, and students by developing and implementing policies and programs that support the ATSU philosophy on diversity. The University hopes to help students learn about the different cultures in society, understand that diversity, and actively seek to work with clients from varied cultures and backgrounds. This diversity-rich experience at ATSU-SOMA adds value to our campus community.

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## **PROCEDURE(S)**

- A. ATSU is committed to creating and maintaining an environment where persons can work together in an atmosphere free of all forms of abusive or demeaning communication. ATSU acknowledges the individual right of expression within the bounds of courtesy, sensitivity, and respect.
- B. The University attracts a diverse student body representing nearly every state and several foreign countries. The cultural and ethnic diversity within the student body has given the University its national presence and character. Many of the University's alumni have returned to their homes seeking employment opportunities, resulting in a strong national support group.
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## **RESPONSIBILITY**

- 1. It is the responsibility of ATSU-SOMA Admissions and Administration to ensure that this policy is shared with the employee and student body.

This policy is referenced from the: ATSU/Diversity web page, <https://www.atsu.edu/diversity>. 01 Aug. 2017. n. pag. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 5.1 (Learning Environment: Professionalism).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Diversity

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## 30-002 Disease Exposure Prevention and Control Plan (5.3)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### PURPOSE

This general order outlines preventive and control measures regarding infectious disease exposure at A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA"). These measures include provisions required by the Occupational Safety and Health Administration (OSHA) for blood borne disease as well as statutory tuberculosis screening and treatment.

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### POLICY

- A. All ATSU-SOMA employees will observe universal precautions to prevent contact with blood or other potentially infectious material. Universal precautions include treating all human blood and certain human body fluids as infectious, evaluating engineering and work practice controls to eliminate or minimize employee exposure, mandating use of personal protective equipment, and ensuring availability of hand-washing stations or acceptable alternatives.
- B. Copies of this plan are available in the Human Resources department, online on the employee intranet portal, and the Facilities department.
- C. Each component of this plan will be reviewed annually and revised as necessary.
- D. Attachment 1 contains a list of ATSU job titles whose job descriptions constitute reasonable expectation of occupational exposure to blood or other infectious materials as defined by OSHA.
- E. Personal protective equipment (PPE)
  - 1. All employees who may have occupational exposure are required to use PPE whenever there is reasonable anticipation of exposure. These materials are available at no charge to the employee and are readily available in convenient locations.
  - 2. The only acceptable exception is when, in the employee's professional judgment in a specific instance, the use of PPE would prevent delivery of care or pose an increased hazard to the employee or others. In such instances, circumstances will be investigated and documented to inform changes to prevent future exposures.
  - 3. Any garments penetrated by blood or other potentially infectious materials should be removed as soon as feasible. All PPE must be removed prior to leaving the work area.

4. All PPE is provided, repaired, replaced, cleaned, laundered, and disposed of by ATSU-SOMA at no expense to the employee.
  5. Gloves will be worn when contact with blood, mucous membranes, non-intact skin, or other potentially infectious materials is likely. Gloves must be removed and replaced as soon as practical when contaminated or as soon as feasible if torn or punctured or when barrier properties are compromised. With the exception of reusable utility gloves, gloves should never be washed or decontaminated for reuse. Gloves must be worn when performing vascular access procedures and when handling or touching contaminated items or surfaces. For employees who are allergic, hypoallergenic gloves, powderless gloves, synthetic and vinyl gloves, and glove liners are available. Persons with such allergies should be evaluated to determine the appropriate solution.
  6. Masks, eye, and face protection will be worn whenever splashes, sprays, splatter, or droplets of blood, etc., may be generated, and eye, nose, or mouth contamination may be reasonably anticipated. For persons who choose to wear their own prescription glasses when such exposure is likely, slip-on side shields must be worn. These shields must be solid, containing no ventilation holes.
  7. Gowns, aprons, and other protective body clothing will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. In all circumstances, the garment chosen will not allow blood or other potentially infectious materials to pass through to the skin or mucous membrane of the person.
  8. Surgical caps or hoods and shoe covers or boots will be worn when gross contamination of the head or feet is reasonably anticipated (e.g., anatomical pathology and anatomy prep room).
- F. Hand-washing stations
1. Hand-washing facilities are located in various locations throughout ATSU-SOMA's campuses. Most of these facilities are readily accessible to employees. In areas where access to convenient hand-washing facilities is limited, rinseless hand-washing agents/towelettes have been supplied. Hands must be washed as soon as feasible after use of these items. Hand-washing agents/towelettes are not an adequate substitute for hand-washing.
  2. Hands must be washed under the following conditions:
    - a. At start and completion of each clinic session.
    - b. Immediately or as soon as feasible after removal of personal protective equipment.
    - c. Following contact with blood or other potentially infectious materials. Any other skin or mucous membranes having contact with these materials will be washed or flushed as soon as feasible.
- G. Needle puncture prevention
1. Contaminated sharps will not be bent, recapped, or removed by hand. When recapping or needle removal is required, it will be performed using a mechanical device (e.g., forceps and recapping device) or a one-handed "scoop" technique. Recapping or removing contaminated needles should only be performed when there is no feasible alternative or when it is required by specific medical procedure.
  2. Contaminated sharps will be disposed of as described in the regulated waste disposal section below.
- H. Laboratory procedures

1. Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.
  2. All containers used to contain specimens of blood or other potentially infectious materials will prevent leakage during collection, handling, storage, transport, or shipping. Because universal precautions are utilized in this facility, there is no need to label each specimen with a biohazard symbol. However, containers must be recognizable as specimen containers. Biohazard labels must be attached to carriers designed to transport multiple specimens. If the outside of a specimen container is soiled with blood or other potentially infectious materials, the primary container must be placed in a secondary container, which prevents leakage during all phases of handling.
- I. Contaminated medical or dental equipment
1. All equipment that may become contaminated during use will be examined prior to servicing or shipping and will be decontaminated as necessary and when possible. Prior to sending equipment that may be contaminated to the Instrumentation department, it should be decontaminated. When it is not possible or feasible to decontaminate the equipment, contaminated parts must be labeled with a biohazard symbol stating which portions may be contaminated.
  2. Instrumentation personnel must observe universal precautions and wear appropriate personal protective equipment when handling contaminated equipment.
  3. If it is necessary to ship equipment that has not been decontaminated to a manufacturer, the company representative or the manufacturer must be notified of the biohazard prior to shipping and appropriate labels must be affixed to the equipment.
- J. Hepatitis B vaccination
1. Hepatitis B vaccine is available, free of charge, to all employees who have occupational exposure to blood or other potentially infectious materials, including employees with patient contact or who clean patient rooms. This vaccine is made available at the time of initial hiring and is available on request.
  2. Employees wishing to be vaccinated should contact the Human Resources department to make an appointment.
  3. Employees who decline to accept hepatitis B vaccination will be asked to sign a declination statement (Attachment 2).
  4. Routine booster doses are not currently recommended. However, if routine boosters are required at a later date, such booster doses will be made available.
- K. Tuberculosis (TB) screening and testing
1. All new ATSU-SOMA employees will complete and return the TB Risk Assessment Tool (Attachment 3) as a part of the hiring process. Failure to complete the TB Risk Assessment Tool may result in suspension of employment without pay.
  2. All new employees at ATSU-SOMA clinics will receive a tuberculin skin test (TST) or interferon gamma release assay test at no charge to the employee. If the screening test is positive, appropriate evaluation and follow-up will be done in accordance with Centers for Disease Control and Prevention (CDC) guidelines at the employee's expense.
  3. ATSU-SOMA schools require TB screening as a student matriculation requirement in accordance with applicable state and federal law. Individual schools track verification of student compliance.
  4. All students on the Missouri campus and St. Louis clinic are required by state law to undergo TB screening within their matriculation year. Failure to do so will result in

- loss of enrollment status in the subsequent semester.
5. The CDC recommends and this policy suggests ATSU-SOMA international travelers who anticipate potential exposure to persons with TB should have a TST or TB blood test before leaving the U.S. and a repeat test eight to 10 weeks after returning to the U.S.
- L. ATSU-SOMA clinic employee immunizations
1. Employees at all ATSU-SOMA clinics must be immunized against the following transmittable diseases: measles, mumps, rubella, hepatitis B, varicella, influenza, diphtheria, tetanus, and pertussis (see Attachment 5).
  2. Immunizations must be recorded and maintained by clinic administration.
  3. Employees requiring immunizations, or who are unable to sufficiently document prior immunization, will be provided immunization at no cost to the employee.
  4. Failure to complete required immunizations or refusal to do so will result in action designed to safeguard clinic employees and patients, up to and including termination.
- M. Post-exposure prophylaxis management
- Medical evaluation is required after any exposure, and blood samples will be kept for a minimum of 90 days if an employee declines HIV testing. See Attachment 4 for procedures.
- N. General precautions
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure. This includes laboratory work areas and other patient care areas. Personnel are to eat, drink, or smoke in areas designated for this purpose. In addition, food and drink shall not be kept in refrigerators, freezers, shelves, or bench tops where blood or other potentially infectious materials are kept.
- O. Regulated waste disposal
1. Materials saturated with bodily fluids including blood, saliva, semen, or vaginal secretions, or which would readily release such fluids if compressed, must be managed as regulated waste. Other examples of regulated waste are extracted teeth, surgically removed hard and soft tissues, and contaminated sharp items, including needles or wires.
  2. Regulated waste (other than sharps) must be contained in sturdy, leak-resistant, color-coded, and/or labeled biohazard bags. Exterior contamination or puncturing of the bag requires placement in a second biohazard bag.
  3. Needles, syringes, and unused sterile sharps must be contained in labeled (including start date), puncture-resistant containers with “living hinge” covers placed as close as feasible to the point of use (e.g., sharps containers). The containers must not be filled to more than three-quarters full. They must be kept upright and closed immediately after use or prior to removal or replacement to prevent spillage.
  4. Biohazard bags and containers are to be collected for transporting to a designated area for pick up by a qualified vendor.
  5. Gloves must be worn when handling regulated waste.
- P. Non-regulated waste disposal
- Materials, including gauze, napkins, gloves, and gowns, which may have come into contact with small amounts of bodily fluid but pose a low potential risk of release, are non-regulated waste and may be disposed of with other non-regulated wastes.

Alternatively, non-regulated waste may be disposed of with regulated waste.

Q. Training

1. Upon hire, new ATSU-SOMA clinic employees will receive training for preventive and control measures regarding infectious disease exposure in accordance with this policy. This training is the responsibility of the relevant department.
2. Annually, all ATSU-SOMA employees will receive training on disease exposure and prevention through Required Employee Training (RET). ATSU-SOMA Human Resources department administers and monitors RET.

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## PROCEDURE(S)

- A. All ATSU-SOMA employees will observe universal precautions to prevent contact with blood or other potentially infectious material. Universal precautions include treating all human blood and certain human body fluids as infectious, evaluating engineering and work practice controls to eliminate or minimize employee exposure, mandating use of personal protective equipment, and ensuring availability of hand-washing stations or acceptable alternatives.
- B. Copies of this plan are available in the Human Resources department, online on the employee intranet portal, and the Facilities department.
- C. Each component of this plan will be reviewed annually and revised as necessary.
- D. Attachment 1 contains a list of ATSU-SOMA job titles whose job descriptions constitute reasonable expectation of occupational exposure to blood or other infectious materials as defined by OSHA.
- E. Personal protective equipment (PPE)
  1. All employees who may have occupational exposure are required to use PPE whenever there is reasonable anticipation of exposure. These materials are available at no charge to the employee and are readily available in convenient locations.
  2. The only acceptable exception is when, in the employee's professional judgment in a specific instance, the use of PPE would prevent delivery of care or pose an increased hazard to the employee or others. In such instances, circumstances will be investigated and documented to inform changes to prevent future exposures.
  3. Any garments penetrated by blood or other potentially infectious materials should be removed as soon as feasible. All PPE must be removed prior to leaving the work area.
  4. All PPE is provided, repaired, replaced, cleaned, laundered, and disposed of by ATSU-SOMA at no expense to the employee.
  5. Gloves will be worn when contact with blood, mucous membranes, non-intact skin, or other potentially infectious materials is likely. Gloves must be removed and replaced as soon as practical when contaminated or as soon as feasible if torn or punctured or when barrier properties are compromised. With the exception of reusable utility gloves, gloves should never be washed or decontaminated for reuse. Gloves must be worn when performing vascular access procedures and when handling or touching contaminated items or surfaces. For employees who are allergic, hypoallergenic gloves, powderless gloves, synthetic and vinyl gloves, and glove liners are available. Persons with such allergies should be evaluated to determine the appropriate solution.
  6. Masks, eye, and face protection will be worn whenever splashes, sprays, splatter, or

droplets of blood, etc., may be generated, and eye, nose, or mouth contamination may be reasonably anticipated. For persons who choose to wear their own prescription glasses when such exposure is likely, slip-on side shields must be worn. These shields must be solid, containing no ventilation holes.

7. Gowns, aprons, and other protective body clothing will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. In all circumstances, the garment chosen will not allow blood or other potentially infectious materials to pass through to the skin or mucous membrane of the person.
8. Surgical caps or hoods and shoe covers or boots will be worn when gross contamination of the head or feet is reasonably anticipated (e.g., anatomical pathology and anatomy prep room).

#### F. Hand-washing stations

1. Hand-washing facilities are located in various locations throughout ATSU-SOMAs campuses. Most of these facilities are readily accessible to employees. In areas where access to convenient hand-washing facilities is limited, rinseless hand-washing agents/towelettes have been supplied. Hands must be washed as soon as feasible after use of these items. Hand-washing agents/towelettes are not an adequate substitute for hand-washing.
2. Hands must be washed under the following conditions:
  - a. At start and completion of each clinic session.
  - b. Immediately or as soon as feasible after removal of personal protective equipment.
  - c. Following contact with blood or other potentially infectious materials. Any other skin or mucous membranes having contact with these materials will be washed or flushed as soon as feasible.

#### G. Needle puncture prevention

1. Contaminated sharps will not be bent, recapped, or removed by hand. When recapping or needle removal is required, it will be performed using a mechanical device (e.g., forceps and recapping device) or a one-handed "scoop" technique. Recapping or removing contaminated needles should only be performed when there is no feasible alternative or when it is required by specific medical procedure.
2. Contaminated sharps will be disposed of as described in the regulated waste disposal section below.

#### H. Laboratory procedures

1. Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.
2. All containers used to contain specimens of blood or other potentially infectious materials will prevent leakage during collection, handling, storage, transport, or shipping. Because universal precautions are utilized in this facility, there is no need to label each specimen with a biohazard symbol. However, containers must be recognizable as specimen containers. Biohazard labels must be attached to carriers designed to transport multiple specimens. If the outside of a specimen container is soiled with blood or other potentially infectious materials, the primary container must be placed in a secondary container, which prevents leakage during all phases of handling.

#### I. Contaminated medical or dental equipment

1. All equipment that may become contaminated during use will be examined prior to



servicing or shipping and will be decontaminated as necessary and when possible. Prior to sending equipment that may be contaminated to the Instrumentation department, it should be decontaminated. When it is not possible or feasible to decontaminate the equipment, contaminated parts must be labeled with a biohazard symbol stating which portions may be contaminated.

2. Instrumentation personnel must observe universal precautions and wear appropriate personal protective equipment when handling contaminated equipment.
3. If it is necessary to ship equipment that has not been decontaminated to a manufacturer, the company representative or the manufacturer must be notified of the biohazard prior to shipping and appropriate labels must be affixed to the equipment.

J. Hepatitis B vaccination

1. Hepatitis B vaccine is available, free of charge, to all employees who have occupational exposure to blood or other potentially infectious materials, including employees with patient contact or who clean patient rooms. This vaccine is made available at the time of initial hiring and is available on request.
2. Employees wishing to be vaccinated should contact the Human Resources department to make an appointment.
3. Employees who decline to accept hepatitis B vaccination will be asked to sign a declination statement (Attachment 2).
4. Routine booster doses are not currently recommended. However, if routine boosters are required at a later date, such booster doses will be made available.

K. Tuberculosis (TB) screening and testing

1. All new ATSU-SOMA employees will complete and return the TB Risk Assessment Tool (Attachment 3) as a part of the hiring process. Failure to complete the TB Risk Assessment Tool may result in suspension of employment without pay.
2. All new employees at ATSU-SOMA clinics will receive a tuberculin skin test (TST) or interferon gamma release assay test at no charge to the employee. If the screening test is positive, appropriate evaluation and follow-up will be done in accordance with Centers for Disease Control and Prevention (CDC) guidelines at the employee's expense.
3. ATSU-SOMA schools require TB screening as a student matriculation requirement in accordance with applicable state and federal law. Individual schools track verification of student compliance.
4. All students on the Missouri campus and St. Louis clinic are required by state law to undergo TB screening within their matriculation year. Failure to do so will result in loss of enrollment status in the subsequent semester.
5. The CDC recommends and this policy suggests ATSU-SOMA international travelers who anticipate potential exposure to persons with TB should have a TST or TB blood test before leaving the U.S. and a repeat test eight to 10 weeks after returning to the U.S.

L. ATSU-SOMA clinic employee immunizations

1. Employees at all ATSU-SOMA clinics must be immunized against the following transmittable diseases: measles, mumps, rubella, hepatitis B, varicella, influenza, diphtheria, tetanus, and pertussis (see Attachment 5).
2. Immunizations must be recorded and maintained by clinic administration.
3. Employees requiring immunizations, or who are unable to sufficiently document prior immunization, will be provided immunization at no cost to the employee.

4. Failure to complete required immunizations or refusal to do so will result in action designed to safeguard clinic employees and patients, up to and including termination.
- M. Post-exposure prophylaxis management  
Medical evaluation is required after any exposure, and blood samples will be kept for a minimum of 90 days if an employee declines HIV testing. See Attachment 4 for procedures.
- N. General precautions  
Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure. This includes laboratory work areas and other patient care areas. Personnel are to eat, drink, or smoke in areas designated for this purpose. In addition, food and drink shall not be kept in refrigerators, freezers, shelves, or bench tops where blood or other potentially infectious materials are kept.
- O. Regulated waste disposal
1. Materials saturated with bodily fluids including blood, saliva, semen, or vaginal secretions, or which would readily release such fluids if compressed, must be managed as regulated waste. Other examples of regulated waste are extracted teeth, surgically removed hard and soft tissues, and contaminated sharp items, including needles or wires.
  2. Regulated waste (other than sharps) must be contained in sturdy, leak-resistant, color-coded, and/or labeled biohazard bags. Exterior contamination or puncturing of the bag requires placement in a second biohazard bag.
  3. Needles, syringes, and unused sterile sharps must be contained in labeled (including start date), puncture-resistant containers with "living hinge" covers placed as close as feasible to the point of use (e.g., sharps containers). The containers must not be filled to more than three-quarters full. They must be kept upright and closed immediately after use or prior to removal or replacement to prevent spillage.
  4. Biohazard bags and containers are to be collected for transporting to a designated area for pick up by a qualified vendor.
  5. Gloves must be worn when handling regulated waste.
- P. Non-regulated waste disposal  
Materials, including gauze, napkins, gloves, and gowns, which may have come into contact with small amounts of bodily fluid but pose a low potential risk of release, are non-regulated waste and may be disposed of with other non-regulated wastes. Alternatively, non-regulated waste may be disposed of with regulated waste.
- Q. Training
1. Upon hire, new ATSU-SOMA clinic employees will receive training for preventive and control measures regarding infectious disease exposure in accordance with this policy. This training is the responsibility of the relevant department.
  2. Annually, all ATSU-SOMA employees will receive training on disease exposure and prevention through Required Employee Training (RET). ATSU-SOMA Human Resources department administers and monitors RET.

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## RESPONSIBILITY

- A. Deans, or their designees, will monitor compliance with this policy, conduct annual reviews to ensure practices are consistent with this policy, and revise this policy and/or practices as necessary.
- B. Deans, or their designees, will ensure training of new ATSU-SOMA clinic employees consistent with this policy.
- C. The Human Resources department is responsible for annual training on disease exposure and prevention through Required Employee Training.
- D. The Human Resources department is responsible for ensuring the hepatitis B vaccine form (Attachment 2) is received and on file for all appropriate employees.
- E. The Human Resources department and Student Affairs department are responsible for ensuring the TB Risk Assessment Tool (Attachment 3) is received and on file for all new employees and new students, respectively.
- F. All supervisors in areas where occupational exposure is a regular possibility, or who supervise employees classified as such by Attachment 1, are responsible for ensuring universal precautions are observed, personal protective equipment is available and used appropriately, and the post-exposure prophylaxis management plan (Attachment 5) is followed.
- G. All supervisors are responsible for monitoring employee adherence to this policy and reflecting appropriate compliance on annual personnel evaluations.
- H. All clinic administrators are responsible for ensuring all employees have required immunizations and TB screenings and for maintaining employee immunization records.

Relevant federal and/or state law(s): [Mo. Rev. Stat. § 199.290](#).

This policy is referenced from the: AT Still University. "ATSU Disease Exposure Prevention and Control Plan # 95-107" 07 Mar. 2019, HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/>. 30 Aug. 2022. Pag 1-3. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 5.3 (Learning Environment: Safety, Health, and Wellness).

Date Adopted: August 1, 2017

Disease Exposure Prevention and Control Plan

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

## Attachment 1

### Exposure Determination

The following is a list of ATSU job titles that constitute the job descriptions of those personnel who may have occupational exposure to blood or other infectious materials as defined by OSHA.

Titles that always have exposure:

All ATSU Clinic Staff

LPN I (Grad)

LPN or Services Coordinator

Fire, Safety, Disaster Committee Chairperson

Research Coordinator

Non-Certified Medical Assistant

Nurse Practitioner

Pathology Assistant

Physician

Physician's Assistant - LPN

Resident

Clinical Assistant

Office Nurse/Educator

Office Supervisor

Security Officer

Counselor

Some employees with these titles may have exposure:

Academic Assistant

Assistant Coordinator

Assistant Dean

Assistant Director

Assistant Professor

Associate Professor

Building Attendant

Chairperson

Director

Electrician

Executive Secretary II

Fellow

Fire, Safety, and Disaster Committee Members

General Maintenance Assistant

Environmental Services Technician

Instructor

Insurance Specialist

Lab Technician

Maintenance Assistant

Maintenance Coordinator

Manager

Professor

Receptionist I

Receptionist/Drs. Assistant

Research Associate

Research Technician

Secretary II

Secretarial Services Supervisor

Technician

Workstudy

**Attachment 2**

**Hepatitis B Vaccine Acceptance/Declination Form**

Due to your occupational exposure to blood or other potentially infectious material, you may be at risk of acquiring Hepatitis B virus (HBV) infection. You may obtain the Hepatitis B vaccination series and Post-Exposure Evaluation at no cost to you.

Hepatitis B vaccination is recommended unless:

- 1) documentation of prior vaccination and post-vaccination titer is provided to ATSU
- 2) medical evaluation identifies that vaccination is contraindicated.

**SELECT ONE OF THE OPTIONS BELOW AT THE END OF THE TRAINING CLASS:**

**Note: you can change your decision at any time and discuss questions by contacting ATSU Human Resources**

*Mesa, Arizona campus:*  
 Director of Human Resources  
 5850 East Still Circle  
 Mesa, AZ 85206-3618  
 (480) 219-6007

*Kirkville, Missouri campus:*  
 Assistant Vice President of Human Resources  
 800 West Jefferson Street  
 Kirkville, MO 63501  
 (660) 626-2790

**Check option #1 to request vaccination at this time.**

#1.  I certify that I have been offered and will participate in the Hepatitis B Vaccine Program which includes serological testing at 1-2 months post-vaccination.

**Read option #2 and select a declination reason if you do not want or need to receive Hepatitis B vaccination at this time.**

#2. I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I decline because I have received the 3-dose Hepatitis B vaccination in the past  
 List dates: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and send a copy of the vaccination record and post-vaccine titer\*.

I decline because I have evidence of immunity (send a copy of the antibody titer record\*).

I decline because I will not be working with human blood, tissues, cells, or cell lines.

Other reason for declination; explain: \_\_\_\_\_

\*Send prior vaccination records and/or immunity records to ATSU Human Resources.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Return to:**

*Kirkville, Missouri campus:*  
 ATSU Human Resources  
 800 West Jefferson Street  
 Kirkville, MO 63501

*Mesa, Arizona campus:*  
 ATSU Human Resources  
 5850 East Still Circle  
 Mesa, AZ 85206

**Attachment 3**

**TB Risk Assessment Tool\***

Persons with any of the following risk factors should be tested for TB infection unless there is written documentation of a previous positive TST or IGRA result.

Students should return this completed form to student affairs.  
 Employees should return this completed form to human resources.

Risk Factor	Yes	No
Recent close or prolonged contact with someone with infectious TB disease Foreign born person from or recent traveler to high-prevalence area** Chest radiographs with fibrotic changes suggesting inactive or past TB		
HIV infection		
Organ transplant recipient		
Immunosuppression secondary to use of prednisone (equivalent of $\geq 15$ mg/day for $\geq 1$ month) or other immunosuppressive medication such as TNF- $\alpha$ antagonists		
Injection drug user		
Resident or employee of high-risk congregate setting (e.g., prison, long term care facility, hospital, homeless shelter)		
Medical conditions associated with risk of progressing to TB disease if infected (e.g., diabetes mellitus, silicosis, cancer of head or neck, Hodgkin's disease, leukemia, and end-stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight [10% or more below ideal for given population])		
Signs and symptoms of TB		

\*this tool is provided by the Centers for Disease Control and Prevention at <http://www.cdc.gov/tb/publications/LTBI/appendixA.htm>.

\*\*the Stop TB Partnership aggregates TB profiles by country using data from the World Health Organization. To identify high-prevalence areas, visit <http://www.stoptb.org/countries/tbdata.asp>.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Attachment 4

### Post Exposure Prophylaxis Management

**PURPOSE:** To confidentially evaluate, prophylaxis/treat, and immediately follow-up all occupational exposures to blood and body fluids via needle sticks, other sharps injury, mucous membrane, or cutaneous contact.

**DEFINITION:** Occupational exposure--skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials.

Personnel (physicians, staff) who have exposure to blood or body fluids or another person (patient, staff) via "sharps" injury, mucous membrane or percutaneous route must follow these steps:

- a. Thoroughly wash wound or exposed area with soap and water. If splashed in the eyes, flush with copious amounts of water or saline.  
*Comment: This process will help to physically remove contaminants and thus reduce the bioburden.*
- b. Identify source patient when possible (write down name, location). Provide this information to healthcare personnel.  
*Comment: This will assist healthcare personnel to perform an accurate risk assessment and to obtain consent for HIV/HBV testing of the source patient.*
- c. Notify supervisor.  
*Comment: Your supervisor can investigate the incident in a timely manner and evaluate immediate steps to prevent further incidents, where possible.*
- d. Fill out ATSU worker's compensation incident form.  
*Comment: This step is absolutely essential for Worker's Compensation coverage. The information gathered will be used to determine effective strategies for preventing future exposures. This form is available in Human Resources.*
- e. Exposure to a source patient UNKNOWN to be infected with HIV or HBV: If needle puncture/mucous membrane exposure is to a patient that is unknown to be HIV antibody or hepatitis B surface antigen positive, the healthcare provider should see the exposed staff member immediately. If the incident occurs after normal hours, report to the closest emergency room.
- f. Exposure to a source patient KNOWN to be infected with HIV or HBV: Exposure to a patient known to be infected with HIV is a complex, labor intensive and emotionally draining experience for the employee. However, recent data and research has shown that the risk of contracting the disease can be reduced by 70 percent if specific drugs (AZT, 3TC) can be administered in one to two (1-2) hours after exposure. Obviously, time is of the essence and may be dependent on whether the drugs are available locally.
- g. If such an incident occurs, follow steps a. to d. above and do so immediately. Healthcare personnel will provide post exposure prophylaxis counseling, particularly in regard to possible side effects from the drugs. The employee will be encouraged to notify healthcare personnel if they are experiencing any type of fever or other problems.

## Attachment 5

### ATSU Clinic Employee Immunization

Healthcare professionals are at risk for exposure to and possible transmission of vaccine-preventable communicable diseases because of their contact with patients or infectious material from patients. Maintenance of immunity to vaccine-preventable diseases is therefore an essential part of prevention and infection control. ATSU follows recommendations for health care workers from the Centers for Disease Control and Prevention (CDC) and OSHA/DOSH occupational health mandates. All faculty and staff who are in ATSU clinics with patient contact and who thereby may be at risk of exposure to blood borne pathogens must demonstrate compliance with requirements for the following: measles (rubella), mumps, rubella, Hepatitis B, tetanus-diphtheria-pertussis (Tdap), varicella (chicken pox), and tuberculosis (TB) screening. Patient contact may not begin until documentation of compliance with these requirements takes place.

*Measles:* Two vaccine doses of measles containing vaccine or a positive antibody titer. The doses must have been received after 12 months of age and at least one month apart.

*Mumps:* Two immunizations (regardless of birth year), or a positive antibody titer.

*Rubella:* One immunization or a positive antibody titer.

*Hepatitis B:* Evidence of immunity is required. The immunization series consists of three doses of vaccine. *The first injection must be administered before staff or faculty enter the clinic.* In addition, an antibody titer is required after completion of the series to prove immunity.

*Td or Tdap:* If no documentation of Tdap then a single Tdap booster.

*Varicella (Chicken Pox):* Serologic evidence of immunity or two immunizations given at least one month apart.

*TB:* Evidence of two PPD tests within the year prior to employment is required; otherwise a 2-step PPD will be done. History of BCG is *not* a contraindication to PPD testing. If you have had a *documented* positive TB skin test in the past, records specifying the test, a chest x-ray report, and details of prescribed medication are needed. Annual PPD skin testing (or symptom review for those not being tested) is required. Patient contact is not allowed unless documentation of this annual TB screening takes place.

*Influenza (self-pay): Recommended not required* Annual flu shots are recommended for health care workers who have contact with patients at high risk for influenza or its complications, those who work in chronic care facilities, and those with high risk medical conditions.



## 30-004 Employee Assistance Program (EAP) (5.3)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") values our faculty and staff and provides an Employee Assistance Program (EAP) for all full-time employees. ATSU-SOMA also values our students and provides mental health 24/7.

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### **POLICY**

#### **EMPLOYEE ASSISTANCE PROGRAM**

All employees have access to Anthem's Employee Assistance Program (EAP).

The EAP offers many behavioral health benefits including telephonic and in-person counseling services (first four visits are free). Additional services include legal, financial, identity theft, and childcare/elder care referrals.

Anthem's Employee Assistance Program (EAP) provides quick and easy access to work/life support, confidential counseling, and referral services to help you deal with daily work and life challenges. It's employer-sponsored, so it's available at no cost to you, your dependents, or household members.

Our EAP program addresses a variety of issues, including:

- Resources to support work/life balance
- Legal concern
- Financial issues
- Child and elder care needs
- Dealing with critical events
- Emotional well-being

## Work/Life Support

In today's complex world, there are many challenges that prevent you from achieving your best. Finding quality childcare, caring for an aging loved one, and balancing the conflicting needs of work and personal life are just some of the hurdles people face.

Not all problems require a face-to-face counseling session. Many times, the challenge can be resolved with work/life services.

We offer resources to address parenting, education, adoption, health and wellness, tobacco use, ID recovery and more.

Elder & Child Care Legal & Financial Work/Life Website

### Elder And Child Care Consultation

Employees and their household members will have access to a comprehensive network of child and elder care providers throughout the United States. Services may include, but are not limited to:

- Home health agencies and nursing programs
- Childcare resources
- Special needs care

### EAP Counseling Services

Good health doesn't just mean physical well-being. Emotional wellness is every bit as important. Anthem EAP has an extensive network of licensed behavioral health professionals who can help you address a variety of issues either in person or through online sessions:

- Relationship or family problems
- Alcohol or drug abuse
- Feelings of overwhelming loss or grief
- Depression or anxiety
- Stress management
- Times of crisis

Anthem's representatives can help with finding a counselor and locating the support you need. They are available to assist you 24 hours a day, 365 days a year at the toll-free telephone number provided in your EAP materials.

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## PROCEDURE(S)

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This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 5.3 (Learning Environment: Safety, Health, and Wellness).

## 30-005 Hazard Communication Program (5.3)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

In accordance with 29 CFR 1910.1200, the following written Hazard Communication Program has been established by A.T. Still University (ATSU).

ATSU is committed to preventing accidents and ensuring the safety and health of its employees. This program is designed to ensure each employee has the information needed to handle and use hazardous chemicals safely.

This policy includes provisions for container labeling, adding and deleting chemical inventory, Safety Data Sheets (SDS), employee training programs, and University-wide maintenance and compliance.

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### **POLICY**

- A. Labels and other forms of warning
    - 1. Each laboratory, department, or physical space containing chemicals will have an employee assigned to be responsible for that particular space. This individual will be referred to as supervisor throughout this policy. The supervisor will verify all containers of hazardous chemicals received for use by the work area are labeled or marked by the manufacturer or distributor with the following information:
      - a. Product identifier
      - b. Signal word
      - c. Hazard statement(s)
      - d. Pictogram(s)
      - e. Precautionary statement(s)
      - f. Name, address, telephone number of the chemical manufacturer, importer, or other responsible party
    - 2. The labels must be prominently displayed in English although other languages may be included, if necessary. Labels are not to be defaced or removed, and all worn labels must be replaced.
    - 3. ATSU will provide a clear and reasonable warning before knowingly and intentionally exposing employees to a chemical listed under State of California Proposition 65 known to cause cancer, birth defects, or reproductive harm. While this is a California-specific regulation, ATSU is applying this practice across the University for consistency and health and safety.
  - B. Inventory
    - 1. All chemicals must be listed within a hazardous waste determination spreadsheet, which acts both as an inventory and a quick reference to what hazards the chemical may pose, if any. The hazardous waste determination spreadsheet should be placed within the orange hazardous materials binder and visible within the physical space. A blank hazardous waste determination spreadsheet may be obtained from the
-

- director of facilities. A completed spreadsheet should be provided to the director of facilities by the supervisor.
2. The inventory will be managed by the supervisor who has the following responsibilities:
    - a. Any new chemical, whether solid, liquid, or gas brought into the physical area, must be added to the hazardous waste determination spreadsheet.
    - b. Enter the new chemical into the SDS database.
    - c. Communicate with employees or students about significant new information, train employees on the safe handling of the chemical products within that space, and document the training.
    - d. Any chemical removed from the physical area must be removed from the hazardous waste determination spreadsheet.
    - e. The SDS coordinator (role defined in Section C.5) must be notified the chemical was removed from the inventory. The SDS coordinator will archive the SDS within the online database.
- C. Safety Data Sheets (SDS)
1. SDS include information for chemicals, including physical, health, and environmental hazards, protective measures, and safety precautions for handling, storing, and transporting the chemical.
  2. ATSU must make SDS readily available to all employees in the workplace during each work shift when employees are within their work areas. ATSU maintains an online SDS database for all hazardous and nonhazardous chemicals to which employees and students may be exposed. This database may be accessed on a computer or mobile device at [atsu.edu/sds](https://atsu.edu/sds). Placards are placed at labs and other locations with hazardous chemicals directing employees and others to the web address for the SDS database. Departments may choose to provide paper copies of SDS in addition to the database as long as the paper SDS are identical to the database SDS. If an employee needs help accessing a SDS, the employee should contact ATSU Security or the director of facilities of the respective campus.
  3. Each physical space shall have a SDS for each hazardous and nonhazardous chemical used. If a SDS is not available within the online database, the employees and lab workers who found the deficit should contact the supervisor.
  4. Hazardous and nonhazardous chemicals will not be accepted within the workplace without a SDS. ATSU employees shall not develop SDS. Chemical manufacturers or importers are responsible for developing a SDS for all chemicals they produce.
  5. Each campus will have a SDS coordinator designated by the Hazardous Materials Management Committee. The SDS coordinator will do the following:
    - a. Help locate a SDS if the supervisor is having difficulty.
    - b. Request a SDS from the manufacturer when unavailable from the online database.
    - c. Delete a SDS if the supervisor has made an error.
    - d. Archive any chemicals removed from the inventory.
    - e. Once a month, back up the SDS database so in the event of internet failure all SDS are still available to the University.
  6. If internet failure has occurred and an individual needs to access the backup database of SDS, ATSU Security or the director of facilities should be contacted.
- D. Employee and student training information
1. All employees and students will be provided with information and training on chemical hazards in their work area upon initial assignment and when a new hazard is introduced within the work area. The information and training will be provided by the area supervisor. Employees and students shall be informed of:
    - a. Location of the inventory of chemicals in the workplace.
    - b. Location and means to access the SDS for each chemical in inventory.
    - c. How to use and understand the labels on shipped container and workplace labeling system used.
    - d. How to reduce or prevent exposure to these chemicals.
    - e. Procedures to follow if they are exposed to these chemicals.
    - f. Procedures to follow in the event of a chemical spill or leak.
    - g. Personal protective equipment (PPE) requirements and how to use the equipment.
  2. Human Resources will provide annual required employee education to all employees. Human Resources' instruction shall consist of the following components:

- a. Background on OSHA's hazard communication standard.
  - b. Required elements of a hazard communication program.
  - c. Hazardous materials (chemical products that can cause physical or health hazards).
  - d. An overview of container labeling.
  - e. How to find and interpret a SDS.
3. Verification of education:
    - a. A list of all employees and students educated in a particular physical space will be kept in the orange hazardous materials binder.
    - b. Human Resources will maintain a list of all employees who have completed the annual required employee education.
  4. Non-ATSU employee workers
    - a. Before performing any work at ATSU, the director of facilities will ensure all temporary workers, subcontractors, and/or any employees of other employers who may be exposed to hazardous chemicals are provided with the following information:
      1. Location of onsite SDS for each hazardous chemical to which they may be exposed while working.
      2. Precautionary measures to be taken to protect employees during normal operating conditions in foreseeable emergencies.
      3. Labeling system used within the workplace.
      4. Procedures to follow in the event of harmful exposure to a chemical.
    - b. ATSU should contact each contractor (and contractors should contact their subcontractors) before work starts to gather and disseminate any information concerning chemical hazards the contractors or their subcontractor will be bringing into the workplace, and vice versa.
    - c. Department chairs and/or individuals employing temporary workers, subcontractors, and/or bringing any employees of other employers to campus, must notify the director of facilities if those individuals might be exposed to a hazardous chemical while on campus.
- E. Program maintenance and compliance
1. Supervisors will annually attest their respective areas comply with this policy and keep their SDS inventory and training list up to date.
  2. SDS database coordinators will back up the online database monthly.
  3. Any direct or intentional violation or non-compliance with this program may result in disciplinary action up to and including termination of the person(s) involved, in accordance with ATSU policies.

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## PROCEDURE(S)

- A. Labels and other forms of warning
  1. Each laboratory, department, or physical space containing chemicals will have an employee assigned to be responsible for that particular space. This individual will be referred to as supervisor throughout this policy. The supervisor will verify all containers of hazardous chemicals received for use by the work area are labeled or marked by the manufacturer or distributor with the following information:
    - a. Product identifier
    - b. Signal word
    - c. Hazard statement(s)
    - d. Pictogram(s)
    - e. Precautionary statement(s)
    - f. Name, address, telephone number of the chemical manufacturer, importer, or other responsible party
  2. The labels must be prominently displayed in English although other languages may be included, if necessary. Labels are not to be defaced or removed, and all worn labels must be replaced.
  3. ATSU will provide a clear and reasonable warning before knowingly and intentionally exposing employees to a chemical listed under State of California Proposition 65 known to cause cancer, birth defects, or

reproductive harm. While this is a California-specific regulation, ATSU is applying this practice across the University for consistency and health and safety.

B. Inventory

1. All chemicals must be listed within a hazardous waste determination spreadsheet, which acts both as an inventory and a quick reference to what hazards the chemical may pose, if any. The hazardous waste determination spreadsheet should be placed within the orange hazardous materials binder and visible within the physical space. A blank hazardous waste determination spreadsheet may be obtained from the director of facilities. A completed spreadsheet should be provided to the director of facilities by the supervisor.
2. The inventory will be managed by the supervisor who has the following responsibilities:
  - a. Any new chemical, whether solid, liquid, or gas brought into the physical area, must be added to the hazardous waste determination spreadsheet.
  - b. Enter the new chemical into the SDS database.
  - c. Communicate with employees or students about significant new information, train employees on the safe handling of the chemical products within that space, and document the training.
  - d. Any chemical removed from the physical area must be removed from the hazardous waste determination spreadsheet.
  - e. The SDS coordinator (role defined in Section C.5) must be notified the chemical was removed from the inventory. The SDS coordinator will archive the SDS within the online database.

C. Safety Data Sheets (SDS)

1. SDS include information for chemicals, including physical, health, and environmental hazards, protective measures, and safety precautions for handling, storing, and transporting the chemical.
2. ATSU must make SDS readily available to all employees in the workplace during each work shift when employees are within their work areas. ATSU maintains an online SDS database for all hazardous and nonhazardous chemicals to which employees and students may be exposed. This database may be accessed on a computer or mobile device at [atsu.edu/sds](https://atsu.edu/sds). Placards are placed at labs and other locations with hazardous chemicals directing employees and others to the web address for the SDS database. Departments may choose to provide paper copies of SDS in addition to the database as long as the paper SDS are identical to the database SDS. If an employee needs help accessing a SDS, the employee should contact ATSU Security or the director of facilities of the respective campus.
3. Each physical space shall have a SDS for each hazardous and nonhazardous chemical used. If a SDS is not available within the online database, the employees and lab workers who found the deficit should contact the supervisor.
4. Hazardous and nonhazardous chemicals will not be accepted within the workplace without a SDS. ATSU employees shall not develop SDS. Chemical manufacturers or importers are responsible for developing a SDS for all chemicals they produce.
5. Each campus will have a SDS coordinator designated by the Hazardous Materials Management Committee. The SDS coordinator will do the following:
  - a. Help locate a SDS if the supervisor is having difficulty.
  - b. Request a SDS from the manufacturer when unavailable from the online database.
  - c. Delete a SDS if the supervisor has made an error.
  - d. Archive any chemicals removed from the inventory.
  - e. Once a month, back up the SDS database so in the event of internet failure all SDS are still available to the University.
6. If internet failure has occurred and an individual needs to access the backup database of SDS, ATSU Security or the director of facilities should be contacted.

D. Employee and student training information

1. All employees and students will be provided with information and training on chemical hazards in their work area upon initial assignment and when a new hazard is introduced within the work area. The information and training will be provided by the area supervisor. Employees and students shall be informed of:
  - a. Location of the inventory of chemicals in the workplace.
  - b. Location and means to access the SDS for each chemical in inventory.



- c. How to use and understand the labels on shipped container and workplace labeling system used.
  - d. How to reduce or prevent exposure to these chemicals.
  - e. Procedures to follow if they are exposed to these chemicals.
  - f. Procedures to follow in the event of a chemical spill or leak.
  - g. Personal protective equipment (PPE) requirements and how to use the equipment.
  2. Human Resources will provide annual required employee education to all employees. Human Resources' instruction shall consist of the following components:
    - a. Background on OSHA's hazard communication standard.
    - b. Required elements of a hazard communication program.
    - c. Hazardous materials (chemical products that can cause physical or health hazards).
    - d. An overview of container labeling.
    - e. How to find and interpret a SDS.
  3. Verification of education:
    - a. A list of all employees and students educated in a particular physical space will be kept in the orange hazardous materials binder.
    - b. Human Resources will maintain a list of all employees who have completed the annual required employee education.
  4. Non-ATSU employee workers
    - a. Before performing any work at ATSU, the director of facilities will ensure all temporary workers, subcontractors, and/or any employees of other employers who may be exposed to hazardous chemicals are provided with the following information:
      1. Location of onsite SDS for each hazardous chemical to which they may be exposed while working.
      2. Precautionary measures to be taken to protect employees during normal operating conditions in foreseeable emergencies.
      3. Labeling system used within the workplace.
      4. Procedures to follow in the event of harmful exposure to a chemical.
    - b. ATSU should contact each contractor (and contractors should contact their subcontractors) before work starts to gather and disseminate any information concerning chemical hazards the contractors or their subcontractor will be bringing into the workplace, and vice versa.
    - c. Department chairs and/or individuals employing temporary workers, subcontractors, and/or bringing any employees of other employers to campus, must notify the director of facilities if those individuals might be exposed to a hazardous chemical while on campus.
  - E. Program maintenance and compliance
    1. Supervisors will annually attest their respective areas comply with this policy and keep their SDS inventory and training list up to date.
    2. SDS database coordinators will back up the online database monthly.
    3. Any direct or intentional violation or non-compliance with this program may result in disciplinary action up to and including termination of the person(s) involved, in accordance with ATSU policies.
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## RESPONSIBILITY

- A. Supervisors - Responsible to verify all containers of hazardous chemicals are appropriately labeled, maintain the hazardous waste determination spreadsheet and SDS database, and provide information to and provide education for employees and students as needed.
- B. SDS coordinators - Responsible to assist in maintaining the SDS database for their campus, including a monthly backup.

- C. Director of facilities - Responsible to assist in locating SDS when requested and ensure temporary workers, subcontractors, and employees, who may be exposed to hazardous chemicals, have information needed to protect them from harmful exposure.
- D. Human Resources - Responsible to provide and document annual education for all employees.

This policy is referenced from the: AT Still University. "ATSU Hazard Communication Program # 95-106", HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/>. 10 Jan. 2022. Pag 1-3. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 5.3 (Learning Environment: Safety, Health, and Wellness).

## 30-011 Needlestick/Bloodborne Pathogens (5.3)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

This general order outlines A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") policy and procedures regarding needlestick/bloodborne pathogens. Appropriate procedure for use with needles and bloodborne pathogens reduces risk and increases safety.

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### **POLICY**

- A. All employees/students should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or exposure to bloodborne pathogens.
- B. Recapping of needles is not permitted (with the exception of ATSU-ASDOH and ATSU-MOSDOH dental patient care centers), all sharp injuries shall be reported both verbally and in writing, and investigating circumstances surrounding the exposure incident shall occur immediately.
- C. The procedures below establish management guidelines to ensure employees receive treatment, post-exposure medical evaluation, and counseling following a needlestick/sharps injury resulting in exposure to bloodborne pathogens or other potentially infectious material.
  1. Employee/Students responsibility
    - a. At the time of the exposure, the employee should immediately or as soon as feasible, clean exposed areas as follows:
      1. Intact skin or non-intact skin (cuts, abrasions), or percutaneous (needlesticks) – wash site well with soap and water.
      2. Mucous membrane exposure such as eyes, nose, mouth (splash/splatter) – flush site thoroughly with sterile saline, sterile water, or tap water. If eye exposure, remove contact lenses (if applicable) and do not replace until ophthalmologist/optometrist is consulted. If mouth exposure, remove dentures, etc. (if applicable) and thoroughly clean before replacing.
      3. Remove any blood-soiled clothing as soon as feasible and replace with clean uniform or scrubs.
    2. All employees/students who may have occupational exposure to blood or other potentially infectious material are required to wear personal protective equipment (PPE) per [ATSU Policy No. 95-107: Disease Exposure and Control Plan](#).
      - a. Employees/Students who are not wearing PPE because their roles do not have reasonable expectation of occupational exposure may request to have ATSU launder their clothing.

- b. Report exposure to Human Resources immediately. Note source patient, if possible.
- c. The employee will then follow policies and procedures as set forth by the institution.
- 3. Occupational health patient care centers have been designated for the Mesa, Arizona, campus; Kirksville, Missouri, campus; and St. Louis Dental Center. Employees should contact Human Resources to determine the occupational health patient care center for their campus or site. Designated occupational health patient care centers have been provided the ATSU protocol for responding to needlesticks. If an employee is at a site without a designated occupational health patient care center, the employee or a designee should contact Human Resources to receive clearance to seek assistance at a provider of the employee's choice.
- D. Protocol for accidental needlestick: The following protocol is to be followed in the case of an accidental needle puncture of a used needle to the employee/students at patient care centers.
  - 1. Appropriate first aid to cleanse the wound should be taken.
  - 2. An incident report form should be completed and returned to Human Resources or the appropriate patient care center director(s).
  - 3. Post exposure Hepatitis prophylaxis will be administered, as recommended by the Centers for Disease Control (CDC).
- E. HIV antibody testing may be recommended and followed as outlined by the CDC. First responder responsibility:
  - 1. **Initiate post-exposure checklist.**
  - 2. **Determine if exposure to a potential source of transmission occurred.**
    - a. Percutaneous exposure: Determine if sharp was "clean" or "dirty."
      - 1. Clean: No blood/body fluid contact. Examples: sharp that had not yet been used on patient, IVPB or IVP needle connected to injection port and no visible blood has backed up to that port.
      - 2. Dirty: Sharp had been exposed to patient blood/body fluid. Example: any sharp that had IVP needle connected directly into central line catheter lumen or heparin lock, or into IV tubing injection port where visible blood has backed up to that port.
    - b. Non-intact skin or mucous membrane exposure: Determine if splash/splatter contained fluid known/believed to transmit bloodborne pathogens.
  - 3. If NO EXPOSURE to blood/body fluids occurred, initiate the following:
    - a. Clean/flush site.
    - b. Instruct the employee to observe exposure site for signs and symptoms of infection and to report to the medical director if infection occurs.
    - c. Offer diphtheria/tetanus vaccine if not vaccinated within last five to 10 years. Use diphtheria/tetanus consent form to document consent/refusal.
    - d. Educate employee/student regarding injury prevention strategies.
    - e. Offer hepatitis B vaccine.
  - 4. If EXPOSURE to blood/body fluids occurred, initiate the following (utilizing the post-exposure checklist)
    - a. Clean/flush site.
    - b. Determine type of exposure.
    - c. Instruct the employee/student to observe exposure site for signs and symptoms of infection and to report to medical director if infection occurs.
    - d. Offer diphtheria/tetanus vaccine if not vaccinated within last five to 10 years. Use diphtheria/tetanus consent form to document consent/refusal strategies.
    - e. Offer serum hepatitis B antibody (Anti-HBs) testing.
      - 1. Order Anti-HBs on all employees who have been exposed to potentially contaminated blood/body fluids to determine immune status.
      - 2. Document consent/refusal on post-exposure consent form.
    - f. Offer hepatitis B vaccine.

1. Natural immunity
  - a. Antibody to hepatitis B (Anti-HBs) develops after a resolved infection and is responsible for long-term immunity.
  - b. Hepatitis B vaccine not necessary.
2. Previously vaccinated employee/student: Converter or conversion unknown
  - a. If Anti-HB is reactive, no further treatment is necessary.
  - b. If Anti-HB is non-reactive, repeat the three-dose series of hepatitis B vaccine.
3. Previously vaccinated employee/student: Non-converter
  - a. If the employee is a known non-converter (at least four doses of vaccine without developing immunity), do not administer booster.
  - b. No further treatment is necessary unless the source patient is not tested and is known high risk; may then administer HBIG x 2, one month apart.
4. Unvaccinated employee
  - a. Use hepatitis B consent form to document consent/refusal.
  - b. If consent obtained, initiate hepatitis B vaccine.
- g. Offer employee hepatitis C antibody testing.
- h. Offer employee HIV serum antibody testing.
  1. If source HIV negative, order baseline HIV serum antibody testing on the employee.
  2. No further follow-up is necessary unless epidemiologic evidence suggests source is high risk and is in the window period. If retesting is recommended or desired by the employee, retest at three or six months.
  3. If source patient is HIV positive, unknown, or refuses testing, order baseline, 12-week, and six-month HIV serum antibody testing on the employee.
  4. Use form for anti-HIV blood testing consent: Copy to the employee and original to patient care center medical director to document consent/refusal. If the employee consents to baseline blood collection, but does not give consent for HIV testing, the blood sample shall be preserved for at least 90 days. If, within 90 days of exposure incident, the employee elects to have the baseline sample testing, such testing shall be done as soon as feasible.
  5. Use the employee Social Security number on lab requisition: Not name.
- i. Use employee HIV counseling form to counsel the employee regarding HIV, transmission, prevention, and implications of HIV testing. The employee and counseling clinician should sign and date counseling form.
- j. Use of post-exposure chemoprophylaxis (PEP)
 

NOTE: Post-exposure treatment with Combivir (zidovudine/lamivudine) and Viracept (nelfinavir) has been determined to be most beneficial if begun promptly, preferably within 12 hours post-exposure and not later than 24 hours.

  1. The first responder will counsel the employee regarding whether PEP is indicated based on type of exposure, amount of exposure, source patient risk factors, and employee concerns.
  2. If source patient is high risk for HIV or employee exposure “massive” or “definite,” order HIV STAT. Results must be obtained within 24 hours to allow for initiation, if recommended. If 24-hour time period cannot be met, no more than two days of PEP medication may be allocated to the employee to take as prescribed until results are known. If source patient is found to be HIV positive, PEP may be continued. If source patient is found to be HIV negative, PEP is discontinued (unless source patient felt to be a high risk and in window phase).
  3. If source patient is known to be HIV positive, PEP may be initiated immediately.

4. If source patient refuses HIV testing or is unknown, recommendations for PEP use are individualized, depending on type and amount of exposure and source patient risk factors.
5. The employee will be immediately referred to a local hospital emergency department or designated physician for initiation of treatment if PEP is recommended and referred to a designated worker's compensation physician for follow-up care if applicable.
6. If PEP medication is recommended:
  - a. Use consent for post-exposure chemoprophylaxis form to document consent/refusal to take medications.
  - b. If the employee consent is obtained, the following lab work should be ordered: STAT CBC, Neph panel, and liver panel, STAT HCG (serum pregnancy test) if female of childbearing age.

**Note: Do not administer PEP medications to female until pregnancy test results are known.**

- k. Healthcare professional's written opinion
  1. The patient care center medical director will complete a healthcare professional's written opinion for post-exposure.
  2. The written opinion shall be limited to the following information:
    - a. The employee has been informed of results of the evaluation; and
    - b. The employee has been told about any medical conditions resulting from exposure that require further evaluation/treatment.
  3. The employee will be provided with a copy of the written opinion within 15 business days of evaluation.
- l. Record keeping
  1. First responder will complete, sign, date, and time the post-exposure checklist.
  2. All original consents and forms will be sent to the medical director for filing in the medical file.
  3. All results of follow-up procedures, examinations, and medical testing will be placed in the medical file.

#### Source Patient

- F. If the source patient is known, every effort will be made to contact the patient and ask for their permission to test for HIV and hepatitis B as soon as feasible after the exposure. Although physician approval is not required to ask the source patient for consent, the attending physician will be notified the incident occurred and the patient is being approached. If the source patient is unable to give consent, next of kin will be contacted for consent.
- G. Use consent for Anti-HIV blood testing form to document source patient consent/refusal for testing. Pre-test counseling will be provided by the first responder.
- H. Use lab requisition to order HIV, hepatitis B surface antigen (HbsAg), and hepatitis C antibody screening on source patient. If source patient is high risk for HIV or hepatitis C, or if employee exposure is "massive" or "definite," order HIV HbsAg and hepatitis C AB screen STAT.

- I. Test results will only be shared with the source patient, exposed employees, and treating clinicians. If results are positive, the attending physician will be notified and will inform the exposed employees of the results and initiate appropriate follow-up.
  - J. No cost of testing will be incurred by the source patient.
  - K. The source patient will be informed there is mandatory reporting of a positive test to the appropriate statewide health agency. This information will be given during pre-test counseling.
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## PROCEDURE(S)

- L. All employees/students should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or exposure to bloodborne pathogens.
  - M. Recapping of needles is not permitted (with the exception of ATSU-ASDOH and ATSU-MOSDOH dental patient care centers), all sharp injuries shall be reported both verbally and in writing, and investigating circumstances surrounding the exposure incident shall occur immediately.
  - N. The procedures below establish management guidelines to ensure employees receive treatment, post-exposure medical evaluation, and counseling following a needlestick/sharps injury resulting in exposure to bloodborne pathogens or other potentially infectious material.
    - 1. Employee/Students responsibility
      - a. At the time of the exposure, the employee should immediately or as soon as feasible, clean exposed areas as follows:
        - 1. Intact skin or non-intact skin (cuts, abrasions), or percutaneous (needlesticks) – wash site well with soap and water.
        - 2. Mucous membrane exposure such as eyes, nose, mouth (splash/splatter) – flush site thoroughly with sterile saline, sterile water, or tap water. If eye exposure, remove contact lenses (if applicable) and do not replace until ophthalmologist/optometrist is consulted. If mouth exposure, remove dentures, etc. (if applicable) and thoroughly clean before replacing.
        - 3. Remove any blood-soiled clothing as soon as feasible and replace with clean uniform or scrubs.
      - 2. All employees/students who may have occupational exposure to blood or other potentially infectious material are required to wear personal protective equipment (PPE) per [ATSU Policy No. 95-107: Disease Exposure and Control Plan](#).
        - a. Employees/Students who are not wearing PPE because their roles do not have reasonable expectation of occupational exposure may request to have ATSU launder their clothing.
        - b. Report exposure to Human Resources immediately. Note source patient, if possible.
        - c. The employee will then follow policies and procedures as set forth by the institution.
      - 3. Occupational health patient care centers have been designated for the Mesa, Arizona, campus; Kirksville, Missouri, campus; and St. Louis Dental Center. Employees should contact Human Resources to determine the occupational health patient care center for their campus or site. Designated occupational health patient care centers have been provided the ATSU protocol for responding to needlesticks. If an employee is at a site without a designated occupational health patient care center, the employee or a designee should contact Human Resources to receive clearance to seek assistance at a provider of the employee's choice.
  - O. Protocol for accidental needlestick: The following protocol is to be followed in the case of an accidental needle puncture of a used needle to the employee/students at patient care centers.
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1. Appropriate first aid to cleanse the wound should be taken.
  2. An incident report form should be completed and returned to Human Resources or the appropriate patient care center director(s).
  3. Post exposure Hepatitis prophylaxis will be administered, as recommended by the Centers for Disease Control (CDC).
- P. HIV antibody testing may be recommended and followed as outlined by the CDC. First responder responsibility:
1. **Initiate post-exposure checklist.**
  2. **Determine if exposure to a potential source of transmission occurred.**
    - a. Percutaneous exposure: Determine if sharp was “clean” or “dirty.”
      1. Clean: No blood/body fluid contact. Examples: sharp that had not yet been used on patient, IVPB or IVP needle connected to injection port and no visible blood has backed up to that port.
      2. Dirty: Sharp had been exposed to patient blood/body fluid. Example: any sharp that had IVP needle connected directly into central line catheter lumen or heparin lock, or into IV tubing injection port where visible blood has backed up to that port.
    - b. Non-intact skin or mucous membrane exposure: Determine if splash/splatter contained fluid known/believed to transmit bloodborne pathogens.
  3. If NO EXPOSURE to blood/body fluids occurred, initiate the following:
    - a. Clean/flush site.
    - b. Instruct the employee to observe exposure site for signs and symptoms of infection and to report to the medical director if infection occurs.
    - c. Offer diphtheria/tetanus vaccine if not vaccinated within last five to 10 years. Use diphtheria/tetanus consent form to document consent/refusal.
    - d. Educate employee/student regarding injury prevention strategies.
    - e. Offer hepatitis B vaccine.
  4. If EXPOSURE to blood/body fluids occurred, initiate the following (utilizing the post-exposure checklist)
    - a. Clean/flush site.
    - b. Determine type of exposure.
    - c. Instruct the employee/student to observe exposure site for signs and symptoms of infection and to report to medical director if infection occurs.
    - d. Offer diphtheria/tetanus vaccine if not vaccinated within last five to 10 years. Use diphtheria/tetanus consent form to document consent/refusal strategies.
    - e. Offer serum hepatitis B antibody (Anti-HBs) testing.
      1. Order Anti-HBs on all employees who have been exposed to potentially contaminated blood/body fluids to determine immune status.
      2. Document consent/refusal on post-exposure consent form.
    - f. Offer hepatitis B vaccine.
      1. Natural immunity
        - a. Antibody to hepatitis B (Anti-HBs) develops after a resolved infection and is responsible for long-term immunity.
        - b. Hepatitis B vaccine not necessary.
      2. Previously vaccinated employee/student: Converter or conversion unknown
        - a. If Anti-HB is reactive, no further treatment is necessary.
        - b. If Anti-HB is non-reactive, repeat the three-dose series of hepatitis B vaccine.
      3. Previously vaccinated employee/student: Non-converter
        - a. If the employee is a known non-converter (at least four doses of vaccine without developing immunity), do not administer booster.
        - b. No further treatment is necessary unless the source patient is not tested and is known high risk; may then administer HBIG x 2, one month apart.



4. Unvaccinated employee
  - a. Use hepatitis B consent form to document consent/refusal.
  - b. If consent obtained, initiate hepatitis B vaccine.
- g. Offer employee hepatitis C antibody testing.
- h. Offer employee HIV serum antibody testing.
  1. If source HIV negative, order baseline HIV serum antibody testing on the employee.
  2. No further follow-up is necessary unless epidemiologic evidence suggests source is high risk and is in the window period. If retesting is recommended or desired by the employee, retest at three or six months.
  3. If source patient is HIV positive, unknown, or refuses testing, order baseline, 12-week, and six-month HIV serum antibody testing on the employee.
  4. Use form for anti-HIV blood testing consent: Copy to the employee and original to patient care center medical director to document consent/refusal. If the employee consents to baseline blood collection, but does not give consent for HIV testing, the blood sample shall be preserved for at least 90 days. If, within 90 days of exposure incident, the employee elects to have the baseline sample testing, such testing shall be done as soon as feasible.
  5. Use the employee Social Security number on lab requisition: Not name.
- i. Use employee HIV counseling form to counsel the employee regarding HIV, transmission, prevention, and implications of HIV testing. The employee and counseling clinician should sign and date counseling form.
- j. Use of post-exposure chemoprophylaxis (PEP)
 

NOTE: Post-exposure treatment with Combivir (zidovudine/lamivudine) and Viracept (nelfinavir) has been determined to be most beneficial if begun promptly, preferably within 12 hours post-exposure and not later than 24 hours.

  1. The first responder will counsel the employee regarding whether PEP is indicated based on type of exposure, amount of exposure, source patient risk factors, and employee concerns.
  2. If source patient is high risk for HIV or employee exposure “massive” or “definite,” order HIV STAT. Results must be obtained within 24 hours to allow for initiation, if recommended. If 24-hour time period cannot be met, no more than two days of PEP medication may be allocated to the employee to take as prescribed until results are known. If source patient is found to be HIV positive, PEP may be continued. If source patient is found to be HIV negative, PEP is discontinued (unless source patient felt to be a high risk and in window phase).
  3. If source patient is known to be HIV positive, PEP may be initiated immediately.
  4. If source patient refuses HIV testing or is unknown, recommendations for PEP use are individualized, depending on type and amount of exposure and source patient risk factors.
  5. The employee will be immediately referred to a local hospital emergency department or designated physician for initiation of treatment if PEP is recommended and referred to a designated worker's compensation physician for follow-up care if applicable.
  6. If PEP medication is recommended:
    - a. Use consent for post-exposure chemoprophylaxis form to document consent/refusal to take medications.
    - b. If the employee consent is obtained, the following lab work should be ordered: STAT CBC, Neph panel, and liver panel, STAT HCG (serum pregnancy test) if female of childbearing age.

**Note: Do not administer PEP medications to female until pregnancy test results are known.**

- k. Healthcare professional's written opinion
  - 1. The patient care center medical director will complete a healthcare professional's written opinion for post-exposure.
  - 2. The written opinion shall be limited to the following information:
    - a. The employee has been informed of results of the evaluation; and
    - b. The employee has been told about any medical conditions resulting from exposure that require further evaluation/treatment.
  - 3. The employee will be provided with a copy of the written opinion within 15 business days of evaluation.
- l. Record keeping
  - 1. First responder will complete, sign, date, and time the post-exposure checklist.
  - 2. All original consents and forms will be sent to the medical director for filing in the medical file.
  - 3. All results of follow-up procedures, examinations, and medical testing will be placed in the medical file.

#### Source Patient

- Q. If the source patient is known, every effort will be made to contact the patient and ask for their permission to test for HIV and hepatitis B as soon as feasible after the exposure. Although physician approval is not required to ask the source patient for consent, the attending physician will be notified the incident occurred and the patient is being approached. If the source patient is unable to give consent, next of kin will be contacted for consent.
- R. Use consent for Anti-HIV blood testing form to document source patient consent/refusal for testing. Pre-test counseling will be provided by the first responder.
- S. Use lab requisition to order HIV, hepatitis B surface antigen (HbsAg), and hepatitis C antibody screening on source patient. If source patient is high risk for HIV or hepatitis C, or if employee exposure is "massive" or "definite," order HIV HbsAg and hepatitis C AB screen STAT.
- T. Test results will only be shared with the source patient, exposed employees, and treating clinicians. If results are positive, the attending physician will be notified and will inform the exposed employees of the results and initiate appropriate follow-up.
- U. No cost of testing will be incurred by the source patient.
- V. The source patient will be informed there is mandatory reporting of a positive test to the appropriate statewide health agency. This information will be given during pre-test counseling.

#### RESPONSIBILITY

The medical director will monitor and evaluate all exposures on a monthly basis.

This policy is referenced from the: AT Still University. "ATSU Needlestick/Bloodborne Pathogens # 30-100", HR portal: <https://hr.atsu.edu/policies-handbooks/atsu-policies-manual/>. 31 March 2020. Pag 1-4. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 5.3 (Learning Environment: Safety, Health, and Wellness).

## 50-024 Physical Health Services Policy (5.3)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

To ensure students have access to preventative, diagnostic, and therapeutic health services including fatigue mitigation strategies throughout the course of osteopathic medical school training.

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### **POLICY**

Each medical student is strongly encouraged to establish a relationship with and utilize the services of a primary care physician for comprehensive healthcare as well as for the acute care of illness. Each student must sign an attestation stating that any physician caring for him or her in a doctor-patient relationship will not be involved in their grading or assessment as they proceed through their medical education.

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### **PROCEDURE(S)**

Diagnostic, preventative and therapeutic health services can be provided within each community health center for OMS II—OMS IV students. OMS I students can receive care within the ATSU-SOMA campus community. Mindfulness techniques are taught in OMS years I-IV to encourage fatigue mitigation strategies. Physicians involved with students as their healthcare providers are not to be involved in their grading or assessment process through their educational requirements.

### **IMMUNIZATIONS**

ATSU-SOMA requires all entering students to provide proof of their immunizations in order to enroll in courses. This is necessary for the student's protection, as well as the protection of any individuals with whom they come in contact. It is the responsibility of the student to maintain up-to-date immunization protection throughout the entire duration of enrollment. Non-compliance at any time during a student's enrollment could result in suspension and/or dismissal. Documents related to immunizations and screenings will be maintained and monitored by ATSU-SOMA administration. All testing and immunizations are at the expense of the student.

1. Diphtheria/Tetanus/Pertussis: Students are required to receive either the primary series of Diphtheria/Tetanus/Pertussis or booster dose within ten (10) years prior to the beginning of the academic year. A single dose of Tdap (Tetanus, Diphtheria, acellular Pertussis) between ages 19 and 64 is required if the student has not previously received Tdap, or to replace one decennial Td booster.
2. Polio: Students are required to provide documentation that they have received the primary series of polio vaccine. If documentation cannot be produced, the student must receive the primary series of inactivated polio vaccine.
3. Measles, Mumps, and Rubella: Students born after 1956 are required to provide documentation of the MMR vaccine prior to matriculation. If the vaccination was given prior to 1975, evidence of a re-booster is recommended.
4. Hepatitis B: Students are required to initiate a series of Hepatitis B vaccine prior to matriculation. Students must complete the series according to the prescribed timeline (completed within 6 months of matriculation).
5. Tuberculosis (TB) Screening: 2-Step PPD Tuberculosis Screening OR IGRA/Chest X-Ray; must be dated within matriculation year.
6. Varicella immunization, serum titer, or healthcare provider documentation of date of contraction.
7. COVID-19 vaccine: Required for all enrolled students at ATSU-SOMA\*
  - Pfizer: 2 shots and booster,
  - Moderna: 2 shots and booster, or
  - Johnson & Johnson: 1 shot and booster (Pfizer/Moderna)

\*Refer to CDC guidelines for continued booster recommendations

\*For more information, please reference [The COVID-19 Vaccine Policy for Students](#) found within ATSU Policies section of this catalog.

As of January 1, 2023, ATSU-SOMA will require all students to have a bivalent vaccine booster.

Recommended Immunizations (some clinical training sites may require some or all of these):

- Influenza
- Hepatitis A
- Meningococcal
- Pneumococcal

### **Titers**

Some clinical training sites require that students show proof of immunity (e.g. measles) before being allowed to train at the site. Therefore, it is recommended that students have this testing done in advance of their clinical training portion of the curriculum. Not all insurance plans cover the costs of titers. Students will be responsible for those costs not covered by insurance.

1. Immunization exemptions exist under certain religious or health circumstances. A request for exemption from preventative health requirements may be provisionally

Date Adopted: August 1, 2017

Last Reviewed: September 1, 2022

Physical Health Services Policy

granted. However, ATSU-SOMA cannot guarantee placement at a community campus or in clinical clerkships (rotations) when this exemption from preventative health requirements may take longer to complete the curriculum and graduate, or the student may not be able to complete the curriculum or graduate.

2. All immunizations must be kept up-to-date for OMS I, OMS II, OMS III and OMS IV students. Three email notices will be sent to the student notifying them of the upcoming expiration date:
  - a. First email notice will be sent out 60 days before the expiration date.
  - b. The second email notice will be sent out 40 days before the expiration date.
  - c. The third email notice will be sent out 20 days before the expiration date.
3. If any immunization is not kept up-to-date, ATSU-SOMA will consider this a professionalism issue. The student will receive one email putting them on notice that they have not met their Professionalism Requirement and they will have two weeks in which to submit an updated document to the Clinical Education Department. If the Clinical Education Department does not receive this documentation within this two week time frame, the student will be referred to the SPC for further action.
4. If any student has an expired immunization, they will immediately be pulled from rotation and it will be a Professionalism Issue. As above, if the documentation is not updated within two weeks, they will be referred to the SPC. They are to have no further patient contact until they have updated their documentation to the Clinical Education Department.

## **HEALTH INSURANCE COVERAGE**

A.T. Still University (ATSU) requires all students enrolled in a residential program to maintain active health insurance coverage. To ensure students have access to a comprehensive plan, ATSU has chosen Aetna Student Health (ASH) as the medical plan provider for the 2022/2023 student health plan. All students must enroll in the student-sponsored health plan or provide proof of other acceptable health coverage.

HSA Consulting, Inc. (HSAC) is the group administrator for the student health plan and will verify waiver information to ensure all students are in compliance with A.T. Still University health insurance requirements. As the group administrator HSAC will assist students with plan questions, address changes, claims assistance and obtaining ID cards. For more information on details of the plan, University requirements, enrollment, or completing the waiver process; please visit: <https://app.hsac.com/atsu>.

HSA Consulting, Inc. is available by phone, (888-978-8355), or email ([atsu@hsac.com](mailto:atsu@hsac.com)) for any additional questions regarding the waiver/enrollment process or the student health insurance plan.

Please visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) to access full details of the student health insurance plan, get your ID card, find your summary of benefits, certificate of coverage, or a provider near you.

## **Student Health Insurance Requirements**

All students MUST be covered by an Affordable Care Act (ACA) compliant domestic health insurance plan for the entire academic year, including summer and holidays.

Acceptable coverages to waive the A.T. Still University (ATSU) – Sponsored Student Health Insurance Plan are a parent’s employer group plan, a spouse’s employer group plan, VA Benefits or COBRA. Individual plans will be accepted as long as they meet with the University’s waiver requirements. Additionally, the University will allow students to waive out of the student health insurance plan using Medicaid based coverage in the states of Arizona, California, or Missouri, and the student must live in that state the entire academic year with no clinical coursework (students with any clinical experiences will not be allowed to use Medicaid to waive the ATSU student plan). The A.T. Still University Waiver requirements are as follows:

- Deductible MUST NOT be more than \$2,500 individual annually, NO exceptions.
- Adequate major medical coverage of at least \$1,000,000/policy year
- Prescription coverage
- Mental health coverage
- Coverage for an annual wellness exam
- A provider network in the area of your A.T. Still University campus for primary care, specialty, hospital, and diagnostic care. Students attending online programs, including those that are only partially online, are exempt from this requirement.

***Short-term health insurance policies, traveler’s plans, or plans originating outside the United States will not be accepted as part of the waiver process.***

Failure to maintain continuous health insurance coverage may result in disciplinary action including suspension and/or dismissal.

## **DISABILITY INSURANCE COVERAGE**

All students enrolled in the residential programs at ATSU-SOMA are required to carry disability insurance coverage.

5. For Arizona, the University has contracted with Northwestern Mutual to provide group coverage.
6. Students will be enrolled in the group policy with the option of opting-out provided they can provide verification that they have a current, comparable disability policy.
7. Graduate school is an expensive investment and ATSU-SOMA is dedicated to helping students protect their financial well-being.
8. Disability insurance helps protect students from financial hardships if their education is disrupted.
9. Students will be enrolled in the group policy during orientation and coverage will continue through graduation.
10. Students who withdraw from ATSU-SOMA will be un-enrolled from the policy on the date of withdrawal but can continue the coverage privately by contacting the provider.
11. Graduates will have the option of continuing the disability insurance coverage after graduation on an individual basis.
12. Non-compliance at any time during a student’s enrollment will result in suspension and/or dismissal.
13. The fees for the disability insurance policy are part of the university student fee structure and financial aid budget and are charged to all residential students.

## **HIPPA AND OSHA TRAINING**

All ATSU-SOMA students must complete Health Information Portability and Accountability Act (HIPPA) and Occupational Safety and Health Administration (OSHA) training annually.

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Physical Health Services Policy

## MINDFULNESS AND FATIGUE MITIGATION

Fatigue can be the result of poor personal choices such as an unhealthy diet, lack of exercise, or placing a low priority on sleep. It is important for all students to understand the importance of adequate rest before and after clinical responsibilities. The following advice is offered to the students throughout their four years at ATSU-SOMA:

14. Get between seven to eight hours of deep, uninterrupted sleep per 24 hour day.
15. Take breaks throughout the day and strategic naps if possible.
16. Eat regular, well-balanced meals (including fruits and vegetables, as well as meats and carbohydrates), drink sufficient amounts of water and exercise regularly.
17. Keep communication lines open to superiors to inform them if fatigue is impairing their performance.
18. Increase awareness of long-term health benefits from appropriate lifestyle behavior (e.g. exercise, relaxation, nutrition, avoiding smoking and low alcohol consumption).

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 5.3 (Learning Environment: Safety, Health, and Wellness).



## 30-004-1 Student Assistance Program (Timely) /Mental Health for Students (5.3)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") values our students and provides mental health 24/7.

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### **POLICY**

#### **MENTAL HEALTH WELLNESS COUNSELING FOR AT STILL UNIVERSITY/SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA STUDENTS**

- A. Mental Health Wellness Counselors provide individual, couples, and group counseling, as well as referral and consultation services.
- B. All counseling services are provided free of charge to AT Still University/School of Osteopathic Medicine in Arizona students and their partners/spouses.
- C. Counseling is a confidential service.
  - 1. Anything said to a counselor will not be disclosed to other persons or agencies without consent
  - 2. Counseling records are held to the highest standards of confidentiality allowed by law and counseling ethics.
  - 3. No information about counseling goes into a student's academic record.
- D. Mental Health Wellness Counseling also assists students by locating resources or other services available on campus or in their community that are specific to their needs.
- E. Educational workshops are also offered that enhance personal growth and skill development.
  - 1. These may include stress management, relationship enhancement, or dealing with anxiety, depression or eating disorders.
- F. The Counseling Services staff adhere to the ethical code of the American Counseling Association.

## LOCATIONS OF SERVICES

**Mesa Campus** (covers all OMS-1 and OMS-2 through OMS-4 physically located in Arizona)

Desirai Browning, MAS, LAMFT  
Licensed Professional Counselor  
Building 5845, 2<sup>nd</sup> FL, Suite 213  
(480) 219-6170  
desiraibrowning@atsu.edu

Karen Taylor, MS, LPC, NCC  
Licensed Professional Counselor  
Building 5845, 2<sup>nd</sup> FL, Suite 213  
(480) 219-8069  
karentaylor@atsu.edu

### Schedule an appointment with Desirai

### Schedule an appointment with Karen

Mental health emergency: **988** or **602.222.9444** (**Crisis Response Network**)

Hours: Monday through Friday 8:00 a.m.-5:00 p.m. (Other times as arranged)

Location: 5845 Building, suite 213

### Online

<https://www.atstu.edu/department-of-studentaffairs/counseling>

A.T. Still University (ATSU) has teamed up with [TimelyMD](#), the leading virtual health and well-being solution in higher education, to offer students free and equitable access to medical and mental health support through the **TimelyCare** platform.

**Students will go to [timelycare.com/atsu](https://www.timelycare.com/atsu) and follow prompts to sign up with their ATSU email address.**

TimelyCare serves as a 24/7 virtual extension of ATSU Behavioral Health & Wellness resources with the goal of improving student well-being, engagement, and retention.

Through TimelyCare, via their phone or other device, ATSU students can now select from a wide-ranging menu of virtual care options from licensed physicians and counselors in all 50 states – at no cost and without the hassle of traditional insurance – including:

- On-demand medical care
- Appointment-based medical care
- On-demand mental health support (TalkNow)
- Appointment-based mental health counseling
- Psychiatric support
- Health coaching
- Digital self-care content

Additionally, faculty and staff have access to support empowering them to guide students to TimelyCare resources to help students achieve a sense of well-being, live healthier lifestyles, and improve their mental health. Faculty can call 833-4-TIMELY, 24/7 and 365.

The partnership with TimelyMD allows ATSU to deliver a hybrid model of clinical care combining the best of in-person and virtual care services. Benefits to students include:

Date Adopted: August 1, 2017

Employee Assistance Program

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

- **Convenient 24/7 care** – Physical and mental health issues often present themselves outside regular business hours, and TimelyCare makes seeking support or treatment as easy and convenient as making a video or phone call. Nationally, about 40% of mental healthcare visits through TimelyCare occur after hours.
  - **Reduced wait times** – Typical consultations for on-demand services through TimelyCare begin within five to 10 minutes – less than the amount of time it takes to walk across campus.
  - **Diverse provider network** – In addition to being from diverse backgrounds, TimelyMD providers are trained to be culturally competent. For example, more than 60% of mental health providers are BIPOC, and the platform also offers providers who self-identify as LGBTQ+, speak multiple languages, and/or celebrate various religious traditions. Students can choose to meet with a specific provider or select the first available.
  - **Peace of mind** – TimelyCare is a safe, secure, and HIPAA-compliant platform following campus-specific protocols to facilitate care coordination and follow-up to ensure continuity of care. Integrations with leading learning management systems ensure students have even more on-ramps to in-the-moment support whenever they need it.
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## PROCEDURE(S)

### MENTAL HEALTH WELLNESS COUNSELING FOR AT STILL UNIVERSITY/SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA STUDENTS

- A. Mental Health Wellness Counselors provide individual, couples, and group counseling, as well as referral and consultation services.
- B. All counseling services are provided free of charge to AT Still University/School of Osteopathic Medicine in Arizona students and their partners/spouses.
- C. Counseling is a confidential service.
  1. Anything said to a counselor will not be disclosed to other persons or agencies without consent
  2. Counseling records are held to the highest standards of confidentiality allowed by law and counseling ethics.
  3. No information about counseling goes into a student's academic record.
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- E. Educational workshops are also offered that enhance personal growth and skill development.
  1. These may include stress management, relationship enhancement, or dealing with anxiety, depression or eating disorders.
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## LOCATIONS OF SERVICES

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- On-demand medical care
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- Appointment-based mental health counseling
- Psychiatric support
- Health coaching
- Digital self-care content

Additionally, faculty and staff have access to support empowering them to guide students to TimelyCare resources to help students achieve a sense of well-being, live healthier lifestyles, and improve their mental health. Faculty can call 833-4-TIMELY, 24/7 and 365.

Date Adopted: July 1, 2022  
Last Reviewed: September 1, 2022

Student Assistance Program

The partnership with TimelyMD allows ATSU to deliver a hybrid model of clinical care combining the best of in-person and virtual care services. Benefits to students include:

- **Convenient 24/7 care** – Physical and mental health issues often present themselves outside regular business hours, and TimelyCare makes seeking support or treatment as easy and convenient as making a video or phone call. Nationally, about 40% of mental healthcare visits through TimelyCare occur after hours.
- **Reduced wait times** – Typical consultations for on-demand services through TimelyCare begin within five to 10 minutes – less than the amount of time it takes to walk across campus.
- **Diverse provider network** – In addition to being from diverse backgrounds, TimelyMD providers are trained to be culturally competent. For example, more than 60% of mental health providers are BIPOC, and the platform also offers providers who self-identify as LGBTQ+, speak multiple languages, and/or celebrate various religious traditions. Students can choose to meet with a specific provider or select the first available.
- **Peace of mind** – TimelyCare is a safe, secure, and HIPAA-compliant platform following campus-specific protocols to facilitate care coordination and follow-up to ensure continuity of care. Integrations with leading learning management systems ensure students have even more on-ramps to in-the-moment support whenever they need it.

This policy is referenced from the: "ATSU-BHWC website"

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 5.3 (Learning Environment: Safety, Health, and Wellness).

Date Adopted: July 1, 2022  
Last Reviewed: September 1, 2022

Student Assistance Program

## 30-012 Patient Care Supervision (5.4)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

To ensure all ATSU-SOMA students in clinical learning environments involving patient care are under appropriate direct supervision.

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### **POLICY**

Each student in a clinical learning environment involving patient care will be directly supervised by a licensed health care professional at all times to ensure safety.

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### **PROCEDURE(S)**

#### **CLINICAL ROTATION ACTIVITIES**

- A. The student is expected to comply with general rules and regulations established by the preceptor, regional site hospital/clinic, Regional Director of Medical Education, Community Education Coordinator, or any other individuals/facilities associated with the rotation.
- B. All preceptors must be board certified or board eligible physicians in their specialty field with verification.
- C. A student in a clinical learning situation involving patient care must be under the direct supervision by a licensed healthcare professional at all times in order to ensure safety. The clinical site must ensure that all supervised activities are within the scope of practice of the supervising health care professional. Students must have clear guidelines on their role in care and the limits of their scope of authority.
- D. A licensed physician, physician assistant, or nurse practitioner must evaluate all patients evaluated by a student.
- E. No more than 25% of supervision time may be with a PA, NP, MPH, or PhD without approval from the Assistant Dean of Clinical Education, Assessments and Outcomes, GME.
- F. The preceptor or preceptor's designee must observe all clinical procedures performed by the student.
- G. Supervising physicians should not have any prior or current affiliation with the student, without written approval from the Assistant Dean of Clinical Education, acknowledging the relationship, as stated in the Rotations with Relatives policy.

## INTERNATIONAL PUBLIC HEALTH ELECTIVE ROTATIONS

- A. The preceptor will directly supervise the medical student in those skills for which the medical student has received proper training at all times during the elective.
- B. The recommended ratio of preceptor to medical student should be 1:1 or at most 1:3.
- C. The Rotations with Relatives policy applies to International Public Health Elective Rotations.

## PATIENT CARE SUPERVISION AND CLINICAL EXPERIENCES FOR MEDICAL STUDENTS

In regards to COCA Element 5.4, first year osteopathic medicine students are provided a clinic experience in the OMM Center to observe osteopathic physicians evaluating and treating patients. The first year students are supervised by OMM Center physicians at all times. Students are given clear guidelines at the beginning of the clinical experience as to their role in care. These guidelines are provided both verbally and as a written document, which is outlined below. The student may be asked to assist with taking vitals and a patient history, or to perform a physical examination including an osteopathic structural examination. All OMM Center patients have signed a consent form to allow or deny student participation.

### Student Form: OMM Center Clinical Experience Guidelines for Medical Students

1. The clinical experience in the OMM Center is designed to provide first year medical students an opportunity to observe an osteopathic approach to patient care which includes an osteopathic history, physical examination, osteopathic structural examination, osteopathic manipulative treatment and patient education regarding diet, nutrition, exercise, supplements, and wellness.
2. Medical students will generally be observing patient encounters, but may be asked to assist with taking vitals, a patient history, or to perform a physical examination including an osteopathic structural examination. Medical students may be asked to assist in osteopathic manipulative treatments based upon their level of skill and with direct supervision and contact over their hands by the attending physician to assure proper treatment.
3. When necessary, students may enter or re-enter a patient exam room after the start of an encounter by first knocking and confirming permission to enter by the attending physician.
4. Medical students may ask questions during the patient encounter as long as it does not interfere with the flow of the appointment. Students will be advised to use discretion regarding the type of questions they ask.
5. All patient encounters are confidential and personal information will not be shared with others.
6. All OMM Center patients have signed a consent form to allow, or deny student participation.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 5.4 (Learning Environment: Patient Care Supervision).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Patient Care Supervision

## 50-006 Approving Additional Curriculum (6.1)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

To set forth a process for approving new curriculum added to the ATSU-SOMA curriculum.

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### **POLICY**

Additional curriculum is first presented to the Year 1 & 2 Subcommittee or Year 3 & 4 Subcommittee for review and refinement prior to presentation to the Curriculum Committee for approval.

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### **PROCEDURE(S)**

1. New curriculum models are presented to the appropriate subcommittee (Year 1 & 2 Subcommittee or Year 3 & 4 Subcommittee) for review, comments, and points of refinement. The subcommittee must approve the new curriculum in order for it to be presented to the Curriculum Committee.
2. Once the appropriate subcommittee approves a new curriculum model, the new curriculum is presented to the Curriculum Committee for review.
3. New curriculum is only integrated into the ATSU-SOMA curriculum upon approval by all of the following:
  - a) Curriculum Committee
  - b) Associate Dean of Curricular Integration
  - c) Dean of ATSU-SOMA



This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 6.1 (Curriculum: Curriculum Design and Management).

Date Adopted: January 10, 2018  
Last Reviewed: September 1, 2022

Approving Addition Curriculum

## 50-016 OMS I/II Exam Formatting and Editing Policy (6.1a)

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**APPROVAL:** Signature On File in Dean's office

**DATE:** 9/1/2022

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### **PURPOSE**

To clarify the process for exam formatting and editing and the responsibilities of the course director, faculty, and staff.

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### **POLICY**

NBOME Guidelines will be followed in terms of question structure. The exam creation process will be followed by course director, faculty, and staff.

\*This policy supersedes all previous motions and policies regarding exam formatting and editing.

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### **PROCEDURE(S)**

1. NBOME Guidelines will be followed in terms of question structure. Please refer to the Appendix (Item Writing Fundamentals) at the end of this document for full details on question writing guidelines.
2. The exam creation process will be followed by the course director, faculty, and staff as outlined below:
  - a. Faculty are reminded by the curriculum coordinator of exam entry due date (deadline: 5:00pm Arizona Time, 15 business days prior to exam).
  - b. Faculty enter items into ExamSoft (deadline: 5:00pm Arizona Time, 10 business days prior to exam).
  - c. Course director and curriculum coordinator review submitted items, finalize the number by eliminating any extras, and send a PDF of the exam to the

Date Adopted: January 10, 2018  
Last Reviewed: September 1, 2022

OMS I/II Exam Formatting and Editing Policy

- faculty for review (deadline: 5:00pm Arizona Time, 6 business days prior to exam).
- d. Faculty review all exam items and return any suggestions to the course director and curriculum coordinator (deadline: 5:00pm Arizona Time, 5 business days prior to exam).
  - e. The course director completes any final adjustments and the curriculum coordinator notifies the assessment team that the exam is ready for creation (deadline: 5:00pm Arizona Time, 4 business days prior to exam).
  - f. Assessment team creates the exam and associated materials (deadline: 5:00pm Arizona Time, 1 business day prior to exam).

Example: Monday Exam

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	<b>Due 5pm:</b> Faculty enters items into ExamSoft.	<b>Due 5pm Friday:</b> Course director and curriculum coordinator review exam items, eliminate extras, and sends PDF of exam to faculty.			
Week 2	<b>Due 5pm:</b> Faculty review the exam and submit suggestions to the course director and curriculum coordinator.	<b>Due 5pm:</b> Course director completes final adjustments; curriculum coordinator notifies assessment team exam is ready for creation.	<b>Due 5pm Friday:</b> Assessment team creates exam.		
Week 3	<b>EXAM DAY</b>				

Example: Friday Exam

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					<b>Due 5pm:</b> Faculty enters items into ExamSoft.
Week 2	<b>Due 5pm Thursday:</b> Course director and curriculum coordinator review exam items, eliminate extras, and sends PDF of exam to faculty.				<b>Due 5pm:</b> Faculty review the exam and submit suggestions to the course director and curriculum coordinator.
Week 3	<b>Due 5pm:</b> Course director completes final adjustments; curriculum coordinator notifies assessment team exam is ready for creation.	<b>Due 5pm Thursday:</b> Assessment team creates exam.			<b>EXAM DAY</b>

- The curriculum coordinator will use the checklist (Table 1) to record the completion of each step in the exam creation process. This will be done for the creation of every exam.

**Table 1**

Initials	Due Date	Action Item
		Exam items are requested by the curriculum coordinator. <i>(Due 15 business days prior to the exam)</i>
		Faculty enter items into ExamSoft. <i>(Due 10 business days prior to the exam)</i>
		Course director and curriculum coordinator review submitted items, finalize the number by eliminating any extras, and send a PDF of the exam to the faculty for review. <i>(Due 6 business days prior to the exam)</i>
		Faculty review all exam items and return any suggestions to the course director and curriculum coordinator. <i>(Due 5 business days prior to the exam)</i>
		The course director completes any final adjustments and the curriculum coordinator notifies the assessment team that the exam is ready for creation. <i>(Due 4 business days prior to the exam)</i>
		Assessment team creates the exam and associated materials. <i>(Due 1 business day prior to the exam)</i>

## Item-Writing Fundamentals

ATSU-SOMA Faculty Development

### Item Format Basics

Three basic principles to follow in writing items:

1. The **clinical scenario** in each item should be in the following order: **presentation** (complaint-why a patient is seeking care); **history** (including duration of signs & symptoms); **physical findings**; results of **diagnostic studies**; initial treatment; subsequent findings. A stem may contain only some of these components.

2. An item stem should contain enough information, so a candidate can't answer the question before looking at the options. No additional background information should be given in any of the answer choices. Following these guidelines will result in concise answer choices. Sufficient information should be included in the item scenario to rule out each of the incorrect answer choices (distractors) and rule in the answer as the best option. *Distractors should always be "attractive to the uninformed" i.e., reasonable-sounding options.*

3. In a multiple-choice item, incorrect responses are often not entirely wrong, and they don't have to be. Therefore, "most likely" and "most appropriate" are frequently used in examination items. The answer choices can be placed on a continuum, where one is the most correct, although the others may not be 100% wrong.

<sup>1</sup> Presented and approved by SOMA Curriculum Committee on 12/12/2017

Before writing each item, an item-writer is encouraged to outline additional pertinent parameters to include, such as:

- Patient age
- Patient gender
- Setting of care
- Medical history or habits, including drug allergies or interactions
- Family or occupational history
- Laboratory or medical imaging findings (pertinent)
- Type of condition (acute vs. chronic)
- Ethnicity (when essential to the item)

### Clinical Scenario Patterns

#### Pattern #1

A [patient description: age, gender] presents with [symptoms, including time frame]. History reveals [historical findings]. Physical examination reveals [findings]. Diagnostic studies reveal [findings].  
(NOTE: In a given scenario, the item-writer may wish to include only some parts of this information.)

#### Pattern #2

A [patient description: age, gender] presents to the [site of presentation] with [signs, symptoms, findings] in [describe the patient's condition]. History reveals [pertinent background information].

#### Pattern #3

A [patient description: age, gender] presents with the complaint of [somatic/visceral symptoms]. History reveals [pertinent background information]. Structural examination reveals [structural and palpatory findings].

#### Pattern #4

[Time period] after a [event, trip or meal] a [patient or group description] developed [symptoms].

Other information may be included in clinical scenarios, such as:

Immunization status/history

Family history

Risk factors

Allergy history

Initial actions and subsequent findings

### Item Quality Checklist

- Is the item researched and referenced using a current, standard (universally used/available) source? Medscape™ and UpToDate™ are **not** considered valid resources by NBOME.
- Is the stem presented as a realistic clinical scenario and provides sufficient supporting information needed to answer the question?
- Is it easy to identify what knowledge and skill the item is testing?
- Does the item reflect higher-order thinking rather than recall of facts?
- Does the item have five answer choices (five choices are **suggested** although at times the question may have fewer--or even up to 8 or 9 choices) that are:
  - ✓ Similar in length and style?
  - ✓ Actual entities?
  - ✓ Attractive to the uninformed?
  - ✓ Unique/distinct from each other?
  - ✓ Not mutually exclusive or opposite of another choice?
  - ✓ Addressed in the stem (information in the stem should rule in or out each of the choices)?
- Are any laboratory values used in the item compatible with those on the NBOME reference value listing?
- If a visual is used, is it:
  - ✓ Essential to answer the question?
  - ✓ The best possible quality?
  - ✓ The proper size?

### Example Interrogatories:

#### Diagnostic Technologies

- **Which of the following is most likely to confirm the diagnosis?**  
Options: diagnostic tests
- **The most appropriate diagnostic test is**  
Options: diagnostic tests
- **The next step in this patient's work-up is**  
Options: diagnostic tests
- **Which of the following tests would have predicted these findings?**  
Options: diagnostic tests
- **Which of the following findings is expected?**  
Options: serum levels, microscopic fluid findings, muscle/joint tissue findings, DNA analysis results, pathology results
- **The most likely finding on [test name] is**  
Options: test findings
- **Based on [test findings], the most likely diagnosis is**  
Options: diagnoses

#### Management

- **The most appropriate management for this patient is**  
Options: drugs, OMT techniques, surgical techniques
- **The most appropriate initial step in this patient's management is**  
Options: management steps
- **Which of the following should be administered?**  
Options: drugs, vitamins, amino acids, enzymes, hormones
- **The initial set-up to perform a muscle energy technique is**  
Options: patient positions

### Scientific Understanding of Health & Disease Mechanisms

- **The most likely etiology/cause is**  
Options: bacteria, toxins, medications, hemodynamic mechanisms, viruses, metabolic defects, pathogens
- **The most likely structure affected is**  
Options: nerves, muscles, vessels
- **A defect is most likely to be present in which of the following?**  
Options: structures, processes
- **Which of the following is defective/deficient/nonfunctioning?**  
Options: enzymes, feedback mechanisms, endocrine structures, dietary elements, vitamins
- **Which of the following is involved?**  
Options: enzymes, hormones, cells, neurotransmitters, molecules, spinal segments
- **The most likely mechanism/explanation involved is**  
Options: disease mechanisms, pharmacologic mechanisms

### History & Physical Examination

- **The most likely diagnosis is**  
Options: disorders, diseases
- **Which of the following additional symptoms would you expect to be present?**  
Options: symptoms
- **The most likely structural finding in this patient is**  
Options: structural findings
- **The primary action of this prescribed drug in this patient is**  
Options: drug actions
- **Somatovisceral findings are most likely present at which of the following spinal levels?**  
Options: individual spinal segments/ranges

ATSU-SOMA Faculty Development

Reference: COMLEX-USA Item-Writing Guide. [www.nbome.org](http://www.nbome.org)

Date Adopted: January 10, 2018  
Last Reviewed: September 1, 2022

OMS I/II Exam Formatting and Editing Policy

ATSU- SOMA Policies and Procedures

#### Item Flaws:

##### Pseudocases

These are items where the clinical scenario relates to the question, but the question can be answered without referring to the scenario.

##### Unfocused Items

These are items that start with a variation of —Which of the following is correct regarding [topic]?

These items are flawed for two reasons:

1. There is not enough information in the stem to answer the question without looking at the options.
2. The responses are disparate—they can't be placed on a continuum, so the distractors must be 100% false. This either leads to a very obvious answer or confusion as to whether each option is 100% true or 100% false.

##### Items with Flaws That Favor Testwise Candidates

These are items that contain clues pointing to the correct answer that are unrelated to content. Some examples of these clues typically seen in the distractors are:

- ✓ Grammatical cues Some or all of the distractors don't follow grammatically from the stem, whereas the correct answer does.
- ✓ Logical cues A subset of the answer choices covers all possible options, with the remaining answer choices unrelated.
- ✓ Word repeats A term or form of a term used in the stem matches a term in the correct answer choice.
- ✓ Long answer The correct answer is longer or more detailed than the distractors.
- ✓ Absolute terms "Always", "never" or other absolute terms used in an answer choice nearly always indicate an incorrect answer.
- ✓ Convergence strategy In answer choices with multiple elements, the one with the most elements in common with the others is often the correct answer.

##### Items with Teaching in the Stem

These are items that give the candidate information regarding the topic being tested that extends beyond the specific clinical scenario. This is inappropriate and may even offer an inadvertent clue other items that appear elsewhere in the exam.

#### Items with Flaws Due To Irrelevant Difficulty

These are items that can be confusing due to flawed item format or other factors unrelated to content. Some examples of these factors are:

- ✓ Negative items The use of "EXCEPT", "NOT", or "LEAST" in the stem creates a situation where the candidate has to switch his or her thinking to the opposite of what is expected.
- ✓ Tricky or unnecessarily complicated stems Do not use information that distracts ("red herrings", i.e., information that can confuse or mislead the candidate). Although this does play a role in actual patient care it may not be appropriate for testing situations. On the other hand, superfluous information ("window dressing") is acceptable to the extent it reflects reality. Not all information has to be directly relevant to the answer. Some might rule out other choices or provide a more detailed patient description.
- ✓ Percentages or statistical information In general, it is not appropriate to test on specific percentages or figures. Testing a candidate's understanding of how to apply this information is appropriate, but testing a candidate's knowledge of actual percentages or statistics is not appropriate.
- ✓ Vague frequency terms Terms such as "rarely" and "usually" are imprecise, making their intention and meaning unclear when used in answer choices.
- ✓ Regional-specific terms or concepts Given that COMLEX-USA is used as a national testing tool, it is important all terms and concepts included are universally understood.

#### Submitting Items for SOMA:

- Use Arial 12 font for stem and distractors
- Don't number or letter distractors
- Place distractors in alphabetical order with an asterisk at end of correct answer

#### Avoid Common Formatting Errors:

- Use "male" or "female" instead of "man", "woman", "boy", "girl", or "child"
- Answers to double fill-in-the-blanks should be separated by a semicolon
- Remove blanks ("\_\_\_") at end stem;
- Avoid placing a colon at end of stem
- Add phrasing, "in the attached image", if stem requires an image to answer question

#### Constructing Distractors

In order to have a more effective distractor list, the item-writer should:

1. Strive to have distractors of equal or similar length
2. Create distractors that match grammatically with the stem
3. Avoid distractors that are "odd man out" (e.g., four diagnostic procedures and one therapeutic procedure)
4. Not use opposites as choices
5. Not have overlapping numerical figures or values
6. Avoid absolutes (e.g., "always", "never")
7. Avoid negatives (including "all of the following EXCEPT" stems)
8. Avoid "all of the above" or "none of the above" as distractors
9. Avoid abbreviations and acronyms where possible

Reference: COMLEX-USA Item-  
Writing Guide.  
www.nbome.org



**Items in ExamSoft™:**

- Tag a Core competency
- Tag a Discipline
- Have a clinical scenario in the stem
- Rationale, learning objective, and the instructor's name in the Rationale box
- No capitals at the beginning of distractors (unless it requires a capital, such as a pronoun)
- No periods at the end of distractors
- Use 5 distractors, if possible (can have up to 8 distractors)
- Distractors should be in alphabetical order
- Correct answer should be marked
- No negative wording (such as "all except" "least likely")
- No answer choices of extremely dissimilar lengths
- No opposites as answer choices (except OPP)
- No interrelated distractors ("all/none of the above", "both A and B")
- Focused answer choices
- No teaching in the stem
- No implausible answers
- Use only generic names (no brand names)
- Use standard lab value reference ranges
- Use common abbreviations
- Use current information

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 6.1 (Curriculum: Curriculum Design and Management).

Date Adopted: January 10, 2018  
Last Reviewed: September 1, 2022

OMS I/II Exam Formatting and Editing Policy  
ATSU- SOMA Policies and Procedures

## 50-025 ATSU-SOMA Presentation Content and Exam Question Expiration Policy (6.1b)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

To create a time of expiration for presentation content and exam questions used in the ATSU-SOMA curriculum in order to keep them up-to-date and relevant.

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### **POLICY**

All presentation content and exam questions, as part of the ATSU-SOMA curriculum, must be reviewed and updated annually.

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### **PROCEDURE(S)**

1. Faculty will review their presentation content annually and denote the review date at a convenient location on the presentation (e.g. first PowerPoint slide).
2. Material content and its applicability to the curricular context will be updated at minimum every two years, absent documentation supporting no changes are required.
3. The exam questions associated with presentation content changes should also be reviewed and updated annually.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 6.1 (Curriculum: Curriculum Design and Management).

## 50-014 Course Director Responsibilities (6.1c)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

To clarify the responsibilities of ATSU-SOMA course directors.

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### **POLICY**

Course directors are responsible for the administrative oversight of a course to ensure the overall quality, content, and delivery of a course is aligned with the curricular goals set forth by the faculty through the Curriculum Committee. Course directors work collaboratively with each other, fellow faculty members, the Curriculum Committee, the Associate Dean of Curriculum Integration (ADCI), the Curriculum Coordinator and other SOMA staff to optimize the student-learning environment.

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### **PROCEDURE(S)**

#### **BEFORE THE COURSE**

- Conduct planning meetings with large group presenters, the small group content director, the anatomy content director, and the ADCI to determine content and its appropriate sequencing/integration.
- Compile previous recommendations by the Curriculum Committee pertaining to course improvement relevant to the previous year(s). Review of prior course debriefs can act as a good resource.
- Prepare and electronically share a draft of the course Google™ calendar with all faculty members who plan to present in the course. The calendar should detail the days and times of all

presentations, anatomy laboratories, small group sessions, OPP sessions, medical skills sessions, quizzes, examinations, and any other events related to the course.

- Support multiple teaching modalities and strategies to optimize learning, retention, and application.
- Develop a standardized course syllabus using the criteria established by the Curriculum Committee and University guidelines.
- Present the final course calendar for review by the Curriculum Committee at least six weeks in advance of the course.

### **DURING THE COURSE**

- Collaborate with course faculty to ensure timely development and delivery of all curricular materials to the Curriculum Coordinators as mandated by the Curriculum Committee policies.
- Verify with Curriculum Coordinators all course materials are available to the students as per curriculum committee policy.
- When possible, attend (or view recordings of) presentations of faculty members.
- Work with Curriculum Coordinators to ensure faculty presenters submit the required number of examination questions in a timely manner. The required number of questions is to be predetermined by the Course Director and faculty presenter.
- Compose examinations according to the Exam Formatting and Editing Policy.
- Edit and/or remove examination questions which performed poorly (i.e. proved problematic for the students as evidenced by objective assessment data outcomes), both prior to examination administration, and again after each exam is completed regarding any scoring adjustments using SOMA's item analysis interpretation guidelines.
- Any items edited or removed (not including an excessive number of items) should be brought to the attention of the item author by the Course Director. Full credit shall be given to every student for any examination question removed by the course director.
- Excess exam items (or similar items from different disciplines, which test common concepts) may be removed or not included on an assessment at the discretion of the Course Director. It is suggested, but not required, the course director notify the item-writer(s) of any action(s) taken on these additional and/or redundant exam items.

Date Adopted: January 10, 2018  
Last Revised: September 1, 2022

Course Director Responsibilities

- Work with the assessment team to ensure faculty are notified when exam item analysis reports are available for review so all items are reviewed by faculty regardless of student or course director query prior to exam grade finalization.
- Work with the SOMA staff to troubleshoot or report any classroom equipment problems to Information Technology Services.
- Plan at least one meeting near the middle of the course with all course faculty and the ADCI. The purpose of the meeting is to discuss the progress of the course and to recommend immediate and future improvements to the course.

### **END OF COURSE**

- Meet with course faculty and the ADCI to review examination results and to determine if a course grade adjustment or curve will occur.
- Work with course faculty to create a remediation examination for the course (if needed).
- Submit final course grades to the ADCI.
- Prepare course debrief and present evaluation of the course to the Curriculum Committee no more than 6 weeks after the course ends.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 6.1 (Curriculum: Curriculum Design and Management).

Date Adopted: January 10, 2018

Last Revised: September 1, 2022

Course Director Responsibilities

50-022 OMS I - Late Arrivals to Exams (6.1d)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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**PURPOSE**

To state the process for handling late arrivals to exams on exam day.

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**POLICY**

A late table will be designated in Cougar for those who arrive late to an exam.

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**PROCEDURE(S)**

1. Any OMS I student who arrives after the start time of an exam will be seated at the designated late table in Cougar.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 6.1d (Curriculum: Curriculum Design and Management).

## 50-012 Completion of D.O. Degree (6.3)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

All A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") students will complete a Doctor of Osteopathic Medicine ("DO") degree within the maximum allotted time following matriculation.

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### **POLICY**

An ATSU-SOMA student must complete program requirements within 150% of the standard time (six years following matriculation) in order to receive recognition of completion of the SOMA DO degree.

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### **PROCEDURE(S)**

- A. The expectation of every student is to complete all DO degree requirements within ATSU-SOMA's four-year plan of study.
- B. If the plan of study for the student is altered beyond the expected four-year time frame, due to academic or personal reasons, regardless of the circumstances, all DO degree requirements must be completed within six years of the original date of matriculation.
- C. Failure to complete all DO degree requirements within the specified time period will result in an administrative withdrawal of the student from ATSU-SOMA.

This policy is referenced from the: ATSU Catalog, <https://www.atsu.edu/academic-catalog/soma/doctor-of-osteopathic-medicine-program-soma/#complex>. 01 Aug. 2017. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 6.3 (Curriculum: Maximum Length of Completion).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Completion of DO Degree

## 50-009 Clinical Education through the COM Policy (6.9.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### PURPOSE

To ensure that all ATSU-SOMA student clinical education is obtained through ATSU-SOMA.

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### POLICY

Students will obtain all clinical education through the COM.

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### PROCEDURE

- All student clinical rotations must be approved collaboratively by the Regional Directors of Medical Education (RDME) and the Clinical Education Department.
- Affiliation agreements or Letter of Agreement (LOA) must be executed and active before the rotation is confirmed and entered in to E\*Value. Students will not be allowed to rotate at a site where an affiliation agreement does not exist. Affiliation Agreements must be submitted 120 days prior to start of a rotation where an affiliation does not exist.
- Students are responsible to verify if an affiliation exists with ATSU-SOMA. If no affiliation agreement exists, the student must request an affiliation agreement and provide the site coordinator phone, email, street address, fax number and affiliation agreement contact person to the CED Project Coordinator. Exceptions to the 120 day requirement will be made for audition rotations. Students face possible cancellation if adequate time is not permitted for an affiliation agreement to be procured prior to the start of a rotation. [The affiliation agreement student view](#), a living document that contains all current rotation affiliation information, can be found on the [E\\*Value Home Page](#).
- Rotation Request Forms ([RRF](#)) are required for any rotation outside the community campus catchment area and for any new rotation site. A "catchment area" map for each campus is located on the [E\\*Value Home Page](#). [RRFs](#) are to be verified by the Administrative Assistant (AA) and signed by the RDME before submission to Clinical Education Coordinator (CEC).
- [RRF](#) MUST be submitted 60 days prior to start of the rotation. If the CED does not have ALL rotation information 60 days prior to a rotation start date, the CEC will notify the RDME, AA and the student via email, requesting rotation to be selected from the list of sites that SOMA is affiliated with. If at 30 days information is still incomplete CEC will refer to Assistant Dean of Clinical Education, Assessments and Outcomes, GME.

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Clinical Education through the COM



- Student MUST keep the RDME, AA and CEC updated of ANY and ALL changes regarding rotation dates, sites and preceptors. Any changes will impact logs, Clinical Rotation Evaluations (CRE), Student Evaluation of Rotations (SER) and post-rotation exam.
- Once a rotation is confirmed, changes cannot be made within 30 days of start date.
- Confirmed rotation schedules are located in [E\\*Value](#). CEC will routinely send out E\*Value schedule confirmations to the RDMEs, AAs and students. Student is responsible for reviewing E\*Value schedule confirmations to verify accuracy of rotation name, rotation dates, sites and preceptors. If changes are necessary student will contact their AA and CEC with the corrected information.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 6.9.2 (Curriculum: Clinical Education: Policies and procedures (protocols) demonstrating how students will obtain all clinical education through the COM).

Date Adopted: August 1, 2017

Clinical Education through the COM

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

## 50-011 Comparable Education Experience (6.11)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

Outlines the procedure regarding the Clinical Assessment Plan for Third-Year Osteopathic Medical Students ("OMS-III") and Fourth-Year Osteopathic Medical Students ("OMS-IV"). A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") is an innovative medical school in partnership with the National Association of Community Health Centers ("NACHC") featuring contextual learning at twelve of the nation's premier Community Health Centers. These sites provide team-learning classrooms, primary care clinical learning experiences, and a continuity base for local CHC affiliated specialty rotations.

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### **POLICY**

The ATSU-SOMA Curriculum Committee has charged the OMS Year 3-4 Subcommittee with providing formal recommendations to the Curriculum Committee for approval with regard to ensuring comparability and consistency of the educational experience across CHC sites. This subcommittee reviews the syllabi of each clerkship, the breadth and depth of content of material taught within each clerkship, the grading/evaluation rubrics utilized in each clerkship, the integration of OPP and OMM within each clerkship, and the integration of Core Competencies within each clerkship, and the comparability of outcomes across sites.

The Year 3-4 Subcommittee goals have been established to evaluate each clerkship and compare each CHC site student cohort for assessment and comparability outcomes within each discipline. These are as follows:

1. Conduct clerkship course reviews to present to the Curriculum Committee annually.
2. Discuss and evaluate new proposals for Year 3-4 courses or related curriculum as the need arises based on the student's logs across CHC sites to identify 'gaps'. Present this information to the Curriculum Committee for consideration and/or approval.
3. Evaluate COMAT/End of Rotation exams and COMLEX Level 2 exam performance and determine methods by which scores can be improved.
4. Discuss and revise course content and clerkship overview document for clerkship directors.

5. Collect and review student feedback via the student evaluation of the rotation in February each year. This includes information on the rotation, preceptor, coursework, and end of rotation exam.
6. Track clerkship course Core Competencies and make recommendations for change if necessary.
7. Evaluation of ATSU-SOMA Year 3-4 curriculum in addressing/measuring student progress on the Entrustable Professional Activities (EPAs).

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## **PROCEDURE(S)**

The following information is included in the data packets used for review in each discipline across CHC sites:

### **OMS-III YEAR ASSESSMENT**

Annual evaluation and assessment of clinical experiences across CHC sites during the OMS III year include, but are not limited to, Clerkship coursework and logging assessments, Clinical Rotation Evaluations, NBOME post-rotation exams (COMAT), and a COMLEX Level 2-PE preparation workshop. These outcomes measures provide a basis for assessment of comparability and outcomes across sites.

### **OMS-IV YEAR ASSESSMENT**

Annual evaluation and assessment of clinical experiences across CHC sites during the OMS IV year includes student evaluation and assessment, Clinical Rotation Evaluations, Clerkship coursework and logging assessments, NBOME post-rotation exams (COMAT), and COMLEX Level 2-CE and Level 2-PE exams.

These outcomes and measures provide a basis for assessment of comparability and outcomes across sites. After review by the Year 3-4 Subcommittee, results are reported to the Curriculum Committee. Outcome results are also reported annually to all faculty, including community campus site RDMEs, at the Faculty Development Conference.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 6.11 (Curriculum: Comparability across Clinical Education Sites).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Comparable Education Experience

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## 50-010 COMLEX (6.12)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### OVERVIEW

Passing Level 1 and Level 2 of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) from the National Board of Osteopathic Medical Examiners (NBOME) is a graduation requirement. These examinations are:

- COMLEX Level 1 (COMLEX 1)
- COMLEX Level 2 CE (COMLEX 2CE)

Students are required to take COMLEX during specific time-frames listed in the sections below. If a student is eligible to take COMLEX, and does not take it according to the scheduling requirements listed in this section (unless prior permission to deviate from the required schedule is granted by the Associate or Assistant Dean), it is a professionalism violation and the student will be removed from clinical rotations until a passing score on COMLEX is received. The student will be referred to the Student Performance Committee at the discretion of the Associate or Assistant Dean.

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### ■ POLICY

#### COMLEX Level 1

Students must take COMLEX 1 prior to the start of the OMS III rotations cycle for the class as published in the SOMA Schedule. Exceptions must be approved in advance by SOMA's Associate Dean of Curriculum Integration. The examination may be taken at any NBOME-approved testing center.

A. A student is eligible to take COMLEX 1 if they have:

- a. Passed all OMS I and OMS II courses
- b. Achieved a minimum score of 450 on a secured version of the Phase 1 timed Comprehensive Osteopathic Medical Self-Assessment Exam (COMSAE) requirement. See Integrative I and Integrative II course syllabi for details.\*
- d. If a student has not achieved a COMSAE score of at least 450 within five business day of his or her examination date, he or she must meet with the Assistant Dean for Curricular Integration or his or her designee to assist the

Date Adopted: August 1, 2017

Last Reviewed: September 1, 2022

COMLEX

student in creating an individualized preparation plan with benchmarks the student will be required to reach before being authorized to take COMLEX Level 1. It may be necessary to postpone the start of clinical rotations. It may be necessary to postpone the start of clinical rotations.

- e. Under certain circumstances, such as in cases of overall poor academic performance, the Associate Dean for Curricular Integration may require the student to delay taking the COMLEX until readiness to take the exam is determined.
- f. \*The Phase 1 COMSAE exams are administered to OMS II students during the Integrative II.

#### B. COMLEX Level 1 FIRST FAILURE

1. Failure of COMLEX Level 1 may significantly impact a student's clinical rotation schedule and progression through the curriculum.
2. A student who fails the first attempt of COMLEX Level 1 is required to inform the Associate Dean for Clinical Education and Services, his or her RDME(s), and his or her clinical education coordinator (CEC). The student will be placed on academic warning.
3. The Associate Dean and/or faculty designee will work with the student to create an individualized remediation plan which may include time off clinical rotations, Directed Studies, a formal board preparation course, and documentation of an additional COMSAE score greater than 450. The Student Performance Committee will be notified of the failure, and the student will be placed on Academic Warning. Based on the student's numeric COMLEX score and past academic record, he or she may be required to appear before the Student Performance Committee.
4. Unless instructed otherwise by the Associate Dean, the student must re-take COMLEX Level 1 within eight weeks of notification of failure.

#### C. COMLEX Level 1 SECOND FAILURE

1. A student who fails the second attempt of COMLEX Level 1 is required to inform the Associate Dean for Clinical Education and Services, his or her RDMEs, and his or her CEC.
2. The student will be removed from clinical rotations at the conclusion of his or her current rotation, and placed on directed studies until a passing score is received. The student will be placed on academic probation.
3. The student is required to meet with the Student Performance Committee. The student will be placed on academic probation. At the meeting, the student is to present evidence (such as a formal study plan) to support why he or she should be allowed a third attempt of COMLEX Level 1. If permission for a third (final) attempt is granted, the student will remain on directed studies pending a passing score.
4. The Associate Dean and/or faculty designee will work with the student to create an individualized remediation plan (as listed above). A formal board preparation course will be required.
5. Unless instructed otherwise by the Associate Dean, the student is required to make the third (final) attempt of the COMLEX Level 1 within 16 weeks of notification of the failure.

#### D. COMLEX Level 1 THIRD FAILURE

1. A student who fails COMLEX Level 1 three times will meet with the Student Performance Committee and is subject to dismissal from SOMA.

### COMLEX LEVEL 2CE

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

COMLEX

Students who are on-track with their OMS IV class are required to take COMLEX Level 2CE by September 1 of the OMS IV year. Exceptions to this deadline must be authorized in advance by the Associate Dean for Clinical Education and Services. The examination may be taken at any NBOME-approved testing center.

#### A. ELIGIBILITY

1. A student is eligible to take COMLEX Level 2 CE if he or she has:
  - a. Successfully completed all OMS III Core curricular requirements including the Osteopathic Principles and Practice (OPP) course. The requirements for each course are listed in the course syllabus and may include, but are not limited to completion of all patient logs, cases, quizzes, and passage of all post-rotation OMS III NBOME COMAT examinations, including the OPP NBOME COMAT examination.
  - b. Submitted evidence at least five business days prior to taking the COMLEX Level 2CE of a minimum score of 450 on a secured version of the Phase 2 timed Comprehensive Osteopathic Medical Self-Assessment Exam (COMSAE) provided by ATSU-SOMA. A score of 450 on an unsecured COMSAE version (i.e., a version available for purchase by the student) does not meet the COMSAE requirement.
    - i. If a student has not achieved a Phase 2 timed COMSAE score of at least 450 within five business dates of their examination date, the student must meet with the Associate Dean for Clinical Education and Services or their designee to assist the student in creating an individualized preparation plan with benchmarks the student will be required to reach before being authorized to take COMLEX 2CE. During this time, the student may be taken off clinical rotations and placed on Directed Studies to prepare for the examination.
2. If a student is off-track with their OMS IV class for any reason, the student is required to take the COMLEX 2CE within 60 days following successful completion of all OMS III curricular requirements (see above section for OMS III curricular and COMSAE requirements). Exceptions to this deadline must be authorized in advance by the Associate Dean for Clinical Education and Services.
3. Students are given a 24-hour excused absence from rotations to take COMLEX Level 2CE if a request is submitted to the Clinical Education Department at least 10 business days in advance of the examination.

#### B. COMPLEX Level 2 CE FIRST FAILURE

1. Failure of COMLEX Level 2CE may significantly impact a student's clinical rotation schedule, progression through the curriculum, ability to match into residency, graduation, and eligibility to start residency. A student who fails the first attempt of COMLEX Level 2CE is required to inform the Associate Dean for Clinical Education and Services and his or her RDMEs and CEC.
2. The Associate Dean and/or faculty designee will work with the student to create an individualized remediation plan which may include time off clinical rotations, directed studies, and a formal board preparation course. The Student Performance Committee will be notified of the failure, and the student will be placed on academic warning. Based on the student's numeric COMLEX Level 2CE score and past academic record, he or she may be required to appear before the Student Performance Committee.
3. Unless instructed otherwise by the Associate Dean for Clinical Education, the student must re-take COMLEX Level 2CE within eight weeks of notification of failure.

#### C. COMPLEX Level 2CE SECOND FAILURE

Date Adopted: August 1, 2017

Last Reviewed: September 1, 2022

COMLEX

1. A student who fails the second attempt of COMLEX Level 2CE is required to inform the Associate Dean for Clinical Education and Services and his or her RDMEs and CEC. The student will be removed from clinical rotations at the conclusion of his or her current rotation, and placed on directed studies until a passing score is received.
- 2. The student is required to meet with the Student Performance Committee. The student will be placed on academic probation. At the meeting, the student is to present evidence (such as a formal study plan) to support why he or she should be allowed a third attempt of COMLEX Level 2CE. If permission for a third (final) attempt is granted, the student will remain on directed studies pending a passing score.
3. The Associate Dean and/or faculty designee will work with the student to create an individualized remediation plan (as listed above). A formal board preparation course will be required.
4. Unless instructed otherwise by the Associate Dean, the student is required to make the third (final) attempt of the COMLEX Level 2CE within 16 weeks of notification of the failure.

#### D. COMLEX Level 2CE THIRD FAILURE

1. A student who fails COMLEX Level 2CE three times will meet with the Student Performance Committee and is subject to dismissal from SOMA.

### **COMLEX LEVEL 2PE (discontinued)**

The NBOME has discontinued COMLEX Level 2PE. The COM must attest students have demonstrated the fundamental osteopathic clinical skills necessary for graduation.

### **COMLEX LEVEL 3**

Following graduation, the ATSU-SOMA Enrollment Services approves each graduate to take COMLEX Level 3 through the NBOME website. Generally, graduates take this examination at the completion of the first year of post-graduate training. However, requirements for taking this examination vary from state to state. Graduates should contact the osteopathic medical licensing board in the state where they will have post-graduate training for further information.

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## **PROCEDURE(S)**

### **COMLEX Level 1**

Students must take COMLEX 1 prior to the start of the OMS III rotations cycle for the class as published in the SOMA Schedule. Exceptions must be approved in advance by SOMA's Associate Dean of Curriculum Integration. The examination may be taken at any NBOME-approved testing center.

### **E. ELIGIBILITY**

1. A student is eligible to take COMLEX 1 if they have:
  - e. Passed all OMS I and OMS II courses

- f. Achieved a minimum score of 450 on a secured version of the Phase 1 timed Comprehensive Osteopathic Medical Self-Assessment Exam (COMSAE) requirement. See Integrative I and Integrative II course syllabi for details.\*
- d. If a student has not achieved a COMSAE score of at least 450 within five business days of his or her examination date, he or she must meet with the Assistant Dean for Curricular Integration or his or her designee to assist the student in creating an individualized preparation plan with benchmarks the student will be required to reach before being authorized to take COMLEX Level 1. It may be necessary to postpone the start of clinical rotations. It may be necessary to postpone the start of clinical rotations.
- g. Under certain circumstances, such as in cases of overall poor academic performance, the Associate Dean for Curricular Integration may require the student to delay taking the COMLEX until readiness to take the exam is determined.
- h. \*The Phase 1 COMSAE exams are administered to OMS II students during the Integrative II.

#### F. COMLEX Level 1 FIRST FAILURE

1. Failure of COMLEX Level 1 may significantly impact a student's clinical rotation schedule and progression through the curriculum.
2. A student who fails the first attempt of COMLEX Level 1 is required to inform the Associate Dean for Clinical Education and Services, his or her RDME(s), and his or her clinical education coordinator (CEC). The student will be placed on academic warning.
3. The Associate Dean and/or faculty designee will work with the student to create an individualized remediation plan which may include time off clinical rotations, Directed Studies, a formal board preparation course, and documentation of an additional COMSAE score greater than 450. The Student Performance Committee will be notified of the failure, and the student will be placed on Academic Warning. Based on the student's numeric COMLEX score and past academic record, he or she may be required to appear before the Student Performance Committee.
4. Unless instructed otherwise by the Associate Dean, the student must re-take COMLEX Level 1 within eight weeks of notification of failure.

#### G. COMLEX Level 1 SECOND FAILURE

1. A student who fails the second attempt of COMLEX Level 1 is required to inform the Associate Dean for Clinical Education and Services, his or her RDMEs, and his or her CEC.
2. The student will be removed from clinical rotations at the conclusion of his or her current rotation, and placed on directed studies until a passing score is received. The student will be placed on academic probation.
3. The student is required to meet with the Student Performance Committee. The student will be placed on academic probation. At the meeting, the student is to present evidence (such as a formal study plan) to support why he or she should be allowed a third attempt of COMLEX Level 1. If permission for a third (final) attempt is granted, the student will remain on directed studies pending a passing score.
4. The Associate Dean and/or faculty designee will work with the student to create an individualized remediation plan (as listed above). A formal board preparation course will be required.
5. Unless instructed otherwise by the Associate Dean, the student is required to make the third (final) attempt of the COMLEX Level 1 within 16 weeks of notification of the failure.



#### H. COMLEX Level 1 THIRD FAILURE

1. A student who fails COMLEX Level 1 three times will meet with the Student Performance Committee and is subject to dismissal from SOMA.

#### COMLEX LEVEL 2CE

Students who are on-track with their OMS IV class are required to take COMLEX Level 2CE by September 1 of the OMS IV year. Exceptions to this deadline must be authorized in advance by the Associate Dean for Clinical Education and Services. The examination may be taken at any NBOME-approved testing center.

#### E. ELIGIBILITY

1. A student is eligible to take COMLEX Level 2 CE if he or she has:
  - a. Successfully completed all OMS III Core curricular requirements including the Osteopathic Principles and Practice (OPP) course. The requirements for each course are listed in the course syllabus and may include, but are not limited to completion of all patient logs, cases, quizzes, and passage of all post-rotation OMS III NBOME COMAT examinations, including the OPP NBOME COMAT examination.
  - b. Submitted evidence of at least five business days prior to taking the COMLEX Level 2CE of a minimum score of 450 on a secured version of the Phase 2 timed Comprehensive Osteopathic Medical Self-Assessment Exam (COMSAE) provided by ATSU-SOMA. A score of 450 on an unsecured COMSAE version (i.e., a version available for purchase by the student) does not meet the COMSAE requirement.
    - i. If a student has not achieved a Phase 2 timed COMSAE score of at least 450 within five business dates of their examination date, the student must meet with the Associate Dean for Clinical Education and Services or their designee to assist the student in creating an individualized preparation plan with benchmarks the student will be required to reach before being authorized to take COMLEX 2CE. During this time, the student may be taken off clinical rotations and placed on Directed Studies to prepare for the examination.
2. If a student is off-track with their OMS IV class for any reason, the student is required to take the COMLEX 2CE within 60 days following successful completion of all OMS III curricular requirements (see above section for OMS III curricular and COMSAE requirements). Exceptions to this deadline must be authorized in advance by the Associate Dean for Clinical Education and Services.
3. Students are given a 24-hour excused absence from rotations to take COMLEX Level 2CE if a request is submitted to the Clinical Education Department at least 10 business days in advance of the examination.

#### F. COMPLEX Level 2 CE FIRST FAILURE

1. Failure of COMLEX Level 2CE may significantly impact a student's clinical rotation schedule, progression through the curriculum, ability to match into residency, graduation, and eligibility to start residency. A student who fails the first attempt of COMLEX Level 2CE is required to inform the Associate Dean for Clinical Education and Services and his or her RDMEs and CEC.
2. The Associate Dean and/or faculty designee will work with the student to create an individualized remediation plan which may include time off clinical rotations, directed

studies, and a formal board preparation course. The Student Performance Committee will be notified of the failure, and the student will be placed on academic warning. Based on the student's numeric COMLEX Level 2CE score and past academic record, he or she may be required to appear before the Student Performance Committee.

3. Unless instructed otherwise by the Associate Dean for Clinical Education, the student must re-take COMLEX Level 2CE within eight weeks of notification of failure.

#### G. COMPLEX Level 2CE SECOND FAILURE

1. A student who fails the second attempt of COMLEX Level 2CE is required to inform the Associate Dean for Clinical Education and Services and his or her RDMEs and CEC. The student will be removed from clinical rotations at the conclusion of his or her current rotation, and placed on directed studies until a passing score is received.
2. The student is required to meet with the Student Performance Committee. The student will be placed on academic probation. At the meeting, the student is to present evidence (such as a formal study plan) to support why he or she should be allowed a third attempt of COMLEX Level 2CE. If permission for a third (final) attempt is granted, the student will remain on directed studies pending a passing score.
3. The Associate Dean and/or faculty designee will work with the student to create an individualized remediation plan (as listed above). A formal board preparation course will be required.
4. Unless instructed otherwise by the Associate Dean, the student is required to make the third (final) attempt of the COMLEX Level 2CE within 16 weeks of notification of the failure.

#### H. COMPLEX Level 2CE THIRD FAILURE

1. A student who fails COMLEX Level 2CE three times will meet with the Student Performance Committee and is subject to dismissal from SOMA.

### **COMPLEX LEVEL 2PE**

The NBOME has discontinued COMLEX Level 2PE. The COM must attest students have demonstrated the fundamental osteopathic clinical skills necessary for graduation.

### **COMPLEX LEVEL 3**

Following graduation, the ATSU-SOMA Enrollment Services approves each graduate to take COMLEX Level 3 through the NBOME website. Generally, graduates take this examination at the completion of the first year of post-graduate training. However, requirements for taking this examination vary from state to state. Graduates should contact the osteopathic medical licensing board in the state where they will have post-graduate training for further information.

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## **RESPONSIBILITY**

It is the responsibility of the A.T. Still University (“ATSU”) School of Osteopathic Medicine in Arizona (“SOMA”) to regularly review these policies and ensure that they are up to date and distributed to program students.

This policy is referenced from the: ATSU Catalog, <https://www.atsu.edu/academic-catalog/soma/doctor-of-osteopathic-medicine-program-soma/#complex>. 01 Aug. 2017. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 6.12 (Curriculum: COMLEX-USA).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

COMLEX

## 10-013 Preceptor Credentials (7.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

A.T. Still University School of Osteopathic Medicine in Arizona ("SOMA") utilizes competent preceptors to participate in the training and education of the medical students. When determining acceptable qualifications, ATSU-SOMA considers competence and effectiveness, professional licensure, board eligibility/board certification, continuing education documentation and other demonstrated competencies and achievements contributing to effective teaching and student learning outcomes.

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### **POLICY**

- A. ATSU-SOMA is responsible for verifying and documenting preceptor qualifications. The following credentialing guidelines are utilized:
1. Adjunct Clinical Faculty Application is offered to each Core preceptor.
  2. A current Curriculum Vitae ("CV") and copy of Medical Malpractice and Liability Insurance is received from each applicant.
  3. As we use a preceptor, an initial verification and an annual audit of each preceptor is done to verify his/her licensure is in good standing.
  4. A comprehensive background screening for all new preceptors is completed prior to any student rotation.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 7.2 (Faculty and Staff: Faculty Approvals at All Teaching Sites).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Preceptor Credentials

## 10-010 Faculty Credentials (7.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

A.T. Still University of Health Sciences (“ATSU”) School of Osteopathic Medicine in Arizona (“SOMA”) employs competent faculty members qualified to accomplish the mission of the University. When determining acceptable qualifications of faculty, ATSU-SOMA gives primary consideration to the highest degree earned in a discipline. ATSU-SOMA also considers competence and effectiveness, including, as appropriate: undergraduate, graduate, and/or professional degrees; work related-experiences in the field; professional licensure, certifications, and continuing education documentation; honors, awards, continuous documented excellence in teaching; and other demonstrated competencies and achievements contributing to effective teaching and student learning outcomes.

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### **POLICY**

ATSU-SOMA is responsible for verifying and documenting faculty qualifications. ATSU-SOMA uses the following as credentialing guidelines:

- A. ATSU-SOMA only employs faculty members holding degree(s) from an accredited institution appropriate to the level of instruction as defined by the accrediting agency for each school.
- B. Official transcripts must be obtained by the respective dean and placed in the human resources personnel file prior to the faculty member's start date.
- C. A current Curriculum Vitae (“CV”) must be obtained by the respective dean and placed in the human resources personnel file prior to the faculty member's start date. CV must be updated on an annual basis with human resources.
- D. Human resources must complete an initial verification and an annual audit of each clinical faculty member to verify his/her licensure is in good standing.
- E. Human resources must complete a comprehensive background screening for all new faculty members.

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## **PROCEDURE(S)**

ATSU-SOMA is responsible for verifying and documenting faculty qualifications. ATSU-SOMA uses the following as credentialing guidelines:

- A. ATSU-SOMA only employs faculty members holding degree(s) from an accredited institution appropriate to the level of instruction as defined by the accrediting agency for each school.
  - B. Official transcripts must be obtained by the respective dean and placed in the human resources personnel file prior to the faculty member's start date.
  - C. A current Curriculum Vitae ("CV") must be obtained by the respective dean and placed in the human resources personnel file prior to the faculty member's start date. CV must be updated on an annual basis with human resources.
  - D. Human resources must complete an initial verification and an annual audit of each clinical faculty member to verify his/her licensure is in good standing.
  - E. Human resources must complete a comprehensive background screening for all new faculty members.
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## **RESPONSIBILITY**

- A. Faculty members are responsible for providing his/her respective dean:
  1. Official transcripts (no copies) for each degree earned qualifying the faculty member in the relevant discipline or subfield in which he/she teaches.
  2. Current CV or resume upon hire and an updated copy annually.
  3. ATSU-SOMA application upon hire.
  4. Written documentation of any change of status from his/her respective licensing agency and/or criminal charges, if applicable.
- B. The dean of each school is responsible for providing to human resources for all faculty:
  1. Official transcripts.
  2. Current CV or resume.
  3. ATSU-SOMA application.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 7.2 (Faculty and Staff: Faculty Approvals at All Teaching Sites).

## 10-009 Faculty, Clinical Faculty, and Clinical Preceptor Approval and Advancement (7.8)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### DEFINITIONS

The recruitment of persons for appointment to the full-time faculty shall be conducted in full compliance with ATSU-SOMA's Equal Employment Opportunity Policy, Affirmative Action Policy, and other applicable statutory laws and regulations. The Dean shall make his/her recommendation relative to faculty appointments to the Senior Vice President - Academic Affairs who then recommends to the President.

The recruitment of new faculty members is the responsibility of the Department Chairs, Dean's office, Associate Deans, or Assistant Deans. Once a need for a faculty position has been identified, the relevant administrator will assemble a recruitment committee consisting of that dean and 3 current faculty members. At least one of the faculty members shall have a degree and/or specific training in the area being recruited. The recruitment committee shall develop a recruitment plan, screen candidates and provide input to the administration about acceptable candidates. Recruitment of faculty shall be coordinated by the Dean's office with assistance from the Department Chairs and the Human Resources Department. Requests for filling faculty vacancies must designate the requested rank and the salary range.

After completion of interviews, the administrator (i.e. Department Chairs, Dean, Vice Dean, Associate Dean, or Assistant Dean) who conducted the recruitment process shall forward their nomination(s) for appointment with the proposed academic rank to the Dean.

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### POLICY

#### APPOINTMENT POLICY

The recruitment of persons for appointment to the full-time faculty shall be conducted in full compliance with ATSU-SOMA's Equal Employment Opportunity Policy, Affirmative Action Policy, and other applicable statutory laws and regulations.

1. The Dean shall make his/her recommendation relative to faculty appointments to the Senior Vice President - Academic Affairs who then recommends to the President.
2. The recruitment of new faculty members is the responsibility of the Department Chairs, Dean's office, Associate Deans, or Assistant Deans.

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

3. Once a need for a faculty position has been identified, the relevant administrator will assemble a recruitment committee consisting of that dean and 3 current faculty members.
4. At least one of the faculty members shall have a degree and/or specific training in the area being recruited.
5. The recruitment committee shall develop a recruitment plan, screen candidates and provide input to the administration about acceptable candidates.
6. Recruitment of faculty shall be coordinated by the Dean's office with assistance from the Department Chairs and the Human Resources Department.
7. Requests for filling faculty vacancies must designate the requested rank and the salary range.
8. After completion of interviews, the administrator (i.e. Department Chairs, Dean, Vice Dean, Associate Dean, or Assistant Dean) who conducted the recruitment process shall forward their nomination(s) for appointment with the proposed academic rank to the Dean.
9. **ACADEMIC RANK** - Academic rank shall be assigned according to the criteria stated under Faculty Appointments and Promotion. All nominations for appointment to the faculty or for promotion in academic rank shall be made with the recommendation of the Dean, and the approval of the Senior Vice President - Academic Affairs and President.
10. **CLASSIFICATIONS** - The Faculty shall be divided into the following classifications:
  - A. Full time academic faculty
  - B. Clinical faculty
  - C. Adjunct Clinical faculty
  - D. Adjunct faculty
11. **ACADEMIC FACULTY** - Full-time Academic Faculty Rank
  - A. Professor, Associate Professor, Assistant Professor, Instructor, Assistant Instructor, Lecturer/Facilitator
  - B. Full faculty status shall be granted only to persons who possess an academic rank and whose primary functions within the School include teaching, research/scholarly activity, and professional service.
  - C. All individuals granted full faculty status shall have a position description which specifies duties and supervisor.
  - D. A separate letter will be provided which deals with academic rank.
  - E. Full faculty members are expected to participate significantly in all aspects of faculty duties, namely: teaching, service and scholarly activity.
    - 1) Teaching may include presentation of didactic material to large or small groups, development of instructional material or innovations in the educational andragogy such as new instructional methodologies.
    - 2) Scholarly activities may include research, publications and grant writing or other scholarly activities that promote the mission of the University (further definition as per E. Boyer 1997).
    - 3) Service refers to the contributions made to the University community, professional community, or to the community at large external to the University.
      - a) Examples of service to the University include service on standing or ad hoc committees.
      - b) External service to the community at large may be demonstrated by such participation as service on the board of directors of a community organization like the American Heart Association or board of a local hospital.

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures



- c) Each of the examples above are intended to be illustrative of specific modalities to fulfill requirements in each category and are not intended to be limited to the example cited.
    - 4) Faculty members are encouraged to discuss their proposed methods to demonstrate fulfillment in each category with the appropriate Chair, or Dean's office.
    - 5) The Dean's office and/or faculty member's supervisor will determine the professional service that a faculty member shall provide.
    - 6) Failure to undertake professional duties which were reasonably assigned to the faculty member is grounds for loss of full faculty status or termination of employment.
    - 7) Full faculty status shall not be granted to those who only incidentally contribute to instruction in the course of performing other functions.
    - 8) The Dean and other administrators, whose primary responsibility is oversight of the educational program, may be granted full faculty status even though their responsibilities are primarily administrative rather than instructional.
    - 9) Unless otherwise agreed to in writing, full faculty members may:
      - a) use the A.T. Still Learning Resource Center
      - b) have access to the parts of the School's computer network which are generally available for full-time faculty use for teaching
      - c) research and scholarly activities, and to those shared School facilities which are generally available to faculty for these purposes
      - d) request assistance of the Office of Grants and Institutional Research and other administrative offices in the preparation of applications for, and in the administration of, teaching and research grants
    - 10) Voting privileges at Faculty Assembly Meetings shall be afforded to those full faculty possessing a rank of Instructor or higher.
      - a) Voting privileges in the Faculty Council are outlined in the Constitution of the Faculty Council.
12. CLINICAL FACULTY - Clinical Faculty rank
- A. Clinical Professor, Clinical Associate Professor, Clinical Assistant Professor, Clinical Instructor, Clinical Assistant Instructor/Facilitator
  - B. Clinical faculty members are those individuals who have significant ongoing responsibility in the School to teach, perform ATSU-SOMA related service or conduct research and other scholarly activities.
  - C. Clinical faculty may also include those professionals who have an ongoing relationship with ATSU-SOMA and who are committed to the clinical training programs off-campus.
  - D. Clinical faculty members normally participate in ATSU-SOMA teaching, service and may conduct research and other scholarly activities.
  - E. Clinical faculty members are appointed by the Dean.
  - F. Clinical faculty shall be listed on the faculty roster.
  - G. Clinical faculty appointments shall be reviewed every three years.
  - H. Reappointment will be dependent on the need for that particular subject/content as part of the curriculum, and upon the quality of instruction as it is integrated into the curriculum.
  - I. Each Clinical faculty member shall have an appointment which specifies responsibilities, and the duration of the appointment.
  - J. Promotion will be based on those criteria which defined their job description at time

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

- of appointment.
  - K. If Clinical faculty desire an appointment to Full Faculty their rank will be dependent on meeting Full Faculty academic rank criteria.
  - L. Clinical faculty may be eligible for benefits under University policy if they receive a salary.
  - M. Clinical faculty will be permitted to utilize the A.T. Still Learning Resource Center and may be granted access to the parts of the School's computer network that are generally available to full faculty.
13. ADJUNCT CLINICAL FACULTY - Adjunct Clinical Faculty rank
- A. Adjunct Clinical Professor, Adjunct Clinical Associate Professor, Adjunct Clinical Assistant Professor, Adjunct Clinical Instructor
  - B. Adjunct Clinical Faculty include physicians and other health care professionals who participate in the School's clinical training programs.
  - C. They are appointed based on their academic responsibilities, and if they currently hold an adjunct clinical faculty rank at another Institution they may be assigned a similar adjunct clinical faculty rank, after review.
  - D. Adjunct Clinical Faculty are considered a valuable component of the clinical education program.
  - E. Their status is documented in the Clinical Affairs Unit.
  - F. They are generally not listed in the School catalog and do not hold full academic faculty rank.
  - G. Adjunct Clinical Faculty members do not receive committee assignments and do not hold voting privileges.
  - H. They may be granted access to the Learning Resource Center and are eligible for guest log-in pass to the Learning Management System.
  - I. Adjunct Clinical Faculty appointments shall be reviewed every three years.
14. ADJUNCT FACULTY - Adjunct faculty members are those individuals who have an agreed upon responsibility in the School to teach, or perform a ATSU-SOMA related service.
- A. Adjunct faculty members are credentialed by the Dean.
  - B. Adjunct faculty are not directly employed by ATSU-SOMA and may have no medical degree.
  - C. Adjunct faculty appointments shall be reviewed every year.
  - D. Reappointment will be dependent on the need for that particular subject/content as part of the curriculum, and upon the quality of instruction as it is integrated into the curriculum.
  - E. Each Adjunct faculty member shall have an agreement which specifies responsibilities, and the duration of the appointment.
  - F. Adjunct Faculty will be listed in the School catalog.
  - G. Adjunct Faculty members do not receive committee assignments and do not hold voting privileges.
  - H. Adjunct Faculty will be permitted to utilize the A.T. Still Learning Resource Center.

#### FACULTY APPOINTMENTS and PROMOTIONS OVERVIEW

1. Academic appointment and promotion is a peer-reviewed process wherein candidates are judged against general, rather than specific, national standards.
2. These guidelines are intended to broadly define the minimum performance levels associated with the academic ranks between Lecturer/Facilitator and Professor.

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

3. In general, promotion in rank represents the progression through increasing levels of academic performance, scholarly achievement, service, and leadership as detailed in Appendix F.
4. Academic duties generally fall into three basic categories: teaching, scholarly activity, and service.
5. Faculty members are expected to fulfill specific teaching responsibilities, perform scholarly work, perform service, and perform assigned administrative duties.
6. A record of competence in discharging these responsibilities contributes positively to a faculty member's evaluation when making appointment and promotion decisions.
7. Clinical Faculty often provide services to patients or the community, however the individual's record of teaching effectiveness, scholarly achievement, and professional service most clearly marks advancement through their academic career.
8. These three aspects of faculty responsibility may be distributed variously for each faculty member provided that they have the approval of their Vice Dean, Associate Dean, or Assistant Dean and the Dean.
9. A faculty member's position description should outline the approximate time(s) he should commit to each responsibility.
10. The Dean and other administrators, as recommended by the Senior Vice President - Academic Affairs, shall be exempt from the criteria of these three academic performance categories and may be promoted in rank even though their primary responsibilities are administrative.
11. The Senior Vice President - Academic Affairs shall have the discretionary power to request the promotion of other administrators.
12. The Senior Vice President - Academic Affairs shall have the power to request and recommend promotion of the Dean to the President whose decision is final.
13. The following sections outline the general criteria for appointment and/or promotion at each academic rank.
  - A. Lecturer/Facilitator
    - 1) Appointment to the rank of Lecturer/Facilitator requires an entry-level degree, or alternatively, at least baccalaureate degree. Candidates should have the potential and qualifications to contribute to a specific academic mission of ATSU-SOMA.
  - B. Assistant Instructor
    - 1) Appointment or promotion to the rank of Assistant Instructor requires a master's level degree or higher, or alternatively, a baccalaureate degree with a minimum of two-years of experience in research and/or teaching.
    - 2) Candidates should have the potential and qualifications to contribute to the specific academic mission of ATSU-SOMA.
  - C. Instructor
    - 1) Appointment or promotion to the rank of Instructor requires a professional degree or alternatively, a master's-level degree with a minimum of two years experience in research, teaching, and/or clinical practice.
    - 2) Candidates should be able to make an immediate contribution to a specific academic mission of the School.
  - D. Assistant Professor

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

- 1) Appointment or promotion to the rank of Assistant Professor requires a Doctoral, D.O or M.D. degree and at least two full time years of professional experience or the equivalent.
- 2) Appointment at the Assistant Professor level is reserved for candidates who have the potential and qualifications to make a sustained contribution to the academic mission of the School, and who are capable of teaching and/or independent scholarly activity, and service.
- 3) Evidence of this potential might include:
  - a) Teaching experience and teaching effectiveness.
  - b) Publication of original scholarly work in peer-reviewed professional journals. Record of extramural funding.
  - c) Completion of residency and/or specialty training or certification.
  - d) Experience operating an independent practice.
  - e) Administrative experience in a health care setting. Willingness to provide service.

E. Associate Professor

- 1) In addition to the requirements for appointment at the Assistant Professor level, candidates for the rank of Associate Professor must have four or more years of experience at the Assistant Professor level.
- 2) Under special circumstances, exceptional candidates may be promoted early.
- 3) Appointment or promotion to the rank of Associate Professor requires evidence of sustained performance at a level above the maximal standards established for Assistant Professor.
- 4) Appointment or promotion to the rank of Associate Professor requires a record of accomplishment in two of the three areas of teaching, scholarly activity and service, as well as some strength in the third.
  - a) Scholarship is defined according to Boyer's categories (Ernest Boyer, *Scholarship Reconsidered: Priorities of the Professoriate* (New York: Jossey Bass, 1997) (SEE appendix):
    - I. The scholarship of discover
    - II. The scholarship of Integration
    - III. The scholarship of application
    - IV. The scholarship of teaching and learning.
    - V. All scholarship is taken into account and supportive toward advancement; with a minimum of 3 peer reviewed papers/articles and 2 presentations at national or regional/state meetings since becoming assistant professor.
  - b) Examples of academic accomplishment, independent scholarly activity, and service might include:
    - I. Teaching experience and teaching effectiveness.
    - II. Regular publication of original scholarly work in peer-reviewed professional journals.
    - III. Regular presentation of research/scholarly data at national meetings.
    - IV. Extramural research support from a national funding agency.

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

- V. Participation at the local and regional level in professional society affairs.
- VI. Professional specialty board certification.
- VII. Regular presentation at local and regional Continuing Medical Education (CME) programs.
- VIII. Novel and unique contribution to ATSU-SOMA's education programs.
- IX. Record of service to ATSU-SOMA.

F. Professor

- 1) In addition to the requirements for appointment at the Associate Professor level, candidates for the rank of Professor must have a doctoral degree plus a minimum of five years experience at the Associate Professor level.
- 2) Under special circumstances, exceptional candidates may be promoted early.
- 3) As appropriate, clinical candidates for Full Professor must be board certified in their specialty.
- 4) Appointment or promotion to the rank of Professor requires sustained performance at a level above the maximal standards established for Associate Professor.
- 5) Specifically, appointment or promotion to the rank of Professor also requires outstanding and extensive professional accomplishment in two of the three areas of teaching, service and scholarly activity, and significant accomplishments in the third. Scholarship is defined according to Boyer's categories (Ernest Boyer, *Scholarship Reconsidered: Priorities of the Professoriate* (New York: Jossey Bass, 1997) (SEE APPENDIX):
  - a) The scholarship of discovery
  - b) The scholarship of Integration
  - c) The scholarship of application
  - d) The scholarship of teaching and learning
- 6) All scholarship is taken into account and supportive toward advancement; with a minimum of 7 publications in peer reviewed journals and 4 national or regional/state presentations. Examples of accomplishment given below must be documented since the individual's most recent promotion.
  - a) Examples of academic accomplishment, meritorious scholarly activity, and service might include:
    - I. Sustained publication of scholarly works since the individual's most recent promotion which have made a significant impact in university-related professions (i.e. books, articles).
    - II. Participation at the state or national level in professional society affairs.
    - III. Participation at the state or national level in research peer-review process.
    - IV. Participation at the state or national level in the formulation and administration of governmental health care policy.
    - V. Participation at the state or national level in professional association policy formulation or institutional review processes.

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

- VI. Participation as an invited speaker at national or international symposia. A letter(s) of support from one or more outside colleagues attesting to the significance of the scholarly and/or professional contributions made by the candidate.
- VII. Sustained service to the University.
- VIII. Honorary Appointment
- IX. Distinguished Professor. The title of “Distinguished Professor” may be awarded by the President and Board of Trustees to professors in recognition of outstanding academic achievement.
- X. Endowed professorships. Endowed professorships may be awarded or designated in accordance with the terms agreed upon by a donor and ATSU-SOMA, and after completion of the terms as specified by the President and Board of Trustees.
- XI. Emeritus faculty status. Upon retirement from the full-time faculty, faculty members may be awarded the emeritus title (i.e., Emeritus Professor, Emeritus Associate Professor, etc.) with the concurrence of the majority of the full professors of the ATSU-SOMA Dean, Senior Vice President - Academic Affairs, President, and the Board of Trustees.

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## PROCEDURE(S)

1. PROCEDURAL RESPONSIBILITY FOR PROMOTION IN ACADEMIC RANK
  - A. Deadlines for Submission:
    - 1) The faculty member should initiate these discussions in the fall prior to when s/he would submit a complete portfolio to his/her department chair/academic administrator for a preliminary review.
    - 2) The faculty member’s portfolio shall be submitted no later than 5 p.m. MST-AZ the third Friday in January to the chair of the college/school FPC or his/her designee.
    - 3) Decisions regarding promotion should be rendered by the Faculty Promotion Committee and sent to the dean no later than 5 p.m. MST-AZ the third Friday in March.
  - B. Faculty member’s responsibility:
    - 1) The formal process of promotion in rank shall be initiated by the faculty member seeking promotion with the support of the appropriate faculty member’s supervisor (Department Chair or Associate/Assistant Dean). The appropriate Chair or Associate/Assistant Dean shall serve as the faculty member’s mentor during this process.
    - 2) Should a faculty member not be able to solicit the support of the appropriate Department Chair or Associate/Assistant Dean to initiate the promotion process, the faculty member may appeal then directly to the Dean for support. In such a case, the faculty member’s supervisor (the appropriate Department Chair or Associate/Assistant Dean), Dean must explicitly detail

to the candidate the reasons and deficiencies upon which their decision is based, and must detail the progress that must be realized before support can be attained.

- 3) The faculty member may still submit the portfolio to the appropriate college/school's Faculty Promotion Committee. This will require that the portfolio, the written negative recommendation of the chair(s)/immediate supervisor, Dean and a letter from the faculty member detailing why s/he disagrees with the negative recommendation be sent and accompany the portfolio to the college/school's Faculty Promotion Committee for review.
  - 4) Detailed responsibility: A faculty member seeking a promotion in academic rank assumes the responsibility for preparing a detailed portfolio summarizing and documenting their professional credentials, academic accomplishments, scholarly activity, and service. The completed portfolio, with a cover letter formally requesting consideration for promotion (must specify the academic rank sought), shall be submitted to the appropriate Chair or Associate/Assistant Dean for review in Microsoft Word form and electronic format.
  - 5) At a minimum, the applicant's portfolio must include:
    - a) Letter of Request for Promotion
    - b) A current copy of the candidate's curriculum vitae (in a standardized academic format).
    - c) Letters of support from three evaluators (including at least one external evaluator) at or above the desired rank. (Note standard requirement of three external {outside ATSU-SOMA} evaluators for rank of professor). Letters from members of the Faculty Promotion Committee or from ATSU-SOMA administrators are not to be included.
    - d) Documentation of outstanding/significant accomplishments in the three areas of responsibility. (see specific appropriate rank criteria).
    - e) Copies of the faculty member's annual position descriptions since his/her previous promotion.
    - f) Individual student evaluations of teaching should be collated and summarized for the committee. Faculty members shall submit all student evaluations from the most recent academic year.
  - 6) Applicants are invited to submit any additional materials supporting professional credentials, academic accomplishments, scholarly activity and service and any additional materials deemed critical to the promotion decision.
  - 7) The supporting documentation is in word format and electronically submitted first to their respective chairs or immediate supervisors.
- C. Department Chair's or Supervisors responsibilities:
- 1) The appropriate chair or immediate supervisor shall serve as the faculty member's mentor during this process.
  - 2) The appropriate chair /supervisor will ensure that the faculty member completes his or her portfolio before submission.

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

- 3) Recommendations for promotion in academic rank for a member of the faculty shall be made by the faculty member's Department Chair or immediate supervisor.
  - 4) Individuals holding a clinical faculty position who wish to become a full faculty member must be nominated by the appropriate Department Chair, or Dean's office and approved by the ATSU-SOMA Faculty Promotion Committee.
  - 5) The appropriate Chair or Assistant/Associate Dean should indicate his/her approval of the promotion request by appending a letter of support to the dossier.
  - 6) If the Chair Clinical Science Education; Chair Basic Science Education/ or immediate supervisor feels the portfolio should be considered by the college/school's Faculty Promotion Committee (FPC), the portfolio (all appropriate supporting materials), along with a formal recommendation (appending letter) from the appropriate chair / or supervisor shall be electronically transmitted to the chair of the FPC. One printed copy of the complete dossier should be provided to Chair of FPC for the Dean's office / Senior VP.
  - 7) If the Chair Clinical Science Education; Chair Basic Science Education/immediate supervisor indicates to the faculty member the portfolio should not be forwarded and the faculty member disagrees with this assessment, the faculty member may appeal then directly to the Dean for support. In such a case, the faculty member's supervisor (the appropriate Chair or immediate supervisor) must explicitly detail to the candidate the reasons and deficiencies upon which their decision is based, and must detail the progress that must be realized before support can be attained.
- D. Faculty Promotion Committee (FPC) role:
- 1) The FPC shall consist of five full faculty members elected by the Faculty Council.
    - a) At least three of the five members shall hold the rank of Full Professor; the others shall have attained at least the rank of associate professor.
    - b) The committee shall elect a chair from among its membership.
    - c) All votes shall be taken by secret ballot and tallied by the chair, and only the result shall be reported. A majority vote will prevail.
  - 2) It is the responsibility of the FPC to critically review the electronic documentation supporting a faculty member's request for promotion to determine if the candidate meets the qualifications specified for that rank.
  - 3) The Committee is empowered to request that the candidate or other administrative officer(s) provide any documentation deemed necessary for its full deliberation.
  - 4) Failure by the candidate or other administrative officer(s) to provide such documentation may delay consideration of the promotion.
  - 5) The FPC shall convene and render its recommendations regarding pending applications for promotion in rank to the Dean.

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures



- 6) Recommendations for promotion in academic rank shall be submitted once per academic year before April 30 in response to a call for promotion by the Dean's office in conjunction with the Department Chair. A schedule for receipt of materials by the FPC will be published yearly. Late submission of dossiers or other materials will not be accepted.

E. Academic Pathway Decision:

- 1) If the FPC and the Dean recommend the promotion in rank, the Dean shall forward these recommendations to the Senior Vice President- Academic Affairs whose decision is final and without grievance or appeal. If the FPC and/or the Dean do not support the recommendation for promotion in rank, the FPC and/or the Dean shall provide written justification for the decision to the appropriate Chair or supervisor who will communicate this information to the candidate.
- 2) The Dean shall inform the candidate in writing of the final decision of the Senior Vice President-Academic Affairs regarding promotion. If the promotion is denied, the Dean shall provide a summary response to the candidate detailing the reason(s) for denial. This notification shall also be copied to the appropriate Department Chair or Associate/Assistant Dean.
- 3) In the circumstance where an individual is being considered for an initial faculty appointment to ATSU-SOMA at a rank higher than Assistant Professor and/ or at a rank higher than at the previous institution, the Dean's office will seek the FPC approval on the appropriate rank for that individual. In all other cases of initial faculty appointment rank will be determined and assigned by the Dean.
- 4) Recommendations for promotion of the Department Chair to higher academic rank shall be made by the Associate/Assistant Deans. Recommendations for promotion of Associate/Assistant Deans to higher academic rank shall be made by the Dean.

F. Salary Adjustment Procedure:

- 1) The protocol, which culminates with the Senior Vice President - Academic Affairs adding a recommendation to the President regarding salary adjustments related to each faculty member's annual evaluation, is described in the document Procedure for Evaluation of Faculty Performance. Salary adjustments shall become effective with a faculty member's July paycheck.

G. Grievance Procedure:

- 1) Faculty members should consult Appendices B & C of this document to appreciate the different aspects of grievances and the procedures of a Hearing Committee. Faculty members having problems should consult the organizational chart in Appendix D of this document to identify the appropriate lines of authority. All faculty members report directly to a Supervisor, Chair, Vice Dean, Associate Dean, Assistant Dean, or the Dean.
- 2) The institution recognizes the right of faculty to express grievances and to seek solutions to problems arising from complaints, disagreements with students, colleagues or administrators or different interpretations of institutional policy. These concerns may involve procedures, policies,

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

conduct or other concerns. In all cases, faculty having specific grievances should attempt their resolution with the specific individual in charge of that area by review of a written complaint submitted to that individual. However, when resolution is not achieved by this method, grievances from the faculty may be expressed to the Faculty Council officers, in writing, for consideration. Such grievances may be transmitted in written form to the Dean, from the President of the Faculty Council, for consideration and dispensation by the Dean or his designee. No faculty member may initiate a grievance regarding the results of a past promotion final decision by the Senior Vice President of Academic Affairs. The grievance procedures for discrimination, harassment, and retaliation are outlined on Appendix C of this handbook in the section entitled Hearing Committee.

- 3) Academic due process is followed in internal institutional hearings and is separate and distinct from the due process of law.
- 4) For the protection of academic due process and of all concerned parties, all public statements about a case must be avoided. Any announcement of the final decision shall include a statement by the Senior Vice President - Academic Affairs or the Hearing Committee, through its chairperson, as applicable. The membership of the Hearing Committee shall be established by Senior Vice President - Academic Affairs and shall not contain any members of previously involved committees. The Hearing Committee shall serve as the Faculty Grievance Committee for the School.
- 5) The Hearing Committee shall make its recommendations to the Senior Vice President - Academic Affairs. In turn, the Senior Vice President - Academic Affairs shall make a recommendation to the President in whose decision shall be final and without appeal.

#### H. Employment of Relatives

- 1) If two employees in the same department are family members or become related by marriage or otherwise, and one is or would be placed in the position of evaluation, rewarding, or disciplining the other, one of them must transfer to a vacancy within the institution within three months and must provide the appropriate school officer (i.e., Dean, Senior Vice President - Academic Affairs) with an acceptable written plan transferring these evaluative, rewarding, or disciplinary responsibilities to another appropriate employee, or the employee with the least seniority must resign or be terminated.

#### I. Dual Relationships

- 1) Certain kinds of dual relationships carry the potential for exploitation, loss of objectivity, or conflicts of interest, and they may undermine the optimal progress of learners and the integrity of ATSU-SOMA.
- 2) Examples of dual relationships with great potential for harm include sexual relationships, business relationships, relationships that involve the exchange of money or other forms of payment, contracting as a personal therapist, or serving on the doctoral committee of a spouse, relative or job supervisor/supervisee.

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

- 3) Relationships may change during the course of employment and all constituents must be aware of possible compromises to themselves, the University and its community. Full disclosure and discussion of pre-existing or changed relationships will enable the Institute to take appropriate measures to safeguard ATSU-SOMA and its programs.
  - 4) Every employee of ATSU-SOMA is prohibited from and obligated to refrain from such relationships while engaged in their respective roles as employees of ATSU-SOMA.
- J. Oral Assurances
- 1) No administrator, Dean, Vice Dean, Associate Dean, or Assistant Dean, etc., may give oral assurances of appointment, promotion, or salary. Any such assurances shall not be binding or used as the basis of grievance either within the institution or outside the institution.
  - 2) No implied or de facto claims to appointment, promotion, or salary shall be construed based on custom, longevity, personal reading of bylaws, or past actions. All such claims shall be based on written documentation and policies approved by the President.
- K. Annual Faculty Review Process
- 1) The annual faculty review process is presented in Appendix F.
- L. Appendices:
- 1) Definitions of Faculty Scholarship
    - a) There are several forms of scholarship. The following forms of scholarship are all considered important to the mission of ATSU-ATSU-SOMA and should aid faculty members in demonstrating productivity in scholarship and in gaining promotion in faculty rank: Scholarship of Teaching and Learning, Scholarship of Discovery, Scholarship of Practice, Scholarship of Engagement, and Scholarship of Integration (Boyer, 1990, O'Meara & Rice, 2005).
    - b) The following scholarship definitions should guide each faculty member and his/her department chair/academic administrator in assessing productivity in scholarly activities. It is well known there is an abundance of overlap among forms of scholarship (Boyer, 1990, O'Meara & Rice, 2005). These definitions are intended to help faculty members determine how they participate in scholarly activities at ATSU-SOMA.
- M. Scholarship of Teaching and Learning: the systematic study of teaching and learning processes including the public sharing of findings and the opportunity for application, utilization, and evaluation by others. May also include (These are additional examples and should not be considered a complete list of evidence.):
- 1) a sustained record of publishing original scholarly work in peer-reviewed professional journals;
  - 2) a sustained record of presenting scholarly work at regional and/or national meetings;
  - 3) acquiring extramural support for scholarly work;
  - 4) obtaining additional special certifications, specialty credentials, or licensures;

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

- 5) Scholarship of Discovery: original research that advances knowledge. This includes scientific investigations that are shared publicly and provide others with the opportunity to apply, use, and evaluate the findings. Further supportive examples:
    - a) Record of funding or extramural funding,
    - b) IPE collaborative research
    - c) reports of meta-analyses related to practice problems
- N. Scholarship of Practice (Application): includes all aspects of the delivery of a clinical service. Scholarship in this area should include evidence of direct effect in solving healthcare problems or in defining the health problems of a community. This evidence should also be shared publicly and provide others with the opportunity to apply, use, and evaluate the findings. Components of the scholarship of practice include:
- 1) development of knowledge including clinical knowledge, which includes systematic development and application of theoretical formulations and performance of applicable research and evaluation studies in areas of expertise;
  - 2) professional development, which includes self-development to improve competency beyond the basic practice of the clinician and research in practice management and faculty roles in that practice;
  - 3) application of technical or research skills that promote studies about clinical knowledge and new practice strategies, evaluation of systems of care, development of quality indicators of healthcare, and development of innovative healthcare delivery models; and
  - 4) service directly related to the community-based (including professional association) activities of the faculty member and comes directly from his/her professional activity. Examples include mentoring of professional staff and students, leadership roles in developing a practice and the public health, development of clinical practice standards, and initiation of grant proposals for the creation of delivery system models to improve healthcare.
  - 5) And may include
    - a) Reports of interdisciplinary programs or service projects; clinical demonstration projects
    - b) Policy papers related to practice; and/or policy papers designed to influence organizations, communities, or governments
- O. Scholarship of Engagement: a faculty member may be doing research, teaching, and/or professional or public service in partnership with a community organization. This research, teaching, and service should also be shared publicly and provide others with the opportunity to apply, use, and evaluate the findings.
- P. Engaged Research occurs when a university-community partnership is used to identify, evaluate, and solve a societal problem for mutual benefit of the university and the community. Outcomes of the research lead to improved evidence-based practice for the public good.
- Q. Engaged Teaching occurs when learning opportunities happen in community-based environments. This includes service learning, internships, clinical

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

- experience, field trips, or practicums to enhance the student's educational experience while simultaneously contributing to the public good.
- R. Engaged Service occurs when a faculty member, as a subject matter expert, partners with a community organization for mutual benefit. This can include lending research expertise about a specific issue, serving on a board (private, public, or organizational), offering research-based policy recommendations to legislators at a committee hearing, or providing expertise through the media for the benefit of the public good.
  - S. Scholarship of Integration: includes writings and other products using concepts and original works from two or more disciplines to create new patterns, place knowledge in a larger context, or illuminate data from varied disciplines in a more meaningful way. The scholarship of integration emphasizes the interconnection of ideas and brings new insights to concepts and research. These writings or products should also be shared publicly and provide others with the opportunity to apply, use, and evaluate the concepts presented in the writings and/or products that have been developed.
  - T. Positive peer evaluations of contributions to integrative and engagement
  - U. Evidence of presentations at state, regional, national, or international professional organizations (related to research/scholarship, clinical practice, integrative practice, engagement activities).

## References

- Boyer, E. (1990). *Scholarship reconsidered: Priorities for the professoriate*. Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching.
- O'Meara, K. and R.E. Rice (2005). *Faculty priorities reconsidered; Rewarding multiple forms of scholarship*. San Francisco, CA: Jossey-Bass.

## B. SOMA CV FORMAT

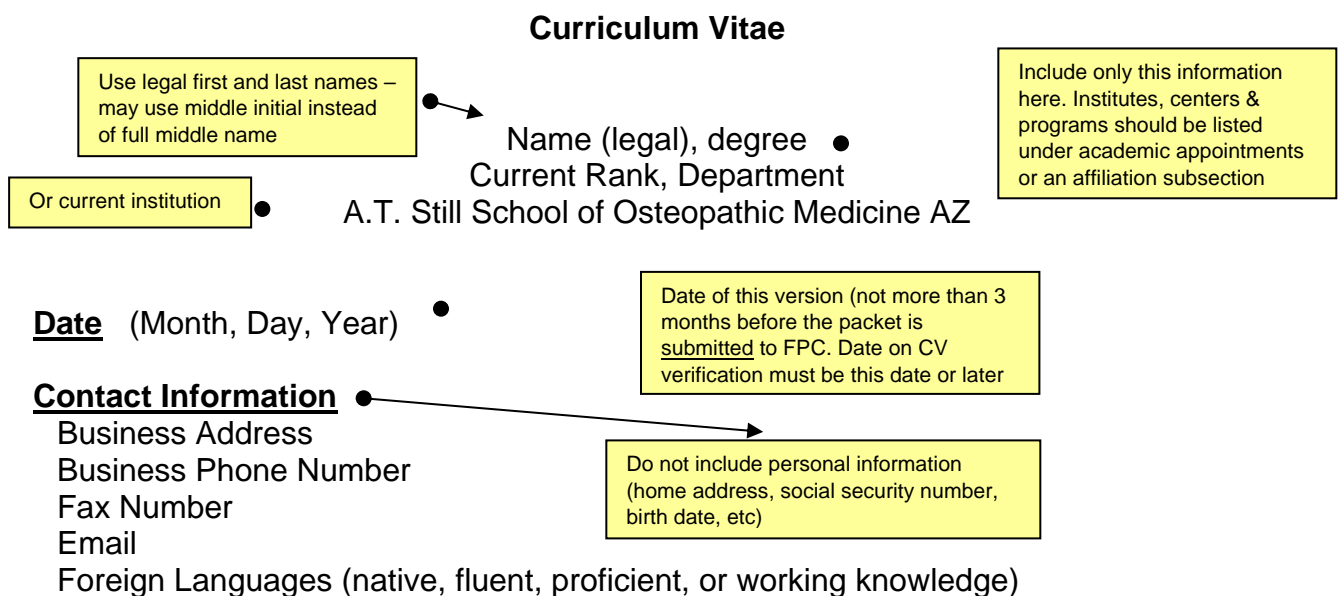


### A.T. Still University ATSU-SOMA *Curriculum Vitae Standard Format Guidelines*

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#### **General Guidelines:**

- This is the accepted format that encompasses all of the information required in a CV for submission for faculty promotion at ATSU-SOMA.
- The sample template at the end of this file may be used as a starting point.
- The sections in these instructions and in the template, are listed in a similar sequence. Headings of sections that are not applicable should be omitted.
- Use subheadings wherever necessary for clarity and to focus on key information.
- Use one standard typeface, style and a consistent font size throughout document.
- Use a page header/footer with Name and page # on every page.
- Within each section, list all information in chronological order.
- **Keep the format consistent throughout the CV**
  - One-inch margins are recommended.
  - Indent when needed, do not use bullets.
  - Keep all dates aligned on the left margin.
  - Keep text aligned within sections.
  - Avoid large gaps of space.



Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

## **Education**

- List chronologically newest to oldest all undergraduate and graduate education.
- Include name of degree, year awarded, name of institution, and major as applicable (may also state title of Thesis and Thesis Advisor).

It is the School's Policy to use the name of the degree only as it was awarded (MBBS, DSc, MB, BCh, MDMC, etc...).

## **Post Graduate Education and Training**

List chronologically newest to oldest all training positions (internships, residencies, post-doctoral fellowships, etc...).

- Include years, institution, and mentor (if applicable) for each position.

Do not repeat them under employment

## **Certifications (If applicable)**

List all board and/or specialty certifications with years received.

Do NOT include the certificate number

## **Medical Licensures (If applicable)**

List all medical and/or other state/federal licensures with year issued and status (*active* or *inactive*)

Do NOT include the license number

## **Military Service (If applicable)**

Provide rank, location of service and dates.

## **Employment History**

- Separate faculty appointments from other administrative, hospital or industry appointments and program affiliations
- List chronologically newest to oldest the years (beginning and end), title, department and institution for all part-time and full-time positions attained by appointment, promotion and/or change.
- If tenured, give year when tenure was received

If currently employed by a non-academic institution, description of duties and how the experience relates to academic medicine.

Please list last 10 years only chronologically newest to oldest in this section

## **Academic Appointments**

## **Other Employment**

## **Clinical Activities (If applicable)**

- Include years where applicable
- Describe clinical expertise (include description of any specific clinical techniques)
- Describe scope of clinical practice:
  - Site of primary practice and size (Hospital, VA, affiliated hospital, etc....)
  - Responsibilities with practice (leadership/administrative roles)

Keep details brief and in lists instead of paragraphs of text

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

## Professional Society Memberships

- Report years and type of membership for each professional society to which you currently belong or belonged to in the past.

## Honors and Awards

- List chronologically: year awarded, name of award and/or awarding institution, and nature of award if not apparent

## Service

### Institutional Service

- For institutional service list past 10 years, committees serviced or chaired; including: department committees, SOM committees, hospital committees, VA committees, special assignments, etc....
- Include a subsection for each institution if there are multiple activities at several institutions
- List significant administrative roles. ●

*For Associate Professor and Professor ranks only* – when listing major administrative roles, it is helpful to include a brief statement listing any “outcomes” that were a result of your efforts.

#### For example:

2006 Medical Director, Generic Health Clinic, University of Arizona Medical Center  
\*\*Oversees staff of 20 and budget of \$4.2 million. Provides oversight to quality of care, seeing over 50,000 patient visits per year

### Teaching Service

- List chronologically newest to oldest all current and past 10 years of teaching responsibilities, keeping basic sciences separate from clinical sciences.
- **Separate student teaching from resident teaching**
- List significant mentoring activities (especially if no formal teaching experience) .
- Include role and nature of responsibilities if not self-evident.
- For clinical duties outline major clinical activities including attending, rounds, clinics etc...

#### For example:

2006 Lecturer, Cardiovascular Physiology  
Integrative Physiology Course (MPHY501.601)  
150, 1<sup>st</sup> year medical students – 3 contact hours/yr

#### For example:

2005 Attending Physician In-patient Service, 1 resident, 2 interns, 2 jr. students, 1 fellow  
**8 hours/day, 2 months/year**

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures



## Local and National Service

- Separate local service from national service. ●
- List past 10 years of service and name of organization.
- Clearly identify any key conferences that you organized.

Italicize journal names if you were a reviewer or on an editorial board.

### For example:

2000 Member, Membership Committee, American Board of Physicians  
2001 Editorial Board Member, *Journal of Neuroscience*  
2002 Member, Alcohol and Toxicology Study Section, NIH  
2003 Ad Hoc Reviewer, *Journal of Biological Chemistry*  
2004 Examiner, American Board of Internal Medicine  
2005 Convener, Gordan Conference, Baltimore, Maryland

## **Grants (past 10 years)**

- **List all extramural and intramural grants past 10 years.**
- Separate contracts from grants
- **For every grant or contract listed you must provide the following information:**
  - Effective dates: mm/dd/yy – mm/dd/yy (beginning & end)
  - Role and % Effort in each project (be very specific and give precise role designated on approved grant; principal investigator, co-investigator or collaborator, etc...)
  - Name of PI if other than you
  - Project title
  - Type of grant and/or contract (e.g., R01, collaborative projects, multi-center trials, contract, private foundation, etc...)
  - Funding agency (note whether or not grant is peer-reviewed)
  - Date submitted if grant is pending
  - If not PI, include a one line explanation of role
- List grants chronologically by start date in separate sections for active, submitted or completed.

The percent effort on all active grants should not add to more than 99% total

## Active Grants

### Pending Grants

- Include only grants that have actually been submitted, including date the grant was submitted

\*\*For Associate Professor and Professor promotions only – if a grant proposal is pending, the “pink sheets” or reviewers’ comments may be submitted together with any assessment of likelihood of funding

## Completed Grants

### For example:

02/01/98 – 06/30/02 Arthur Still (PI, 20%)  
” Effects of Craniosacral Therapy on Hypertension”  
NIH Merit Review Award  
Annual Direct Costs: \$137,500  
Total Direct Costs: \$550,000

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

**For example:**

07/01/07 – 06/30/11 Arthur Still (Co-Inv, 10%; PI - Sutherland)  
" Effects of Craniosacral Therapy on Hypertension"  
NIH/NIA R01 AB12345  
Annual Direct Costs: \$100,000  
Total Direct Costs: \$500,000

*\*If not PI, a one line explanation of role should be included here*

**Patents, Inventions and Copyrights (If applicable)**

- List all patents, inventions and/or copyrights issued.
- Only include patents that have received a number.

**Publications (last 10 years)**

- Publications should be **numbered** within each section; **single spaced** and listed in **chronological** order. Single space between the publications to save space.
- Separate publications according to the following headings (you may use additional subsection headings as you deem necessary).

Peer-reviewed journal articles •

Non-peer-reviewed journal articles

Web based journal articles

Books

Book Chapters

Abstracts and/or Proceedings

Other Brief communications (letters to editor, etc...)

Published Multimedia (including software, audio, videotapes, etc...)

Be sure to separate all non-refereed articles from peer-reviewed articles.

**For all publications in all sections:**

- Include last names and initials of all authors and underline or **bold** own name in each reference
- It is the School's general practice that the FIRST AUTHOR is the PRIMARY AUTHOR (person who had primary responsibility for the day-to-day activities of the project) and the LAST AUTHOR is the SENIOR AUTHOR (person who is the overall director of the research project) **If this is not the case then mark as such:**
  - o denote the primary author with an asterisk (\*)
  - o denote the senior author with a pound symbol (#)
  - o Note if official 'co-first' authorship was on the title page of the publication

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

- Provide complete bibliographic information (title, name of source, volume, page numbers, year, etc...).
- Do not list publications that are “in preparation” or “submitted.”
- “In Press” or “Accepted” articles – For Appointment, Promotions, Tenure level reviews only: Include in the appointment or promotion packet, a letter or email of acceptance from the journal editor indicating the specific article has been accepted for publication.
- If not first or senior author on a publication but made a significant contribution, include a one line description of the role.

## **Conference Presentations**

### **Major Invited Speeches**

Separate and **chronologically** (last ten years) list all local, national and international lectures/presentations including poster presentations-separate invited and not invited. Specify title of presentation, inviting organization (Medical school, hospital, local or national society, etc...), location, and date (year). **Number them** (and single space between them).

### **Most Common CV Mistakes:**

- Using large margins, bullets, borders, or including personal information
- Omitting information (dates, teaching details, grant details, service details, pending grants)
- Not putting items in **chronological order**.
- Not separating information into subheadings
- Not spelling correctly the name of our school.
- Including license numbers- are not required (these are confidential and should NOT be included)
- Putting the expiration date instead of the date issued for licenses
- Pagination errors – heading at the bottom of one page, the section beginning on the next page
- Not underlining or putting name in bold in publications
- Incomplete citation information for publications
- Publications listed more than once
- Incorrect numbering of publications (skipping numbers or using the same number for two)
- Including ‘submitted’ or ‘in preparation’ publications (‘In Press’ or “Accepted” can be included if the letter or email from the editor is submitted with the CV – *for APT level reviews only*)
- **Not proof-reading** to catch these mistakes

**\*\*\*Sample CV follows on next page**

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

# SAMPLE CV

## Curriculum Vitae

Name, degrees

Assistant Professor, Department of (official department name)  
ATSU-SOMA School of osteopathic medicine Arizona (or current institution)

**Date** August 1, 2014

### **Contact Information**

Business Address: Department of xxxxx  
Street address, Room number  
City, State zip code  
Business Phone Number: (410) 999-9999  
Fax: (410) 999-9999  
Email: email address  
Foreign Languages: Spanish (working knowledge)

### **Education**

2002 M.P.H., Johns Hopkins School of Public Health, Epidemiology  
2001 Ph.D., Neuroscience, Stanford University, Thesis Advisor – name  
"Title of thesis" (optional)  
2000 D.O., University of ATSU-SOMA Arizona School of Medicine  
1996 B.S., Biology, Princeton University (Magna Cum Laude)

### **Post Graduate Education and Training**

9999 - 9999 Fellowship, Neurology, Institution name  
9999 - 9999 Residency, Orthopedic Surgery, Institution Name  
9999 - 9999 Internship, Institution Name

### **Certifications**

9999 Diplomat, National Board of Osteopathic Medical Examiners  
9999 Diplomat, American Board of Psychiatry and Neurology

Date Adopted: August 1, 2017  
Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement  
Last Reviewed: September 1, 2022  
ATSU- SOMA Policies and Procedures

## **Medical Licensures**

Active Arizona  
Inactive California  
Inactive New York

## **Employment History**

### **Academic Appointments**

2005-present Assistant Professor, Neurology, UNC  
2002-2005 Clinical Instructor, Neurology, KCOM School of Medicine

### **Professional Society Membership**

9999-present Fellow, American Psychiatric Association  
9999-present General Member, American Public Health Association  
9999-9999 General Member, American Psychiatric Association

### **Honors and Awards**

9999 A.T. Still Award, University of ATSU Kirksville School of Medicine, awarded for distinguished performance in medicine  
9999 Jane Doe Award, University of California, awarded for distinguished clinical performance as an intern

### **Clinical Activities**

#### **Clinical Expertise**

Board certified neurologist  
Additional board certification in the sub-specialty of multiple sclerosis  
Clinical and research focus are in the area of infectious diseases and psychiatry

### **Scope of Clinical Practice:**

9999-present John Doe Clinic (type of clinic)  
~180 patients per year  
leadership/administrative role  
35% FTE

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Last Reviewed: September 1, 2022  
ATSU- SOMA Policies and Procedures

## **Development of any Clinical Programs:**

Detail brief and in list, giving years when applicable

### **Administrative Service**

### **Institutional Service**

9999-Present Interviewer, ATSU-SOMA Admissions Committee  
9999-Present Director of special service  
9999-Present Representative, School of Medicine Council 9999-9999      UNC Institutional  
Review Board

### **Local and National Service**

#### **National Service**

9999-Present *Ad Hoc* Reviewer, *Journal name, journal name, journal name*  
9999-Present Abstract Reviewer, *Association name*  
9999 Member, NIH Study Section, Name of study section  
9999-Present *Ad Hoc* Reviewer, *journal name, journal name, journal name, journal name,*  
*journal name*

#### **Local Service**

9999- present Reviewer, State of Arizona Community Association  
9999 Consultant, Arizona Advisory Board on Neurology

### **Teaching Service**

#### **Undergraduate Student Teaching**

9999 Mentor, Summer Research Training Program  
1 undergraduate, daily contact for the summer

#### **Medical Student Teaching**

9999-present Mentor for Medical Student  
1, regular (no less than quarterly) meetings with medical student  
9999-9999 Small Group Discussion Leader, Name of course (course number)  
5-7, 2<sup>nd</sup> year medical students - 3-4 contacts hours/year

Date Adopted: August 1, 2017  
Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement  
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ATSU- SOMA Policies and Procedures

## **Resident and Fellow Teaching**

9999-present Name of course (course number)  
2-3, Infectious disease residents and fellows - 1 contact hour/year  
9999-present Name of course (course number)  
4-8, 2<sup>nd</sup> year residents - 48 contact hours/year

## **Post-Graduate Teaching**

9999-present Research Mentor  
1, post-graduate, 6 hours per week

## **Grant Support**

### **Active Grants:**

mm/dd/yy - mm/dd/yy (PI: 75%)  
"Title of grant"  
National Institute of Drug Abuse, K23 DA999999  
Annual Direct Costs: \$999,999  
Total Direct Costs: \$9,999,999

mm/dd/yy – mm/dd/yy (Co-Investigator 10%) PI: A.T.Still  
"Title of grant"  
NIH R01 MH999999  
Annual Direct Costs: \$99,999  
Total Direct Costs: \$999,999

mm/dd/yy – mm/dd/yy (Site-PI, 5%) PI: J. Doe  
"Title of grant"  
Center for Disease Control  
Annual Direct Costs: \$999,999  
Total Direct Costs: \$999,999

### **Pending grants**

### **Completed Grants:**

2005-2007 (Co-investigator 20%) PI: J. Doe  
"Title of grant"  
NIH, NIMH, R01MH 999999-99  
Annual Direct Costs: \$999,999  
Total Direct Costs: \$999,999

Date Adopted: August 1, 2017  
Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement  
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ATSU- SOMA Policies and Procedures

2004-2007 (PI, 25%)  
"Title of grant"  
ATSU Intramural Grant  
Annual Direct Costs: \$99,999  
Total Direct Costs: \$99,999

## **Publications**

### **Peer-reviewed journal articles**

1. **Jones, S.**, Lester, J., Goldner, R., Doe J., Smith L, Johnson DC. Title of Article. Journal Name. 2008 (In Press).
2. **Jones S**, Taylor SF, Goldman RS, Thompson R. Title of Article. Journal Name. 1996 Feb 1;39(3):227-229.
3. Smith, AA, **Jones S**, Doe NJ, Yang NG, Johnson DC. Title of Article. Journal Name. 1995 Jul;96:148-150. (*determined analytic method, ran analyses, provided statistical interpretation*)

### **Non-peer reviewed journal articles**

1. **Jones, S**, Smith, O. Title of Article. Name of Journal.2000:20(2):149-162.
2. **Jones, S**. Title of article. Journal Name.1998:13(2):13

### **Book Chapters**

1. **Jones S**, Power N, Doe NJ, et al: Title of Chapter, Name of Book, Edited by Smith J, Doe J, New York, Haworth Press, 2007.

### **Conference Presentations** (as per instruction page)

**Major Invited Speeches** (number entire section continuously, through each subsection- rest as per instruction page)

#### Local

1. **Jones, S.**, Title of speech, Inviting organization, Location, 2006
2. **Jones, S.**, Title of speech, Inviting organization, Location, 2005

#### National

3. **Jones, S.**, Title of speech, Inviting organization, Location, 2006

#### International

4. **Jones, S.**, Title of speech, Inviting organization, Location, 2007

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures



## C. Appeals

The faculty member may wish to appeal the dean's decision to *not* promote to the SVPAA. Any appeal by a faculty member must be made within 15 working days of receipt of a negative decision from the dean. All portfolio and recommendation reports shall be forwarded to the SVPAA for use in rendering a decision. The SVPAA's appellate decision to promote or not to promote will be sent to the dean in a report. The dean will provide this report to the faculty member's department chair/academic administrator and the faculty member. A negative appellate promotion decision will not be sent to the President. A positive appellate promotion decision will be sent to the President. The SVPAA's appellate decision is *final* and without grievance or appeal. A negative decision is made without prejudice.

If the SVPAA recommends promotion in rank, s/he shall make a recommendation to the President. The President may choose to grant or not grant promotion; and his/her decision is *final*, without grievance or appeal. The President will send a report of his/her decision to the SVPAA and dean.

The dean shall inform the faculty member, in writing, of the final decision of the President regarding promotion. Promotions approved by the President take effect July 1 of any given year. If promotion is denied, the dean shall provide a summary response to the faculty member detailing the reason(s) for denial. These notifications shall be copied to the appropriate department chair/academic administrator and the appropriate Promotion Committee. The original and all copies of a faculty member's portfolio shall be returned to the faculty member. A negative decision is made without prejudice.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 7.8 (Faculty and Staff: Faculty Appointment and Advancement).

Date Adopted: August 1, 2017  
Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement  
Last Reviewed: September 1, 2022  
ATSU- SOMA Policies and Procedures

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## 50-031 Student Research and Scholarly Activity Policy (8.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

To support student driven research and scholarly activity and support student participation in the research and scholarly activity of the ATSU-SOMA faculty.

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### **POLICY**

Each student is required to participate in a community oriented primary care research/scholarly activity project during the OMS-II year of study. ATSU-SOMA offers additional opportunities for students to engage in meaningful research and scholarly activity on an individual basis and in collaboration with ATSU-SOMA faculty throughout the osteopathic medical school experience.

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### **PROCEDURE(S)**

- Each OMS-II student will develop a team-based Community Oriented Primary Care (COPC) research/scholarly activity project as a requirement of the Epidemiology (MED-620) Course.
- Each OMS-II student will complete, evaluate, and develop an abstract and poster for a team-based Community Oriented Primary Care (COPC) research/scholarly activity project as a requirement of the Biostatistics and Preventive Medicine (MED-621) Course.
- Each OMS-II student will submit a detailed abstract representing their Community Oriented Primary Care (COPC) research/scholarly activity project to the National Association of Community Health Centers for consideration for presentation at the annual Community Health Institute national meeting as a requirement of the Biostatistics and Preventive Medicine (MED-621) Course.
- The Pre-doctoral Osteopathic Teaching Fellowship offers students the opportunity to participate in osteopathic research and scholarly activities with ATSU-SOMA faculty.
- A Research Selective (SELE8006-8090) rotation is offered to students in the OMS-IV year of study.
- Students are provided an opportunity to complete a Master of Public Health degree through ATSU-SOMA's College of Graduate Health Studies while completing their doctor of osteopathic medicine degree at ATSU-SOMA. Completion of a research/scholarly activity project during the Public Health Practicum Elective (ELEC-8178) is a requirement of this dual degree program.
- Students are encouraged to collaborate with faculty on research and scholarly activity that arise throughout the course of their osteopathic medical education.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 8.2 (Scholarly Activity: Student Participation).

Date Adopted: August 1, 2017

Student Research and Scholarly Activity

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures

## 50-004 ADMISSIONS (9.1)

**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

### POLICY

#### A. APPLICATION PROCESS

a. SOMA uses the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS). AACOMAS provides centralized services including data collection, analysis, and distribution of the online primary application to osteopathic medical schools the applicant designates. Please visit [www.aacom.org](http://www.aacom.org) or contact AACOMAS at [aacominfo@liaisoncas.com](mailto:aacominfo@liaisoncas.com) or via phone at 617.612.2889.

#### b. APPLICATION DEADLINE

The deadline for submission of the AACOMAS application is March 1; however due to SOMA's rolling admissions process and early admission decisions, applicants are strongly encouraged to apply early.

c. Upon review of the AACOMAS application, SOMA will send qualified applicants a secondary (supplemental) application. A non-refundable application fee, at least one letter of recommendation (LOR) from a science faculty member (or from the pre-medical committee), and at least one LOR from a physician (strong preference for a letter from a D.O.) must be submitted with the secondary application.

d. The deadline for submission of the secondary (supplemental) application is April 1. Due to SOMA's rolling admissions process and early admission decisions, applicants are strongly encouraged to apply early.

#### B. ADMISSION REQUIREMENTS

a. Applicants for admission to the first-year DO class must meet the following requirements prior to matriculation. The applicant must have achieved a minimum 2.8 cumulative grade-point average (GPA) and a minimum 2.8 science GPA on a 4.0 scale.

b. Applicants must have completed a Bachelor of Arts or Science from a US college or university accredited by a US Department of Education institutional accreditor.

c. Applicants must have successfully completed one full academic year (or equivalent) with a grade (or equivalent) of "C-" or better in each of the following courses prior to matriculation:

1. English
2. Biology/Zoology (with laboratory)
3. Inorganic/General Chemistry (with laboratory)
4. Physics (with laboratory)
5. Organic Chemistry (with laboratory)

6. Additionally, SOMA recommends the following elective courses:
  - a. Anatomy
  - b. Behavioral Science
  - c. Biochemistry
  - d. Genetics
  - e. Immunology
  - f. Microbiology
  - g. Molecular Biology
  - h. Multicultural Studies
  - i. Physiology
  - j. Public Health/Epidemiology
  
- d. Applicants are required to submit scores from the Medical College Admission Test (MCAT) that have been taken within three years of application.
- e. Matriculants are required to submit complete official transcripts from each school attended by the date of matriculation.
- f. ATSU-SOMA requires criminal background checks for all applicants. The criminal background checks are conducted by a vendor selected by ATSU. The applicant will be responsible for the cost of the background check and will make payment directly to the vendor. Failure to comply with this requirement will result in denial of acceptance into ATSU-SOMA. Prior to clinical rotations, students are generally required to submit to another background check per the policies of the clinical sites.
- g. Applicants must be a U.S. citizen or permanent resident.
- h. Applicants must be fluent in the oral and written use of English.
- i. Applicants must have basic computer literacy. Technology Requirements: Matriculants will have computer hardware and software that meets the minimum technology specifications found at: <http://its.atsu.edu/knowledgebase/soma-technologyrequirements/>
  
- C. DOCTOR OF OSTEOPATHIC MEDICINE/MASTER OF PUBLIC HEALTH DUAL DEGREE
  - a. With ATSU's dual Doctor of Osteopathic Medicine and Master of Public Health program, students earn their Master of Public Health (MPH) through ATSU's College of Graduate Health Studies (ATSU-CGHS) while completing their DO degree at ATSU-SOMA. Students trained in ATSU-SOMA's innovative community campus model will be well prepared for a medical career in public health venues. The MPH requires additional courses completed online via ATSU-CGHS. Applications to the MPH program are accepted toward the end of the students' first year at ATSU-SOMA.
  - b. After earning their DO and MPH degrees students will be able to do the following and more:
    - Analyze issues of access, quality, and cost for populations, communities, and individuals
    - Evaluate social determinants of health and health disparities at your community health center and beyond
    - Hypothesize reasons for observed disparities
    - Create interventions to address health disparities
    - Design research studies to address health disparities
    - Compare and contrast research methodologies

- Critically appraise public health and medical literature
- Define health literacy and apply its concepts to health promotion and disease prevention programs
- Apply knowledge and skills acquired from the curriculum and complete an academic paper suitable for publication
- Present research findings at national meetings
- Evaluate health promotion and disease prevention programs from a variety of perspectives
- c. Students must meet the following criteria to apply for the DO/MPH dual degree:
  - Must have attended the introductory presentation by the Program Director or have had a meeting with the Program Director to ensure they are informed of the rigor of a dual degree program.
  - Must be in good academic standing
  - Must have no course failures during the OMS I year
  - Must not be identified as At Risk according to the SOMA catalog description
- d. Once these criteria have been met, a letter of support must be obtained for the student from the SOMA Dean. The student may then apply online via the ATSU website. There is no admission fee for potential DO/MPH students.
- D. HOMETOWN SCHOLARS PROGRAM
  - a. The National Association of Community Health Centers has a hometown scholar program that identifies potential applicants who match the mission and values of SOMA. Please visit [www.atsu.edu/hometown-scholars](http://www.atsu.edu/hometown-scholars) for more details on the Hometown Scholars Program.
- E. ADVANCED STANDING ADMISSION
  - a. The curriculum model and structure of SOMA does not allow for the awarding of advanced standing into the School.
- F. INTERNATIONAL STUDENT ADMISSION
  - a. All SOMA applicants must be U.S. citizens or permanent residents.
- G. SELECTION OF APPLICANTS
  - a. The SOMA Admissions Committee seeks individuals who will be a good match to SOMA's mission and are capable of meeting SOMA's academic and professionalism standards. Applicants are screened for academic achievement, clinical involvement, interpersonal skills, leadership qualities, service, perseverance, maturity, motivation, and knowledge of the osteopathic profession. Applicants who pass this screening will be invited for an interview. The interview day is designed to be a two-way process to help the SOMA Admissions Committee determine if the applicant is a good fit for SOMA while enabling the applicant to determine if SOMA is a good fit for the applicant. Attendance at an interview day is mandatory for admission.
  - b. Following the interview day, the Admissions Committee will review the applicant's entire packet and determine the disposition of the application. The Admissions Committee will accept (with or without contingencies), reject, or place candidates on an alternate list. Applicants are notified of the Committee's decision as soon as possible (usually within two weeks of the interview day).
  - c. Successful applicants are granted a specified time period to notify the Office of Admissions of their intention to enroll. This letter of intent must be accompanied by payment of a non-refundable acceptance fee.

- d. Admission after acceptance is subject to the satisfactory completion of all academic requirements. Admission to SOMA may be revoked for fraud, misrepresentation, or other violation of University standards.

#### H. MATRICULATION REQUIREMENTS

The following are required prior to attendance on the first day of class at SOMA. Failure to comply with any of the listed requirements may lead to withdrawal of acceptance and will prevent a student from initially enrolling or remaining enrolled at SOMA.

- a. Successful completion of a Bachelor of Arts or Science (B.A., B.S.) degree and all SOMA prerequisite courses from a U.S. regionally accredited college or university. This must be verified with submission of all final official transcripts to the ATSU Admission Office.
- b. Attendance at all SOMA osteopathic medical student, year 1 (OMS I) orientation activities: These activities occur during the week prior to the first day of class.
- c. Background Check: SOMA requires that entering students submit to and provide the results of background check prior to enrollment. Recognize that this is a minimum standard and that some clinical facilities may have additional requirements that students must meet prior to beginning clerkships (clinical rotations) at those sites. These requirements may include (but not be limited to) additional background checks and drug screening.
- d. Required Immunizations: SOMA requires all entering students to provide proof of their immunizations in order to enroll in courses. Please see the Academic Standards, Guidelines, and Requirements section for the specific immunization requirements.
- e. Proof of Health Insurance: ATSU requires that all students maintain personal hospitalization/health insurance coverage. Proof of adequate coverage as defined by ATSU must be presented to the Registrar's Office. Coverage must be maintained throughout the duration of enrollment. Non-compliance at any time during a student's enrollment could result in suspension and/or dismissal. For coverage details, see the [University Student Handbook](#).
- f. Proof of Disability Insurance: All students enrolled in the residential programs at ATSU are required to carry disability insurance coverage. For Arizona, the University has contracted with Northwestern Mutual to provide group coverage. Students will be enrolled in the group policy with the option of opting-out provided they can provide verification that they have a current, comparable disability policy. Graduate school is an expensive investment and ATSU is dedicated to helping students protect their financial well-being. Disability insurance helps protect students from financial hardships if their education is disrupted. Students will be enrolled in the group policy during orientation and coverage will continue through graduation. Students who withdraw from ATSU will be unenrolled from the policy on the date of withdrawal but can continue the coverage privately by contacting the provider. Graduates will have the option of continuing the disability insurance coverage after graduation on an individual basis. Non-compliance at any time during a student's enrollment will result in suspension and/or dismissal. The fees for the disability insurance policy are part of the university student fee structure and financial aid budget and are charged to all residential students (see below for fee structure).
- g. Basic Life Support (BLS) Certification: SOMA requires that all students obtain and maintain BLS certification throughout the entire duration of enrollment. Proof of certification must be on file by the end of OMS I orientation. It is the student's

responsibility to renew certification prior to the expiration date. Proof of Advanced Cardiac Life Support (ACLS) certification must be obtained prior to reporting for clerkship duty in the OMS III year. These requirements may only be met using an online course if it is a certification renewal. First-time certification must be completed via a live course. Non-compliance at any time during a student's enrollment will result in suspension and/or dismissal.

- I. DIVERSITY: Diversity and inclusion encompass an authentic understanding and appreciation of difference and, at their core, are based upon the value each human being brings to our society and each person's access and opportunities to contribute to our University's cultural proficiency.

- J. CATEGORIES OF TECHNICAL STANDARDS

Technical standards are the non-academic skills and abilities necessary for the successful completion of the course of study in osteopathic medicine. A.T. Still University of Health Sciences is committed to equal access for all qualified applicants and students. Minimal Technical Standards for Matriculation (the "Standards") state expectations of ATSU students. The Standards provide sufficient information to allow the candidate to make an informed decision for application. Minimal Technical Standards for Matriculation are a guide to accommodation of students with disabilities. Academic adjustments can be made for disabilities in some instances, but a student must be able to perform in a reasonably independent manner. Applicants and current students who have questions regarding the technical standards, or who believe they may need to request academic adjustment(s) in order to meet the standards, are encouraged to contact Learning and Disability Resources. Procedures to apply for academic adjustments are found at the conclusion of this policy.

- a. SOMA's minimal technical standards are as follows. The examples mentioned are not intended as a complete list of expectations, but only as samples demonstrating the associated standards.

Observation: Students must have sufficient vision to observe demonstrations, experiments and laboratory exercises. Students must have adequate visual capabilities for proper evaluation and treatment integration. They must be able to observe a patient accurately at a distance and up close.

Communication: Students should be able to hear, observe and speak to patients in order to elicit and acquire information, examine them, describe changes in mood, activity, and posture, and perceive their nonverbal communication. Students must also be able to communicate effectively in English, in oral and written form, with staff, faculty members, patients, and all members of the health care team.

Motor: Motor skills include reasonable endurance, strength and precision. Students should have sufficient motor function to execute movements reasonably required for general care and emergency treatment. Such movements require coordination of both gross and fine muscular activity, equilibrium, and functional use of the senses of touch and vision.

Sensory: Students need enhanced sensory skills including accuracy within specific tolerances and functional use for laboratory, classroom and clinical experiences. Students who are otherwise qualified but who have significant tactile sensory or proprioceptive disabilities must be evaluated medically. These disabilities include individuals who were injured by significant burns, have sensory motor deficits, cicatrix formation, or have malformations of the upper extremities.



Strength and mobility: Students must have sufficient posture, balance, flexibility, mobility, strength and endurance for standing, sitting and participating in the laboratory, classroom and clinical experiences.

Intellectual, conceptual, perceptual, integrative and quantitative: These abilities include reading, writing, measurement, calculation, reasoning, analysis, and synthesis. In addition, students should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities.

Behavioral, emotional, and social: Students must possess the emotional health required for full utilization of their intellectual abilities; the exercise of good judgment; the prompt completion of assignments and other responsibilities, especially those attendant to the diagnosis and care of patients; and the development of mature, sensitive, and effective relationships. Students must be able to tolerate physically, intellectually, and emotionally demanding challenges and workloads and be able to adapt to changing environments, display flexibility, and function in the face of uncertainties inherent in patient care. Compassion, maturity, honesty, ethics, concern for others, interpersonal skills, interest, and motivation are all required personal qualities. Students must be able to successfully endure the physical, intellectual, and emotional demands of the medical education curriculum and process as well as the medical profession.

#### K. ADDITIONAL INFORMATION

Records and communications regarding disabilities and academic adjustments with the Director of Learning and Disability Resources have no bearing on the application process. You may contact the director at Learning and Disability Resources, A. T. Still University of Health Sciences, 800 W. Jefferson Street, Kirksville, MO 63501, [disabilityresources@atsu.edu](mailto:disabilityresources@atsu.edu), or by phone at 660.626.2774.

#### L. APPLYING FOR ACADEMIC ADJUSTMENTS

The institution remains open to possibilities of human potential and achievement, providing support for students with disabilities. The Vice President for Student Affairs is responsible for the administration of and compliance with the Technical Standards and Academic Adjustments Policy (ATSU Policy #20-110) through the Director of Learning and Disability Resources. Please see the University Student Handbook for information on how to apply for academic adjustments, or email [disabilityresources@atsu.edu](mailto:disabilityresources@atsu.edu).

#### M. RE-ADMISSION

- a. In most instances, students withdrawing from ATSU, regardless of the reason, must apply for re-admission. To apply for re-admission, the applicant should submit the [Application for Re-Admission](#) to the Registrar's Office at least one month in advance of the time the applicant wishes to re-enroll (three months are preferred). The Admissions Committee will consider the applicant and may ask for letters of reference, medical documentation, etc., and will review the student's credentials on file with the ATSU Registrar's Office. The Admissions Committee has the right to conduct interviews, secure documentation, evaluate past grades/performance, etc. Since the reason each applicant left is unique, the information required by the Admissions Committee may vary. The Admissions Committee has the right to reject an applicant's request for re-admission. The Admissions Committee will consult with the dean of the college/school to

establish placement and academic conditions for re-admission. If a background check is required for your program of study, a new background check will be required.

- b. Former students who have been withdrawn or dismissed from ATSU for greater than two years may be required to complete the admission process used for all new applicants.

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## PROCEDURE(S)

### A. APPLICATION PROCESS

- a. SOMA uses the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS). AACOMAS provides centralized services including data collection, analysis, and distribution of the online primary application to osteopathic medical schools the applicant designates. Please visit [www.aacom.org](http://www.aacom.org) or contact AACOMAS at [aacominfo@liaisoncas.com](mailto:aacominfo@liaisoncas.com) or via phone at 617.612.2889.

### b. APPLICATION DEADLINE

The deadline for submission of the AACOMAS application is March 1; however due to SOMA's rolling admissions process and early admission decisions, applicants are strongly encouraged to apply early.

- c. Upon review of the AACOMAS application, SOMA will send qualified applicants a secondary (supplemental) application. A non-refundable application fee, at least one letter of recommendation (LOR) from a science faculty member (or from the pre-medical committee), and at least one LOR from a physician (strong preference for a letter from a D.O.) must be submitted with the secondary application.
- d. The deadline for submission of the secondary (supplemental) application is April 1. Due to SOMA's rolling admissions process and early admission decisions, applicants are strongly encouraged to apply early.

### B. ADMISSION REQUIREMENTS

- a. Applicants for admission to the first-year DO class must meet the following requirements prior to matriculation. The applicant must have achieved a minimum 2.8 cumulative grade-point average (GPA) and a minimum 2.8 science GPA on a 4.0 scale.
- b. Applicants must have completed a Bachelor of Arts or Science from a US college or university accredited by a US Department of Education institutional accreditor.
- c. Applicants must have successfully completed one full academic year (or equivalent) with a grade (or equivalent) of "C-" or better in each of the following courses prior to matriculation:
  - 1. English
  - 2. Biology/Zoology (with laboratory)
  - 3. Inorganic/General Chemistry (with laboratory)
  - 4. Physics (with laboratory)
  - 5. Organic Chemistry (with laboratory)
  - 6. Additionally, SOMA recommends the following elective courses:
    - a. Anatomy
    - b. Behavioral Science
    - c. Biochemistry
    - d. Genetics
    - e. Immunology

- f. Microbiology
  - g. Molecular Biology
  - h. Multicultural Studies
  - i. Physiology
  - j. Public Health/Epidemiology
- d. Applicants are required to submit scores from the Medical College Admission Test (MCAT) that have been taken within three years of application.
  - e. Matriculants are required to submit complete official transcripts from each school attended by the date of matriculation.
  - f. ATSU-SOMA requires criminal background checks for all applicants. The criminal background checks are conducted by a vendor selected by ATSU. The applicant will be responsible for the cost of the background check and will make payment directly to the vendor. Failure to comply with this requirement will result in denial of acceptance into ATSU-SOMA. Prior to clinical rotations, students are generally required to submit to another background check per the policies of the clinical sites.
  - g. Applicants must be a U.S. citizen or permanent resident.
  - h. Applicants must be fluent in the oral and written use of English.
  - i. Applicants must have basic computer literacy. Technology Requirements: Matriculants will have computer hardware and software that meets the minimum technology specifications found at: <http://its.atsu.edu/knowledgebase/soma-technologyrequirements/>

C. DOCTOR OF OSTEOPATHIC MEDICINE/MASTER OF PUBLIC HEALTH DUAL DEGREE

- a. With ATSU's dual Doctor of Osteopathic Medicine and Master of Public Health program, students earn their Master of Public Health (MPH) through ATSU's College of Graduate Health Studies (ATSU-CGHS) while completing their DO degree at ATSU-SOMA. Students trained in ATSU-SOMA's innovative community campus model will be well prepared for a medical career in public health venues. The MPH requires additional courses completed online via ATSU-CGHS. Applications to the MPH program are accepted toward the end of the students' first year at ATSU-SOMA.
- b. After earning their DO and MPH degrees students will be able to do the following and more:
  - Analyze issues of access, quality, and cost for populations, communities, and individuals
  - Evaluate social determinants of health and health disparities at your community health center and beyond
  - Hypothesize reasons for observed disparities
  - Create interventions to address health disparities
  - Design research studies to address health disparities
  - Compare and contrast research methodologies
  - Critically appraise public health and medical literature
  - Define health literacy and apply its concepts to health promotion and disease prevention programs
  - Apply knowledge and skills acquired from the curriculum and complete an academic paper suitable for publication
  - Present research findings at national meetings

Evaluate health promotion and disease prevention programs from a variety of perspectives

- c. Students must meet the following criteria to apply for the DO/MPH dual degree:
  - Must have attended the introductory presentation by the Program Director or have had a meeting with the Program Director to ensure they are informed of the rigor of a dual degree program.
  - Must be in good academic standing
  - Must have no course failures during the OMS I year
  - Must not be identified as At Risk according to the SOMA catalog description
- d. Once these criteria have been met, a letter of support must be obtained for the student from the SOMA Dean. The student may then apply online via the ATSU website. There is no admission fee for potential DO/MPH students.

#### D. HOMETOWN SCHOLARS PROGRAM

- a. The National Association of Community Health Centers has a hometown scholar program that identifies potential applicants who match the mission and values of SOMA. Please visit [www.atsu.edu/hometown-scholars](http://www.atsu.edu/hometown-scholars) for more details on the Hometown Scholars Program.

#### E. ADVANCED STANDING ADMISSION

- a. The curriculum model and structure of SOMA does not allow for the awarding of advanced standing into the School.

#### F. INTERNATIONAL STUDENT ADMISSION

- a. All SOMA applicants must be U.S. citizens or permanent residents.

#### G. SELECTION OF APPLICANTS

- a. The SOMA Admissions Committee seeks individuals who will be a good match to SOMA's mission and are capable of meeting SOMA's academic and professionalism standards. Applicants are screened for academic achievement, clinical involvement, interpersonal skills, leadership qualities, service, perseverance, maturity, motivation, and knowledge of the osteopathic profession. Applicants who pass this screening will be invited for an interview. The interview day is designed to be a two-way process to help the SOMA Admissions Committee determine if the applicant is a good fit for SOMA while enabling the applicant to determine if SOMA is a good fit for the applicant. Attendance at an interview day is mandatory for admission.
- b. Following the interview day, the Admissions Committee will review the applicant's entire packet and determine the disposition of the application. The Admissions Committee will accept (with or without contingencies), reject, or place candidates on an alternate list. Applicants are notified of the Committee's decision as soon as possible (usually within two weeks of the interview day).
- c. Successful applicants are granted a specified time period to notify the Office of Admissions of their intention to enroll. This letter of intent must be accompanied by payment of a non-refundable acceptance fee.
- d. Admission after acceptance is subject to the satisfactory completion of all academic requirements. Admission to SOMA may be revoked for fraud, misrepresentation, or other violation of University standards.

#### H. MATRICULATION REQUIREMENTS

The following are required prior to attendance on the first day of class at SOMA. Failure to comply with any of the listed requirements may lead to withdrawal of acceptance and will prevent a student from initially enrolling or remaining enrolled at SOMA.

- a. Successful completion of a Bachelor of Arts or Science (B.A., B.S.) degree and all SOMA prerequisite courses from a U.S. regionally accredited college or university. This must be verified with submission of all final official transcripts to the ATSU Admission Office.
- b. Attendance at all SOMA osteopathic medical student, year 1 (OMS I) orientation activities: These activities occur during the week prior to the first day of class.
- c. Background Check: SOMA requires that entering students submit to and provide the results of background check prior to enrollment. Recognize that this is a minimum standard and that some clinical facilities may have additional requirements that students must meet prior to beginning clerkships (clinical rotations) at those sites. These requirements may include (but not be limited to) additional background checks and drug screening.
- d. Required Immunizations: SOMA requires all entering students to provide proof of their immunizations in order to enroll in courses. Please see the Academic Standards, Guidelines, and Requirements section for the specific immunization requirements.
- e. Proof of Health Insurance: ATSU requires that all students maintain personal hospitalization/health insurance coverage. Proof of adequate coverage as defined by ATSU must be presented to the Registrar's Office. Coverage must be maintained throughout the duration of enrollment. Non-compliance at any time during a student's enrollment could result in suspension and/or dismissal. For coverage details, see the [University Student Handbook](#).
- f. Proof of Disability Insurance: All students enrolled in the residential programs at ATSU are required to carry disability insurance coverage. For Arizona, the University has contracted with Northwestern Mutual to provide group coverage. Students will be enrolled in the group policy with the option of opting-out provided they can provide verification that they have a current, comparable disability policy. Graduate school is an expensive investment and ATSU is dedicated to helping students protect their financial well-being. Disability insurance helps protect students from financial hardships if their education is disrupted. Students will be enrolled in the group policy during orientation and coverage will continue through graduation. Students who withdraw from ATSU will be unenrolled from the policy on the date of withdrawal but can continue the coverage privately by contacting the provider. Graduates will have the option of continuing the disability insurance coverage after graduation on an individual basis. Non-compliance at any time during a student's enrollment will result in suspension and/or dismissal. The fees for the disability insurance policy are part of the university student fee structure and financial aid budget and are charged to all residential students (see below for fee structure).
- g. Basic Life Support (BLS) Certification: SOMA requires that all students obtain and maintain BLS certification throughout the entire duration of enrollment. Proof of certification must be on file by the end of OMS I orientation. It is the student's responsibility to renew certification prior to the expiration date. Proof of Advanced Cardiac Life Support (ACLS) certification must be obtained prior to reporting for clerkship duty in the OMS III year. These requirements may only be met using an online course if it is a certification renewal. First-time certification must be completed via a live course. Non-compliance at any time during a student's enrollment will result in suspension and/or dismissal.

I. DIVERSITY: Diversity and inclusion encompass an authentic understanding and appreciation of difference and, at their core, are based upon the value each human being brings to our society and each person's access and opportunities to contribute to our University's cultural proficiency.

J. CATEGORIES OF TECHNICAL STANDARDS

Technical standards are the non-academic skills and abilities necessary for the successful completion of the course of study in osteopathic medicine. A.T. Still University of Health Sciences is committed to equal access for all qualified applicants and students. Minimal Technical Standards for Matriculation (the "Standards") state expectations of ATSU students. The Standards provide sufficient information to allow the candidate to make an informed decision for application. Minimal Technical Standards for Matriculation are a guide to accommodation of students with disabilities. Academic adjustments can be made for disabilities in some instances, but a student must be able to perform in a reasonably independent manner. Applicants and current students who have questions regarding the technical standards, or who believe they may need to request academic adjustment(s) in order to meet the standards, are encouraged to contact Learning and Disability Resources. Procedures to apply for academic adjustments are found at the conclusion of this policy.

a. SOMA's minimal technical standards are as follows. The examples mentioned are not intended as a complete list of expectations, but only as samples demonstrating the associated standards.

Observation: Students must have sufficient vision to observe demonstrations, experiments and laboratory exercises. Students must have adequate visual capabilities for proper evaluation and treatment integration. They must be able to observe a patient accurately at a distance and up close.

Communication: Students should be able to hear, observe and speak to patients in order to elicit and acquire information, examine them, describe changes in mood, activity, and posture, and perceive their nonverbal communication. Students must also be able to communicate effectively in English, in oral and written form, with staff, faculty members, patients, and all members of the health care team.

Motor: Motor skills include reasonable endurance, strength and precision. Students should have sufficient motor function to execute movements reasonably required for general care and emergency treatment. Such movements require coordination of both gross and fine muscular activity, equilibrium, and functional use of the senses of touch and vision.

Sensory: Students need enhanced sensory skills including accuracy within specific tolerances and functional use for laboratory, classroom and clinical experiences. Students who are otherwise qualified but who have significant tactile sensory or proprioceptive disabilities must be evaluated medically. These disabilities include individuals who were injured by significant burns, have sensory motor deficits, cicatrix formation, or have malformations of the upper extremities.

Strength and mobility: Students must have sufficient posture, balance, flexibility, mobility, strength and endurance for standing, sitting and participating in the laboratory, classroom and clinical experiences.

Intellectual, conceptual, perceptual, integrative and quantitative: These abilities include reading, writing, measurement, calculation, reasoning, analysis, and synthesis. In addition, students should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Problem

solving, the critical skill demanded of physicians, requires all of these intellectual abilities.

Behavioral, emotional, and social: Students must possess the emotional health required for full utilization of their intellectual abilities; the exercise of good judgment; the prompt completion of assignments and other responsibilities, especially those attendant to the diagnosis and care of patients; and the development of mature, sensitive, and effective relationships. Students must be able to tolerate physically, intellectually, and emotionally demanding challenges and workloads and be able to adapt to changing environments, display flexibility, and function in the face of uncertainties inherent in patient care. Compassion, maturity, honesty, ethics, concern for others, interpersonal skills, interest, and motivation are all required personal qualities. Students must be able to successfully endure the physical, intellectual, and emotional demands of the medical education curriculum and process as well as the medical profession.

#### K. ADDITIONAL INFORMATION

Records and communications regarding disabilities and academic adjustments with the Director of Learning and Disability Resources have no bearing on the application process. You may contact the director at Learning and Disability Resources, A. T. Still University of Health Sciences, 800 W. Jefferson Street, Kirksville, MO 63501, [disabilityresources@atsu.edu](mailto:disabilityresources@atsu.edu), or by phone at 660.626.2774.

#### L. APPLYING FOR ACADEMIC ADJUSTMENTS

The institution remains open to possibilities of human potential and achievement, providing support for students with disabilities. The Vice President for Student Affairs is responsible for the administration of and compliance with the Technical Standards and Academic Adjustments Policy (ATSU Policy #20-110) through the Director of Learning and Disability Resources. Please see the University Student Handbook for information on how to apply for academic adjustments, or email [disabilityresources@atsu.edu](mailto:disabilityresources@atsu.edu).

#### M. RE-ADMISSION

- a. In most instances, students withdrawing from ATSU, regardless of the reason, must apply for re-admission. To apply for re-admission, the applicant should submit the [Application for Re-Admission](#) to the Registrar's Office at least one month in advance of the time the applicant wishes to re-enroll (three months are preferred). The Admissions Committee will consider the applicant and may ask for letters of reference, medical documentation, etc., and will review the student's credentials on file with the ATSU Registrar's Office. The Admissions Committee has the right to conduct interviews, secure documentation, evaluate past grades/performance, etc. Since the reason each applicant left is unique, the information required by the Admissions Committee may vary. The Admissions Committee has the right to reject an applicant's request for re-admission. The Admissions Committee will consult with the dean of the college/school to establish placement and academic conditions for re-admission. If a background check is required for your program of study, a new background check will be required.
- b. Former students who have been withdrawn or dismissed from ATSU for greater than two years may be required to complete the admission process used for all new applicants.

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## **RESPONSIBILITY**

It is the responsibility of the A.T. Still University (“ATSU”) School of Osteopathic Medicine in Arizona (“SOMA”) Administration, along with ATSU Admissions, and ATSU-SOMA Admissions Committee, to review this policy regularly and ensure that it is available to all prospective students.

This policy is referenced from the: ATSU Catalog, <https://www.atsu.edu/academic-catalog/soma/doctor-of-osteopathic-medicine-program-soma/#complex>. 01 Aug. 2017. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 9.1 (Students: Admissions Policy).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Admissions



## 50-002 Academic Standards (9.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

As an institution of higher learning, A.T. Still University of Health Sciences ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA"), one of whose principal missions is the education of osteopathic physicians, the University and all its faculty members must promote and adhere to academic standards. The following academic standard codes are from the A.T. Still University of Health Sciences ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") catalog and are intended to give guidance to faculty members as they proceed with the academic activities required of them.

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### **POLICY**

#### **Attendance**

Please see the ATSU Policies section of the catalog for the University policy on student absences.

At ATSU-SOMA, attendance is mandatory for all scheduled sessions. In the case of excused absences, make-up classes, lab assignments and/or examinations are provided solely at the discretion of the course director responsible for that activity and are not automatic.

#### **Absence Policy**

OMS I and OMS II students ATSU-SOMA's faculty members recognize that occasionally a student must miss a curricular activity due to a required or unavoidable circumstance. If this occurs, the student must follow the following procedure:

Planned absences (known in advance of the curricular activity):

Requests for planned absences must be submitted as early as possible, but no less than two weeks in advance of the absence. Requests submitted less than two weeks in advance will not be considered. Examples: scheduled religious observances, conferences (invited presenters or officer requirements only), surgeries, or procedures that cannot be done during academic breaks, etc.

Students are to report absences via the ATSU Go App with supporting documentation. Documentation is required for the request to be considered (examples below).

If the absence is excused, the Associate Dean of Curriculum Integration or designee will notify the student and the appropriate course directors that an excused absence has been granted.

If the absence is not excused, the student will also be notified and will be responsible for attending the activity or receiving a penalty (as published in the course syllabi) for an unexcused absence.

Unplanned absences (known just prior to the curricular activity): Examples include acute personal illness, acute illness or death of a family member, traffic accident, etc.

For all absences, documentation must be provided for the absence to be excused and eligible for make-up. The nature of the documentation will be determined by the reason for the absence. Typical examples include:

Personal illness or medical procedure: Physician's note stating the date(s) the student is required to be out of class AND the date the student is allowed to return to class.

Family member's illness or medical procedure: Official document regarding the medical issue (ex. letter from physician, hospital record, etc.) PLUS, a signed statement from the student explaining the necessity for the student to be present with the family member during class time.

Death of a family member: Published announcement of the death (newspaper clipping or printout from a webpage, etc.) PLUS, an original program from the funeral service.

Religious holidays: A program, bulletin, or other printed item from the religious observance held on the day of absence or a letter from the leader of the congregation or organization in which the student is a member verifying the necessity of the student's participation in the activity.

Make-up for excused absences:

If the Associate Dean of Curriculum Integration determines that the absence is excused, the appropriate course directors will be notified that the student is authorized for make-up. A make-up is offered for all major examinations and must be scheduled within 72 business hours of the original examination. After receiving approval for an excused absence, a student should contact the Associate Dean of Curriculum Integration to schedule the make-up examination. Students unable to make-up an examination within 72 business hours of the original examination must take an incomplete in the course and fulfill course requirements at the end of the academic year.

Some courses or activities have built-in leeway for missing class or a quiz (e.g. the lowest quiz grade is dropped) and no make-up is offered, even if the absence is excused. Due to expenses incurred in providing a make-up, some courses or activities must charge a fee to students in order to be able to provide the make-up, even if it is excused. Finally, sometimes a make-up is not possible due to the nature of the activity even if the student was granted an excused absence.

Additional requirements for community campus based OMS II students

1. Remember to report each day that you are absent to the RDME at your community campus.
2. If an OMS II wishes to participate in any academic activity at a community campus other than his or her assigned site, an excused absence request must be submitted no later than two weeks in advance of the planned absence from the assigned site. An OMS II is not permitted to participate in academic activities at another community campus unless approved by the Associate Dean Curricular Integration.  
Education. Failure to comply with this requirement may result in disciplinary action and/or referral to the Student Performance Committee.

### **Community campus based OMS III and OMS IV students**

Clerkship activities are mandatory and timely attendance is expected at all scheduled clinical and educational events. All students receive flextime throughout the OMS III and OMS IV years. Flextime may be used for vacation, noncredit academic study, residency interviews or conference time to avoid absence days.

#### Procedure:

1. An OMS III or OMS IV student may request a pre-arranged or emergency-related schedule change during clinical rotations for personal, emergency, compassionate, professional, or health related reasons.
  - It is the responsibility of the student to contact the RDME and the site/preceptor prior to the schedule change request to identify the make-up time arrangement. The RDME will grant approval of such a schedule change.
  - If clinical make-up time is not arranged or in the event that a rotation does not provide time to be utilized for make-up days, the student will be given a case study assignment topic\* from the RDME. The case study\* as described below is to be completed 14 days after the completion of the rotation.
  - It will be the responsibility of the RDME to track each student's approved schedule changes within their CHC for competency and safety reasons. This information is to be presented to ATSU-SOMA CED only if requested.
  - If the student neglects to complete or perform the make-up time or the case study assignment(s), the absence will be unexcused and the student will be referred to the SPC for a professionalism violation.
2. The following excused absences will not require clinical make-up days unless specified by the RDME. These days may not be taken on the day of Grand Rounds or the day prior to a COMAT/End of Rotation or COMLEX/USMLE exam unless approved by the RDME. These days MUST be pre-approved by the RDME.  
PERSONAL DAYS–Each OMS III and OMS IV student is allowed 3 days per year. It is the responsibility of the student to contact their preceptor to let them know they will be absent that day, after the RDME has approved the request. These days may not be used consecutively and no more than two per rotation block may be used without

approval from the RDME. Generally, no documentation is required unless requested by the RDME or ATSU-SOMA.

These personal days can be utilized for the following reasons:

- Personal illness, family member's illness (including surgeries), mental health day (does not include day before ANY exam), religious holidays, weddings, major family functions, funerals or bereavement days, additional interview or conference days (including travel).
  - Personal day requests approved by the RDME are to be submitted to the Assistant Dean of Clinical Education (for recording purposes) as approved.
3. The following absence requests must be sent to and approved by the Assistant Dean of Clinical Education. Once approved, these absences will not require clinical make-up days unless specified. Supporting documentation is REQUIRED for these absences. Requested days may not be taken on the day of Grand Rounds or the day prior to a COMAT/End of Rotation or COMLEX/USMLE exam unless approved. All required documentation items, including an excused absence form, are to be submitted with the absence request. Once approved and documented, the requests will be forwarded to the RDME for final approval. It remains the student's responsibility to collaborate with the preceptor regarding missed rotation days. These days are specific to each OMS year and are not cumulative. These include:
- INTERVIEW DAYS– OMS IV's are allowed 4 days; however, no more than 2 days may be taken per rotation block.  
Documentation examples: Email or letter/invite from site coordinator or Program Director.
  - CONFERENCE DAYS – Conference day requests must be submitted at least two weeks prior to the event. Documentation may include a copy of the conference registration or invitation to present a poster/give a presentation or proof of necessary attendance as an organizational officer.
    - OMS III's are allowed 2 conference days. They cannot be taken during a CORE rotation without approval from the Assistant Dean of Clinical Education. All student officers and representatives in each CHC must know the conferences they are requested or required to attend per their position and plan their schedules accordingly using flextime if necessary. \*\*Typical conference student attendance may include the American Osteopathic Association (AOA) House of Delegates (HOD) meeting every July and the National Association of Community Health Centers (NACHC) meeting every August for poster and research presentations. Any additional requested conference days throughout the OMS III year MUST be approved by the Assistant Dean of Clinical Education and will require make-up time or a case presentation assignment.
    - OMS IV's are allowed 3 conference days. They cannot be taken during a CORE rotation without approval from the Assistant Dean of Clinical Education. They may be taken consecutively if approved by the RDME; however, students may not

have more than 3 absence days per rotation block. Any additional requested conference days throughout the OMS IV year MUST be approved by the Assistant Dean of Clinical Education and will require make-up time or a case study assignment.

4. COMLEX/USMLE exams • Students are permitted a 24-hour excused absence to take COMLEX Level 2 CE/USMLE 2CK exams if a request is submitted to the CED at least 10 business days in advance of the examination date. This absence does not require clinical make-up time.

5. Regardless of approved absences for any reason, no more than three days can be missed in any four-week rotation block or more than two days in any two-week rotation block; or a failure of the rotation will result, and the rotation will need to be repeated. It remains the student's responsibility to collaborate with their preceptor regarding missed days to ensure the appropriate documentation from the preceptor occurs on the student's evaluation.

6. Failure to comply with any of the above-stated requirements may result in disciplinary action and/or referral to the SPC.

7. Unexcused absences will be referred to the SPC as a professionalism violation.

8. Absences greater than 5 days for any reason will require an 'Extended Absence Form' or 'Personal Withdrawal' per the University Student Handbook. These forms must be obtained from and submitted to the Student Affairs Office.

\*Any student receiving a case study assignment MUST notify their respective CEC in the CED of the date the case was assigned.

The case study assignment topics will be chosen by the RDME for every missed clinical day of rotation that cannot be made up. They will be consistent across campuses with a consistent template and grading rubric. The case study assignment will be in the missed rotation discipline. It will be assigned by the RDME if the absence is identified during the rotation. The assignment is to be completed and submitted to the RDME and the Assistant Dean of Clinical Education within 14 days of the end of the rotation. If an absence is identified and cannot be verified on the student evaluation, the Assistant Dean of Clinical Education will assign a case study topic for each missed day without verification. This assignment will be due 14 days after assigned by the RDME and the Assistant Dean of Clinical Education. It will be completed by the student based on the topic they are given. It will have defined objectives, which will include providing five differential diagnoses and five plans for each of the differential diagnoses. They will also need to prepare a board-style question about the case and provide the correct answer and explanations about why the choices are correct or incorrect. The grading rubric will be standard for all student case assignments. It will be a P/F grade and will not count toward their overall clerkship grade for CORE rotations; yet, their final clerkship grade will not be submitted to Enrollment Services until the case study assignment is completed and

graded. If a Fail grade is given, the assignment must be repeated with a different topic assigned by the Assistant Dean of Clinical Education (as a learning experience) or the student may be referred to the SPC if the assignment is NOT completed.

## **Flex-Time**

Flex-time is defined as the time during the OMS III and IV years when a student is not on clerkships (clinical rotations). Often, flex-time is used to fill in the gap between the end date of one rotation and the start date of the next rotation. Flex-time can also be used for a variety of other purposes including vacation, non-credit academic study, residency interviews, etc. Flex time may NOT be used to take additional clinical rotations. Depending on the academic calendar in a given year, students generally have 12 weeks of flex-time during the two clerkship years. Flex-time must be taken in increments of one-week blocks (no partial weeks) and can include multiple consecutive weeks. Students wishing to schedule flex-time must discuss this with their RDME and if approved, submit a request to the Clinical Education Department (CED). If approved by the CED, the flex-time will be entered into the student's schedule by the Clinical Education Coordinator (CEC).

HIPAA and OSHA Training All SOMA students must complete Health Information Portability & Accountability Act (HIPAA) and Occupational Safety and Health Administration (OSHA) training annually.

## **Class Schedules**

ATSU-SOMA classes are generally scheduled between the hours of 8 a.m. and 5 p.m. Monday thru Friday. Please check individual course syllabi and class schedules for specific class times. When class times must be changed due to circumstances beyond the control of ATSU-SOMA, every effort will be made to provide as much advanced notification as possible. Official ATSU holidays are published in the Academic Calendar; students are advised to check this calendar prior to making travel plans for holidays and time away from campus. Occasionally, it is necessary to schedule class activities on evenings or weekend days. Every attempt will be made to provide as much advanced notice as possible for these activities.

Occasionally classes may end early or run late or other circumstances may occur that will cause some lapse in the published schedule. Students are advised to maintain access to study materials during these periods so that time may be utilized productively. Please be advised that faculty are directed to begin and end classes on the published ATSU- SOMA schedule.

## **HIPAA and OSHA Training**

All ATSU-SOMA students must complete Health Information Portability & Accountability Act (HIPAA) and Occupational Safety and Health Administration (OSHA) training annually.

## Immunizations

ATSU-SOMA requires all entering students to provide proof of their immunizations in order to enroll in courses. This is necessary for the student's protection, as well as the protection of any individuals with whom they come in contact. It is the responsibility of the student to maintain up-to-date immunization protection throughout the entire duration of enrollment. Non-compliance at any time during a student's enrollment could result in suspension and/or dismissal.

Documents related to immunizations and screenings will be maintained and monitored by ATSU-SOMA administration. All testing is at the expense of the student.

1. Diphtheria/Tetanus/Pertussis: Students are required to receive either the primary series of Diphtheria/Tetanus/Pertussis or booster dose within ten (10) years prior to the beginning of the academic year. A single dose of Tdap (Tetanus, Diphtheria, acellular Pertussis) between ages 19 and 64 is required if the student has not previously received Tdap, or to replace one decennial Td booster.
2. Polio: Students are required to provide documentation that they have received the primary series of polio vaccine. If documentation cannot be produced, the student must receive the primary series of inactivated polio vaccine.
3. Measles, Mumps, and Rubella: Students born after 1956 are required to provide documentation of the MMR vaccine prior to matriculation. If the vaccination was given prior to 1975, evidence of a re-booster is recommended.
4. Hepatitis B: Students are required to initiate a series of Hepatitis B vaccine prior to matriculation. Students must complete the series according to the prescribed timeline (completed within 6 months of matriculation).
5. Tuberculosis Skin Test: Students must have had a tuberculosis skin test (PPD) or a Quantiferon blood test within the year prior to matriculation. In those individuals who have had a positive PPD test in the past, PPD testing is not advisable. The Quantiferon test, a negative CXR, or a record of INH treatment may provide evidence of absence of TB disease. In individuals who have had BCG vaccination, PPD testing or the Quantiferon should be performed as noted above. TB status must be updated annually.
6. Varicella immunization, serum titer, or physician documentation of date of contraction.
7. COVID-19 vaccine: Required for all enrolled students at ATSU-SOMA\*
  - Pfizer: 2 shots and a bivalent booster,
  - Moderna: 2 shots and a bivalent booster, or
  - Johnson & Johnson: 1 shot and a bivalent booster (Pfizer/Moderna)\*Refer to CDC guidelines for continued booster recommendations  
\*For more information, please reference The COVID-19 Vaccine Policy for Students found within ATSU Policies section in the catalog.  
As of January 1, 2023, ATSU-SOMA will require all students to have a bivalent vaccine booster.

Recommended Immunizations (some clinical training sites may require some of all of these):

Influenza  
Hepatitis A  
Meningococcal  
Pneumococcal

### **Titers:**

Some clinical training sites require that students show proof of immunity (example: measles) before being allowed to train at the site. Therefore, it is recommended that students have this testing done in advance of their clinical training portion of the curriculum.

### **Immunization Exemptions:**

Under certain religious or health circumstances, a request for exemption from preventive health requirements may be provisionally granted. However, SOMA cannot guarantee placement at a community campus or in clinical clerkships (rotations) when this exemption is granted. Consequently, students receiving an exemption from preventive health requirements may take longer to complete the curriculum and graduate, or the student may not be able to complete the curriculum and graduate.

### **Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS)**

SOMA requires that all students obtain and maintain BLS certification throughout the entire duration of enrollment. Proof of certification must be on file by the end of OMS I orientation. It is the student's responsibility to renew certification prior to the expiration date. Proof of ACLS certification must be obtained prior to reporting for clerkship duty in the OMS III year.

These requirements may only be met using an online course if it is a certification renewal. First-time certification must be completed via a live course. Non-compliance at any time during a student's enrollment will result in suspension and/or dismissal.

### **Dress Code**

For all classroom and real or simulated activities (ex: those that involve patients or standardized patients), all students must maintain an appearance that demonstrates respect, trust and credibility. The reasons for appropriate attire and hygiene are rooted in infection control, communication and cultural sensitivity. This prepares the student for their role as a professional health care provider. Patient trust and confidence in their health care provider are essential for successful treatment experiences and outcomes. The message communicated by the provider by his/her dress and appearance plays a fundamental role in establishing this trust and confidence. Students should consider the cultural sensitivities of their most conservative potential patients and present themselves in a manner that will earn the patients' respect, ensure trust and make them feel comfortable.



Business casual attire is required. In general, all clothing should be neat, clean and of appropriate size and fit for the clinical setting. Good personal hygiene is expected. For specific dress code requirements, please refer to the ATSU-SOMA Dress Code Policy. Each community campus may make modifications to the official Dress Code that conform to regional standards. Students are responsible to check with the campus RDME with any questions concerning the Dress Code for their region.

### **Examinations, Quizzes, & Graded Assignment Policies**

ATSU-SOMA students are expected to exhibit the highest degree of intellectual honesty during the administration of examinations and completion of assignments given by ATSU-SOMA and must adhere to the exam protocols provided at the beginning of each academic year. Behaviors that are not consistent with this standard are subject to disciplinary actions by the Student Performance Committee.

All assignments and projects submitted for any course are the property of ATSU-SOMA and may not be available for return to the student. Students should maintain a copy of all work assignments submitted. All work on exams, exercises and assignments are to be completed individually unless direction is given by the faculty member that said assignment may be completed as a group project or with the assistance of others.

Rescheduling an examination or other assessment can be accommodated if a student receives an excused absence. If a student is unable to attend an examination or assessment, the student is required to follow the Excused Absence Policy in the ATSU-SOMA Catalog. ATSU-SOMA reserves the right to assess students for the cost of reproducing examinations or assessments where the reproduction of said exam or assessment would be excessive (i.e., require special scheduling of standardized patients).

- Make-up exams/activities must be completed within 72 business hours of the originally scheduled date (e.g. if exam is scheduled on Monday, exam must be taken by Thursday)
- Students who are unable to make-up an exam/activity within 72 business hours will receive an "incomplete" in the course.
- Incomplete courses must be completed by a date scheduled at the discretion of the Dean or designee.
- Some courses or activities have built-in leeway for missing class or a quiz (e.g. the lowest quiz grade is dropped) and no make-up is offered, even if the absence is excused. Due to expenses incurred in providing a make-up, some courses or activities must charge a fee to students in order to be able to provide the make-up, even if it is excused. Sometimes a make-up is not possible due to the nature of the activity even if the student was granted an excused absence.

### **Professionalism**

An important aspect of any professional educational curriculum is the development of professional behaviors and role identity. Evidence shows that unprofessional behavior exhibited during training is a predictor of future referrals to state regulatory boards and/or the need for disciplinary actions. Since such behavior presents a potential danger to the provision of good patient care and issues for the credibility of the profession, they share equal importance to academic and manual skills. ATSU-SOMA considers breaches of professional conduct as

academic deficiencies. Recognizing the responsibility to display appropriate professional behaviors, ATSU-SOMA sets expectations for professional conduct and evaluates students in this sphere to document satisfactory acquisition of these important behaviors.

Below is a list of expectations of professionalism adapted by ATSU-SOMA from the Behaviors Reflecting Professionalism identified by the National Board of Medical Examiners. Each member of ATSU-SOMA should model these behaviors to ensure quality patient care and growth of the profession.

### *Altruism*

- Helps colleagues and team members who are busy.
- Takes on extra work to help the team.
- Serves as knowledge or skill resource to others.
- Advocates for policies, practices and procedures that will benefit patients.
- Endures inconvenience to accommodate patient needs.

### *Honor and Integrity (honesty)*

- Admits errors and takes steps to prevent reoccurrence.
- Deals with confidential information appropriately.
- Does not misuse resources (i.e. school property).
- Attributes ideas and contributions appropriately for other's work.
- Upholds ethical standards in research and scholarly activity.
- Requests help when needed.
- Assumes personal responsibility for mistakes.

### *Caring and Compassion*

- Treats the patient as an individual, considers lifestyle, beliefs and support systems.
- Shows compassion to patients and maintains appropriate boundaries in professional relationships.
- Responds to patient's needs in an appropriate way.
- Optimizes patient comfort and privacy when conducting history, physical examination and procedures.

### *Respect*

- Respects institutional staff and representatives; respects faculty and colleagues during teaching sessions.
- Adheres to local dress code.
- Participates constructively as a team member.
- Adheres to institutional and departmental policies and procedures.
- Displays compassion and respect for all patients even under difficult circumstances.
- Discusses patients/faculty/colleagues without inappropriate labels or comments.

### *Responsibility and Accountability*

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Academic Standards

- Presents self in an appropriate manner to patients and colleagues.
- Completes assignments and tasks in a timely manner.
- Responds promptly when called or when pages, emails or phone calls are sent.
- Intervenes when unprofessional behavior presents a clear and present danger.
- Uses resources effectively.
- Responds appropriately to an impaired colleague.
- Reacts to other's lapses in conduct and performance.
- Makes valuable contributions to class, rounds and group interactions.
- Elicits patient's understanding to ensure accurate communication of information.
- Facilitates conflict resolution.
- Remains flexible to changing circumstances and unanticipated changes.
- Balances personal needs and patient responsibilities.
  - Provides constructive feedback.

### *Excellence*

- Has internal focus and direction, sets goals to achieve excellence.
- Takes initiative in organizing, participating and collaborating with peer groups and faculty.
- Maintains composure under difficult situations.
- Inspires confidence in patients by proper preparation for clinical tasks and procedures.

## **Community Campuses**

Assignment to Community Campus Location Assignment to a community campus involves the consideration of various factors including the student's expressed desire concerning location. Campus assignments are ultimately under the purview of the School and ATSU-SOMA reserves the right to make all campus and clinical assignments. Unauthorized trading or attempts to influence campus placements by bartering, coercion or offering goods or services are grounds for disciplinary action.

Placement at a community campus is considered a permanent assignment. It is only under extraordinary circumstances that transfer from one campus to another will be considered. Requests for transfer and questions about community campuses should be addressed to the Associate Dean for Clinical Education and Services.

## **Travel to Clinical Experiences**

Many of the courses required to complete the curriculum require travel to participate in clinical experiences. Unless otherwise published, travel is at the student's expense and not paid for by ATSU-SOMA or clinical agencies. Most students find having a car and valid driver's license a necessity to complete the program of study. In particular, students are encouraged to consider the travel requirements associated with specific community campuses prior to their indication of interest in attending that campus.

At each site the weather conditions may make travel hazardous. Students should take their cue on travel from the site supervisor and follow local policy that may dictate procedures. Ultimately the decision to travel or not travel should be made using the individual's best judgment based on the available information.

### **Housing**

Students are responsible for making arrangements for and payment of their housing needs. Please be advised that there are occasions when students will be assigned at a distance from their community campus. In very select cases some subsidies may be available at certain locations. However, housing costs remain the ultimate responsibility of the student. Students are encouraged to investigate housing costs prior to community campus selection.

### **Community Campus General Policies and Procedures**

#### **Injuries and Accidents**

Any student who sustains an injury or bloodborne pathogen exposure while on his or her clinical experience must notify their RDME as soon as possible.

In the event that the injury involves exposure to bloodborne pathogens, notify the clinical site's occupational medical staff immediately and follow their protocols for blood borne exposure. The student must also notify the RDME as soon as possible. A needle-stick protocol checklist and post exposure prophylaxis (PEP) guideline is provided on the E\*Value homepage.

If you have a needle-stick injury while on a rotation, there are a few important steps to follow.

1. Notify your supervising physician immediately
2. Follow the host hospital's or clinic's protocol for risk evaluation and post-exposure prophylaxis. This information can be obtained through the Emergency Department or the Risk Management Department.
3. Notify ATSU-SOMA Administration and your RDME immediately or as soon as possible
4. Keep paper copies of your medical records, the incident report and accompanying date.
5. Keep one complete set for your personal records. Give the incident report and confirmation that you followed the host hospital and/or PEP post –exposure guidelines to your RDME and campus administrative assistant (AA). The PEP guidelines link can be found on the E\*value homepage. You do not have to provide personal medical information to the RDME or AA. However, we do require documentation that you sought medical advice and any required treatment following national health guidelines. In the event, you experience an injury other than a needle-stick while on a rotation:

1. Notify your attending immediately
2. Seek medical attention as needed
3. Follow your host hospital or clinic's risk management protocol for reporting and treatment
4. Notify your RDME as soon as possible

5. Provide documentation of the incident (again, no personal medical information is necessary, just proof that you were evaluated and/or treated after an injury) to your RDME and AA for your file.

It is important to recognize that as a student you are not covered by the health insurance of the community campuses as you are not an employee. You are also not covered by the University's health insurance, as you are not an employee of the University. Therefore, as per University policy, A.T. Still University (ATSU) requires all students enrolled in a residential program to maintain active health insurance coverage. To ensure students have access to a comprehensive plan, ATSU has chosen United Healthcare Student Resources (UHCSR) as its medical plan provider for the student health plan. All ATSU/SOMA students must meet ATSU requirements by either enrolling in the ATSU student sponsored health plan or submit a waiver and receive approval for use of another acceptable health coverage plan.

HSA Consulting, Inc. (HSAC) is the group administrator for the student health plan and will verify waiver information to ensure all students are in compliance with A.T. Still University health insurance requirements. As the group administrator HSAC will assist students with plan questions, address changes, claims assistance and obtaining ID cards. For more information on details of the plan, University requirements, enrollment, or completing the waiver process; please visit: <https://app.hsac.com/atstill>.

HSA Consulting, Inc. is available by phone, (888-978-8355), or email ([atstill@hsac.com](mailto:atstill@hsac.com)) for any additional questions regarding the waiver/enrollment process or the student health insurance plan.

### **Student Health Insurance Requirements**

All students **MUST** be covered by an Affordable Care Act (ACA) compliant domestic health insurance plan for the entire academic year, including summer and holidays.

Acceptable coverages to waive the A.T. Still University (ATSU) – Sponsored Student Health Insurance Plan are a parent's employer group plan, a spouse's employer group plan, VA Benefits or COBRA. Individual plans will be accepted as long as they meet with the University's waiver requirements. Additionally, the University will allow students to waive out of the student health insurance plan using Medicaid based coverage, but the student must live in the Medicaid-approved state the entire academic year. The A.T. Still University waiver requirements are as follows:

- Deductible **MUST NOT** be more than \$1,500 individual or \$3,000 family annually, **NO** exceptions.
- Adequate major medical coverage of at least \$1,000,000/policy year
- Prescription coverage
- Mental health coverage
- Coverage for an annual wellness exam

- A provider network in the area of your A.T. Still University campus for primary care, specialty, hospital, and diagnostic care. Students attending online programs, including those that are only partially online, are exempt from this requirement.

***Short-term health insurance policies, traveler's plans, or plans originating outside the United States will not be accepted as part of the waiver process.***

Failure to maintain continuous health insurance coverage may result in disciplinary action including suspension and/or dismissal.

ATSU-SOMA has purchased accident insurance and needle-stick coverage that may help to defer the cost of needle-stick injury or exposure to blood-borne pathogens.

## **Safety Issues in Year 2**

Every site should have a disaster plan directing individuals' actions in the event of an emergency (i.e. tornado, violence at the site, etc.). In the event of an emergency follow the site's emergency plan and the direction of your site supervisor. As soon as it is safe and feasible please notify the ATSU-SOMA Administration regarding your status.

Students are required to become familiar with the safety procedures that are established at each of the community campuses. As in every situation, especially when one is in an unfamiliar environment, it is prudent to maintain good situational awareness and to be cognizant of one's surroundings.

## **Professional Conduct**

Students are under the supervision of, and responsible to, the Community Campus faculty, including the RDME and clinical preceptors. The student may be subject to review and removed from the community campus by the SOMA administration if his or her conduct is deemed unsafe or inappropriate by the faculty at the Community Campus.

## **Student Responsibilities at the Community Campus**

The student is expected to put a patient's needs and safety as the top priority during all clinical encounters.

The student is expected to adhere to the schedule provided by the community campus RDME for both didactic courses and clinical courses. The student is expected to attend conferences, rounds, and clinics assigned by the Community Campus faculty as part of their OMS II curriculum. It is the student's responsibility to review the curricular objectives and augment didactic and clinical experiences with independent research and discussion with the Community Campus faculty.

### **Community Campus Responsibility to the Student**

The Community Campus must organize an orientation at the start of OMS II year to provide general information about the site, student requirements, and contact information for key personnel.

The Community Campus must ensure that on-site faculty guidance is available to assist students in their concerns related to the OMS II curriculum. The student will be provided with information and procedures to handle injuries and other health concerns sustained at the Community Campus.

### **MSPE, Residency and COMLEX, Level 3**

The Medical Student Performance Evaluation (MSPE) is a document utilized in the residency application process. It serves as “an evaluation of a medical student’s performance” (rather than a recommendation or prediction of future performance). The MSPE describes, in a sequential manner, a student’s performance through 3 full years of medical school and, as much as possible, the 4th year. The MSPE includes an assessment of both the student’s academic performance and professional attributes.” (Association of American Medical Colleges-AAMC). The MSPE will include all of the student’s clinical evaluations as well as any of the student’s “unique characteristics”.

Once the MSPE draft has been created for each student, students will be provided the opportunity to review their MSPE and “correct factual errors in the MSPE, but not to revise evaluative statements in the MSPE.” (AAMC). The national release date for the MSPE to residency programs varies by year (usually October-November).

Residency match results which may include a student’s name, specialty, and residency program placement will be made public unless the student opts out. Students may opt out at any time by contacting the Dean’s Office. An opportunity to opt out will also be emailed to the students during their OMS IV year.

Once a graduate is placed in residency, he or she will be required to take and pass COMLEX 3. For information on ASTU-SOMA COMLEX Level 3 pass rates and residency match rates, please refer to: [http://www.atsu.edu/soma/prospective\\_students/postgraduate\\_placement.html](http://www.atsu.edu/soma/prospective_students/postgraduate_placement.html)

### **Echo360**

ATSU-SOMA uses Echo360 for video and audio recording of many didactic presentations for later playback; however, as with any technology, the Echo360 system may not work at times. ATSU-SOMA will notify students via ATSU e-mail when the Echo360 is unavailable. The student is always responsible for the material covered in a session, even if an Echo360 recording is not available.

### **Annual Catalog, Handbook, and Clinical Education Manual Review**

All ATSU-SOMA students are required to read the ATSU University Catalog and the University Student Handbook annually. In addition, the OMS III and OMS IV students must also read the ATSU-SOMA Clinical Education Manual annually. An attestation is sent via the E\*Value system to all students annually. Each student must sign and submit the form, affirming that they have read the required items. Failure to do so may be considered a professionalism violation and may result in a delay in the student's course work, and may result in the student appearing before the Student Performance Committee.

### **Doctor of Osteopathic Medicine Program (SOMA)**

The ATSU-SOMA curriculum is aligned with the American Osteopathic Association (AOA) Seven Osteopathic Core Competencies for Medical Students. Under each of these competency domains, there are measurable curricular goals which, upon student attainment and completion, indicate competence in the domain. These curricular goals broadly shape and define the courses and clerkships (clinical rotations) within the four-year SOMA curriculum. For each curricular goal, there are accompanying learning activities, whose purpose is to help students achieve the goal and learn course content. Each learning activity is guided by a set of specific, measurable learning objectives that state what the student will accomplish during the activity.

#### **1. Osteopathic Principles & Practices**

"Graduates must demonstrate knowledge of osteopathic principles and practice (OPP), and they must exhibit and apply knowledge of somatic dysfunction diagnosis and osteopathic manipulative treatment (OMT) in clinical settings."

- Demonstrate and communicate knowledge of osteopathic principles and osteopathic manipulative therapy (OMT) including the scientific basis and physical findings of somatic dysfunction as well as the mechanism of action, indications, contraindications, and basic application of OMT.
- Perform and document a complete and appropriately focused osteopathic structural examination in a respectful, logical, and organized manner.
- Apply osteopathic principles and OMT consistently and appropriately into specific patient care plans.
- Demonstrate the knowledge and skills necessary to integrate osteopathic principles and practice into all aspects of whole person healthcare.

#### **2. Clinical Skills & Osteopathic Patient Care**

"Graduates must demonstrate effective use of motor and cognitive skills in diagnosis, management and prevention of common health problems encountered in patient care within a variety of clinical settings and across the lifespan."

- Elicit a comprehensive and appropriately focused history and generate a list of a patient's concerns in a respectful, rationale and organized manner.
- Perform a complete and appropriately focused physical examination in a respectful, rationale and organized manner; and correlate abnormal findings to clinical presentations and disease processes.
- Perform basic clinical procedures essential for general osteopathic medical practice.



- Utilize clinical reasoning strategies to accurately diagnose medical conditions originating from common clinical presentations.
- Determine and implement evidence-based clinical intervention plans and management strategies, while monitoring their effectiveness and adjusting appropriately.
- Incorporate health education counseling, preventive medicine approaches, and health promotion strategies during patient encounters.

### 3. Medical Knowledge

"Graduates must demonstrate knowledge and application of osteopathic, biomedical, clinical, epidemiological, biomechanical, social and behavioral sciences in the context of patient-centered care."

- Recognize and explain normal structure and function across the lifespan.
- Identify and explain the molecular, biochemical and cellular mechanisms that support normal structure and function.
- Distinguish between the mechanisms of disease pathogenesis, describe their impact on the body, and relate them to patient signs and symptoms.
- Explain and apply principles of contemporary therapeutics, including osteopathic, surgical, pharmacologic, molecular, biologic, behavioral and contemporary/alternative.
- Interpret diagnostic studies and correlate abnormal findings to disease states.
- Describe the epidemiology of common disease states within a defined population, and the systematic approaches useful in reducing the incidence and prevalence of those disease states.

### 4. Professionalism

"Graduates must demonstrate through knowledge, behavior and attitudes, a commitment to the highest standards of competence, ethics, integrity, and accountability to patients, society and the osteopathic profession."

- Demonstrate respect, altruism, compassion, interest, integrity, honesty, accountability and trustworthiness in all interactions with patients, their families, faculty, staff, peers and colleagues.
- Apply ethical decision making in all aspects of professional practice.
- Demonstrate awareness, sensitivity and responsiveness to culture, socio-economic status, religion, age, gender, sexual orientation, and mental/physical disabilities of patients, their families, faculty, staff, peers and colleagues.
- Demonstrate professional work behaviors such as punctuality, appropriate appearance, accepting responsibility for errors, and maintaining professional boundaries.
- Demonstrate a commitment to continuous professional development, learning, and internal & external assessment.

### 5. Interpersonal and Communication Skills

Date Adopted: August 1, 2017

Last Reviewed: September 1, 2022

Academic Standards

"Graduates must demonstrate the knowledge, behaviors and attitudes that facilitate accurate and efficient information gathering, empathetic rapport building, and effective information giving in interactions with patients, their families and colleagues of the inter-professional health care team."

- Document and record patient information in an accurate, organized, and confidential manner appropriate to the clinical situation and present relevant aspects of a patient's case in a logical, articulate fashion both orally and in writing.
- Work effectively and collaboratively with patients, their families and colleagues of the inter- professional healthcare team in providing whole person healthcare.
- Demonstrate effective and appropriate active listening, verbal, non-verbal, and written and electronic communication skills when dealing with patients, their families, faculty, staff, peers and colleagues of the inter-professional health care team.

#### 6. Practice-Based Learning and Improvement

"Graduates must demonstrate the ability to apply scientific theory and methodology and exhibit the critical thinking skills essential for integrating evidence-based principles and practice into patient care."

- Apply fundamental biostatistical and epidemiologic concepts to practice-based learning and improvement.
- Conduct a systematic review of literature on basic and clinical science research and critically synthesize the results for relevance and validity.
- Describe the clinical significance of and apply strategies for integrating best medical evidence into clinical practice.
- Identify, describe and apply systematic methods relating to continuous evaluation of osteopathic clinical practice patterns, practice-base improvements, and the reduction of medical errors.
- Integrate technology into the practice of medicine and the delivery of healthcare services.

#### 7. Systems-Based Practice

"Graduates must demonstrate awareness of and responsiveness to the larger context and systems of health care, and effectively identify system resources to advocate for and maximize the health of the individual and the community or population at large."

- Demonstrate knowledge of health delivery systems that affect the practice of an osteopathic physician and how delivery systems influence the utilization of resources and access to health care.
- Demonstrate knowledge of how patient care and professional practices affect other health care professionals, health care organizations, and society.
- Demonstrate the ability to work effectively in a variety of health care systems (with an emphasis on community health care) and provide quality patient care while advocating for the best interests of patients.

- Demonstrate the ability to implement safe, effective, timely, patient-centered and equitable systems of care in a team-oriented environment.

Several important pedagogical modalities are used to bring basic science into a clinical context. These modalities include: clinical presentation "schemes," small group learning discussions, hands-on laboratories, demonstrations, and simulation activities.

### **Community Health Center (CHC) Learning Partnerships**

A unique feature of ATSU-SOMA's education program is its emphasis on contextual learning in community healthcare settings. Beginning in the second year (OMS II year), students are stationed at one of the Community Health Centers (CHCs) listed below. Each of these locations has dedicated classroom space for didactic instruction, OPP training, and clinical skills application and practice. These classrooms are equipped with internet connectivity and video conferencing capabilities so that academic interaction can occur with the Mesa campus faculty and with the other CHC sites. ATSU-SOMA's CHC partnerships include:

- Adelante Healthcare: Mesa, Arizona
- Beaufort-Jasper-Hampton Comprehensive Health Services: Ridgeland, South Carolina
- El-Rio Community Health Center: Tucson, Arizona
- Family Healthcare Network: Visalia, California
- HealthPoint: Renton, Washington
- HealthSource: Mt. Oreb, Ohio
- Near North Health Service Corporation: Chicago, Illinois
- North Country Healthcare: Flagstaff, Arizona
- Northwest Regional Primary Care Association: Portland, Oregon
- Waianae Coast Comprehensive Health Center: Waianae, Hawaii

### **Length of Program**

The Doctor of Osteopathic Medicine program is designed to be completed in four years and must be completed within six years from the date of matriculation. The curriculum is comprised of a minimum of 243.6 semester credit hours.

### **Tuition and Fees**

Tuition is due twice a year at ATSU. It is due at the beginning of the first and second semesters. Each payment is half the cost for the entire year. Tuition may be paid any time during the week that it is due. Delinquent tuition penalties accrue at 1.5% per month, which is 18% per year

Cost of attendance (COA), or budget is an estimated amount of all expenses for a period of enrollment. A budget, including all COA elements has been calculated for each program

approved to certify for Title IV funding. An expense worksheet is also provided so students can calculate how the estimated cost of attendance will align with their actual costs and help to budget accordingly.

Class/Year	Tuition	Educational Supply Fee	Medical Equipment Fee
Class of 2027, year 1	\$64,714.00	\$1,350.00	\$1,000.00
Class of 2026, year 2	\$64,714.00	\$1,350.00	
Class of 2025, year 3	\$64,714.00	\$1,350.00	
Class of 2024, year 4	\$64,714.00	\$1,350.00	

## Admissions

### Application process

ATSU-SOMA uses the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS). AACOMAS provides centralized services including data collection, analysis, and distribution of the online primary application to osteopathic medical schools the applicant designates. Please visit [www.aacom.org](http://www.aacom.org) or contact AACOMAS at 5550 Friendship Boulevard, Suite 310, Chevy Chase, MD 20815-7231, phone: 301.968.4100.

### Application Deadline

The deadline for submission of the AACOMAS application is March 1; however due to ATSU-SOMA's rolling admissions process and early admission decisions, applicants are strongly encouraged to apply early.

Upon review of the AACOMAS application, ATSU-SOMA will send qualified applicants a secondary (supplemental) application. A non-refundable application fee, at least one letter of recommendation (LOR) from a science faculty member (or from the pre-medical committee), and at least one LOR from a physician (strong preference for a letter from a D.O.) must be submitted with the secondary application.

The deadline for submission of the secondary (supplemental) application is April 1. Due to ATSU-SOMA's rolling admissions process and early admission decisions, applicants are strongly encouraged to apply early.

### Admission Requirements

Applicants for admission to the first-year DO class must meet the following requirements prior to matriculation.

1. The applicant must have achieved a minimum 2.8 cumulative grade-point average (GPA) and a minimum 2.8 science GPA on a 4.0 scale.
2. Applicants must have completed a bachelor of arts or science from a U.S. regionally accredited college or university.
3. Applicants must have successfully completed one full academic year (or equivalent) with a grade (or equivalent) of "C-" or better in each of the following courses prior to matriculation:
  - o English
  - o Biology/Zoology (with laboratory)
  - o Inorganic/General Chemistry (with laboratory)
  - o Physics (with laboratory)
  - o Organic Chemistry (with laboratory)
  - o Additionally, ATSU-SOMA recommends the following elective courses:
    - Anatomy
    - Behavioral Science
    - Biochemistry
    - Genetics
    - Immunology
    - Microbiology
    - Molecular Biology
    - Multicultural Studies
    - Physiology
    - Public Health/Epidemiology
4. Applicants are required to submit scores from the Medical College Admission Test (MCAT) that have been taken within three years of application.
5. Matriculants are required to submit complete official transcripts from each school attended by the date of matriculation.
6. ATSU-SOMA and many of its clinical affiliations require criminal background checks on matriculants and students to ensure the safety of patients and employees. The checks are conducted by a vendor selected by ATSU. The student will pay the cost of the criminal background check directly to the vendor. Failure to comply with this mandate will result in denial to matriculate. A matriculant with a positive criminal background screen will be reviewed.
7. Applicants must be a U.S. citizen or permanent resident
8. Applicants must be fluent in the oral and written use of English
9. Applicants must have basic computer literacy.
  - o Matriculants will meet the minimum technology specifications found at: <http://its.atsu.edu/knowledgebase/soma-technology-requirements/>

### **Doctor of Osteopathic Medicine and Master of Public Health Dual Degree**

With ATSU's dual Doctor of Osteopathic Medicine and Master of Public Health program, students earn their Master of Public Health (MPH) through ATSU's College of Graduate Health Studies (ATSU-CGHS) while completing their DO degree at ATSU-SOMA. Students trained in ATSU-SOMA's innovative community campus model will be well prepared for a medical career in public health venues. The MPH requires additional courses completed

online via ATSU-CGHS. Applications to the MPH program are accepted toward the end of the students' first year at ATSU- SOMA.

After earning their DO and MPH degrees students will be able to do the following and more:

- Analyze issues of access, quality, and cost for populations, communities, and individuals
- Evaluate social determinants of health and health disparities at your community health center and beyond
- Hypothesize reasons for observed disparities
- Create interventions to address health disparities
- Design research studies to address health disparities
- Compare and contrast research methodologies
- Critically appraise public health and medical literature
- Define health literacy and apply its concepts to health promotion and disease prevention programs
- Apply knowledge and skills acquired from the curriculum and complete an academic paper suitable for publication
- Present research findings at national meetings
- Evaluate health promotion and disease prevention programs from a variety of perspectives

Students must meet the following criteria to apply for the DO/MPH dual degree:

- Must have attended the introductory presentation.
- Must be in good academic standing
- Must have no course failures during the OMS I year
- Must not be identified as At Risk according to the ATSU-SOMA catalog description

Once these criteria have been met, a letter of support must be obtained for the student from the ATSU-SOMA Dean. The student may then apply online via the ATSU website. There is no admission fee for potential DO/MPH students.

### **Hometown Scholars Program**

The National Association of Community Health Centers has a hometown scholar program that identifies potential applicants who match the mission and values of ATSU-SOMA. Please visit [www.atsu.edu/hometown-scholars](http://www.atsu.edu/hometown-scholars) for more details on the Hometown Scholars Program.

### **Transfer Student Admission**

The curriculum model and structure of ATSU-SOMA does not allow for transfer student admission.

### **Transfer Credit**

The curriculum model and structure of ATSU-SOMA does not allow for the awarding of course credit.

### **Advanced Standing Admission**

The curriculum model and structure of ATSU-SOMA does not allow for the awarding of advanced standing into the School.

### **International Student Admission**

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Academic Standards

All ATSU-SOMA applicants must be U.S. citizens or permanent residents.

### **Selection of Applicants**

The ATSU-SOMA Admissions Committee seeks individuals who will be a good match to ATSU-SOMA's mission and are capable of meeting ATSU-SOMA's academic and professionalism standards. Applicants are screened for academic achievement, clinical involvement, interpersonal skills, leadership qualities, service, perseverance, maturity, motivation, and knowledge of the osteopathic profession. Applicants who pass this screening will be invited for an interview. The interview day is designed to be a two-way process to help the ATSU-SOMA Admissions Committee determine if the applicant is a good fit for ATSU-SOMA while enabling the applicant to determine if ATSU-SOMA is a good fit for the applicant. Attendance at an interview day is mandatory for admission.

Following the interview day, the Admissions Committee will review the applicant's entire packet and determine the disposition of the application. The Admissions Committee will accept (with or without contingencies), reject, or place candidates on an alternate list. Applicants are notified of the Committee's decision as soon as possible (usually within two weeks of the interview day).

An offer of acceptance is accompanied by assignment to a specific Community Health Center Contextual Learning Site (informally known as "community campus"). Successful applicants are granted a specified time period to notify the Office of Admissions of their intention to enroll. This letter of intent must be accompanied by payment of a non-refundable acceptance fee.

Admission after acceptance is subject to the satisfactory completion of all academic requirements. Admission to ATSU-SOMA may be revoked for fraud, misrepresentation, or other violation of University standards.

### **Matriculation Requirements**

The following are required prior to attendance on the first day of class at ATSU-SOMA. Failure to comply with any of the listed requirements may lead to withdrawal of acceptance and will prevent a student from initially enrolling or remaining enrolled at ATSU-SOMA.

1. Successful completion of a Bachelor of Arts or Science (B.A., B.S.) degree and all ATSU-SOMA prerequisite courses from a U.S. regionally accredited college or university or equally accredited Canadian institution: This must be verified with submission of all final official transcripts to the ATSU Admission Office.
2. Attendance at all ATSU-SOMA osteopathic medical student, year 1 (OMS I) orientation activities: These activities occur during the week prior to the first day of class.
3. Background Check: ATSU-SOMA requires that entering students submit to and provide the results of background check prior to enrollment. Recognize that this is a minimum standard and that some clinical facilitates may have additional requirements that students must meet prior to beginning clerkships (clinical rotations) at those sites. These requirements may include (but not be limited to) additional background checks and drug screening.
4. Required Immunizations: ATSU-SOMA requires all entering students to provide proof of their immunizations in order to enroll in courses. Please see the Academic Standards, Guidelines, and Requirements section for the specific immunization requirements.

Proof of Health Insurance: A.T. Still University (ATSU) requires all students enrolled in a residential program to maintain active health insurance coverage. To ensure students have access to a comprehensive plan, ATSU has chosen United Healthcare Student Resources (UHCSR) as its medical plan provider for the student health plan. All ATSU/SOMA students must meet ATSU requirements by either enrolling in the ATSU student sponsored health plan or submit a waiver and receive approval for use of another acceptable health coverage plan.

HSA Consulting, Inc. (HSAC) is the group administrator for the student health plan and will verify waiver information to ensure all students are in compliance with A.T. Still University health insurance requirements. As the group administrator HSAC will assist students with plan questions, address changes, claims assistance and obtaining ID cards. For more information on details of the plan, University requirements, enrollment, or completing the waiver process; please visit: <https://app.hsac.com/atstill>.

HSA Consulting, Inc. is available by phone, (888-978-8355), or email ([atstill@hsac.com](mailto:atstill@hsac.com)) for any additional questions regarding the waiver/enrollment process or the student health insurance plan.

## **Student Health Insurance Requirements**

All students **MUST** be covered by an Affordable Care Act (ACA) compliant domestic health insurance plan for the entire academic year, including summer and holidays.

Acceptable coverages to waive the A.T. Still University (ATSU) – Sponsored Student Health Insurance Plan are a parent's employer group plan, a spouse's employer group plan, VA Benefits or COBRA. Individual plans will be accepted as long as they meet with the University's waiver requirements. Additionally, the University will allow students to waive out of the student health insurance plan using Medicaid based coverage, but the student must live in the Medicaid-approved state the entire academic year. The A.T. Still University waiver requirements are as follows:

- Deductible **MUST NOT** be more than \$1,500 individual or \$3,000 family annually, **NO** exceptions.
- Adequate major medical coverage of at least \$1,000,000/policy year
- Prescription coverage
- Mental health coverage
- Coverage for an annual wellness exam
- A provider network in the area of your A.T. Still University campus for primary care, specialty, hospital, and diagnostic care. Students attending online programs, including those that are only partially online, are exempt from this requirement.

***Short-term health insurance policies, traveler's plans, or plans originating outside the United States will not be accepted as part of the waiver process.***

Failure to maintain continuous health insurance coverage may result in disciplinary action including suspension and/or dismissal.



5. . For coverage details, see the University Student Handbook.
6. Basic Life Support (BLS) Certification: ATSU-SOMA requires that all students obtain and maintain BLS certification throughout the entire duration of enrollment. Proof of certification must be on file by the end of OMS I orientation. It is the student's responsibility to renew certification prior to the expiration date. Proof of Advanced Cardiac Life Support (ACLS) certification must be obtained prior to reporting for clerkship duty in the OMS III year. These requirements may only be met using an online course if it is a certification renewal. First-time certification must be completed via a live course. Non-compliance at any time during a student's enrollment will result in suspension and/or dismissal.

## **Grading**

ATSU-SOMA programs adhere to the University grading scale.

A.T. Still University adheres to the grading practices recommended under FERPA. Grades are not posted in a public manner either by student name, social security number, or student identification number. FERPA permits the posting of grades only if the student is assigned a unique identifier known only to the student and the faculty member.

## **Grading Guidelines**

SOMA students are evaluated by a number of methodologies to insure they are meeting curricular goals and competencies. The following are examples of methods that may be used to provide either formative or summative evaluation of student performance.

- Examinations (either written or computer based), quizzes and assignments
- Observation of Head-To-Toe Physical Exam
- Observation of Problem-Specific Physical Exams
- Performance of Clinical Procedures
- Performance at Clinical Experiences
- Discussion with Preceptors at Clinical Sites
- Behavioral Performance Evaluation
- Comprehensive End-of-Year Examinations
- Faculty Advisory Reviews
- Evaluation of Medical Documentation
- Observation of Patient Presentations
- Objective Structured Clinical Examinations (OSCEs)
- Clinical Examination Exercise (Mini-Cex)

## **Non-core rotations:**

For non-core rotations, scores are based on the Clinical Rotation Evaluation (CRE). See individual course syllabi for additional requirements.

Grade is based on the CRE scale:

Grade	Value
Honors	>4.75
High Pass	4.00 – 4.75
Pass	3.00 – 3.99
Low Pass	2.10 – 2.99
Fail	< or equal to 2.09

**Core rotations:**

For core rotations, scores are based on the Clinical Rotation Evaluation (40%), end-of-rotation exam (40%), and course assignments (20%). See individual course syllabi for additional requirements.

Each component of the core rotation grade has its own scale:

Grade	CRE (40%)	Exam (40%) "mean" refers to national mean	Course Assignment (20%)
		COMAT	CC/Neuro/Cardio exams
Honors	>4.75	111+	>4.75
High Pass	4.00 – 4.75	103-110	4.00 – 4.75
Pass	3.00 – 3.99	94-102	3.00 – 3.99
Low Pass	2.10 – 2.99	85-93	2.10 – 2.99
Fail	≤ 2.09	84 or lower	≤ 2.09

\*Failure of the CRE will result in failure of the course and a repeat of the clinical rotation.

The three components (CRE, end-of-rotation exam scores, course assignments) are combined to determine the final grade based on the following scale:

Grade	Value
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Honors	>4.75
High Pass	4.00 – 4.75
Pass	3.00 – 3.99
Low Pass	2.10 – 2.99
Fail	< or equal to 2.09

Should a student fail a post-rotation examination, a limit of two (2) retakes (for a total of three attempts) will be allowed. Any retake requires approval by the Assistant Dean of Clinical Education, Assessments and Outcomes. A failure of the rotation will occur if the student does not successfully pass on the third attempt.

For Family Medicine and Internal Medicine, the COMAT is taken at the end of the second rotation. Due to these courses being a total of 8 weeks each (two four-week experiences for Family Medicine and two four-week experiences for Internal Medicine), the COMAT is factored into both rotation grades (Family Medicine I and II for the Family Medicine COMAT, and Internal Medicine I and II for the Internal Medicine COMAT), even if the rotations are taken in different semesters.

Scores for Osteopathic Principles and Practice (OPP) in the OMS III year- first semester & OMS IV year are converted to a pass designation using the following criteria:

Grade	Value
Honors	95-100
High Pass	90-94
Pass	75-89
Low Pass	70-74
Fail	<69

Scores for OPP in the OMS III year- second semester are converted to a pass designation using the following chart:

OPP Score	COMAT®	Honors	High Pass	Pass	Low Pass	Fail
95-100		Honors	Honors	High Pass	High Pass	I
90-94		Honors	High Pass	Pass	Pass	I

75-89	High Pass	Pass	Low Pass	Low Pass	I
70-74	Pass	Low Pass	Low Pass	Low Pass	I
69 or below	Fail	Fail	Fail	Fail	Fail

Should a student fail a post-rotation examination, a limit of two (2) retakes (for a total of three attempts) will be allowed. Any retake requires approval by the Assistant Dean of Clinical Education, Assessments and Outcomes. A failure of the rotation will occur if the student does not successfully pass on the third attempt. Any student retaking and passing an end-of-rotation exam will only be able to receive up to the highest low pass score, regardless of their actual score. For example, if a student's retake score is an honors score, only the highest low pass score is used.

Alternately, if a student's retake score is below the highest low pass score (but above a failing score), the student's actual exam score will be used.

A grade of I (incomplete) indicates that course requirements have not been completed. A grade of IP (in progress) indicates the course spans more than one semester. Grades of I or IP are not replaced on the official transcript until all course requirements are met. Failure to complete course requirements may result in grades of I or IP being replaced with a failing grade.

### **Grading Grievance Policy and Process**

A student who disagrees with an individual assessment grade or course grade should report his or her concern to the course director in writing. If a resolution cannot be reached with the course director, the student can submit his or her concern in writing to the Associate Dean of Curriculum Integration (if the grade pertains to OMS I or OMS II curricula) or the Assistant or Associate Dean for Clinical Education and Services (if the grade pertains to OMS III or OMS IV curricula) for consideration. The decision of the Associate or Assistant Dean is final. Any student who questions a grade on a Clinical Performance Evaluation (CPE) by initiating a discussion with a preceptor about the CPE will be considered to have violated standards of professionalism. Students may discuss their learning, conduct, and experiences with the preceptor, but may not question a grade that has been assigned in an assessment.

### **Tuition**

Current tuition and fees for attending SOMA may be found on the ATSU website. One-half is due at the beginning of the first and second semester. Tuition and fees are subject to change.

### **Fees**

Application Fee: A non-refundable fee is due at the time the secondary application is submitted. The application fee does not apply to tuition.

### **Acceptance Fee (Deposit)**

This non-refundable fee is an advance payment on the first year's tuition. It is due with submission of the Admission Agreement and applied to tuition at the time of enrollment. The applicant may cancel this agreement and receive a full refund of all monies (excluding the application fee) paid to date if cancellation is made in writing to the Admissions Office and mailed/delivered to the institution at the address stated herein within three (3) business days after the date of signature.

### **Pre-Registration Fee (Deposit)**

This non-refundable fee is payable by May 1 preceding registration to hold a place in the class and will be applied to tuition at the time of registration.

### **Technology Fee**

This non-refundable fee is due every academic year and covers the cost of the technology support and services used by students.

### **Medical Equipment (1<sup>st</sup> Year only)**

All first year students are charged a fee for medical equipment. The equipment is distributed during the first course and becomes the personal property of the student.

### **Refund Policy**

A student who withdraws or is dismissed from SOMA prior to the end of an academic semester must complete an "Exit Process" form available in the office of Student Affairs. A student's eligibility for a refund will be determined using the formula for the "Return of Title IV Funds". See the University Student Handbook for information on the calculation for return of Title IV funds.

### **Academic Promotion Requirements**

All SOMA students are required to read the SOMA Catalog and the ATSU Student Handbook annually. In addition, the OMS III and OMS IV students must also read the SOMA Clinical Education Manual annually. An attestation is sent via the E\*Value system to all students annually. Each student must sign and submit the form, affirming that they have read the required items. Failure to do so may be considered a professionalism violation and may result in a delay in the student's course work, and may result in the student appearing before the Student Performance Committee.

Students are promoted to each level of the curriculum (e.g., OMS I to OMS II) by the SPC (unless an exception is made by the Dean). Listed below are the requirements that must be met to formally progress through the curriculum.

### **Requirements for progression to OMS II**

- Pass all OMS I coursework and maintain good academic standing.
- Comply with all professionalism standards of behavior and SOMA technical standards.
- Maintain health insurance, disability insurance, BLS certification and current immunization standards.

### **Requirements for progression to OMS III**

Students are classified as OMS III upon completion of the following the requirements:

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Academic Standards

- Pass all OMS II coursework and maintain good academic standing
- Comply with all professionalism standards of behavior and SOMA technical standards
- Maintain health insurance, disability insurance, BLS certification and current immunization standards
- Obtain ACLS certification

Students are not permitted to begin OMS III required coursework until COMLEX, Level 1 has been taken.

### **Requirements for progression to OMS IV**

- Pass all OMS III coursework and maintain good academic standing.
- Comply with all professionalism standards of behavior and SOMA technical standards.
- Maintain health insurance, disability insurance, BLS and ACLS certification, and current immunization standards.

### **Graduation Requirements**

In order to graduate from ATSU-SOMA, a student must:

- have been a student in an accredited osteopathic medical school or equivalent for at least four academic years.
- have been enrolled in SOMA for at least his/her final two academic years.
- successfully complete all academic, administrative, and professional requirements for promotion.
- take and pass the National Board of Osteopathic Medical Examiners, Inc. (NBOME) Comprehensive Osteopathic Medical Licensing Examination (COMLEX) 1, COMLEX 2 Cognitive Evaluation (CE), and the COMLEX 2 Performance Exam (PE).
- have been approved by the faculty to receive his/her diploma.
- have discharged all financial obligations to ATSU-SOMA.
- attend the commencement program at which time the degree is conferred.

### **Academic Appeals**

The individual professional and graduate programs of ATSU, through their faculty and established school procedures, retain principal responsibility for assessing student performance. Disputes concerning unsatisfactory progress evaluations should be reconciled through the processes and procedures described under the DO program. Additional guidelines regarding academic appeals, including grade appeals, promotion, and/or dismissal appeals will be found within the ATSU Policies section, Academic Appeals policy.

### **Student Performance Committee**

#### **Responsibilities and Membership**

ATSU-SOMA's Student Performance Committee (SPC) is a standing committee that evaluates the academic and professional performance and development of all ATSU-SOMA students and, when appropriate, forwards recommendations to the Dean as described below. The SPC ensures that all students meet the standards to advance through each year of the ATSU-SOMA curriculum and that each student has completed all graduation requirements. The voting members of the SPC include clinical and basic medical science faculty appointed by the Dean. The Chair of the SPC is appointed annually by the Dean.

## **Attendance and Notification**

The student may be required to attend the SPC meeting (either in person or by video-conference) when the student's academic status is presented for discussion. Each student is reviewed individually by the SPC, taking into account the student's overall performance. The student will be notified of the requirement to attend at least two business days (Monday-Friday, excluding holidays) before the meeting. The student's required dress code for meetings with the SPC is business attire.

## **Sanctions**

The following sanctions may be imposed by the SPC:

1. Consultation – Consultations may include but are not limited to the following:
  - Mandated meetings with the Learning Advisors in Student Affairs;
  - Mandated meetings with the student's academic advisor or RDME;
  - Mandated counseling sessions with the University's Mental Health Wellness Counselor or a mental health counselor of the student's choice (at the student's expense);
  - Educational psychology testing to evaluate the student's cognitive ability to progress in medical school;
  - Evaluation by a physician, clinical psychologist or psychiatrist to determine the student's ability to meet the technical standards of the program;
  - Evaluation and/or treatment by a physician for addictive behaviors.
2. Academic Warning
  - Academic Warning is issued to a student who fails to meet SOMA's academic or professionalism standards. This may include a course failure, rotation failure, or first failure of COMLEX Level 1, COMLEX Level 2 CE, or COMLEX Level 2 PE.
  - The purpose of the Academic Warning is to alert the student, faculty, and administration that the student has experienced difficulty, and that special consideration may be given for consultation, referral, counseling, academic

assistance, or other activities to help the student resolve academic or professionalism deficiencies.

- Students holding an officer position may be asked to resign at the discretion of the SPC.
- Once the deficiencies have been remediated by the student, the warning shall be removed by written notification from the chair of the SPC.
- The successful remediation of an academic course will be identified by a notation (70R) on the student's transcript.

### 3. Academic Probation

- Academic Probation may be imposed on any student who has violated ATSU-SOMA's professionalism standards or who has multiple course, rotation, COMLEX Level 1, COMLEX Level 2 CE, or COMLEX Level 2 PE failures.
- The purpose of probation is to alert the student, faculty, and administration to the fact that the student has experienced academic difficulty.
- This is a status change that will be documented in the student's official record.
- Students holding an officer position will be required to resign but may still participate in club activities.
- Students on probation may not be excused from curricular activities for professional development, or attend conferences or events sponsored by the school, without explicit permission from the assistant or associate dean. These measures are employed to assist the student in concentrating on improvement in his or her academic progress.
- Once the deficiencies have been remediated by the student, the probation shall be removed by written notification from chair of the SPC.
- The successful remediation of an academic course will be identified by a notation (70R) on the student's transcript.

The Student Performance Committee can recommend the following sanctions to the Dean for review and consideration:

1. Suspension – Suspension is defined by ATSU as a temporary and immediate separation from the institution. The SPC and Dean will determine if the student will be eligible for reinstatement, the terms of the reinstatement, or if the student is to be dismissed from ATSU-SOMA. Students may be dismissed for various causes including but not limited to:
  - Posing an immediate threat to the university community and/or to themselves
  - Engaging in illegal activities
  - Failure to comply with sanctions imposed by the school or the university
2. Dismissal – Dismissal is a permanent separation from the institution. Students may be dismissed for various causes including but not limited to:
  - Poor academic performance including multiple failures



- Professionalism violations

Following a Student Performance Committee meeting, the student will be notified of the outcome by the SPC Chair in writing within seven calendar days. Decisions by the SPC may be appealed to the Dean in writing, within seven calendar days of notification by the SPC Chair. See the appeal process below.

In the event of a SPC recommendation for dismissal, suspension, or extension of the academic program affecting the student's graduation, the final decision and notification to the student will come directly from the Dean of ATSU-SOMA.

### **Right of Appeal**

A notification to the student by the SPC regarding the decision concerning the student's status may be appealed, in writing, to the Dean of ATSU-SOMA. A student's appeal must be received no later than seven calendar days following receipt of the SPC letter. The appeal must include a statement of the reason(s) the action is unwarranted. The written appeal must be dated and signed by the student. Upon receiving the written appeal, the Dean may choose to meet with the student. The Dean will notify the student in writing of their decision concerning the appeal no later than seven calendar days following receipt of the student's appeal.

The highest level of appeal within the school is the Dean or Dean's designee. Students who wish to appeal a Dean's decision regarding promotion or dismissal should review the Academic Appeals Policy: Promotion and/or Dismissal Decisions.

### **Referrals**

Referrals to the SPC are made by the SOMA Associate or Assistant Dean(s). An individual with a concern about a student's academic or professional performance will refer the issue to the appropriate Associate or Assistant Dean(s). Examples include, but are not limited to the following:

- Failure of a course, rotation, COMLEX exam, or other required activity
- Overall poor performance in the academic program (even without an actual failure)
- Violation of professionalism standards
- Inability to meet SOMA technical standards
- Failure to abide by SOMA Catalog policies and procedures

The student is usually required to attend the SPC meeting (either in person or by videoconference) when his/her case is on the agenda for discussion. When a student is required to attend the SPC meeting, the student will be notified of the requirement to attend at least two (2) academic days before the meeting. The required dress code for meetings with the SPC is business attire. Each case is reviewed individually taking into account the student's overall performance. Listed below are general guidelines the SPC will follow in review of student performance. Specific circumstances may require modification of these guidelines as determined during the Committee's deliberation.

Examples of SPC Recommendations

Issue

Date Adopted: August 1, 2017  
 Last Reviewed: September 1, 2022

Academic Standards

Academic warning. Course remediation.	One course failure.
Academic probation. Course remediation or extension Of academic program.	Two course failures.
Dismissal from SOMA	Three course failures.
Academic probation. Repeat rotation. Extension Of academic program.	One clinical rotation failure.
Dismissal from SOMA.	Two clinical rotation failures.
Academic warning, academic probation, Suspension or dismissal from SOMA.	Violation of professionalism standards or SOMA Catalog policies and procedures.

As part of its recommendation, the SPC may also require consultation by an academic performance specialist, professional development specialist, physician, psychiatrist, or other professional.

After reviewing all pertinent information related to a student's case, the SPC will submit a written recommendation to the appropriate Associate or Assistant Dean(s). The Associate or Assistant Dean(s) will affirm, modify, or send the recommendation back to the SPC for further consideration. Following this process, the SPC will notify the student regarding the decision.

In the case of a SPC recommendation for dismissal, suspension, or extension of the academic program affecting the student's graduation, the final decision and notification to the student will come directly from the Dean of SOMA.

### **Right of Appeal**

A notification to the student by the SPC regarding the decision concerning his/her case may be appealed, in writing, to the Dean of SOMA. A student's appeal must be received no later than seven (7) academic days following receipt of the SPC letter. The appeal must include a statement of the reason(s) the action is unwarranted. The written appeal must be dated and signed by the student. Upon receiving the written appeal, the Dean may choose to meet with the student. The Dean will notify the student in writing of his/her decision concerning the appeal no later than seven (7) academic days following receipt of the student's appeal. The decision of the Dean regarding the appeal is final.

A decision by the Dean for dismissal, suspension, or extension of the academic program affecting the student's graduation date may be appealed, in writing, to the Senior Vice President, Academic Affairs (SVPAA) on the basis of one or more of the following criteria:

- New and significant material is brought to light that the SPC and the Dean did not review.
- There was a process error.
- Demonstrated bias affected the decision.

A student's appeal must be received no later than seven (7) academic days following receipt of notification of the Dean's decision. The appeal must include a statement of the reason(s) the action is unwarranted and which of the three elements above was present. The written appeal must be dated and signed by the student. The SVPAA may meet in person with the student, if indicated. The SVPAA will notify the student in writing of his/her decision concerning the appeal no later than seven (7) academic days following receipt of the student's appeal. The decision of the SVPAA is final.

### **Remediation Policy**

Remediation examinations for course failures in OMS I and OMS II begin two weeks following the conclusion of the final course in the academic year and must be successfully completed before a student can be advanced to the next stage of the curriculum. This minimum two-week period allows for students to focus their attention on remediation examination preparation. For students needing to remediate course failures in the year 1 curriculum, an individualized remediation examination schedule will be developed by the Associate Dean for Pre-Clinical Education. Remediation examinations may occur at the main Arizona campus or at the student's community campus location with the approval of the Associate Dean for Pre-Clinical Education.

For students needing to remediate course failures in the year 2 curriculum, an individualized remediation examination schedule will be developed by the Associate Dean for Pre-Clinical Education, in consultation with the Associate or Assistant Dean for Clinical Education and Services (or designee) and the appropriate Regional Directors of Medical Education (RDMEs). It may be necessary to delay the start of 3rd year clinical rotations and/or sitting for COMLEX-1 in order to successfully complete the remediation process. Remediation examinations will occur at the student's community campus location.

For students wishing to take a remediation examination at one week following the conclusion of the final course in the academic year, a petition can be submitted to the Associate Dean for Pre-Clinical Education outlining the reason(s) for the request. If permission is granted to take an earlier remediation examination, the student will be required to sign a waiver acknowledging the potential risk of remediation failure with less preparation time than being advised.

All OMS I and II remediation examinations must be proctored by an ATSU-SOMA employee or designee as approved by the Associate Dean for Pre-Clinical Education. A student who fails a course remediation examination will be referred to the SPC and is subject to dismissal.

Failed clinical rotations (OMS III and IV) must be repeated and successfully completed. The course and preceptor must be approved by the Associate or Assistant Dean for Clinical Education and Services.

### **Record Retention Procedures**

The record retention procedures for the University include but are not limited to:

1. Non-academic records of disciplinary actions will be maintained by the University as the responsibility of the Department of Student Affairs. Records will be maintained for one year after

graduation at which time the records will be destroyed unless otherwise directed by the dean of a college/school.

2. In cases where disciplinary action leads to a student's dismissal/ineligibility for re-enrollment, the record becomes a part of the permanent academic file and transcript.

3. Financial assistance records will be maintained by the University for three years. A promissory note for campus-based loans will be kept until it is paid in full.

4. General record policies are also available upon request from student financial services, counseling services, and admissions.

## **A.T. Still University of Health Sciences (“ATSU”) School of Osteopathic Medicine in Arizona (“SOMA”)**

### **University Student Handbook**

The ATSU University Catalog and University Student Handbook both contain policies relevant to all students. Please check the ATSU Student Handbook for additional information and as referenced throughout this Catalog. The ATSU Student Handbook may be found at: [www.atsu.edu/studenthandbook](http://www.atsu.edu/studenthandbook).

### **Dismissal, Suspension, or Extension of Academic Program Appeal Process**

Students have a right to appeal a school's decision to dismiss, suspend, or have their academic program extended. Please check the applicable school section for the appeal policy and process. In the event a school does not have a specific appeal process listed, please follow the guidelines listed here.

A student must appeal the decision in writing to the school dean within seven calendar days of the decision to dismiss, suspend, or extend the student's academic program. The appeal must include a statement of the reason(s) why the action is not appropriate. The dean may choose to meet with the student.

The dean's decision concerning the appeal will be submitted to the student in writing no later than seven calendar days following the receipt of the student's appeal.

The student may appeal the dean's decision in writing to the Senior Vice President for Academic Affairs if new and significant information has been discovered, the student believes there was a process error, or can demonstrate bias affected the decision. The written appeal must be submitted to the Senior Vice President for Academic Affairs within seven days of the dean's decision and must specifically state the new and significant information forming the basis for reconsideration of the dean's decision.

The Senior Vice President for Academic Affairs may choose to meet with the student. Notification of the Senior Vice President for Academic Affairs' decision will be made in writing to the student within seven calendar days following notification of the student's appeal.

## **Financial Information**

### **Standard Academic Progress for Federal Financial Aid**

According to the United States Department of Education regulations (34CFR 668.16 and 668.34 and October 29, 2010, Final Federal Register), all students receiving federal financial assistance must meet and maintain satisfactory academic progress. Student Financial Services will review the academic progress of financial aid recipients after each payment period. Satisfactory academic progress (SAP) is measured in terms of qualitative and quantitative standards.

**Qualitative Measure** The qualitative measure of a student's progress is measured by cumulative grade point average. The minimum cumulative GPA students must maintain for financial aid is as follows:

Minimum cumulative grade point average for Financial Aid at A.T. Still University of Health Sciences

2.00 for all programs operating on a 4.0 scale

70% for all programs operating on a 100% scale

### **Quantitative Measure**

#### **Maximum Time Frame**

Financial aid recipients must complete an educational program within a time frame no longer than 150% of the published length of the educational program. All attempted withdrawn, failed, repeated, and/or transferred credits that apply to a student's program count toward this maximum time limit. For example, a student pursuing a doctorate degree requiring 120 credit hours may attempt up to 180 credit hours before financial aid eligibility is suspended ( $120 \text{ ATSU POLICIES } 334 \times 150\% = 180$ ). A student pursuing a doctorate degree requiring 5100 contact hours may attempt up to 7650 contact hours before financial aid eligibility is suspended ( $5100 \times 150\% = 7650$ ).

**Pace of Progression** Pace of progression is required to ensure students complete within a maximum time frame and that the pace is measured at each standard review time. Financial aid recipients must maintain a 67% minimum completion rate for attempted credit hours or contact hours. For example, a student pursuing a doctorate degree requiring 120 credit hours may attempt up to 180 hours before financial aid eligibility is suspended ( $120 \div 180 = 67\%$ ). A student pursuing a doctorate degree requiring 5100 contact hours may attempt up to 7650 contact hours before financial aid eligibility is suspended ( $5100 \div 7650 = 67\%$ ).

Dropped, failed, and remedial courses for which no credit is received do not count towards credit hours earned but do count toward credit hours attempted. Credit hours for a course are earned by completing and passing the class.

## **Financial Aid Warning**

Failure to meet the minimum academic progress requirements will result in a student being issued a financial aid warning. Students issued a financial aid warning will have one payment period to correct a progress problem due to qualitative or quantitative standards. Students will be notified of their status in writing via ATSU email. Students issued a financial aid warning will have an opportunity to file an appeal to request financial aid probation prior to the upcoming standard review time, which is at the end of each payment period (information for this process will be included in the financial aid warning email notification).

## **Financial Aid Probation**

If a student appeals his or her financial aid probation status and the appeal is approved, that student is put on financial aid probation for one payment period. A student may receive federal financial aid while on financial aid probation if he or she meets the terms of his or her appeal decision. If a student fails to meet SAP standards during the term of financial aid probation, he or she may request an additional appeal. Financial Aid Suspension Students who fail to meet the requirements of the financial aid warning or do not appeal their financial aid probation status are placed on financial aid suspension and are not eligible for federal financial aid. These students will receive written notification to their ATSU email account of their failure to comply and that future federal aid will be canceled.

## **Appeal Procedure**

Students who have been issued a financial aid warning may submit a written appeal to the Associate Director for Student Financial Services for reinstatement of eligibility prior to the start of the next payment period. Occasionally, extenuating circumstances contribute to their inability to meet the requirements for satisfactory progress. Extenuating circumstances include, but are not limited to, the following:

- Death of an immediate family member
- Severe injury or illness of the student or an immediate family member
- Emergency situations such as fire or flood • Legal separation from spouse or divorce
- Military reassignment or required job transfers or shift changes

Students who have extenuating circumstances may appeal using the following procedure:

1. Submit a completed appeal form (included in the financial aid warning notification). Student will be notified if additional supporting documentation is required.
2. Appeal packet is presented to the Satisfactory Academic Progress (SAP) Committee for consideration.
3. Student is notified via ATSU email of the SAP Committee's decision and recommendations.

Students whose appeal is denied must establish eligibility by completing courses without federal aid in one or more payment periods at ATSU until the cumulative GPA and/or completion rate meet the required standard before any additional federal aid will be disbursed.

## Reinstatement

Federal financial aid may be reinstated when one of the following conditions has been met:

1. The student completes courses without federal aid in one or more payment periods at ATSU until the cumulative GPA and/or completion rate meet the required standard. OR
2. The student files an appeal and the SAP Committee approves the appeal. It is the student's responsibility to notify Student Financial Services when reinstatement conditions have been met.

## Tuition Payment Policy (ATSU Policy #50-112: Student Account Collection)

A. All ATSU programs' tuition, educational supply, and equipment fees are due and payable by the first day of each term. The controller's office will receive tuition payments and make refunds as necessary.

B. Students enrolled in online programs may opt for a payment agreement with 50% due the first day of the term and the remaining 50% due 5 weeks after the first day of the term. An administrative fee will be charged each academic term for this payment plan. For programs that have payment per program, payment in full is due prior to the start of the program or per the payment agreement on a quarterly payment schedule. The controller's office will receive tuition payments and make refunds as necessary.

C. Lenders will be requested to forward all funds to the University by electronic funds transfer (EFT). Where necessary, lenders will be requested to make checks co-payable to the University and the student. The controller's office will process such funds on a bi-weekly basis and post to the student's account. Funds credited in excess of the tuition, late charges (where applicable), educational supply fee, short-term and emergency loans will be refunded to the student.

D. Federal Perkins, Primary Care Loan and other institutional award funds will be applied directly to the student's account with any overpayment refunded to the student or returned to the lender to prevent an over award.

E. Students who apply for Direct Loans (subsidized and/or unsubsidized), or GRAD PLUS will not be subject to the late payment fee if the following conditions are met: a. A properly completed master promissory note (MPN) is submitted to student financial services at least 30 days prior to the tuition due date. Students accepted into the first-year class less than 30 days prior to the due date have 30 days following acceptance to make application for loans; and b. The student is eligible for the loan for which he/she applies.

F. If a student chooses a lender which disburses funds by check only, the student must make a tuition payment within three (3) business days after notification the loan check is available.

G. A late payment fee will be assessed on past due amounts at the rate of eighteen percent (18%) per annum, beginning the fourth (4th) business day after the due date. A service charge of \$25 for returned checks will be assessed. Any waiver of the late payment fee applies only to the amount applied for on eligible loans or payable from approved third-party sources.

H. Students owing balances for the previous academic term will be required to pay past due amounts and late charges before registration for the next term.

I. The University will withhold all official transcripts under the following circumstances:

- a. There is an outstanding balance due the University for tuition, fees, short-term or emergency loans, or any other amount due the University unless satisfactory arrangements have been made in accordance with paragraph J. of this general order.
  - b. There is a default on any student loan obtained through the University. ATSU POLICIES 336
  - c. In the event, it becomes necessary to engage an attorney and/or collection agency to secure collection of any debt owed to ATSU by a student or former student, fees charged for these services will be the responsibility of the debtor.
- J. In the event an ATSU scholar award recipient does not complete their education at ATSU, the scholar award must be repaid to ATSU under one of the following options:
- a. Repayment in full within three (3) months of the date of withdrawal/dismissal with no interest charge.
  - b. If not paid in full under option J.1 above, the balance is due in twelve (12) monthly installments plus interest based on the prime rate at a local Kirksville bank as of the date of withdrawal/dismissal and will begin accruing on same date.
  - c. If a repayment agreement is not established or becomes sixty (60) days past due, the remaining balance will be referred to a collection agency; and the former student will be responsible for all related costs the University incurs that are associated with collecting the debt.

### **Tuition Refund Policy**

A student who officially withdraws from any program or course while at ATSU must complete either an ATSU Withdrawal/Exit Process form (please contact your academic advisor) or an ATSU Course Add/Drop Request. The following information, also, applies to students who are administratively withdrawn or dismissed from a program.

1. For a student withdrawing from an ATSU program with tuition based on the program and not per credit, the following refund policy applies:
  - a. Withdrawal prior to logging into the first course, tuition will be refunded minus a \$500 administrative fee.
  - b. Withdrawal after logging into the first course or thereafter, the tuition refund will be prorated based on the date of withdrawal minus a \$500 administrative fee.
  - c. For a student withdrawing from an ATSU residential or online pay per credit program or dropping a course from an online pay per credit course and does so by the end of the eighth calendar day of the term, 100% of the tuition and educational supply fee will be waived. Any equipment fees will be waived if the equipment is returned to the school in the condition in which the student received it. Otherwise, a student's eligibility for a refund will be determined by one of the two following formulas.
2. Refunds for students withdrawing from the Postgraduate Certificate in Psychiatry & Behavioral Health Program (online) will only be approved ONLY if the student has not yet logged in to the Flat World® online platform and has submitted the ATSU Course Add/Drop Request within 8 days of course registration.

### **Institutional Refund Policy**

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Academic Standards



For students who did not receive federal financial assistance, ATSU adheres to the Return of Title IV funds formula. Please see the Return of Title IV Funds Formula section of this catalog for more details.

### **Return of Title IV Funds Formula**

If a Title IV recipient withdraws during a payment period, the institution must calculate the amount of Title IV funds that was unearned by the student. Unearned Title IV funds will be based on how many calendar days are remaining in the payment period divided by the total number of calendar days (or contact hours) in the payment period. Unearned Title IV funds must be returned to Title IV programs, up to 60% of the payment period for which the student was charged tuition/fees and equipment charges. After 60% of the payment period, the student will have earned all Title IV funds for that payment period; and no financial returns or refunds will be made.

For example, if a student paid tuition, fees, and equipment charges (if applicable) with Title IV funds for 174 calendar days, but withdrew after 87 calendar days, the percentage of Title IV funds earned would be 50.0%.

Unearned Title IV funds would be 50.0%. Therefore, ATSU would have to return 50.0% of all Title IV funds to the lender.

- Tuition, fees, and equipment charges paid with Title IV funds for 174 calendar days = \$30,602.00
- Calendar days attended by the student = 87
- Calendar days remaining in the payment period = 87 (174 - 87)
- $87 \div 174 = 50.0\%$  (Percentage of Title IV funds unearned)
- 50.0% of \$30,602.00 = \$15,301.00 (Unearned Title IV funds)

ATSU repays to the lender = \$15,301.00. The funds must be paid back to the federal loan programs in the following order:

1. Federal Unsubsidized Stafford Loan
2. Federal Subsidized Stafford Loan
3. Federal Perkins Loan
4. Federal GradPLUS Loan

### **Requirements for Return of Tuition Assistance (TA) Funds**

All Tuition Assistance (TA) Funds will be returned directly to the military service, not to the service member up to the start date, 100% of all TA funds will be returned to the appropriate military service when the service member fails to: begin attendance, start a course (regardless if the student starts other courses), or the course is cancelled. All Tuition Assistance (TA) funds will be returned according to the university's institutional refund policy. A committee comprising of the Dean of the applicable school, the university CFO, and Vice President for Student Affairs will determine the appropriate actions needed when a Service member ceases their attendance due to a military service obligation. This decision will take into consideration the unique

circumstances for each individual Service member, with the goal of no student debt for the returned portion.

### **Tuition Reduction for Decelerated Student**

Students on an extended graduation date schedule will pay 50% of normal tuition, and 100% of normal educational supply fees for each extended year. If the graduation date is not extended, the student will pay for repeat courses along with normal tuition and educational supply fees.

Example: Student "A" began as a 2018 KCOM graduate. However, it was determined that she or he needed to have his or her graduation date extended to 2019. Therefore, she or he will be billed for four years of normal tuition and one year of 50% tuition.

Tuition will be billed twice each academic year, beginning in the 2014-15 year.

The two examples apply for a four-year program of study:

Example #1 Student Decelerates in First Semester of First Year of Study: Program Year (Example of 4-year program)

Tuition Regular Schedule Tuition Decelerated Schedule

Year 1 1st Disbursement = 50% 1st Disbursement = 50% 2nd Disbursement = 50% 2nd Disbursement = 50%

Year 2 1st Disbursement = 50% 1st Disbursement = 25% 2nd Disbursement = 50% 2nd Disbursement = 25%

Year 3 1st Disbursement = 50% 1st Disbursement = 50% 2nd Disbursement = 50% 2nd Disbursement = 50%

Year 4 1st Disbursement = 50% 1st Disbursement = 50% 2nd Disbursement = 50% 2nd Disbursement = 50%

Year 5 N/A 1st Disbursement = 50% N/A 2nd Disbursement = 50% Total Tuition Charged upon anticipated completion of 400% 450% program

Students will receive 100% of all eligible living expenses for each disbursement period. The educational supply fee will be charged at the full amount for every year enrolled in the program.

Example #2 Student Decelerates in Second Semester of Second Year of Study: Program Year (Example of 4-year program)

Tuition Regular Schedule Tuition Decelerated Schedule

Year 1 1st Disbursement = 50% 1st Disbursement = 50% 2nd Disbursement = 50% 2nd Disbursement = 50%

Date Adopted: August 1, 2017

Last Reviewed: September 1, 2022

Academic Standards

Year 2 1st Disbursement = 50% 1st Disbursement = 50% 2nd Disbursement = 50% 2nd Disbursement = 50%

Year 3 1st Disbursement = 50% 1st Disbursement = 25% 2nd Disbursement = 50% 2nd Disbursement = 25%

Year 4 1st Disbursement = 50% 1st Disbursement = 50% 2nd Disbursement = 50% 2nd Disbursement = 50% Year 5 N/A 1st Disbursement = 50% N/A 2nd Disbursement = 50%

Total Tuition Charged upon anticipated completion of program 400% 450%

Students will receive 100% of all eligible living expenses for each disbursement period. The educational supply fee will be charged at the full amount for every year enrolled in the program.

### **Debts Owed to ATSU**

Fees and expenses charged by an attorney or collection agency to secure payment of any debt owed to ATSU by a student or former student will be the responsibility of such student or former student.

### **Funding Your Education**

Investing in your future as a student is one of the most important steps you will take in your life. ATSU can help you put together a financially sound aid package that will let you focus on your education instead of worrying about how you will finance it. Scholarship opportunities are also available and are awarded to students in recognition of academic achievement, leadership, or financial need.

Let the Student Financial Services Department help you put together a financial plan so you can concentrate on your academics. Please email Student Financial Services at [financialaid@atsu.edu](mailto:financialaid@atsu.edu), call 1.866.626.2878 ext. 2529, or visit the website at <http://www.atstu.edu/financial-aid> for more information.

### **Student Records**

#### **Transcripts and Records**

Permanent education records maintained by the University are the responsibility of the Registrar. Transcripts of academic records will contain only information regarding academic status. In cases where disciplinary action leads to the student's ineligibility for re-enrollment into the University (suspension or expulsion), disciplinary action will become a part of the permanent academic record. Disciplinary records or information from such records will be made available to persons outside of the University only on the formal written request of the student involved or as otherwise allowed by law or regulation.

Academic records and financial aid records or information from such records will be used by University personnel who have legitimate responsibility for this student's personal welfare and when necessary to the discharge of their official duties.

Financial assistance records will be maintained by the University only so long as the student (or graduate) has a promissory note or notes outstanding through a University loan program. Except for the purpose of official audits, financial assistance records will be made available to persons outside the University only upon the formal written request of the student (or graduate) involved or as otherwise allowed by law or legislation.

Student health records will be maintained by the University as prescribed by professional ethics and federal and state laws.

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), students will be permitted to review their educational records within 45 days of written request to the registrar. Also, students may restrict disclosure of directory information by completing a "Nondisclosure of Directory Information Form" available from the Registrar's Office. The FERPA restriction will remain in effect until the Registrar's Office is notified in writing to remove the restriction. The following items are designated as "Directory Information": name, address, telephone number, email address, dates of attendance, class, name of spouse, previous institution(s) attended, major field of study, awards, full time/part time status, degree(s) conferred (including dates), class schedule/roster, and photographs.

In compliance with FERPA regulations, an official or unofficial transcript of record will be transmitted to a second or requesting party only on written request of the current or former student. The required transcript release may be authorized through the National Clearinghouse's online transcript services website: <http://www.getmytranscript.org>. If a student who has completed more than one academic program at ATSU submits a transcript request, the transcript records for all programs will be issued.

All employees of ATSU are required to read and sign the ATSU Staff Handbook which addresses FERPA. Annually employees are asked to review FERPA and the online FERPA tutorial during the annual employee training. In addition, the Registrar's Office will periodically send FERPA reminders and information through a variety of distribution methods.

Students who have not discharged their financial and other obligations to this University shall not have transcripts or recommendations made available until such obligations are met.

If the University has knowledge that a student or graduate is in default on a federal, state, outside agency, or institutional loan or service obligation, the University will withhold all official transcripts, National Board scores, and letters of recommendation for internships, residencies, employment, staff privileges, specialty certification, and licensing. Students who fail to satisfactorily discharge their obligations to the University prior to the date of graduation and who have failed to do so following graduation shall not have the privilege of having transcripts, other records, or recommendations sent to any institution or entity until such debts are paid.

Questions concerning records and grades should be brought to the Registrar's Office, 660.626.2356 or [registrarsoffice@atsu.edu](mailto:registrarsoffice@atsu.edu).

## **Professional Rights, Responsibilities, and Conduct**

### Copyright Infringement Policies and Sanctions (Including Computer Use and File Sharing)

The use of copyrighted materials for instructional purposes must be done in compliance with U.S. copyright law. For information on the correct use of copyrighted materials, please see the A.T. Still Memorial Library Copyright Policy for Course Readings and Reserves at [http://guides.atstu.edu/ld.php?content\\_id=201180](http://guides.atstu.edu/ld.php?content_id=201180).

Unauthorized distribution of copyrighted materials, unauthorized peer-to-peer file sharing, and illegal downloading or unauthorized distribution of copyrighted materials using the University's information technology system, are considered violations of the institution's Code of Academic Conduct (see the University Student Handbook). Students found guilty of such behavior are to subject to sanctions including, but not limited to, reprimand, probation, suspension, dismissal, disciplinary consultation, as well as other sanctions deemed appropriate by the University.

Unauthorized distribution of copyrighted materials, including unauthorized peer-to-peer file sharing, may subject students to civil and criminal liabilities, which are summarized below.

Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act (Title 17 of the United States Code). These rights include the right to reproduce or distribute a copyrighted work. In the file-sharing context, downloading or uploading substantial parts of a copyrighted work without authority constitutes an infringement.

Penalties for copyright infringement include civil and criminal penalties. In general, anyone found liable for civil copyright infringement may be ordered to pay either actual damages or "statutory" damages affixed at not less than \$750 and not more than \$30,000 per work infringed. For "willful" infringement, a court may award up to \$150,000 per work infringed. A court can, in its discretion, also assess costs and attorneys' fees. For details, see Title 17, United States Code, Sections 504, 505.

Willful copyright infringement can also result in criminal penalties, including imprisonment of up to five years and fines of up to \$250,000 per offense. For more information, please see the website of the U.S. Copyright Office at [www.copyright.gov](http://www.copyright.gov).

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## **PROCEDURE(S)**

### **Attendance**

Please see the ATSU Policies section of the catalog for the University policy on student absences.

At ATSU-SOMA, attendance is mandatory for all scheduled sessions. In the case of excused absences, make-up classes, lab assignments and/or examinations are provided solely at the discretion of the course director responsible for that activity and are not automatic.

### **Absence Policy**

OMS I and OMS II students ATSU-SOMA's faculty members recognize that occasionally a student must miss a curricular activity due to a required or unavoidable circumstance. If this occurs, the student must follow the following procedure:

Planned absences (known in advance of the curricular activity):

Requests for planned absences must be submitted as early as possible, but no less than two weeks in advance of the absence. Requests submitted less than two weeks in advance will not be considered. Examples: scheduled religious observances, conferences (invited presenters or officer requirements only), surgeries, or procedures that cannot be done during academic breaks, etc.

Students are to report absences via the ATSU Go App with supporting documentation.

Documentation is required for the request to be considered (examples below).

If the absence is excused, the Associate Dean of Curriculum Integration or designee will notify the student and the appropriate course directors that an excused absence has been granted.

If the absence is not excused, the student will also be notified and will be responsible for attending the activity or receiving a penalty (as published in the course syllabi) for an unexcused absence.

Unplanned absences (known just prior to the curricular activity): Examples include acute personal illness, acute illness or death of a family member, traffic accident, etc.

For all absences, documentation must be provided for the absence to be excused and eligible for make-up. The nature of the documentation will be determined by the reason for the absence. Typical examples include:

Personal illness or medical procedure: Physician's note stating the date(s) the student is required to be out of class AND the date the student is allowed to return to class.

Family member's illness or medical procedure: Official document regarding the medical issue (ex. letter from physician, hospital record, etc.) PLUS, a signed statement from the student explaining the necessity for the student to be present with the family member during class time.

Death of a family member: Published announcement of the death (newspaper clipping or printout from a webpage, etc.) PLUS, an original program from the funeral service.

Religious holidays: A program, bulletin, or other printed item from the religious observance held on the day of absence or a letter from the leader of the congregation or organization in which the student is a member verifying the necessity of the student's participation in the activity.

Make-up for excused absences:

If the Associate Dean of Curriculum Integration determines that the absence is excused, the appropriate course directors will be notified that the student is authorized for make-up. A make-

up is offered for all major examinations and must be scheduled within 72 business hours of the original examination. After receiving approval for an excused absence, a student should contact the Associate Dean of Curriculum Integration to schedule the make-up examination. Students unable to make-up an examination within 72 business hours of the original examination must take an incomplete in the course and fulfill course requirements at the end of the academic year.

Some courses or activities have built-in leeway for missing class or a quiz (e.g. the lowest quiz grade is dropped) and no make-up is offered, even if the absence is excused. Due to expenses incurred in providing a make-up, some courses or activities must charge a fee to students in order to be able to provide the make-up, even if it is excused. Finally, sometimes a make-up is not possible due to the nature of the activity even if the student was granted an excused absence.

#### Additional requirements for community campus based OMS II students

1. Remember to report each day that you are absent to the RDME at your community campus.
2. If an OMS II wishes to participate in any academic activity at a community campus other than his or her assigned site, an excused absence request must be submitted no later than two weeks in advance of the planned absence from the assigned site. An OMS II is not permitted to participate in academic activities at another community campus unless approved by the Associate Dean Curricular Integration. Education. Failure to comply with this requirement may result in disciplinary action and/or referral to the Student Performance Committee.

#### **Community campus based OMS III and OMS IV students**

Clerkship activities are mandatory and timely attendance is expected at all scheduled clinical and educational events. All students receive flextime throughout the OMS III and OMS IV years. Flextime may be used for vacation, noncredit academic study, residency interviews or conference time to avoid absence days.

#### Procedure:

4. An OMS III or OMS IV student may request a pre-arranged or emergency-related schedule change during clinical rotations for personal, emergency, compassionate, professional, or health related reasons.
  - It is the responsibility of the student to contact the RDME and the site/preceptor prior to the schedule change request to identify the make-up time arrangement. The RDME will grant approval of such a schedule change.
  - If clinical make-up time is not arranged or in the event that a rotation does not provide time to be utilized for make-up days, the student will be given a case study assignment topic\* from the RDME. The case study\* as described below is to be completed 14 days after the

completion of the rotation.

- It will be the responsibility of the RDME to track each student's approved schedule changes within their CHC for competency and safety reasons. This information is to be presented to ATSU-SOMA CED only if requested.
  - If the student neglects to complete or perform the make-up time or the case study assignment(s), the absence will be unexcused and the student will be referred to the SPC for a professionalism violation.
5. The following excused absences will not require clinical make-up days unless specified by the RDME. These days may not be taken on the day of Grand Rounds or the day prior to a COMAT/End of Rotation or COMLEX/USMLE exam unless approved by the RDME. These days MUST be pre-approved by the RDME. PERSONAL DAYS—Each OMS III and OMS IV student is allowed 3 days per year. It is the responsibility of the student to contact their preceptor to let them know they will be absent that day, after the RDME has approved the request. These days may not be used consecutively and no more than two per rotation block may be used without approval from the RDME. Generally, no documentation is required unless requested by the RDME or ATSU-SOMA.

These personal days can be utilized for the following reasons:

- Personal illness, family member's illness (including surgeries), mental health day (does not include day before ANY exam), religious holidays, weddings, major family functions, funerals or bereavement days, additional interview or conference days (including travel).
  - Personal day requests approved by the RDME are to be submitted to the Assistant Dean of Clinical Education (for recording purposes) as approved.
6. The following absence requests must be sent to and approved by the Assistant Dean of Clinical Education. Once approved, these absences will not require clinical make-up days unless specified. Supporting documentation is REQUIRED for these absences. Requested days may not be taken on the day of Grand Rounds or the day prior to a COMAT/End of Rotation or COMLEX/USMLE exam unless approved. All required documentation items, including an excused absence form, are to be submitted with the absence request. Once approved and documented, the requests will be forwarded to the RDME for final approval. It remains the student's responsibility to collaborate with the preceptor regarding missed rotation days. These days are specific to each OMS year and are not cumulative. These include:
- INTERVIEW DAYS— OMS IV's are allowed 4 days; however, no more than 2 days may be taken per rotation block.  
Documentation examples: Email or letter/invite from site coordinator or Program Director.
  - CONFERENCE DAYS – Conference day requests must be submitted at least two weeks prior to the event. Documentation may include a copy of the conference registration or invitation to present a poster/give a presentation or proof of necessary



attendance as an organizational officer.

o OMS III's are allowed 2 conference days. They cannot be taken during a CORE rotation without approval from the Assistant Dean of Clinical Education. All student officers and representatives in each CHC must know the conferences they are requested or required to attend per their position and plan their schedules accordingly using flextime if necessary. \*\*Typical conference student attendance may include the American Osteopathic Association (AOA) House of Delegates (HOD) meeting every July and the National Association of Community Health Centers (NACHC) meeting every August for poster and research presentations. Any additional requested conference days throughout the OMS III year MUST be approved by the Assistant Dean of Clinical Education and will require make-up time or a case presentation assignment.

o OMS IV's are allowed 3 conference days. They cannot be taken during a CORE rotation without approval from the Assistant Dean of Clinical Education. They may be taken consecutively if approved by the RDME; however, students may not have more than 3 absence days per rotation block. Any additional requested conference days throughout the OMS IV year MUST be approved by the Assistant Dean of Clinical Education and will require make-up time or a case study assignment.

4. COMLEX/USMLE exams • Students are permitted a 24-hour excused absence to take COMLEX Level 2 CE/USMLE 2CK exams if a request is submitted to the CED at least 10 business days in advance of the examination date. This absence does not require clinical make-up time.

5. Regardless of approved absences for any reason, no more than three days can be missed in any four-week rotation block or more than two days in any two-week rotation block; or a failure of the rotation will result, and the rotation will need to be repeated. It remains the student's responsibility to collaborate with their preceptor regarding missed days to ensure the appropriate documentation from the preceptor occurs on the student's evaluation.

6. Failure to comply with any of the above-stated requirements may result in disciplinary action and/or referral to the SPC.

7. Unexcused absences will be referred to the SPC as a professionalism violation.

8. Absences greater than 5 days for any reason will require an 'Extended Absence Form' or 'Personal Withdrawal' per the University Student Handbook. These forms must be obtained from and submitted to the Student Affairs Office.

\*Any student receiving a case study assignment MUST notify their respective CEC in the CED of the date the case was assigned.

The case study assignment topics will be chosen by the RDME for every missed clinical day of rotation that cannot be made up. They will be consistent across campuses with a consistent template and grading rubric. The case study assignment

will be in the missed rotation discipline. It will be assigned by the RDME if the absence is identified during the rotation. The assignment is to be completed and submitted to the RDME and the Assistant Dean of Clinical Education within 14 days of the end of the rotation. If an absence is identified and cannot be verified on the student evaluation, the Assistant Dean of Clinical Education will assign a case study topic for each missed day without verification. This assignment will be due 14 days after assigned by the RDME and the Assistant Dean of Clinical Education. It will be completed by the student based on the topic they are given. It will have defined objectives, which will include providing five differential diagnoses and five plans for each of the differential diagnoses. They will also need to prepare a board-style question about the case and provide the correct answer and explanations about why the choices are correct or incorrect. The grading rubric will be standard for all student case assignments. It will be a P/F grade and will not count toward their overall clerkship grade for CORE rotations; yet, their final clerkship grade will not be submitted to Enrollment Services until the case study assignment is completed and graded. If a Fail grade is given, the assignment must be repeated with a different topic assigned by the Assistant Dean of Clinical Education (as a learning experience) or the student may be referred to the SPC if the assignment is NOT completed.

## **Flex-Time**

Flex-time is defined as the time during the OMS III and IV years when a student is not on clerkships (clinical rotations). Often, flex-time is used to fill in the gap between the end date of one rotation and the start date of the next rotation. Flex-time can also be used for a variety of other purposes including vacation, non-credit academic study, residency interviews, etc. Flex time may NOT be used to take additional clinical rotations. Depending on the academic calendar in a given year, students generally have 12 weeks of flex-time during the two clerkship years. Flex-time must be taken in increments of one-week blocks (no partial weeks) and can include multiple consecutive weeks. Students wishing to schedule flex-time must discuss this with their RDME and if approved, submit a request to the Clinical Education Department (CED). If approved by the CED, the flex-time will be entered into the student's schedule by the Clinical Education Coordinator (CEC).

HIPAA and OSHA Training All SOMA students must complete Health Information Portability & Accountability Act (HIPAA) and Occupational Safety and Health Administration (OSHA) training annually.

## **Class Schedules**

ATSU-SOMA classes are generally scheduled between the hours of 8 a.m. and 5 p.m. Monday thru Friday. Please check individual course syllabi and class schedules for specific class times. When class times must be changed due to circumstances beyond the control of ATSU-SOMA, every effort will be made to provide as much advanced notification as possible. Official ATSU holidays are published in the Academic Calendar; students are advised to check this calendar

prior to making travel plans for holidays and time away from campus. Occasionally, it is necessary to schedule class activities on evenings or weekend days. Every attempt will be made to provide as much advanced notice as possible for these activities.

Occasionally classes may end early or run late or other circumstances may occur that will cause some lapse in the published schedule. Students are advised to maintain access to study materials during these periods so that time may be utilized productively. Please be advised that faculty are directed to begin and end classes on the published ATSU- SOMA schedule.

### **HIPAA and OSHA Training**

All ATSU-SOMA students must complete Health Information Portability & Accountability Act (HIPAA) and Occupational Safety and Health Administration (OSHA) training annually.

### **Immunizations**

ATSU-SOMA requires all entering students to provide proof of their immunizations in order to enroll in courses. This is necessary for the student's protection, as well as the protection of any individuals with whom they come in contact. It is the responsibility of the student to maintain up-to-date immunization protection throughout the entire duration of enrollment. Non-compliance at any time during a student's enrollment could result in suspension and/or dismissal.

Documents related to immunizations and screenings will be maintained and monitored by ATSU-SOMA administration. All testing is at the expense of the student.

8. Diphtheria/Tetanus/Pertussis: Students are required to receive either the primary series of Diphtheria/Tetanus/Pertussis or booster dose within ten (10) years prior to the beginning of the academic year. A single dose of Tdap (Tetanus, Diphtheria, acellular Pertussis) between ages 19 and 64 is required if the student has not previously received Tdap, or to replace one decennial Td booster.
9. Polio: Students are required to provide documentation that they have received the primary series of polio vaccine. If documentation cannot be produced, the student must receive the primary series of inactivated polio vaccine.
10. Measles, Mumps, and Rubella: Students born after 1956 are required to provide documentation of the MMR vaccine prior to matriculation. If the vaccination was given prior to 1975, evidence of a re-booster is recommended.
11. Hepatitis B: Students are required to initiate a series of Hepatitis B vaccine prior to matriculation. Students must complete the series according to the prescribed timeline (completed within 6 months of matriculation).
12. Tuberculosis Skin Test: Students must have had a tuberculosis skin test (PPD) or a Quantiferon blood test within the year prior to matriculation. In those individuals who have had a positive PPD test in the past, PPD testing is not advisable. The Quantiferon test, a negative CXR, or a record of INH treatment may provide evidence of absence of TB disease. In individuals who have had BCG vaccination, PPD testing or the Quantiferon should be performed as noted above. TB status must be updated annually.

13. Varicella immunization, serum titer, or physician documentation of date of contraction.

14. COVID-19 vaccine: Required for all enrolled students at ATSU-SOMA\*

- Pfizer: 2 shots and a bivalent booster,
- Moderna: 2 shots and a bivalent booster, or
- Johnson & Johnson: 1 shot and a bivalent booster (Pfizer/Moderna)

\*Refer to CDC guidelines for continued booster recommendations

\*For more information, please reference The COVID-19 Vaccine Policy for Students found within ATSU Policies section in the catalog.

As of January 1, 2023, ATSU-SOMA will require all students to have a bivalent vaccine booster.

Recommended Immunizations (some clinical training sites may require some of all of these):

Influenza  
Hepatitis A  
Meningococcal  
Pneumococcal

#### **Titers:**

Some clinical training sites require that students show proof of immunity (example: measles) before being allowed to train at the site. Therefore, it is recommended that students have this testing done in advance of their clinical training portion of the curriculum.

#### **Immunization Exemptions:**

Under certain religious or health circumstances, a request for exemption from preventive health requirements may be provisionally granted. However, SOMA cannot guarantee placement at a community campus or in clinical clerkships (rotations) when this exemption is granted. Consequently, students receiving an exemption from preventive health requirements may take longer to complete the curriculum and graduate, or the student may not be able to complete the curriculum and graduate.

#### **Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS)**

SOMA requires that all students obtain and maintain BLS certification throughout the entire duration of enrollment. Proof of certification must be on file by the end of OMS I orientation. It is the student's responsibility to renew certification prior to the expiration date. Proof of ACLS certification must be obtained prior to reporting for clerkship duty in the OMS III year.

These requirements may only be met using an online course if it is a certification renewal. First-time certification must be completed via a live course. Non-compliance at any time during a student's enrollment will result in suspension and/or dismissal.

## **Dress Code**

For all classroom and real or simulated activities (ex: those that involve patients or standardized patients), all students must maintain an appearance that demonstrates respect, trust and credibility. The reasons for appropriate attire and hygiene are rooted in infection control, communication and cultural sensitivity. This prepares the student for their role as a professional health care provider. Patient trust and confidence in their health care provider are essential for successful treatment experiences and outcomes. The message communicated by the provider by his/her dress and appearance plays a fundamental role in establishing this trust and confidence. Students should consider the cultural sensitivities of their most conservative potential patients and present themselves in a manner that will earn the patients' respect, ensure trust and make them feel comfortable.

Business casual attire is required. In general, all clothing should be neat, clean and of appropriate size and fit for the clinical setting. Good personal hygiene is expected. For specific dress code requirements, please refer to the ATSU-SOMA Dress Code Policy. Each community campus may make modifications to the official Dress Code that conform to regional standards. Students are responsible to check with the campus RDME with any questions concerning the Dress Code for their region.

## **Examinations, Quizzes, & Graded Assignment Policies**

ATSU-SOMA students are expected to exhibit the highest degree of intellectual honesty during the administration of examinations and completion of assignments given by ATSU-SOMA and must adhere to the exam protocols provided at the beginning of each academic year. Behaviors that are not consistent with this standard are subject to disciplinary actions by the Student Performance Committee.

All assignments and projects submitted for any course are the property of ATSU-SOMA and may not be available for return to the student. Students should maintain a copy of all work assignments submitted. All work on exams, exercises and assignments are to be completed individually unless direction is given by the faculty member that said assignment may be completed as a group project or with the assistance of others.

Rescheduling an examination or other assessment can be accommodated if a student receives an excused absence. If a student is unable to attend an examination or assessment, the student is required to follow the Excused Absence Policy in the ATSU-SOMA Catalog. ATSU-SOMA reserves the right to assess students for the cost of reproducing examinations or assessments where the reproduction of said exam or assessment would be excessive (i.e., require special scheduling of standardized patients).

- Make-up exams/activities must be completed within 72 business hours of the originally scheduled date (e.g. if exam is schedule on Monday, exam must be taken by Thursday)

- Students who are unable to make-up an exam/activity within 72 business hours will receive an "incomplete" in the course.
- Incomplete courses must be completed by a date scheduled at the discretion of the Dean or designee.
- Some courses or activities have built-in leeway for missing class or a quiz (e.g. the lowest quiz grade is dropped) and no make-up is offered, even if the absence is excused. Due to expenses incurred in providing a make-up, some courses or activities must charge a fee to students in order to be able to provide the make-up, even if it is excused. Sometimes a make-up is not possible due to the nature of the activity even if the student was granted an excused absence.

## **Professionalism**

An important aspect of any professional educational curriculum is the development of professional behaviors and role identity. Evidence shows that unprofessional behavior exhibited during training is a predictor of future referrals to state regulatory boards and/or the need for disciplinary actions. Since such behavior presents a potential danger to the provision of good patient care and issues for the credibility of the profession, they share equal importance to academic and manual skills. ATSU-SOMA considers breaches of professional conduct as academic deficiencies. Recognizing the responsibility to display appropriate professional behaviors, ATSU-SOMA sets expectations for professional conduct and evaluates students in this sphere to document satisfactory acquisition of these important behaviors.

Below is a list of expectations of professionalism adapted by ATSU-SOMA from the Behaviors Reflecting Professionalism identified by the National Board of Medical Examiners. Each member of ATSU-SOMA should model these behaviors to ensure quality patient care and growth of the profession.

### *Altruism*

- Helps colleagues and team members who are busy.
- Takes on extra work to help the team.
- Serves as knowledge or skill resource to others.
- Advocates for policies, practices and procedures that will benefit patients.
- Endures inconvenience to accommodate patient needs.

### *Honor and Integrity (honesty)*

- Admits errors and takes steps to prevent reoccurrence.
- Deals with confidential information appropriately.
- Does not misuse resources (i.e. school property).
- Attributes ideas and contributions appropriately for other's work.
- Upholds ethical standards in research and scholarly activity.
- Requests help when needed.
- Assumes personal responsibility for mistakes.

### *Caring and Compassion*

- Treats the patient as an individual, considers lifestyle, beliefs and support systems.
- Shows compassion to patients and maintains appropriate boundaries in professional relationships.
- Responds to patient's needs in an appropriate way.
- Optimizes patient comfort and privacy when conducting history, physical examination and procedures.

### *Respect*

- Respects institutional staff and representatives; respects faculty and colleagues during teaching sessions.
- Adheres to local dress code.
- Participates constructively as a team member.
- Adheres to institutional and departmental policies and procedures.
- Displays compassion and respect for all patients even under difficult circumstances.
- Discusses patients/faculty/colleagues without inappropriate labels or comments.

### *Responsibility and Accountability*

- Presents self in an appropriate manner to patients and colleagues.
- Completes assignments and tasks in a timely manner.
- Responds promptly when called or when pages, emails or phone calls are sent.
- Intervenes when unprofessional behavior presents a clear and present danger.
- Uses resources effectively.
- Responds appropriately to an impaired colleague.
- Reacts to other's lapses in conduct and performance.
- Makes valuable contributions to class, rounds and group interactions.
- Elicits patient's understanding to ensure accurate communication of information.
- Facilitates conflict resolution.
- Remains flexible to changing circumstances and unanticipated changes.
- Balances personal needs and patient responsibilities.
  - Provides constructive feedback.

### *Excellence*

- Has internal focus and direction, sets goals to achieve excellence.
- Takes initiative in organizing, participating and collaborating with peer groups and faculty.
- Maintains composure under difficult situations.
- Inspires confidence in patients by proper preparation for clinical tasks and procedures.

## **Community Campuses**

Assignment to Community Campus Location Assignment to a community campus involves the consideration of various factors including the student's expressed desire concerning location. Campus assignments are ultimately under the purview of the School and ATSU-SOMA reserves

the right to make all campus and clinical assignments. Unauthorized trading or attempts to influence campus placements by bartering, coercion or offering goods or services are grounds for disciplinary action.

Placement at a community campus is considered a permanent assignment. It is only under extraordinary circumstances that transfer from one campus to another will be considered. Requests for transfer and questions about community campuses should be addressed to the Associate Dean for Clinical Education and Services.

### **Travel to Clinical Experiences**

Many of the courses required to complete the curriculum require travel to participate in clinical experiences. Unless otherwise published, travel is at the student's expense and not paid for by ATSU-SOMA or clinical agencies. Most students find having a car and valid driver's license a necessity to complete the program of study. In particular, students are encouraged to consider the travel requirements associated with specific community campuses prior to their indication of interest in attending that campus.

At each site the weather conditions may make travel hazardous. Students should take their cue on travel from the site supervisor and follow local policy that may dictate procedures. Ultimately the decision to travel or not travel should be made using the individual's best judgment based on the available information.

### **Housing**

Students are responsible for making arrangements for and payment of their housing needs. Please be advised that there are occasions when students will be assigned at a distance from their community campus. In very select cases some subsidies may be available at certain locations. However, housing costs remain the ultimate responsibility of the student. Students are encouraged to investigate housing costs prior to community campus selection.

### **Community Campus General Policies and Procedures**

#### **Injuries and Accidents**

Any student who sustains an injury or bloodborne pathogen exposure while on his or her clinical experience must notify their RDME as soon as possible.

In the event that the injury involves exposure to bloodborne pathogens, notify the clinical site's occupational medical staff immediately and follow their protocols for blood borne exposure. The student must also notify the RDME as soon as possible. A needle-stick protocol checklist and post exposure prophylaxis (PEP) guideline is provided on the E\*Value homepage.

If you have a needle-stick injury while on a rotation, there are a few important steps to follow.

6. Notify your supervising physician immediately



7. Follow the host hospital's or clinic's protocol for risk evaluation and post-exposure prophylaxis. This information can be obtained through the Emergency Department or the Risk Management Department.
8. Notify ATSU-SOMA Administration and your RDME immediately or as soon as possible
9. Keep paper copies of your medical records, the incident report and accompanying date.
10. Keep one complete set for your personal records. Give the incident report and confirmation that you followed the host hospital and/or PEP post –exposure guidelines to your RDME and campus administrative assistant (AA). The PEP guidelines link can be found on the E\*value homepage. You do not have to provide personal medical information to the RDME or AA. However, we do require documentation that you sought medical advice and any required treatment following national health guidelines. In the event, you experience an injury other than a needle-stick while on a rotation:
  6. Notify your attending immediately
  7. Seek medical attention as needed
  8. Follow your host hospital or clinic's risk management protocol for reporting and treatment
  9. Notify your RDME as soon as possible
  10. Provide documentation of the incident (again, no personal medical information is necessary, just proof that you were evaluated and/or treated after an injury) to your RDME and AA for your file.

It is important to recognize that as a student you are not covered by the health insurance of the community campuses as you are not an employee. You are also not covered by the University's health insurance, as you are not an employee of the University. Therefore, as per University policy, A.T. Still University (ATSU) requires all students enrolled in a residential program to maintain active health insurance coverage. To ensure students have access to a comprehensive plan, ATSU has chosen United Healthcare Student Resources (UHCSR) as its medical plan provider for the student health plan. All ATSU/SOMA students must meet ATSU requirements by either enrolling in the ATSU student sponsored health plan or submit a waiver and receive approval for use of another acceptable health coverage plan.

HSA Consulting, Inc. (HSAC) is the group administrator for the student health plan and will verify waiver information to ensure all students are in compliance with A.T. Still University health insurance requirements. As the group administrator HSAC will assist students with plan questions, address changes, claims assistance and obtaining ID cards. For more information on details of the plan, University requirements, enrollment, or completing the waiver process; please visit: <https://app.hsac.com/atstill>.

HSA Consulting, Inc. is available by phone, (888-978-8355), or email ([atstill@hsac.com](mailto:atstill@hsac.com)) for any additional questions regarding the waiver/enrollment process or the student health insurance plan.

### **Student Health Insurance Requirements**

All students MUST be covered by an Affordable Care Act (ACA) compliant domestic health insurance plan for the entire academic year, including summer and holidays.

Acceptable coverages to waive the A.T. Still University (ATSU) – Sponsored Student Health Insurance Plan are a parent's employer group plan, a spouse's employer group plan, VA Benefits or COBRA. Individual plans will be accepted as long as they meet with the University's waiver requirements. Additionally, the University will allow students to waive out of the student health insurance plan using Medicaid based coverage, but the student must live in the Medicaid-approved state the entire academic year. The A.T. Still University waiver requirements are as follows:

- Deductible MUST NOT be more than \$1,500 individual or \$3,000 family annually, NO exceptions.
- Adequate major medical coverage of at least \$1,000,000/policy year
- Prescription coverage
- Mental health coverage
- Coverage for an annual wellness exam
- A provider network in the area of your A.T. Still University campus for primary care, specialty, hospital, and diagnostic care. Students attending online programs, including those that are only partially online, are exempt from this requirement.

***Short-term health insurance policies, traveler's plans, or plans originating outside the United States will not be accepted as part of the waiver process.***

Failure to maintain continuous health insurance coverage may result in disciplinary action including suspension and/or dismissal.

ATSU-SOMA has purchased accident insurance and needle-stick coverage that may help to defer the cost of needle-stick injury or exposure to blood-borne pathogens.

## **Safety Issues in Year 2**

Every site should have a disaster plan directing individuals' actions in the event of an emergency (i.e. tornado, violence at the site, etc.). In the event of an emergency follow the site's emergency plan and the direction of your site supervisor. As soon as it is safe and feasible please notify the ATSU-SOMA Administration regarding your status.

Students are required to become familiar with the safety procedures that are established at each of the community campuses. As in every situation, especially when one is in an unfamiliar environment, it is prudent to maintain good situational awareness and to be cognizant of one's surroundings.

## **Professional Conduct**

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Academic Standards

Students are under the supervision of, and responsible to, the Community Campus faculty, including the RDME and clinical preceptors. The student may be subject to review and removed from the community campus by the SOMA administration if his or her conduct is deemed unsafe or inappropriate by the faculty at the Community Campus.

### **Student Responsibilities at the Community Campus**

The student is expected to put a patient's needs and safety as the top priority during all clinical encounters.

The student is expected to adhere to the schedule provided by the community campus RDME for both didactic courses and clinical courses. The student is expected to attend conferences, rounds, and clinics assigned by the Community Campus faculty as part of their OMS II curriculum. It is the student's responsibility to review the curricular objectives and augment didactic and clinical experiences with independent research and discussion with the Community Campus faculty.

### **Community Campus Responsibility to the Student**

The Community Campus must organize an orientation at the start of OMS II year to provide general information about the site, student requirements, and contact information for key personnel.

The Community Campus must ensure that on-site faculty guidance is available to assist students in their concerns related to the OMS II curriculum. The student will be provided with information and procedures to handle injuries and other health concerns sustained at the Community Campus.

### **MSPE, Residency and COMLEX, Level 3**

The Medical Student Performance Evaluation (MSPE) is a document utilized in the residency application process. It serves as "an evaluation of a medical student's performance" (rather than a recommendation or prediction of future performance). The MSPE describes, in a sequential manner, a student's performance through 3 full years of medical school and, as much as possible, the 4th year. The MSPE includes an assessment of both the student's academic performance and professional attributes." (Association of American Medical Colleges-AAMC). The MSPE will include all of the student's clinical evaluations as well as any of the student's "unique characteristics".

Once the MSPE draft has been created for each student, students will be provided the opportunity to review their MSPE and "correct factual errors in the MSPE, but not to revise evaluative statements in the MSPE." (AAMC). The national release date for the MSPE to residency programs varies by year (usually October-November).

Residency match results which may include a student's name, specialty, and residency program placement will be made public unless the student opts out. Students may opt out at any time by contacting the Dean's Office. An opportunity to opt out will also be emailed to the students during their OMS IV year.

Once a graduate is placed in residency, he or she will be required to take and pass COMLEX 3. For information on ASTU-SOMA COMLEX Level 3 pass rates and residency match rates, please refer to: [http://www.atsu.edu/soma/prospective\\_students/postgraduate\\_placement.html](http://www.atsu.edu/soma/prospective_students/postgraduate_placement.html)

### **Echo360**

ATSU-SOMA uses Echo360 for video and audio recording of many didactic presentations for later playback; however, as with any technology, the Echo360 system may not work at times. ATSU-SOMA will notify students via ATSU e-mail when the Echo360 is unavailable. The student is always responsible for the material covered in a session, even if an Echo360 recording is not available.

### **Annual Catalog, Handbook, and Clinical Education Manual Review**

All ATSU-SOMA students are required to read the ATSU University Catalog and the University Student Handbook annually. In addition, the OMS III and OMS IV students must also read the ATSU-SOMA Clinical Education Manual annually. An attestation is sent via the E\*Value system to all students annually. Each student must sign and submit the form, affirming that they have read the required items. Failure to do so may be considered a professionalism violation and may result in a delay in the student's course work, and may result in the student appearing before the Student Performance Committee.

### **Doctor of Osteopathic Medicine Program (SOMA)**

The ATSU-SOMA curriculum is aligned with the American Osteopathic Association (AOA) Seven Osteopathic Core Competencies for Medical Students. Under each of these competency domains, there are measurable curricular goals which, upon student attainment and completion, indicate competence in the domain. These curricular goals broadly shape and define the courses and clerkships (clinical rotations) within the four-year SOMA curriculum. For each curricular goal, there are accompanying learning activities, whose purpose is to help students achieve the goal and learn course content. Each learning activity is guided by a set of specific, measurable learning objectives that state what the student will accomplish during the activity.

#### **8. Osteopathic Principles & Practices**

"Graduates must demonstrate knowledge of osteopathic principles and practice (OPP), and they must exhibit and apply knowledge of somatic dysfunction diagnosis and osteopathic manipulative treatment (OMT) in clinical settings."

- Demonstrate and communicate knowledge of osteopathic principles and osteopathic manipulative therapy (OMT) including the scientific basis and physical findings of somatic dysfunction as well as the mechanism of action, indications, contraindications, and basic application of OMT.

- Perform and document a complete and appropriately focused osteopathic structural examination in a respectful, logical, and organized manner.
- Apply osteopathic principles and OMT consistently and appropriately into specific patient care plans.
- Demonstrate the knowledge and skills necessary to integrate osteopathic principles and practice into all aspects of whole person healthcare.

#### 9. Clinical Skills & Osteopathic Patient Care

"Graduates must demonstrate effective use of motor and cognitive skills in diagnosis, management and prevention of common health problems encountered in patient care within a variety of clinical settings and across the lifespan."

- Elicit a comprehensive and appropriately focused history and generate a list of a patient's concerns in a respectful, rationale and organized manner.
- Perform a complete and appropriately focused physical examination in a respectful, rationale and organized manner; and correlate abnormal findings to clinical presentations and disease processes.
- Perform basic clinical procedures essential for general osteopathic medical practice.
- Utilize clinical reasoning strategies to accurately diagnose medical conditions originating from common clinical presentations.
- Determine and implement evidence-based clinical intervention plans and management strategies, while monitoring their effectiveness and adjusting appropriately.
- Incorporate health education counseling, preventive medicine approaches, and health promotion strategies during patient encounters.

#### 10. Medical Knowledge

"Graduates must demonstrate knowledge and application of osteopathic, biomedical, clinical, epidemiological, biomechanical, social and behavioral sciences in the context of patient-centered care."

- Recognize and explain normal structure and function across the lifespan.
- Identify and explain the molecular, biochemical and cellular mechanisms that support normal structure and function.
- Distinguish between the mechanisms of disease pathogenesis, describe their impact on the body, and relate them to patient signs and symptoms.
- Explain and apply principles of contemporary therapeutics, including osteopathic, surgical, pharmacologic, molecular, biologic, behavioral and contemporary/alternative.
- Interpret diagnostic studies and correlate abnormal findings to disease states.
- Describe the epidemiology of common disease states within a defined population, and the systematic approaches useful in reducing the incidence and prevalence of those disease states.

## 11. Professionalism

"Graduates must demonstrate through knowledge, behavior and attitudes, a commitment to the highest standards of competence, ethics, integrity, and accountability to patients, society and the osteopathic profession."

- Demonstrate respect, altruism, compassion, interest, integrity, honesty, accountability and trustworthiness in all interactions with patients, their families, faculty, staff, peers and colleagues.
- Apply ethical decision making in all aspects of professional practice.
- Demonstrate awareness, sensitivity and responsiveness to culture, socio-economic status, religion, age, gender, sexual orientation, and mental/physical disabilities of patients, their families, faculty, staff, peers and colleagues.
- Demonstrate professional work behaviors such as punctuality, appropriate appearance, accepting responsibility for errors, and maintaining professional boundaries.
- Demonstrate a commitment to continuous professional development, learning, and internal & external assessment.

## 12. Interpersonal and Communication Skills

"Graduates must demonstrate the knowledge, behaviors and attitudes that facilitate accurate and efficient information gathering, empathetic rapport building, and effective information giving in interactions with patients, their families and colleagues of the inter-professional health care team."

- Document and record patient information in an accurate, organized, and confidential manner appropriate to the clinical situation and present relevant aspects of a patient's case in a logical, articulate fashion both orally and in writing.
- Work effectively and collaboratively with patients, their families and colleagues of the inter- professional healthcare team in providing whole person healthcare.
- Demonstrate effective and appropriate active listening, verbal, non-verbal, and written and electronic communication skills when dealing with patients, their families, faculty, staff, peers and colleagues of the inter-professional health care team.

## 13. Practice-Based Learning and Improvement

"Graduates must demonstrate the ability to apply scientific theory and methodology and exhibit the critical thinking skills essential for integrating evidence-based principles and practice into patient care."

- Apply fundamental biostatistical and epidemiologic concepts to practice-based learning and improvement.
- Conduct a systematic review of literature on basic and clinical science research and critically synthesize the results for relevance and validity.
- Describe the clinical significance of and apply strategies for integrating best medical evidence into clinical practice.

- Identify, describe and apply systematic methods relating to continuous evaluation of osteopathic clinical practice patterns, practice-base improvements, and the reduction of medical errors.
- Integrate technology into the practice of medicine and the delivery of healthcare services.

#### 14. Systems-Based Practice

"Graduates must demonstrate awareness of and responsiveness to the larger context and systems of health care, and effectively identify system resources to advocate for and maximize the health of the individual and the community or population at large."

- Demonstrate knowledge of health delivery systems that affect the practice of an osteopathic physician and how delivery systems influence the utilization of resources and access to health care.
- Demonstrate knowledge of how patient care and professional practices affect other health care professionals, health care organizations, and society.
- Demonstrate the ability to work effectively in a variety of health care systems (with an emphasis on community health care) and provide quality patient care while advocating for the best interests of patients.
- Demonstrate the ability to implement safe, effective, timely, patient-centered and equitable systems of care in a team-oriented environment.

Several important pedagogical modalities are used to bring basic science into a clinical context. These modalities include: clinical presentation "schemes," small group learning discussions, hands-on laboratories, demonstrations, and simulation activities.

#### **Community Health Center (CHC) Learning Partnerships**

A unique feature of ATSU-SOMA's education program is its emphasis on contextual learning in community healthcare settings. Beginning in the second year (OMS II year), students are stationed at one of the Community Health Centers (CHCs) listed below. Each of these locations has dedicated classroom space for didactic instruction, OPP training, and clinical skills application and practice. These classrooms are equipped with internet connectivity and video conferencing capabilities so that academic interaction can occur with the Mesa campus faculty and with the other CHC sites. ATSU-SOMA's CHC partnerships include:

- Adelante Healthcare: Mesa, Arizona
- Beaufort-Jasper-Hampton Comprehensive Health Services: Ridgeland, South Carolina
- El-Rio Community Health Center: Tucson, Arizona
- Family Healthcare Network: Visalia, California
- HealthPoint: Renton, Washington
- HealthSource: Mt. Oreb, Ohio

- Near North Health Service Corporation: Chicago, Illinois
- North Country Healthcare: Flagstaff, Arizona
- Northwest Regional Primary Care Association: Portland, Oregon
- Waianae Coast Comprehensive Health Center: Waianae, Hawaii

### **Length of Program**

The Doctor of Osteopathic Medicine program is designed to be completed in four years and must be completed within six years from the date of matriculation. The curriculum is comprised of a minimum of 243.6 semester credit hours.

### **Tuition and Fees**

Tuition is due twice a year at ATSU. It is due at the beginning of the first and second semesters. Each payment is half the cost for the entire year. Tuition may be paid any time during the week that it is due. Delinquent tuition penalties accrue at 1.5% per month, which is 18% per year

Cost of attendance (COA), or budget is an estimated amount of all expenses for a period of enrollment. A budget, including all COA elements has been calculated for each program approved to certify for Title IV funding. An expense worksheet is also provided so students can calculate how the estimated cost of attendance will align with their actual

costs and help to budget accordingly.

Class/Year	Tuition	Educational Supply Fee	Medical Equipment Fee
Class of 2027, year 1	\$64,714.00	\$1,350.00	\$1,000.00
Class of 2026, year 2	\$64,714.00	\$1,350.00	
Class of 2025, year 3	\$64,714.00	\$1,350.00	
Class of 2024, year 4	\$64,714.00	\$1,350.00	

### **Admissions**

#### **Application process**

ATSU-SOMA uses the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS). AACOMAS provides centralized services including data collection, analysis, and distribution of the online primary application to osteopathic medical schools the applicant



designates. Please visit [www.aacom.org](http://www.aacom.org) or contact AACOMAS at 5550 Friendship Boulevard, Suite 310, Chevy Chase, MD 20815-7231, phone: 301.968.4100.

### **Application Deadline**

The deadline for submission of the AACOMAS application is March 1; however due to ATSU-SOMA's rolling admissions process and early admission decisions, applicants are strongly encouraged to apply early.

Upon review of the AACOMAS application, ATSU-SOMA will send qualified applicants a secondary (supplemental) application. A non-refundable application fee, at least one letter of recommendation (LOR) from a science faculty member (or from the pre-medical committee), and at least one LOR from a physician (strong preference for a letter from a D.O.) must be submitted with the secondary application.

The deadline for submission of the secondary (supplemental) application is April 1. Due to ATSU-SOMA's rolling admissions process and early admission decisions, applicants are strongly encouraged to apply early.

### **Admission Requirements**

Applicants for admission to the first-year DO class must meet the following requirements prior to matriculation.

10. The applicant must have achieved a minimum 2.8 cumulative grade-point average (GPA) and a minimum 2.8 science GPA on a 4.0 scale.
11. Applicants must have completed a bachelor of arts or science from a U.S. regionally accredited college or university.
12. Applicants must have successfully completed one full academic year (or equivalent) with a grade (or equivalent) of "C-" or better in each of the following courses prior to matriculation:
  - o English
  - o Biology/Zoology (with laboratory)
  - o Inorganic/General Chemistry (with laboratory)
  - o Physics (with laboratory)
  - o Organic Chemistry (with laboratory)
  - o Additionally, ATSU-SOMA recommends the following elective courses:
    - Anatomy
    - Behavioral Science
    - Biochemistry
    - Genetics
    - Immunology
    - Microbiology
    - Molecular Biology
    - Multicultural Studies
    - Physiology
    - Public Health/Epidemiology
13. Applicants are required to submit scores from the Medical College Admission Test (MCAT) that have been taken within three years of application.
14. Matriculants are required to submit complete official transcripts from each school attended by the date of matriculation.

15. ATSU-SOMA and many of its clinical affiliations require criminal background checks on matriculants and students to ensure the safety of patients and employees. The checks are conducted by a vendor selected by ATSU. The student will pay the cost of the criminal background check directly to the vendor. Failure to comply with this mandate will result in denial to matriculate. A matriculant with a positive criminal background screen will be reviewed.
16. Applicants must be a U.S. citizen or permanent resident
17. Applicants must be fluent in the oral and written use of English
18. Applicants must have basic computer literacy.
  - Matriculants will meet the minimum technology specifications found at: <http://its.atsu.edu/knowledgebase/soma-technology-requirements/>

### **Doctor of Osteopathic Medicine and Master of Public Health Dual Degree**

With ATSU's dual Doctor of Osteopathic Medicine and Master of Public Health program, students earn their Master of Public Health (MPH) through ATSU's College of Graduate Health Studies (ATSU-CGHS) while completing their DO degree at ATSU-SOMA. Students trained in ATSU-SOMA's innovative community campus model will be well prepared for a medical career in public health venues. The MPH requires additional courses completed online via ATSU-CGHS. Applications to the MPH program are accepted toward the end of the students' first year at ATSU- SOMA.

After earning their DO and MPH degrees students will be able to do the following and more:

- Analyze issues of access, quality, and cost for populations, communities, and individuals
- Evaluate social determinants of health and health disparities at your community health center and beyond
- Hypothesize reasons for observed disparities
- Create interventions to address health disparities
- Design research studies to address health disparities
- Compare and contrast research methodologies
- Critically appraise public health and medical literature
- Define health literacy and apply its concepts to health promotion and disease prevention programs
- Apply knowledge and skills acquired from the curriculum and complete an academic paper suitable for publication
- Present research findings at national meetings
- Evaluate health promotion and disease prevention programs from a variety of perspectives

Students must meet the following criteria to apply for the DO/MPH dual degree:

- Must have attended the introductory presentation.
- Must be in good academic standing
- Must have no course failures during the OMS I year
- Must not be identified as At Risk according to the ATSU-SOMA catalog description

Once these criteria have been met, a letter of support must be obtained for the student from the ATSU-SOMA Dean. The student may then apply online via the ATSU website. There is no admission fee for potential DO/MPH students.

## **Hometown Scholars Program**

The National Association of Community Health Centers has a hometown scholar program that identifies potential applicants who match the mission and values of ATSU-SOMA. Please visit [www.atsu.edu/hometown-scholars](http://www.atsu.edu/hometown-scholars) for more details on the Hometown Scholars Program.

## **Transfer Student Admission**

The curriculum model and structure of ATSU-SOMA does not allow for transfer student admission.

## **Transfer Credit**

The curriculum model and structure of ATSU-SOMA does not allow for the awarding of course credit.

## **Advanced Standing Admission**

The curriculum model and structure of ATSU-SOMA does not allow for the awarding of advanced standing into the School.

## **International Student Admission**

All ATSU-SOMA applicants must be U.S. citizens or permanent residents.

## **Selection of Applicants**

The ATSU-SOMA Admissions Committee seeks individuals who will be a good match to ATSU-SOMA's mission and are capable of meeting ATSU-SOMA's academic and professionalism standards. Applicants are screened for academic achievement, clinical involvement, interpersonal skills, leadership qualities, service, perseverance, maturity, motivation, and knowledge of the osteopathic profession. Applicants who pass this screening will be invited for an interview. The interview day is designed to be a two-way process to help the ATSU-SOMA Admissions Committee determine if the applicant is a good fit for ATSU-SOMA while enabling the applicant to determine if ATSU-SOMA is a good fit for the applicant. Attendance at an interview day is mandatory for admission.

Following the interview day, the Admissions Committee will review the applicant's entire packet and determine the disposition of the application. The Admissions Committee will accept (with or without contingencies), reject, or place candidates on an alternate list. Applicants are notified of the Committee's decision as soon as possible (usually within two weeks of the interview day).

An offer of acceptance is accompanied by assignment to a specific Community Health Center Contextual Learning Site (informally known as "community campus"). Successful applicants are granted a specified time period to notify the Office of Admissions of their intention to enroll. This letter of intent must be accompanied by payment of a non-refundable acceptance fee.

Admission after acceptance is subject to the satisfactory completion of all academic requirements. Admission to ATSU-SOMA may be revoked for fraud, misrepresentation, or other violation of University standards.

## Matriculation Requirements

The following are required prior to attendance on the first day of class at ATSU-SOMA. Failure to comply with any of the listed requirements may lead to withdrawal of acceptance and will prevent a student from initially enrolling or remaining enrolled at ATSU-SOMA.

7. Successful completion of a Bachelor of Arts or Science (B.A., B.S.) degree and all ATSU-SOMA prerequisite courses from a U.S. regionally accredited college or university or equally accredited Canadian institution: This must be verified with submission of all final official transcripts to the ATSU Admission Office.
8. Attendance at all ATSU-SOMA osteopathic medical student, year 1 (OMS I) orientation activities: These activities occur during the week prior to the first day of class.
9. Background Check: ATSU-SOMA requires that entering students submit to and provide the results of background check prior to enrollment. Recognize that this is a minimum standard and that some clinical facilities may have additional requirements that students must meet prior to beginning clerkships (clinical rotations) at those sites. These requirements may include (but not be limited to) additional background checks and drug screening.
10. Required Immunizations: ATSU-SOMA requires all entering students to provide proof of their immunizations in order to enroll in courses. Please see the Academic Standards, Guidelines, and Requirements section for the specific immunization requirements.

Proof of Health Insurance: A.T. Still University (ATSU) requires all students enrolled in a residential program to maintain active health insurance coverage. To ensure students have access to a comprehensive plan, ATSU has chosen United Healthcare Student Resources (UHCSR) as its medical plan provider for the student health plan. All ATSU/SOMA students must meet ATSU requirements by either enrolling in the ATSU student sponsored health plan or submit a waiver and receive approval for use of another acceptable health coverage plan.

HSA Consulting, Inc. (HSAC) is the group administrator for the student health plan and will verify waiver information to ensure all students are in compliance with A.T. Still University health insurance requirements. As the group administrator HSAC will assist students with plan questions, address changes, claims assistance and obtaining ID cards. For more information on details of the plan, University requirements, enrollment, or completing the waiver process; please visit: <https://app.hsac.com/atstill>.

HSA Consulting, Inc. is available by phone, (888-978-8355), or email ([atstill@hsac.com](mailto:atstill@hsac.com)) for any additional questions regarding the waiver/enrollment process or the student health insurance plan.

## Student Health Insurance Requirements

All students MUST be covered by an Affordable Care Act (ACA) compliant domestic health insurance plan for the entire academic year, including summer and holidays.

Acceptable coverages to waive the A.T. Still University (ATSU) – Sponsored Student Health Insurance Plan are a parent's employer group plan, a spouse's employer group plan, VA Benefits or COBRA. Individual plans will be accepted as long as they meet with the University's waiver requirements. Additionally, the University will allow students to waive out of the student

health insurance plan using Medicaid based coverage, but the student must live in the Medicaid-approved state the entire academic year. The A.T. Still University waiver requirements are as follows:

- Deductible MUST NOT be more than \$1,500 individual or \$3,000 family annually, NO exceptions.
- Adequate major medical coverage of at least \$1,000,000/policy year
- Prescription coverage
- Mental health coverage
- Coverage for an annual wellness exam
- A provider network in the area of your A.T. Still University campus for primary care, specialty, hospital, and diagnostic care. Students attending online programs, including those that are only partially online, are exempt from this requirement.

***Short-term health insurance policies, traveler's plans, or plans originating outside the United States will not be accepted as part of the waiver process.***

Failure to maintain continuous health insurance coverage may result in disciplinary action including suspension and/or dismissal.

11. . For coverage details, see the University Student Handbook.
12. Basic Life Support (BLS) Certification: ATSU-SOMA requires that all students obtain and maintain BLS certification throughout the entire duration of enrollment. Proof of certification must be on file by the end of OMS I orientation. It is the student's responsibility to renew certification prior to the expiration date. Proof of Advanced Cardiac Life Support (ACLS) certification must be obtained prior to reporting for clerkship duty in the OMS III year. These requirements may only be met using an online course if it is a certification renewal. First-time certification must be completed via a live course. Non-compliance at any time during a student's enrollment will result in suspension and/or dismissal.

## **Grading**

ATSU-SOMA programs adhere to the University grading scale.

A.T. Still University adheres to the grading practices recommended under FERPA. Grades are not posted in a public manner either by student name, social security number, or student identification number. FERPA permits the posting of grades only if the student is assigned a unique identifier known only to the student and the faculty member.

## **Grading Guidelines**

SOMA students are evaluated by a number of methodologies to insure they are meeting curricular goals and competencies. The following are examples of methods that may be used to provide either formative or summative evaluation of student performance.

- Examinations (either written or computer based), quizzes and assignments
- Observation of Head-To-Toe Physical Exam
- Observation of Problem-Specific Physical Exams
- Performance of Clinical Procedures

- Performance at Clinical Experiences
- Discussion with Preceptors at Clinical Sites
- Behavioral Performance Evaluation
- Comprehensive End-of-Year Examinations
- Faculty Advisory Reviews
- Evaluation of Medical Documentation
- Observation of Patient Presentations
- Objective Structured Clinical Examinations (OSCEs)
- Clinical Examination Exercise (Mini-Cex)

**Non-core rotations:**

For non-core rotations, scores are based on the Clinical Rotation Evaluation (CRE). See individual course syllabi for additional requirements.

Grade is based on the CRE scale:

Grade	Value
Honors	>4.75
High Pass	4.00 – 4.75
Pass	3.00 – 3.99
Low Pass	2.10 – 2.99
Fail	< or equal to 2.09

**Core rotations:**

For core rotations, scores are based on the Clinical Rotation Evaluation (40%), end-of-rotation exam (40%), and course assignments (20%). See individual course syllabi for additional requirements.

Each component of the core rotation grade has its own scale:

Grade	CRE (40%)	Exam (40%) "mean" refers to national mean	Course Assignment (20%)
		COMAT	CC/Neuro/Cardio exams
Honors	>4.75	111+	>4.75

High Pass	4.00 – 4.75	103-110	4.00 – 4.75	4.00 – 4.75
Pass	3.00 – 3.99	94-102	3.00 – 3.99	3.00 – 3.99
Low Pass	2.10 – 2.99	85-93	2.10 – 2.99	2.10 – 2.99
Fail	≤ 2.09	84 or lower	≤ 2.09	≤ 2.09

\*Failure of the CRE will result in failure of the course and a repeat of the clinical rotation.

The three components (CRE, end-of-rotation exam scores, course assignments) are combined to determine the final grade based on the following scale:

Grade	Value
Honors	>4.75
High Pass	4.00 – 4.75
Pass	3.00 – 3.99
Low Pass	2.10 – 2.99
Fail	< or equal to 2.09

Should a student fail a post-rotation examination, a limit of two (2) retakes (for a total of three attempts) will be allowed. Any retake requires approval by the Assistant Dean of Clinical Education, Assessments and Outcomes. A failure of the rotation will occur if the student does not successfully pass on the third attempt.

For Family Medicine and Internal Medicine, the COMAT is taken at the end of the second rotation. Due to these courses being a total of 8 weeks each (two four-week experiences for Family Medicine and two four-week experiences for Internal Medicine), the COMAT is factored into both rotation grades (Family Medicine I and II for the Family Medicine COMAT, and Internal Medicine I and II for the Internal Medicine COMAT), even if the rotations are taken in different semesters.

Scores for Osteopathic Principles and Practice (OPP) in the OMS III year- first semester & OMS IV year are converted to a pass designation using the following criteria:

Grade	Value

Honors	95-100
High Pass	90-94
Pass	75-89
Low Pass	70-74
Fail	<69

Scores for OPP in the OMS III year- second semester are converted to a pass designation using the following chart:

OPP Score	COMAT®	Honors	High Pass	Pass	Low Pass	Fail
95-100		Honors	Honors	High Pass	High Pass	I
90-94		Honors	High Pass	Pass	Pass	I
75-89		High Pass	Pass	Low Pass	Low Pass	I
70-74		Pass	Low Pass	Low Pass	Low Pass	I
69 or below		Fail	Fail	Fail	Fail	Fail

Should a student fail a post-rotation examination, a limit of two (2) retakes (for a total of three attempts) will be allowed. Any retake requires approval by the Assistant Dean of Clinical Education, Assessments and Outcomes. A failure of the rotation will occur if the student does not successfully pass on the third attempt. Any student retaking and passing an end-of-rotation exam will only be able to receive up to the highest low pass score, regardless of their actual score. For example, if a student's retake score is an honors score, only the highest low pass score is used.

Alternately, if a student's retake score is below the highest low pass score (but above a failing score), the student's actual exam score will be used.

A grade of I (incomplete) indicates that course requirements have not been completed. A grade of IP (in progress) indicates the course spans more than one semester. Grades of I or IP are not replaced on the official transcript until all course requirements are met. Failure to complete course requirements may result in grades of I or IP being replaced with a failing grade.

### **Grading Grievance Policy and Process**

A student who disagrees with an individual assessment grade or course grade should report his or her concern to the course director in writing. If a resolution cannot be reached with the course director, the student can submit his or her concern in writing to the Associate Dean of



Curriculum Integration (if the grade pertains to OMS I or OMS II curricula) or the Assistant or Associate Dean for Clinical Education and Services (if the grade pertains to OMS III or OMS IV curricula) for consideration. The decision of the Associate or Assistant Dean is final. Any student who questions a grade on a Clinical Performance Evaluation (CPE) by initiating a discussion with a preceptor about the CPE will be considered to have violated standards of professionalism. Students may discuss their learning, conduct, and experiences with the preceptor, but may not question a grade that has been assigned in an assessment.

### **Tuition**

Current tuition and fees for attending SOMA may be found on the ATSU website. One-half is due at the beginning of the first and second semester. Tuition and fees are subject to change.

### **Fees**

Application Fee: A non-refundable fee is due at the time the secondary application is submitted. The application fee does not apply to tuition.

### **Acceptance Fee (Deposit)**

This non-refundable fee is an advance payment on the first year's tuition. It is due with submission of the Admission Agreement and applied to tuition at the time of enrollment. The applicant may cancel this agreement and receive a full refund of all monies (excluding the application fee) paid to date if cancellation is made in writing to the Admissions Office and mailed/delivered to the institution at the address stated herein within three (3) business days after the date of signature.

### **Pre-Registration Fee (Deposit)**

This non-refundable fee is payable by May 1 preceding registration to hold a place in the class and will be applied to tuition at the time of registration.

### **Technology Fee**

This non-refundable fee is due every academic year and covers the cost of the technology support and services used by students.

### **Medical Equipment (1<sup>st</sup> Year only)**

All first year students are charged a fee for medical equipment. The equipment is distributed during the first course and becomes the personal property of the student.

### **Refund Policy**

A student who withdraws or is dismissed from SOMA prior to the end of an academic semester must complete an "Exit Process" form available in the office of Student Affairs. A student's eligibility for a refund will be determined using the formula for the "Return of Title IV Funds". See the University Student Handbook for information on the calculation for return of Title IV funds.

### **Academic Promotion Requirements**

All SOMA students are required to read the SOMA Catalog and the ATSU Student Handbook annually. In addition, the OMS III and OMS IV students must also read the SOMA Clinical

Education Manual annually. An attestation is sent via the E\*Value system to all students annually. Each student must sign and submit the form, affirming that they have read the required items. Failure to do so may be considered a professionalism violation and may result in a delay in the student's course work, and may result in the student appearing before the Student Performance Committee.

Students are promoted to each level of the curriculum (e.g., OMS I to OMS II) by the SPC (unless an exception is made by the Dean). Listed below are the requirements that must be met to formally progress through the curriculum.

### **Requirements for progression to OMS II**

- Pass all OMS I coursework and maintain good academic standing.
- Comply with all professionalism standards of behavior and SOMA technical standards.
- Maintain health insurance, disability insurance, BLS certification and current immunization standards.

### **Requirements for progression to OMS III**

Students are classified as OMS III upon completion of the following the requirements:

- Pass all OMS II coursework and maintain good academic standing
- Comply with all professionalism standards of behavior and SOMA technical standards
- Maintain health insurance, disability insurance, BLS certification and current immunization standards
- Obtain ACLS certification

Students are not permitted to begin OMS III required coursework until COMLEX, Level 1 has been taken.

### **Requirements for progression to OMS IV**

- Pass all OMS III coursework and maintain good academic standing.
- Comply with all professionalism standards of behavior and SOMA technical standards.
- Maintain health insurance, disability insurance, BLS and ACLS certification, and current immunization standards.

### **Graduation Requirements**

In order to graduate from ATSU-SOMA, a student must:

- have been a student in an accredited osteopathic medical school or equivalent for at least four academic years.
- have been enrolled in SOMA for at least his/her final two academic years.
- successfully complete all academic, administrative, and professional requirements for promotion.
- take and pass the National Board of Osteopathic Medical Examiners, Inc. (NBOME) Comprehensive Osteopathic Medical Licensing Examination (COMLEX) 1, COMLEX 2 Cognitive Evaluation (CE), and the COMLEX 2 Performance Exam (PE).

- have been approved by the faculty to receive his/her diploma.
- have discharged all financial obligations to ATSU-SOMA.
- attend the commencement program at which time the degree is conferred.

## **Academic Appeals**

The individual professional and graduate programs of ATSU, through their faculty and established school procedures, retain principal responsibility for assessing student performance. Disputes concerning unsatisfactory progress evaluations should be reconciled through the processes and procedures described under the DO program. Additional guidelines regarding academic appeals, including grade appeals, promotion, and/or dismissal appeals will be found within the ATSU Policies section, Academic Appeals policy.

## **Student Performance Committee**

### **Responsibilities and Membership**

ATSU-SOMA's Student Performance Committee (SPC) is a standing committee that evaluates the academic and professional performance and development of all ATSU-SOMA students and, when appropriate, forwards recommendations to the Dean as described below. The SPC ensures that all students meet the standards to advance through each year of the ATSU-SOMA curriculum and that each student has completed all graduation requirements. The voting members of the SPC include clinical and basic medical science faculty appointed by the Dean. The Chair of the SPC is appointed annually by the Dean.

### **Attendance and Notification**

The student may be required to attend the SPC meeting (either in person or by video-conference) when the student's academic status is presented for discussion. Each student is reviewed individually by the SPC, taking into account the student's overall performance. The student will be notified of the requirement to attend at least two business days (Monday-Friday, excluding holidays) before the meeting. The student's required dress code for meetings with the SPC is business attire.

### **Sanctions**

The following sanctions may be imposed by the SPC:

4. Consultation – Consultations may include but are not limited to the following:
  - Mandated meetings with the Learning Advisors in Student Affairs;
  - Mandated meetings with the student's academic advisor or RDME;

- Mandated counseling sessions with the University's Mental Health Wellness Counselor or a mental health counselor of the student's choice (at the student's expense);
  - Educational psychology testing to evaluate the student's cognitive ability to progress in medical school;
  - Evaluation by a physician, clinical psychologist or psychiatrist to determine the student's ability to meet the technical standards of the program;
  - Evaluation and/or treatment by a physician for addictive behaviors.
5. Academic Warning
- Academic Warning is issued to a student who fails to meet SOMA's academic or professionalism standards. This may include a course failure, rotation failure, or first failure of COMLEX Level 1, COMLEX Level 2 CE, or COMLEX Level 2 PE.
  - The purpose of the Academic Warning is to alert the student, faculty, and administration that the student has experienced difficulty, and that special consideration may be given for consultation, referral, counseling, academic assistance, or other activities to help the student resolve academic or professionalism deficiencies.
  - Students holding an officer position may be asked to resign at the discretion of the SPC.
  - Once the deficiencies have been remediated by the student, the warning shall be removed by written notification from the chair of the SPC.
  - The successful remediation of an academic course will be identified by a notation (70R) on the student's transcript.
6. Academic Probation
- Academic Probation may be imposed on any student who has violated ATSU-SOMA's professionalism standards or who has multiple course, rotation, COMLEX Level 1, COMLEX Level 2 CE, or COMLEX Level 2 PE failures.
  - The purpose of probation is to alert the student, faculty, and administration to the fact that the student has experienced academic difficulty.
  - This is a status change that will be documented in the student's official record.
  - Students holding an officer position will be required to resign but may still participate in club activities.
  - Students on probation may not be excused from curricular activities for professional development, or attend conferences or events sponsored by the school, without explicit permission from the assistant or associate dean. These measures are employed to assist the student in concentrating on improvement in his or her academic progress.
  - Once the deficiencies have been remediated by the student, the probation shall be removed by written notification from chair of the SPC.
  - The successful remediation of an academic course will be identified by a notation (70R) on the student's transcript.

The Student Performance Committee can recommend the following sanctions to the Dean for review and consideration:

3. Suspension – Suspension is defined by ATSU as a temporary and immediate separation from the institution. The SPC and Dean will determine if the student will be eligible for reinstatement, the terms of the reinstatement, or if the student is to be dismissed from ATSU-SOMA. Students may be dismissed for various causes including but not limited to:
  - Posing an immediate threat to the university community and/or to themselves
  - Engaging in illegal activities
  - Failure to comply with sanctions imposed by the school or the university
4. Dismissal – Dismissal is a permanent separation from the institution. Students may be dismissed for various causes including but not limited to:
  - Poor academic performance including multiple failures
  - Professionalism violations

Following a Student Performance Committee meeting, the student will be notified of the outcome by the SPC Chair in writing within seven calendar days. Decisions by the SPC may be appealed to the Dean in writing, within seven calendar days of notification by the SPC Chair. See the appeal process below.

In the event of a SPC recommendation for dismissal, suspension, or extension of the academic program affecting the student's graduation, the final decision and notification to the student will come directly from the Dean of ATSU-SOMA.

### **Right of Appeal**

A notification to the student by the SPC regarding the decision concerning the student's status may be appealed, in writing, to the Dean of ATSU-SOMA. A student's appeal must be received no later than seven calendar days following receipt of the SPC letter. The appeal must include a statement of the reason(s) the action is unwarranted. The written appeal must be dated and signed by the student. Upon receiving the written appeal, the Dean may choose to meet with the student. The Dean will notify the student in writing of their decision concerning the appeal no later than seven calendar days following receipt of the student's appeal.

The highest level of appeal within the school is the Dean or Dean's designee. Students who wish to appeal a Dean's decision regarding promotion or dismissal should review the Academic Appeals Policy: Promotion and/or Dismissal Decisions.

### **Referrals**

Referrals to the SPC are made by the SOMA Associate or Assistant Dean(s). An individual with a concern about a student's academic or professional performance will refer the issue to the appropriate Associate or Assistant Dean(s). Examples include, but are not limited to the following:

- Failure of a course, rotation, COMLEX exam, or other required activity
- Overall poor performance in the academic program (even without an actual failure)
- Violation of professionalism standards
- Inability to meet SOMA technical standards
- Failure to abide by SOMA Catalog policies and procedures

The student is usually required to attend the SPC meeting (either in person or by videoconference) when his/her case is on the agenda for discussion. When a student is required to attend the SPC meeting, the student will be notified of the requirement to attend at least two (2) academic days before the meeting. The required dress code for meetings with the SPC is business attire. Each case is reviewed individually taking into account the student's overall performance. Listed below are general guidelines the SPC will follow in review of student performance. Specific circumstances may require modification of these guidelines as determined during the Committee's deliberation.

Examples of SPC Recommendations	Issue
Academic warning. Course remediation.	One course failure.
Academic probation. Course remediation or extension Of academic program.	Two course failures.
Dismissal from SOMA	Three course failures.
Academic probation. Repeat rotation. Extension Of academic program.	One clinical rotation failure.
Dismissal from SOMA.	Two clinical rotation failures.
Suspension or dismissal from SOMA.	Academic warning, academic probation, Violation of professionalism standards or SOMA Catalog policies and procedures.

As part of its recommendation, the SPC may also require consultation by an academic performance specialist, professional development specialist, physician, psychiatrist, or other professional.

After reviewing all pertinent information related to a student's case, the SPC will submit a written recommendation to the appropriate Associate or Assistant Dean(s). The Associate or Assistant Dean(s) will affirm, modify, or send the recommendation back to the SPC for further consideration. Following this process, the SPC will notify the student regarding the decision.

In the case of a SPC recommendation for dismissal, suspension, or extension of the academic program affecting the student's graduation, the final decision and notification to the student will come directly from the Dean of SOMA.

## **Right of Appeal**

A notification to the student by the SPC regarding the decision concerning his/her case may be appealed, in writing, to the Dean of SOMA. A student's appeal must be received no later than seven (7) academic days following receipt of the SPC letter. The appeal must include a statement of the reason(s) the action is unwarranted. The written appeal must be dated and signed by the student. Upon receiving the written appeal, the Dean may choose to meet with the student. The Dean will notify the student in writing of his/her decision concerning the appeal no later than seven (7) academic days following receipt of the student's appeal. The decision of the Dean regarding the appeal is final.

A decision by the Dean for dismissal, suspension, or extension of the academic program affecting the student's graduation date may be appealed, in writing, to the Senior Vice President, Academic Affairs (SVPAA) on the basis of one or more of the following criteria:

- New and significant material is brought to light that the SPC and the Dean did not review.
- There was a process error.
- Demonstrated bias affected the decision.

A student's appeal must be received no later than seven (7) academic days following receipt of notification of the Dean's decision. The appeal must include a statement of the reason(s) the action is unwarranted and which of the three elements above was present. The written appeal must be dated and signed by the student. The SVPAA may meet in person with the student, if indicated. The SVPAA will notify the student in writing of his/her decision concerning the appeal no later than seven (7) academic days following receipt of the student's appeal. The decision of the SVPAA is final.

## **Remediation Policy**

Remediation examinations for course failures in OMS I and OMS II begin two weeks following the conclusion of the final course in the academic year and must be successfully completed before a student can be advanced to the next stage of the curriculum. This minimum two-week period allows for students to focus their attention on remediation examination preparation. For students needing to remediate course failures in the year 1 curriculum, an individualized remediation examination schedule will be developed by the Associate Dean for Pre-Clinical Education. Remediation examinations may occur at the main Arizona campus or at the student's community campus location with the approval of the Associate Dean for Pre-Clinical Education.

For students needing to remediate course failures in the year 2 curriculum, an individualized remediation examination schedule will be developed by the Associate Dean for Pre-Clinical Education, in consultation with the Associate or Assistant Dean for Clinical Education and Services (or designee) and the appropriate Regional Directors of Medical Education (RDMEs). It may be necessary to delay the start of 3rd year clinical rotations and/or sitting for COMLEX-1 in

order to successfully complete the remediation process. Remediation examinations will occur at the student's community campus location.

For students wishing to take a remediation examination at one week following the conclusion of the final course in the academic year, a petition can be submitted to the Associate Dean for Pre-Clinical Education outlining the reason(s) for the request. If permission is granted to take an earlier remediation examination, the student will be required to sign a waiver acknowledging the potential risk of remediation failure with less preparation time than being advised.

All OMS I and II remediation examinations must be proctored by an ATSU-SOMA employee or designee as approved by the Associate Dean for Pre-Clinical Education. A student who fails a course remediation examination will be referred to the SPC and is subject to dismissal.

Failed clinical rotations (OMS III and IV) must be repeated and successfully completed. The course and preceptor must be approved by the Associate or Assistant Dean for Clinical Education and Services.

### **Record Retention Procedures**

The record retention procedures for the University include but are not limited to:

1. Non-academic records of disciplinary actions will be maintained by the University as the responsibility of the Department of Student Affairs. Records will be maintained for one year after graduation at which time the records will be destroyed unless otherwise directed by the dean of a college/school.

2. In cases where disciplinary action leads to a student's dismissal/ineligibility for re-enrollment, the record becomes a part of the permanent academic file and transcript.

3. Financial assistance records will be maintained by the University for three years. A promissory note for campus-based loans will be kept until it is paid in full.

4. General record policies are also available upon request from student financial services, counseling services, and admissions.

### **A.T. Still University of Health Sciences ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA")**

#### **University Student Handbook**

The ATSU University Catalog and University Student Handbook both contain policies relevant to all students. Please check the ATSU Student Handbook for additional information and as referenced throughout this Catalog. The ATSU Student Handbook may be found at: [www.atsu.edu/studenthandbook](http://www.atsu.edu/studenthandbook).

#### **Dismissal, Suspension, or Extension of Academic Program Appeal Process**

Students have a right to appeal a school's decision to dismiss, suspend, or have their academic program extended. Please check the applicable school section for the appeal policy and process. In the event a school does not have a specific appeal process listed, please follow the guidelines listed here.



A student must appeal the decision in writing to the school dean within seven calendar days of the decision to dismiss, suspend, or extend the student's academic program. The appeal must include a statement of the reason(s) why the action is not appropriate. The dean may choose to meet with the student.

The dean's decision concerning the appeal will be submitted to the student in writing no later than seven calendar days following the receipt of the student's appeal.

The student may appeal the dean's decision in writing to the Senior Vice President for Academic Affairs if new and significant information has been discovered, the student believes there was a process error, or can demonstrate bias affected the decision. The written appeal must be submitted to the Senior Vice President for Academic Affairs within seven days of the dean's decision and must specifically state the new and significant information forming the basis for reconsideration of the dean's decision.

The Senior Vice President for Academic Affairs may choose to meet with the student. Notification of the Senior Vice President for Academic Affairs' decision will be made in writing to the student within seven calendar days following notification of the student's appeal.

## **Financial Information**

### **Standard Academic Progress for Federal Financial Aid**

According to the United States Department of Education regulations (34CFR 668.16 and 668.34 and October 29, 2010, Final Federal Register), all students receiving federal financial assistance must meet and maintain satisfactory academic progress. Student Financial Services will review the academic progress of financial aid recipients after each payment period. Satisfactory academic progress (SAP) is measured in terms of qualitative and quantitative standards.

**Qualitative Measure** The qualitative measure of a student's progress is measured by cumulative grade point average. The minimum cumulative GPA students must maintain for financial aid is as follows:

Minimum cumulative grade point average for Financial Aid at A.T. Still University of Health Sciences

2.00 for all programs operating on a 4.0 scale

70% for all programs operating on a 100% scale

### **Quantitative Measure**

#### **Maximum Time Frame**

Financial aid recipients must complete an educational program within a time frame no longer than 150% of the published length of the educational program. All attempted withdrawn, failed, repeated, and/or transferred credits that apply to a student's program count toward this

maximum time limit. For example, a student pursuing a doctorate degree requiring 120 credit hours may attempt up to 180 credit hours before financial aid eligibility is suspended ( $120 \text{ ATSU POLICIES } 334 \times 150\% = 180$ ). A student pursuing a doctorate degree requiring 5100 contact hours may attempt up to 7650 contact hours before financial aid eligibility is suspended ( $5100 \times 150\% = 7650$ ).

**Pace of Progression** Pace of progression is required to ensure students complete within a maximum time frame and that the pace is measured at each standard review time. Financial aid recipients must maintain a 67% minimum completion rate for attempted credit hours or contact hours. For example, a student pursuing a doctorate degree requiring 120 credit hours may attempt up to 180 hours before financial aid eligibility is suspended ( $120 \div 180 = 67\%$ ). A student pursuing a doctorate degree requiring 5100 contact hours may attempt up to 7650 contact hours before financial aid eligibility is suspended ( $5100 \div 7650 = 67\%$ ).

Dropped, failed, and remedial courses for which no credit is received do not count towards credit hours earned but do count toward credit hours attempted. Credit hours for a course are earned by completing and passing the class.

### **Financial Aid Warning**

Failure to meet the minimum academic progress requirements will result in a student being issued a financial aid warning. Students issued a financial aid warning will have one payment period to correct a progress problem due to qualitative or quantitative standards. Students will be notified of their status in writing via ATSU email. Students issued a financial aid warning will have an opportunity to file an appeal to request financial aid probation prior to the upcoming standard review time, which is at the end of each payment period (information for this process will be included in the financial aid warning email notification).

### **Financial Aid Probation**

If a student appeals his or her financial aid probation status and the appeal is approved, that student is put on financial aid probation for one payment period. A student may receive federal financial aid while on financial aid probation if he or she meets the terms of his or her appeal decision. If a student fails to meet SAP standards during the term of financial aid probation, he or she may request an additional appeal. Financial Aid Suspension Students who fail to meet the requirements of the financial aid warning or do not appeal their financial aid probation status are placed on financial aid suspension and are not eligible for federal financial aid. These students will receive written notification to their ATSU email account of their failure to comply and that future federal aid will be canceled.

### **Appeal Procedure**

Students who have been issued a financial aid warning may submit a written appeal to the Associate Director for Student Financial Services for reinstatement of eligibility prior to the start of the next payment period. Occasionally, extenuating circumstances contribute to their inability to meet the requirements for satisfactory progress. Extenuating circumstances include, but are not limited to, the following:

- Death of an immediate family member
- Severe injury or illness of the student or an immediate family member
- Emergency situations such as fire or flood • Legal separation from spouse or divorce
- Military reassignment or required job transfers or shift changes

Students who have extenuating circumstances may appeal using the following procedure:

1. Submit a completed appeal form (included in the financial aid warning notification). Student will be notified if additional supporting documentation is required.
2. Appeal packet is presented to the Satisfactory Academic Progress (SAP) Committee for consideration.
3. Student is notified via ATSU email of the SAP Committee's decision and recommendations.

Students whose appeal is denied must establish eligibility by completing courses without federal aid in one or more payment periods at ATSU until the cumulative GPA and/or completion rate meet the required standard before any additional federal aid will be disbursed.

### **Reinstatement**

Federal financial aid may be reinstated when one of the following conditions has been met:

1. The student completes courses without federal aid in one or more payment periods at ATSU until the cumulative GPA and/or completion rate meet the required standard. OR
2. The student files an appeal and the SAP Committee approves the appeal. It is the student's responsibility to notify Student Financial Services when reinstatement conditions have been met.

### **Tuition Payment Policy (ATSU Policy #50-112: Student Account Collection)**

A. All ATSU programs' tuition, educational supply, and equipment fees are due and payable by the first day of each term. The controller's office will receive tuition payments and make refunds as necessary.

B. Students enrolled in online programs may opt for a payment agreement with 50% due the first day of the term and the remaining 50% due 5 weeks after the first day of the term. An administrative fee will be charged each academic term for this payment plan. For programs that have payment per program, payment in full is due prior to the start of the program or per the payment agreement on a quarterly payment schedule. The controller's office will receive tuition payments and make refunds as necessary.

C. Lenders will be requested to forward all funds to the University by electronic funds transfer (EFT). Where necessary, lenders will be requested to make checks co-payable to the University and the student. The controller's office will process such funds on a bi-weekly basis and post to the student's account. Funds credited in excess of the tuition, late charges (where applicable), educational supply fee, short-term and emergency loans will be refunded to the student.

D. Federal Perkins, Primary Care Loan and other institutional award funds will be applied directly to the student's account with any overpayment refunded to the student or returned to the lender to prevent an over award.

E. Students who apply for Direct Loans (subsidized and/or unsubsidized), or GRAD PLUS will not be subject to the late payment fee if the following conditions are met: a. A properly completed master promissory note (MPN) is submitted to student financial services at least 30 days prior to the tuition due date. Students accepted into the first-year class less than 30 days prior to the due date have 30 days following acceptance to make application for loans; and b. The student is eligible for the loan for which he/she applies.

F. If a student chooses a lender which disburses funds by check only, the student must make a tuition payment within three (3) business days after notification the loan check is available.

G. A late payment fee will be assessed on past due amounts at the rate of eighteen percent (18%) per annum, beginning the fourth (4th) business day after the due date. A service charge of \$25 for returned checks will be assessed. Any waiver of the late payment fee applies only to the amount applied for on eligible loans or payable from approved third-party sources.

H. Students owing balances for the previous academic term will be required to pay past due amounts and late charges before registration for the next term.

I. The University will withhold all official transcripts under the following circumstances:

a. There is an outstanding balance due the University for tuition, fees, short-term or emergency loans, or any other amount due the University unless satisfactory arrangements have been made in accordance with paragraph J. of this general order.

b. There is a default on any student loan obtained through the University. ATSU POLICIES 336

c. In the event, it becomes necessary to engage an attorney and/or collection agency to secure collection of any debt owed to ATSU by a student or former student, fees charged for these services will be the responsibility of the debtor.

J. In the event an ATSU scholar award recipient does not complete their education at ATSU, the scholar award must be repaid to ATSU under one of the following options:

a. Repayment in full within three (3) months of the date of withdrawal/dismissal with no interest charge.

b. If not paid in full under option J.1 above, the balance is due in twelve (12) monthly installments plus interest based on the prime rate at a local Kirksville bank as of the date of withdrawal/dismissal and will begin accruing on same date.

c. If a repayment agreement is not established or becomes sixty (60) days past due, the remaining balance will be referred to a collection agency; and the former student will be responsible for all related costs the University incurs that are associated with collecting the debt.

### **Tuition Refund Policy**

A student who officially withdraws from any program or course while at ATSU must complete either an ATSU Withdrawal/Exit Process form (please contact your academic advisor) or an ATSU Course Add/Drop Request. The following information, also, applies to students who are administratively withdrawn or dismissed from a program.

1. For a student withdrawing from an ATSU program with tuition based on the program and not per credit, the following refund policy applies:

- a. Withdrawal prior to logging into the first course, tuition will be refunded minus a \$500 administrative fee.
  - b. Withdrawal after logging into the first course or thereafter, the tuition refund will be prorated based on the date of withdrawal minus a \$500 administrative fee.
  - c. For a student withdrawing from an ATSU residential or online pay per credit program or dropping a course from an online pay per credit course and does so by the end of the eighth calendar day of the term, 100% of the tuition and educational supply fee will be waived. Any equipment fees will be waived if the equipment is returned to the school in the condition in which the student received it. Otherwise, a student's eligibility for a refund will be determined by one of the two following formulas.
2. Refunds for students withdrawing from the Postgraduate Certificate in Psychiatry & Behavioral Health Program (online) will only be approved ONLY if the student has not yet logged in to the Flat World® online platform and has submitted the ATSU Course Add/Drop Request within 8 days of course registration.

### **Institutional Refund Policy**

For students who did not receive federal financial assistance, ATSU adheres to the Return of Title IV funds formula. Please see the Return of Title IV Funds Formula section of this catalog for more details.

### **Return of Title IV Funds Formula**

If a Title IV recipient withdraws during a payment period, the institution must calculate the amount of Title IV funds that was unearned by the student. Unearned Title IV funds will be based on how many calendar days are remaining in the payment period divided by the total number of calendar days (or contact hours) in the payment period. Unearned Title IV funds must be returned to Title IV programs, up to 60% of the payment period for which the student was charged tuition/fees and equipment charges. After 60% of the payment period, the student will have earned all Title IV funds for that payment period; and no financial returns or refunds will be made.

For example, if a student paid tuition, fees, and equipment charges (if applicable) with Title IV funds for 174 calendar days, but withdrew after 87 calendar days, the percentage of Title IV funds earned would be 50.0%.

Unearned Title IV funds would be 50.0%. Therefore, ATSU would have to return 50.0% of all Title IV funds to the lender.

- Tuition, fees, and equipment charges paid with Title IV funds for 174 calendar days = \$30,602.00
- Calendar days attended by the student = 87
- Calendar days remaining in the payment period =  $174 - 87 = 87$
- $87 \div 174 = 50.0\%$  (Percentage of Title IV funds unearned)
- $50.0\% \text{ of } \$30,602.00 = \$15,301.00$  (Unearned Title IV funds)

ATSU repays to the lender = \$15,301.00. The funds must be paid back to the federal loan programs in the following order:

1. Federal Unsubsidized Stafford Loan
2. Federal Subsidized Stafford Loan
3. Federal Perkins Loan
4. Federal GradPLUS Loan

### **Requirements for Return of Tuition Assistance (TA) Funds**

All Tuition Assistance (TA) Funds will be returned directly to the military service, not to the service member up to the start date, 100% of all TA funds will be returned to the appropriate military service when the service member fails to: begin attendance, start a course (regardless if the student starts other courses), or the course is cancelled. All Tuition Assistance (TA) funds will be returned according to the university's institutional refund policy. A committee comprising of the Dean of the applicable school, the university CFO, and Vice President for Student Affairs will determine the appropriate actions needed when a Service member ceases their attendance due to a military service obligation. This decision will take into consideration the unique circumstances for each individual Service member, with the goal of no student debt for the returned portion.

### **Tuition Reduction for Decelerated Student**

Students on an extended graduation date schedule will pay 50% of normal tuition, and 100% of normal educational supply fees for each extended year. If the graduation date is not extended, the student will pay for repeat courses along with normal tuition and educational supply fees.

Example: Student "A" began as a 2018 KCOM graduate. However, it was determined that she or he needed to have his or her graduation date extended to 2019. Therefore, she or he will be billed for four years of normal tuition and one year of 50% tuition.

Tuition will be billed twice each academic year, beginning in the 2014-15 year.

The two examples apply for a four-year program of study:

Example #1 Student Decelerates in First Semester of First Year of Study: Program Year (Example of 4-year program)

Tuition Regular Schedule Tuition Decelerated Schedule

Year 1 1st Disbursement = 50% 1st Disbursement = 50% 2nd Disbursement = 50% 2nd Disbursement = 50%

Year 2 1st Disbursement = 50% 1st Disbursement = 25% 2nd Disbursement = 50% 2nd Disbursement = 25%

Year 3 1st Disbursement = 50% 1st Disbursement = 50% 2nd Disbursement = 50% 2nd Disbursement = 50%

Year 4 1st Disbursement = 50% 1st Disbursement = 50% 2nd Disbursement = 50% 2nd Disbursement = 50%

Year 5 N/A 1st Disbursement = 50% N/A 2nd Disbursement = 50% Total Tuition Charged upon anticipated completion of 400% 450% program

Students will receive 100% of all eligible living expenses for each disbursement period. The educational supply fee will be charged at the full amount for every year enrolled in the program.

Example #2 Student Decelerates in Second Semester of Second Year of Study: Program Year (Example of 4-year program)

Tuition Regular Schedule Tuition Decelerated Schedule

Year 1 1st Disbursement = 50% 1st Disbursement = 50% 2nd Disbursement = 50% 2nd Disbursement = 50%

Year 2 1st Disbursement = 50% 1st Disbursement = 50% 2nd Disbursement = 50% 2nd Disbursement = 50%

Year 3 1st Disbursement = 50% 1st Disbursement = 25% 2nd Disbursement = 50% 2nd Disbursement = 25%

Year 4 1st Disbursement = 50% 1st Disbursement = 50% 2nd Disbursement = 50% 2nd Disbursement = 50% Year 5 N/A 1st Disbursement = 50% N/A 2nd Disbursement = 50%

Total Tuition Charged upon anticipated completion of program 400% 450%

Students will receive 100% of all eligible living expenses for each disbursement period. The educational supply fee will be charged at the full amount for every year enrolled in the program.

### **Debts Owed to ATSU**

Fees and expenses charged by an attorney or collection agency to secure payment of any debt owed to ATSU by a student or former student will be the responsibility of such student or former student.

### **Funding Your Education**

Investing in your future as a student is one of the most important steps you will take in your life. ATSU can help you put together a financially sound aid package that will let you focus on your education instead of worrying about how you will finance it. Scholarship opportunities are also available and are awarded to students in recognition of academic achievement, leadership, or financial need.

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Academic Standards

Let the Student Financial Services Department help you put together a financial plan so you can concentrate on your academics. Please email Student Financial Services at [financialaid@atsu.edu](mailto:financialaid@atsu.edu), call 1.866.626.2878 ext. 2529, or visit the website at <http://www.atstu.edu/financial-aid> for more information.

## **Student Records**

### **Transcripts and Records**

Permanent education records maintained by the University are the responsibility of the Registrar. Transcripts of academic records will contain only information regarding academic status. In cases where disciplinary action leads to the student's ineligibility for re-enrollment into the University (suspension or expulsion), disciplinary action will become a part of the permanent academic record. Disciplinary records or information from such records will be made available to persons outside of the University only on the formal written request of the student involved or as otherwise allowed by law or regulation.

Academic records and financial aid records or information from such records will be used by University personnel who have legitimate responsibility for this student's personal welfare and when necessary to the discharge of their official duties.

Financial assistance records will be maintained by the University only so long as the student (or graduate) has a promissory note or notes outstanding through a University loan program. Except for the purpose of official audits, financial assistance records will be made available to persons outside the University only upon the formal written request of the student (or graduate) involved or as otherwise allowed by law or legislation.

Student health records will be maintained by the University as prescribed by professional ethics and federal and state laws.

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), students will be permitted to review their educational records within 45 days of written request to the registrar. Also, students may restrict disclosure of directory information by completing a "Nondisclosure of Directory Information Form" available from the Registrar's Office. The FERPA restriction will remain in effect until the Registrar's Office is notified in writing to remove the restriction. The following items are designated as "Directory Information": name, address, telephone number, email address, dates of attendance, class, name of spouse, previous institution(s) attended, major field of study, awards, full time/part time status, degree(s) conferred (including dates), class schedule/roster, and photographs.

In compliance with FERPA regulations, an official or unofficial transcript of record will be transmitted to a second or requesting party only on written request of the current or former student. The required transcript release may be authorized through the National Clearinghouse's online transcript services website: <http://www.getmytranscript.org>. If a student who has completed more than one academic program at ATSU submits a transcript request, the transcript records for all programs will be issued.



All employees of ATSU are required to read and sign the ATSU Staff Handbook which addresses FERPA. Annually employees are asked to review FERPA and the online FERPA tutorial during the annual employee training. In addition, the Registrar's Office will periodically send FERPA reminders and information through a variety of distribution methods.

Students who have not discharged their financial and other obligations to this University shall not have transcripts or recommendations made available until such obligations are met.

If the University has knowledge that a student or graduate is in default on a federal, state, outside agency, or institutional loan or service obligation, the University will withhold all official transcripts, National Board scores, and letters of recommendation for internships, residencies, employment, staff privileges, specialty certification, and licensing. Students who fail to satisfactorily discharge their obligations to the University prior to the date of graduation and who have failed to do so following graduation shall not have the privilege of having transcripts, other records, or recommendations sent to any institution or entity until such debts are paid.

Questions concerning records and grades should be brought to the Registrar's Office, 660.626.2356 or [registrarsoffice@atsu.edu](mailto:registrarsoffice@atsu.edu).

## **Professional Rights, Responsibilities, and Conduct**

### Copyright Infringement Policies and Sanctions (Including Computer Use and File Sharing)

The use of copyrighted materials for instructional purposes must be done in compliance with U.S. copyright law. For information on the correct use of copyrighted materials, please see the A.T. Still Memorial Library Copyright Policy for Course Readings and Reserves at [http://guides.atstu.edu/ld.php?content\\_id=201180](http://guides.atstu.edu/ld.php?content_id=201180).

Unauthorized distribution of copyrighted materials, unauthorized peer-to-peer file sharing, and illegal downloading or unauthorized distribution of copyrighted materials using the University's information technology system, are considered violations of the institution's Code of Academic Conduct (see the University Student Handbook). Students found guilty of such behavior are to subject to sanctions including, but not limited to, reprimand, probation, suspension, dismissal, disciplinary consultation, as well as other sanctions deemed appropriate by the University.

Unauthorized distribution of copyrighted materials, including unauthorized peer-to-peer file sharing, may subject students to civil and criminal liabilities, which are summarized below.

Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act (Title 17 of the United States Code). These rights include the right to reproduce or distribute a copyrighted work. In the file-sharing context, downloading or uploading substantial parts of a copyrighted work without authority constitutes an infringement.

Penalties for copyright infringement include civil and criminal penalties. In general, anyone found liable for civil copyright infringement may be ordered to pay either actual damages or

“statutory” damages affixed at not less than \$750 and not more than \$30,000 per work infringed. For “willful” infringement, a court may award up to \$150,000 per work infringed. A court can, in its discretion, also assess costs and attorneys’ fees. For details, see Title 17, United States Code, Sections 504, 505.

Willful copyright infringement can also result in criminal penalties, including imprisonment of up to five years and fines of up to \$250,000 per offense. For more information, please see the website of the U.S. Copyright Office at [www.copyright.gov](http://www.copyright.gov).

This policy is referenced from the: ATSU Catalog, <https://www.atsu.edu/academic-catalog/soma/doctor-of-osteopathic-medicine-program-soma/#complex>. 01 Aug. 2017. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 9.2 (Students: Academic Standards).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Academic Standards

## 50-033 Transfers (9.3)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **POLICY**

#### **A. TRANSFER STUDENT ADMISSION**

1. The curriculum model and structure of ATSU-SOMA does not allow for transfer student admission.

#### **B. TRANSFER CREDIT**

1. The curriculum model and structure of ATSU-SOMA does not allow for the awarding of course credit.

This policy is referenced from the: ATSU Catalog, <https://www.atsu.edu/academic-catalog/soma/doctor-of-osteopathic-medicine-program-soma/#complex>. 01 Aug. 2017. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 9.3 (Students: Transfer Policies).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Transfers

## 50-028 Secure Student Recordkeeping (9.4)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

The purpose of this policy and its procedures is to satisfy certain standards and Requirements of HIPAA and the HIPAA regulations, including, but not limited to, Title 45, Section 164 of the Code of Federal Regulations, as the same may be amended from time to time.

Because of the confidential nature of the procedures for backing up data as well as off-site storage, this policy will contain only general instructions for this process. A copy of the details involved with each step is kept within the Department of Information Technology and Services and is available for inspection by individuals who have a specific documented need to know.

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### **POLICY**

- A. Information Technology and Services regularly backs up all electronic healthcare, business, and educational information. Mechanisms are in place and detailed supporting procedures are developed, documented, and implemented to enable backing up information and the information system state.
- B. Information Technology and Services tests backup via restoration of information from backup media at least annually. Appropriate physical and technical protection of the backup and restoration files, hardware, firmware, and software, (e.g., router tables, compilers, and other security-related system software) are in place. Audit logs/records are backed up not less than weekly onto a different information system or media than the system being audited. Generally, audit logs/records are retained for at least six months.
- C. Restoration of any security-relevant segment of the information system state (e.g. Access control lists, cryptographic keys, deleted system status information) is possible without requiring destruction of other system information.
- D. Information Technology and Services ensures geographic separation of routine information system operations and backup storage sites. Backup storage sites are geographically removed from the primary site and environmentally and physically protected.
- E. Backup files are rotated off-site to avoid disruption in the event that current files are damaged.
- F. System and application documentation are maintained at the off-site storage location. Systems are in place to ensure that operational changes in the production environment are reflected in the Contingency Plan (General Order 85-184).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Secure Student Recordkeeping

G. Back-up copies of the operating system and other critical software are stored in a fire rated container that is not co-located with the operational software.

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## **RESPONSIBILITY**

It is the responsibility of the Director, Information Technology and Services to implement this policy

This policy is referenced from the ATSU Data Backup and Restore, General Order # 85-182.

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## **PROCEDURE(S)**

### **STUDENT RECORDS**

#### **Transcripts and Records**

Permanent education records maintained by the University are the responsibility of the registrar. Transcripts of academic records will contain only information regarding academic status. In cases where disciplinary action leads to the student's ineligibility for re-enrollment into the University (suspension or expulsion), disciplinary action will become a part of the permanent academic record. Disciplinary records or information from such records will be made available to persons outside of the University only on the formal written request of the student involved or as otherwise allowed by law or regulation.

Academic records and financial aid records or information from such records will be used by University personnel who have legitimate responsibility for this student's personal welfare and when necessary to the discharge of their official duties.

Financial assistance records will be maintained by the University only so long as the student (or graduate) has a promissory note or notes outstanding through a University loan program. Except for the purpose of official audits, financial assistance records will be made available to persons outside the University only upon the formal written request of the student (or graduate) involved or as otherwise allowed by law or legislation.

Student health records will be maintained by the University as prescribed by professional ethics and federal and state laws.

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), students will be permitted to review their educational records within 45 days of written request to the registrar. Also, students may restrict disclosure of directory information by completing a "Nondisclosure of Directory Information Form" available from the Registrar's Office. The FERPA restriction will remain in effect until the Registrar's Office is notified in writing to remove the restriction. The following items are designated as "Directory Information": name, address, telephone number, email address, dates of attendance, class, name of spouse, previous institution(s) attended, major field of study, awards, full time/part time status, degree(s) conferred (including dates), class schedule/roster, and photographs.

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Secure Student Recordkeeping

In compliance with FERPA regulations, an official or unofficial transcript of record will be transmitted to a second or requesting party only on written request of the current or former student. The required transcript release may be authorized through the National Clearinghouse's online transcript services website: <http://www.getmytranscript.org>. If a student who has completed more than one academic program at ATSU-SOMA submits a transcript request, the transcript records for all programs will be issued.

All employees of ATSU-SOMA are required to read and sign the ATSU-SOMA Staff Handbook which addresses FERPA. Annually employees are asked to review FERPA and the online FERPA tutorial during the annual employee training. In addition, the Registrar's Office will periodically send FERPA reminders and information through a variety of distribution methods.

Students who have not discharged their financial and other obligations to this University shall not have transcripts or recommendations made available until such obligations are met.

If the University has knowledge that a student or graduate is in default on a federal, state, outside agency, or institutional loan or service obligation, the University will withhold all official transcripts, National Board scores, and letters of recommendation for internships, residencies, employment, staff privileges, specialty certification, and licensing. Students who fail to satisfactorily discharge their obligations to the University prior to the date of graduation and who have failed to do so following graduation shall not have the privilege of having transcripts, other records, or recommendations sent to any institution or entity until such debts are paid.

Questions concerning records and grades should be brought to the Registrar's Office, 660.626.2356 or [registrarsoffice@atsu.edu](mailto:registrarsoffice@atsu.edu).

### **Registration and Records Hold**

A.T. Still University reserves the right to place a Hold on the registration or release of records, for current or former students who have outstanding financial obligation to the University, or have not met a particular enrollment requirement such as providing official transcripts, maintaining health insurance coverage, completing the financial aid exit interview, etc.

A Registration Hold will prevent students from registering for classes in current and/or future terms. A Records Hold will prevent the release of records such as the unofficial/official transcript, enrollment or graduation verification, etc.

Current students can determine if they have a hold on their record or registration by visiting the "My Profile>My Message Center" section of the CampusVue student portal at [my.atstu.edu](http://my.atstu.edu).

A Hold is not removed until you resolve the problem which caused the issuing department to place the Hold on your record. Holds can be initiated by a variety of University departments, including but not limited to: Controller's Office, Financial Services, Registrar's Office, Student Affairs, etc.

**Questions concerning records and grades should be brought to the Registrar's Office, 660.626.2356 or [registrarsoffice@atsu.edu](mailto:registrarsoffice@atsu.edu).**

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Secure Student Recordkeeping

## **Record Retention Procedures**

The record retention procedures for the University include but are not limited to:

1. Non-academic records of disciplinary actions will be maintained by the University as the responsibility of the Department of Student Affairs. Records will be maintained for one year after graduation at which time the records will be destroyed unless otherwise directed by the dean of a college/school.
2. In cases where disciplinary action leads to a student's dismissal/ineligibility for re-enrollment, the record becomes a part of the permanent academic file and transcript.
3. Financial assistance records will be maintained by the University for three years. A promissory note for campus-based loans will be kept until it is paid in full.
4. General record policies are also available upon request from student financial services, counseling services, and admissions.

## **Grading**

A.T. Still University adheres to the grading practices recommended under FERPA. Grades are not posted in a public manner either by student name, social security number, or student identification number. FERPA permits the posting of grades only if the student is assigned a unique identifier known only to the student and the faculty member.

## **Family Educational Rights and Privacy Act (FERPA)**

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), ATSU may release personally-identifiable information from a student's academic record if the information is deemed directory information.

Directory information may be released without the prior written consent of the student. However, it is our policy not to do so, unless it is deemed to be in the best interest of the student. Students reserve the right to request in writing that directory designated items be restricted from public disclosure. If they wish to do so, students may fill out a [Nondisclosure of Directory Information Form](#) (pdf).

The nondisclosure restriction will remain in effect until Enrollment Services is notified in writing by the student to remove the FERPA restriction.

A.T. Still University assumes no liability if honoring the nondisclosure request has a negative effect for the student.

To learn more about student rights under FERPA and what information is and is not protected, navigate online to: <https://www.atsu.edu/department-of-student-affairs/enrollment-services/my-academics#ferpa-student-privacy> or stop by Enrollment Services.

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. They include:

- The student has the right to inspect and review his/her education records. To review records, a student must submit a Request to Review Academic Records form to the Registrar's Office.

Date Adopted: August 1, 2017

Secure Student Recordkeeping

Last Reviewed: September 1, 2022

Students may review their records in the Registrar's Office on either the Missouri or Arizona campus or non-printable PDF for off campus. The Registrar's Office will provide records within 45 days of the receipt of the request.

- The student has the right to request the amendment of the student's education records to ensure that they are not inaccurate, misleading, or otherwise in violation of the student's privacy or other rights. Students may ask the University to amend a record that they believe is inaccurate or misleading. They should write the University official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the University decides not to amend the record as requested by the student, the University will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

- The student has the right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception that permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

- The student has the right to file with the U.S. Department of Education a complaint concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the office that administers FERPA is: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-4605.

The student has the right to obtain a copy of the University's student records policy. A copy of the policy may be obtained from the Registrar's Office

This policy is referenced from the: ATSU Catalog,  
[https://www.atsu.edu/student\\_affairs/handbook/pdfs/atsu-student-handbook.pdf](https://www.atsu.edu/student_affairs/handbook/pdfs/atsu-student-handbook.pdf) . Pag. 11 – 13.  
01 Aug. 2017. Web. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 9.4 (Students: Secure Student Recordkeeping).

Date Adopted: August 1, 2017

Secure Student Recordkeeping

Last Reviewed: September 1, 2022

ATSU- SOMA Policies and Procedures



## 10-008 Employee Required Training (9.4.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

All A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") employees are required to annually complete a mandatory review of federal regulations, University policies, and guidelines.

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### **POLICY**

An ATSU-SOMA employee must complete the annual mandatory review by December 31 of each year.

Topics include: ATSU-SOMA Staff Handbook, Annual Security (and Fire Safety) Report, ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation, ATSU Policy No. 90-324: Drug-Free/Alcohol-Free Workplace Policy, ATSU Policy No. 95-110: Tobacco-Free Campus and Workplace, Family Educational Rights and Privacy Act (FERPA) (20 USC 1232g; 34 CFR part 99), Health Insurance Portability and Accountability Act (HIPAA), OSHA Hazard Communications, OSHA Bloodborne Pathogens, Radiation Safety, and RAVE emergency text system.

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### **PROCEDURE(S)**

#### ■ Annual Required Employee Training

Each year, all ATSU-SOMA employees complete a mandatory review of federal regulations, University policies, and guidelines.

Topics included:

- ATSU-SOMA Staff Handbook
- Annual Security (and Fire Safety) Report

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Employee Required Training

ATSU- SOMA Policies and Procedures

- ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation
- ATSU Policy No. 90-324: Drug-Free/Alcohol-Free Workplace Policy
- ATSU Policy No. 95-110: Tobacco-Free Campus and Workplace
- Family Educational Rights and Privacy Act (FERPA) (20 USC 1232g; 34 CFR part 99)
- Health Insurance Portability and Accountability Act (HIPAA)
- OSHA Hazard Communications
- OSHA Bloodborne Pathogens
- Radiation Safety
- RAVE emergency text system

Completion is due for all employees by December 31 of each year. To access and complete the training, go to:

<http://www.atsu.edu/ret>

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 9.4.2 (Students: Secure Student Recordkeeping: Policy and procedure for training of faculty and staff pursuant to the Family Educational Rights and Privacy Act (“FERPA”) (20 USC 1232g; 34 CFR part 99)).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Employee Required Training

## 50-001 Academic Counseling (9.5)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

University Student Services Learning & Disability Resources provides advising and services to A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") students who want to enhance their learning and academic performance. Learning Advisors provide one-on-one, confidential learning advisement sessions tailored to individual learning preferences and challenges.

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### **POLICY**

Learning advisement sessions cover topics such as:

- A. Identifying learning preferences
- B. Active learning techniques
- C. Improving long-term recall
- D. Time management
- E. Test taking strategies.

Periodically throughout the academic year, group seminars and/or workshops may be offered on topics relevant to successful learning.

Consultations on developing an effective study plan for COMLEX are also available. Peer tutors are recruited and coordinated through our department as well.

All ATSU-SOMA students are encouraged to visit the Student Services Learning & Disability Resources office at least once to receive a personalized learning advisement session, and students are welcome to return as often as desired for additional support and guidance.

Virtual appointments are available for students who are away from the main campus during clinical training.

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## **PROCEDURE(S)**

Learning advisement sessions cover topics such as:

- A. Identifying learning preferences
- B. Active learning techniques
- C. Improving long-term recall
- D. Time management
- E. Test taking strategies.

Periodically throughout the academic year, group seminars and/or workshops may be offered on topics relevant to successful learning.

Consultations on developing an effective study plan for COMLEX are also available. Peer tutors are recruited and coordinated through our department as well.

All ATSU-SOMA students are encouraged to visit the Student Services Learning & Disability Resources office at least once to receive a personalized learning advisement session, and students are welcome to return as often as desired for additional support and guidance.

Virtual appointments are available for students who are away from the main campus during clinical training.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 9.5 (Students: Academic Counseling).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Academic Counseling

## 50-008 Career Counseling (9.6)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

At ATSU-SOMA, career counseling is provided primarily by the Assistant Dean of Student Achievement (ADOSA) with the assistance and in collaboration with faculty especially Regional Director of Medical Education (RDME), staff, Deans, Student Affairs and Alumni Services.

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### **POLICY**

Career counseling begins in the OMS I year with individual student meetings discussing academic performance as well as specialty exploration and methods to increase competitiveness for residency. Discussions include resources such as AAMC Careers in Medicine (ex. recommending self-assessments, specialty exploration, residency resources and more), 2016 NRMP Program Director Survey review, the ATSU-SOMA OMS Professional Development and Residency Resources Google Site and Iserson's Getting Into Residency. Additionally, a Curriculum Vitae workshop is held for students in order to assist them with recording their accomplishments during medical school.

Student support during the OMS II-IV years is provided by RDMEs, Mesa faculty, the year specific dean, and the ADOSA.

For the OMS II year, individual student meetings occur upon student request and also advice and support regarding board preparation, whether or not to take the USMLE etc. is provided.

For the OMS III year, individual student meetings occur to discuss student competitiveness for specialties based upon board scores and overall achievements. Additionally, specialty and residency advice is provided on an individual basis. Finally, in 2017, Planning for Success Zoom meetings for all OMS IIIs have been provided with multidisciplinary support and information regarding how best to navigate the OMS III year and residency applications (including LoRs, PS, CV, ERAS application, MSPE etc.).

For the OMS IV year, individual student meetings occur throughout the year to assist students with preparing their application, reviewing their PS/CV/ERAS application, and also finalize any remaining specialty decisions. Discussions are had with regards to preparing for applying to back up/parallel specialties. Emails are sent with important deadlines and information regarding the AOA/NMS Match and the NRMP Match and osteopathic scramble and NRMP SOAP. Residency surveys based upon the AAMC Careers in Medicine template are sent at 3 points during the process: one to initially assess specialty decisions and any questions students

Date Adopted: August 1, 2017

Last Reviewed: September 1, 2022

Career Counseling

may have, the second to address interview status, and the third to address rank order list determination and match participation. The Assistant Dean of Student Achievement individually reaches out to each student to follow up after the first survey is sent to the students in order to provide assistance. Information regarding preparing personal statements, curriculum vitae and other portions of the ERAS/MODs/CAS for the SF Match/Urology match applications is provided on the ATSU-SOMA OMS PD and RR site. Military student support is provided by the ADOSP and Dr. Allgood as well as through SAMOPS, military senior students (branch specific) and also military alumni. ATSU-SOMA and KCOM alumni and senior students are also matched with students (OMS I-IV) to provide guidance - this is coordinated by the ADOSP and the Director of Alumni Services. The residency coordinator at ATSU-SOMA (Executive Assistant of the Dean of ATSU-SOMA) assists students with obtaining ERAS tokens, the different residency application services, match and scramble assistance. The Dean of ATSU-SOMA completes the MSPE and assists the DOMAP with student placement during the AOA scramble and SOAP.

ATSU-SOMA Career Services (university wide) reviews CVs and PSs for ATSU-SOMA students.

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## **PROCEDURE(S)**

Career counseling begins in the OMS I year with individual student meetings discussing academic performance as well as specialty exploration and methods to increase competitiveness for residency. Discussions include resources such as AAMC Careers in Medicine (ex. recommending self-assessments, specialty exploration, residency resources and more), 2016 NRMP Program Director Survey review, the ATSU-SOMA OMS Professional Development and Residency Resources Google Site and Iserson's Getting Into Residency. Additionally, a Curriculum Vitae workshop is held for students in order to assist them with recording their accomplishments during medical school.

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Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Career Counseling

determination and match participation. The Assistant Dean of Student Achievement individually reaches out to each student to follow up after the first survey is sent to the students in order to provide assistance. Information regarding preparing personal statements, curriculum vitae and other portions of the ERAS/MODs/CAS for the SF Match/Urology match applications is provided on the ATSU-SOMA OMS PD and RR site. Military student support is provided by the ADOSP and Dr. Allgood as well as through SAMOPS, military senior students (branch specific) and also military alumni. ATSU-SOMA and KCOM alumni and senior students are also matched with students (OMS I-IV) to provide guidance - this is coordinated by the ADOSP and the Director of Alumni Services. The residency coordinator at ATSU-SOMA (Executive Assistant of the Dean of ATSU-SOMA) assists students with obtaining ERAS tokens, the different residency application services, match and scramble assistance. The Dean of ATSU-SOMA completes the MSPE and assists the DOMAP with student placement during the AOA scramble and SOAP.

ATSU-SOMA Career Services (university wide) reviews CVs and PSs for ATSU-SOMA students.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 9.6 (Students: Career Counseling).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Career Counseling

## 50-021 Mental Health (9.8)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

AT Still University/School of Osteopathic Medicine in Arizona provides its students with confidential access to an effective system of counseling and mental healthcare. A mental health representative must be accessible 24 hours a day, 365 days a year, from all locations where students receive their education.

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### **POLICY**

Behavioral Health & Wellness Counseling for all AT Still University students at the Arizona Campus (including students of the School of Osteopathic Medicine in Arizona)

- A. Behavioral Health & Wellness Counselors provide individual, couples, and group counseling, as well as referral and consultation services.
- B. All counseling services provided by an ATSU Behavioral Health & Wellness Counselor are provided free of charge to AT Still University/School of Osteopathic Medicine in Arizona students and their spouses/partners.
- C. Counseling is a confidential service.
  - 1. Anything said to a counselor will not be disclosed to other persons or agencies without prior, express written consent of the student.
  - 2. Counseling records are held to the highest standards of confidentiality allowed by law and follow the ethics of the American Counseling Association.
- D. Exceptions to confidentiality.
  - 1. Any report or suspicion of child abuse or neglect;
  - 2. Any report or suspicion of abuse of an elder or incapacitated adult;
  - 3. Any report of suicidal thoughts with intent to follow through;
  - 4. Any report of homicidal thoughts with intent to follow through;
  - 5. Any state of grave disability.
  - 6. Subpoena of records by court order.
- E. Educational workshops are also offered that enhance personal growth and skill development.
  - 1. These may include stress management, relationship enhancement, or dealing with adjustment issues, anxiety, stress, depression, grief/loss, substance use, and other common situations and conditions affecting young adults.



F. Staff of ATSU's Behavioral Health & Wellness Counseling adhere to the ethical code of the American Counseling Association.

Primary on-campus services

**Mesa Campus** (covers all OMS-1 and OMS-2 through OMS-4 physically located in Arizona)

Desirai Browning, MAS, LAMFT  
Licensed Professional Counselor (AZ  
License Number )  
Building 5845, 2<sup>nd</sup> FL, Suite 213  
(480) 219-6170  
desiraibrowning@atsu.edu

Karen Taylor, MS, LPC, NCC  
Licensed Professional Counselor (AZ  
License Number )  
Building 5845, 2<sup>nd</sup> FL, Suite 213  
(480) 219-8069  
karentaylor@atsu.edu

**Schedule an appointment with Desirai**

**Schedule an appointment with Karen**

Mental health emergency: **988** or **602.222.9444** (**Crisis Response Network**)

Hours: Monday through Friday 8:00 a.m.-5:00 p.m. (Other times as arranged)

Location: 5845 Building, suite 213

**Online**

<https://www.atstu.edu/department-of-studentaffairs/counseling>

A.T. Still University (ATSU) has teamed up with [TimelyMD](#), the leading virtual health and well-being solution in higher education, to offer students free and equitable access to medical and mental health support through the **TimelyCare** platform.

**Students will go to [timelycare.com/atstu](https://www.timelycare.com/atstu) and follow prompts to sign up with their ATSU email address.**

TimelyCare serves as a 24/7 virtual extension of ATSU Behavioral Health & Wellness resources with the goal of improving student well-being, engagement, and retention.

Through TimelyCare, via their phone or other device, ATSU students can now select from a wide-ranging menu of virtual care options from licensed physicians and counselors in all 50 states – at no cost and without the hassle of traditional insurance – including:

- On-demand medical care
- Appointment-based medical care
- On-demand mental health support (TalkNow)
- Appointment-based mental health counseling
- Psychiatric support
- Health coaching
- Digital self-care content

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Mental Health

Additionally, faculty and staff have access to support empowering them to guide students to TimelyCare resources to help students achieve a sense of well-being, live healthier lifestyles, and improve their mental health. Faculty can call 833-4-TIMELY, 24/7 and 365.

The partnership with TimelyMD allows ATSU to deliver a hybrid model of clinical care combining the best of in-person and virtual care services. Benefits to students include:

- **Convenient 24/7 care** – Physical and mental health issues often present themselves outside regular business hours, and TimelyCare makes seeking support or treatment as easy and convenient as making a video or phone call. Nationally, about 40% of mental healthcare visits through TimelyCare occur after hours.
- **Reduced wait times** – Typical consultations for on-demand services through TimelyCare begin within five to 10 minutes – less than the amount of time it takes to walk across campus.
- **Diverse provider network** – In addition to being from diverse backgrounds, TimelyMD providers are trained to be culturally competent. For example, more than 60% of mental health providers are BIPOC, and the platform also offers providers who self-identify as LGBTQ+, speak multiple languages, and/or celebrate various religious traditions. Students can choose to meet with a specific provider or select the first available.
- **Peace of mind** – TimelyCare is a safe, secure, and HIPAA-compliant platform following campus-specific protocols to facilitate care coordination and follow-up to ensure continuity of care. Integrations with leading learning management systems ensure students have even more on-ramps to in-the-moment support whenever they need it.

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## PROCEDURE(S)

### Making on-campus appointments

Students seeking a counseling appointment can do so by contacting the Behavioral Health & Wellness Counselor directly in person, by phone, or by email, or they may access an ATSU Google Sites page through their ATSU Portal Landing Page to find instructions on how to access the counselor's online scheduling system available 24/7/365 at <https://www.atsu.edu/department-of-studentaffairs/counseling>

Students located outside of Arizona are encouraged to contact the Behavioral Health & Wellness Counselor for consultation and referral session(s) but are not permitted to engage in on-going counseling across state lines where the counselor is not licensed.

### Rescheduling/Canceling appointments

Students who need to reschedule or cancel an appointment may do so through the online scheduling system, or they may contact the counselor directly. Students are not penalized for

late cancellations or no-shows for appointments, as we understand that students often have little control over their schedule due to academic and clinical responsibilities.

### **Informal TimelyCare Referral Process**

Step 1: Students learn about TimelyCare through ongoing campus communication and promotion.

Step 2: The informal referral is a direct suggestion to a student that TimelyCare might be of help in a given circumstance. Informal referrals can also be used to ensure that students with urgent concerns receive immediate assistance. The faculty or employee can call TimelyCare, hand the phone to a student and leave the room to allow the student to talk confidentially.

Step 3: There may be times when faculty/staff are unsure about what type of referral is most appropriate for a particular student. TimelyCare providers can discuss the issue, and help the caller decide how to proceed in helping the SOMA student. Faculty can call 833-4-TIMELY, 24/7 and 365. Consultations may also be used to discuss a student concern, behavioral issue or classroom management question.

### **Formal Referral (mandated referrals)**

Students who have been mandated to ATSU Behavioral Health & Wellness Counseling by the School of Osteopathic Medicine's Academic Progress Committee or the Dean will be required to sign a release of information allowing the Behavioral Health & Wellness Counselor to report back to an identified program representative any requested information/progress. Requests for assessment for fitness for duty or to return to the student's academic program following a leave of absence are not handled by the ATSU Behavioral Health & Wellness Counselor as this may create a conflict of interest; therefore, these cases are referred to an appropriate, off-campus provider based on the student's situation in the student's community.

### **Formal TimelyCare Referral Process**

Step 1: Process for a formal referral through TimelyCare

- A. Meet with the student in private
- B. Review specific school performance issues (such as tardiness, absenteeism, classroom behavior, etc.) with clearly defined expectations for improvement
- C. Provide information on how to contact TimelyCare and explain TimelyCare service emphasizing benefits in providing coaching support and resource assistance
- D. Explain that TimelyCare is a confidential service, but that specific information will need to be required to be reported to the School of Osteopathic Medicine in Arizona identified representative and have student sign the Formal Referral Consent Form so that information can be shared with the school
- E. Identify an expected deadline by which the student must contact TimelyCare and follow through with the referral
- F. Follow up with the student to ensure compliance
- G. The student must sign the Formal Referral Consent Form prior to any feedback being shared from TimelyCare

Step 4: Evaluate the Student's Performance: The goal of a referral is to assist the student in order to help him/her meet personal and academic needs. If the student's issues persist, faculty/employees will call and consult TimelyCare for additional suggestions and assistance for the student.

This policy is referenced from the: " Dept. of Student Affairs/counseling website"

### **Record keeping**

ATSU Behavioral Health & Wellness Counseling intake records are kept in physical files maintained in a locked filing cabinet to which only the counselor has a key located in the counselor's office. Ongoing counseling progress notes and termination records are saved in electronic files in the counselor's private, secured folders on ATSU web storage. Records are kept for 7 years following student's last date of contact with the counselor.

### **Termination of counseling**

Student files will be terminated following either the resolution of the student's initial concerns, successful completion of their plan of care, or after 90 days of no contact between the Behavioral Health & Wellness counselor and the student.

### **Destruction of Files**

Physical counseling records maintained by the Behavioral Health & Wellness Counselor will be shredded and placed in locked containers intended for confidential information. These bins are located just outside the counseling office. Electronic files will be electronically deleted and from computers, folders and servers.

Links:

ATSU behavioral health & wellness counseling online scheduling Google Sites page:  
<https://www.atsu.edu/department-of-studentaffairs/counseling> (requires ATSU Portal Log-In)

ATSU Student Self-Care & Wellness Resources - <https://sites.google.com/atsu.edu/bhwc-resources/home> (requires ATSU Portal Log-In)

Contains:

- Crisis hotline information
- Link to online scheduling system
- Timely information and downloads on student services/resources
- Link to ATSU CampusWell online newsletter
- Link to training site for Ask-Listen-Refer online suicide prevention training
- Link to training site for Mental Health First Aid certification training
- Links to multiple self-care and wellness activities
- Link to ATSU/ASFP Interactive screening program anonymous online screening for assessment of depression and stress (allows for anonymous message exchange on the site between the student and an ATSU Behavioral Health & Wellness Counselor increasing likelihood that student will make an appointment and follow through) -  
<https://www.google.com/url?q=http%3A%2F%2Fatsu.caresforyou.org&sa=D>

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Mental Health

- Link to ATSU Google Sites page for ATSU Drug and Alcohol Abuse Prevention Program - <https://sites.google.com/atsu.edu/daap/home>

ATSU Drug and Alcohol Abuse Prevention Google Sites page:

<https://sites.google.com/atsu.edu/daap/home> (requires ATSU Portal Log-In)

ATSU Faculty/Employee support Google Site “Helping ATSU Students in Distress” -

<https://sites.google.com/atsu.edu/distressedstudents/Home> (requires ATSU Portal Log-In)

Contains information on:

- Recognizing students in distress
- Suicide risk factors
- The ATSU Distressed Student Response Protocol
- ATSU behavioral health & wellness counseling resources
- How to make a referral
- Behavioral health & wellness counseling consultations for faculty/staff concerned with a student
- Managing a disruptive student
- Links to ATSU Catalogs and Student Handbooks
- ATSU Medical & Emotional Emergency Plans

This policy is referenced from the:” Dept. of Student Affairs/counseling website” Sept. 2022

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 9.8 (Students: Mental Health Services).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Mental Health

## 50-024 Physical Health Services Policy (9.9)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

To ensure students have access to preventative, diagnostic, and therapeutic health services including fatigue mitigation strategies throughout the course of osteopathic medical school training.

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### **POLICY**

Each medical student is strongly encouraged to establish a relationship with and utilize the services of a primary care physician for comprehensive healthcare as well as for the acute care of illness. Each student must sign an attestation stating that any physician caring for him or her in a doctor-patient relationship will not be involved in their grading or assessment as they proceed through their medical education.

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### **PROCEDURE(S)**

Diagnostic, preventative and therapeutic health services can be provided within each community health center for OMS II—OMS IV students. OMS I students can receive care within the ATSU-SOMA campus community. Mindfulness techniques are taught in OMS years I-IV to encourage fatigue mitigation strategies. Physicians involved with students as their healthcare providers are not to be involved in their grading or assessment process through their educational requirements.

#### **A. IMMUNIZATIONS**

ATSU-SOMA requires all entering students to provide proof of their immunizations in order to enroll in courses.

1. Students can view all immunization records on E\*Value. The Clinical Education Coordinators will maintain OMS II—IV immunization records.
  - a. Yearly PPD/TB skin test (OMS I-- OMS IV)
  - b. DTaP (must be updated every ten years) (OMS I--OMS IV)
  - c. Polio (OMS I--OMS IV)
  - d. MMR (OMS I--OMS IV)

- e. Hepatitis B (OMS I—OMS IV)
- f. Varicella (chickenpox) documentation (OMS I—OMS IV)
2. Some clinical sites may require some or all of these immunizations:
  - a. Influenza
  - b. Hepatitis A
  - c. Meningococcal
  - d. Pneumococcal
3. Some clinical training sites require that students show proof of immunity (example: measles) before being allowed to train at that site. Therefore, it is recommended that students have this testing done in advance of their clinical training portion of the curriculum.
4. Immunization exemptions exist under certain religious or health circumstances. A request for exemption from preventative health requirements may be provisionally granted. However, ATSU-SOMA cannot guarantee placement at a community campus or in clinical clerkships (rotations) when this exemption from preventative health requirements may take longer to complete the curriculum and graduate, or the student may not be able to complete the curriculum or graduate.
5. All immunizations must be kept up-to-date for OMS I, OMS II, OMS III and OMS IV students. Three email notices will be sent to the student notifying them of the upcoming expiration date:
  - a. First email notice will be sent out 60 days before the expiration date.
  - b. The second email notice will be sent out 40 days before the expiration date.
  - c. The third email notice will be sent out 20 days before the expiration date.
6. If any immunization is not kept up-to-date, ATSU-SOMA will consider this a professionalism issue. The student will receive one email putting them on notice that they have not met their Professionalism Requirement and they will have two weeks in which to submit an updated document to the Clinical Education Department. If the Clinical Education Department does not receive this documentation within this two week time frame, the student will be referred to the SPC for further action.
7. If any student has an expired immunization, they will immediately be pulled from rotation and it will be a Professionalism Issue. As above, if the documentation is not updated within two weeks, they will be referred to the SPC. They are to have no further patient contact until they have updated their documentation to the Clinical Education Department.

#### HEALTH INSURANCE COVERAGE

A.T. Still University (ATSU) requires all students enrolled in a residential program to maintain active health insurance coverage. To ensure students have access to a comprehensive plan, ATSU has chosen Aetna Student Health (ASH) as the medical plan provider for the 2022/2023 student health plan. All students must enroll in the student-sponsored health plan or provide proof of other acceptable health coverage.

HSA Consulting, Inc. (HSAC) is the group administrator for the student health plan and will verify waiver information to ensure all students are in compliance with A.T. Still University health insurance requirements. As the group administrator HSAC will assist students with plan questions, address changes, claims assistance and obtaining ID cards. For more information on details of the plan, University requirements, enrollment, or completing the waiver process; please visit: <https://app.hsac.com/atsu>.

HSA Consulting, Inc. is available by phone, (888-978-8355), or email (atsu@hsac.com) for any additional questions regarding the waiver/enrollment process or the student health insurance plan.

Please visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) to access full details of the student health insurance plan, get your ID card, find your summary of benefits, certificate of coverage, or a provider near you.

## **Student Health Insurance Requirements**

All students **MUST** be covered by an Affordable Care Act (ACA) compliant domestic health insurance plan for the entire academic year, including summer and holidays.

Acceptable coverages to waive the A.T. Still University (ATSU) – Sponsored Student Health Insurance Plan are a parent’s employer group plan, a spouse’s employer group plan, VA Benefits or COBRA. Individual plans will be accepted as long as they meet with the University’s waiver requirements. Additionally, the University will allow students to waive out of the student health insurance plan using Medicaid based coverage in the states of Arizona, California, or Missouri, and the student must live in that state the entire academic year with no clinical coursework (students with any clinical experiences will not be allowed to use Medicaid to waive the ATSU student plan). The A.T. Still University Waiver requirements are as follows:

- Deductible **MUST NOT** be more than \$2,500 individual annually, **NO** exceptions.
- Adequate major medical coverage of at least \$1,000,000/policy year
- Prescription coverage
- Mental health coverage
- Coverage for an annual wellness exam
- A provider network in the area of your A.T. Still University campus for primary care, specialty, hospital, and diagnostic care. Students attending online programs, including those that are only partially online, are exempt from this requirement.

***Short-term health insurance policies, traveler’s plans, or plans originating outside the United States will not be accepted as part of the waiver process.***

Failure to maintain continuous health insurance coverage may result in disciplinary action including suspension and/or dismissal.

## **B. DISABILITY INSURANCE COVERAGE**

All students enrolled in the residential programs at ATSU-SOMA are required to carry disability insurance coverage.

1. For Arizona, the University has contracted with Northwestern Mutual to provide group coverage.
2. Students will be enrolled in the group policy with the option of opting-out provided they can provide verification that they have a current, comparable disability policy.
3. Graduate school is an expensive investment and ATSU-SOMA is dedicated to helping students protect their financial well-being.



4. Disability insurance helps protect students from financial hardships if their education is disrupted.
5. Students will be enrolled in the group policy during orientation and coverage will continue through graduation.
6. Students who withdraw from ATSU-SOMA will be un-enrolled from the policy on the date of withdrawal but can continue the coverage privately by contacting the provider.
7. Graduates will have the option of continuing the disability insurance coverage after graduation on an individual basis.
8. Non-compliance at any time during a student's enrollment will result in suspension and/or dismissal.
9. The fees for the disability insurance policy are part of the university student fee structure and financial aid budget and are charged to all residential students.

#### C. HIPPA AND OSHA TRAINING

All ATSU-SOMA students must complete Health Information Portability and Accountability Act (HIPPA) and Occupational Safety and Health Administration (OSHA) training annually.

#### D. MINDFULNESS AND FATIGUE MITIGATION

Fatigue can be the result of poor personal choices such as an unhealthy diet, lack of exercise, or placing a low priority on sleep. It is important for all students to understand the importance of adequate rest before and after clinical responsibilities. The following advice is offered to the students throughout their four years at ATSU-SOMA:

1. Get between seven to eight hours of deep, uninterrupted sleep per 24 hour day.
2. Take breaks throughout the day and strategic naps if possible.
3. Eat regular, well-balanced meals (including fruits and vegetables, as well as meats and carbohydrates), drink sufficient amounts of water and exercise regularly.
4. Keep communication lines open to superiors to inform them if fatigue is impairing their performance.
5. Increase awareness of long-term health benefits from appropriate lifestyle behavior (e.g. exercise, relaxation, nutrition, avoiding smoking and low alcohol consumption).

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 5.3 (Learning Environment: Safety, Health, and Wellness).

## 10-012 Non-Academic Health Professionals Conflict of Interest (9.10)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

To prevent conflict of interest occurrence while providing medical services to the learner that may undermine the optimal progress of the learner.

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### **POLICY**

Non-academic health professional recusal from student assessment and promotion.

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### **PROCEDURE(S)**

Health care professionals providing health services to a student, via a therapeutic relationship, must recuse themselves from academic assessment or promotion of the student receiving those services.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 9.10 (Students: Non-Academic Health Professionals)

Date Adopted: August 1, 2017      Non-Academic Health Professionals Conflict of Interest  
Last Reviewed: September 1, 2022

## 50-019 Health Insurance (9.11)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

Students often ask why they are required to carry health insurance. There are many reasons including, but not limited to the following:

- You may face financial hardship due to unexpected medical expenses.
- You may be at high risk for illness or disease because of exposure to patients in clinical settings.
- Hospitals require students to have and maintain health insurance.

A health insurance policy is a good form of preventive medicine.

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### **POLICY**

A.T. Still University (ATSU) requires all students enrolled in a residential program to maintain active health insurance coverage. To ensure students have access to a comprehensive plan, ATSU has chosen Aetna Student Health (ASH) as the medical plan provider for the 2022/2023 student health plan. All students must enroll in the student-sponsored health plan or provide proof of other acceptable health coverage.

HSA Consulting, Inc. (HSAC) is the group administrator for the student health plan and will verify waiver information to ensure all students are in compliance with A.T. Still University health insurance requirements. As the group administrator HSAC will assist students with plan questions, address changes, claims assistance and obtaining ID cards. For more information on details of the plan, University requirements, enrollment, or completing the waiver process; please visit: <https://app.hsac.com/atsu>.

HSA Consulting, Inc. is available by phone, (888-978-8355), or email ([atsu@hsac.com](mailto:atsu@hsac.com)) for any additional questions regarding the waiver/enrollment process or the student health insurance plan.

### **Student Health Insurance Requirements**

Date Adopted: August 1, 2017

Last Reviewed: September 1, 2022

Health Insurance

All students MUST be covered by an Affordable Care Act (ACA) compliant domestic health insurance plan for the entire academic year, including summer and holidays.

Acceptable coverages to waive the A.T. Still University (ATSU) – Sponsored Student Health Insurance Plan are a parent’s employer group plan, a spouse’s employer group plan, VA Benefits or COBRA. Individual plans will be accepted as long as they meet with the University’s waiver requirements. Additionally, the University will allow students to waive out of the student health insurance plan using Medicaid based coverage in the states of Arizona, California, or Missouri, and the student must live in that state the entire academic year with no clinical coursework (students with any clinical experiences will not be allowed to use Medicaid to

- Deductible MUST NOT be more than \$2,500 individual annually, NO exceptions.
- Adequate major medical coverage of at least \$1,000,000/policy year
- Prescription coverage
- Mental health coverage
- Coverage for an annual wellness exam
- A provider network in the area of your A.T. Still University campus for primary care, specialty, hospital, and diagnostic care. Students attending online programs, including those that are only partially online, are exempt from this requirement.

***Short-term health insurance policies, traveler’s plans, or plans originating outside the United States will not be accepted as part of the waiver process.***

Failure to maintain continuous health insurance coverage may result in disciplinary action including suspension and/or dismissal.

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## PROCEDURE(S)

A.T. Still University (ATSU) requires all students enrolled in a residential program to maintain active health insurance coverage. To ensure students have access to a comprehensive plan, ATSU has chosen Aetna Student Health (ASH) as the medical plan provider for the 2022/2023 student health plan. All students must enroll in the student-sponsored health plan or provide proof of other acceptable health coverage.

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HSA Consulting, Inc. is available by phone, (888-978-8355), or email ([atsu@hsac.com](mailto:atsu@hsac.com)) for any additional questions regarding the waiver/enrollment process or the student health insurance plan.

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Health Insurance

## Student Health Insurance Requirements

All students MUST be covered by an Affordable Care Act (ACA) compliant domestic health insurance plan for the entire academic year, including summer and holidays.

Acceptable coverages to waive the A.T. Still University (ATSU) – Sponsored Student Health Insurance Plan are a parent’s employer group plan, a spouse’s employer group plan, VA Benefits or COBRA. Individual plans will be accepted as long as they meet with the University’s waiver requirements. Additionally, the University will allow students to waive out of the student health insurance plan using Medicaid based coverage in the states of Arizona, California, or Missouri, and the student must live in that state the entire academic year with no clinical coursework (students with any clinical experiences will not be allowed to use Medicaid to

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- Adequate major medical coverage of at least \$1,000,000/policy year
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- Mental health coverage
- Coverage for an annual wellness exam
- A provider network in the area of your A.T. Still University campus for primary care, specialty, hospital, and diagnostic care. Students attending online programs, including those that are only partially online, are exempt from this requirement.

***Short-term health insurance policies, traveler’s plans, or plans originating outside the United States will not be accepted as part of the waiver process.***

Failure to maintain continuous health insurance coverage may result in disciplinary action including suspension and/or dismissal.

This policy is referenced from the: ATSU Student Handbook  
<https://catalog.atsu.edu/mime/media/view/24/1232/University+Student+Handbook+23-24+%28July%29.pdf> 21 July 2023

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 9.11 (Students: Health Insurance).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Health Insurance

## 50-017 Graduate Medical Education (GME): Osteopathic Educational Continuum (10.1)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

To support the continuum of osteopathic education – including predoctoral education, graduate medical education, and continuing medical education.

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### **POLICY**

A.T. Still University (ATSU) School of Osteopathic Medicine in Arizona (SOMA) will design, maintain, and continually improve a published curriculum designed to teach, train, and assess students in the seven osteopathic core competencies. ATSU-SOMA will use a comprehensive evaluation and assessment plan to prepare students for graduation and entry into residency. ATSU-SOMA will provide faculty representation on the A.T. Still University Continuing Education Steering Committee that advises the Continuing Education department in providing support of the University's schools, graduates, and the professional community.

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### **PROCEDURE(S)**

ATSU-SOMA's Curriculum Committee has the responsibility of designing a curriculum in keeping with the school's mission and objectives to provide students with the teaching, training, and assessment needed for successful entry into a graduate medical education (GME) program and subsequent practice as an osteopathic physician. The Curriculum Committee is composed of faculty members. The Curriculum Committee meets monthly to develop, manage, evaluate and enhance the curriculum.

ATSU-SOMA assures graduates are prepared for residency through evaluation of academic performance using coursework assignments, written and practical exams, COMSAE exams, NBOME subject examinations, Clinical Performance Evaluations (CRE's), professionalism evaluations, and ultimately the COMLEX examinations. All ATSU-SOMA students are required to pass COMLEX Level 1, 2CE, and 2-PE examinations prior to graduation.

OMS I and II students are evaluated with written and practical exams. Written examinations are typically board-style multiple choice or matching exams. Practical exams are used to assess components of Basic Structural Foundations, systems courses, OPP and Medical Skills courses. Participation in weekly small group case discussions and virtual community health center case activities are mandatory. Final courses grades are given as Honors, Pass, or Fail. Students are required to remediate any failed courses each year prior to progressing on to the next academic year. At the end of the second year students are required to take and pass the COMSAE D examination before they can progress on to the 3<sup>rd</sup> year. The clinical evaluation system is publicized in the ATSU-SOMA Catalog, course syllabi.

OMS III and OMS IV students are evaluated by 4 means: coursework performance, patient log completion, COMAT Exam score (or applicable substitute for non-core rotations), and the CRE (clinical rotation evaluation). Students are graded on a scale of Honors, High Pass, Pass, Low Pass, and Fail. The final grade category assessment is calculated through the E\*Value system based upon the coursework assignments graded by the campus clerkship director, the CRE competency scores assigned by the preceptor, and the student's performance on the applicable COMAT or other specified exam. Students must receive a minimum of Low Pass in the course. The clinical evaluation system is publicized in the ATSU-SOMA Catalog, clinical course syllabi, and OMS III orientation process.

Students must receive a passing score on the clerkship coursework graded by the clerkship director. The clerkship director is a physician with expertise in the related clerkship who designs, evaluates, and provides feedback to students on their understanding of the coursework assignments and the associated learning objectives. The grading system for the clerkship coursework is available in each of the clerkship syllabi.

Using a Likert five-point scale, the CRE asks the preceptor to evaluate the student on specific competencies relating to the student's clinical competence. The target knowledge, skills, and attitudes of the CRE directly mirror the seven AOA competencies. These seven areas of assessment are medical knowledge, clinical skills and osteopathic patient care, interpersonal and communication skills, professionalism, practice-based learning and improvement, system-based practice, and OPP. If a student receives a CRE score reflecting inconsistent achievement in any category, even if the overall score is passing, the CRE is flagged for review by the Associate Dean for Clinical Education and Services, the clinical clerkship director, the student's RDME (Regional Director of Medical Education), and the Dean.

Students must receive a passing score on the NBOME subject examination (COMAT) for each OMS III core rotation discipline (family medicine, internal medicine, pediatrics, ob/gyn, surgery, and psychiatry) and OPP. OMS IV core rotation board-style examination questions in cardiology, emergency medicine, critical care, and neurology

are selected and approved by the clerkship course director and administered online through Exam Master or Board Vitals.

Additionally, the Clinical Education department must receive course logs of patient diagnoses and procedures and a completed SER prior to a final grade being submitted to the registrar for inclusion in the transcript.

Students are required to log all clinical encounters into the E\*Value system during the OMS III and OMS IV years as PxDx case logs. The logs provide data to assess the volume and variety of student clinical experiences. The information gathered helps ATSU-SOMA improve clinical learning and assess student training for deficits that must be addressed. Clerkship directors usually review student logs on a weekly rolling basis to stay abreast of any site or student deficiencies.

Students are required to complete a Student Evaluation of the Rotation (SER) after each rotation to provide information about the interaction of the student and preceptor and to document, from the student's point of view, the strengths and weaknesses of the rotation. Each SER is reviewed by the RDME responsible for the student's clinical year training and by the discipline-specific clinical clerkship director. An SER with low ratings is flagged for review by the Associate Dean for Clinical Education, clinical clerkship director, the student's RDME, and the Dean.

In addition to the professionalism section on the CRE, each student's RDME completes the Student Professionalism Form twice per year for OMS III students and once per year for OMS IV students. The purpose is to document and address any concerns or issues regarding examinations, rotations, case logs, behavior, etc. For issues that need to be addressed immediately, an RDME, clerkship director, or preceptor can submit an on-the-fly concern card (incident report) to communicate the issue. An on-the-fly praise card (recognition of exemplary incidents) may also be used for issuing commendations. These notifications are completed and submitted through the E\*Value system. The Associate Dean for Clinical Education is automatically notified when an on-the-fly evaluation is generated. A student's overall professionalism score is included as a part of the MSPE.

Student performance for each rotation and student evaluation of each rotation (SER) is reviewed by the student's RDME and also by the discipline-specific clerkship director. The RDME monitors the student's progress longitudinally throughout the clinical years, and the clerkship director monitors the student's performance in that specific discipline. Deficiencies in student performance or clerkship adequacy are reported to the Associate Dean for Clinical Education who determines the next steps needed. Several types of clerkship-related issues can occur, and ATSU-SOMA has a process for handling each. If the issue relates to adequacy of the clerkship's patient volume or variety, teaching resources, or facilities, the matter is referred to the Clinical Education department and the student's RDME so improvement can be made in the existing site or another site identified. If the issue relates to the clerkship curriculum provided by the



School, it is referred to the clerkship director and Curriculum Committee for review, revision, and/or additional recommendations. If the issue relates to student performance in the rotation, it may be addressed by the Associate Dean for Clinical Education or referred to the SPC (student performance committee) for further review and recommendation to the dean.

On a monthly basis, the associate dean for clinical education and services reports to the dean all clerkship or student performance issues with resolutions created by and/or recommendations submitted by the RDME, clerkship director, and/or Curriculum Committee. This enables the dean to assure each student is making progress, consistent with ATSU-SOMA's mission and objectives, toward acquiring the competencies essential for successfully entering into a GME program leading to graduation and effective performance as an osteopathic physician.

Successful completion of educational training ultimately leads to matriculation into a GME program. ATSU-SOMA tracks match success in the military match, AOA residency match, and the ACGME residency match. ATSU-SOMA has 3-year average final placement of 100%.

A.T. Still University (ATSU) School of Osteopathic Medicine in Arizona (SOMA) is an academic member of Still OPTI. ATSU-SOMA is represented on the Still OPTI Governing Board. Still OPTI provides assistance with the development, growth, and maintenance of graduate medical education (GME).

ATSU-SOMA will provide faculty representation on the A.T. Still University Continuing Education Steering Committee that advises the Continuing Education department in providing support of the University's schools, graduates, and the professional community. The Continuing Education department serves to improve professional knowledge and skills; fosters a positive impact on patient outcomes; exposes clinicians to new information; and develops an interdisciplinary, healthcare team approach to treating patients and improving community/population health through the development and implementation of cost-effective, evidence-based education programs.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 10.1 (Graduate Medical Education ("GME"): Osteopathic Educational Continuum).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

GME Osteopathic Educational Continuum

## 50-018 Graduate Medical Education (GME): Mechanism to Assist New & Existing Graduate Programs/Meeting the Requirements of Osteopathic Recognition (10.2 & 10.3)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

To provide a mechanism to assist new and existing graduate medical education programs in meeting the requirements for accreditation by the Accreditation Council for Graduate Medical Education (ACGME). To provide a mechanism to assist graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) in meeting the requirements of osteopathic recognition.

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### **EXPLANATORY STATEMENT**

A.T. Still University (ATSU) School of Osteopathic Medicine in Arizona (SOMA) will design, maintain, and continually improve a published curriculum designed to teach, train, and assess students in the seven osteopathic core competencies. SOMA will use a comprehensive evaluation and assessment plan to prepare students for graduation and entry into residency. SOMA will provide faculty representation on the A.T. Still University Continuing Education Steering Committee that advises the Continuing Education department in providing support of the University's schools, graduates, and the professional community.

- A.T. Still University (ATSU) School of Osteopathic Medicine in Arizona (SOMA), due to its affiliation with the National Association of Community Health Centers (NACHC) and the Wright Center (TWC), is uniquely positioned to provide a mechanism to assist new GME programs in establishing teaching health center training environments for program trainees.
- A.T. Still University (ATSU) School of Osteopathic Medicine in Arizona (SOMA) is an academic member of Still OPTI which is demonstrating a national model of support for Osteopathic Recognition. SOMA is represented on the Still OPTI Governing Board ((Still Osteopathic Postdoctoral Training Institution).

Date Adopted: August 1, 2017

GME: Mechanism to Assist New & Existing Graduate Programs/Meeting the Requirements of  
Osteopathic Recognition

Last Reviewed: September 1, 2022

- The Senior Advisor to the Dean for GME represents SOMA and serves as the Chairman of the Still OPTI Board. He attends all board meetings in person &/or electronically, serves on GME expansion subcommittee, works with OPTI Academic Officer and DIO in addition to OPTI staff to expand and maintain GME positions within Still OPTI and update the GME development tracking database. He has been appointed to the ACOFP Committee on Residency Program Development, and is active on AODME GME expansion committee. Current projects include working with the VA OAA, AACOM & AOA on VACAA 1500 FTE expansion, working with ATSU's Vice President University Partnerships on National Policy for GME, and service on the GMEC developing a new Family Medicine Residency at North Country CHC in Flagstaff, AZ.
- SOMA's Assistant Dean of Clinical Education and Outcomes, GME is a member of the ACGME Osteopathic Recognition committee.
- SOMA understands and has articulated to partners the importance of Osteopathic Recognition in postdoctoral education. We endorse the ability of Osteopathic recognition program components to determine the direction of future patient care, research and scholarly activity.
- SOMA is working with the Wright Center for Graduate Medical Education and the Still OPTI to forge a global Osteopathic Recognition strategy for the National Family Medicine Residency and the center's other component residencies, consistent with ACGME requirements.
- SOMA has developed plans to work with the leadership at Stroger (Cook County) hospital, a SOMA training site, to develop applications for Osteopathic Recognition.
- SOMA is working with a Family Medicine residency program in Wichita Falls Texas to develop Osteopathic Recognition consistent with ACGME standards.
- SOMA has committed to offering Osteopathic Recognition support to 100% of the residencies it has worked with and will work with in the future.

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## PROCEDURE(S)

### School of Osteopathic Medicine in Arizona Still OPTI Membership

A.T. Still University (ATSU) School of Osteopathic Medicine in Arizona (SOMA) has a membership agreement with Still OPTI, L.L.C., a consortium of institutions and organizations sharing an osteopathic postdoctoral educational mission, a Missouri limited liability company ("Still OPTI") and School of Osteopathic Medicine in Arizona (SOMA), an entity interested in advancing the Still OPTI mission, executing this Agreement as an Academic Member of Still OPTI ("Member"). Still OPTI is the academic sponsor for osteopathic residency training programs. An Academic Member is defined as a college of medicine. This Agreement supersedes all previous communications, representations, or agreements, either written or verbal, between the parties with respect to participation in an osteopathic postdoctoral training institution.

**1. TERM:** The term of the Academic Member's membership in STILL OPTI shall expire June 30th, 2018, unless otherwise renewed by STILL OPTI and Academic Member, or unless sooner

Date Adopted: August 1, 2017

GME: Mechanism to Assist New & Existing Graduate Programs/Meeting the Requirements of Osteopathic Recognition

Last Reviewed: September 1, 2022

terminated pursuant to the provisions of this Agreement. As necessary and agreed as provided for below between STILL OPTI and Academic Member, a grace period of two months following June 30th, may be allowed to accommodate the need for modification of language or acquisition of appropriate signatures.

**1.1 TERMINATION BY STILL OPTI:** Academic Member's individual participation and membership may be terminated for cause by a majority vote of STILL OPTI's Board of Governors. "Cause" shall consist of:

1.1.1 Academic Member's material breach of this Agreement, where such breach is not rectified within sixty (60) days after written notice of same by STILL OPTI;

or

1.1.2 Academic Member's failure to pay any fees due under this Agreement within sixty (60) days after written notice of same by STILL OPTI. Academic Members are assessed a membership fee based on enrollment. SOMA is assessed a fee of \$40,000.00 for the academic year.

**1.2 TERMINATION BY ACADEMIC MEMBER:** Academic Member may voluntarily terminate its membership in STILL OPTI without cause upon three months' prior written notice to STILL OPTI. In the event that this Agreement is terminated by Academic Member as a result of default by STILL OPTI, Academic Member shall be entitled to a refund of any prepaid service fees prorated based upon the months from the effective date of termination to the end of the Academic Year.

**1.3 NOTICE OF NON-RENEWAL BY ACADEMIC MEMBER:** Academic Members will be notified in advance of the upcoming term regarding anticipated membership fees or other contract adjustments that may affect the Academic Member's desire to renew affiliation. Academic Member will notify STILL OPTI one month prior to the end of the term of its intent to renew the Agreement. This Agreement may thereafter be renewed only upon the mutual written consent of the parties.

**2. NON-DISCRIMINATION:** Academic Members of STILL OPTI shall practice nondiscrimination in their practices.

**2.1 DOCUMENTATION:** Academic Members shall provide documentation to STILL OPTI that such non-discrimination is practiced as a matter of policy. Documentation may include policies and procedures, rules and regulations or other such documents as may be formally approved by the governing body or chief administrative officer of the organization.

### **3. OSTEOPATHIC EDUCATIONAL RESOURCES:**

3.1 Academic Member(s) shall collaborate with the OPTI and its members to ensure a continuum of education for medical students and trainees.

3.2 Academic Member(s) shall provide to OPTI and its member's full access to its electronic library at all times and regular library services at no cost to the OPTI or its members.

3.3 Academic Member(s) shall provide sufficient faculty to assist STILL OPTI and its members with the following:

Date Adopted: August 1, 2017

GME: Mechanism to Assist New & Existing Graduate Programs/Meeting the Requirements of Osteopathic Recognition

Last Reviewed: September 1, 2022

- access to basic science and/or clinical mentorship;
- integration of Osteopathic Principles and Practice (“OPP”);
- collaboration in delineating a faculty development plan for core faculty of teaching institutions and evaluate its effectiveness.

**3.4 PUBLICATIONS & INTELLECTUAL PROPERTY:** The copyright to any instructional material created in the course of STILL OPTI activities, as described in STILL OPTI’s Bylaws, or financed by STILL OPTI shall be held by STILL OPTI for the benefit of all STILL OPTI Members. STILL OPTI grants each Academic Member a non-exclusive license to use these materials for STILL OPTI purposes. The copyright to any scholarly articles and other papers developed by an STILL OPTI Member, even if relating to participation in an STILL OPTI program, shall be held by the Academic Member of developing individual in accordance with law and policies of the Academic Member; provided, however, that works published related to STILL OPTI or participation in an STILL OPTI program shall include appropriate credit to STILL OPTI. The copyright holder of works crediting STILL OPTI shall provide copies of such works to all other STILL OPTI Members for their libraries, subject to any rights of the authors.

**4. OTHER MEMBERSHIP RESPONSIBILITIES:** Academic Member shall participate in activities of STILL OPTI, including but not limited to the following:

**4.1 COMPLIANCE WITH STILL OPTI OPERATING AGREEMENT:** Academic Members shall abide by the provisions of STILL OPTI's Operating Agreement (Bylaws) as they presently exist and as they may be amended from time to time.

**4.2 REPRESENTATION IN STILL OPTI DIRECTION & POLICY:** Academic Member shall participate by sending a proxy to the Annual Governor’s Meeting in order to enhance the educational direction of STILL OPTI and/or its individual Programs. The Director(s) representing Academic Member shall participate as desired in nomination, selection and leadership aspects inherent to democratic processes associated with STILL OPTI. The Academic Member shall also appoint a representative to serve on the STILL OPTI Osteopathic Graduate Medical Education (OGME) Committee, as well as other efforts to enhance the mission of STILL OPTI.

**4.3 FACULTY VERIFICATION:** Academic Members shall verify that faculty members are credentialed or appointed at one or more COCA or LCME accredited colleges.

**4.4 PROGRAM DEVELOPMENT:** Academic Members must actively work with the OPTI in the development of new osteopathic programs and/or expansion of existing programs.

**4.5 NOTICES:** Any notice, offer, demand or communication required or permitted to be given under any provision of this Agreement or the Operating Agreement (Bylaws) shall be deemed to have been sufficiently given or served for all purposes if delivered personally, or sent by registered or certified mail addressed to the respective party as follows:

To: STILL OPTI  
 Attn: STILL OPTI Academic Officer  
 800 W. Jefferson  
 Kirksville, MO 63501

To: Jeffrey W. Morgan, DO  
 Dean  
 School of Osteopathic Medicine  
 Arizona

Date Adopted: August 1, 2017

GME: Mechanism to Assist New & Existing Graduate Programs/Meeting the Requirements of Osteopathic Recognition

Last Reviewed: September 1, 2022

**4.6 LIABILITY & INSURANCE:** The parties understand and agree that this Agreement does not encompass a joint venture in connection with providing medical care and treatment. Responsibility for providing medical care and treatment shall rest exclusively with the individual doctors and affiliated hospitals. The parties to this agreement specifically limit their liability to those activities specifically encompassed within the scope of their respective obligations embodied within this Agreement.

Academic Member shall provide general and professional liability coverage and workers' compensation coverage shall be provided for its employees under Academic Member's state statutes: all such insurance shall be evidenced by certificates provided to STILL OPTI.

**5. THE COLLEGE OF OSTEOPATHIC MEDICINE (COM) RESPONSIBILITIES:** As prescribed by the AOA, each Osteopathic Postdoctoral Training Institute ("OPTI") shall include membership of at least one COM accredited by the Commission on Osteopathic College Accreditation (COCA). Each COM of Still OPTI agrees to provide the following:

**5.1 EDUCATIONAL LEADERSHIP:** The COM shall provide educational leadership and contribute ongoing vision to STILL OPTI in the establishment of a vertically integrated, seamless osteopathic curriculum extending from the preadmission process through postdoctoral and continuing osteopathic medical education programs. The mission of STILL OPTI shall be acknowledged as an extension of the COM's mission to provide osteopathic medical education. In part, the COM shall provide faculty support for lectures, clinical presentation cases, faculty development, and performance assessment. Faculty and Medical Education resources shall be provided by the COM as an in-kind service to offset STILL OPTI expense in providing these services to the consortium.

**5.2 LEADERSHIP IN INTEGRATING OPP/OMT:** In part, the COM shall provide expertise, personnel, and educational programming as an in-kind service to offset the expense of STILL OPTI institutions and Programs.

**5.3 PROMOTION OF RESEARCH & EVIDENCE-BASED LEARNING:** The COM shall participate in promoting evidence-based learning and, where requested, will assist in facilitating mentorship and other research activities.

**6. OTHER CONTRACT PARTICULARS:** Amendments, modifications, and/or addenda to this Agreement shall become effective only when the same are in writing and signed by all parties. Amendments to this Agreement shall be effective as of the date stipulated in the Amendment.

**6.1 THIRD PARTIES:** This Agreement is intended solely for the benefit of the parties and other Members of STILL OPTI, but it shall not be construed to create any benefits for or rights in any other person or entity, including the parties' students, patients, or employees or their respective representatives. Furthermore, no party may assign its rights or obligations under this Agreement to a third party; any such assignment shall be null and void.

**6.2 WAIVER OF BREACH:** The waiver of a breach or violation of any provision of this Agreement by any party shall not be construed to be a waiver of any subsequent breach of the same or any other provision of this Agreement. A waiver shall be effective only if in writing. Any

Date Adopted: August 1, 2017

GME: Mechanism to Assist New & Existing Graduate Programs/Meeting the Requirements of Osteopathic Recognition

Last Reviewed: September 1, 2022

failure of a party to insist upon the strict performance of any provision in this Agreement shall not constitute a waiver of such provision and all provisions shall remain in full force and effect.

**6.3 SEVERABILITY:** In the event that any provision of this Agreement is held to be illegal or unenforceable, such provision of this Agreement shall be deemed severed from this Agreement and shall not affect the legality or enforceability of the remaining provision of this Agreement, unless a party would be unable to perform without such provision or unless such omission would be destructive of the intent of the parties.

6.4 In the event that Section 952 of P.L. 96-499 [42 U.S.C. Section 1395x(v)(I)] (the Omnibus Reconciliation Act of 1980, provisions relating to Medicare) is applicable to this Agreement, STILL OPTI agrees as follows: until the expiration of four (4) years after the furnishing of any services pursuant to this Agreement, STILL OPTI shall make available, upon written request by the Secretary Department of Health and Human Services or upon request by the Comptroller General of the United States, or any of their duly authorized representatives, this Agreement, and all books, documents and records of STILL OPTI that are necessary to certify the nature and extent of the cost of services pursuant to this Agreement.

6.5 If, as a result of a change in law or regulation or a judicial or administrative decision or interpretation, the performance by either party hereto of any provision of this Agreement should jeopardize the licensure of Academic Member, its participation in Medicare, Medicaid, Blue Cross or other reimbursement or payment programs, its exemption from taxation under Internal Revenue Code Section 501(c)(3) or its full accreditation by the Joint Commission on Accreditation of Healthcare Organizations, or if it should constitute a violation of any statute, regulation or ordinance, or be deemed unethical by any recognized agency or association in the medical or hospital field, Academic Member may request that this Agreement be renegotiated to eliminate the jeopardy and, if agreement is not then reached, terminate this Agreement forthwith.

**6.6 Academic Member and STILL OPTI acknowledges and agrees** that the benefits inuring to it hereunder do not require, are not payment for and are not in any way contingent upon the referral, admission or any other arrangement for the provision of any item or service. The parties further acknowledge and agree that, notwithstanding anything herein to the contrary, neither party is required under this Agreement or any other agreement between Academic Member and STILL OPTI to refer any patient to any health care provider or purchase any item or service for which payment may be made under Medicare, Medicaid or any other governmental healthcare program from any source. The parties further acknowledge and agree that this Agreement shall not be construed to induce or encourage the referral of patients or the purchase of health care services or supplies. No payment made under this Agreement shall be in return for such referral or purchase.

Date Adopted: August 1, 2017

Page 6 of 7

GME: Mechanism to Assist New & Existing Graduate Programs/Meeting the Requirements of Osteopathic Recognition

Last Reviewed: November 1, 2019

ATSU- SOMA Policies and Procedures

**6.7 Academic Member and STILL OPTI represent and warrant** that it is not a Sanctioned Person or Entity. For purposes of this Agreement, the term “Sanctioned Person or Entity” means a person or entity who (a) has been excluded by the Office of the Inspector General of the Department of Health and Human Services from participation in Medicare, Medicaid or any state health care program (defined at 42 C.F.R. § 1001.2) pursuant to 42 C.F. R. Part 1001 or (b) has been excluded by the State of Arizona Department of Social and Rehabilitation Services from participation in Arizona Medicaid program pursuant to 42 C.F.R. Par 1002.

**Academic Member and STILL OPTI** shall notify the **other party** within ten (10) days after it receives notice that it is a Sanctioned Person or Entity. Academic Member and STILL OPTI shall have the right to terminate this Agreement without penalty at any time after learning that the other party is a Sanctioned Person or Entity.

This policy is referenced from the: “ATSU/SOMA STILL OPTI AGREEMENT”. 01 Aug. 2017.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 10.2 (Graduate Medical Education (“GME”): ACGME accredited GME) and 10.3 (Graduate Medical Education (“GME”): Osteopathic Recognition GME).

Date Adopted: August 1, 2017

Page **7** of **7**

GME: Mechanism to Assist New & Existing Graduate Programs/Meeting the Requirements of Osteopathic Recognition

Last Reviewed: November 1, 2019

ATSU- SOMA Policies and Procedures



## 50-027 Program Assessment (11.1)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

Outlines the procedure regarding program assessment

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### **POLICY**

Program assessment at ATSU-SOMA includes continuous quality improvement of the curriculum to enhance program outcomes. See Appendix A for specific details regarding the source, storage, and distribution of the main data elements of formative and summative review. The elements of student assessment include:

#### **OMS I YEAR ASSESSMENT**

- A. Evaluations and assessments during the OMS I year include, but are not limited to:
  - 1. Examinations (written, oral, or computer-based), quizzes and assignments
  - 2. Observation of Head-to-Toe and Problem-Specific Physical Exams with standardized patients
  - 3. Clinical examination exercise (Mini-Cex)
  - 4. Faculty advisory reviews
  - 5. Evaluation of medical documentation (SOAP notes)
- B. Students must complete all OMS I year assessments prior to starting OMS II curriculum.
- C. These assessment tools are the basis of a Student Performance Committee (SPC) decision that determines if a student is prepared to progress academically.
  - 1. An individual with a concern about a student's academic or professional performance refers the issue to the appropriate Assistant or Associate Dean(s), who may refer the matter to the SPC. The SPC may require individual students to repeat or complete additional courses, remediation activities, or other projects deemed necessary to ensure competent completion of the curriculum
  - 2. As described in the College Catalog, the SPC may also require assessment of psychological and/or addiction problems or recommend for student dismissal from the College.

#### **OMS II YEAR ASSESSMENT**

- A. Evaluations and assessments during the OMS II year include, but are not limited to:
  - 1. Examinations (written, oral, or computer-based), quizzes and assignments

2. Observation of Head-to-Toe and Problem-Specific Physical Exams with standardized patients
  3. Clinical examination exercise (Mini-Cex)
  4. Faculty advisory reviews
  5. Evaluation of medical documentation (SOAP notes)
  6. Preceptor evaluation
  7. NBOME COMSAE exams
  8. NBOME COMLEX-USA Level 1 exam
- B. Students must complete all OMS II year assessments prior to starting OMS III curriculum.
- C. These assessment tools are the basis of a Student Performance Committee (SPC) decision that determines if a student is prepared to progress academically.
1. An individual with a concern about a student's academic or professional performance refers the issue to the appropriate Assistant or Associate Dean(s), who may refer the matter to the SPC. The SPC may require individual students to repeat or complete additional courses, remediation activities, or other projects deemed necessary to ensure competent completion of the curriculum
  2. As described in the College Catalog, the SPC may also require assessment of psychological and/or addiction problems or recommend for student dismissal from the College.

#### OMS III YEAR ASSESSMENT

- A. Evaluations and assessments during the OMS III year includes, but is not limited to:
1. Clerkship Assessments
  2. Clinical Performance Evaluations
  3. Written Case Reports
  4. NBOME post rotation examinations (COMAT)
  5. OMS III-PE (Clinical Practice Exam, CPX).
- B. Students must complete all OMS III year assessments prior to starting OMS IV year curriculum.
- C. Students may begin OSM IV year curriculum while waiting for assessment results.
- D. Demonstrating continued lack of academic progress may result in being removed from rotation and placement in a Directed Studies program, as determined by the Student Performance Committee (SPC).
- E. These assessment tools are the basis of a Student Performance Committee (SPC) decision that determines if a student is prepared to progress academically.
1. At that time, the SPC may require individual students to repeat or complete additional rotations, courses, or other projects deemed necessary to ensure competent completion of the core rotations
  2. As described in the College Catalog, the SPC may also require assessment of psychological and/or addiction problems or recommend for student dismissal from the College.

#### OMS IV YEAR ASSESSMENT

- A. During the OMS IV year, student evaluation and assessment includes, but is not limited to:
1. Clinical Performance Evaluations
  2. Written Case Reports
  3. COMLEX Level 2-CE & Level 2-PE

Date Adopted: August 1, 2017  
 Last Reviewed: September 1, 2022

Program Assessment

- B. Students are required to take and pass COMLEX Level 1, Level 2-CE and Level 2-PE examinations prior to graduation.
  - C. All Academic and Clinical requirements must be successfully completed prior to December 31 of the student graduation date.
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## **PROCEDURE**

The ATSU-SOMA planning process incorporates formative and summative reviews of essential student, faculty, and institution achievement indicators. See Appendix A, Key Performance Indicators Assessment and Monitoring Plan, for specific details regarding the source, storage, and distribution of the main data elements of formative and summative review.

ATSU-SOMA's ongoing quality assurance assessment process for the curriculum is managed through the ATSU-SOMA Curriculum Committee. Two subcommittees review the outcomes of each of the courses. In an effort to enhance preclinical education and outcomes, the Year 1-2 workgroup focuses on improving the curriculum for the OMS I and OMS II courses. In an effort to enhance clinical education and outcomes, the Year 3-4 workgroup focuses on improving the curriculum for the OMS III and OMS IV courses. Each course is reviewed annually using course director feedback and data packets based on student performance on the assessment tools listed above as well as their performance on national exams such as COMLEX and USMLE. Recommendations from the Year 1-2 and Year 3-4 workgroups are provided to the Curriculum Committee, which may approve these recommendations for consideration by the dean.

This policy is referenced from the: "ATSU/SOMA Clinical Education Manual 70-01". 01 Aug. 2017 and the "ATSU-SOMA Catalog". 01 Aug 2017.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 11.1 (Program and Student Assessment and Outcomes: Program Assessment).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Program Assessment

## 50-029 Student Evaluation of Classroom and Rotation (11.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

To ensure all students have the opportunity to evaluate their learning environment, courses/clerkships and instructors/preceptors.

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### **POLICY**

OMS I and OMS II students will evaluate their learning environment and course instructors at the end of each course. OMS III and OMS IV students will evaluate their clinical rotation, coursework and preceptor after each rotation.

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### **PROCEDURE(S)**

1. Through a survey, OMS I students are given the opportunity to evaluate and provide feedback regarding their instructors and courses following the completion of each course.
2. Through a survey, OMS II students are given the opportunity to evaluate their learning environment at the community campus. They are also given the opportunity to evaluate and provide feedback regarding their courses and instructors following the completion of each course.
3. OMS III and OMS IV students must complete a Student Evaluation of the Rotation (SER) within the E\*Value electronic tracking program on the last day of the rotation. Access to this program is through the internet at [www.e-value.net](http://www.e-value.net). Instructions can be found on the E\*Value homepage.

This policy answers the Commission on Osteopathic College Accreditation ("COCA") 2020 Accreditation Policy Requirement 11.2 (Program and Student Assessment and Outcomes: Student Evaluation of Instruction).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Student Evaluation of Classroom & Rotation

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## 50-030 Student Evaluation of Instruction (11.2)

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**APPROVAL: Signature On File in Dean's office**

**DATE: 9/1/2022**

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### **PURPOSE**

Outline the procedure regarding clinical grading for OMS III and OMS IV students.

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### **POLICY**

During clinical rotations, all students will receive an extensive evaluation from their preceptor(s) regarding their performance on the rotation.

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### **PROCEDURE(S)**

1. Clinical Rotation Evaluations (CREs) must be completed by the attending physician(s) upon completion of each rotation.
2. While the student is responsible for ensuring the form is returned to the ATSU-SOMA Clinical Education Department, Community Campus representatives may assist students in this process if a preceptor has not responded. It is the student's responsibility to inform the Clinical Education Coordinator and RDME immediately following the rotation of difficulty in obtaining the evaluation.
3. Midway through the rotation, students will meet with their preceptor to review their progress in meeting rotation expectations and objectives.
4. During the last week of the rotation, the student will meet with the preceptor(s) to discuss the rotation experience and the CRE. The evaluator may complete the CRE electronically or manually. The Clinical Education Coordinator is responsible to enter the completed evaluation into E\*Value.
5. Sample guideline to secure evaluations, at the conclusion of the rotation if unable to secure:
  - a. Student involves Clinical Education Coordinator or RDME to secure evaluation.
  - b. Clinical Education Coordinator or RDME contacts preceptor to secure evaluation.
  - c. Clinical Education Coordinator or RDME involve the Director of Clinical Education to assist in securing the evaluation.
6. The Clinical Rotation Evaluations are worth 40% of the student's final grade for each rotation.

## Logging

1. Diagnosis and Procedure logs are to be completed by the student on the E\*Value electronic tracking program during each rotation, related to the diagnosis and procedures listed. The logs should be completed as soon as practical after the patient encounter (at least daily) for each clerkship and entered in the electronic tracking program, E\*Value. Access to the logging system closes seven days from the date of the patient encounter, and the student will then be unable to “backlog”.
  - a. Students are to complete an electronic log on the electronic tracking program during each of their rotations. Students must log patient encounters of primary diagnoses and procedures during OMS III and OMS IV year rotations as a component of the passing grade. If the student submits inadequate logs per the Clerkship Director recommendations, a failure of the logs may result. The student’s overall grade will be lowered a full grade with failure of their logs.
  - b. Participation level, encountered procedures and patient diagnosis are included in tracking student progress. In addition, the information is utilized to assess and assure a quality rotation site.
  - c. Students are encouraged to log ALL patient encounters with their procedures and diagnoses. The comprehensive list may be useful when demonstrating the depth and breadth of student clinical activities and expertise.
2. Clinical grading during OMS III and OMS IV years include multiple assessment tools. Successful completion of each component must be obtained to ensure clinical curriculum requirements are satisfied.
3. If academic difficulty occurs, the student is counseled by the RDME and in most cases, the Director of Clinical Education, Assessment and Outcomes, GME. Counseling will be conducted bi-annually at a minimum.
4. A student who fails any component of the clinical assessments may face remediation, repeat of rotation or exams.
5. Overall performance failure on two or more rotations per year will result in academic probation and a Student Performance Committee hearing. The Performance Committee may elect to continue the student’s program, require remediation prior to continuing the program or to repeat the rotation year.

This policy answers the Commission on Osteopathic College Accreditation (“COCA”) 2020 Accreditation Policy Requirement 11.2 (Program and Student Assessment and Outcomes: Student Evaluation of Instruction).

Date Adopted: August 1, 2017  
Last Reviewed: September 1, 2022

Student Evaluation of Instruction