

# Policies & Procedures

Date Adopted: August 1, 2017



# Contents for Policies & Procedures

## **Standard 1: Mission and Governance**

- Element 1.4a: Conflict of Interest
- Element 1.4a: Financial Conflict of Interest in Research
- Element 1.4b: Employee Problem Solving Procedure
- Element 1.4b: Whistleblower
- Element 1.4c: Confidentiality
- Element 1.4d: Purchasing Policy and Procedure
- Element 1.4d: Red Flags Rule
- Element 1.4e: Code of Ethical Standards
- Element 1.5a: Prohibition of Discrimination, Harassment, and Retaliation
- Element 1.6: Approval of Graduates

## **Standard 2: Leadership and Administration**

- Element 2.4: Accreditation Standard Complaints

## **Standard 4: Facilities**

- Element 4.2: Contingency Plan
- Element 4.2: Emergency Mode Operation Plan
- Element 4.2: Identification Badges
- Element 4.2: Incident Reporting
- Element 4.2: Lock-out/Tag-out
- Element 4.2: Missing Student
- Element 4.2A: OMS I Missing Student Notification Policy
  - Attachment A: Missing Person Contact Form

## **Standard 5: Learning Environment**

- Element 5.1: Course and Instructor Evaluation Tool
- Element 5.1: Cultural Proficiency
- Element 5.1: Diversity
- Element 5.1: Interprofessional Collaboration
- Element 5.1: Patient Safety
- Element 5.1: Professionalism
- Element 5.2: Diversity
- Element 5.3: Disease Exposure Prevention and Control Plan
  - Attachment 1: Exposure Determination
  - Attachment 2: Hepatitis B Vaccine Acceptance/Declination Form
  - Attachment 3: TB Risk Assessment Tool
- Element 5.3: Employee Assistance Program/Mental Health for Students
- Element 5.3: Hazard Communication Program
- Element 5.3: Needlestick/Bloodborne Pathogens
- Element 5.4: Patient Care Supervision
  - Element 5.4A: Patient Care Supervision

**Standard 6: Curriculum**

- Element 6.3: Completion of D.O. Degree
- Element 6.9.2: Clinical Education through the COM
- Element 6.11: Comparable Education Experience
- Element 6.12: COMLEX

**Standard 7: Faculty and Staff**

- Element 7.2: Faculty Credentials
- Element 7.8: Faculty, Clinical Faculty, and Clinical Preceptor Approval and Advancement

**Standard 8: Scholarly Activity**

- Element 8.2: Student Participation

**Standard 9: Students**

- Element 9.1: Admissions
- Element 9.2: Academic Standards
- Element 9.3: Transfers
- Element 9.4: Secure Student Recordkeeping
- Element 9.4.2: Employee Required Training
- Element 9.5: Academic Counseling
- Element 9.6: Career Counseling
- Element 9.8: Mental Health
- Element 9.9: Physical Health Services
- Element 9.10: Non-Academic Health Professionals Conflict of Interest
- Element 9.11: Health Insurance

**Standard 10: Graduate Medical Education (GME)**

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

**Standard 11: Program and Student Assessment and Outcomes**

- Element 11.1: Program Assessment
  - Appendix A: Key Performance Indicators Assessment and Monitoring Plan
- Element 11.2: Student Evaluation of Classroom and Rotation
- Element 11.2: Student Evaluation of Instruction

**Standard 1:  
Mission and Governance**

---

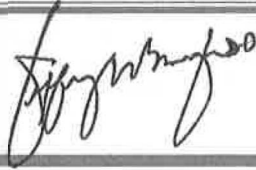
---

1.4a Conflict of Interest

---

---

APPROVAL:



DATE:

8/1/17

---

---

**PURPOSE**

- A. This policy is applicable to all employees of A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA").
  - B. A conflict of interest can arise whenever an employee or a family member: (1) has an existing or potential interest which impairs or might appear to impair independent judgment in the discharge of responsibilities to ATSU-SOMA, or (2) may receive a material benefit from knowledge of information which is confidential to ATSU-SOMA.
- 
- 

**POLICY**

- A. Potential Conflicts may be difficult to define, but at a minimum the following should be so considered ("official relationship" in this context means, serving as an President's Cabinet member, director, employee, partner, proprietor, or owner of ten percent (10%) or more of the stock of an entity which does business with ATSU-SOMA; "family relationship" of an individual includes spouse, parents, siblings, children and/or any others living in the same household):
    - 1. Official relationship with banks with which ATSU-SOMA regularly does business.
    - 2. Official relationship with investment brokers with which ATSU-SOMA does business.
    - 3. Official relationship with suppliers of goods or service to ATSU-SOMA.
    - 4. Official relationship with insurance agents or carriers doing business with ATSU-SOMA.
    - 5. Family relationships with employees of ATSU-SOMA.
  - B. Conflicts of interest with respect to particular transactions:
    - 1. If an employee believes he/she may have a conflict of interest with respect to any particular transaction, he/she will promptly and fully disclose the potential conflict to his/her supervisor or the President.
    - 2. If the supervisor or president determines there is in fact a conflict concerning a particular transaction with respect to an employee of the University, he/she will contact the president's office; and the president will exercise best judgment regarding the appropriate course to follow, which may include:
      - a. Approval of the transaction despite the conflict if the president is reasonably certain that the best interests of ATSU-SOMA be served thereby, or
      - b. Referral of the issue to the university's legal counsel for advice.
- 
-

3. If the supervisor or President's Cabinet member determines there is no conflict of interest with respect to a particular transaction involving an employee of ATSU, there is no need to notify the president.
- 

## **PROCEDURE(S)**

- A. If an employee believes he/she may have a conflict of interest with respect to any particular transaction, he/she must promptly and fully disclose the potential conflict to his/her supervisor.
  - B. If the employee's supervisor determines there exists a conflict concerning a specific transaction with respect to an employee of ATSU-SOMA, the supervisor will contact the President's office; and the President will exercise best judgement regarding the appropriate course of action. Steps may include:
    1. Approval of the transaction despite the conflict, if the President is reasonably certain that the best interests of ATSU-SOMA are served, or
    2. Referral of the issue to the university's legal counsel for advice.
  - C. If the supervisor determines there is no conflict of interest with respect to a specific transaction involving an employee of ATSU-SOMA, there is no need to notify the President's office.
- 

## **RESPONSIBILITY**

- A. Every employee is responsible for reporting any relationship which would be considered a conflict of interest as it relates to this policy.
- B. Supervisors are responsible for notifying the president's office if a conflict of interest arises in their department with themselves or one of their employees.
- C. The president is responsible for seeking advice from ATSU-SOMA's legal counsel for properly reporting a conflict of interest.

This policy is referenced from the: AT Still University. "ATSU Conflict of Interest # 10-212", HR portal: <https://sites.google.com/a/atsu.edu/human-resources/policy-index>. 09 Apr. 2013. Pag 1. Web. 01 Aug. 2017.

---

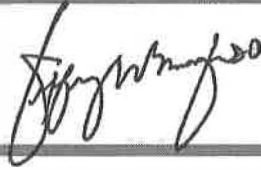
---

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

---

---

APPROVAL:



DATE:

8/1/17

---

---

### PURPOSE/SUMMARY

This General Order is designed to meet the 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 that apply for or receive research funding from US Department of Health and Human Services, Public Health Service (PHS) Awarding Components, including the 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 the Food & Drug Administration or National Science Foundation, are subject to agency-specific regulations for FCOIs in research (see Sections XI.C and XI.D) and are advised to review such regulations prior to submission of a research application.

### SCOPE

This policy applies to all persons at A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") who meet the following definition of Investigator, and to all ATSU-SOMA activities meeting the following definition of research where the activity is sponsored or, if non-sponsored, involves human subjects. Investigators must pre-disclose to ATSU's Institutional Official in the Division of Research, Grants, and Information Systems (RGIS) any real or potential financial interest (and those of his/her spouse and/or dependent children) that reasonably appears to be related to the Investigator's institutional responsibilities.

---

---

### 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 associations, voluntary health organizations, etc.).
  - C. Financial Conflict of Interest (FCOI)—A significant financial interest that could directly and significantly affect the design, conduct, or reporting of PHS-funded research.
  - 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, such as Institutional Review Board (IRB) or data and safety monitoring boards.
- G. Investigator—The project director or principal investigator (PI) and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research funded by PHS, or proposed for such funding, which may include sub grantees, contractors, collaborators, or consultants.
- H. Manage—Take action to address a financial conflict of interest (FCOI), which can include reducing or eliminating the FCOI, to ensure, to the extent possible, that the 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—Project director or PI and any other person identified as senior/key personnel in the grant application, progress report, or any other report submitted to the PHS.
- K. Significant Financial Interest (SFI)
  - 1. Any financial interest of the Investigator (and those of his/her spouse and dependent children) that reasonably appears to be related to the Investigator's institutional responsibilities, including:
    - a. Publicly traded entity—Value of any remuneration received from an entity in the 12 months preceding the 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 the 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 the occurrence of any reimbursed or sponsored travel (i.e., that 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 that is 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 the Investigator if the 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 the Investigator does not directly control the 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; or 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 that would involve ATSU resources, services, and/or facilities.
- M. Sponsored Travel—Travel expenses that are paid on behalf of the Investigator and not reimbursed to Investigator so that the exact monetary value may not be readily available.
- 

## **POLICY**

### **A. 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 on the ATSU Grant/Contract Application Approval Form (Section XI.E) that they have: 1) reviewed General Order No. 20-117, 2) completed the NIH FCOI Online Tutorial (Section XI.F) or other relevant training option authorized by the Institutional Official (defined in Section II), and 3) forwarded training certification to RGIS. Training will be overseen by the Institutional Official, and must be updated every four years. Additional training may be required when there is a change in ATSU policy that affects Investigator requirements, an Investigator is new to the University, or in the case of noncompliance.

### **B. INSTITUTIONAL OFFICIAL**

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

### **C. CONFLICT OF INTEREST REVIEW COMMITTEE**

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

### **D. DISCLOSURE PROCESS**

1. Before submission/initiation of research—Prior to the 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.H) describing any SFIs (and those of Investigator's spouse and dependent children) that reasonably appear to be related to his/her Institutional responsibilities. The process shall include the following:

- a. Using ATSU's Grant/Contract Application Approval Form, each Investigator shall indicate if s/he has any projected or potential SFI relative to the proposed project. If so, the Investigator is required to complete ATSU's Financial Interest Disclosure Form and place in a sealed pre-disclosure packet, containing supporting documentation that identifies the business enterprise or entity involved and the nature and amount of interest. The completed disclosure form and sealed packet should be marked confidential and must be submitted to the Institutional Official, along with copies of the proposal and completed Grant/Contract Approval form. The disclosure packet will be opened only by the Institutional Official.
  - b. 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 a FCOI. Pre-disclosure is a key factor in protecting an Investigator's reputation and career from potentially embarrassing or harmful allegations of misconduct.
2. Annual Updates—Each Investigator who submits a disclosure form is required to update that disclosure annually during the period of the award, or for non-sponsored research, annually during the conduct of the project period. It is the responsibility of the PI to ensure that 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 the Institutional Official of RGIS by April 30 of each calendar year, and may require further review/action by the Institutional Official.
- a. Updating/Submitting a New Disclosure Packet for an Ongoing Project—Changes to the 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—such as additional consulting, etc.).
  - b. Sub recipients—A written agreement must delineate whether sub recipient Investigators must comply with ATSU's FCOI policy or that of their own institution. Such agreements should include a specified time period for meeting disclosure requirements (if applicable) and FCOI reporting requirements to ATSU. Sub recipients following their institution's own FCOI policy must certify in writing that it complies with PHS regulations. During the project period, sub recipient Investigators must submit an updated disclosure of SFI at least annually per the prescribed written agreement. Moreover, each sub recipient Investigator must submit an updated disclosure of SFI within 30 days of discovering or acquiring a new SFI.

#### E. REVIEW AND MANAGEMENT PROCESS

1. Determination of SFI—The Institutional Official shall conduct an initial review of the financial disclosure forms to determine if any disclosed SFI exists that could affect the design, conduct, or reporting of the proposed research or special project.
  - a. If no management plan is necessary, the Institutional Official will notify the Investigator who submitted the disclosure, with all related records retained for at least three years after the submission of financial expenditure reports or in the case of non-sponsored research, three years following the end of the project.
  - b. If it is determined that there may be a potential FCOI covered by this policy, the Institutional Official will convene a CIRC. The disclosure form, along with the sealed packet, will then be referred to the CIRC for review.

2. CIRC Review—the CIRC will review the disclosure packet. If the CIRC determines that a conflict exists and if the project is initiated or sponsored, then the CIRC shall determine what conditions or restrictions, if any, should be imposed to manage the actual or potential FCOI. The Investigator and CIRC will co-develop a FCOI resolution plan detailing proposed steps to manage, reduce, or eliminate any actual or potential FCOI.
  - a. No member of the CIRC who holds an SFI in a project may participate in review process.
  - b. CIRC meetings are closed to the public.
  - c. The CIRC will give primary consideration to the nature of the research, nature/size of the SFI, degree to which the conflict is related to the research, extent to which the interest could be affected by the research, and any management strategies that would mitigate or eliminate the conflict. Ultimately, the plan will be reviewed and approved by the Investigator's immediate supervisor/department chair, and/or dean/director.
  - d. Management strategies may include, but are not limited to:
    - i. Public disclosure of FCOIs in all presentations and publications, within the informed consent form specific to human research subjects, and via written notification to the research sponsor.
    - ii. Appointment of an independent monitor capable of protecting the design, conduct, and reporting of research against bias, or appearance of such from FCOI.
    - iii. Modification of research plan and establishment of timetables for project delivery.
    - iv. Change of personnel or personnel responsibilities, including potential disqualification of personnel from participation in all or a portion of the research.
    - v. Designation of a colleague or department chair with no FCOI relationship to the research to serve as an academic co-advisor or lead Investigator.

Reduction or divestiture of the financial interest giving rise to the conflict.

Severance of relationships that are the source of the FCOI.

Removing contract terms that create the FCOI in research (e.g., where payment depends on the outcome of the research).

Specific Provisions for Human Subjects Research—ATSU will not allow any Investigator with an FCOI to conduct a clinical research project to evaluate the safety or effectiveness of a drug, medical device, or treatment, given that disclosure or standard FCOI management strategies may be inadequate or impossible to implement. This prohibition applies not only to the PI of a clinical research project, but also to any Investigator involved in the design, conduct, or reporting of the research. ATSU may waive this prohibition only where the Investigator provides a compelling justification. In considering a waiver request, the CIRC will require the Investigator to address:

Nature of research project (i.e., early stage or closer to commercial application);

Size and nature of Investigator's financial interest;

Relationship of financial interest to research;  
Extent to which the financial interest may be affected by the research;  
Degree of risk to research participants;  
Investigator's proposed role in research (i.e., 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);  
Existence of unique circumstances that would require research to be performed at ATSU (i.e., unique qualification of Investigator or unique resources of ATSU).

- vi. 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. The approved resolution plan will be articulated into an MOU detailing conditions or restrictions imposed on the Investigator in conducting the project or in the relationship with the business enterprise or entity. The Institutional Official will produce the MOU for signature by the Investigator. Signed MOU copies will be provided to the Investigator's director/department chair and dean, and in the case of human subjects' research, to the relevant IRB.
- vii. Monitoring requirements will be outlined in the approved management plan and articulated in the MOU with the Investigator(s). Monitoring will be ongoing until the research project is complete.
- viii. Retrospective Review—Should ATSU identify an SFI that was 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 the Institutional Official has determined that 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 the SFI. The CIRC also will, within 120 days of its determination of noncompliance, complete a retrospective review of the Investigator's research activities associated with the project to determine whether the research conducted during the period of noncompliance was biased in the design, conduct, or reporting of such research.
- ix. Ongoing Research—When an Investigator new to the project discloses an SFI or an existing Investigator discloses a new or changed SFI, wherein the Institutional Official determines that the disclosed SFI constitutes an FCOI subject to management under this policy, a CIRC will be convened and will review the disclosure packet. ATSU will then implement a management plan within 60 days of submission of the disclosure.
- x. Further, ATSU may determine that additional interim measures are necessary with regard to the Investigator's participation in the research project between the date of disclosure and the implementation of the University's management plan. Particular consideration will be given to any additional interim measures that ATSU's IRB deems necessary for the protection of human research subjects.

- xi. Mitigation Plan—If the CIRC determines during the retrospective review that the research was in any way biased, the CIRC will recommend a mitigation plan to the Institutional Official to address. The Institutional Official will notify the PHS awarding component of its determination and subsequently follow up with the mitigation report for the project.
  
  - xii. Public Accessibility of ATSU's FCOI Policy and Access of Disclosed SFI—ATSU will post its FCOI policy on the Institution's public web site. Upon request, ATSU will publicly make available information on any disclosed SFI that meets the following three criteria: 1) disclosed SFI is still held by the Senior/Key Personnel of an active PHS project; 2) ATSU determines SFI is related to PHS-funded research; and 3) ATSU determines that the SFI is an FCOI. Written information requests must be made to the Institutional Official, who will respond within five business days of receipt of request. Disclosed information will include the minimum elements as provided in the regulation. Any newly determined FCOI will be posted to the ATSU web site within 60 days of discovery. The web site will be updated annually and information will remain available for three years from the date the information was most recently updated.
3. APPEAL
  4. Appeals regarding decisions made via the FCOI review and management process described herein will be made to the ATSU president whose decision is final.
  5. NONCOMPLIANCE
  6. Failure to file a complete, truthful disclosure or comply with the 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 the Investigator is noncompliant and found to have biased the design, conduct, or reporting of the research in accordance with the process outlined above, the Institutional Official will promptly notify the research sponsor as required by law and describe the corrective measures taken or proposed.
  7. Consequences may include requiring the Investigator to disclose the FCOI in each public presentation of the results of the research and/or to request an addendum to previously published publications. ATSU may also suspend an ongoing research project, halt expenditure of funds, or suspend technology transfer activity to prevent the continued violation of this policy. In cases of noncompliance, ATSU will withdraw any affected application for funding if the project cannot be otherwise completed without the involvement of the Investigator. If the violation results in a collateral proceeding under ATSU's misconduct in science policy (i.e., Order No. 20-113), then the CIRC shall defer a decision on sanctions until the misconduct in science process is completed. The CIRC's recommendations on sanctions shall be presented to the Institutional Official who shall enforce any disciplinary action.
  8. REPORTING
  9. ATSU will send initial, annual (ongoing), and any revised FCOI reports (including all required reporting elements) to the designated PHS funding agency for the Institution and its sub recipients, if applicable, as required:

- i. Prior to expenditure of funds;
  - ii. Within 60 days of identification for an Investigator who is newly participating in a project;
  - iii. Within 60 days for new, or newly identified, FCOIs for existing Investigators;
  - iv. At least annually to provide status of FCOI or any changes to management plan until completion of project;
  - v. Following a retrospective review to update previously submitted report, if appropriate.
10. Additionally, ATSU will notify the respective PHS agency within 10 business days if bias is found with the design, conduct, or reporting of PHS-funded research including a mitigation report with all elements as required by the regulation.
11. ATSU will report within 10 business days if an Investigator fails to comply with ATSU's FCOI policy or if the management plan appears to have biased the design, conduct, or reporting of the PHS-funded research.
12. **MAINTENANCE OF RECORDS**  
Led by the Institutional Official, the ATSU Division of RGIS shall, with confidentiality, maintain records of all Investigator disclosures of financial interests and ATSU's review of, and response to, such disclosures (whether or not 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 the date of submission of the 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.
13. **SIGNIFICANT FINANCIAL INTERESTS HELD BY ATSU OFFICIALS**  
ATSU officials with an SFI in an externally-sponsored research project or any project involving the participation of human research subjects may not participate in solicitation, negotiation of contract terms or conditions, oversight of research (unless named as a member of the research team), or management of any FCOI held by members of the research team.
14. **ADDENDA**
- a. 42 CFR Part 50, Subpart F <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=f67ea01984581d3934103b5074c05500&rgn=div5&view=text&node=42:1.0.1.4.22&idno=42#42:1.0.1.4.22.6>
  - b. 45 CFR Part 94 <http://www.gpo.gov/fdsys/pkg/CFR-2007-title45-vol1/pdf/CFR-2007-title45-vol1-sec94-4.pdf>
  - c. Food and Drug Administration Regulations <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRSearch.cfm?CFRPart=54&showFR=1>
  - d. National Science Foundation Regulations <http://nsf.gov/policies/conflicts.jsp>
  - e. ATSU Grant/Contract Application Approval Form (Attached)
  - f. NIH FCOI Training Tutorial <http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm>
  - g. ATSU PHS FCOI Flowchart (Attached)
  - h. ATSU Financial Interest Disclosure Form (Attached)

- i. NIH FCOI Website and Frequently Asked Questions  
<http://grants.nih.gov/grants/policy/coi/index.htm>
- 

## PROCEDURE(S)

### F. 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 on the ATSU Grant/Contract Application Approval Form (Section XI.E) that they have: 1) reviewed General Order No. 20-117, 2) completed the NIH FCOI Online Tutorial (Section XI.F) or other relevant training option authorized by the Institutional Official (defined in Section II), and 3) forwarded training certification to RGIS. Training will be overseen by the Institutional Official, and must be updated every four years. Additional training may be required when there is a change in ATSU policy that affects Investigator requirements, an Investigator is new to the University, or in the case of noncompliance.

### G. INSTITUTIONAL OFFICIAL

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

### H. CONFLICT OF INTEREST REVIEW COMMITTEE

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

### I. DISCLOSURE PROCESS

1. Before submission/initiation of research—Prior to the 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.H) describing any SFIs (and those of Investigator's spouse and dependent children) that reasonably appear to be related to his/her Institutional responsibilities. The process shall include the following:
  - a. Using ATSU's Grant/Contract Application Approval Form, each Investigator shall indicate if s/he has any projected or potential SFI relative to the proposed project. If so, the Investigator is required to complete ATSU's Financial Interest Disclosure Form and place in a sealed pre-disclosure packet, containing supporting documentation that identifies the business enterprise or entity involved and the nature and amount of interest. The completed disclosure form and sealed packet should be marked confidential and must be submitted to the Institutional Official, along with copies of the proposal and completed Grant/Contract Approval form. The disclosure packet will be opened only by the Institutional Official.



- b. 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 a FCOI. Pre-disclosure is a key factor in protecting an Investigator's reputation and career from potentially embarrassing or harmful allegations of misconduct.
2. Annual Updates—Each Investigator who submits a disclosure form is required to update that disclosure annually during the period of the award, or for non-sponsored research, annually during the conduct of the project period. It is the responsibility of the PI to ensure that 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 the Institutional Official of RGIS by April 30 of each calendar year, and may require further review/action by the Institutional Official.
- a. Updating/Submitting a New Disclosure Packet for an Ongoing Project—Changes to the 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—such as additional consulting, etc.).
  - b. Sub recipients—A written agreement must delineate whether sub recipient Investigators must comply with ATSU's FCOI policy or that of their own institution. Such agreements should include a specified time period for meeting disclosure requirements (if applicable) and FCOI reporting requirements to ATSU. Sub recipients following their institution's own FCOI policy must certify in writing that it complies with PHS regulations. During the project period, sub recipient Investigators must submit an updated disclosure of SFI at least annually per the prescribed written agreement. Moreover, each sub recipient Investigator must submit an updated disclosure of SFI within 30 days of discovering or acquiring a new SFI.

#### J. REVIEW AND MANAGEMENT PROCESS

1. Determination of SFI—The Institutional Official shall conduct an initial review of the financial disclosure forms to determine if any disclosed SFI exists that could affect the design, conduct, or reporting of the proposed research or special project.
- a. If no management plan is necessary, the Institutional Official will notify the Investigator who submitted the disclosure, with all related records retained for at least three years after the submission of financial expenditure reports or in the case of non-sponsored research, three years following the end of the project.
  - b. If it is determined that there may be a potential FCOI covered by this policy, the Institutional Official will convene a CIRC. The disclosure form, along with the sealed packet, will then be referred to the CIRC for review.
2. CIRC Review—the CIRC will review the disclosure packet. If the CIRC determines that a conflict exists and if the project is initiated or sponsored, then the CIRC shall determine what conditions or restrictions, if any, should be imposed to manage the actual or potential FCOI. The Investigator and CIRC will co-develop a FCOI resolution plan detailing proposed steps to manage, reduce, or eliminate any actual or potential FCOI.
- a. No member of the CIRC who holds an SFI in a project may participate in review process.
  - b. CIRC meetings are closed to the public.

- c. The CIRC will give primary consideration to the nature of the research, nature/size of the SFI, degree to which the conflict is related to the research, extent to which the interest could be affected by the research, and any management strategies that would mitigate or eliminate the conflict. Ultimately, the plan will be reviewed and approved by the Investigator's immediate supervisor/department chair, and/or dean/director.
- d. Management strategies may include, but are not limited to:
  - i. Public disclosure of FCOIs in all presentations and publications, within the informed consent form specific to human research subjects, and via written notification to the research sponsor.
  - ii. Appointment of an independent monitor capable of protecting the design, conduct, and reporting of research against bias, or appearance of such from FCOI.
  - iii. Modification of research plan and establishment of timetables for project delivery.
  - iv. Change of personnel or personnel responsibilities, including potential disqualification of personnel from participation in all or a portion of the research.
  - v. Designation of a colleague or department chair with no FCOI relationship to the research to serve as an academic co-advisor or lead Investigator.

Reduction or divestiture of the financial interest giving rise to the conflict.

Severance of relationships that are the source of the FCOI.

Removing contract terms that create the FCOI in research (e.g., where payment depends on the outcome of the research).

Specific Provisions for Human Subjects Research—ATSU will not allow any Investigator with an FCOI to conduct a clinical research project to evaluate the safety or effectiveness of a drug, medical device, or treatment, given that disclosure or standard FCOI management strategies may be inadequate or impossible to implement. This prohibition applies not only to the PI of a clinical research project, but also to any Investigator involved in the design, conduct, or reporting of the research. ATSU may waive this prohibition only where the Investigator provides a compelling justification. In considering a waiver request, the CIRC will require the Investigator to address:

Nature of research project (i.e., early stage or closer to commercial application);

Size and nature of Investigator's financial interest;

Relationship of financial interest to research;

Extent to which the financial interest may be affected by the research;

Degree of risk to research participants;

Investigator's proposed role in research (i.e., 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);

Existence of unique circumstances that would require research to be performed at ATSU (i.e., unique qualification of Investigator or unique resources of ATSU).

- vi. 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. The approved resolution plan will be articulated into an MOU detailing conditions or restrictions imposed on the Investigator in conducting the project or in the relationship with the business enterprise or entity. The Institutional Official will produce the MOU for signature by the Investigator. Signed MOU copies will be provided to the Investigator's director/department chair and dean, and in the case of human subjects' research, to the relevant IRB.
- vii. Monitoring requirements will be outlined in the approved management plan and articulated in the MOU with the Investigator(s). Monitoring will be ongoing until the research project is complete.
- viii. Retrospective Review—Should ATSU identify an SFI that was 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 the Institutional Official has determined that 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 the SFI. The CIRC also will, within 120 days of its determination of noncompliance, complete a retrospective review of the Investigator's research activities associated with the project to determine whether the research conducted during the period of noncompliance was biased in the design, conduct, or reporting of such research.
- ix. Ongoing Research—When an Investigator new to the project discloses an SFI or an existing Investigator discloses a new or changed SFI, wherein the Institutional Official determines that the disclosed SFI constitutes an FCOI subject to management under this policy, a CIRC will be convened and will review the disclosure packet. ATSU will then implement a management plan within 60 days of submission of the disclosure.
- x. Further, ATSU may determine that additional interim measures are necessary with regard to the Investigator's participation in the research project between the date of disclosure and the implementation of the University's management plan. Particular consideration will be given to any additional interim measures that ATSU's IRB deems necessary for the protection of human research subjects.
- xi. Mitigation Plan—If the CIRC determines during the retrospective review that the research was in any way biased, the CIRC will recommend a mitigation plan to the Institutional Official to address. The Institutional Official will notify the PHS awarding component of its determination and subsequently follow up with the mitigation report for the project.
- xii. Public Accessibility of ATSU's FCOI Policy and Access of Disclosed SFI—ATSU will post its FCOI policy on the Institution's public web site. Upon request, ATSU

will publicly make available information on any disclosed SFI that meets the following three criteria: 1) disclosed SFI is still held by the Senior/Key Personnel of an active PHS project; 2) ATSU determines SFI is related to PHS-funded research; and 3) ATSU determines that the SFI is an FCOI. Written information requests must be made to the Institutional Official, who will respond within five business days of receipt of request. Disclosed information will include the minimum elements as provided in the regulation. Any newly determined FCOI will be posted to the ATSU web site within 60 days of discovery. The web site will be updated annually and information will remain available for three years from the date the information was most recently updated.

3. APPEAL

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

5. NONCOMPLIANCE

6. Failure to file a complete, truthful disclosure or comply with the 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 the Investigator is noncompliant and found to have biased the design, conduct, or reporting of the research in accordance with the process outlined above, the Institutional Official will promptly notify the research sponsor as required by law and describe the corrective measures taken or proposed.

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

8. REPORTING

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

- i. Prior to expenditure of funds;
- ii. Within 60 days of identification for an Investigator who is newly participating in a project;
- iii. Within 60 days for new, or newly identified, FCOIs for existing Investigators;
- iv. At least annually to provide status of FCOI or any changes to management plan until completion of project;
- v. Following a retrospective review to update previously submitted report, if appropriate.

10. Additionally, ATSU will notify the respective PHS agency within 10 business days if bias is found with the design, conduct, or reporting of PHS-funded research including a mitigation report with all elements as required by the regulation.
11. ATSU will report within 10 business days if an Investigator fails to comply with ATSU's FCOI policy or if the management plan appears to have biased the design, conduct, or reporting of the PHS-funded research.
12. MAINTENANCE OF RECORDS  
Led by the Institutional Official, the ATSU Division of RGIS shall, with confidentiality, maintain records of all Investigator disclosures of financial interests and ATSU's review of, and response to, such disclosures (whether or not 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 the date of submission of the 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.
13. SIGNIFICANT FINANCIAL INTERESTS HELD BY ATSU OFFICIALS  
ATSU officials with an SFI in an externally-sponsored research project or any project involving the participation of human research subjects may not participate in solicitation, negotiation of contract terms or conditions, oversight of research (unless named as a member of the research team), or management of any FCOI held by members of the research team.
14. ADDENDA
  - a. 42 CFR Part 50, Subpart F <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=f67ea01984581d3934103b5074c05500&rqn=div5&view=text&node=42:1.0.1.4.22&idno=42#42:1.0.1.4.22.6>
  - b. 45 CFR Part 94 <http://www.gpo.gov/fdsys/pkg/CFR-2007-title45-vol1/pdf/CFR-2007-title45-vol1-sec94-4.pdf>
  - c. Food and Drug Administration Regulations  
<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRSearch.cfm?CFRPart=54&showFR=1>
  - d. National Science Foundation Regulations <http://nsf.gov/policies/conflicts.jsp>
  - e. ATSU Grant/Contract Application Approval Form (Attached)
  - f. NIH FCOI Training Tutorial  
<http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm>
  - g. ATSU PHS FCOI Flowchart (Attached)
  - h. ATSU Financial Interest Disclosure Form (Attached)
  - i. NIH FCOI Website and Frequently Asked Questions  
<http://grants.nih.gov/grants/policy/coi/index.htm>

This policy is referenced from the: AT Still University. "ATSU Financial Conflict of Interest (FCOI) in Research # 20-117", HR portal: <https://sites.google.com/a/atsu.edu/human-resources/policy-index>. 14 Aug. 2012. Pag 1-7. Web. 01 Aug. 2017.

---

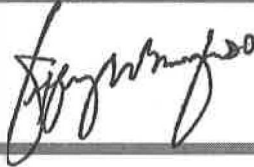
---

## 1.4b Employee Problem Solving Procedure

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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.

---

---

### POLICY

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

- A. The employee will discuss the problem with his/her 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 his/her 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 report, 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 description 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.

---

## PROCEDURE(S)

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

- E. The employee will discuss the problem with his/her 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 his/her 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 report, 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 description 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.
- 

## **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://sites.google.com/a/atsu.edu/human-resources/policy-index>. 15 Jul. 2016. Pag 1-2. Web. 01 Aug. 2017.

---

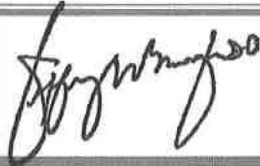
---

1.4b Whistleblower

---

---

APPROVAL:



DATE:

8/1/17

---

---

**PURPOSE**

A.T. Still University of Health Sciences ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") is committed to safekeeping the 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, federal grant award sub-recipients, and Board of Trustees members to report suspected misconduct, dishonesty, and/or fraud and provides reassurance that individuals making such reports, in good faith, will be protected from reprisals or victimization for whistleblowing.

---

---

**POLICY**

A. Reporting violations:

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. In most cases, an employee's supervisor is in the best position to address an area of concern. However, if a complainant is not comfortable speaking with his/her supervisor or is not satisfied with the supervisor's response, complainants are then encouraged to speak with a member of the ATSU human resources department or a trusted member of management. Supervisors and managers are required to report suspected misconduct, dishonesty, fraud, or other illegal practice to ATSU's human resources director, who has specific and exclusive responsibility to investigate all internally-reported violations.

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, the 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. Investigating the concern:

Following receipt of internal reports, the human resources director will investigate each matter and take corrective and/or disciplinary actions, where appropriate. The human resources director may enlist employees of ATSU including—but not limited to—general counsel, the vice president for finance/CFO, associate vice president for sponsored programs, director of purchasing, and/or the audit team of the 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.

C. Accounting and auditing matters:

The audit team of the Board of Trustees shall address all reported violations or suspected violations regarding corporate accounting practices, internal controls, or auditing. The human resources director shall immediately notify the audit team of any such report and work with the team until the matter is resolved.

D. 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 that prove to be unsubstantiated and/or prove to have been made maliciously or are knowingly false will be viewed as a serious disciplinary and/or lawful offense.

E. No retaliation:

No Board of Trustees member, employee, or grant sub-recipient who—in good faith—reports actual or suspected misconduct, dishonesty, fraud, 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 Board of Trustees members, employees, federal grant sub-recipients, and others to report violations or suspected violations within the organization without fear of retaliation or discrimination.

F. 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.

G. Handling of reported violations:

The human resources director will notify the sender and acknowledge receipt of the reported violation or suspected violation within five (5) business days. All reports will be promptly

investigated and appropriate corrective action will be taken if/as warranted by the investigation.

H. Reporting responsibility:

It is the responsibility of all Board of Trustees members, employees, and federal grant sub-recipients to comply with general order 10-216 and to report violations or suspected violations in accordance with this whistleblower policy.

---

## **PROCEDURE(S)**

A. Reporting violations:

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. In most cases, an employee's supervisor is in the best position to address an area of concern. However, if a complainant is not comfortable speaking with his/her supervisor or is not satisfied with the supervisor's response, complainants are then encouraged to speak with a member of the ATSU human resources department or a trusted member of management. Supervisors and managers are required to report suspected misconduct, dishonesty, fraud, or other illegal practice to ATSU's human resources director, who has specific and exclusive responsibility to investigate all internally-reported violations.

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, the 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. Investigating the concern:

Following receipt of internal reports, the human resources director will investigate each matter and take corrective and/or disciplinary actions, where appropriate. The human resources director may enlist employees of ATSU including—but not limited to—general counsel, the vice president for finance/CFO, associate vice president for sponsored programs, director of purchasing, and/or the audit team of the 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.

C. Accounting and auditing matters:

The audit team of the Board of Trustees shall address all reported violations or suspected violations regarding corporate accounting practices, internal controls, or auditing. The human resources director shall immediately notify the audit team of any such report and work with the team until the matter is resolved.

D. 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 that prove to be unsubstantiated and/or prove to have been made maliciously or are knowingly false will be viewed as a serious disciplinary and/or lawful offense.

E. No retaliation:

No Board of Trustees member, employee, or grant sub-recipient who—in good faith—reports actual or suspected misconduct, dishonesty, fraud, 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 Board of Trustees members, employees, federal grant sub-recipients, and others to report violations or suspected violations within the organization without fear of retaliation or discrimination.

F. 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.

G. Handling of reported violations:

The human resources director will notify the sender and acknowledge receipt of the reported violation or suspected violation within five (5) business days. All reports will be promptly investigated and appropriate corrective action will be taken if/as warranted by the investigation.

H. Reporting responsibility:

It is the responsibility of all Board of Trustees members, employees, and federal grant sub-recipients to comply with general order 10-216 and to report violations or suspected violations in accordance with this whistleblower policy.

---

## RESPONSIBILITY

It is the responsibility of the director of human resources to investigate claims of illegal activity in a timely manner and consistent with University policy.

This policy is referenced from the: AT Still University. "ATSU Whistleblower # 10-216", HR portal: <https://sites.google.com/a/atsu.edu/human-resources/policy-index>. 14 May 2014. Page 1-2. Web. 01 Aug. 2017.

---

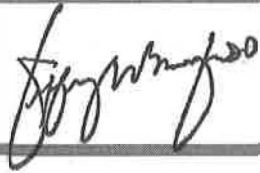
---

1.4c Confidentiality

---

---

APPROVAL:



DATE:

8/1/17

---

---

**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.

---

---

**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.
- 
- 

**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 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.

---

## **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 Confidentiality Policy # 85-114", HR portal: <https://sites.google.com/a/atsu.edu/human-resources/policy-index>. 14 Apr. 2003. Pag 1-2. Web. 01 Aug. 2017.

---

---

## 1.4d Purchasing Policy and Procedure

---

---

APPROVAL:



DATE:

8/1/17

---

---

### PURPOSE

This general order states ATSU policy and procedure relative to the ATSU purchasing function.

The ATSU purchasing department will, as the centralized purchasing and requisition office, 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 (located at <http://www.atsu.edu/employeeforms/pdfs/Expense%20Object%20Codes%20Listing.pdf>).

The purchasing department shall be responsible for: 1) establishing procedures to ensure quality goods and services are obtained at the lowest reasonable cost, 2) ensuring that 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, the rationale for the method of purchase/procurement, selection/rejection of vendor/contractor, and basis for price.

---

---

### POLICY

#### Requisitions and Other Transactions

##### A. Micro purchases not exceeding \$3,000

1. Definition: Micro purchase is defined as the acquisition of supplies, equipment, or services which do not exceed \$3,000. To the extent possible, micro purchases should be distributed equitably among qualified suppliers.
2. Acquisition procedure: Equipment and supplies not exceeding \$3,000 may be acquired through submission of a Purchase Order Request (POR) or the use of a voucher. Micro purchases may be awarded without soliciting multiple competitive quotations if the price is considered reasonable. Price list/quote is required.
3. Required approvals: academic department chair or non-academic department head. When it makes good purchasing sense, purchasing authority has been delegated to each department for those transactions not exceeding \$3,000. The department may

initiate a micro purchase upon completion of appropriate paperwork and required approvals.

- B. Small purchases more than \$3,000 and up to \$150,000
  - 1. Definition: Small purchase is defined as being greater than \$3,000 and up to \$150,000.
  - 2. Acquisition procedure: Equipment and supplies costing more than \$3,000 and up to \$150,000 are acquired through the submission of a POR. Small purchases must have at least two price or rate quotations accompanying the required POR.
  - 3. Required approvals: academic department chair or non-academic department head, and academic dean or President's Staff member. Purchasing authority has been delegated to director of purchasing and purchasing staff.
- C. Capital equipment \$5,000 or more
  - 1. Definition: Capital equipment is defined as 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).
  - 2. Acquisition procedure: Capital equipment costing \$5,000 or more is acquired through submission of a POR. Capital equipment purchases must have at least two price or rate quotations accompanying the required POR.
  - 3. 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 Staff member. Capital equipment PORs will be shared with the Controller's Office upon submission to the purchasing department to ensure the specific request is included in the approved capital budget. The assistant vice president for finance will assist when the request falls outside the approved capital budget. Purchasing authority has been delegated to the director of purchasing and purchasing staff.
- D. Sole source purchases
  - 1. Sole source purchasing is allowed in certain instances. Instances that necessitate 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 that may limit purchase availability; 3) for standardization purposes (e.g., research integrity); and 4) in emergency situations.
  - 2. 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:
    - a. Supplier is the only source for the commodity or they may operate in a limited competitive market where the manufacturer only authorizes one dealer for its products in each sales area.
    - b. Supplier could have a patented design or feature or merely be the closest producer from a transportation standpoint.
    - c. Supplier may have a higher quality product, have better engineering support, or have the best production capacity for the buyer's needs.
    - d. Supplier is the only supplier willing to deal with small volume.
    - e. Other justifications may include superior customer service, low reject rates, favorable payment terms, or a good delivery track record.
  - 3. Acquisition procedure: The acquisition procedure for a sole source purchase corresponds to the type of goods/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.).

4. Required approvals: The required approvals for a sole source situation correspond to the type of goods/services and amount to be reimbursed (i.e., reimbursement for micro purchases follows the same approval procedure as requests for micro purchase, reimbursement for capital equipment follows the same approval procedure as requests for capital equipment, etc.).

#### E. Reimbursements

1. ATSU employees are discouraged from paying for University-related purchases with personal accounts. Use of personal accounts for University-related purchases should be minimally and infrequently used. Planned, routine, and major purchases of equipment and supplies should be sourced through the Purchasing Department, according to policy/procedure.
2. Definition: A reimbursement arises when the University agrees to pay an employee an amount of money equal to the amount that person spent on University related and approved purchases. A reimbursement requires the original receipt/invoice from the vendor. A reimbursement results in a vendor/payee relationship between the employee and the University.
3. Acquisition procedure: The acquisition procedure for a reimbursement situation corresponds to the type of goods/services and amount to be reimbursed (i.e., reimbursement for micro purchases follows the same acquisition procedure as requests for micro purchase, reimbursement for capital equipment follows the same acquisition procedure as requests for capital equipment, etc.).
3. Required approvals: The required approvals for a reimbursement situation correspond to the type of goods/services and amount to be reimbursed (i.e., reimbursement for micro purchases follows the same approval procedure as requests for micro purchase, reimbursement for capital equipment follows the same approval procedure as requests for capital equipment, etc.).

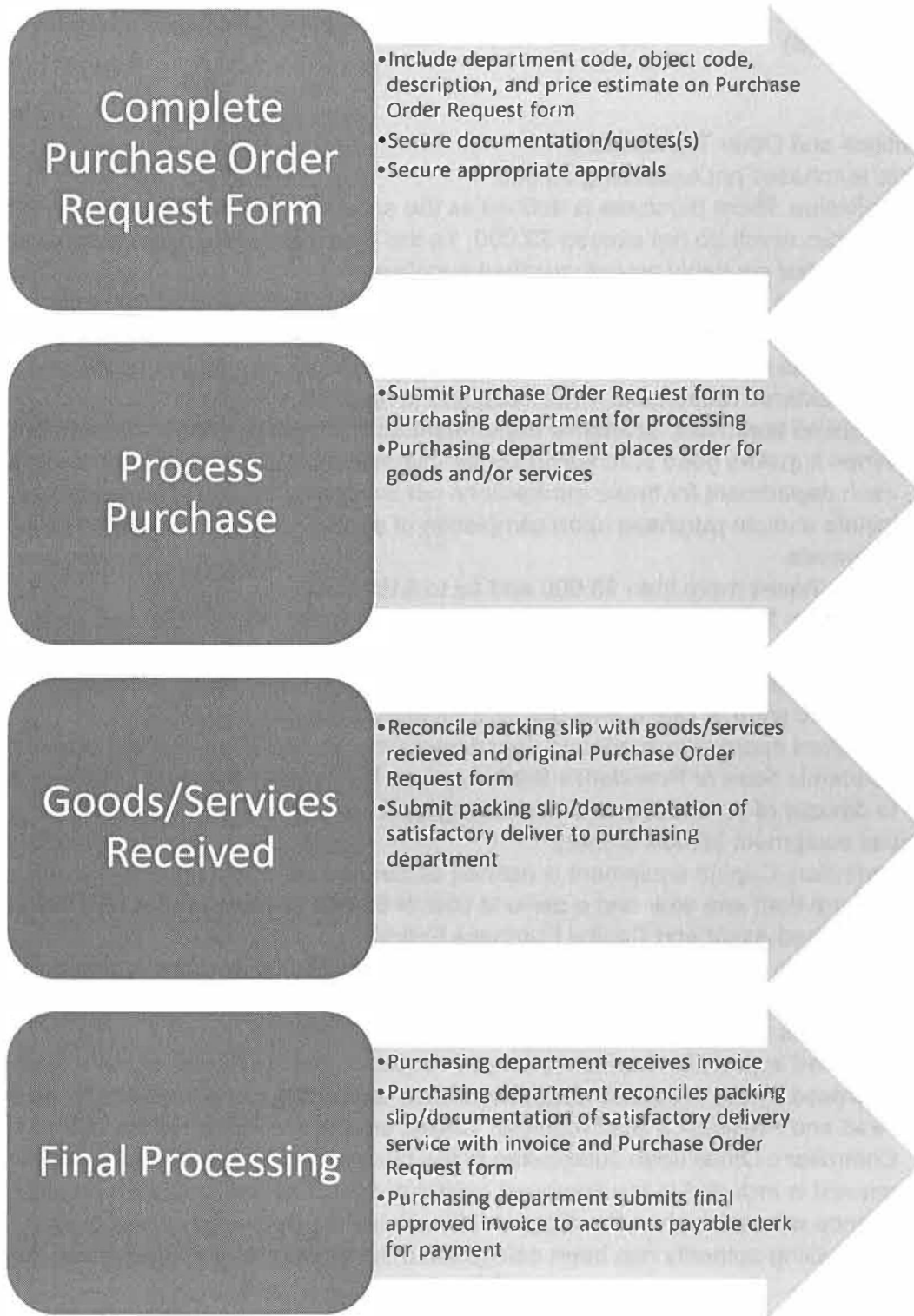
- F. Sealed bids and competitive proposal use is generally limited to procurement of construction and competitive contracts for services. Procurement under federal awards necessitating sealed bids and competitive proposals is subject to certain administrative requirements. See ATSU Financial Management Plan for Administration of Grants and Contracts (located at <http://www.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.

#### G. Procedure

All purchases and requisitions must follow ATSU policy and be completed via the approved purchasing system. Purchases and requisitions not completed in compliance with ATSU policy and procedures may not be honored. All required information and approvals are required prior to authorization of payment. Purchase requests can be initiated on a price estimate, if necessary.

1. Requester originates a POR prior to completing order. POR is completed in its entirety including department code, object code, description, and price, or when necessary, a price estimate.
2. Requester secures appropriate documentation (i.e., a price quote, price list, etc.) based on purchase type/amount.
3. Requester secures appropriate approvals based on purchase type/amount.

4. Requester submits completed and approved POR to purchasing department for processing.
5. The purchasing department initiates the purchase by placing the order(s) for goods/services.
6. Goods/services are received. Recipient of goods/services is responsible for reconciling packing slip with goods/services received.
7. Requester must notify purchasing department that goods/services were satisfactorily received and send packing slip/receipt of goods documentation for reconciliation with original POR.
8. Upon receipt of the final invoice from the vendor, the purchasing department will perform final confirmation/reconciliation of packing slip, POR, and invoice.
9. Purchasing department submits final approved invoice to ATSU's accounts payable clerk for payment.



---

## PROCEDURE(S)

### Requisitions and Other Transactions

#### H. Micro purchases not exceeding \$3,000

1. Definition: Micro purchase is defined as the acquisition of supplies, equipment, or services which do not exceed \$3,000. To the extent possible, micro purchases should be distributed equitably among qualified suppliers.
2. Acquisition procedure: Equipment and supplies not exceeding \$3,000 may be acquired through submission of a Purchase Order Request (POR) or the use of a voucher. Micro purchases may be awarded without soliciting multiple competitive quotations if the price is considered reasonable. Price list/quote is required.
3. Required approvals: academic department chair or non-academic department head. When it makes good purchasing sense, purchasing authority has been delegated to each department for those transactions not exceeding \$3,000. The department may initiate a micro purchase upon completion of appropriate paperwork and required approvals.

#### I. Small purchases more than \$3,000 and up to \$150,000

1. Definition: Small purchase is defined as being greater than \$3,000 and up to \$150,000.
2. Acquisition procedure: Equipment and supplies costing more than \$3,000 and up to \$150,000 are acquired through the submission of a POR. Small purchases must have at least two price or rate quotations accompanying the required POR.
3. Required approvals: academic department chair or non-academic department head, and academic dean or President's Staff member. Purchasing authority has been delegated to director of purchasing and purchasing staff.

#### J. Capital equipment \$5,000 or more

1. Definition: Capital equipment is defined as 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).
2. Acquisition procedure: Capital equipment costing \$5,000 or more is acquired through submission of a POR. Capital equipment purchases must have at least two price or rate quotations accompanying the required POR.
3. 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 Staff member. Capital equipment PORs will be shared with the Controller's Office upon submission to the purchasing department to ensure the specific request is included in the approved capital budget. The assistant vice president for finance will assist when the request falls outside the approved capital budget. Purchasing authority has been delegated to the director of purchasing and purchasing staff.

#### K. Sole source purchases

1. Sole source purchasing is allowed in certain instances. Instances that necessitate 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 that may

limit purchase availability; 3) for standardization purposes (e.g., research integrity); and 4) in emergency situations.

2. 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:
  - a. Supplier is the only source for the commodity or they may operate in a limited competitive market where the manufacturer only authorizes one dealer for its products in each sales area.
  - b. Supplier could have a patented design or feature or merely be the closest producer from a transportation standpoint.
  - c. Supplier may have a higher quality product, have better engineering support, or have the best production capacity for the buyer's needs.
  - d. Supplier is the only supplier willing to deal with small volume.
  - e. Other justifications may include superior customer service, low reject rates, favorable payment terms, or a good delivery track record.
3. Acquisition procedure: The acquisition procedure for a sole source purchase corresponds to the type of goods/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.).
4. Required approvals: The required approvals for a sole source situation correspond to the type of goods/services and amount to be reimbursed (i.e., reimbursement for micro purchases follows the same approval procedure as requests for micro purchase, reimbursement for capital equipment follows the same approval procedure as requests for capital equipment, etc.).

#### L. Reimbursements

1. ATSU employees are discouraged from paying for University-related purchases with personal accounts. Use of personal accounts for University-related purchases should be minimally and infrequently used. Planned, routine, and major purchases of equipment and supplies should be sourced through the Purchasing Department, according to policy/procedure.
2. Definition: A reimbursement arises when the University agrees to pay an employee an amount of money equal to the amount that person spent on University related and approved purchases. A reimbursement requires the original receipt/invoice from the vendor. A reimbursement results in a vendor/payee relationship between the employee and the University.
3. Acquisition procedure: The acquisition procedure for a reimbursement situation corresponds to the type of goods/services and amount to be reimbursed (i.e., reimbursement for micro purchases follows the same acquisition procedure as requests for micro purchase, reimbursement for capital equipment follows the same acquisition procedure as requests for capital equipment, etc.).
3. Required approvals: The required approvals for a reimbursement situation correspond to the type of goods/services and amount to be reimbursed (i.e., reimbursement for micro purchases follows the same approval procedure as requests for micro purchase, reimbursement for capital equipment follows the same approval procedure as requests for capital equipment, etc.).

- M. Sealed bids and competitive proposal use is generally limited to procurement of construction and competitive contracts for services. Procurement under federal awards necessitating

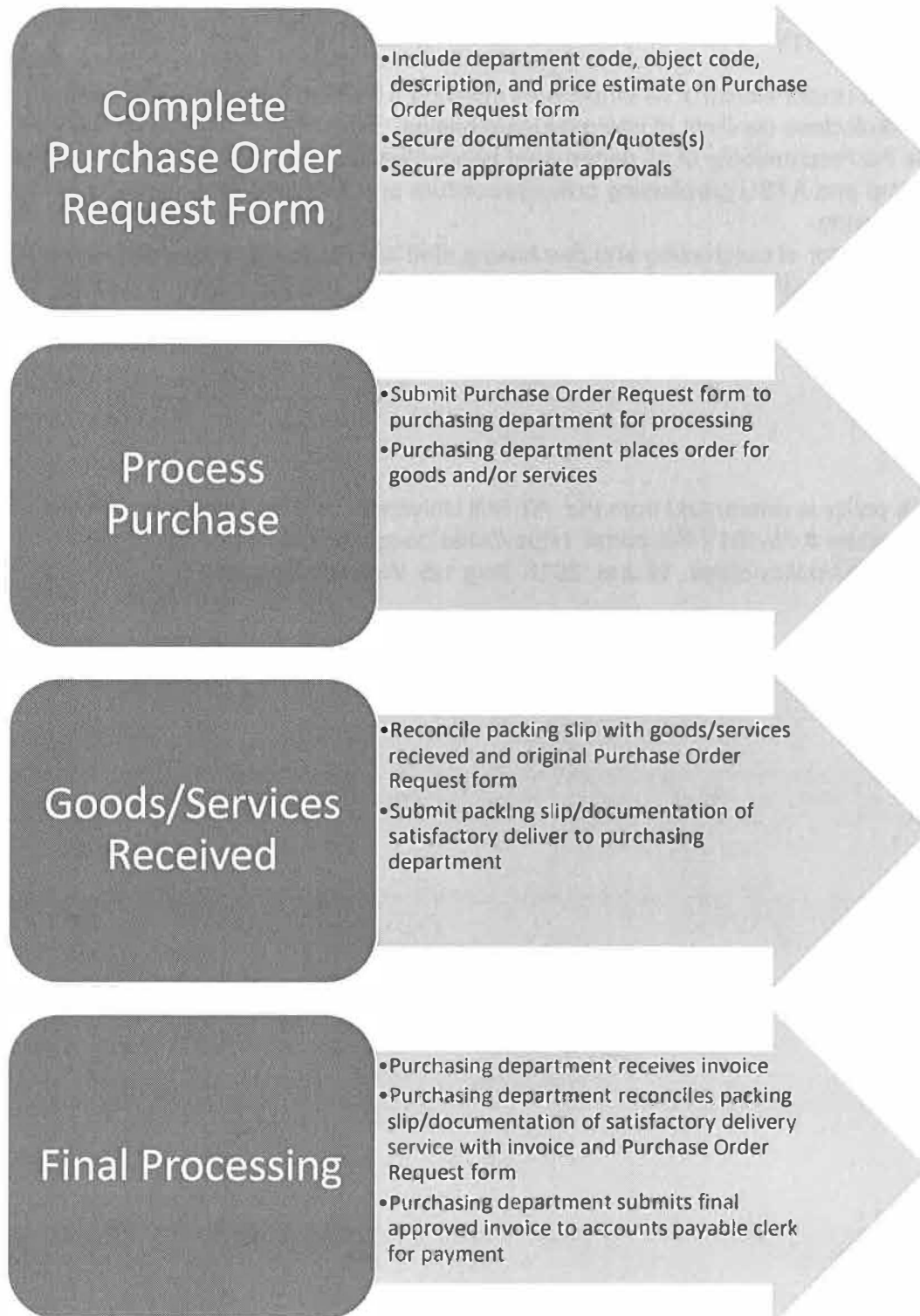


sealed bids and competitive proposals is subject to certain administrative requirements. See ATSU Financial Management Plan for Administration of Grants and Contracts (located at <http://www.atsu.edu/employeeforms>), ATSU Policy No. 10-204: Contract Review and Approval Procedure, and the Uniform Administrative Guidance 200.320 (c-d) for more information.

N. Procedure

All purchases and requisitions must follow ATSU policy and be completed via the approved purchasing system. Purchases and requisitions not completed in compliance with ATSU policy and procedures may not be honored. All required information and approvals are required prior to authorization of payment. Purchase requests can be initiated on a price estimate, if necessary.

1. Requester originates a POR prior to completing order. POR is completed in its entirety including department code, object code, description, and price, or when necessary, a price estimate.
2. Requester secures appropriate documentation (i.e., a price quote, price list, etc.) based on purchase type/amount.
3. Requester secures appropriate approvals based on purchase type/amount.
4. Requester submits completed and approved POR to purchasing department for processing.
5. The purchasing department initiates the purchase by placing the order(s) for goods/services.
6. Goods/services are received. Recipient of goods/services is responsible for reconciling packing slip with goods/services received.
7. Requester must notify purchasing department that goods/services were satisfactorily received and send packing slip/receipt of goods documentation for reconciliation with original POR.
8. Upon receipt of the final invoice from the vendor, the purchasing department will perform final confirmation/reconciliation of packing slip, POR, and invoice.
9. Purchasing department submits final approved invoice to ATSU's accounts payable clerk for payment.



---

## RESPONSIBILITY

- A. It is the responsibility of all employees initiating a POR to follow policy/procedure and avoid/disclose conflicts of interest in purchasing.
- B. It is the responsibility of all department heads/directors to enforce adherence to department budget and ATSU purchasing policy/procedure and avoid/disclose conflicts of interest in purchasing.
- C. 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://sites.google.com/a/atsu.edu/human-resources/policy-index>. 15 Jun. 2015. Pag 1-5. Web. 01 Aug. 2017.

---

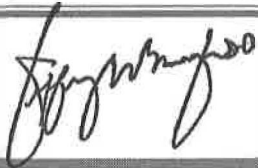
---

## 1.4d Red Flags Rule

---

---

APPROVAL:



DATE:

8/1/17

---

---

### PURPOSE

- A. This general order establishes an identity theft red flags program ("the program") at A.T. Still University of Health Sciences (ATSU) 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:
    - 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 attempted or the 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).
- 
- 

### 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. "Identify theft" means actual or attempted fraud using the identifying information of another person without the authority to do so.
  - E. "Red flag" means a pattern, practice, or specific activity indicating possible identity theft.
  - F. "Responsible administrators" means the senior vice president of academic affairs or his/her designee (responsible for continuing education matters), the vice president for finance and administration/CFO or his/her designee (responsible for student tuition collection matters), the vice president for student affairs or his/her designee (responsible for student loan matters), the vice president for university advancement or his/her designee (responsible for annual, major, or planned gifts), the SOMA dean or his/her designee (responsible for OMM Clinic Associates).
- 

## POLICY

### A. Administration of program

1. ATSU'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 Office of General Counsel regarding the University's ongoing compliance with this general order.
3. The report shall also address the following:
  - a. The 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.

### 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. A fraud or active duty alert included with a consumer report.
3. A notice of credit freeze from a consumer reporting agency in response to a request for a consumer report.
4. A notice of address discrepancy from a consumer reporting agency as defined in § 334.82(b).
5. The presentation of suspicious documents, such as:
  - a. Documents provided for identification appearing to have been altered or forged.
  - b. The photograph or physical description on the identification is not consistent with the appearance of the applicant or customer presenting the identification.
  - c. Other information on the identification is not consistent with information provided by the person opening a new covered account.
  - d. An application appears to have been altered or forged, or gives the appearance of having been destroyed and reassembled.
  - e. The presentation of suspicious personal identifying information, such as the following:
    - i. The address does not match any address in the consumer report;
    - ii. The social security number (SSN) has not been issued or is listed on the Social Security Administration's death master file.

- iii. Personal identifying information provided by the customer is not consistent 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.
- iv. The personal identifying information is associated with known fraudulent activity as indicated by internal or third-party sources used by ATSU. For instance, the address on an application is the same as the address provided on a fraudulent application previously submitted.
- v. Personal identifying information provided is of a type commonly associated with fraudulent activity as indicated by internal or third-party sources used by ATSU. 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.
- vi. The unusual use of, or other suspicious activity related to, a covered account such as 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 that 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; or
  - f. Notify law enforcement.

D. Identity theft red flags program updates

Every year the identity theft red flags program shall be re-evaluated by the responsible administrators to ensure that:

- 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.

---

## PROCEDURE(S)

### A. Administration of program

- a. ATSU'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.
- b. The responsible administrators shall report annually to the Office of General Counsel regarding the University's ongoing compliance with this general order.
- c. The report shall also address the following:
  - i. The effectiveness of the program in addressing risk of identity theft.
  - ii. Significant incidents involving identity theft and management's response.
  - iii. Recommendations for material changes to the program.

### B. Red flags

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

- a. Alerts, notifications, or warnings from a consumer reporting agency.
- b. A fraud or active duty alert included with a consumer report.
- c. A notice of credit freeze from a consumer reporting agency in response to a request for a consumer report.
- d. A notice of address discrepancy from a consumer reporting agency as defined in § 334.82(b).
- e. The presentation of suspicious documents, such as:
  - i. Documents provided for identification appearing to have been altered or forged.
  - ii. The photograph or physical description on the identification is not consistent with the appearance of the applicant or customer presenting the identification.
  - iii. Other information on the identification is not consistent with information provided by the person opening a new covered account.
  - iv. An application appears to have been altered or forged, or gives the appearance of having been destroyed and reassembled.
  - v. The presentation of suspicious personal identifying information, such as the following:
    1. The address does not match any address in the consumer report;
    2. The 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 not consistent 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. The personal identifying information is associated with known fraudulent activity as indicated by internal or third-party sources used by ATSU. 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. 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. The unusual use of, or other suspicious activity related to, a covered account such as 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

- a. Once a red flag is detected, the employee that 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.
- b. 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.
- c. 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:
  - i. Contact the customer;
  - ii. Change any passwords, security codes or other security devices that permit access to a covered account;
  - iii. Reopen a covered account with a new account number;
  - iv. Not open a new covered account;
  - v. Close an existing covered account; or
  - vi. Notify law enforcement.

D. Identity theft red flags program updates

Every year the identity theft red flags program shall be re-evaluated by the responsible administrators to ensure that:

- a. All aspects of the program are current and the program takes into consideration all realistic identity theft threats within the existing business environment;
- b. All covered accounts are included in the program;
- c. The process covered by this general order is the most efficient, accurate means of protecting the University and its customers from identity theft.

## RESPONSIBILITY



- A. Employee training shall be conducted yearly for all employees of ATSU for whom it is reasonably foreseeable that they may have access to accounts or personally identifiable information that may pose a security risk to ATSU or its customers.
- B. The responsible administrators shall notify the training & compliance coordinator in human resources of employees in their respective area requiring this training.
- C. 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.
- D. Oversight of service provider arrangements. ATSU shall take steps to ensure the activity of a service provider for whom it is reasonably foreseeable they may have access to accounts or personally identifiable information that may pose a security risk to ATSU or its customers complies with the red flags rule.

This policy is referenced from the: AT Still University. "ATSU Red Flags Rule # 10-210", HR portal: <https://sites.google.com/a/atsu.edu/human-resources/policy-index>. 16 Dec. 2015. Pag 1-3. Web. 01 Aug. 2017.

---

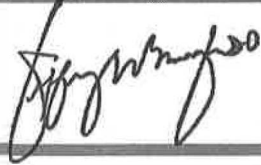
---

1.4e Code of Ethical Standards

---

---

APPROVAL:



DATE:

8/1/17

---

---

**PURPOSE**

As an institution of higher learning one of whose principal missions is the education of osteopathic physicians, the University and all its faculty members must promote and adhere to ethical standards of social and academic conduct. The following ethical codes are extrapolated from the Statement of Professional Ethics of the American Association of University Professors and are intended to give guidance to faculty members as they proceed with the academic activities required of them.

---

---

**POLICY**

**ETHICAL CODE OF FACULTY ACTIVITY**

Faculty shall assure that a principal proportion of their professional effort shall be devoted to accomplishing the missions of the University. Faculty shall seek to be effective teachers and scholars and help the University professionally with committees and course or research/scholarly improvements. While some faculty may engage in significant professional activities outside the University, each shall commit to the effort required to capably and completely perform their assigned duties within the University. The proper behavior that reflects commitment to this underlying ethic is as follows:

- A. The faculty member shall make every effort to accomplish the goals that have been set by the department chairperson, Associate Dean for Academic Affairs and/or the Dean; and
  - B. The faculty member shall scrupulously avoid activities that conflict with their professional duties within the University, and shall declare such activities to the Dean if a potential conflict of interest may exist. Examples of behaviors that violate the ethical code of faculty activity are:
    - 1. Failure to meet the responsibilities of instruction, research/scholarly activity, or professional services;
    - 2. Refusal to perform reasonable academic or professional duties for which the faculty member is qualified;
    - 3. Demonstrated incompetence;
    - 4. Seriously unethical conduct towards students, faculty, or administration;
    - 5. Unauthorized, excessive time away from campus;
    - 6. Engaging in activities that provide a conflict of interest with their University functions and/or
- 
-

7. Use of professional authority to exploit others.
- C. Faculty who engage in these or similar activities shall have violated the code of professional ethics and may be terminated or otherwise disciplined.

#### ETHICAL STANDARDS OF INTELLECTUAL HONESTY

All faculty shall be guided by a deep conviction of the worth and dignity of the advancement of knowledge. Faculty shall recognize the special responsibility placed upon them to seek and state the truth as they know it. Faculty shall devote their energies to developing and improving their scholarly and teaching competence and exercising intellectual honesty in using, extending and transmitting knowledge. Based on this general standard of intellectual honesty, faculty shall have the rights and responsibilities for the following:

- A. The opportunity for free inquiry and the free exchange of ideas in their subject areas
- B. The privilege to present controversial material relevant to a course of instruction for which they have responsibility
- C. The responsibility to indicate uncertainties or limitations in teachings
- D. The responsibility to conduct valid research and publish or distribute genuine results
- E. Also based on the general standard of intellectual honesty, faculty shall not engage in the following:
  1. Plagiarism
  2. Falsifying or misrepresenting research data
  3. Misrepresenting one's contribution to teaching, research or professional service;
  4. Falsifying, withholding or destroying documents related to inquiries, grievance procedures or hearing committees associated with the University or the faculty member's academic or professional activities
  5. Conducting and/or publishing research that is misleading or violates federal, state, local or University regulations. The behaviors listed above are only representative and not intended to be a complete description of activities that harm the ethic of intellectual honesty.
- F. These activities or any other activities that contradict the intellectual ethic shall be considered instances of faculty misconduct and may result in termination or other discipline to the offending faculty member.

#### STANDARDS OF ETHICS GOVERNING STUDENT-FACULTY INTERACTIONS

Students are a vital component of the academic setting at ATSU-SOMA. Faculty are encouraged to develop and maintain professional, collegial relationships with students. As teachers, faculty encourage the free pursuit of learning in students. The faculty should hold before the students the best scholarly standards of their disciplines. The faculty shall demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Based on this ethic of faculty-student interaction, each faculty member is encouraged to engage in the following behaviors:

- A. Faculty shall objectively evaluate each student solely on the basis of criteria related to the student's academic and professional accomplishments
- B. Faculty shall make every reasonable effort to foster honest academic conduct and to assure that their evaluations of students reflect each student's true merit
- C. Faculty shall respect the confidential nature of the evaluation and grading of students
- D. Faculty shall acknowledge any significant academic or scholarly assistance from the students; and

- E. Faculty shall protect the academic freedom of the students.
- F. Also based on the general ethic of faculty-student interaction, faculty are prohibited from the following actions or behaviors:
  - 1. Faculty shall not discriminate on the basis of race, color, religion, national origin, disability, sex, age, sexual orientation or marital status, and
  - 2. Faculty shall not use their status to coerce students politically, socially, religiously, financially, or academically
  - 3. Faculty shall not create nor further a sexual or hostile environment and shall have no amorous or sexual relationship with a student even when the amorous or sexual relationship is consensual.
- G. The University may terminate or otherwise discipline faculty who engage in these or any similar behavior.

#### ETHICAL STANDARD OF CONDUCT TOWARD COLLEAGUES AND UNIVERSITY ADMINISTRATION

Faculty have obligations toward their colleagues that derive from common membership in the community of scholars. In the open exchange of criticism and ideas, faculty shall show respect for the opinions of others, and they shall respect and defend the free inquiry of colleagues. Faculty should acknowledge the academic debt they owe to their colleagues, and strive to be objective in their professional judgment of their fellow faculty members. Faculty should also demonstrate similar respect to members of the administration, at all times, especially in the presence of students, alumni, and members of the local community. Each faculty member shall conduct themselves within the University in a manner that is conducive to respectful social and academic interaction between students, faculty, staff and administration.

Proper academic behavior is founded on the same principles of civility that govern general social interactions. In virtually all settings, calm, nonjudgmental, objective interaction is most appropriate. The following are examples of proper behavior exhibited toward colleagues based on these ethical premises:

- A. Faculty should support the legitimate expression of academic freedom of their colleagues, even if they do not agree with the position taken by a colleague
- B. Tenured faculty have additional responsibility to be a voice for untenured faculty
- C. Faculty should resolve disputes concerning personal or administrative issues with colleagues in only as large a setting as is necessary to settle the dispute (see the Grievance Hearing in Appendix A, for further description of dispute resolution)
- D. Faculty shall maintain objectivity in evaluating the competence and productivity of colleagues
- E. Faculty should bring University-wide academic issues to the attention of the Academic Council and/or the Faculty Senate
- F. Faculty shall make every attempt to work productively with the University administration.
- G. The following behaviors violate the ethical standards of behavior:
  - 1. Faculty members shall not discriminate against colleagues or administrators on the basis of race, color, age, national origin, religion, disability, marital status, gender or sexual orientation
  - 2. Faculty members shall not use their status to coerce colleagues politically, socially, religiously, financially or academically
  - 3. Faculty shall not evaluate the professional competence or accomplishment of a colleague by criteria not directly related to academic enterprise

4. Faculty members shall cooperate with University administration in connection with any suspension under Section II.B.of Appendix B.
5. Faculty members shall not create or further a sexual nor hostile environment and shall not have sexual relations with a faculty colleague whom they evaluate or direct
6. Faculty members shall not engage students in disputes they have with other faculty or with the University administration except as individual students are members of duly constituted University committees, boards or associations
7. Faculty shall not disparage a faculty colleague or member of the administration to students or to the public, including but not limited to, defamatory remarks about members of the faculty, staff, and administration
8. Contumacious behavior that is obstinate, disobedient, insubordinate and openly disrespectful toward students, faculty colleagues and/or University administration shall not be tolerated. As these and similar behaviors violate the ethical code of behavior, they may result in termination or otherwise bring disciplinary action upon the offending faculty.

#### ETHICAL STANDARDS OF COMMUNITY CONDUCT

Faculty have the same rights and responsibilities as all U.S. citizens, and faculty are expected to uphold and obey local, state and federal laws. They are free to express their views and to participate in the political and social processes of the community. However, when they speak or act in their capacity as private citizens, faculty should avoid creating the impression that they speak for or represent the University. Faculty should also be aware that constitutionally guaranteed freedom of expression does not contravene the right of the University to discipline a faculty member when what they say, do or write violates the ethical standards outlined above.

A. The following are examples of violation of this statement of ethical principle:

1. Intentional misrepresentation of personal views as a statement of position of the University
2. Commission of a criminal act as determined by a court of law
3. Performing seriously unethical actions in the community. As these and similar behaviors violate the ethical code of community conduct, they may result in termination or otherwise bring discipline upon the offending faculty.

---

#### PROCEDURE(S)

##### ETHICAL CODE OF FACULTY ACTIVITY

Faculty shall assure that a principal proportion of their professional effort shall be devoted to accomplishing the missions of the University. Faculty shall seek to be effective teachers and scholars and help the University professionally with committees and course or research/scholarly improvements. While some faculty may engage in significant professional activities outside the University, each shall commit to the effort required to capably and completely perform their assigned duties within the University. The proper behavior that reflects commitment to this underlying ethic is as follows:

- D. The faculty member shall make every effort to accomplish the goals that have been set by the department chairperson, Associate Dean for Academic Affairs and/or the Dean; and
- E. The faculty member shall scrupulously avoid activities that conflict with their professional duties within the University, and shall declare such activities to the Dean if a potential

conflict of interest may exist. Examples of behaviors that violate the ethical code of faculty activity are:

1. Failure to meet the responsibilities of instruction, research/scholarly activity, or professional services;
  2. Refusal to perform reasonable academic or professional duties for which the faculty member is qualified;
  3. Demonstrated incompetence;
  4. Seriously unethical conduct towards students, faculty, or administration;
  5. Unauthorized, excessive time away from campus;
  6. Engaging in activities that provide a conflict of interest with their University functions and/or
  7. Use of professional authority to exploit others.
- F. Faculty who engage in these or similar activities shall have violated the code of professional ethics and may be terminated or otherwise disciplined.

#### ETHICAL STANDARDS OF INTELLECTUAL HONESTY

All faculty shall be guided by a deep conviction of the worth and dignity of the advancement of knowledge. Faculty shall recognize the special responsibility placed upon them to seek and state the truth as they know it. Faculty shall devote their energies to developing and improving their scholarly and teaching competence and exercising intellectual honesty in using, extending and transmitting knowledge. Based on this general standard of intellectual honesty, faculty shall have the rights and responsibilities for the following:

- G. The opportunity for free inquiry and the free exchange of ideas in their subject areas
- H. The privilege to present controversial material relevant to a course of instruction for which they have responsibility
- I. The responsibility to indicate uncertainties or limitations in teachings
- J. The responsibility to conduct valid research and publish or distribute genuine results
- K. Also based on the general standard of intellectual honesty, faculty shall not engage in the following:
  1. Plagiarism
  2. Falsifying or misrepresenting research data
  3. Misrepresenting one's contribution to teaching, research or professional service;
  4. Falsifying, withholding or destroying documents related to inquiries, grievance procedures or hearing committees associated with the University or the faculty member's academic or professional activities
  5. Conducting and/or publishing research that is misleading or violates federal, state, local or University regulations. The behaviors listed above are only representative and not intended to be a complete description of activities that harm the ethic of intellectual honesty.
- L. These activities or any other activities that contradict the intellectual ethic shall be considered instances of faculty misconduct and may result in termination or other discipline to the offending faculty member.

#### STANDARDS OF ETHICS GOVERNING STUDENT-FACULTY INTERACTIONS

Students are a vital component of the academic setting at ATSU-SOMA. Faculty are encouraged to develop and maintain professional, collegial relationships with students. As teachers, faculty encourage the free pursuit of learning in students. The faculty should hold

before the students the best scholarly standards of their disciplines. The faculty shall demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Based on this ethic of faculty-student interaction, each faculty member is encouraged to engage in the following behaviors:

- H. Faculty shall objectively evaluate each student solely on the basis of criteria related to the student's academic and professional accomplishments
- I. Faculty shall make every reasonable effort to foster honest academic conduct and to assure that their evaluations of students reflect each student's true merit
- J. Faculty shall respect the confidential nature of the evaluation and grading of students
- K. Faculty shall acknowledge any significant academic or scholarly assistance from the students; and
- L. Faculty shall protect the academic freedom of the students.
- M. Also based on the general ethic of faculty-student interaction, faculty are prohibited from the following actions or behaviors:
  - 1. Faculty shall not discriminate on the basis of race, color, religion, national origin, disability, sex, age, sexual orientation or marital status, and
  - 2. Faculty shall not use their status to coerce students politically, socially, religiously, financially, or academically
  - 3. Faculty shall not create nor further a sexual or hostile environment and shall have no amorous or sexual relationship with a student even when the amorous or sexual relationship is consensual.
- N. The University may terminate or otherwise discipline faculty who engage in these or any similar behavior.

#### ETHICAL STANDARD OF CONDUCT TOWARD COLLEAGUES AND UNIVERSITY ADMINISTRATION

Faculty have obligations toward their colleagues that derive from common membership in the community of scholars. In the open exchange of criticism and ideas, faculty shall show respect for the opinions of others, and they shall respect and defend the free inquiry of colleagues.

Faculty should acknowledge the academic debt they owe to their colleagues, and strive to be objective in their professional judgment of their fellow faculty members. Faculty should also demonstrate similar respect to members of the administration, at all times, especially in the presence of students, alumni, and members of the local community. Each faculty member shall conduct themselves within the University in a manner that is conducive to respectful social and academic interaction between students, faculty, staff and administration.

Proper academic behavior is founded on the same principles of civility that govern general social interactions. In virtually all settings, calm, nonjudgmental, objective interaction is most appropriate. The following are examples of proper behavior exhibited toward colleagues based on these ethical premises:

- H. Faculty should support the legitimate expression of academic freedom of their colleagues, even if they do not agree with the position taken by a colleague
- I. Tenured faculty have additional responsibility to be a voice for untenured faculty
- J. Faculty should resolve disputes concerning personal or administrative issues with colleagues in only as large a setting as is necessary to settle the dispute (see the Grievance Hearing in Appendix A, for further description of dispute resolution)
- K. Faculty shall maintain objectivity in evaluating the competence and productivity of colleagues

- L. Faculty should bring University-wide academic issues to the attention of the Academic Council and/or the Faculty Senate
- M. Faculty shall make every attempt to work productively with the University administration.
- N. The following behaviors violate the ethical standards of behavior:
  - 1. Faculty members shall not discriminate against colleagues or administrators on the basis of race, color, age, national origin, religion, disability, marital status, gender or sexual orientation
  - 2. Faculty members shall not use their status to coerce colleagues politically, socially, religiously, financially or academically
  - 3. Faculty shall not evaluate the professional competence or accomplishment of a colleague by criteria not directly related to academic enterprise
  - 4. Faculty members shall cooperate with University administration in connection with any suspension under Section II.B. of Appendix B.
  - 5. Faculty members shall not create or further a sexual nor hostile environment and shall not have sexual relations with a faculty colleague whom they evaluate or direct
  - 6. Faculty members shall not engage students in disputes they have with other faculty or with the University administration except as individual students are members of duly constituted University committees, boards or associations
  - 7. Faculty shall not disparage a faculty colleague or member of the administration to students or to the public, including but not limited to, defamatory remarks about members of the faculty, staff, and administration
  - 8. Contumacious behavior that is obstinate, disobedient, insubordinate and openly disrespectful toward students, faculty colleagues and/or University administration shall not be tolerated. As these and similar behaviors violate the ethical code of behavior, they may result in termination or otherwise bring disciplinary action upon the offending faculty.

#### ETHICAL STANDARDS OF COMMUNITY CONDUCT

Faculty have the same rights and responsibilities as all U.S. citizens, and faculty are expected to uphold and obey local, state and federal laws. They are free to express their views and to participate in the political and social processes of the community. However, when they speak or act in their capacity as private citizens, faculty should avoid creating the impression that they speak for or represent the University. Faculty should also be aware that constitutionally guaranteed freedom of expression does not contravene the right of the University to discipline a faculty member when what they say, do or write violates the ethical standards outlined above.

- B. The following are examples of violation of this statement of ethical principle:
  - 1. Intentional misrepresentation of personal views as a statement of position of the University
  - 2. Commission of a criminal act as determined by a court of law
  - 3. Performing seriously unethical actions in the community. As these and similar behaviors violate the ethical code of community conduct, they may result in termination or otherwise bring discipline upon the offending faculty.



This policy is referenced from the: AT Still University. "ATSU Code of Ethical Standards, General Order # 40-104", HR portal: <https://sites.google.com/a/atsu.edu/human-resources/policy-index>. 01 Jul. 2008. Pag 1-5. Web. 01 Aug. 2017.

---

---

## 1.5a Prohibition of Discrimination, Harassment, and Retaliation

---

---

APPROVAL:



DATE:

8/1/17

---

---

### PURPOSE

The purpose of this general order is to provide an employment and learning environment at A.T. Still University of Health Sciences ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") free from discrimination, harassment, and retaliation. 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 is prohibited by ATSU.

---

---

### POLICY

ATSU-SOMA does not discriminate on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), gender, sexual orientation, gender identity, age, disability, or veteran status in admission or access to, or treatment or employment in its programs and activities. Dating violence, domestic violence, sexual assault (e.g., non-consensual sexual contact/intercourse), stalking, harassment, and retaliation are forms of discrimination prohibited by ATSU-SOMA.

Any person who witnesses or has knowledge of incidents of discrimination, harassment, retaliation, or any other situation prohibited by this policy should report such information to the persons listed in this general order. All reporting parties are protected from adverse action or retaliation under the provisions of this policy. Good faith reports, even if erroneous, will not result in punitive action. Deliberately false and/or malicious accusations of harassment are just as serious an offense as harassment and will be subject to appropriate disciplinary action.

To report violations of ATSU-SOMA's nondiscrimination policies, request information, or for assistance filing a police report, contact the following persons:

Employees, members of the public,  
or beneficiaries should contact:

**Arizona Campus**

Tonya Fitch  
Director of Human Resources  
Deputy Title IX Coordinator  
5850 East Still Circle  
Mesa, AZ 85206-3618  
480.219.6007  
[tfitch@atsu.edu](mailto:tfitch@atsu.edu)

Students should contact:

**Arizona Campus**

Beth Poppre  
Associate Vice President for Student Affairs  
Deputy Title IX Coordinator  
5850 East Still Circle  
Mesa, AZ 85206-3618  
480.219.6026  
[bpoppre@atsu.edu](mailto:bpoppre@atsu.edu)

Alternatively, discrimination complaints, reports, or questions may be directed to the ATSU Title IX Coordinator:

Joe Vincent  
Title IX Coordinator  
800 West Jefferson Street  
Kirksville, MO 63501  
660.626.2113  
[titleix@atsu.edu](mailto:titleix@atsu.edu)

**ATSU 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

On-campus confidential resources are available for students through:

**ATSU Counseling Services** ([http://www.atsu.edu/counseling\\_services](http://www.atsu.edu/counseling_services))

Arizona Campus: Art Matthews, 480.219.6170, [amatthews@atsu.edu](mailto:amatthews@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 our secure online reporting form at <http://www.fraudhl.com>. Reference Company ID (“ATSU”) when making a report.

National Sexual Assault Hotline: 800.656.4673  
Mesa Victim Services Unit (Arizona): 480.644.4075

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

Title IX and Clery Act:  
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](mailto:ocr.kansascity@ed.gov)

Title VII:  
U.S. Equal Employment Opportunity Commission  
Robert A. Young Federal Building  
1222 Spruce Street, Room 8.100  
St. Louis, MO 63103  
800.669.4000  
314.539.7894 fax  
800.669.6820 TTY

A. Anti-Harassment

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, sex (including pregnancy), gender, sexual orientation, gender identity, age, disability, veteran status, or any other status protected by applicable law, and
  - a. Has the effect of creating a hostile environment;
  - b. Has the effect of unreasonably interfering with an individual's work or student's performance; or
  - c. Otherwise adversely affects an individual's employment or education 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 standard) viewpoint.
3. The determination of whether an environment is "hostile" will be based upon the circumstances, including:
  - a. Frequency of the conduct;
  - b. Nature and severity of the conduct;
  - c. Whether the conduct was physically threatening;
  - d. Whether the conduct was humiliating;
  - e. Effect of the conduct 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.
4. 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, that denigrate or show hostility toward an individual and relate to 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.
5. Prohibited behavior also includes any unwelcome behavior of a sexual nature such as sexual advances and propositions; requests for sexual favors; sexual jokes, comments, suggestions, or innuendo; foul or obscene gestures or language; display of foul, obscene, or offensive printed or visual material; unwelcome physical contact of a sexual nature, such as 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 such as a promotion, discharge, performance evaluation, pay adjustment, discipline, work assignment, or any other condition of employment or career development 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.
6. Non-consensual sexual contact and non-consensual sexual intercourse are explicitly prohibited by this policy.
- a. Non-consensual sexual contact is any unwelcome intentional sexual touching, however slight, with any object, by a man or woman upon a man or woman.
  - b. Non-consensual sexual intercourse is any unwelcome sexual intercourse, however slight, with any object, by a man or woman upon a man or woman, without consent and/or by force.
  - c. Consent is clear, knowing, and voluntary. It may be given by words or actions, but silence itself cannot be interpreted as consent. Consensual words or actions create mutually understood, clear permission regarding willingness to engage in sexual activity.
  - d. Force is the use of physical violence and/or imposing on someone physically to gain sexual access. Force also includes threats, intimidation, and coercion that overcome resistance or produce consent.
  - e. Sexual activity with someone whom one knows to be, or based on the circumstances should reasonably have known to be, mentally or physically incapacitated constitutes a violation of this policy.
7. This policy applies universally 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. Any University employee or student who violates this policy 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.
- B. Discrimination, harassment, and retaliation 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 his/her supervisor or one of the contact persons described in this policy.
  2. Upon receipt of a report of discrimination, harassment, or retaliation, the University will conduct a prompt, thorough, and impartial investigation, evaluating all relevant information and documentation relating to the report.
    - a. If a report is made, an ATSU investigator will meet with the reporting party to discuss allegations and/or circumstances. 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 this meeting, it is determined no potential policy violations exist, the investigator 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 course or work adjustments, no contacts orders, temporary suspension of the alleged perpetrator, or any other reasonable measure to facilitate the end and prevention of harassment.

- d. If, after an initial meeting between an ATSU investigator and a reporting party, it is determined any part of this policy may have been violated, a full investigation will be conducted. Investigators will be appropriately trained and will not have a conflict of interest or bias against the reporting party or respondent. Such investigation will be concluded promptly, typically within ten (10) business days of the receipt of the report by the appropriate personnel. Investigations may, however, take longer based on a number of factors and variables, such as: the nature and detail of the notice received, complexity of the investigation, and cooperation level of the parties and witnesses. In almost all cases, investigations will be completed within sixty (60) business days, though this timeline may be extended for appropriate cause as determined by the investigator.
- e. Parties will be regularly updated as to the projected timeline for completion of the investigation. During the process, the reporting party and respondent will be given timely notice of any meetings at which either or both may be present, and will have equal opportunity to present witnesses, provide evidence, and have others present, including an advisor of their choice. Reporting party, 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. Investigators use “preponderance of evidence” (more likely than not) standard when determining whether or not there is a violation.
- g. Simultaneous written notice to the parties describing findings of the investigation, including determination of responsibility and sanctions, and available appeal procedures, will occur within five (5) business days of the completion of the investigation.
  - 1) Sanctions for employees may include a disciplinary warning to be added to the employee’s permanent file, probation, suspension with or without pay, and/or termination.
  - 2) Sanctions for students may include reprimand, a disciplinary warning to be added to the student’s permanent file, probation, suspension, and/or dismissal.
- h. Parties will have the right to appeal within five (5) business days of receiving the findings. If the appeal is not timely or substantively eligible, the original findings and sanctions will stand, and the decision will be final. The party requesting the appeal must show error as the original findings and sanctions are presumed to have been decided reasonably and appropriately. The only grounds for appeal are:
  - 1) A procedural (or substantive) error significantly impacting the outcome of the hearing (e.g., substantiated bias, material deviation from established procedures).
  - 2) To consider new evidence, unavailable during the original hearing or investigation, which could substantially impact the original findings or sanctions. A summary of this new evidence and its potential impact must be included.
  - 3) Sanctions imposed are substantially disproportionate to those previously imposed for similar violations. Right to appeal under this provision is for the responding party only. No other party has the right to appeal sanctions.
- i. Appeals must be submitted for review to the Title IX coordinator to determine standing. Appeals with standing will be forwarded to the ATSU Equity Grievance Pool (EGP).
- j. Upon receipt of a written appeal, an appellate panel consisting of three (3) members of the EGP will be selected to rule on the appeal.
  - 1) EGP members are appointed by the ATSU president.
  - 2) EGP members include the Title IX administration team, two (2) faculty members nominated by University Faculty Senate and two (2) staff members nominated by University Staff Council.
  - 3) Whenever feasible, at least one member of the EGP will complement the institutional status of the appealing party (i.e., the panel will have at least one faculty member if the appealing party is a faculty member).

- k. The appellate panel will rule on the appeal within fifteen (15) business days. Any extension of time beyond fifteen (15) business days will be communicated to both parties along with an updated timeframe for the ruling.
  - l. Any sanctions imposed at the conclusion of an investigation will remain in effect during the appeals process.
  - m. In the event an appeal is upheld by the appellate panel, the panel's report will be submitted to the investigators for redetermination based on the panel's findings. Written notice to the parties describing revised findings of the investigation, including determination of responsibility and sanctions, will occur within five (5) business days of receipt of the appellate panel report.
- C. Anti-retaliation
- 1. The University will not retaliate against, nor permit retaliation against, any individual who opposes discrimination or harassment, makes a complaint of discrimination or harassment, and/or participates or cooperates in a discrimination or harassment investigation, proceeding, or hearing.
  - 2. Examples of retaliation:
    - a. After a whistleblowing incident, an employee may suddenly find herself being assigned to different duties or even moved into a different position. The new role often involves duties below the employee's capabilities or even demeaning in nature. The supervisor may make the new role as difficult as possible by harshly critiquing results or implementing unreasonable time constraints for completing projects. The supervisor may also limit access to resources the employee needs to complete his/her assigned tasks.
    - b. Employers may retaliate by excluding the employee from normal activities, attempting to create a sense of isolation. A supervisor may refuse to invite the employee to an important meeting or a social activity such as a group luncheon or outing. S/he may also exclude the employee from training sessions that could enhance the employee's job performance or opportunity for advancement. Exclusion can occur by relocating the employee to an area where s/he has little contact with other workers.
- D. 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.
- 

## **PROCEDURE(S)**

ATSU-SOMA does not discriminate on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), gender, sexual orientation, gender identity, age, disability, or veteran status in admission or access to, or treatment or employment in its programs and activities. Dating violence, domestic violence, sexual assault (e.g., non-consensual sexual contact/intercourse), stalking, harassment, and retaliation are forms of discrimination prohibited by ATSU-SOMA.

Any person who witnesses or has knowledge of incidents of discrimination, harassment, retaliation, or any other situation prohibited by this policy should report such information to the persons listed in this general order. All reporting parties are protected from adverse action or retaliation under the provisions of this policy. Good faith reports, even if erroneous, will not

result in punitive action. Deliberately false and/or malicious accusations of harassment are just as serious an offense as harassment and will be subject to appropriate disciplinary action.

To report violations of ATSU-SOMA's nondiscrimination policies, request information, or for assistance filing a police report, contact the following persons:

Employees, members of the public,  
or beneficiaries should contact:

**Arizona Campus**

Tonya Fitch  
Director of Human Resources  
Deputy Title IX Coordinator  
5850 East Still Circle  
Mesa, AZ 85206-3618  
480.219.6007  
[tfitch@atsu.edu](mailto:tfitch@atsu.edu)

Students should contact:

**Arizona Campus**

Beth Poppre  
Associate Vice President for Student Affairs  
Deputy Title IX Coordinator  
5850 East Still Circle  
Mesa, AZ 85206-3618  
480.219.6026  
[bpoppre@atsu.edu](mailto:bpoppre@atsu.edu)

Alternatively, discrimination complaints, reports, or questions may be directed to the ATSU Title IX Coordinator:

Joe Vincent  
Title IX Coordinator  
800 West Jefferson Street  
Kirksville, MO 63501  
660.626.2113  
[titleix@atsu.edu](mailto:titleix@atsu.edu)

**ATSU 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

On-campus confidential resources are available for students through:

**ATSU Counseling Services** ([http://www.atsu.edu/counseling\\_services](http://www.atsu.edu/counseling_services))

Arizona Campus: Art Matthews, 480.219.6170, [amatthews@atsu.edu](mailto:amatthews@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 our secure online reporting form at <http://www.fraudhl.com>. Reference Company ID ("ATSU") when making a report.

National Sexual Assault Hotline: 800.656.4673  
Mesa Victim Services Unit (Arizona): 480.644.4075



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

Title IX and Clery Act:  
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](mailto:ocr.kansascity@ed.gov)

Title VII:  
U.S. Equal Employment Opportunity Commission  
Robert A. Young Federal Building  
1222 Spruce Street, Room 8.100  
St. Louis, MO 63103  
800.669.4000  
314.539.7894 fax  
800.669.6820 TTY

E. Anti-Harassment

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, sex (including pregnancy), gender, sexual orientation, gender identity, age, disability, veteran status, or any other status protected by applicable law, and
  - a. Has the effect of creating a hostile environment;
  - b. Has the effect of unreasonably interfering with an individual's work or student's performance; or
  - c. Otherwise adversely affects an individual's employment or education 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 standard) viewpoint.
3. The determination of whether an environment is "hostile" will be based upon the circumstances, including:
  - a. Frequency of the conduct;
  - b. Nature and severity of the conduct;
  - c. Whether the conduct was physically threatening;
  - d. Whether the conduct was humiliating;
  - e. Effect of the conduct 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.
4. 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, that denigrate or show hostility toward an individual and relate to 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.
5. Prohibited behavior also includes any unwelcome behavior of a sexual nature such as sexual advances and propositions; requests for sexual favors; sexual jokes, comments, suggestions, or innuendo; foul or obscene gestures or language; display of foul, obscene, or offensive printed or visual material; unwelcome physical contact of a sexual nature, such as 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 such as a promotion, discharge, performance evaluation, pay adjustment, discipline, work assignment, or any other condition of employment or career development 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.
6. Non-consensual sexual contact and non-consensual sexual intercourse are explicitly prohibited by this policy.
- a. Non-consensual sexual contact is any unwelcome intentional sexual touching, however slight, with any object, by a man or woman upon a man or woman.
  - b. Non-consensual sexual intercourse is any unwelcome sexual intercourse, however slight, with any object, by a man or woman upon a man or woman, without consent and/or by force.
  - c. Consent is clear, knowing, and voluntary. It may be given by words or actions, but silence itself cannot be interpreted as consent. Consensual words or actions create mutually understood, clear permission regarding willingness to engage in sexual activity.
  - d. Force is the use of physical violence and/or imposing on someone physically to gain sexual access. Force also includes threats, intimidation, and coercion that overcome resistance or produce consent.
  - e. Sexual activity with someone whom one knows to be, or based on the circumstances should reasonably have known to be, mentally or physically incapacitated constitutes a violation of this policy.
7. This policy applies universally 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. Any University employee or student who violates this policy 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.
- F. Discrimination, harassment, and retaliation 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 his/her supervisor or one of the contact persons described in this policy.
  2. Upon receipt of a report of discrimination, harassment, or retaliation, the University will conduct a prompt, thorough, and impartial investigation, evaluating all relevant information and documentation relating to the report.
    - a. If a report is made, an ATSU investigator will meet with the reporting party to discuss allegations and/or circumstances. 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 this meeting, it is determined no potential policy violations exist, the investigator 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 course or work adjustments, no contacts orders, temporary suspension of the alleged perpetrator, or any other reasonable measure to facilitate the end and prevention of harassment.
    - d. If, after an initial meeting between an ATSU investigator and a reporting party, it is determined any part of this policy may have been violated, a full investigation will be conducted. Investigators will be appropriately trained and will not have a conflict of interest or bias against the reporting party or respondent. Such investigation will be concluded promptly,

- typically within ten (10) business days of the receipt of the report by the appropriate personnel. Investigations may, however, take longer based on a number of factors and variables, such as: the nature and detail of the notice received, complexity of the investigation, and cooperation level of the parties and witnesses. In almost all cases, investigations will be completed within sixty (60) business days, though this timeline may be extended for appropriate cause as determined by the investigator.
- e. Parties will be regularly updated as to the projected timeline for completion of the investigation. During the process, the reporting party and respondent will be given timely notice of any meetings at which either or both may be present, and will have equal opportunity to present witnesses, provide evidence, and have others present, including an advisor of their choice. Reporting party, 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. Investigators use “preponderance of evidence” (more likely than not) standard when determining whether or not there is a violation.
  - g. Simultaneous written notice to the parties describing findings of the investigation, including determination of responsibility and sanctions, and available appeal procedures, will occur within five (5) business days of the completion of the investigation.
    - 1) Sanctions for employees may include a disciplinary warning to be added to the employee’s permanent file, probation, suspension with or without pay, and/or termination.
    - 2) Sanctions for students may include reprimand, a disciplinary warning to be added to the student’s permanent file, probation, suspension, and/or dismissal.
  - h. Parties will have the right to appeal within five (5) business days of receiving the findings. If the appeal is not timely or substantively eligible, the original findings and sanctions will stand, and the decision will be final. The party requesting the appeal must show error as the original findings and sanctions are presumed to have been decided reasonably and appropriately. The only grounds for appeal are:
    - 1) A procedural (or substantive) error significantly impacting the outcome of the hearing (e.g., substantiated bias, material deviation from established procedures).
    - 2) To consider new evidence, unavailable during the original hearing or investigation, which could substantially impact the original findings or sanctions. A summary of this new evidence and its potential impact must be included.
    - 3) Sanctions imposed are substantially disproportionate to those previously imposed for similar violations. Right to appeal under this provision is for the responding party only. No other party has the right to appeal sanctions.
  - i. Appeals must be submitted for review to the Title IX coordinator to determine standing. Appeals with standing will be forwarded to the ATSU Equity Grievance Pool (EGP).
  - j. Upon receipt of a written appeal, an appellate panel consisting of three (3) members of the EGP will be selected to rule on the appeal.
    - 1) EGP members are appointed by the ATSU president.
    - 2) EGP members include the Title IX administration team, two (2) faculty members nominated by University Faculty Senate and two (2) staff members nominated by University Staff Council.
    - 3) Whenever feasible, at least one member of the EGP will complement the institutional status of the appealing party (i.e., the panel will have at least one faculty member if the appealing party is a faculty member).
  - k. The appellate panel will rule on the appeal within fifteen (15) business days. Any extension of time beyond fifteen (15) business days will be communicated to both parties along with an updated timeframe for the ruling.
  - l. Any sanctions imposed at the conclusion of an investigation will remain in effect during the appeals process.

- m. In the event an appeal is upheld by the appellate panel, the panel's report will be submitted to the investigators for redetermination based on the panel's findings. Written notice to the parties describing revised findings of the investigation, including determination of responsibility and sanctions, will occur within five (5) business days of receipt of the appellate panel report.
- G. Anti-retaliation
- 1. The University will not retaliate against, nor permit retaliation against, any individual who opposes discrimination or harassment, makes a complaint of discrimination or harassment, and/or participates or cooperates in a discrimination or harassment investigation, proceeding, or hearing.
  - 2. Examples of retaliation:
    - a. After a whistleblowing incident, an employee may suddenly find herself being assigned to different duties or even moved into a different position. The new role often involves duties below the employee's capabilities or even demeaning in nature. The supervisor may make the new role as difficult as possible by harshly critiquing results or implementing unreasonable time constraints for completing projects. The supervisor may also limit access to resources the employee needs to complete his/her assigned tasks.
    - b. Employers may retaliate by excluding the employee from normal activities, attempting to create a sense of isolation. A supervisor may refuse to invite the employee to an important meeting or a social activity such as a group luncheon or outing. S/he may also exclude the employee from training sessions that could enhance the employee's job performance or opportunity for advancement. Exclusion can occur by relocating the employee to an area where s/he has little contact with other workers.
- H. 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.
- 

## **RESPONSIBILITY**

- A. The assistant vice president of human resources and the director of human resources are responsible for responding to and monitoring all complaints of discrimination, harassment, or retaliation from employees.
- B. The vice president for student affairs and the associate vice president for student affairs are responsible for responding to and monitoring all complaints of discrimination, harassment, or retaliation from students, members of the public, or beneficiaries.
- C. The Title IX coordinator is responsible for all 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", HR portal:<https://sites.google.com/a/atsu.edu/human-resources/policy-index>. 07 Dec. 2016. Pag 1-6. Web. 01 Aug. 2017.

---

---

## 1.6 Approval of Graduates

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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.

---

---

### POLICY

#### FACULTY APPROVAL

One of the requirements for graduation, as stated in the ATSU 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 University Catalog, "The SPC ensures that all students meet the standards to advance through each year of the 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 administration.
- 
- 

### 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 administration by the requested deadline.

**Standard 2:  
Leadership and Administration**

---

---

## 2.4 Accreditation Standard Complaints

---

---

APPROVAL:



DATE: 8/1/17

---

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

---

### 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](mailto: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.

---

#### 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.

---

## **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 pre-accreditation, provisional 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.

**Standard 4:**  
**Facilities**

---

---

## 4.2 Contingency Plan

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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 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 are constantly changing, the Contingency Plan requires a continual updating in order to maintain it in a current state of readiness.
- 

## 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'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 is the Business Continuity Management Team. In the event of a disaster affecting any of the ATSU 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.

### 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.
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 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 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. 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 Department
  - vii. Periodically review the level of security needed at both the damaged and backup sites.
3. ATSU 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 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 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 Marketing and Communications Office will be the interface between ATSU 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 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 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 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 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 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 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 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 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.

---

## 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'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 is the Business Continuity Management Team. In the event of a disaster affecting any of the ATSU 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.

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.
- 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 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 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. 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 Department
  7. Periodically review the level of security needed at both the damaged and backup sites.
- c. ATSU 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 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 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 Marketing and Communications Office will be the interface between ATSU 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 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 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 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 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 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 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

- 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 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.

---

## 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.

---

---

## 4.2 Emergency Mode Operation Plan

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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. This policy establishes and implements, as needed, procedures to enable the continuation of critical business processes for protection of the security of ePHI together with other protected information while operating in emergency mode. During significant emergency mode operation, critical processes will be carried out in manual mode until resumption of secure electronic processing is once again available.

---

---

### POLICY

- A. All critical business functions, as defined by General Order (Applications and Data Criticality) will be covered by this policy.
  - B. Any disruption of critical business functions will constitute an emergency. The level of the emergency and the appropriate actions to take to rectify the situation will be determined initially by the A.T. Still University ("ATSU") Director of Information Technology and Systems. An immediate assessment of the level of the emergency will be made and described according to the following levels:
    - 1. Minor—the disruption of normal business processes due to this level will be negligible. Examples may be a virus which may temporarily cause slowdowns of access, or may require temporary shutdown of a limited number of workstations to cure, or may occur outside of normal peak business hours. There will be no damage to physical infrastructure nor a requirement for restoration of files.
    - 2. Significant—the disruption of normal business processes due to this level will be such that a significant amount of downtime will be required to rectify the problem. Examples may be, loss of access to the mass storage systems which would require shutting down the network for an extended period of time. There may be damage to physical infrastructure and restoration of files may be required.
    - 3. Major—normal business processes will not be able to occur during this type of emergency. Examples may be severe act of nature, extended loss of electrical power, physical destruction of servers/mass data storage systems. In this instance damage to physical infrastructure and restoration of files and services will be extensive.
- 
-

- C. Emergencies of Significant and/or Major Levels will be reported to the Business Continuity Management Team ("BCMT"). The BCMT shall consist of the individuals who function in the following ATSU positions/roles:
1. Safety and Security Manger
  2. Assistant Vice President of Information Technology Services
  3. Information Technology and Services Network Manager
  4. Director of Facilities
  5. Assistant Vice President of Human Resources
  6. Director of Communications and Marketing
  7. Controller
  8. Associate Vice President of Academic Affairs
- D. The BCMT will be contacted by a call tree (Attachment A). The call tree will be initiated by the Director of Information Technology and Services to the Safety and Security Manger, who will then contact all other members of the BCMT describing the level of emergency and location of an emergency meeting if necessary.
- E. The BCMT will determine the response to the emergency utilizing the procedures defined in General Order (Contingency Plan). If it necessary to go into manual mode (i.e., utilizing non-electronic means), appropriate individuals in each business area will be notified of the emergency and the procedures to initiate to help maintain critical business processes.
- F. While in manual mode, all data which is created, modified, deleted, or transmitted will continue to be handled in such a manner as to guarantee the confidentiality and integrity of the data.
- G. Physical access to data created in manual mode will be controlled via the same procedures as access to electronic data. Should this be impossible, due to physical conditions created by the emergency, each area will be responsible for controlling access to its data according to the following standards:
1. Only recognized and authorized personnel will be allowed to create, modify, delete, or transmit protected data.
  2. A written record of individuals who have physical access to protected data will be kept and authenticated by the lead supervisor of the area.
- H. If a Major emergency exists, and business processes cannot be maintained on-site via manual mode, then the formal Contingency Plan General Order, as maintained by Information Technology and Services, will be invoked.
- I. A written record of all activities carried out by the BCMT will be maintained to document the emergency and its resolution. To the extent possible the following information will be included:
1. Date and Time of Emergency
  2. Individual Reporting Emergency
  3. Equipment/Service Affected
  4. Protected Information which may have been Compromised
  5. Actions Taken
  6. Date and Time of Resolution of Emergency
  7. Suspected Cause of Emergency
  8. Proposed System/Process Changes to Avoid Recurrence of Emergency
  9. Append Minutes of any Meetings of the ERC During the Emergency

---

## PROCEDURE(S)

- A. All critical business functions, as defined by General Order (Applications and Data Criticality) will be covered by this policy.
- B. Any disruption of critical business functions will constitute an emergency. The level of the emergency and the appropriate actions to take to rectify the situation will be determined initially by the A.T. Still University ("ATSU") Director of Information Technology and Systems. An immediate assessment of the level of the emergency will be made and described according to the following levels:
  - a. Minor—the disruption of normal business processes due to this level will be negligible. Examples may be a virus which may temporarily cause slowdowns of access, or may require temporary shutdown of a limited number of workstations to cure, or may occur outside of normal peak business hours. There will be no damage to physical infrastructure nor a requirement for restoration of files.
  - b. Significant—the disruption of normal business processes due to this level will be such that a significant amount of downtime will be required to rectify the problem. Examples may be, loss of access to the mass storage systems which would require shutting down the network for an extended period of time. There may be damage to physical infrastructure and restoration of files may be required.
  - c. Major—normal business processes will not be able to occur during this type of emergency. Examples may be severe act of nature, extended loss of electrical power, physical destruction of servers/mass data storage systems. In this instance damage to physical infrastructure and restoration of files and services will be extensive.
- C. Emergencies of Significant and/or Major Levels will be reported to the Business Continuity Management Team ("BCMT"). The BCMT shall consist of the individuals who function in the following ATSU positions/roles:
  - a. Safety and Security Manger
  - b. Assistant Vice President of Information Technology Services
  - c. Information Technology and Services Network Manager
  - d. Director of Facilities
  - e. Assistant Vice President of Human Resources
  - f. Director of Communications and Marketing
  - g. Controller
  - h. Associate Vice President of Academic Affairs
- D. The BCMT will be contacted by a call tree (Attachment A). The call tree will be initiated by the Director of Information Technology and Services to the Safety and Security Manger, who will then contact all other members of the BCMT describing the level of emergency and location of an emergency meeting if necessary.
- E. The BCMT will determine the response to the emergency utilizing the procedures defined in General Order (Contingency Plan). If it necessary to go into manual mode (i.e., utilizing non-electronic means), appropriate individuals in each business area will be notified of the emergency and the procedures to initiate to help maintain critical business processes.



- F. While in manual mode, all data which is created, modified, deleted, or transmitted will continue to be handled in such a manner as to guarantee the confidentiality and integrity of the data.
  - G. Physical access to data created in manual mode will be controlled via the same procedures as access to electronic data. Should this be impossible, due to physical conditions created by the emergency, each area will be responsible for controlling access to its data according to the following standards:
    - a. Only recognized and authorized personnel will be allowed to create, modify, delete, or transmit protected data.
    - b. A written record of individuals who have physical access to protected data will be kept and authenticated by the lead supervisor of the area.
  - H. If a Major emergency exists, and business processes cannot be maintained on-site via manual mode, then the formal Contingency Plan General Order, as maintained by Information Technology and Services, will be invoked.
  - I. A written record of all activities carried out by the BCMT will be maintained to document the emergency and its resolution. To the extent possible the following information will be included:
    - a. Date and Time of Emergency
    - b. Individual Reporting Emergency
    - c. Equipment/Service Affected
    - d. Protected Information which may have been Compromised
    - e. Actions Taken
    - f. Date and Time of Resolution of Emergency
    - g. Suspected Cause of Emergency
    - h. Proposed System/Process Changes to Avoid Recurrence of Emergency
    - i. Append Minutes of any Meetings of the ERC During the Emergency
- 

## **RESPONSIBILITY**

- A. The ATSU Safety and Security Manger, in collaboration with the Controller, Assistant Vice President of ITS, and the Director of Facilities will be responsible for the implementation of this policy.

**Contact Information for Members of the Business Continuity Management  
Team (“BCMT”)**  
(Attachment A)

**Monnie Harrison**  
Controller  
660.626.2021  
mharrison@atsu.edu

**Bryan Krusniak**  
Asst. Vice President, ITS  
660.626.2364  
660.627.5369  
bkrusniak@atsu.edu

**Donna Wyatt**  
Asst. Vice President, HR  
660.626.2792  
dbrown@atsu.edu

**Norm Gevitz**  
Assoc. Vice President, Academic Affairs  
480.219.6052  
660.626.2726  
ngevitz@atsu.edu

**Brent Perrin**  
Director of Facilities  
480.219.6005  
989.721.9006  
brentperrin@atsu.edu

**Juan Romero**  
Safety and Security Manager  
480.265.8063  
jromero@atsu.edu

**Tom Hotvedt**  
Network Database Administrator  
480.219.6098  
thotvedt@atsu.edu

**Greg Rubenstein**  
Director of Communications and Marketing  
480.219-6019  
grubenstein@atsu.edu

This policy is referenced from the: AT Still University. “ATSU Emergency Mode Operation Plan, General Order # 85-186”, HR portal:<https://sites.google.com/a/atsu.edu/human-resources/policy-index>. 20 Apr. 2005. Pag 1-4. Web. 01 Aug. 2017.

---

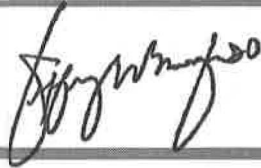
---

## 4.2 Identification (ID) Badges

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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 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.

---

---

### POLICY

A. ID badges will be issued to all ATSU faculty and staff. The ATSU ID should be worn and visible at all times while on campus. ID badges are used for security identification. ATSU departments will schedule time to have ID photos taken and ATSU IDs distributed.

B. All ATSU residential students will be issued ID badges when their educational program begins. The ATSU ID should be worn and visible at all times while on campus and at clinical sites. ID badges are used for security identification, to check out materials from the library, and to check out equipment. Student Affairs will schedule a time for class cohorts to have ID photos taken and ATSU IDs distributed.

C. ATSU ID cards will be replaced free of charge for changes in name, or damage from normal wear and tear. Replacement of IDs that are lost or misplaced will be made by the ATSU Service Desk (Missouri) or the Security Office (Arizona). The fee for a replacement card is \$10.00. ID cards that are stolen will be replaced free of charge if the individual provides a police report or a Campus Security report.

D. Visitors to campus are also required to wear a unique ID tag that identifies them as a visitor. These visitors include prospective students, vendors, consultants and contractors. Contact the ATSU Service Desk (Missouri) or Security Office (Arizona) to request a visitor ID tag.

---

---

### PROCEDURE(S)

A. ID badges will be issued to all ATSU faculty and staff. The ATSU ID should be worn and visible at all times while on campus. ID badges are used for security identification. ATSU departments will schedule time to have ID photos taken and ATSU IDs distributed.

---

---

B. All ATSU residential students will be issued ID badges when their educational program begins. The ATSU ID should be worn and visible at all times while on campus and at clinical sites. ID badges are used for security identification, to check out materials from the library, and to check out equipment. Student Affairs will schedule a time for class cohorts to have ID photos taken and ATSU IDs distributed.

C. ATSU ID cards will be replaced free of charge for changes in name, or damage from normal wear and tear. Replacement of IDs that are lost or misplaced will be made by the ATSU Service Desk (Missouri) or the Security Office (Arizona). The fee for a replacement card is \$10.00. ID cards that are stolen will be replaced free of charge if the individual provides a police report or a Campus Security report.

D. Visitors to campus are also required to wear a unique ID tag that identifies them as a visitor. These visitors include prospective students, vendors, consultants and contractors. Contact the ATSU Service Desk (Missouri) or Security Office (Arizona) to request a visitor ID tag.

---

## **RESPONSIBILITY**

- A. Employees must obtain an official ATSU ID Badge from the ATSU Security Department.
- B. Managers must assure that all employees in their area of responsibility obtain and wear an official ATSU ID badge while on campus. Repeated violations should be addressed through the employee discipline process.
- C. Administrators and faculty must 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", HR portal:<https://sites.google.com/a/atsu.edu/human-resources/policy-index>. 01 Feb. 2009. Pag 1-2. Web. 01 Aug. 2017.

---

---

## 4.2 Incident Reporting

---

---

**APPROVAL:**

**DATE:**

8/1/17

---

### 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.

---

### POLICY

- A. An Incident Report should be completed when any unusual occurrence or incident occurs within the University or University property. Incidents involving University employees should be handled according to the Worker's Compensation Insurance.
  - 1. The definition of an incident is any occurrence which is not part of the routine care of a patient or the routine operation of the University when it involves a student, 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.
- B. The person who discovers, observes or is part of the incident must report the incident to Security. Security will complete the incident report form.
  - 1. Security shall notify the supervisor of the area involved as soon as possible. Both the person making the discovery and Security shall sign the report. The incident report form is a confidential document maintained for University use only.
  - 2. The confidential incident report is not retained with a patient's regular clinic chart or a student's educational record.
  - 3. ATSU does not assume responsibility for incidents and caution shall be taken about committing the University to liability through acts or statements made in the presence of patients, visitors, volunteers or students.
- C. Injured individuals should be accompanied to the nearest Emergency Room by the supervisor over the area, or Security, to assist in relaying any necessary information.
  - 1. The Treasurer's office shall determine payment of billings in incidents involving patients, visitors or volunteers.
  - 2. All student incidents shall be processed through his/her individual student health insurance plans.
- D. If the individual refuses to go to the Emergency Room or his/her physician as necessary, 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 the Emergency Medical Response Policy.
- F. All completed incident report forms shall be returned to Security for recordkeeping and screening.
- G. Contact numbers to report initial incident:

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

**Arizona Campus:**

Emergency – 911 (on-campus)

Emergency – 911 (off-campus)

Security Office: \*7 (on-campus)

Non-Emergency Security – 480.341.9075

Mesa Police Department – 480.644.2211, opt.2

---

**PROCEDURE(S)**

- A. An Incident Report should be completed when any unusual occurrence or incident occurs within the University or University property. Incidents involving University employees should be handled according to the Worker's Compensation Insurance.
  - a. The definition of an incident is any occurrence which is not part of the routine care of a patient or the routine operation of the University when it involves a student, 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.
- B. The person who discovers, observes or is part of the incident must report the incident to Security. Security will complete the incident report form.
  - a. Security shall notify the supervisor of the area involved as soon as possible. Both the person making the discovery and Security shall sign the report. The incident report form is a confidential document maintained for University use only.
  - b. The confidential incident report is not retained with a patient's regular clinic chart or a student's educational record.
  - c. ATSU does not assume responsibility for incidents and caution shall be taken about committing the University to liability through acts or statements made in the presence of patients, visitors, volunteers or students.
- C. Injured individuals should be accompanied to the nearest Emergency Room by the supervisor over the area, or Security, to assist in relaying any necessary information.
  - a. The Treasurer's office shall determine payment of billings in incidents involving patients, visitors or volunteers.
  - b. All student incidents shall be processed through his/her individual student health insurance plans.
- D. If the individual refuses to go to the Emergency Room or his/her physician as necessary, 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 the Emergency Medical Response Policy.

- F. All completed incident report forms shall be returned to Security for recordkeeping and screening.
- G. Contact numbers to report initial incident:

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

**Arizona Campus:**

Emergency – 911 (on-campus)

Emergency – 911 (off-campus)

Security Office: \*7 (on-campus)

Non-Emergency Security – 480.341.9075

Mesa Police Department – 480.644.2211, opt.2

---

**RESPONSIBILITY**

- A. It is the responsibility of any witness to an incident to report the incident to Security. Security will then contact the supervisor over the area where the incident occurred and will complete the incident form.
- B. It is the responsibility of Security to keep accurate records of the incident forms.
- C. It is the responsibility of the Treasurer's Office to determine if the University will make any payment for medical services rendered

This policy is referenced from the: AT Still University. "ATSU Incident Reporting Policy, General Order # 95-105", HR portal:<https://sites.google.com/a/atsu.edu/human-resources/policy-index>. 01 Jul. 2008. Pag 1-3. Web. 01 Aug. 2017.

---

---

## 4.2 Lock-out/Tag-out

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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.

---

---

### 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. 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. Block 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. 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.
  - 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. a. 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.
  - 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.

---

## RESPONSIBILITY

A. ATSU Facilities is responsible for providing awareness training, monitoring compliance, and developing and/or acquiring practices/procedures/equipment to ensure the safety of ATSU 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://sites.google.com/a/atsu.edu/human-resources/policy-index>. 12 Jul. 2017. Pag 1-4. Web. 01 Aug. 2017.



---

---

## 4.2 Missing Student

---

---

APPROVAL:



DATE:

8/1/17

---

### 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.

---

### DEFINITIONS

- A. 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 Student Affairs. It is the responsibility of the student to ensure the contact information is current and accurate. ATSU 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 Student Affairs will be notified immediately, when genuine concern has been raised that a student is missing. Further, this notification to ATSU Student Affairs will trigger a formal investigation process that will be handled in collaboration with ATSU 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 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

---

## 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 Student Affairs. It is the responsibility of the student to ensure the contact information is current and accurate. ATSU 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 Student Affairs will be notified immediately, when genuine concern has been raised that a student is missing. Further, this notification to ATSU Student Affairs will trigger a formal investigation process that will be handled in collaboration with ATSU 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 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

---

## RESPONSIBILITY

ATSU's 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://sites.google.com/a/atsu.edu/human-resources/policy-index>. 15 Jul. 2016. Page 1-3. Web. 01 Aug. 2017.

## 4.2A OMS I Missing Student Notification Policy

**APPROVAL:** Curriculum Committee

DATE: 8/1/17  


### **PURPOSE**

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

### **POLICY**

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

### **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 1 Curriculum Coordinator.
2. An email will be sent to [somayear1communique@atsu.edu](mailto:somayear1communique@atsu.edu), the associate dean of curriculum integration, and the course director.
3. The Curriculum Manager or Year 1 Curriculum Coordinator will contact the student via phone.
4. If the student cannot be contacted by phone, then an email will be sent to the student's school email and personal email (if available).
5. If there is no immediate response from the student, then the Curriculum Manager or Year 1 Curriculum Coordinator contacts Student Services and makes them aware of the missing student so they can continue the search.
6. Students need to send an email to the Assessment Team if they are going to be more than 15 minutes late to an exam.
7. Students need to send an email to the SOMA Absences if they are going to be more than 15 minutes late to a mandatory session.

## MISSING PERSON CONTACT FORM

### Attachment A

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

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

Please identify individual(s) to be notified by ATSU if you are determined to be missing. ATSU 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 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: \_\_\_\_\_

**Standard 5:  
Learning Environment**

## 5.1 Course and Instructor Evaluation Tool Policy

**APPROVAL:** Curriculum Committee

 **DATE** 8/1/17

### **PURPOSE**

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

### **POLICY**

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

### **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.



---

---

## 5.1 Cultural Proficiency

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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 Core Professional Attributes and Key Elements.)

---

---

### POLICY

- A. Cultural Knowledge
    - 1. Demonstrates understanding of the complex elements inherent to culture in relation to history, values, politics, communication styles, economy, beliefs, and practices and their impact on health and healthcare delivery.
  - B. Cultural Differences
    - 1. Participates in diverse cultural experiences and opportunities.
    - 2. Applies understanding of cultural differences in verbal and nonverbal communication and is able to skillfully negotiate a shared understanding based on those differences.
  - C. Adaptation to Diversity
    - 1. Interprets intercultural experience from the perspective beyond one's personal worldview.
    - 2. Communicates and acts in a supportive manner that recognizes the perspectives of other cultural groups.
- 
- 

### PROCEDURE(S)

- D. Cultural Knowledge
    - 1. Demonstrates understanding of the complex elements inherent to culture in relation to history, values, politics, communication styles, economy, beliefs, and practices and their impact on health and healthcare delivery.
  - E. Cultural Differences
    - 1. Participates in diverse cultural experiences and opportunities.
    - 2. Applies understanding of cultural differences in verbal and nonverbal communication and is able to skillfully negotiate a shared understanding based on those differences.
- 
-

F. Adaptation to Diversity

1. Interprets intercultural experience from the perspective beyond one's personal worldview.
2. Communicates and acts in a supportive manner that recognizes the perspectives of other cultural groups.

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

---

---

## 5.1 Diversity

---

---

APPROVAL:



DATE:

8/1/17

---

---

### PURPOSE

A.T.Still University (“ATSU”) School of Osteopathic Medicine in Arizona (“SOMA”) strives to create a culturally rich community who embraces all forms of differences, including but not limited to race, ethnicity, gender, disability, sexual orientation, origins of birth, age, religious beliefs, political beliefs, socio-economic status, physical characteristics, military service, title, academic background, and professional experiences. Inherent in ATSU’s mission is the belief excellence is inclusive—academic and intellectual, physical and physiological, cultural and social, spiritual and moral.

We believe these attributes are expressed in our acceptance of difference, and our collective appreciation provided by these differences guides us in the development of a campus community reflective of the global community of which we are all a part.

An authentic understanding and appreciation of difference is foundational to reaching cultural proficiency, which, at its core, is 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. The strength of our campus community as well as the potential of the global community is realized through this same understanding affirmation, and value of human difference.

---

---

### POLICY

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 curricular 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 adds value to our campus community.

---

---

### PROCEDURE(S)

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 curricular 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 adds value to our campus community.

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

---

## 5.1 Interprofessional Collaboration

---

APPROVAL:



DATE:

8/1/17

---

### PURPOSE

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

---

### 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 team development, interaction and teamwork.
    - 2. Shares responsibility for team actions.
- 

### 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 team development, interaction and teamwork.
2. Shares responsibility for team actions.

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

---

---

## 5.1 Patient Safety

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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.

---

---

### 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.

---

---

### 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.



---

---

## 5.1 Professionalism

---

---

APPROVAL:



DATE: 8/1/17

---

### 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.

---

### POLICY

Provided is a list of expectations of professionalism that each member of SOMA should strive to model 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. Requests help when needed.
7. 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.

Through the characteristics of knowledge, behavior, and positive attitudes, students are expected to demonstrate professional behavior displaying a commitment to the highest standards of competence, ethics, integrity and accountability to patients, society and the osteopathic profession.

Key elements of this behavior are as follows:

- Demonstrating respect, altruism, compassion, interest, integrity, honesty, accountability, and trustworthiness in all interactions with patients, their families, faculty, staff, peers, and colleagues.
- Applying ethical decision making in all aspects of their professional practice.
- Demonstrating 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.
- Demonstrating professional work behaviors such as punctuality, appropriate appearance, accepting responsibility for errors, and maintaining professional boundaries.
- Demonstrating a commitment to continuous professional development and learning with internal and external assessment.

As a mechanism to assist students in the acquisition of these professional skills, a monitoring system has been established to identify unprofessional behaviors. Students identified as exhibiting unprofessional behavior will be provided with remediation opportunities. Students who reflect a pattern of unprofessional behavior may be placed on academic probation by the

Student Performance Committee (SPC) and will receive documentation of these deficiencies in letters of reference provided by the school. Severe infractions of professionalism will be grounds for academic dismissal by the SPC.

## CLASSROOM ETIQUETTE

To maintain an environment conducive to learning in the classroom and laboratory, ATSU-SOMA has established the following guidelines. Activities that distract from the learning environment and interfere with the conduct of the educational process are prohibited. Such activities include the following: emailing, instant messaging, cell phone usage or receiving calls when not on silent mode, headsets for music, surfing the internet aside from direction by faculty as a part of the conduct of the classroom, bringing animals to class, bringing children to class (except as requested by faculty), conducting conversations outside of class participation, and distracting peers or faculty from the conduct of the learning process. These activities are not consistent with the expectations of professionalism. Faculty have the responsibility to maintain the classroom environment and will ask those who engage in distracting activity to leave the room. Frequent breaks are provided during the day. Please make every attempt to limit your egress and reentry to class by using break time to attend to needed activities.

---

## PROCEDURE(S)

Provided is a list of expectations of professionalism that each member of SOMA should strive to model to ensure quality patient care and growth of the profession.

### E. 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.

### F. 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. Requests help when needed.
7. Assumes personal responsibility for mistakes.

### G. 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.

#### H. 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.

Through the characteristics of knowledge, behavior, and positive attitudes, students are expected to demonstrate professional behavior displaying a commitment to the highest standards of competence, ethics, integrity and accountability to patients, society and the osteopathic profession.

Key elements of this behavior are as follows:

- Demonstrating respect, altruism, compassion, interest, integrity, honesty, accountability, and trustworthiness in all interactions with patients, their families, faculty, staff, peers, and colleagues.
- Applying ethical decision making in all aspects of their professional practice.
- Demonstrating 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.
- Demonstrating professional work behaviors such as punctuality, appropriate appearance, accepting responsibility for errors, and maintaining professional boundaries.
- Demonstrating a commitment to continuous professional development and learning with internal and external assessment.

As a mechanism to assist students in the acquisition of these professional skills, a monitoring system has been established to identify unprofessional behaviors. Students identified as exhibiting unprofessional behavior will be provided with remediation opportunities. Students who reflect a pattern of unprofessional behavior may be placed on academic probation by the Student Performance Committee (SPC) and will receive documentation of these deficiencies in letters of reference provided by the school. Severe infractions of professionalism will be grounds for academic dismissal by the SPC.

#### CLASSROOM ETIQUETTE

To maintain an environment conducive to learning in the classroom and laboratory, ATSU-SOMA has established the following guidelines. Activities that distract from the learning environment and interfere with the conduct of the educational process are prohibited. Such activities include the following: emailing, instant messaging, cell phone usage or receiving calls when not on silent mode, headsets for music, surfing the internet aside from direction by faculty as a part of the conduct of the classroom, bringing animals to class, bringing children to class (except as requested by faculty), conducting conversations outside of class participation, and distracting peers or faculty from the conduct of the learning process. These activities are not consistent with the expectations of professionalism. Faculty have

the responsibility to maintain the classroom environment and will ask those who engage in distracting activity to leave the room. Frequent breaks are provided during the day. Please make every attempt to limit your egress and reentry to class by using break time to attend to needed activities.

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. pag. Web. 01 Aug. 2017.

---


---

## 5.2 Diversity

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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

---

---

### 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.
- 
- 

### 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.
  - 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.
- 

## **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.

---

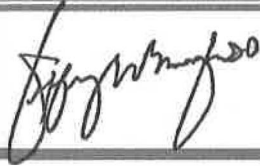
---

## 5.3 Disease Exposure Prevention and Control Plan

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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 bloodborne disease as well as statutory tuberculosis screening and treatment.

---

---

### 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 (PPE), 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 they have 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 it is the employee's professional judgment that in a specific instance its use would prevent the 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 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, punctured, or when the 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 items or surfaces that are contaminated. 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 (i.e., anatomical pathology and anatomy prep room).

F. Hand-washing stations

1. Hand-washing facilities are located in various locations throughout ATSU'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. It is the policy of this facility that hands must be washed under the following conditions:
  - a. Immediately or as soon as feasible after the removal of personal protective equipment.
  - b. Following contact with blood or other potentially infectious materials. Any other skin or mucous membranes that have 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 (i.e., forceps and recapping device) or a onehanded "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 discarded in labeled, puncture-resistant containers with "living hinge" covers that are placed as close as feasible to the area of use. The containers must never be filled to more than three-quarters (3/4) full. They must be kept upright and closed immediately prior to removal or replacement to prevent spillage.

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, the 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 equipment
1. All equipment which 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, the parts that are contaminated 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 non-clinic employees who have occupational exposure to blood or other potentially infectious materials. 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 screening and testing
1. All new employees at ATSU clinics will receive a tuberculin skin test 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 CDC guidelines at the employee's expense.
  2. All new students and on-campus faculty will complete and return the TB Risk Assessment Tool (Attachment 3) as a part of the hiring or admissions processes.
  3. Failure to complete the TB Risk Assessment Tool may result in suspension of employment without pay for faculty. Students who fail to complete the TB Risk Assessment Tool will not be permitted to maintain enrollment in the subsequent semester.
- L. ATSU clinic employee immunizations
1. Employees at all ATSU clinics must be immunized against the following transmittable diseases: measles, mumps, rubella, hepatitis B, varicella, tuberculosis, 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.
- 

## 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 (PPE), 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)
  - a. All employees who may have occupational exposure are required to use PPE whenever they have reasonable anticipation of exposure. These materials are available at no charge to the employee and are readily available in convenient locations.
  - b. The only acceptable exception is when it is the employee's professional judgment that in a specific instance its use would prevent the 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.
  - c. 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.
  - d. All PPE is provided, repaired, replaced, cleaned, laundered, and disposed of by ATSU at no expense to the employee.
  - e. 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, punctured, or when the 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 items or surfaces that are contaminated. 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.

- f. 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.
  - g. 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.
  - h. Surgical caps or hoods and shoe covers or boots will be worn when gross contamination of the head or feet is reasonably anticipated (i.e., anatomical pathology and anatomy prep room).
- F. Hand-washing stations
- a. Hand-washing facilities are located in various locations throughout ATSU'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.
  - b. It is the policy of this facility that hands must be washed under the following conditions:
    - i. Immediately or as soon as feasible after the removal of personal protective equipment.
    - ii. Following contact with blood or other potentially infectious materials. Any other skin or mucous membranes that have contact with these materials will be washed or flushed as soon as feasible.
- G. Needle puncture prevention
- a. 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 (i.e., forceps and recapping device) or a onehanded "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.
  - b. Contaminated sharps will be discarded in labeled, puncture-resistant containers with "living hinge" covers that are placed as close as feasible to the area of use. The containers must never be filled to more than three-quarters (3/4) full. They

must be kept upright and closed immediately prior to removal or replacement to prevent spillage.

H. Laboratory procedures

- a. Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.
- b. 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, the 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 equipment

- a. All equipment which 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, the parts that are contaminated must be labeled with a biohazard symbol stating which portions may be contaminated.
- b. Instrumentation personnel must observe universal precautions and wear appropriate personal protective equipment when handling contaminated equipment.
- c. 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

- a. Hepatitis B vaccine is available, free of charge, to all non-clinic employees who have occupational exposure to blood or other potentially infectious materials. This vaccine is made available at the time of initial hiring and is available on request.
- b. Employees wishing to be vaccinated should contact the human resources department to make an appointment.
- c. Employees who decline to accept hepatitis B vaccination will be asked to sign a declination statement (Attachment 2).
- d. 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 screening and testing

- a. All new employees at ATSU clinics will receive a tuberculin skin test 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 CDC guidelines at the employee's expense.
- b. All new students and on-campus faculty will complete and return the TB Risk Assessment Tool (Attachment 3) as a part of the hiring or admissions processes.

- c. Failure to complete the TB Risk Assessment Tool may result in suspension of employment without pay for faculty. Students who fail to complete the TB Risk Assessment Tool will not be permitted to maintain enrollment in the subsequent semester.
  - L. ATSU clinic employee immunizations
    - a. Employees at all ATSU clinics must be immunized against the following transmittable diseases: measles, mumps, rubella, hepatitis B, varicella, tuberculosis, influenza, diphtheria, tetanus, and pertussis (See Attachment 5).
    - b. Immunizations must be recorded and maintained by clinic administration.
    - c. Employees requiring immunizations, or who are unable to sufficiently document prior immunization, will be provided immunization at no cost to the employee.
    - d. 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.
- 

## **RESPONSIBILITY**

- A. The Fire, Safety, and Disaster Committee will monitor compliance with this policy and conduct annual reviews to ensure consistency and revise as necessary.
- B. The human resources department is responsible for ensuring the Hepatitis B vaccine form (Attachment 2) is received and on file for all appropriate employees.
- C. 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.
- D. 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, PPE is available and used appropriately, and the post-exposure prophylaxis management plan (Attachment 4) is followed.
- E. All supervisors are responsible for monitoring employee adherence to this policy and reflecting appropriate compliance on annual personnel evaluations.
- F. All clinic administrators are responsible for ensuring all employees have required immunizations and for maintaining employee immunization records.

## 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	Physician's Assistant - LPN
LPN I (Grad)	Resident
LPN or Services Coordinator	Clinical Assistant
Fire, Safety, Disaster Committee Chairperson	Office Nurse/Educator
Research Coordinator	Office Supervisor
Non-Certified Medical Assistant	Security Officer
Nurse Practitioner	Counselor
Pathology Assistant	
Physician	

Some employees with these titles may have exposure:

Academic Assistant	Receptionist I
Assistant Coordinator	Receptionist/Drs. Assistant
Assistant Dean	Research Associate
Assistant Director	Research Technician
Assistant Professor	Secretary II
Associate Professor	Secretarial Services Supervisor
Building Attendant	Technician
Chairperson	Workstudy
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	

## 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 Resource**

*Mesa, Arizona campus:*

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

*Kirksville, Missouri campus:*

Assistant Vice President of Human Resources  
800 West Jefferson Street  
Kirksville, 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:**

Kirksville, Missouri campus: ATSU Human Resources 800 West Jefferson Street Kirksville, 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 test TST or IGRA result.

Students should return this completed form to Student Affairs.  
Employees should return this completed form to human resources.

<b>Risk Factor</b>	<b>Yes</b>	<b>No</b>
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 >15mg/day for >1month) or other immunosuppressive medication such as TNF0a 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

This policy is referenced from the: AT Still University. "ATSU Disease Exposure Prevention and Control Plan # 95-107", HR portal: <https://sites.google.com/a/atsu.edu/human-resources/policy-index>. 19 Aug. 2015. Pag 1-3. Web. 01 Aug. 2017.

---

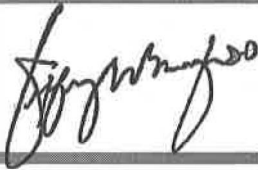
---

## 5.3 Employee Assistance Program (EAP)/Mental Health for Students

---

---

APPROVAL:



DATE:

8/1/17

---

### 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.

---

### POLICY

#### EMPLOYEE ASSISTANCE PROGRAM

All full-time employees have access to Cigna's Employee Assistance Program (EAP). This benefit is available to full-time employees and dependents regardless if the employee is on the Cigna health plan.

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

You may access the EAP benefits by calling [\(877\) 622-4327](tel:8776224327) or by visiting [www.cignabehavioral.com](http://www.cignabehavioral.com).

**As a vital part of your company's commitment to helping you maintain a healthy and fulfilling life, Cigna is pleased to offer an exciting benefit called the Employee Assistance Program (EAP).**

One of our dedicated personal advocates will work with you to resolve any issues you may be facing, connect you with the right mental health professional, direct you to a variety of helpful resources in your community, and more.

Best of all, it's free.

### **The Facts on EAP**

- The EAP toll-free phone number is: 1-877-622-4327
- We're available 24/7/365
- Available to you and your household family members

### **EAP Services Include:**

- Counseling: Face-to-Face sessions with a counselor in your area.
- Consultation and support by phone: Consultations may be related to questions about behavioral health related topics, assistance with problem identification, problem-solving skills, approaches and/or resources to address behavioral concerns.
- Legal assistance: Free, 30-minute consultation with an attorney face-to-face or by phone.
- Financial: Free 30-minute telephonic consultation by phone with a qualified specialist on issues such as debt counseling or planning for retirement.
- Child care: Resources and referrals for child care providers, before and after school programs, camps, adoption organizations and information on parenting questions and prenatal care.
- Elder care: Resources and referrals for home health agencies, assisted living facilities, social and recreational programs, and long-distance care giving.
- Pet care: Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- Identity theft: 60-minute free consultation with a fraud resolution specialist.

### **Find us online**

You and your household members can also get EAP assistance and information via the Cigna EAP website: [Cignabehavioral.com](http://Cignabehavioral.com).

Click on the "login to access your benefits" link and enter your Employer ID in lowercase letters with no spaces.

**Connect with your EAP either by phone or online for free, fast and effective expert assistance.**

**1.877.622.4327**

**Cignabehavioral.com**

**Employer ID: atsu**

---

## **PROCEDURE(S)**

### **EMPLOYEE ASSISTANCE PROGRAM**

All full-time employees have access to Cigna's Employee Assistance Program (EAP). This benefit is available to full-time employees and dependents regardless if the employee is on the Cigna health plan.

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

You may access the EAP benefits by calling [\(877\) 622-4327](tel:8776224327) or by visiting [www.cignabehavioral.com](http://www.cignabehavioral.com).

**As a vital part of your company's commitment to helping you maintain a healthy and fulfilling life, Cigna is pleased to offer an exciting benefit called the Employee Assistance Program (EAP).**

One of our dedicated personal advocates will work with you to resolve any issues you may be facing, connect you with the right mental health professional, direct you to a variety of helpful resources in your community, and more.

Best of all, it's free.

#### **The Facts on EAP**

- The EAP toll-free phone number is: 1-877-622-4327
- We're available 24/7/365
- Available to you and your household family members

#### **EAP Services Include:**

- Counseling: Face-to-Face sessions with a counselor in your area.
- Consultation and support by phone: Consultations may be related to questions about behavioral health related topics, assistance with problem identification, problem-solving skills, approaches and/or resources to address behavioral concerns.
- Legal assistance: Free, 30-minute consultation with an attorney face-to-face or by phone.
- Financial: Free 30-minute telephonic consultation by phone with a qualified specialist on issues such as debt counseling or planning for retirement.
- Child care: Resources and referrals for child care providers, before and after school programs, camps, adoption organizations and information on parenting questions and prenatal care.
- Elder care: Resources and referrals for home health agencies, assisted living facilities, social and recreational programs, and long-distance care giving.
- Pet care: Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- Identity theft: 60-minute free consultation with a fraud resolution specialist.

#### **Find us online**

You and your household members can also get EAP assistance and information via the Cigna EAP website: [Cignabehavioral.com](http://Cignabehavioral.com).

Click on the "login to access your benefits" link and enter your Employer ID in lowercase letters with no spaces.

**Connect with your EAP either by phone or online for free, fast and effective expert assistance.**

**1.877.622.4327**  
**Cignabehavioral.com**  
**Employer ID: atsu**

"Cigna," the "Tree of Life" logo "Cigna Healthy Rewards," "myCigna.com" and "GO YOU" are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. In Arizona, HMO plans are offered by Cigna HealthCare of Arizona, Inc. In California, HMO plans are offered by Cigna HealthCare of California, Inc. In Connecticut, HMO plans are offered by Cigna HealthCare of Connecticut, Inc. In North Carolina, HMO plans are offered by Cigna HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by CGLIC or CHLIC. All models are used for illustrative purposes only.

838614 b 06/13 © 2013 Cigna. Some content provided under license.

Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

---

## **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**

Art Davalos-Matthews

Licensed Mental Health Wellness Counselor

Building 5845, Suite 213

(480) 219-6170

amatthews@atsu.edu

*Availability:* Monday-Friday, 8a-5p; Evenings/Weekends, by appointment or emergency

---

---

### Online

[http://www.atsu.edu/counseling\\_services/](http://www.atsu.edu/counseling_services/)

<http://sites.google.com/a/atsu.edu/student-wellness-and-safety/>

Referenced from ATSU website: [https://www.atsu.edu/counseling\\_services/](https://www.atsu.edu/counseling_services/)

The WellConnect program provides confidential, 24/7 access to masters-level licensed counselors for AT Still University/School of Osteopathic Medicine in Arizona students and their partners/spouses. The program is provided by the school to empower students with tools and strategies to work through and overcome potential obstacles that may stand in the way of students being successful and reaching their academic and career goals. This program is offered to all SOMA students nationwide.

For over 20 years, WellConnect has been working collaboratively with schools to support students with the personal issues and challenges they face on a day to day basis. WellConnect's experience and expertise allows them to work with each student on an individual basis to identify the best solutions available to meet SOMA's student's needs, whether students are struggling with depression, relationship issues, legal concerns, daily living needs or school/work/life balance.

WellConnect helps students and their family members work through personal issues and pressing matters such as child care, financial concerns, family matters, relationship concerns, and other daily stressors that affect school success. With the WellConnect program our students and their family members have access to:

- Free, confidential support that is available 24/7
- In-the-moment support
- Consultation with legal and financial experts
- Resource coordination for community services that assist students
- Short-term counseling, either telephonic or in-person
- Online information and resources at [www.wellconnectbysrs.com](http://www.wellconnectbysrs.com)
- Or by telephone: 866-640-4777
- Student Access Code: ATSU-STU
- Faculty Access Code: ATSU-FAC

AT Still University/School of Osteopathic Medicine in Arizona faculty and staff play a pivotal role in helping our students understand, access, and use the WellConnect services to the fullest extent possible. It is important to identify issues early and help students to be proactive in connecting with support. Together, AT Still University/School of Osteopathic Medicine in Arizona faculty and staff and the WellConnect team of counselors, resource consultants and professionals can help students work through their personal problems and move forward successfully to graduation.

### **24/7 Telephone Counseling**

WellConnect licensed counselors are available 24/7 to assist your students anytime. Counselors help students identify key needs, problem solve, and find solutions to work through concerns like emotional stressors, test anxiety, or relationship issues.

### **Short-Term Counseling**

AT Still University/School of Osteopathic Medicine in Arizona students and their partners/spouses have access to local, face-to-face counseling through WellConnect's extended network of licensed mental health providers. Students meet with the counselor to collaborate on current problems, and develop and implement solutions. Students receive 1-5 sessions per issue, at no cost for the student.

### **Resource and Referral Coordination**

Resource consultants research valuable local community resources, so that daily living concerns are addressed before they overwhelm the student. Consultants assess each student's individual needs and provide referrals based on availability of resources. Note: The WellConnect program assists students by providing information and support in meeting their needs, and links them to agencies or community-based resources to provide the help they are seeking. The program provides information and referrals only, and is not a source for students to access funds directly.

### **Resource Assistance**

- Referrals to community agencies & other organizations
- Resources around housing, utilities, transportation and other life needs
- Coaching, problem solving

### **Financial and Legal Consultation**

AT Still University/School of Osteopathic Medicine in Arizona students and their partners/spouses are offered financial consultation on credit and debt issues, budgeting or bankruptcy, etc. An attorney is available to answer questions regarding legal issues such as an eviction notice, child custody, or divorce. Employment-related issues are not covered by this service.

### **Legal and Financial Support**

1. 30 minute free consultation with an attorney
  - a. Child custody, divorce, real estate, tax preparation
2. 30 minute free consultation with financial expert
  - a. Debt concerns, credit issues, identity theft, bankruptcy

**WellConnect's Interactive student specific portal:** [www.wellconnectbysrs.com](http://www.wellconnectbysrs.com)

- Articles on study skills, stress, parenting, childcare, etc.
- Budget Calculator
- Financial Literacy 101

- College 101-Ask Us
- Anonymous mental health screenings

### **Former Referrals**

WellConnect's counselors assist referred students with personal problems affecting school performance. With a student's signed consent, the schools receive feedback on student contact and compliance with the plan developed to resolve barriers to student success.

### **Faculty/Administrator Support Team (FAST)**

AT Still University/School of Osteopathic Medicine in Arizona faculty and staff have access to free, unlimited confidential consultation on any student problem or concern. The

**Faculty/Administrator Support Team (FAST) line** is a 24/7 dedicated number, staffed by senior clinical consultants who are specifically equipped to provide high level consultation and response, for a variety of situations including:

- Concern for a student that may be having thoughts of self-harm
- Concern for a student that may be having thoughts of hurting others
- Dealing with a disruptive student in class
- Initiating a Formal Referral to support a student whose behavior/performance/grades have declined
- Helping students cope with the death of a fellow student and/or campus violence incident

### **FAST-Line: 844-208-7070**

As an administrator, faculty or staff member, WellConnect is our supportive outlet for students who are struggling, both inside and outside the classroom. However, there may be times when you are unsure how to appropriately direct the student. In those instances, the **FAST-Line** can be a valuable resource for navigating complex, sensitive, or high-risk student situations. Call **844-208-7070** to get started.

### **Faculty Administration Support Team (FAST) Line (844-208-7070)**

- Coaching & referral support for student-related issues
- Confidential 24/7 telephonic
- Mitigates risk of liability
- Quarterly free webinars
- Interactive Faculty/Staff portal [www.wellconnectbysrs.com](http://www.wellconnectbysrs.com)

## **PROCEDURE(S)**

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

- G. Mental Health Wellness Counselors provide individual, couples, and group counseling, as well as referral and consultation services.
- H. All counseling services are provided free of charge to AT Still University/School of Osteopathic Medicine in Arizona students and their partners/spouses.
- I. 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.
- J. 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.
- K. 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.
- L. The Counseling Services staff adhere to the ethical code of the American Counseling Association.

## LOCATIONS OF SERVICES

### Mesa-Campus

Art Davalos-Matthews

Licensed Mental Health Wellness Counselor

Building 5845, Suite 213

(480) 219-6170

amatthews@atsu.edu

*Availability:* Monday-Friday, 8a-5p; Evenings/Weekends, by appointment or emergency

### Online

[http://www.atstu.edu/counseling\\_services/](http://www.atstu.edu/counseling_services/)

<http://sites.google.com/a/atstu.edu/student-wellness-and-safety/>

Referenced from ATSU website: [https://www.atstu.edu/counseling\\_services/](https://www.atstu.edu/counseling_services/)

## **Informal WellConnect Referral Process**

**Step 1: Students learn about WellConnect through ongoing campus communication and promotion.**

Continually send out email communication reminders of WellConnect's services.

**Step 2: The informal referral is a direct suggestion to a student that WellConnect might be of help in a given circumstance.**

- Informal referrals can also be used to ensure that students with urgent concerns receive immediate assistance. You can call WellConnect, hand the phone to a student and leave the room to allow the student to talk confidentially.

**Step 3: Consultation Process**

There may be times when you are unsure about what type of referral is most appropriate for a particular student. At WellConnect, they can discuss the issue, and help you decide how to proceed in helping the SOMA student. Please call: **1-800-326-6142** to speak with a counselor about referring a student. Consultations may also be used to discuss a student concern, behavioral issue or classroom management question.

## **Formal WellConnect Referral Process**

**Step 1: Refer the student**

- Meet with the student in private

- Review specific school performance issues (such as tardiness, absenteeism, classroom behavior, etc.) and clearly define your expectations for improvement
- Explain WellConnect and emphasize its benefits in providing coaching support and resource assistance
- Explain that anything discussed with WellConnect is confidential
- Provide information on how to contact WellConnect and have the student sign the Formal Referral Consent Form so that information can be shared with the school
- Discuss the time frame that you would like the student to contact WellConnect, or call with the student so you are sure the student is connected to the program and receiving assistance
- **The student must sign the Formal Referral Consent Form in order for you to receive feedback from WellConnect**

### **Step 2: Notify WellConnect**

**Fax the following information to WellConnect:**

- Formal Referral Consent Form
- Student's written consent and estimated time frame for the student to call WellConnect
- Referring faculty or staff member's name and signature
- Inform WellConnect of your concerns and expectations
- Please also share this information over the phone

### **Step 3: Receive Communication from WellConnect**

**With a Formal Referral, the WellConnect Consultants will communicate with you regarding the student's follow through. No confidential or personal details will be shared. However, the WellConnect Consultant will share with you:**

- If the student has contacted WellConnect
- Whether the student has kept appointments for telephone or in-person counseling sessions
- Whether the student is following the action plan set up with the counselor
- When the referral is complete

### **Step 4: Evaluate the Student's Performance**

**The goal is to assist the student in order to help him/her meet personal and academic needs. If the student's issues persist, please call and consult with us for additional suggestions and assistance for the student.**

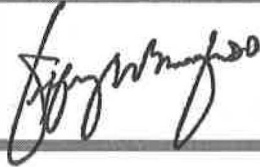
This policy is referenced from the: "WellConnect by Student Resource Services Implementation Manual.", 01 Aug. 2017. Pag 3-9.

---

## 5.3 Hazard Communication Program

---

APPROVAL:



DATE:

8/1/17

---

### PURPOSE

The purpose of the ATSU hazard communication program is as follows:

- A. To reduce the incidence of chemically related occupational illness and injury.
  - B. To increase the availability of hazard information to assist the employer in developing protective measures.
  - C. To give employees and student information they need to take steps to protect themselves against potential hazards in the common labs and work places.
  - D. To facilitate internal communication relative to hazardous materials in the work place.
- 

### POLICY

In order to comply with Occupational Safety and Health Administration's (OSHA) final rule on hazard communication, the following hazard communication program has been developed for the ATSU. The written program will be available in each department and in the following office locations for review by any interested employee: president, human resources, and facilities.

- A. Container labeling
    1. The departmental chairperson will verify that all containers received for use will:
      - a. Be clearly labeled as to the contents and have the appropriate hazard warning.
      - b. List the name and address of the manufacturer.
      - c. Provide specific detail as to the type or severity of hazard, including the specific target organ affected if known.
    2. No containers will be released for use until the above labeling is verified as being on the container. Containers leaving the workplace must have the name of the responsible party listed in a log, kept in the department.
    3. The department chairperson will determine whether all secondary containers are labeled with either the manufacturer's label identical to the primary container, or with the ATSU labeling system that identifies the substance and contains the hazard warning.
    4. The director of facilities or designee will review the facility labeling system annually and update as required.
  - B. Safety Data Sheets (SDS):
    1. The department chairperson will be responsible for obtaining and maintaining the data sheet system for his/her department. If the manufacturer or retailer fails to provide the SDS for its product, a prompt request will be made. If the SDS is not received
-

2. The department chairperson and/or director of purchasing will make copies of all incoming SDS, highlight the exact chemical used, note approximate quantity of chemical, and place the ordering department's name on the SDS. Copies of all new SDS will be distributed as follows:
    - a. One copy to the director of facilities.
    - b. Original is filed with the department chair in the department using the chemical.
  3. The department chairperson will review the SDS for new and significant health/safety information and will see that any new information is passed on to the appropriate employee(s) and document that the employee(s) was trained in the use of the new chemical.
  4. Copies of the SDS for all hazardous chemicals, which employees of the facility may be exposed to, will be kept in the facilities department and must be readily accessible within a 24-hour period to any employee. Documentation of employees requesting SDS will be maintained in human resources.
  5. SDS will be available to all employees in their work area for review during each work shift. If SDS are not available or new chemicals in use do not have SDS, immediately contact the director of facilities.
- C. List of hazardous chemicals. A list of hazardous chemicals used in this facility is located in the facilities department. Further information on each hazardous chemical listed may be obtained by reviewing SDS in the facilities department.
- D. Hazardous non-routine tasks
1. Periodically, employees are required to perform hazardous non-routine tasks. Prior to starting work on such projects, each affected employee will be given information by the department chairperson about the hazardous chemicals he/she may be exposed to during such activity.
  2. The information will include:
    - a. Specific chemical hazards.
    - b. Protective/safety measures for the employee
    - c. Measures the facility has taken to lessen the hazards, including the presence of another employee and emergency procedures.
- E. E. Informing contractors
1. It is the responsibility of the designee of the director of facilities to provide contractors and their employees the following information:
    - a. Hazardous chemicals that they may be exposed to while on the job.
    - b. Precautions that the employees must take to lessen the possibility of exposure by usage of appropriate protective measures.
  2. The designee of the president or the director of facilities is responsible for contacting each contractor before work is started in the facility to gather and distribute information concerning chemical hazards that the contractor is bringing in the work place.

---

## PROCEDURE(S)

In order to comply with Occupational Safety and Health Administration's (OSHA) final rule on hazard communication, the following hazard communication program has been developed for the ATSU. The written program will be available in each department and in the following office locations for review by any interested employee: president, human resources, and facilities.

### A. Container labeling

- a. The departmental chairperson will verify that all containers received for use will:
  - i. Be clearly labeled as to the contents and have the appropriate hazard warning.
  - ii. List the name and address of the manufacturer.
  - iii. Provide specific detail as to the type or severity of hazard, including the specific target organ affected if known.
- b. No containers will be released for use until the above labeling is verified as being on the container. Containers leaving the workplace must have the name of the responsible party listed in a log, kept in the department.
- c. The department chairperson will determine whether all secondary containers are labeled with either the manufacturer's label identical to the primary container, or with the ATSU labeling system that identifies the substance and contains the hazard warning.
- d. The director of facilities or designee will review the facility labeling system annually and update as required.

### B. Safety Data Sheets (SDS):

- a. The department chairperson will be responsible for obtaining and maintaining the data sheet system for his/her department. If the manufacturer or retailer fails to provide the SDS for its product, a prompt request will be made. If the SDS is not received
- b. The department chairperson and/or director of purchasing will make copies of all incoming SDS, highlight the exact chemical used, note approximate quantity of chemical, and place the ordering department's name on the SDS. Copies of all new SDS will be distributed as follows:
  - i. One copy to the director of facilities.
  - ii. Original is filed with the department chair in the department using the chemical.
- c. The department chairperson will review the SDS for new and significant health/safety information and will see that any new information is passed on to the appropriate employee(s) and document that the employee(s) was trained in the use of the new chemical.
- d. Copies of the SDS for all hazardous chemicals, which employees of the facility may be exposed to, will be kept in the facilities department and must be readily accessible within a 24-hour period to any employee. Documentation of employees requesting SDS will be maintained in human resources.
- e. SDS will be available to all employees in their work area for review during each work shift. If SDS are not available or new chemicals in use do not have SDS, immediately contact the director of facilities.

- C. List of hazardous chemicals. A list of hazardous chemicals used in this facility is located in the facilities department. Further information on each hazardous chemical listed may be obtained by reviewing SDS in the facilities department.
  - D. Hazardous non-routine tasks
    - a. Periodically, employees are required to perform hazardous non-routine tasks. Prior to starting work on such projects, each affected employee will be given information by the department chairperson about the hazardous chemicals he/she may be exposed to during such activity.
    - b. The information will include:
      - i. Specific chemical hazards.
      - ii. Protective/safety measures for the employee
      - iii. Measures the facility has taken to lessen the hazards, including the presence of another employee and emergency procedures.
  - E. Informing contractors
    - a. It is the responsibility of the designee of the director of facilities to provide contractors and their employees the following information:
      - i. Hazardous chemicals that they may be exposed to while on the job.
      - ii. Precautions that the employees must take to lessen the possibility of exposure by usage of appropriate protective measures.
    - b. The designee of the president or the director of facilities is responsible for contacting each contractor before work is started in the facility to gather and distribute information concerning chemical hazards that the contractor is bringing in the work place.
- 

## **RESPONSIBILITY**

- A. The assistant vice president of human resources is responsible for developing, implementing, and monitoring the training program.
- B. Notices will be posted by the Human Resources Department, on the employee bulletin boards, to provide an explanation of the facility's container labeling system and the location of the written hazard communication program.
- C. Each President's Cabinet member and/or department chair is responsible for assuring that each individual in his/her area has completed the mandatory annual training requirements and that new employees are oriented to the program upon hire.
- D. Each President's Cabinet member and/or department chair develops and implements a specific training program for his/her employees which reflect appropriate handling of hazardous materials in the work place.
- E. Human resources will maintain employee training certificates.

This policy is referenced from the: AT Still University. "ATSU Hazard Communication Program # 95-106", HR portal:<https://sites.google.com/a/atsu.edu/human-resources/policy-index>. 30 Mar. 2013. Pag 1-3. Web. 01 Aug. 2017.

---

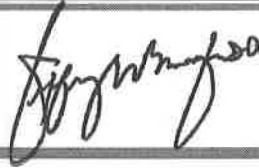
---

## 5.3 Needlestick/Bloodborne Pathogens

---

---

APPROVAL:



DATE:

8/1/17

---

### PURPOSE

This general order outlines A.T. Still University ("ATSU") School of Osteopathic Medicine in Arizona ("SOMA") policy and procedures regarding needlestick/bloodborne pathogens.

---

### POLICY

- A. All employees 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, all sharp injuries shall be reported both verbally and in writing, and investigating the circumstances surrounding the exposure incident shall occur immediately.
- C. The procedures below establish management guidelines to ensure employees receive treatment, postexposure medical evaluation, and counseling following a needlestick/sharps injury that results in exposure to bloodborne pathogens or other potentially infectious material.
  1. Employee responsibility
    - a. At the time of the exposure, the individual should immediately or as soon as feasible, clean the exposed areas as follows:
      - i. Intact skin or non-intact skin (cuts, abrasions), or percutaneous (needlesticks) – wash site well with soap and water.
      - ii. 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.
      - iii. Remove any blood soiled clothing as soon as feasible and replace with clean uniform or scrubs.
    2. Environmental services will launder the employee's personal clothing and return it to the employee.
      - a. Report exposure to the human resources department immediately. Note source patient, if possible.
      - b. The individual will then follow the policies and procedures as set forth by the institution.

- 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 staff or personnel at the clinic sites.
1. Appropriate first-aid to cleanse the wound should be taken.
  2. An incident report form should be completed and returned to human resources.
  3. Hepatitis prophylaxis is recommended by the CDC based on the characteristics of exposure and risk as summarized in the table.
- 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."
      - i. 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.
      - ii. Dirty: Sharp had been exposed to patient blood/body fluid. Example—any sharp which 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: Determines 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 individual 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 5-10 years. Use diphtheria/tetanus consent form to document consent/refusal.
    - d. Educate employee 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 individual 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 5-10 years. Use diphtheria/tetanus consent form to document consent/refusal strategies.
    - e. Offer serum hepatitis B antibody (Anti-HBs) testing.
      - i. Order Anti-HBs on all employees that have been exposed to potentially contaminated blood/body fluids to determine immune status.
      - ii. Document consent/refusal on post-exposure consent form.
    - f. Offer hepatitis B vaccine.
      - i. 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.
      - ii. Previously vaccinated individual: Converter or conversion unknown
        - (a) If Anti-HB is reactive, no further treatment is necessary.



- (b) If Anti-HB is non-reactive, repeat the 3 dose series of hepatitis B vaccine.
- iii. Previously vaccinated individual: Non-converter
  - (a) If individual is a known non-converter (at least 4 doses of vaccine without developing immunity), do not administer booster.
  - (b) No further treatment is necessary unless source patient is not tested and is known highrisk; may then administer HBIG x 2, 1 month apart.
- iv. Unvaccinated individual
  - (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. (See appendix F)
  - i. If source HIV negative, order baseline HIV serum antibody testing on individual.
  - ii. No further follow-up is necessary unless epidemiologic evidence suggests that source is high risk and is in the window period. If retesting is recommended or desired by the employee, retest at 3 or 6 months.
  - iii. If source HIV positive, source unknown or source refuses testing, order baseline, 12-week, and 6-month HIV serum antibody testing on individual.
  - iv. Use form for anti-HIV blood testing consent: Copy to individual and original to medical director to document consent/refusal. If the individual consents to baseline blood collection, but does not give consent for HIV testing, the blood sample shall be preserved for at least ninety (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.
  - v. Use individual social security number on lab requisition: Not name.
- i. Use employee HIV counseling form to counsel individual regarding HIV, transmission, prevention, and implications of HIV testing. Individual 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.
  - i. The first responder will counsel individual regarding whether or not PEP is indicated based on type of exposure, amount of exposure, source patient risk factors, and employee concerns.
  - ii. 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).
  - iii. If source patient is known to be HIV positive, PEP may be initiated immediately.
  - iv. 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.

- v. Individual will be immediately referred to ER 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.
- vi. If PEP medication is recommended:
  - (a) Use consent for post-exposure chemoprophylaxis form to document consent/refusal to take medications.
- vii. If individual 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.
- viii. **DO NOT ADMINISTER PEP MEDICATIONS TO FEMALE UNTIL PREGNANCY TEST RESULTS ARE KNOWN.**
- k. Healthcare professional's written opinion
  - i. The medical director will complete a healthcare professional's written opinion for post exposure.
  - ii. The written opinion shall be limited to the following information:
    - (a) That the individual has been informed of the results of the evaluation; and
    - (b) That the individual has been told about any medical conditions resulting from exposure which require further evaluation/treatment.
  - iii. The individual will be provided with a copy of the Written Opinion within 15 days of evaluation.
- l. Record keeping
  - i. First responder will complete, sign, date and time the post-exposure checklist.
  - ii. All original consents and forms will be sent to the medical director for filing in the medical file.
  - iii. All results of follow-up procedures, examinations and medical testing will be placed in the medical file.

#### SOURCE PATIENT

- A. If the source patient is known, every effort will be made to contact the patient and ask for his or her 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 that the patient is being approached. If the source patient is unable to give consent, next of kin will be contacted for consent.
- B. 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.
- C. 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 "massive" or "definite," order HIV HbsAg and hepatitis C AB screen STAT.
- D. Test results will only be shared with the source patient, the exposed individual, and the treating clinicians. If results are positive, the attending physician will be notified and will inform the patient of the results and initiate appropriate follow-up.
- E. No cost of testing will be incurred by the source patient.
- F. The source patient will be informed that there is mandatory reporting of a positive test to the Missouri Department of Health and Senior Services. This information will be given during pre-test counseling.

---

## PROCEDURE(S)

- A. All employees 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, all sharp injuries shall be reported both verbally and in writing, and investigating the circumstances surrounding the exposure incident shall occur immediately.
- C. The procedures below establish management guidelines to ensure employees receive treatment, postexposure medical evaluation, and counseling following a needlestick/sharps injury that results in exposure to bloodborne pathogens or other potentially infectious material.
  - a. Employee responsibility
    - i. At the time of the exposure, the individual should immediately or as soon as feasible, clean the 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.
    - b. Environmental services will launder the employee's personal clothing and return it to the employee.
      - i. Report exposure to the human resources department immediately. Note source patient, if possible.
      - ii. The individual will then follow the policies and procedures as set forth by the institution.
- 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 staff or personnel at the clinic sites.
  - a. Appropriate first-aid to cleanse the wound should be taken.
  - b. An incident report form should be completed and returned to human resources.
  - c. Hepatitis prophylaxis is recommended by the CDC based on the characteristics of exposure and risk as summarized in the table.
- E. HIV antibody testing may be recommended and followed as outlined by the CDC. First responder responsibility:
  - a. Initiate post-exposure checklist.
  - b. Determine if exposure to a potential source of transmission occurred.
    - i. 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 which 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.
- ii. Non-intact skin or mucous membrane exposure: Determines if splash/splatter contained fluid known/believed to transmit bloodborne pathogens.
- c. If NO EXPOSURE to blood/body fluids occurred, initiate the following;
- i. Clean/flush site.
  - ii. Instruct individual to observe exposure site for signs and symptoms of infection and to report to the medical director if infection occurs.
  - iii. Offer diphtheria/tetanus vaccine if not vaccinated within last 5-10 years. Use diphtheria/tetanus consent form to document consent/refusal.
  - iv. Educate employee regarding injury prevention strategies.
  - v. Offer hepatitis B vaccine.
- d. If EXPOSURE to blood/body fluids occurred, initiate the following (utilizing the post-exposure checklist).
- i. Clean/flush site.
  - ii. Determine type of exposure.
  - iii. Instruct individual to observe exposure site for signs and symptoms of infection and to report to medical director if infection occurs.
  - iv. Offer diphtheria/tetanus vaccine if not vaccinated within last 5-10 years. Use diphtheria/tetanus consent form to document consent/refusal strategies.
  - v. Offer serum hepatitis B antibody (Anti-HBs) testing.
    1. Order Anti-HBs on all employees that have been exposed to potentially contaminated blood/body fluids to determine immune status.
    2. Document consent/refusal on post-exposure consent form.
  - vi. 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 individual: Converter or conversion unknown
      - a. If Anti-HB is reactive, no further treatment is necessary.
      - b. If Anti-HB is non-reactive, repeat the 3 dose series of hepatitis B vaccine.
    3. Previously vaccinated individual: Non-converter
      - a. If individual is a known non-converter (at least 4 doses of vaccine without developing immunity), do not administer booster.
      - b. No further treatment is necessary unless source patient is not tested and is known highrisk; may then administer HBIG x 2, 1 month apart.
    4. Unvaccinated individual
      - a. Use hepatitis B consent form to document consent/refusal.
      - b. If consent obtained, initiate hepatitis B vaccine.
  - vii. Offer employee hepatitis C antibody testing.
  - viii. Offer employee HIV serum antibody testing. (See appendix F)

1. If source HIV negative, order baseline HIV serum antibody testing on individual.
  2. No further follow-up is necessary unless epidemiologic evidence suggests that source is high risk and is in the window period. If retesting is recommended or desired by the employee, retest at 3 or 6 months.
  3. If source HIV positive, source unknown or source refuses testing, order baseline, 12-week, and 6-month HIV serum antibody testing on individual.
  4. Use form for anti-HIV blood testing consent: Copy to individual and original to medical director to document consent/refusal. If the individual consents to baseline blood collection, but does not give consent for HIV testing, the blood sample shall be preserved for at least ninety (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 individual social security number on lab requisition: Not name.
- ix. Use employee HIV counseling form to counsel individual regarding HIV, transmission, prevention, and implications of HIV testing. Individual and counseling clinician should sign and date counseling form.
- x. 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 individual regarding whether or not 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. Individual will be immediately referred to ER 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.
  - 7. If individual 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.
  - 8. **DO NOT ADMINISTER PEP MEDICATIONS TO FEMALE UNTIL PREGNANCY TEST RESULTS ARE KNOWN.**
- xi. Healthcare professional's written opinion
  - 1. The 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. That the individual has been informed of the results of the evaluation; and
    - b. That the individual has been told about any medical conditions resulting from exposure which require further evaluation/treatment.
  - 3. The individual will be provided with a copy of the Written Opinion within 15 days of evaluation.
- xii. 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 his or her 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 that 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 "massive" or "definite," order HIV HbsAg and hepatitis C AB screen STAT.
- I. Test results will only be shared with the source patient, the exposed individual, and the treating clinicians. If results are positive, the attending physician will be notified and will inform the patient 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 that there is mandatory reporting of a positive test to the Missouri Department of Health and Senior Services. 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://sites.google.com/a/atsu.edu/human-resources/policy-index>. 03 Apr. 2013. Pag 1-4. Web. 01 Aug. 2017.

---

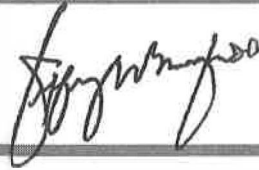
---

## 5.4 Patient Care Supervision

---

---

APPROVAL:



DATE:

8/1/17

---

---

### PURPOSE

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

---

---

### 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.

---

---

### 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 licensed physician, physician assistant, or nurse practitioner must evaluate all patients evaluated by a student.
- D. 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.
- E. The preceptor or preceptor's designee must observe all clinical procedures performed by the student.
- F. Supervising physicians should not have any prior or current affiliation with the student, without written approval from the Assistant Dean of Clinical Education, Assessments and Outcomes, GME and Associate Dean for Clinical Education and Services, 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.



---

---

## 5.4A Patient Care Supervision

---

---

APPROVAL:



DATE: 8/1/17

---

### PURPOSE

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

---

### 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.

---

### 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 licensed physician, physician assistant, or nurse practitioner must evaluate all patients evaluated by a student.
- D. 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.
- E. The preceptor or preceptor's designee must observe all clinical procedures performed by the student.
- F. Supervising physicians should not have any prior or current affiliation with the student, without written approval from the Assistant Dean of Clinical Education, Assessments and Outcomes, GME and Associate Dean for Clinical Education and Services, 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 manipulate 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.

## **Standard 6: Curriculum**

---

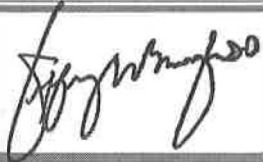
---

## 6.3 Completion of D.O. Degree

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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.

---

---

### 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.

---

---

### 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.

---

---

## 6.9.2 Clinical Education through the COM Policy

---

---

APPROVAL:



DATE:

8/1/17

---

### PURPOSE

To ensure that all ATSU-SOMA student clinical education is obtained through ATSU-SOMA.

---

### POLICY

Students will obtain all clinical education through the COM.

---

### 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.

- 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.

---

## 6.11 Comparable Education Experience

---

APPROVAL:



DATE: 8/1/17

---

### 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.

---

### 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.

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 SOMA Year 3-4 curriculum in addressing/measuring student progress on the Entrustable Professional Activities (EPAs).
- 

## **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.

---

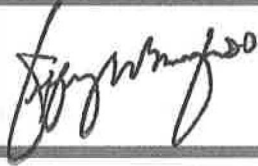
---

6.12 COMLEX

---

---

APPROVAL:



DATE:

8/1/17

---

---

**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)
- COMLEX Level 2PE (COMLEX 2PE)

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.

---

---

**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. ELIGIBILITY**

1. 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 the Phase 1 Comprehensive Osteopathic Medical Self-Assessment Exam Version D (COMSAE-D) or E (COMSAE-E).
    - i. If a student does not receive a minimum score of 450 on the Phase 1 COMSAE-D or COMSAE-E, he or she must submit the results of an alternative timed COMSAE (Form A, B, or C) to SOMA's Associate Dean for Curricular Integration

demonstrating a score of 450 or higher at least five business days prior to his or her scheduled COMLEX Level 1 examination date.

- ii. However, 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 Associate 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.
- c. 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.
- d. \*The Phase 1 COMSAE exams are administered to OMS II students during the Integrative II.

#### B. 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. 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. 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.

### **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 of a minimum score of 450 on the Phase 2 timed Comprehensive Osteopathic Medical Self-Assessment Exam (COMSAE) to the Associate Dean for Clinical Education and Services at least five business days prior to taking the COMLEX Level 2CE.
    - 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. 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. 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.

#### D. 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**

Students who are on-track with their OMS IV class are required to take COMLEX Level 2PE by November 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 must be taken at an NBOME-approved PE testing center.

#### A. ELIGIBILITY

1. A student is eligible to take COMLEX Level 2 PE if he/she has:
  - a. Successfully completed all OMS III 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.
2. If a student is off-track with his or her OMS IV class for any reason, he/she is required to take the COMLEX Level 2PE within 120 days following successful completion of all OMS III curricular requirements (see above section for OMS III curricular requirements). Exceptions to this deadline must be authorized in advance by the Associate Dean for Clinical Education and Services.
3. Students are given a 72-hour excused absence from rotations to take COMLEX 2PE if a request is submitted to the Clinical Education Department at least 10 business days in advance of the examination.

#### B. FIRST FAILURE

1. Failure of COMLEX Level 2PE may significantly impact a student's clinical rotation schedule, progression through the curriculum, ability to match into residency, graduation, and eligibility to start residency.
2. A student who fails the first attempt of COMLEX Level 2PE is required to inform the Associate Dean for Clinical Education and Services and his or her RDMEs and CEC.
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, assigned clinical rotations, and/or directed studies. The student will be required to participate in a formal, individualized remediation plan including practice sessions under the direction of the Standardized Patient Program.
4. The Student Performance Committee will be notified of the failure. The student will be placed on academic warning. Based on the student's past academic record, he or she may be required to appear before the Student Performance Committee.
5. Unless instructed otherwise by the Associate Dean for Clinical Education, the student must re-take COMLEX Level 2PE within eight weeks of notification of failure.

C. SECOND FAILURE

1. A student who fails the second attempt of COMLEX Level 2PE is required to inform the Associate Dean for Clinical Education and Services and his or her RDMEs and 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.
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 2PE.
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 2PE within 16 weeks of notification of the failure.

D. THIRD FAILURE

1. A student who fails COMLEX Level 2PE three times will meet with the Student Performance Committee and is subject to dismissal from SOMA.

**COMLEX LEVEL 3**

Following graduation, the ATSU Registrar's Office 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.

---

## 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:
  - a. Passed all OMS I and OMS II courses
  - b. Achieved a minimum score of 450 on the Phase 1 Comprehensive Osteopathic Medical Self-Assessment Exam Version D (COMSAE-D) or E (COMSAE-E).
    - i. If a student does not receive a minimum score of 450 on the Phase 1 COMSAE-D or COMSAE-E, he or she must submit the results of an alternative timed COMSAE (Form A, B, or C) to SOMA's Associate Dean for Curricular Integration demonstrating a score of 450 or higher at least five business days prior to his or her scheduled COMLEX Level 1 examination date.
    - ii. However, 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 Associate 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.
  - c. 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.
  - d. \*The Phase 1 COMSAE exams are administered to OMS II students during the Integrative II.

#### F. 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. 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. 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 a minimum score of 450 on the Phase 2 timed Comprehensive Osteopathic Medical Self-Assessment Exam (COMSAE) to the Associate Dean for Clinical Education and Services at least five business days prior to taking the COMLEX Level 2CE.
    - 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. 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. 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. 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

Students who are on-track with their OMS IV class are required to take COMLEX Level 2PE by November 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 must be taken at an NBOME-approved PE testing center.

#### E. ELIGIBILITY

1. A student is eligible to take COMLEX Level 2 PE if he/she has:
  - a. Successfully completed all OMS III 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.
2. If a student is off-track with his or her OMS IV class for any reason, he/she is required to take the COMLEX Level 2PE within 120 days following successful completion of all OMS III curricular requirements (see above section for OMS III curricular requirements). Exceptions to this deadline must be authorized in advance by the Associate Dean for Clinical Education and Services.
3. Students are given a 72-hour excused absence from rotations to take COMLEX 2PE if a request is submitted to the Clinical Education Department at least 10 business days in advance of the examination.

#### F. FIRST FAILURE

1. Failure of COMLEX Level 2PE may significantly impact a student's clinical rotation schedule, progression through the curriculum, ability to match into residency, graduation, and eligibility to start residency.
2. A student who fails the first attempt of COMLEX Level 2PE is required to inform the Associate Dean for Clinical Education and Services and his or her RDMEs and CEC.
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, assigned clinical rotations, and/or directed studies. The student will be required to participate in a formal, individualized remediation plan including practice sessions under the direction of the Standardized Patient Program.
4. The Student Performance Committee will be notified of the failure. The student will be placed on academic warning. Based on the student's past academic record, he or she may be required to appear before the Student Performance Committee.
5. Unless instructed otherwise by the Associate Dean for Clinical Education, the student must re-take COMLEX Level 2PE within eight weeks of notification of failure.

#### G. SECOND FAILURE

1. A student who fails the second attempt of COMLEX Level 2PE is required to inform the Associate Dean for Clinical Education and Services and his or her RDMEs and 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.
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 2PE.
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 2PE within 16 weeks of notification of the failure.

#### H. THIRD FAILURE

1. A student who fails COMLEX Level 2PE three times will meet with the Student Performance Committee and is subject to dismissal from SOMA.

#### COMLEX LEVEL 3

Following graduation, the ATSU Registrar's Office 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.

---

#### 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.

**Standard 7:  
Faculty and Staff**

---

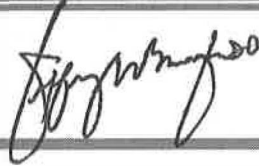
---

## 7.2 Faculty Credentials

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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.

---

---

### POLICY

ATSU is responsible for verifying and documenting faculty qualifications. ATSU uses the following as credentialing guidelines:

- A. ATSU 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.

---

## **PROCEDURE(S)**

ATSU is responsible for verifying and documenting faculty qualifications. ATSU uses the following as credentialing guidelines:

- A. ATSU 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.
- 

## **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 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 application.

This policy is referenced from the: "ATSU/SOMA Clinical Education Manual 80-01". 01 Aug. 2017.

---

## 7.8 Faculty, Clinical Faculty, and Clinical Preceptor Approval and Advancement

---

APPROVAL:



DATE:

8/1/17

---

### PURPOSE

The recruitment of persons for appointment to the full-time faculty shall be conducted in full compliance with ATSU'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.

---

### POLICY

**Appointment Policy** The recruitment of persons for appointment to the full-time faculty shall be conducted in full compliance with ATSU's Equal Employment Opportunity Policy, Affirmative Action Policy, and other applicable statutory laws and regulations.

---

Date Adopted: August 1, 2017

Faculty, Clinical Faculty, Clinical Preceptor Appointment/Advancement

Page 1 of 27

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.

**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.

## **Classifications**

The Faculty shall be divided into the following classifications:

- Full time academic faculty
- Clinical faculty
- Adjunct Clinical faculty
- Adjunct faculty

## **ACADEMIC FACULTY**

### ❖ Full-time Academic Faculty Rank

- a. Professor
- b. Associate Professor
- c. Assistant Professor
- d. Instructor
- e. Assistant Instructor
- f. Lecturer/Facilitator



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. All individuals granted full faculty status shall have a position description which specifies duties and supervisor. A separate letter will be provided which deals with academic rank.

Full faculty members are expected to participate significantly in all aspects of faculty duties, namely: teaching, service and scholarly activity.

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. 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). Service refers to the contributions made to the University community, professional community or to the community at large external to the University. Examples of service to the University include service on standing or ad hoc committees. 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.

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. Faculty members are encouraged to discuss their proposed methods to demonstrate fulfillment in each category with the appropriate Chair, or Dean's office.

The Dean's office and/or faculty member's supervisor will determine the professional service that a faculty member shall provide. 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.

Full faculty status shall not be granted to those who only incidentally contribute to instruction in the course of performing other functions. 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.

Unless otherwise agreed to in writing, full faculty members may (1) use the A.T. Still Learning Resource Center; (2) have access to the parts of the School's computer network which are generally available for full-time faculty use for teaching, research and scholarly activities, and to those shared School facilities which are generally available to faculty for these purposes; (3) 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. Voting privileges at Faculty Assembly Meetings shall be afforded to those full faculty possessing a rank of Instructor or higher. Voting privileges in the Faculty Council are outlined in the Constitution of the Faculty Council.

## ❖ CLINICAL FACULTY

### Clinical Faculty rank

- a. Clinical Professor
- b. Clinical Associate Professor
- c. Clinical Assistant Professor
- d. Clinical Instructor
- e. Clinical Assistant Instructor/Facilitator

Clinical faculty members are those individuals who have significant ongoing responsibility in the School to teach, perform SOMA related service or conduct research and other scholarly activities. Clinical faculty may also include those professionals who have an ongoing relationship with SOMA and who are committed to the clinical training programs off-campus. Clinical faculty members normally participate in SOMA teaching, service and may conduct research and other scholarly activities.

Clinical faculty members are appointed by the Dean. Clinical faculty shall be listed on the faculty roster. Clinical faculty appointments shall be reviewed every three years. 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. Each Clinical faculty member shall have an appointment which specifies responsibilities, and the duration of the appointment. Promotion will be based on those criteria which defined their job description at time of appointment. If Clinical faculty desire an appointment to Full Faculty their rank will be dependent on meeting Full Faculty academic rank criteria. Clinical faculty may be eligible for benefits under University policy if they receive a salary. 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.

### • ADJUNCT CLINICAL FACULTY

#### Adjunct Clinical Faculty rank

- a. Adjunct Clinical Professor
- b. Adjunct Clinical Associate Professor
- c. Adjunct Clinical Assistant Professor
- d. Adjunct Clinical Instructor

Adjunct Clinical Faculty include physicians and other health care professionals who participate in the School's clinical training programs. 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. Adjunct Clinical Faculty are considered a valuable component of the clinical education program. Their status is documented in the Clinical Affairs Unit. They are generally not listed in the School catalog and do not hold full academic faculty rank. Adjunct Clinical Faculty members do not receive committee assignments and do not hold voting privileges. They may be granted access to the Learning Resource Center and are eligible for guest log-in pass to the Learning Management System. Adjunct Clinical Faculty appointments shall be reviewed every three years.

## ADJUNCT FACULTY

Adjunct faculty members are those individuals who have an agreed upon responsibility in the School to teach, or perform a SOMA related service.

Adjunct faculty members are credentialed by the Dean. Adjunct faculty are not directly employed by SOMA and may have no medical degree. Adjunct faculty appointments shall be reviewed every year. 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. Each Adjunct faculty member shall have an agreement which specifies responsibilities, and the duration of the appointment. Adjunct Faculty will be listed in the School catalog. Adjunct Faculty members do not receive committee assignments and do not hold voting privileges. Adjunct Faculty will be permitted to utilize the A.T. Still Learning Resource Center.

## **FACULTY APPOINTMENTS and PROMOTIONS OVERVIEW**

Academic appointment and promotion is a peer-reviewed process wherein candidates are judged against general, rather than specific, national standards. These guidelines are intended to broadly define the minimum performance levels associated with the academic ranks between Lecturer/Facilitator and Professor. In general, promotion in rank represents the progression though increasing levels of academic performance, scholarly achievement, service, and leadership as detailed in Appendix F.

Academic duties generally fall into three basic categories: teaching, scholarly activity, and service. Faculty members are expected to fulfill specific teaching responsibilities, perform scholarly work, perform service, and perform assigned administrative duties. A record of competence in discharging these responsibilities contributes positively to a faculty member's evaluation when making appointment and promotion decisions. 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. 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. A faculty member's position description should outline the approximate time(s) he should commit to each responsibility.

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. The Senior Vice President - Academic Affairs shall have the discretionary power to request the promotion of other administrators. 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.

**The following sections outline the general criteria for appointment and/or promotion at each academic rank.**

**Lecturer/Facilitator**

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 SOMA.

**Assistant Instructor**

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 experience in research and/or teaching. Candidates should have the potential and qualifications to contribute to the specific academic mission of SOMA.

**Instructor**

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. Candidates should be able to make an immediate contribution to a specific academic mission of the School.

**Assistant Professor**

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.

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. Evidence of this potential might include:

- Teaching experience and teaching effectiveness.
- Publication of original scholarly work in peer-reviewed professional journals.
- Record of extramural funding.
- Completion of residency and/or specialty training or certification.
- Experience operating an independent practice.
- Administrative experience in a health care setting.
- Willingness to provide service.

## Associate Professor

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. Under special circumstances, exceptional candidates may be promoted early. 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. 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. Scholarship is defined according to Boyer's categories (Ernest Boyer, *Scholarship Reconsidered: Priorities of the Professoriate* (New York: Jossey Bass, 1997) (**SEE appendix**): 1. The scholarship of discovery, 2. The scholarship of Integration, 3. The scholarship of application, 4. The scholarship of teaching and learning. **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.**

Examples of academic accomplishment, independent scholarly activity, and service might include:

- Teaching experience and teaching effectiveness.
- Regular publication of original scholarly work in peer-reviewed professional journals.
- Regular presentation of research/scholarly data at national meetings.
- Extramural research support from a national funding agency.
- Participation at the local and regional level in professional society affairs.
- Professional specialty board certification.
- Regular presentation at local and regional Continuing Medical Education (CME) programs.
- Novel and unique contribution to SOMA's education programs.
- Record of service to SOMA.

## Professor

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. Under special circumstances, exceptional candidates may be promoted early. As appropriate, clinical candidates for Full Professor must be board certified in their specialty. Appointment or promotion to the rank of Professor requires sustained performance at a level above the maximal standards established for Associate Professor.

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): 1. The scholarship of discovery, 2. The scholarship of Integration, 3. The scholarship of application, 4. The scholarship of teaching and learning... 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.

Examples of academic accomplishment, meritorious scholarly activity, and service might include:

- 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).
- Participation at the state or national level in professional society affairs.
- Participation at the state or national level in research peer-review process.
- Participation at the state or national level in the formulation and administration of governmental health care policy.
- Participation at the state or national level in professional association policy formulation or institutional review processes.
- 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.
- Sustained service to the University.

#### Honorary Appointment

*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.

*Endowed professorships.* Endowed professorships may be awarded or designated in accordance with the terms agreed upon by a donor and SOMA, and after completion of the terms as specified by the President and Board of Trustees.

*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 SOMA Dean, Senior Vice President - Academic Affairs, President, and the Board of Trustees.

## PROCEDURES

### PROCEDURAL RESPONSIBILITY FOR PROMOTION IN ACADEMIC RANK

#### Deadlines for Submission

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.

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.

- 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.

#### **Faculty member's responsibility:**

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.

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.

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.

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.

#### **At a minimum, the applicant's portfolio must include:**

- Letter of Request for Promotion
- A current copy of the candidate's curriculum vitae (in a standardized academic format).
- 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 SOMA} evaluators for rank of professor**). Letters from members of the Faculty Promotion Committee or from SOMA administrators are not to be included.

- Documentation of outstanding/significant accomplishments in the three areas of responsibility. (see specific appropriate rank criteria).
- Copies of the faculty member's annual position descriptions since his/her previous promotion.
- 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.

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. The supporting documentation is in word format and electronically submitted first to their respective chairs or immediate supervisors.

**Department Chair's or Supervisors responsibilities:**

The appropriate chair or immediate supervisor shall serve as the faculty member's mentor during this process. The appropriate chair /supervisor will ensure that the faculty member completes his or her portfolio before submission.

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. 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 SOMA Faculty Promotion Committee. 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.

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.

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.

**Faculty Promotion Committee (FPC) role:**

The FPC shall consist of five full faculty members elected by the Faculty Council. 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. The committee shall elect a chair from among its membership. 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.



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. The Committee is empowered to request that the candidate or other administrative officer(s) provide any documentation deemed necessary for its full deliberation. Failure by the candidate or other administrative officer(s) to provide such documentation may delay consideration of the promotion. The FPC shall convene and render its recommendations regarding pending applications for promotion in rank to the Dean.

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.

#### **Academic Pathway Decision:**

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.

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.

**In the circumstance where an individual is being considered for an initial faculty appointment to 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.**

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.

#### **Salary Adjustment Procedure**

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.

## Grievance Procedure

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.

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, 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.

Academic due process is followed in internal institutional hearings and is separate and distinct from the due process of law.

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.

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.

## Employment of Relatives

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.

## Dual Relationships

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 SOMA.

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.

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 SOMA and its programs.

Every employee of SOMA is prohibited from and obligated to refrain from such relationships while engaged in their respective roles as employees of SOMA.

## Oral Assurances

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.

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.

## Annual Faculty Review Process

The annual faculty review process is presented in Appendix F.

## Appendices:

### **A. Definitions of Faculty Scholarship**

There are several forms of scholarship. The following forms of scholarship are *all* considered important to the mission of ATSU 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).**

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.

**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.):

- a sustained record of publishing original scholarly work in peer-reviewed professional journals;
- a sustained record of presenting scholarly work at regional and/or national meetings;
- acquiring extramural support for scholarly work;
- obtaining additional special certifications, specialty credentials, or licensures;

**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:

Record of funding or extramural funding,  
IPE collaborative research  
reports of meta-analyses related to practice problems

**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:

*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;

*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;

*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

*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.

*And may include*

- Reports of interdisciplinary programs or service projects; clinical demonstration projects
- Policy papers related to practice; and/or policy papers designed to influence organizations, communities, or governments

**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.

- *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.
- *Engaged Teaching* occurs when learning opportunities happen in community-based environments. This includes service learning, internships, clinical experience, field trips, or practicums to enhance the student's educational experience while simultaneously contributing to the public good.
- *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.

**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.

- Positive peer evaluations of contributions to integrative and engagement
- Evidence of presentations at state, regional, national, or international professional organizations (related to research/scholarship, clinical practice, integrative practice, engagement activities).  
scholarship

## 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.

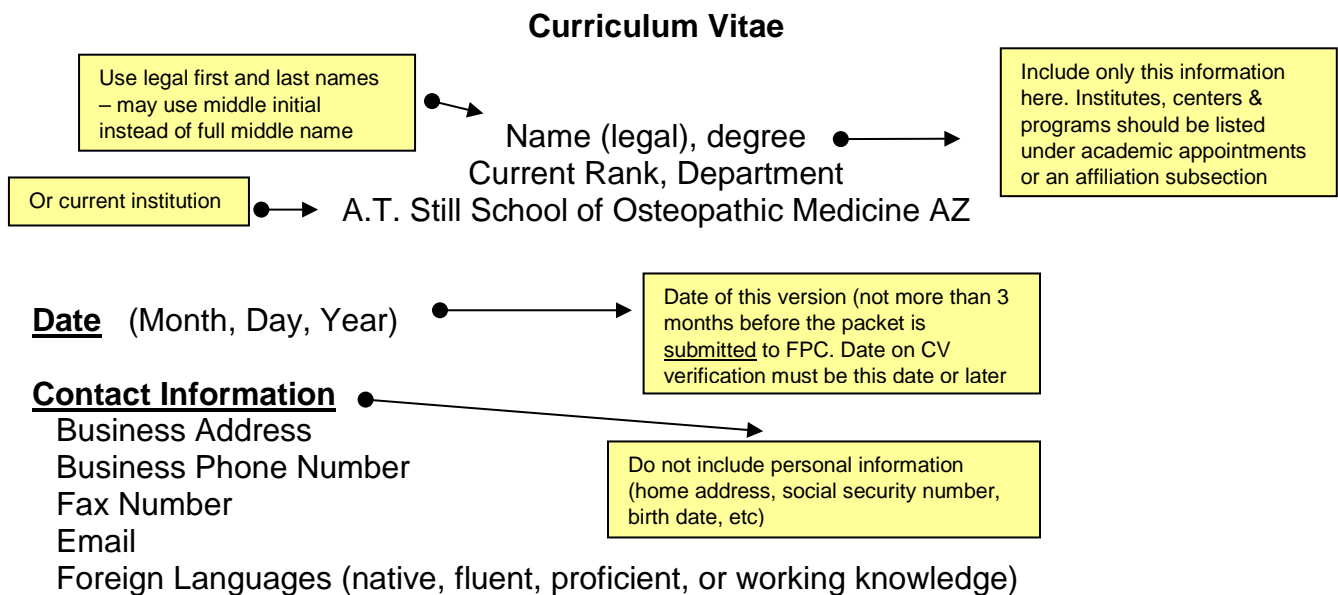
## B. SOMA CV FORMAT



### A.T. Still University SOMA *Curriculum Vitae Standard Format Guidelines*

#### **General Guidelines:**

- This is the accepted format that encompasses all of the information required in a CV for submission for faculty promotion at 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.



## **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 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

## 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**



## 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:**
  - o Effective dates: mm/dd/yy – mm/dd/yy (beginning & end)
  - o Role and % Effort in each project (be very specific and give precise role designated on approved grant; principal investigator, co-investigator or collaborator, etc...)
  - o Name of PI if other than you
  - o Project title
  - o Type of grant and/or contract (e.g., R01, collaborative projects, multi-center trials, contract, private foundation, etc...)
  - o Funding agency (note whether or not grant is peer-reviewed)
  - o Date submitted if grant is pending
  - o 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

**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*

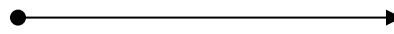
**Patents, Inventions and Copyrights (If applicable)**

- 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



Be sure to separate all non-refereed articles from peer-reviewed 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...)

**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

- 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**

# SAMPLE CV

## Curriculum Vitae

Name, degrees

Assistant Professor, Department of (official department name)  
ATSU 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 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

## **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

## **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

### **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

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



## 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.

**Standard 8:**  
**Scholarly Activity**

---

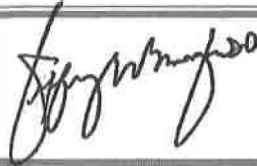
---

## 8.2 Student Research and Scholarly Activity Policy

---

---

APPROVAL:



DATE:

8/1/17

---

---

### PURPOSE

To support student driven research and scholarly activity and support student participation in the research and scholarly activity of the ATSU-SOMA faculty.

---

---

### 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.

---

---

### 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'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.
- 

*[Faint handwritten signature]*

**Standard 9:  
Students**

---

---

## 9.1 ADMISSIONS

---

---

APPROVAL:



DATE:

8/1/17

---

---

### POLICY

#### A. APPLICATION PROCESS

1. 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.

#### B. APPLICATION DEADLINE

1. 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.
2. 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.
3. 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.

#### C. ADMISSION REQUIREMENTS

1. Applicants for admission to the first-year DO class must meet the following requirements prior to matriculation.
  - a. 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 U.S. regionally accredited college or university or equally accredited Canadian institution
  - 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:
    - i. English
    - ii. Biology/Zoology (with laboratory)
    - iii. Inorganic/General Chemistry (with laboratory)
    - iv. Physics (with laboratory)

- v. Organic Chemistry (with laboratory)
  - vi. 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. 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.
  - 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.
    - i. Matriculants will meet the minimum technology specifications found at: <http://its.atsu.edu/knowledgebase/soma-technology-requirements/>
- D. DOCTOR OF OSTEOPATHIC MEDICINE/MASTER OF PUBLIC HEALTH DUAL DEGREE**
1. 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 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.
  2. After earning their DO and MPH degrees students will be able to do the following and more:
    - a. Analyze issues of access, quality, and cost for populations, communities, and individuals
    - b. Evaluate social determinants of health and health disparities at your community health center and beyond
    - c. Hypothesize reasons for observed disparities
    - d. Create interventions to address health disparities
    - e. Design research studies to address health disparities
    - f. Compare and contrast research methodologies
    - g. Critically appraise public health and medical literature

- h. Define health literacy and apply its concepts to health promotion and disease prevention programs
  - i. Apply knowledge and skills acquired from the curriculum and complete an academic paper suitable for publication
  - j. Present research findings at national meetings
  - k. Evaluate health promotion and disease prevention programs from a variety of perspectives
3. Students must meet the following criteria to apply for the DO/MPH dual degree:
    - a. 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.
    - b. Must be in good academic standing
    - c. Must have no course failures during the OMS I year
    - d. Must not be identified as At Risk according to the SOMA catalog description
  4. 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.

#### E. HOMETOWN SCHOLARS PROGRAM

1. 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.

#### F. ADVANCED STANDING ADMISSION

1. The curriculum model and structure of SOMA does not allow for the awarding of advanced standing into the School.

#### G. INTERNATIONAL STUDENT ADMISSION

1. All SOMA applicants must be U.S. citizens or permanent residents.

#### H. SELECTION OF APPLICANTS

1. 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.
2. 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).
3. 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.



4. 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.

#### I. 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.

1. 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 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 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: 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.
4. 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.
5. 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](#).
6. 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 un-enrolled 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).
7. 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.

J. 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.

K. 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.

1. 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.
  - a. 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.
  - b. 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.
  - c. 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.
  - d. 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.

- e. 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.
- f. 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.
- g. 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.

#### L. 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.

#### M. 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).

#### N. RE-ADMISSION

1. 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.

2. 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.

---

## PROCEDURE(S)

### O. APPLICATION PROCESS

1. 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.

### P. APPLICATION DEADLINE

1. 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.
2. 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.
3. 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.

### Q. ADMISSION REQUIREMENTS

1. Applicants for admission to the first-year DO class must meet the following requirements prior to matriculation.
  - a. 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 U.S. regionally accredited college or university or equally accredited Canadian institution
  - 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:
    - i. English
    - ii. Biology/Zoology (with laboratory)
    - iii. Inorganic/General Chemistry (with laboratory)
    - iv. Physics (with laboratory)
    - v. Organic Chemistry (with laboratory)
    - vi. 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. 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.
  - 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.
    - i. Matriculants will meet the minimum technology specifications found at: <http://its.atsu.edu/knowledgebase/soma-technology-requirements/>
- R. DOCTOR OF OSTEOPATHIC MEDICINE/MASTER OF PUBLIC HEALTH DUAL DEGREE
1. 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 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.
  2. After earning their DO and MPH degrees students will be able to do the following and more:
    - a. Analyze issues of access, quality, and cost for populations, communities, and individuals
    - b. Evaluate social determinants of health and health disparities at your community health center and beyond
    - c. Hypothesize reasons for observed disparities
    - d. Create interventions to address health disparities
    - e. Design research studies to address health disparities
    - f. Compare and contrast research methodologies
    - g. Critically appraise public health and medical literature
    - h. Define health literacy and apply its concepts to health promotion and disease prevention programs
    - i. Apply knowledge and skills acquired from the curriculum and complete an academic paper suitable for publication
    - j. Present research findings at national meetings
    - k. Evaluate health promotion and disease prevention programs from a variety of perspectives

3. Students must meet the following criteria to apply for the DO/MPH dual degree:
  - a. 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.
  - b. Must be in good academic standing
  - c. Must have no course failures during the OMS I year
  - d. Must not be identified as At Risk according to the SOMA catalog description
4. 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.

#### S. HOMETOWN SCHOLARS PROGRAM

1. 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.

#### T. ADVANCED STANDING ADMISSION

1. The curriculum model and structure of SOMA does not allow for the awarding of advanced standing into the School.

#### U. INTERNATIONAL STUDENT ADMISSION

1. All SOMA applicants must be U.S. citizens or permanent residents.

#### V. SELECTION OF APPLICANTS

1. 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.
2. 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).
3. 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.
4. 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.

#### W. 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.

1. 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 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 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: 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.
4. 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.
5. 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](#).
6. 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 un-enrolled 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).
7. 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.

X. **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.

Y. **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.

1. 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.

- a. **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.
- b. **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.
- c. **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.
- d. **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.
- e. **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.
- f. **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.

- g. 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.

#### Z. 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.

#### AA.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).

#### BB.RE-ADMISSION

1. 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.
2. 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.

---

## **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.

---

---

## 9.2 Academic Standards

---

---

APPROVAL:



DATE:

Aug 1, 2017

---

---

### 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.

---

---

### POLICY

#### Attendance

Please see the ATSU Policies section of the catalog for the University policy on student absences.

At 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 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.

---

---

- Email SOMAabsences@atsu.edu with your Excused Absence Request Form properly filled out and supporting documentation. The Excused Absence Request Form may be found within the Blackboard classes for OMS I-II and within E\*Value for OMS III-IV. 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.

- Email SOMAabsences@atsu.edu with your Excused Absence Request Form properly filled out and supporting documentation. The Excused Absence Request Form may be found within the Blackboard classes for OMS I-II and within E\*Value for OMS III-IV. 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.

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 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 and electronically copy your RDME when sending excused absence requests to [SOMAabsences@atsu.edu](mailto:SOMAabsences@atsu.edu).
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 to [SOMAabsences@atsu.edu](mailto:SOMAabsences@atsu.edu) 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 for Clinical Education and Services.

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**

For an absence in OMS III or OMS IV, the student must complete the Absence Request Form located on the E\*Value homepage in advance of the absence, or as soon as the absence is known. The student then sends that completed form along with any accompanying documentation to their RDME for review. Once the RDME has reviewed and signed the Absence Request Form, the RDME or AA will forward the Absence Request Form and the accompanying documentation to the campus Clinical Education Coordinator.

The Clinical Education Department will notify the student if their absence has been approved. These students should also follow any additional procedures delineated by their RDME or preceptor. For every 4-week rotation, the maximum number of allowable excused days of absence is 3. Any absence beyond 3 requires that the student repeat the rotation. For every two-week rotation, the maximum number of allowable excused days of absence is 2. Any absence beyond 2 requires that the student repeat the rotation. This final decision is at the discretion of the Associate Dean for Clinical Education and Services (or designee).

#### **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.

### Immunizations

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 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.
- 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.

## **CLASS**

### **Class Schedules**

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 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 SOMA schedule.

### **Examinations**

Examination content is derived from course goals and objectives. Rescheduling an examination or other assessment can be accommodated if a student receives an excused absence. If you

cannot attend an examination or assessment, you are required to follow the Excused Absence Policy in the SOMA Catalog.

SOMA reserves the right to assess students for the cost of reproducing examinations or assessments (i.e., pelvic exams) where the reproduction of said exam or assessment would be excessive (i.e., require special scheduling of standardized patients). Students will be assigned seating for exams by a faculty member.

All personal items (books, notebooks, food, etc.) must be placed at the front of the classroom or put away at the direction of the proctor. In examinations where the proctor will give permission for students to be excused, students who need to be excused from the exam may do so one at a time.

The student's exam (or computer) must remain with the proctor until the student returns. Any student who arrives late for an examination will not be given extra time to complete the test. SOMA students are expected to exhibit the highest degree of intellectual honesty in the writing of examinations and completion of assignments given by SOMA.

Behaviors that are not consistent with this standard include (but are not limited to) having or seeking access to exam materials before the exam, impersonating an examinee or engaging someone else to take the exam by proxy, copying answers from someone else or allowing one's answers to be copied, altering or misrepresenting scores, stealing exam materials, possessing unauthorized items during an exam (e.g. recording or photographic devices, phones, reference material, etc.).

The content of SOMA examinations and assignments is proprietary and strictly confidential. Unauthorized retention, possession, copying, distribution, disclosure, discussion, or receipt of any examination question, in whole or in part, by written, electronic, oral or other form of communication (including but not limited to e-mailing, copying or printing of electronic files and reconstruction through memorization and/or dictation) before, during, or after an examination, is strictly prohibited.

Such behaviors are subject to disciplinary actions by the SOMA Student Performance Committee. All assignments and projects submitted for any course are the property of 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.

Professionalism Areas such as dress code and etiquette are all reviewed and SOMA considers breaches of professional conduct as academic deficiencies. For a full list of the expectations at SOMA, please visit the University Student Handbook.



## **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 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 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 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, you must carry your own insurance to cover any medical expenses incurred as a result of injury at clinical sites. 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 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.

Once a graduate is placed in residency, he or she will be required to take and pass COMLEX 3. For information on 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)

### Echo36

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. 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 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 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.

### **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)

## **Grading Policy**

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 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.

## **Student Performance Committee**

### *Responsibilities and Membership*

SOMA's Student Performance Committee (SPC) is a standing committee that evaluates the academic and professional performance and development of all SOMA students and forwards recommendations to the Dean based on its reviews. The SPC ensures that all students meet the standards to advance to each year of the 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. Additional non-voting, *ex officio* members include the Associate or Assistant Dean for Clinical Education and Services; Associate Dean for Pre-Clinical Education; and the Associate Vice President for Student Affairs. The Chair of the SPC is appointed annually by the Dean.

### **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.
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 student. 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.

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).

---

## PROCEDURE(S)

### Attendance

Please see the ATSU Policies section of the catalog for the University policy on student absences.

At 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 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.

- Email SOMAabsences@atsu.edu with your Excused Absence Request Form properly filled out and supporting documentation. The Excused Absence Request Form may be found within the Blackboard classes for OMS I-II and within E\*Value for OMS III-IV. 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.

- Email SOMAabsences@atsu.edu with your Excused Absence Request Form properly filled out and supporting documentation. The Excused Absence Request Form may be found within the Blackboard classes for OMS I-II and within E\*Value for OMS III-IV. 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.

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 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 and electronically copy your RDME when sending excused absence requests to [SOMAabsences@atsu.edu](mailto:SOMAabsences@atsu.edu).

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 to: SOMAabsences@atsu.edu 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 for Clinical Education and Services.

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**

For an absence in OMS III or OMS IV, the student must complete the Absence Request Form located on the E\*Value homepage in advance of the absence, or as soon as the absence is known. The student then sends that completed form along with any accompanying documentation to their RDME for review. Once the RDME has reviewed and signed the Absence Request Form, the RDME or AA will forward the Absence Request Form and the accompanying documentation to the campus Clinical Education Coordinator.

The Clinical Education Department will notify the student if their absence has been approved. These students should also follow any additional procedures delineated by their RDME or preceptor. For every 4-week rotation, the maximum number of allowable excused days of absence is 3. Any absence beyond 3 requires that the student repeat the rotation. For every two-week rotation, the maximum number of allowable excused days of absence is 2. Any absence beyond 2 requires that the student repeat the rotation. This final decision is at the discretion of the Associate Dean for Clinical Education and Services (or designee).

### **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.

## Immunizations

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 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.

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.

## **CLASS**

### **Class Schedules**

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 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 SOMA schedule.

### **Examinations**

Examination content is derived from course goals and objectives. Rescheduling an examination or other assessment can be accommodated if a student receives an excused absence. If you cannot attend an examination or assessment, you are required to follow the Excused Absence Policy in the SOMA Catalog.

SOMA reserves the right to assess students for the cost of reproducing examinations or assessments (i.e., pelvic exams) where the reproduction of said exam or assessment would be excessive (i.e., require special scheduling of standardized patients). Students will be assigned seating for exams by a faculty member.

All personal items (books, notebooks, food, etc.) must be placed at the front of the classroom or put away at the direction of the proctor. In examinations where the proctor will give permission for students to be excused, students who need to be excused from the exam may do so one at a time.



The student's exam (or computer) must remain with the proctor until the student returns. Any student who arrives late for an examination will not be given extra time to complete the test. SOMA students are expected to exhibit the highest degree of intellectual honesty in the writing of examinations and completion of assignments given by SOMA.

Behaviors that are not consistent with this standard include (but are not limited to) having or seeking access to exam materials before the exam, impersonating an examinee or engaging someone else to take the exam by proxy, copying answers from someone else or allowing one's answers to be copied, altering or misrepresenting scores, stealing exam materials, possessing unauthorized items during an exam (e.g. recording or photographic devices, phones, reference material, etc.).

The content of SOMA examinations and assignments is proprietary and strictly confidential. Unauthorized retention, possession, copying, distribution, disclosure, discussion, or receipt of any examination question, in whole or in part, by written, electronic, oral or other form of communication (including but not limited to e-mailing, copying or printing of electronic files and reconstruction through memorization and/or dictation) before, during, or after an examination, is strictly prohibited.

Such behaviors are subject to disciplinary actions by the SOMA Student Performance Committee. All assignments and projects submitted for any course are the property of 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.

Professionalism Areas such as dress code and etiquette are all reviewed and SOMA considers breaches of professional conduct as academic deficiencies. For a full list of the expectations at SOMA, please visit the University Student Handbook.

## **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 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 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 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, you must carry your own insurance to cover any medical expenses incurred as a result of injury at clinical sites. 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 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.

Once a graduate is placed in residency, he or she will be required to take and pass COMLEX 3. For information on 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)

#### Echo36

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. 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 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 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.

## **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)

## **Grading Policy**

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 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.

## Student Performance Committee

### *Responsibilities and Membership*

SOMA's Student Performance Committee (SPC) is a standing committee that evaluates the academic and professional performance and development of all SOMA students and forwards recommendations to the Dean based on its reviews. The SPC ensures that all students meet the standards to advance to each year of the 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. Additional non-voting, *ex officio* members include the Associate or Assistant Dean for Clinical Education and Services; Associate Dean for Pre-Clinical Education; and the Associate Vice President for Student Affairs. The Chair of the SPC is appointed annually by the Dean.

### *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.

<i>Examples of SPC Recommendations</i>	<i>Issue</i>
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.



### *Examples of SPC Recommendations*

Academic warning, academic probation,  
Suspension or dismissal from SOMA.

### *Issue*

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 SVPA 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 student. 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)
- $50.0\%$  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.

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.

---

---

9.3 Transfers

---

---

APPROVAL:



DATE:

8/1/17

---

---

**POLICY**

A. TRANSFER STUDENT ADMISSION

1. The curriculum model and structure of SOMA does not allow for transfer student admission.

B. TRANSFER CREDIT

1. The curriculum model and structure of 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.

---

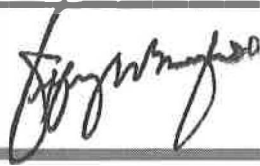
---

## 9.4 Secure Student Recordkeeping

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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, Title45, 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.

---

---

### 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).
- 
-

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.

---

## **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.

---

## **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.

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).

### **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).**



## **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)**

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. 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.

---

## 9.4.2 Employee Required Training

---

APPROVAL:



DATE: ~~Aug~~ 1, 2017

---

### 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.

---

### POLICY

An ATSU-SOMA employee must complete the annual mandatory review by December 31 of each year.

Topics include: ATSU 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.

---

### PROCEDURE(S)

#### Annual Required Employee Training

Each year, all ATSU employees complete a mandatory review of federal regulations, University policies, and guidelines.

Topics included:

- ATSU 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
- 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>

---

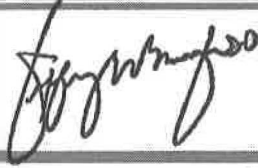
---

## 9.5 Academic Counseling

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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.

---

---

### 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.

---

## 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.

---

---

## 9.6 Career Counseling

---

---

APPROVAL:



DATE:

8/1/17

---

### 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.

---

### 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 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 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 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. 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 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 Career Services (university wide) reviews CVs and PSs for ATSU SOMA students.

---

## **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 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 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 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. 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 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 Career Services (university wide) reviews CVs and PSs for ATSU SOMA students.

---

---

## 9.8 Mental Health

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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.

---

---

### 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 adheres to the ethical code of the American Counseling Association.
- 
-

## LOCATIONS OF SERVICES

### **Mesa-Campus**

Art Davalos-Matthews

Licensed Mental Health Wellness Counselor

Building 5845, Suite 213

(480) 219-6170

amatthews@atsu.edu

*Availability:* Monday-Friday, 8a-5p; Evenings/Weekends, by appointment or emergency

### **Online**

[http://www.atstu.edu/counseling\\_services/](http://www.atstu.edu/counseling_services/)

<http://sites.google.com/a/atstu.edu/student-wellness-and-safety/>

Referenced from ATSU website: [https://www.atstu.edu/counseling\\_services/](https://www.atstu.edu/counseling_services/)

The WellConnect program provides confidential, 24/7 access to masters-level licensed counselors for AT Still University/School of Osteopathic Medicine in Arizona students and their partners/spouses. The program is provided by the school to empower students with tools and strategies to work through and overcome potential obstacles that may stand in the way of students being successful and reaching their academic and career goals. This program is offered to all SOMA students nationwide.

For over 20 years, WellConnect has been working collaboratively with schools to support students with the personal issues and challenges they face on a day to day basis. WellConnect's experience and expertise allows them to work with each student on an individual basis to identify the best solutions available to meet SOMA's student's needs, whether students are struggling with depression, relationship issues, legal concerns, daily living needs or school/work/life balance.

WellConnect helps students and their family members work through personal issues and pressing matters such as child care, financial concerns, family matters, relationship concerns, and other daily stressors that affect school success. With the WellConnect program our students and their family members have access to:

- Free, confidential support that is available 24/7
- In-the-moment support
- Consultation with legal and financial experts
- Resource coordination for community services that assist students
- Short-term counseling, either telephonic or in-person
- Online information and resources at [www.wellconnectbysrs.com](http://www.wellconnectbysrs.com)
- Or by telephone: 866-640-4777
- Student Access Code: ATSU-STU
- Faculty Access Code: ATSU-FAC

AT Still University/School of Osteopathic Medicine in Arizona faculty and staff play a pivotal role in helping our students understand, access, and use the WellConnect services to the fullest extent possible. It is important to identify issues early and help students to be proactive in connecting with support. Together, AT Still University/School of Osteopathic Medicine in Arizona

faculty and staff and the WellConnect team of counselors, resource consultants and professionals can help students work through their personal problems and move forward successfully to graduation.

### **24/7 Telephone Counseling**

WellConnect licensed counselors are available 24/7 to assist your students anytime. Counselors help students identify key needs, problem solve, and find solutions to work through concerns like emotional stressors, test anxiety, or relationship issues.

### **Short-Term Counseling**

AT Still University/School of Osteopathic Medicine in Arizona students and their partners/spouses have access to local, face-to-face counseling through WellConnect's extended network of licensed mental health providers. Students meet with the counselor to collaborate on current problems, and develop and implement solutions. Students receive 1-5 sessions per issue, at no cost for the student.

### **Resource and Referral Coordination**

Resource consultants research valuable local community resources, so that daily living concerns are addressed before they overwhelm the student. Consultants assess each student's individual needs and provide referrals based on availability of resources. Note: The WellConnect program assists students by providing information and support in meeting their needs, and links them to agencies or community-based resources to provide the help they are seeking. The program provides information and referrals only, and is not a source for students to access funds directly.

### **Resource Assistance**

- Referrals to community agencies & other organizations
- Resources around housing, utilities, transportation and other life needs
- Coaching, problem solving

### **Financial and Legal Consultation**

AT Still University/School of Osteopathic Medicine in Arizona students and their partners/spouses are offered financial consultation on credit and debt issues, budgeting or bankruptcy, etc. An attorney is available to answer questions regarding legal issues such as an eviction notice, child custody, or divorce. Employment-related issues are not covered by this service.

### **Legal and Financial Support**

1. 30-minute free consultation with an attorney
  - a. Child custody, divorce, real estate, tax preparation
2. 30-minute free consultation with financial expert
  - a. Debt concerns, credit issues, identity theft, bankruptcy

**WellConnect's Interactive student specific portal:** [www.wellconnectbysrs.com](http://www.wellconnectbysrs.com)

- Articles on study skills, stress, parenting, childcare, etc.
- Budget Calculator
- Financial Literacy 101
- College 101-Ask Us
- Anonymous mental health screenings

### **Former Referrals**

WellConnect's counselors assist referred students with personal problems affecting school performance. With a student's signed consent, the schools receive feedback on student contact and compliance with the plan developed to resolve barriers to student success.

### **Faculty/Administrator Support Team (FAST)**

AT Still University/School of Osteopathic Medicine in Arizona faculty and staff have access to free, unlimited confidential consultation on any student problem or concern. The

**Faculty/Administrator Support Team (FAST) line** is a 24/7 dedicated number, staffed by senior clinical consultants who are specifically equipped to provide high level consultation and response, for a variety of situations including:

- Concern for a student that may be having thoughts of self-harm
- Concern for a student that may be having thoughts of hurting others
- Dealing with a disruptive student in class
- Initiating a Formal Referral to support a student whose behavior/performance/grades have declined
- Helping students cope with the death of a fellow student and/or campus violence incident

### **FAST-Line: 844-208-7070**

As an administrator, faculty or staff member, WellConnect is our supportive outlet for students who are struggling, both inside and outside the classroom. However, there may be times when you are unsure how to appropriately direct the student. In those instances, the **FAST-Line** can be a valuable resource for navigating complex, sensitive, or high-risk student situations. Call **844-208-7070** to get started.

### **Faculty Administration Support Team (FAST) Line (844-208-7070)**

- Coaching & referral support for student-related issues
- Confidential 24/7 telephonic
- Mitigates risk of liability
- Quarterly free webinars
- Interactive Faculty/Staff portal [www.wellconnectbysrs.com](http://www.wellconnectbysrs.com)

---

## **PROCEDURE(S)**

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

- G. Mental Health Wellness Counselors provide individual, couples, and group counseling, as well as referral and consultation services.
- H. All counseling services are provided free of charge to AT Still University/School of Osteopathic Medicine in Arizona students and their partners/spouses.
- I. 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.
- J. 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.
- K. 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.
- L. The Counseling Services staff adhere to the ethical code of the American Counseling Association.

#### LOCATIONS OF SERVICES

##### **Mesa-Campus**

Art Davalos-Matthews

Licensed Mental Health Wellness Counselor

Building 5845, Suite 213

(480) 219-6170

amatthews@atsu.edu

*Availability:* Monday-Friday, 8a-5p; Evenings/Weekends, by appointment or emergency

##### **Online**

[http://www.atstu.edu/counseling\\_services/](http://www.atstu.edu/counseling_services/)

<http://sites.google.com/a/atstu.edu/student-wellness-and-safety/>

Referenced from ATSU website: [https://www.atstu.edu/counseling\\_services/](https://www.atstu.edu/counseling_services/)

#### **Informal WellConnect Referral Process**

##### **Step 1: Students learn about WellConnect through ongoing campus communication and promotion.**

Continually send out email communication reminders of WellConnect's services.

##### **Step 2: The informal referral is a direct suggestion to a student that WellConnect might be of help in a given circumstance.**

- Informal referrals can also be used to ensure that students with urgent concerns receive immediate assistance. You can call WellConnect, hand the phone to a student and leave the room to allow the student to talk confidentially.

##### **Step 3: Consultation Process**

There may be times when you are unsure about what type of referral is most appropriate for a particular student. At WellConnect, they can discuss the issue, and help you decide how to proceed in helping the SOMA student. Please call: **1-800-326-6142** to speak with a counselor

about referring a student. Consultations may also be used to discuss a student concern, behavioral issue or classroom management question.

### **Formal WellConnect Referral Process**

#### **Step 1: Refer the student**

- Meet with the student in private
- Review specific school performance issues (such as tardiness, absenteeism, classroom behavior, etc.) and clearly define your expectations for improvement
- Explain WellConnect and emphasize its benefits in providing coaching support and resource assistance
- Explain that anything discussed with WellConnect is confidential
- Provide information on how to contact WellConnect and have the student sign the Formal Referral Consent Form so that information can be shared with the school
- Discuss the time frame that you would like the student to contact WellConnect, or call with the student so you are sure the student is connected to the program and receiving assistance
- **The student must sign the Formal Referral Consent Form in order for you to receive feedback from WellConnect**

#### **Step 2: Notify WellConnect**

##### **Fax the following information to WellConnect:**

- Formal Referral Consent Form
- Student's written consent and estimated time frame for the student to call WellConnect
- Referring faculty or staff member's name and signature
- Inform WellConnect of your concerns and expectations
- Please also share this information over the phone

#### **Step 3: Receive Communication from WellConnect**

**With a Formal Referral, the WellConnect Consultants will communicate with you regarding the student's follow through. No confidential or personal details will be shared. However, the WellConnect Consultant will share with you:**

- If the student has contacted WellConnect
- Whether the student has kept appointments for telephone or in-person counseling sessions
- Whether the student is following the action plan set up with the counselor
- When the referral is complete

#### **Step 4: Evaluate the Student's Performance**

**The goal is to assist the student in order to help him/her meet personal and academic needs. If the student's issues persist, please call and consult with us for additional suggestions and assistance for the student.**

This policy is referenced from the: "WellConnect by Student Resource Services Implementation Manual.", 01 Aug. 2017. Pag 3-9.

---

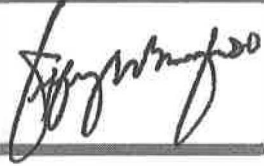
---

## 9.9 Physical Health Services

---

---

APPROVAL:



DATE:

8/1/17

---

---

### PURPOSE

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

---

---

### 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.

---

---

### 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 campus community. Physicians involved with students as their healthcare providers are not to be involved in their grading or assessment process through their educational requirements.

#### Immunizations

1. ATSU-SOMA requires all entering students to provide proof of their immunizations in order to enroll in courses.
    - Students can view all immunization records on E\*Value. The Clinical Education Coordinators will maintain OMS II—IV immunization records.
    - Yearly PPD/TB skin test (OMS I-- OMS IV)
    - DTaP (must be updated every ten years) (OMS I--OMS IV)
    - Polio (OMS I--OMS IV)
    - MMR (OMS I--OMS IV)
    - Hepatitis B (OMS I—OMS IV)
    - Varicella (chickenpox) documentation (OMS I—OMS IV)
- 
-



2. Some clinical sites may require some or all of these immunizations:
  - Influenza
  - Hepatitis A
  - Meningococcal
  - 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

ATSU-SOMA requires that all students maintain personal hospitalization/health insurance coverage. Proof of adequate coverage as defined by ATSU is to be given to the Registrar's Office prior to matriculation. 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.

#### Disability Insurance Coverage

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 un-enrolled 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.

#### HIPPA and OSHA Training

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

---

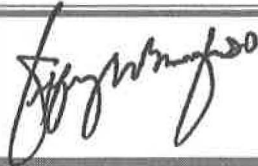
---

9.10 Non-Academic Health Professionals Conflict of Interest

---

---

APPROVAL:



DATE:

8/1/17

---

**PURPOSE**

To prevent conflict of interest occurrence while providing medical services to the learner that may undermine the optimal progress of the learner.

---

**POLICY**

Non-academic health professional recusal from student assessment and promotion.

---

**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.

---

---

## 9.11 Health Insurance

---

---

APPROVAL:



DATE:

8/1/17

---

---

### 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.

---

---

### POLICY

- A. ATSU requires that all students enrolled in a RESIDENTIAL program maintain comprehensive health insurance coverage.
  - B. Proof of adequate coverage as defined by ATSU must be presented to the Registrar's Office and must be maintained throughout the duration of enrollment.
  - C. Failure to maintain continuous health insurance coverage may result in disciplinary action including possible suspension and/or dismissal.
  - D. If program of study requires relocation to a different state, the student need to check with their current provider to see if their coverage will extend to that state. If it does not, they will need to obtain a new policy that does.
  - E. Students are given flexibility to select a plan that best meets their needs. Applying for health insurance, waiting to see if you are approved, and waiting for coverage to begin often takes 2 weeks or longer to complete. Do not wait until the last minute to purchase health insurance coverage.
  - F. Proof of health insurance must be submitted, reviewed, and documented by the Registrar's Office prior to the start of your first term to avoid any disciplinary action.
  - G. Coverage must be maintained through the duration of a student's enrollment. Failure to maintain continuous health insurance coverage may result in disciplinary action including possible suspension or dismissal.
- 
- 

### PROCEDURE(S)

#### SUBMITTING PROOF OF INSURANCE

---

---

- A. An email from the Registrar's Office will be sent to the student's ATSU email account when the CampusVue Student Portal is available for uploading health insurance information.
- B. At that time, the student should follow the Submitting Proof of Health Insurance Coverage instructions (Attachment 1).
- C. The student should not send a copy of their health insurance card to the Registrar's Office.

#### UPDATING POLICY INFORMATION

- A. It is important that a student notify the University if they have made changes to their insurance policy within 24-hours of said change.
- B. If a student makes changes in their health insurance policies, they will be required to complete and submit the Proof of Health Insurance Form (Attachment 2) to the Registrar's Office.

Any questions should be directed to the University Registrar's Office:

Phone: (660) 626-2356 \*toll free: 866-626-2878 ext.2356

Fax: (888) 676-6701

Email: registrarsoffice@atsu.edu

This policy is referenced from the: ATSU Catalog, <https://www.atstu.edu/department-of-student-affairs/registrarsoffice#health-insurance>. 01 Aug. 2017. Web. 01 Aug. 2017.

# Submitting Proof of Health Insurance Coverage

## Log in to the ATSU CampusVue Student Portal

1. Open a web browser and navigate to [my.atsu.edu](http://my.atsu.edu).
2. Log in using your ATSU username and password.
3. At the top of the screen, hover over **Resources/My Tools** and then click on **CampusVue Student Portal**.



## Find the Document Center

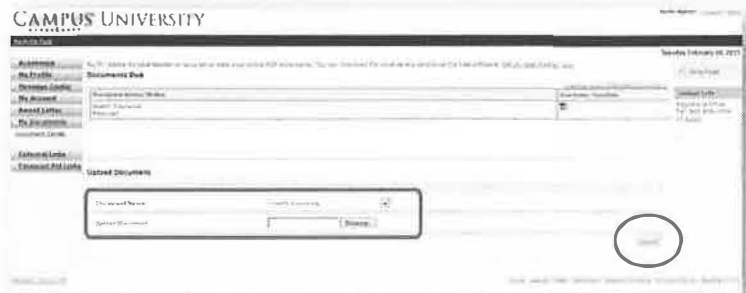
1. From the menu on the left-hand side of your screen, click on the **My Documents** link.
2. The **Documents Center** link will appear. Click on this link.
3. Under **Documents Due**, you will see **Health Insurance Required**. To the right of this document name/status you will see a red PDF icon under **Due Date/Template**. Click this icon to download the health insurance form.
4. Save the PDF form to your desktop.
5. Open, complete, and save the form to your desktop again.



**IMPORTANT:** The form must be saved to your hard drive or the information will not be stored and your form will appear blank when the Registrar's Office receives it! Your form will be rejected and you will have to start the process again!

## Uploading Your Saved Document

1. Return to your CampusVue Student Portal and click on the "My Documents" link from the menu on the left-hand side of your screen.
2. The "Documents Center" link will appear. Click on this link.
3. Under "Upload Document", make sure Health Insurance appears in the drop down menu and then click the Browse button.
4. Navigate to your desktop, select your saved PDF form, and click the Open button.
5. Click the Upload button.



**IMPORTANT:** You will **not** receive any messages confirming that your document has been uploaded. In the next few days, you will receive an email from the Registrar's Office to your ATSU email account that confirms receipt of your form and if needed, further instructions. Please watch your ATSU email account for this communication!

A. T. STILL UNIVERSITY | ATSU

ACKNOWLEDGMENT OF STUDENT HEALTH INSURANCE REQUIREMENTS

A. T. Still University requires that all students enrolled in a RESIDENTIAL program maintain comprehensive health insurance coverage. Coverage is mandatory throughout the duration of enrollment. Failure to maintain health insurance coverage may result in disciplinary action including possible suspension and/or dismissal. Questions concerning health insurance coverage may be addressed by visiting the Registrar's Office website at <http://www.atsu.edu/registrar>, by calling the Registrar's Office at 660.626.2356, or by emailing: [registrarsoffice@atsu.edu](mailto:registrarsoffice@atsu.edu).

Out of State Travel Requirement:

If your program of study requires you to move to a different state at any time, you are required to have an insurance policy that will transfer from state to state. This requirement applies to all residential programs.

NOTE: This form requires the use of Adobe Reader. Other applications (e.g. Preview, Nitro, etc.) are incompatible with this form. Adobe Reader may be downloaded at this link: <http://get.adobe.com/reader/>

STUDENT INFORMATION

Name \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Program \_\_\_\_\_ Graduation Year \_\_\_\_\_

INSURANCE INFORMATION

Name of Insurance Company \_\_\_\_\_  
Agent Name (if available) \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_  
Insurance Company Phone# \_\_\_\_\_  
Policy # \_\_\_\_\_

By INITIALING the boxes below, I affirm that I have health insurance coverage; that the information I have provided is correct; and I am responsible for any incorrect information, whether intentional or otherwise.

I will maintain personal health insurance throughout the duration of my enrollment and that failure to maintain coverage may result in disciplinary action including possible suspension and/or dismissal.

The hospitals in which I complete my clinical rotations may require me to provide documentation of my personal health insurance coverage. I will comply with all requests for this information, whether from the clinical site or University.

I understand that it is my responsibility to report any changes in my health insurance policy within 24 hours of the change. Instructions on how to notify the University may be found at [http://www.atsu.edu/registrar/health\\_insurance.htm](http://www.atsu.edu/registrar/health_insurance.htm)

**Standard 10:  
Graduate Medical Education (GME)**



---


---

10.1 Graduate Medical Education (GME): Osteopathic Educational  
Continuum

---

---

APPROVAL:



DATE:

8/1/17

---

**PURPOSE**

To support the continuum of osteopathic education – including predoctoral education, graduate medical education, and continuing medical education.

---

**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. 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.

---

**PROCEDURE(S)**

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.

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 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 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 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 Px Dx case logs. The logs provide data to assess the volume and variety of student clinical experiences. The information gathered helps 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 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 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. SOMA tracks match success in the military match, AOA residency match, and the ACGME residency match. 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. SOMA is represented on the Still OPTI Governing Board. Still OPTI provides assistance with the development, growth, and maintenance of graduate medical education (GME).

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.

---

10.2 & 10.3 Graduate Medical Education (GME): Mechanism to Assist  
New & Existing Graduate Programs/Meeting the Requirements of  
Osteopathic Recognition

---

APPROVAL:



DATE:

8/1/17

---

**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.

---

**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).

- 
- 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.

## **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 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 members 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:

- 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  
5850 E. Still Circle  
Mesa, AZ 85206

**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 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.

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.

**Standard 11:**  
**Program and Student Assessment and Outcomes**

---

## 11.1 Program Assessment

---

APPROVAL:



DATE:

8/1/17

---

### PURPOSE

Outlines the procedure regarding program assessment

---

### 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 (Mlni-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

- 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.

## **PROCEDURE**

The 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.

SOMA's ongoing quality assurance assessment process for the curriculum is managed through the 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.

## Appendix A – Program Assessment

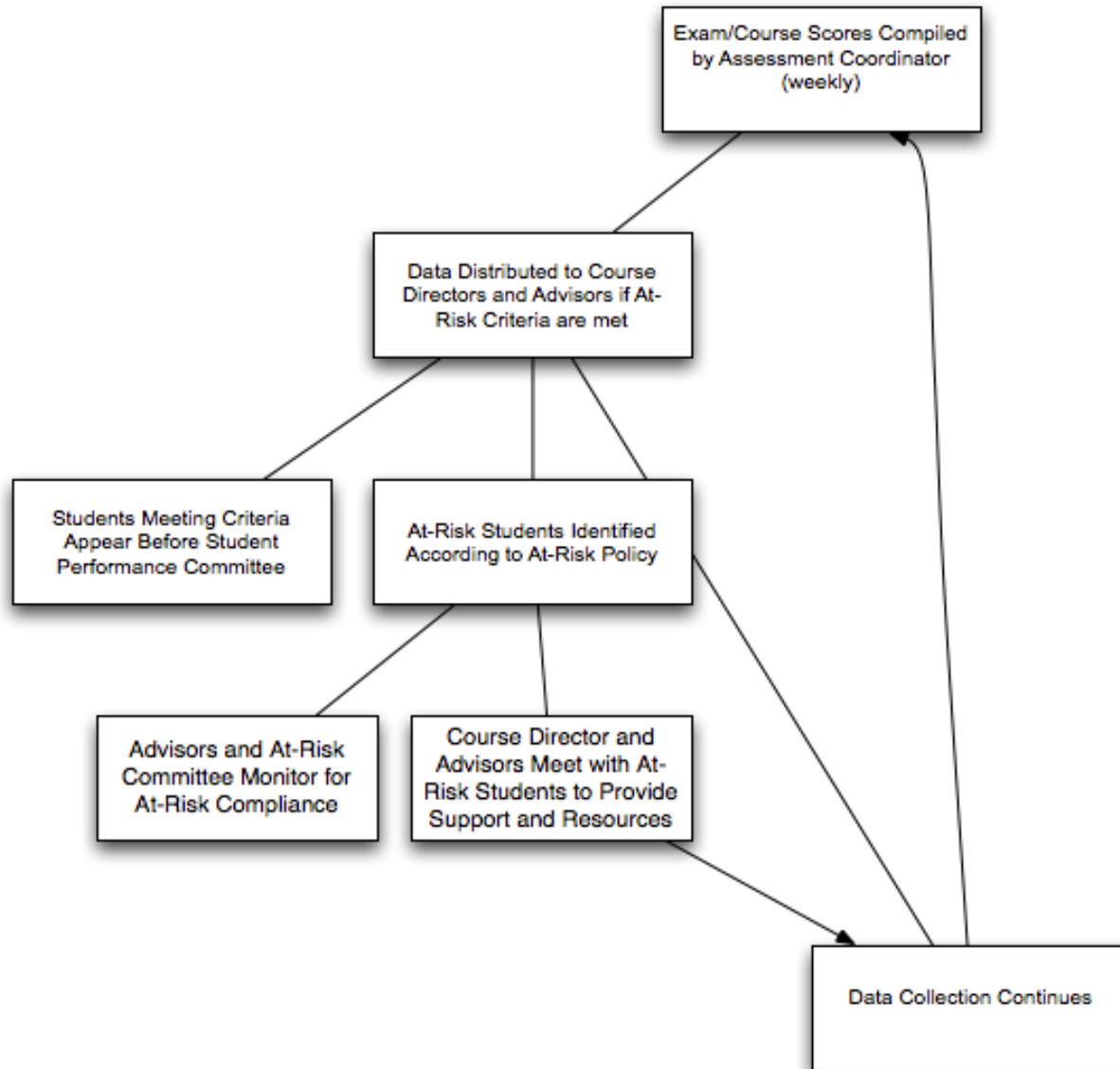
### ATSU-SOMA Key Performance Indicators Assessment and Monitoring Plan

	<b>Exam and Course Grades</b>	<b>Course/Inst Feedback Ratings</b>	<b>Board Scores</b>	<b>Match Data</b>	<b>Licensure</b>	<b>Geographic Area of Practice</b>	<b>Postdoctoral Programs</b>	<b>Board Certification</b>
Data Sources	ExamSoft, Blackboard	TK20, Survey Monkey	NBME/NBOME	ACGME/AACOM	Alumni Relations	Alumni Relations	Alumni Relations	AMA/AOA/ABMS
Data Distribution	DEE, AT	AT	AT	ERAS Coordinator	AD	AD	AD	AT
Initial Review By	Dean's Office, Advisors	Dean's Office, Faculty, DC	Dean's Office	Dean's Office	Dean's Office	Dean's Office	Dean's Office	Dean's Office
Initial Review Timeline	Weekly	Monthly	Weekly	Weekly during match	Annually	Annually	Annually	Annually
Action	Review and/or Refer to ARC, SPC	Review and/or refer to CC	Review and/or Refer to SPC,ARC, Faculty	Assist non-matched students	Review and/or Refer to AC, GME Department	Review and/or Refer to AC, GME Department	Review and/or Refer to AC, GME Department	Review and/or Refer to AC, GME Department
Summative Review By	Dean's Office, Faculty, CC, AA	Faculty, CC, AA	Faculty, CC, AC, AA	Dean's Office, Faculty and AC, AA	Faculty, CC, AC, AA	Faculty, CC, AC, AA	Faculty, CC, AC, AA	Faculty, CC, AC, AA
Summative Review Timeline	Annually	Annually	Annually	Annually	Annually	Annually	Annually	Annually
Summative Review Instrument	Course Data Packets, Annual FDC Presentation	Course Data Packets, Instructor Evaluations	Course Data Packets, Annual FDC Presentation	GME Accountability Report, Annual FDC Presentation, ATSU website	Annual FDC Presentation	Annual FDC Presentation	Annual FDC Presentation	Annual FDC Presentation
Action	Recommend Curricular Changes or Fac. Devlpmt	Recommend Curricular Changes or Fac. Devlpmt	Recommend Curricular Changes or Fac. Devlpmt	Recommend Changes to Curriculum or Admissions	Recommend Changes to Curriculum or Admissions	Recommend Changes to Curriculum or Admissions	Recommend Changes to Curriculum or Admissions	Recommend Changes to Curriculum or Admissions

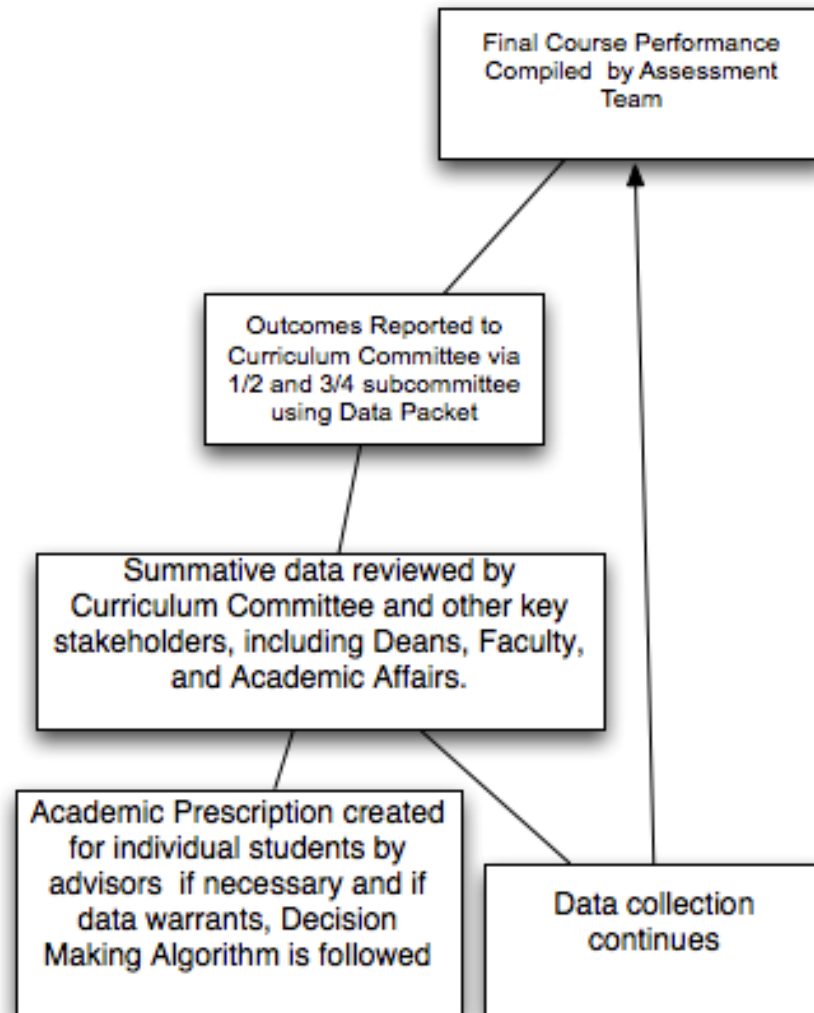
ABMS: American Board of Medical Specialties	CC: Curriculum Committee
NBME: National Board of Medical Examiners	AT: Assessment Team
NBOME: National Board of Osteopathic Medical Examiners	SPC: Student Performance Committee
ACGME: Accreditation Council for Graduate Medical Education	AA: Academic Affairs
AOA: American Osteopathic Association	AD: Alumni Department
AMA: American Medical Association	ARC: At-Risk Committee
DEE: Director of Evaluation and Effectiveness	AC: Admissions Committee
DC: Department Chairs	FDC: Faculty Development Conference



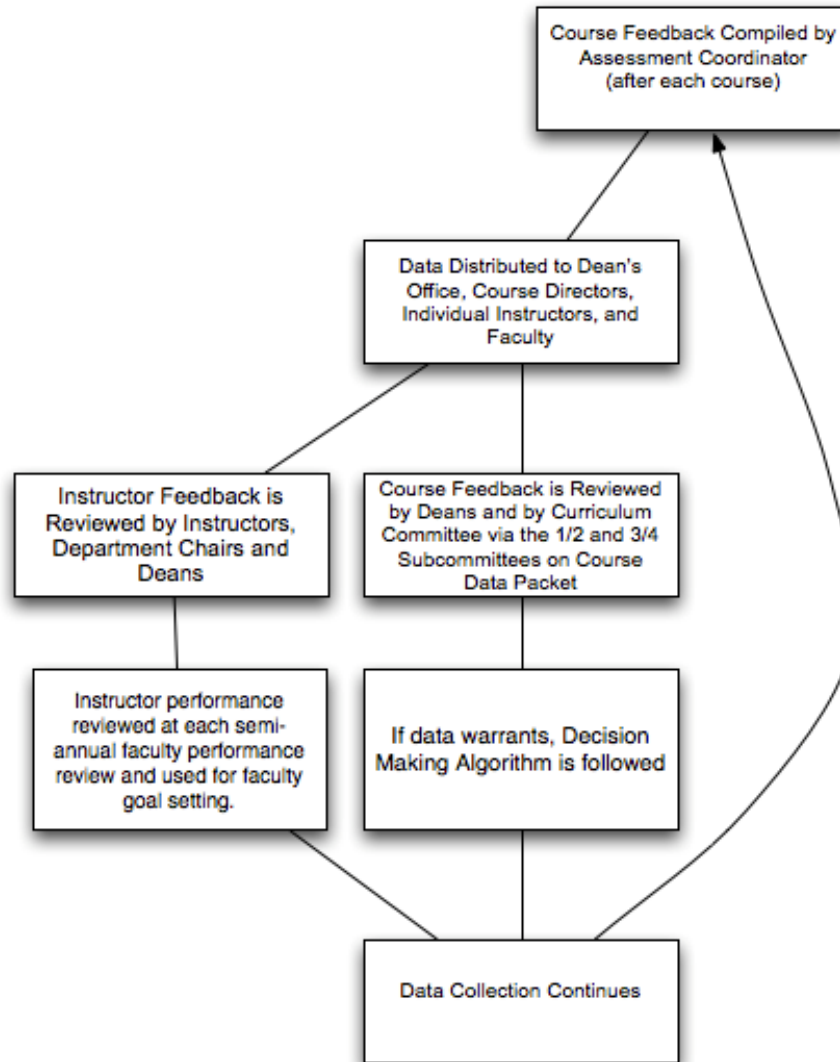
**Key Performance Measure: Exam and Course Grades (formative)**



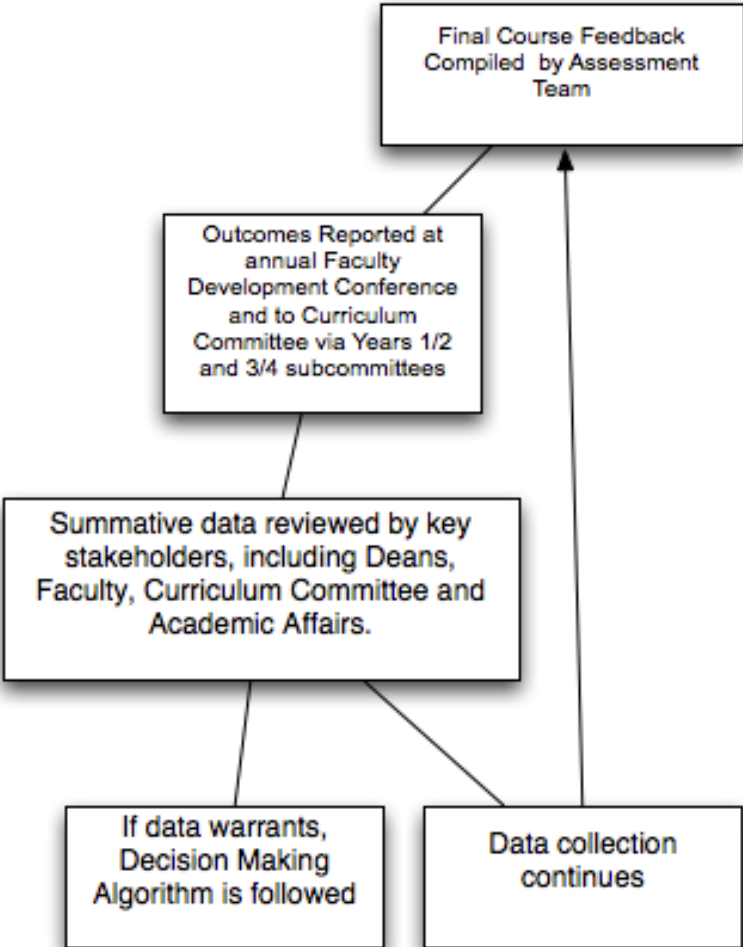
**Key Performance Measure: Exam and Course Scores (summative)**



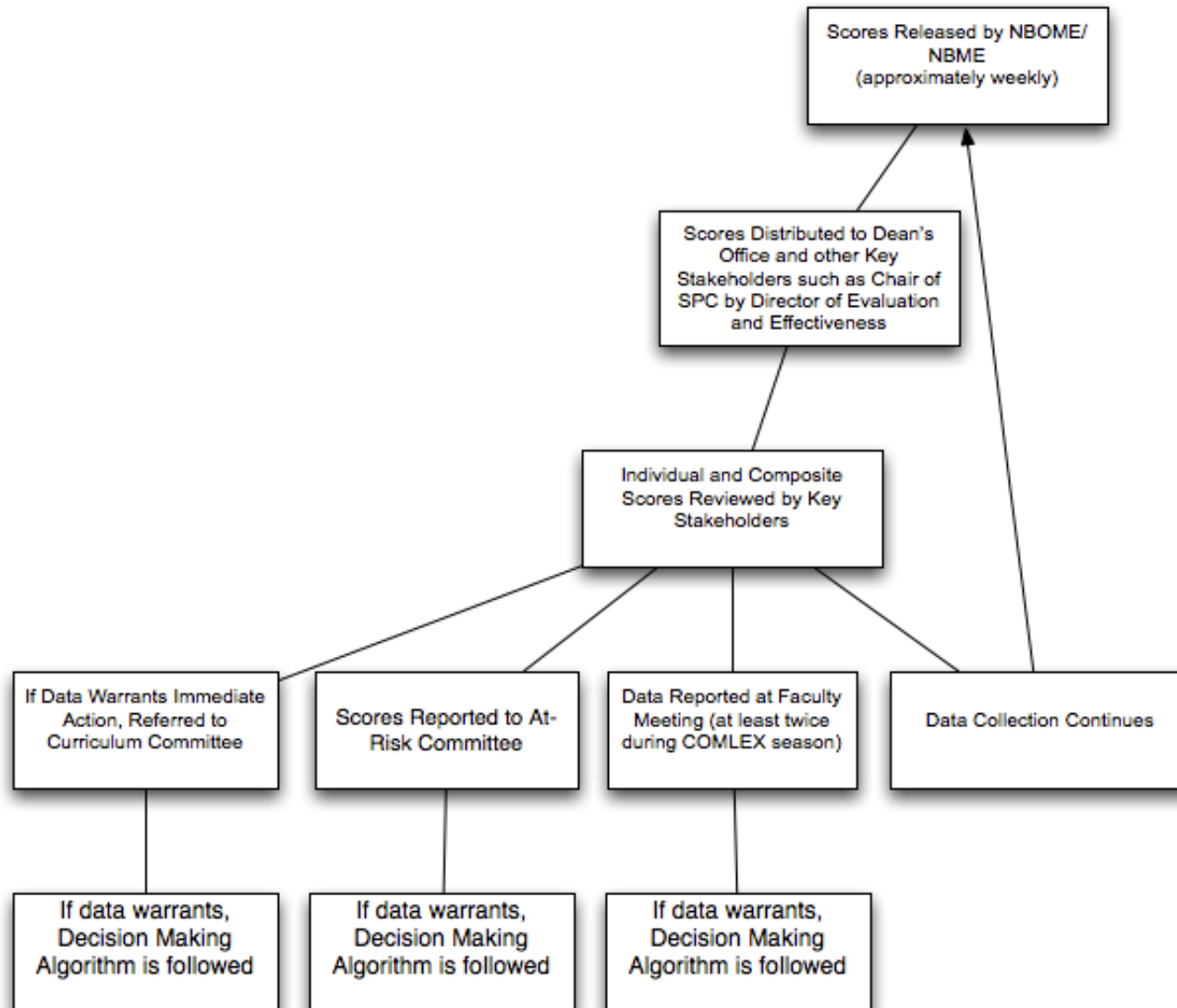
**Key Performance Measure: Course Feedback (formative)**



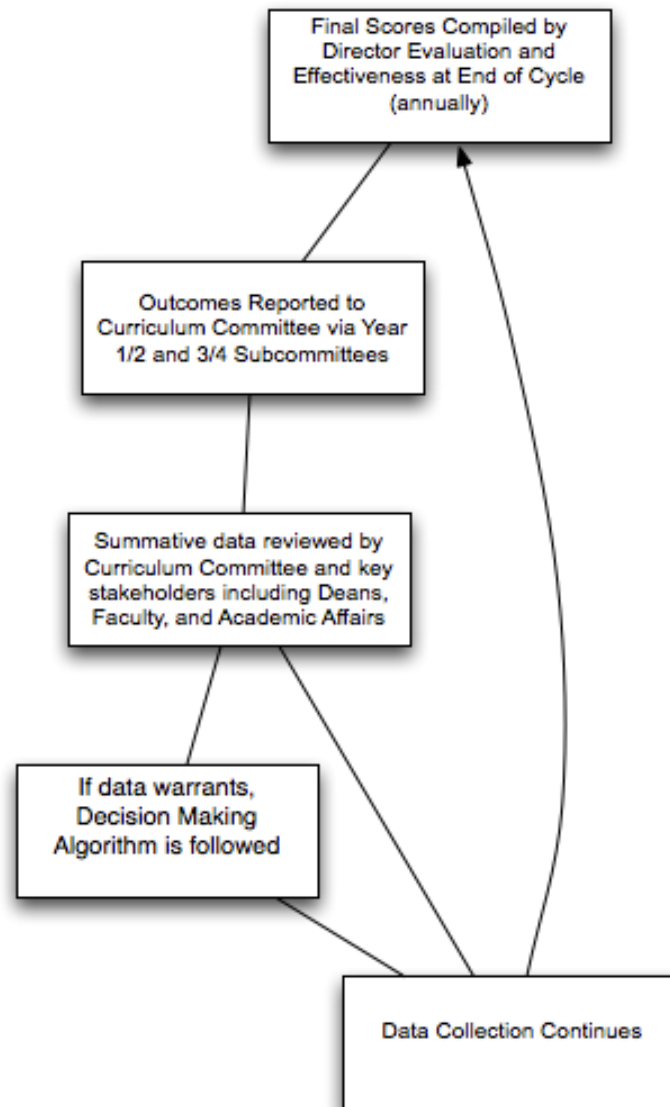
**Key Performance Measure: Course Feedback (summative)**



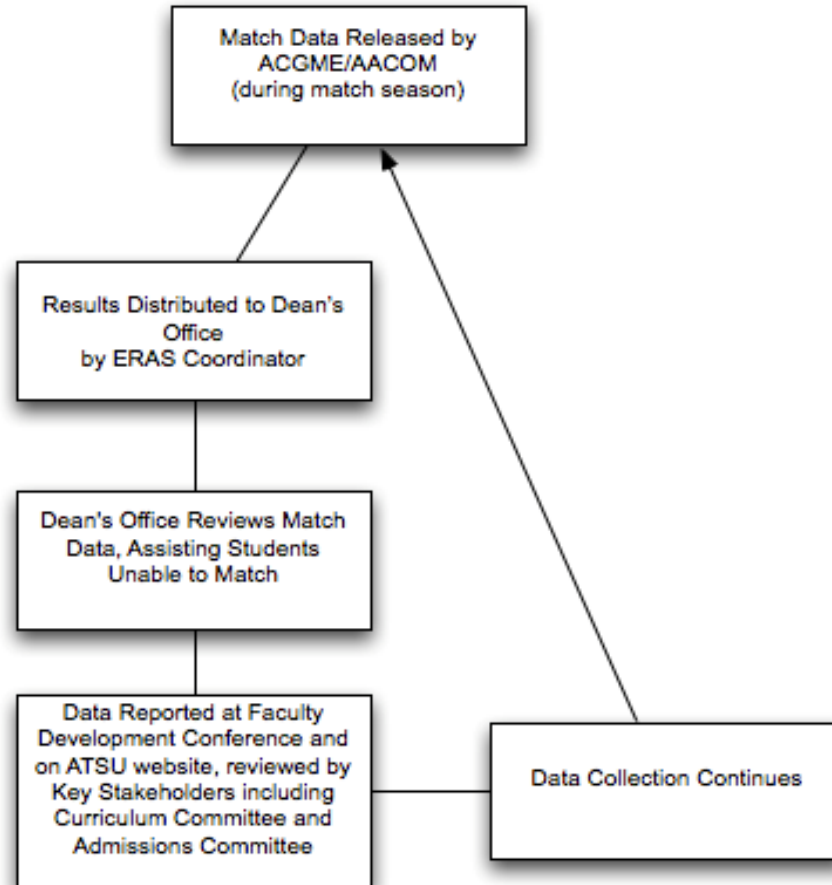
**Key Performance Measure: Board Scores (formative)**



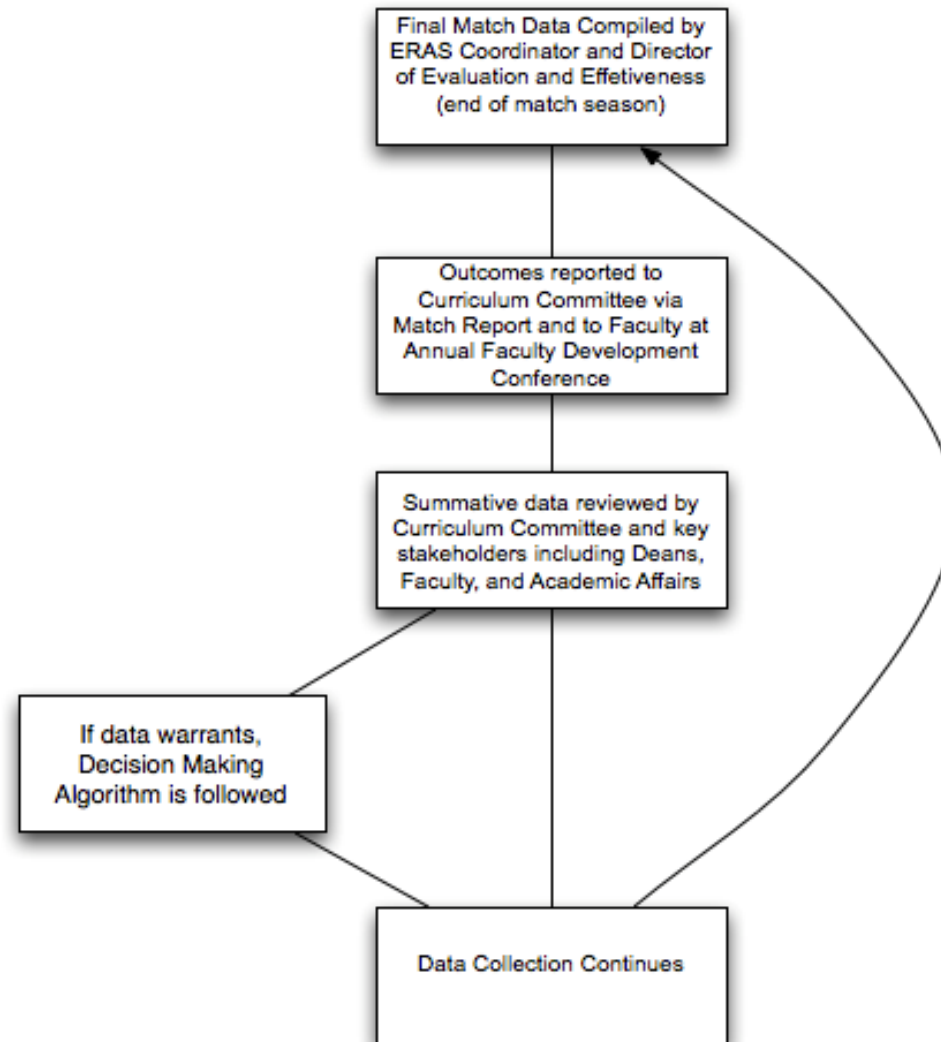
**Key Performance Measure: Board Scores (summative)**



**Key Performance Measure: Match Data (formative)**



**Key Performance Measure: Match Data (summative)**





---

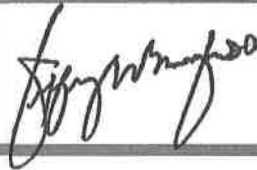
---

## 11.2 Student Evaluation of Classroom and Rotation

---

---

APPROVAL:



DATE:

8/1/17

---

---

### PURPOSE

To ensure all students have the opportunity to evaluate their learning environment, courses/clerkships and instructors/preceptors.

---

---

### 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.

---

---

### 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.

---

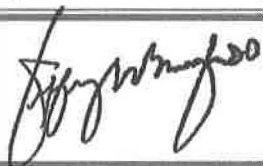
---

## 11.2 Student Evaluation of Instruction

---

---

APPROVAL:



DATE:

8/1/17

---

### PURPOSE

Outline the procedure regarding clinical grading for OMS III and OMS IV students.

---

### POLICY

During clinical rotations, all students will receive an extensive evaluation from their preceptor(s) regarding their performance on the rotation.

---

### 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.