



**ARCOM**  
**Student Handbook**  
**&**  
**Academic Catalog**  
**2019 – 2020**

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# Arkansas College of Osteopathic Medicine

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This document is provided to students of the Arkansas College of Osteopathic Medicine (ARCOM) as a guide to the interpretation and application of ARCOM policies and procedures. This Handbook does not include all details of every policy, but rather seeks to cover the essential provisions of the policies and procedures of ARCOM and is considered to cover ARCOM policies.

The information contained within reflects the status of ARCOM as of March 2019. ARCOM reserves the right to delete any course or clinical site described in this handbook. ARCOM also reserves the right to affect any changes in the curriculum, tuition/fees, administration, or any other phase of school activity without prior notice.



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

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## 2019 – 2020 Academic Calendar

### **FALL SEMESTER – 2019**

Fall Semester Begins for OMS-III.....	(M) July 1
Independence Day ( <i>Offices Closed</i> ).....	(TH) July 4
Anatomy Bootcamp Move-In at The Residents.....	(F) July 5
Anatomy Boot Camp .....	(M-F) July 8 – July 19
Remaining Move-In at The Residents and Heritage Village .....	(TH – F) July 18 -19
OMS-I Orientation .....	(M-W) July 22 -24
Fall Semester Begins for OMS-I and MSB .....	(F) July 26
Fall Semester Begins for OMS-II .....	(M) August 5
Census Date .....	(M) August 19
Labor Day Observed ( <i>No Classes; Offices Closed</i> ).....	(M) September 2
White Coat Ceremony.....	(S) September 21
OMED Conference (Baltimore, MD) Approval to attend required.....	(F – M) October 25 – 28
Thanksgiving Holiday Break ( <i>No Classes; Office closed 11/28 – 11/29</i> ).....	(W - F) November 27 -29
Fall Semester Ends for OMS-I and MSB .....	(F) December 13
Fall Semester Ends OMS-III.....	(SU) December 15
Final Grades due for OMS-III.....	TBD
Spring Semester Begins for OMS-III .....	(M) December 16
Final Grades due for OMS-I, OMS-II, and MSB .....	(T) December 17
Fall Semester Ends for OMS-II .....	(TH) December 19
Winter Break Begins ( <i>Offices Closed 12/20 – 1/1</i> ) .....	(F) December 20
Fall Remediation Exams .....	TBD

### **SPRING SEMESTER – 2020**

Spring Semester Begins for OMS-II.....	(F) January 3
Spring Semester Begins for OMS-I .....	(M) January 6
Martin Luther King, Jr. Day Observed ( <i>No Classes</i> ).....	(M) January 20
Census Date .....	(T) January 21
DO Day on Capitol Hill (Washington D.C.) Approval to attend required .....	March TBD
Spring Holiday Break .....	(W-F) March 25 – 27
COMSAE.....	April TBD
Spring Semester Ends for OMS-I and OMS-II.....	(F) May 22
Final Grades Due for OMS-I and OMS-II.....	TBD
Research Symposium.....	TBD
Memorial Day Observed ( <i>Offices Closed</i> ).....	(M) May 25
Spring Remediation Exams.....	TBD
Spring Semester Ends OMS-III .....	(SU) June 28
Final Grades Due for OMS-III.....	TBD

## Notice of Receipt and Disclaimer

As a student at the Arkansas College of Osteopathic Medicine (ARCOM), I acknowledge that I have received access to an online copy of the ARCOM Student Handbook & Academic Catalog and that it is my responsibility to read and comply with the policies within as well as any revisions made at a later date. I understand that this document is located at [www.arcomedu.org/students](http://www.arcomedu.org/students). I further understand that it is my responsibility to read and comply with the policies within the ACHE Student Handbook.

Information contained in this document is subject to change without prior notice and shall not constitute a legally binding contract. Changes will be distributed to students electronically at [www.arcomedu.org/students](http://www.arcomedu.org/students) and will become effective immediately unless otherwise specified.

Notice of anticipated changes will be given to the students in advance of implementation whenever possible. Each subsequent edition of this Student Handbook & Academic Catalog supersedes all previous documents and directives where they may be in conflict. Failure to read the handbook and to be familiar with the rules, policies, and procedures does not excuse the student from being required to comply with the provisions of the policy.

I further understand that:

- a. I will be assigned a campus e-mail address that will be the only mechanism by which I will receive all official notices from ARCOM;
- b. It is my responsibility to check that e-mail address regularly;
- c. I am deemed to have notice of all information sent to my address.

I have been advised that some non-campus e-mail services are not compatible with the campus e-mail service, so attempts to forward e-mail to a non-campus address may be unsuccessful.

Any recommendations for additions, deletions, or changes must be submitted in writing to the Dean of ARCOM. Final approval is by the President of the Arkansas Colleges of Health Education (ACHE).

**By signing this form, I understand that it is my responsibility to read the ARCOM Student Handbook, regularly check my campus e-mail account, and be familiar with the policies established by ACHE and ARCOM.**

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Signature

---

Date

---

Print Full Legal Name

---

Student Number



## **Applicability of the Handbook**

This Handbook DOES NOT replace the ACHE Student Handbook. If any specific conflicts are found, the ACHE Student Handbook shall supersede. Otherwise, this Handbook is to be used and followed as an Addendum to the ACHE Student Handbook. All Students of ACHE are bound by both the ACHE Student Handbook and this ARCOM Student Handbook and Academic Catalog.

## **Introduction**

ARCOM embraces the training of physicians through programs of study which recognize the unique aspects of osteopathic medicine and its principles and practice. ARCOM's educational program was developed to take full advantage of a novel curricular approach consisting of a team-based and integrative learning environment which approximates current medical care practice in which ARCOM graduates will experience as members of a physician healthcare team. The integrative function of the curriculum allows cross curricular connections between the basic medical sciences, osteopathic manipulative medicine, and the clinical sciences. As a result, the seven core competencies of osteopathic medicine are effectively addressed throughout all courses. Each core competency that applies to a course is defined and the method to assess the competency is described.

These core competencies include:

- 1. Osteopathic Philosophy and Osteopathic Manipulative Medicine**
- 2. Medical Knowledge**
- 3. Interpersonal and Communication Skills**
- 4. Professionalism**
- 5. Patient Care**
- 6. Practice-Based Learning and Improvement**
- 7. Systems-Based Practice**

## **An Osteopathic Physician**

Two types of physicians have unrestricted licenses and may practice medicine in all 50 states. They are the Doctor of Osteopathic Medicine (DO) and the Doctor of Medicine (MD). While both types of physicians are qualified, competent, and trained in all aspects of patient care, DOs offer an approach to medical care that emphasizes holistic and patient-centered treatment with an emphasis on wellness, prevention of disease, and disability.

Osteopathic physicians are distinguished by an emphasis on holistic, patient-centered primary care, by using osteopathic manipulative medicine as indicated and when beneficial, and by their tradition of caring for patients in underserved rural and urban areas. Osteopathic physicians respect the relationship between physical structure and organic function and view the human body as an interdependent unit rather than an assortment of separate parts and systems.

All medical and surgical specialties are represented within the osteopathic medical profession. However, the training of primary care, community-based physicians, and the desire to reach rural, minority, geriatric, and indigent populations make the osteopathic medical profession unique.

We at Arkansas College of Osteopathic Medicine are dedicated to our stated mission of producing vitally needed primary care physicians. We are committed to providing an education for our students that will prepare them to enter any resident program and advance the health of their patients in all patient care settings.

## **Student Conduct and Professionalism**

Dishonesty is considered a direct violation of ARCOM's academic and professional standards. Students must adhere to the Osteopathic Oath and to the Ethical Standards established by the American Osteopathic Association as they pertain to physicians-in-training. The American Osteopathic Association (AOA) *Code of Ethics* and *Rules and Guidelines on Physicians' Professional Conduct* are provided as references for ARCOM's students as they begin to develop their professional identities.

## **American Osteopathic Association (AOA) Code of Ethics**

Taken from <http://www.osteopathic.org/inside-aoa/about/leadership/Pages/aoa-code-of-ethics.aspx>

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in healthcare and to self.

Further, the American Osteopathic Association has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

**Section 1.** The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when authorized by the patient.

**Section 2.** The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

**Section 3.** A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity or handicap. In emergencies, a physician should make her/his services available.

**Section 4.** A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

**Section 5.** A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

**Section 6.** The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

**Section 7.** Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities which are false or misleading.

**Section 8.** A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

**Section 9.** A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.

**Section 10.** In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

**Section 11.** In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable hospital rules or regulations.

**Section 12.** Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

**Section 13.** A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

**Section 14.** In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

**Section 15.** It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

**Section 16.** Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

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

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

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

## **Accreditation**

Arkansas Colleges of Health Education is a not-for-profit corporation established as an institution of higher learning in Fort Smith, Arkansas. The Arkansas College of Osteopathic Medicine is the first program developed through ACHE.

ACHE has received approval from the Institutional Certification Advisory Committee (ICAC) and has received certification by the Arkansas Higher Education Coordinating Board (AHECB) to offer the degree of Doctor of Osteopathic Medicine.

Arkansas Higher Education Coordinating Board certification does not constitute an endorsement of any institution or program. Such certification merely indicates that certain criteria have been met as required under the rules and regulations implementing institutional and program certification as defined in A.C.A. §6-61-301.

## **Commission on Osteopathic College Accreditation**

The American Osteopathic Association (AOA) and the Commission on Osteopathic College Accreditation (COCA) provides accrediting standards that require systematic review of the osteopathic medical education program. ARCOM was granted Pre-Accreditation (formerly called provisional accreditation) by COCA effective July 1, 2016.

COCA  
142 East Ontario Street  
Chicago, IL 60611-2864  
Telephone 888.626.9262  
e-mail: [predoc@osteopathic.org](mailto:predoc@osteopathic.org).

Pre-Accreditation is the highest accreditation a college of osteopathic medicine can achieve prior to graduating its first class.

## **Complaints Regarding Non-Compliance with American Osteopathic Association (AOA) Accreditation Standards**

ARCOM is committed to meeting the standards for *Accreditation of Colleges of Osteopathic Medicine: ARCOM Accreditation Standards and Procedures* as described by the Commission on Osteopathic College Accreditation (COCA). A copy of the standards is available upon the request from the Office of the Dean or at the AOA COCA's website at: [www.aoacoca.org](http://www.aoacoca.org).

Students in the osteopathic medicine program who believe that ARCOM may not be in compliance with a standard of accreditation have the right to file a complaint through the following procedure:

1. A written, dated, and signed complaint must be filed with the Office of Student Affairs.
2. The Assistant/Associate Dean of Student Affairs will consult with the Dean and form an ad hoc committee of faculty and students to investigate the complaint.
3. The results of the investigation will include findings of fact, a determination of standard compliance or non-compliance, and recommended corrective actions. The results will be communicated in writing to the Dean, Office of Student Affairs, and the student complainant.
4. If corrective action is indicated, the Dean will respond with a description/plan for such action within 30 days of receipt of the ad hoc committee results.
5. Records of all proceedings regarding complaints will be maintained by the Office of Student Affairs.
6. **In addition, at any time, the student may file a complaint directly to the COCA without fear of retaliation from the institution or the individuals named in the complaint.**

AOA Office of Predoctoral Education Commission on Osteopathic College Accreditation  
American Osteopathic Association  
142 East Ontario Street Chicago, IL 60611-2864  
888.626.9262 - Phone  
312.202.8202 - Fax  
[predoc@osteopathic.org](mailto:predoc@osteopathic.org)

## **Mission Statement**

**The mission of the Arkansas College of Osteopathic Medicine (ARCOM)** is to educate and train compassionate osteopathic physicians, skilled in the science of patient-centered osteopathic medical care, dedicated to the ethical and social principles of the osteopathic profession, committed to lifelong learning, and focused on service to the underserved. This mission will be accomplished at the undergraduate and graduate medical education levels through excellence in teaching, research, service and scholarly activity.

## **Institutional Effectiveness**

ARCOM fulfills its mission by ensuring that the goals and objectives at all levels are consistent with its mission. The American Osteopathic Association Commission on Osteopathic College Accreditation (COCA) provides accrediting standards that require systematic review of the

osteopathic medical education program. Under the direction of the Director of Data Analytics and Institutional Research, ARCOM's Curriculum Committee, along with the Assistant/Associate Dean of Academic Affairs have the primary responsibility for developing and implementing an assessment plan, analyzing the results of evaluation instruments and recommending changes to the Dean.



## **Requirements for Admission**

While most students who matriculate into ARCOM will have a bachelor's degree or higher, at minimum, applicants must have 90 credit hours toward a degree completed through a college or university accredited by a regional accrediting body that is recognized by the U.S. Department of Education. Applicants not meeting this requirement will not be considered for an interview. In addition, all required courses as established by ARCOM must be completed through a college or university accredited by a regional accrediting body that is recognized by the U.S. Department of Education prior to matriculation.

ARCOM does not have a set minimum GPA or MCAT score as we conduct a holistic review of applicant materials taking into consideration all factors that might indicate an applicant is a fit for our mission. While competition dictates that most students will have an overall GPA > 3.5 and science GPAs > 3.4, respectively, which reflect greater opportunity for success with the curriculum and national board examinations, students with GPAs below these averages may be considered. The upper division grades in the sciences are scrutinized by the faculty in making admission decisions.

Students must take the Medical College Admission Test (MCAT) and have the official scores sent to AACOMAS. MCAT test scores are valid for three years from the test date.

The minimum required undergraduate courses for matriculation are:

<b>Discipline</b>	<b>Hours Required</b>
Biological Science	8 semester hours
Biochemistry	3 semester hours
Inorganic Chemistry with Laboratory (8 hours of general/college chemistry will fulfill this requirement)	8 semester hours
Organic Chemistry with Laboratory	8 semester hours
Physics with Laboratory	8 semester hours
Additional Science Electives: Faculty recommend courses in Anatomy, Physiology, Cellular Biology, Immunology, Microbiology, or Genetics to enhance student's success in medical school	4 semester hours
English Composition and Literature	6 semester hours

These basic requirements must be taken for credit and passed at a college or university accredited by a regional accrediting body that is recognized by the U.S. Department of Education. It is strongly encouraged that applicants have a broad education background that includes behavioral science and the humanities, along with a proficiency in scientific problem solving, critical thinking and writing.

Recommended courses to prepare for the osteopathic medical curriculum include additional humanities such as literature, philosophy or theology; communication skills such as speech, debate, or drama; additional science courses such as genetics, human physiology, human anatomy, immunology, epidemiology, etc.

Applicants are required to meet the Technical Standards for Admission and Continued Enrollment and must affirm that he or she meets the standards. Any falsification or misinformation regarding the ability to meet technical standards is reason for dismissal.

Applicants must submit all required paperwork per deadlines. If paperwork is not submitted as required, an offer of admission may be rescinded.

### **AACOMAS Application Process**

ARCOM will participate with other osteopathic colleges in a centralized application processing service called the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS). An application may be submitted online at [www.aacom.org](http://www.aacom.org). To initiate the application process, applicants must apply directly to AACOMAS.

ARCOM requires submissions of final official transcripts, not previously provided to AACOMAS, from all colleges or universities attended prior to matriculation. All required coursework must be completed at a regionally accredited college or university recognized by the U.S. Department of Education.

### **Applications Deadline**

Applications will be accepted annually beginning with the opening of the AACOMAS application cycle each year.

The official AACOMAS application is available online at [www.aacom.org](http://www.aacom.org). The AACOMAS application deadline for ARCOM applicants is March 1 but is subject to change annually. Applicants should consult the ARCOM website for updates.

Two, well-informed letters of recommendation not written by a relative (by blood or through marriage) are required. One letter of recommendation must be from an osteopathic physician (DO). A letter from an allopathic physician (MD) **in lieu** of a recommendation from an osteopathic physician is not accepted; however, a letter(s) of recommendation from an allopathic physician(s) **in addition** to a letter of recommendation from an osteopathic physician is acceptable. The second required letter must be from a pre-medical or pre-health professions advisory committee, or instead, letters from two science faculty members familiar with the academic work of the applicant. ARCOM welcomes additional letters of recommendation from those who are acquainted with the student's academic or professional ability. Letters of recommendation will be accepted via the AACOMAS application process, Virtual Evals, Interfolio, by email to [admissions@arcomedu.org](mailto:admissions@arcomedu.org) , and/or by mail to:

ARCOM Director of Admissions  
7000 Chad Colley Blvd.  
Fort Smith, AR 72916

### **ARCOM Secondary Application Process**

Secondary applications will be made available to applicants who are best suited to fulfill the mission, values and goals of ARCOM.

Those who receive access to the Secondary Application should complete and submit the application and pay the \$50.00 Secondary Application Fee by the required deadline. Secondary Applications will only be accepted through March 15 but should be submitted as early as possible and at least four weeks prior to the latest filing date. ARCOM conducts a rolling-admissions process.

Candidates will be required to acknowledge their ability and willingness to comply with ARCOM's technical standards, policies on attendance, dress code, requirements for participation in osteopathic teaching and education, ARCOM student professional and academic conduct and policies, and the Notice of Receipt and Disclaimer. All applicants to the Arkansas College of Osteopathic Medicine are strongly encouraged to complete an online assessment (CASPer), to assist with the selection process.



## **Interview Selection Process**

To be considered for an interview, an applicant must meet all the preceding admissions requirements and Technical Standards for Admissions and Continued Enrollment, have a complete file, including the AACOMAS application, a Secondary Application, all required letters of recommendation, and the \$50.00 processing fee.

After the Office of Admissions receives these materials, the applicant's file is reviewed to determine eligibility for an interview, based on the established criteria of the Admissions Committee. If it is found to meet the standards and mission of ARCOM, an invitation may be extended to interview. Submission of a Secondary Application is not a guarantee of an interview.

Interviewing candidates are required to read and sign an acknowledgement that they:

- Meet the Technical Standards for Admissions and Continued Enrollment (any questions pertaining to whether a standard is met must be addressed with the Director of Admissions);
- Have read and comply with the statement for students of ARCOM regarding physical exposure in classroom activities;
- Have read and comply with ACHE and ARCOM's Attendance and Dress Code policy, Code of Student Conduct/Academic Responsibility, Code of Behavioral Conduct, Standards for Conduct for Teacher-Learner Relationship, and AOA Code of Ethics as outlined in the ARCOM Student Handbook & Catalog.

Each applicant who interviews with ARCOM will be reviewed by the Admissions Committee. An interview is not a guarantee of admission. An admissions decision, based on academic performance, professional experience, interview, and fit for mission will be provided to the applicant usually within two weeks of the interview date.

Intentional misrepresentation or omission of information on any form relevant to admissions or records will subject the student to retraction of admission offer or dismissal. ARCOM reserves the right to deny admission to any applicant for any reason it deems sufficient. Matriculation will be denied to applicants who have failed to maintain a good record of scholastic performance and/or good record of personal conduct between the time of their acceptance and their matriculation at ARCOM.

After the interviews, the interviewers forward their recommendation to the Admissions Committee. The Admissions Committee may make any of the following recommendations to the Dean: to accept, to deny, or to place the applicant on a wait list.

All offers of admission are conditional until such time as the applicant has undergone a criminal background check, drug screen, and physical examination to ensure they meet the Technical Standards for Admissions and Enrollment established by ACHE and ARCOM, meet the physical, immunization and immunization titers requirements as verified by ACHE and ARCOM. A non-refundable matriculation deposit is required (the deposit will be applied

to the first year's tuition).

### **Transfer Applicants**

ARCOM accepts transfer applicants in rare circumstances only when students are transferring from a LCME or AOA accredited college of medicine. Transfers must be passing all subjects at the time of transfer and be in good standing with their current college of medicine.

The student must provide a written statement outlining reasons for the request for transfer to the ARCOM Dean and must be eligible for continuing or readmission at the current college of medicine. They must have a letter of recommendation from the Dean, Vice Dean or Senior Associate Deans of the prior college attended. Decisions regarding transfer are made by the Dean in consultation with the Admissions and Curriculum Committees and will be based on factors including academic record, circumstances leading to the transfer request, available space, and admission standards. Credits eligible for transfer will be reviewed by the Curriculum Committee, with the Dean making final determination. All students must complete a minimum of the last two years of training at ARCOM, successfully fulfill all requirements of the ARCOM curriculum, including demonstration of competency in the philosophy and application of osteopathic principles and practice (including osteopathic manipulation), and receive the recommendation of the faculty through the Student Progress Committee for graduation.

Arkansas College of Osteopathic Medicine transcripts will reflect the cumulative credit hours transferred from the previous medical school. Information regarding grades or class rank from the previous school will not be reflected on the ARCOM transcript. Students who transfer into Arkansas College of Osteopathic Medicine will not receive a class rank.

### **Transfer of Credit (Advanced Standing)**

Credits will only be transferred from COMs accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) or schools of medicine accredited by the Liaison Committee on Medical Education (LCME). All students must complete at a minimum the last two years of training at ARCOM, successfully fulfill all requirements of the ARCOM curriculum, including demonstration of competency in the philosophy and application of osteopathic principles and practice, and receive the recommendation of the faculty through the Student Progress Committee for graduation.

### **International Student Applicants**

For admission eligibility, ARCOM applicants must be U.S. citizens or permanent residents.

### **Matriculation Process**

Accepted applicants must fulfill the conditions set forth in the matriculation agreement.

Matriculating students must sign and submit:

- Matriculation Agreement
- ARCOM Student Handbook & Academic Catalog Notice of Receipt
- ACHE Student Handbook Notice of Receipt and Disclaimer
- Disclaimer by the deadlines published in the AACOMAS traffic guidelines

- schedule.
- **Any other requirements set forth in the matriculation agreement**

### **Documentation of Completion of Required Prerequisite Coursework**

- Submission of final official transcript, not previously provided to AACOMAS, from all colleges or universities attended prior to matriculation.

### **Non-Refundable Deposit**

A non-refundable deposit totaling \$2,000 must be paid. Deposit will be applied to tuition. Applicants will be required to submit a non-refundable deposit by the deadline set forth in the AACOMAS traffic guideline schedule.

## Tuition, Fees and Deposits

**Average Annual Tuition for 2019-2020** **\$ 43,000.00**

**Note:** While a transferring student may receive credit for hours taken in specific courses to be applied toward those courses required for graduation from ARCOM, there shall be no monetary credit or deduction of tuition or fees.

**Secondary Application Fee (one time, non-refundable)** **\$ 50.00**

**Acceptance Fee/Tuition Deposit (non-refundable)** **\$ 2,000.00**

Applicants will be requested to submit the non-refundable deposit by the deadlines published in the AACOMAS traffic guideline schedule:

Failure to make the deposit on time or make other arrangements with the Office of Student Affairs will result in forfeiture of the student's seat in the class.

### **Annual Fees**

Technology Fee \$ 750.00

Administrative Fee \$ 750.00  
(Laboratory and Graduation Fees)

Student Activity Fee \$ 500.00  
(Includes AOMA membership, and student club fees)

Student Health Fee \$ 200.00  
(Includes annual flu shot, TB skin test, record keeping and disability insurance)

Parking and Auto Registration \$ 50.00

Malpractice Insurance Fee \$ 250.00

Students required to repeat a full semester/year may be offered a 50% reduction in tuition for coursework previously completed. All applicable fees still apply at the full rate. Students will not be allowed to audit courses and both grades will be reflected on their transcripts.

## Student Health Requirements

Completion of required medical documentation sent to the screening agency approved by ARCOM prior to the date specified in the matriculation agreement. Students must submit their medical history and physical examination and documentation of the listed laboratory tests and immunizations on the following ARCOM forms: Physical Exam Form, Immunization Form, and Tuberculosis Screening/Testing Form.

Forms must be completed, signed, and dated by a licensed physician and returned as directed by the Office of Student Affairs. All three student health forms and required documentation must be submitted no later than May 1st for students admitted before March 15th. Students admitted after March 15th must submit all required forms and documentation no later than July 1st. Deadlines for students admitted after July 1st will be determined by the Office of Student Affairs on a case-by-case basis.

It is important that each student verify that all forms are filled out completely and that they are dated and signed by the physician. Incomplete or unsigned forms will not be accepted. Any documentation or forms submitted incomplete will be rejected. Such action does not change the due date for the documents and failure to meet the required deadlines **could result in the rescinding of ARCOM acceptance.** Any requests for extension of the deadline should be addressed to the Office of Student Affairs at [studenthealth@acheedu.org](mailto:studenthealth@acheedu.org).

**IMPORTANT: ACHE does not automatically waive immunizations or student health requirements. ACHE is not responsible to secure or approve educational opportunities that are not in compliance with immunization policies.**

Required laboratory evaluations and immunizations are subject to review and change annually based on recommendations from the Centers for Disease Control (CDC), the United States Prevention Task Force (USPTF) and other public health agencies. Students will be notified of any changes and will be required to comply with any mandated changes upon receipt of notice from ACHE.

## Current ARCOM Requirements

### History and Physical Examination

Each student must have a comprehensive medical history and physical examination performed by a licensed allopathic or osteopathic physician after acceptance and before matriculation into ARCOM. The examination must be completed within the timeline detailed above. This examination must establish that the student health status is adequate to meet the demands of the curriculum and the examining physician must verify; that they are clinically free of contagious disease that would pose a risk to patients and that the student satisfies the health and technical requirements for admission, education, and graduation detailed in the ARCOM Student Handbook.

## **Immunization Requirements**

### **Tuberculosis**

- Results of last (2) PPDs (two step TB skin test) OR (1) IGRA (Interferon gamma releasing assay) blood test are required.
- The student may supply documentation of tuberculosis screening performed within six months of the date of matriculation or starting clinical rotations.
- If a student receives a 2-step or IGRA, they require a yearly update.
- Students with a history of a positive PPD skin test (>10mm induration) should not repeat the test. They will be required to submit the results of a chest x-ray, which documents absence of active disease, followed by a yearly questionnaire filled out by a physician and following current CDC guidelines.
- Students with a new positive PPD, IGRA, or chest x-ray must follow up with the health department and their personal physician and present documentation of completion of treatment by a physician or an ongoing treatment plan.

### **Measles, Mumps, and Rubella**

- Two (2) doses of MMR vaccine OR serologic proof of immunity for Measles, Mumps, and/or Rubella is required
- If the student's titer is negative or equivocal for Measles they will require 2 doses of MMR
- If the student's titer is negative or equivocal for Mumps they will require 2 doses of MMR
- If the student's titer is negative or equivocal for Rubella they will require 1 dose of MMR

### **Varicella**

- Two (2) doses of Varicella vaccine OR positive serology are required
- If antibody titer is negative or equivocal, they will be required to have two (2) doses of Varicella vaccine

### **Hepatitis B**

- The student must have documentation of the completion of three (3) doses of vaccine followed by a quantitative Hepatitis B Surface Antibody (titer).
- The titer should be drawn 4-8 weeks after the 3rd dose.
- If antibody titers are negative or equivocal 4-8 weeks following completion of the Hepatitis B series, second series of three injections needs to be completed with repeat titers drawn 4-8 weeks following completion.
- If Hepatitis B Surface Antibody (titer) is negative after a secondary series, Hepatitis B Surface Antigen and anti-HBc must be drawn to determine infection status.
- If further testing is negative, the student will be considered a non-responded and they will need to have counseling about transmission risk and a physician's note about their status.

### **Tetanus, Diphtheria, and Pertussis**

- Student must provide documentation of a Td or Tdap within the past 10 years.
- Student must submit documentation of One (1) dose of adult Tdap.

## **Polio**

- The student must have written documentation of receiving an initial series of three IPV or OPV immunization OR serologic proof of immunity of polio.

### **Additional Immunizations**

If mandated by state or federal healthcare agencies or affiliated clinical partners of ACHE, additional immunizations may be required of ACHE students. Additional immunizations will be required for international rotations and in some local underserved areas. If you are traveling internationally you are required to meet with the appropriate Associate Dean as well as the health department to further discuss these immunization requirements.

### **Documentation of Immunity**

Students will not be allowed any patient care activities until all required immunizations have been administered and proof of immunity is established, including but not limited to early clinical experiences, healthcare outreach events, international outreach trips, clinical rotations, etc.

Failure to begin clinical experiences as scheduled in the curriculum does not entitle the student to make up the missed experiences, could result in failure of the course, academic probation, or dismissal from ACHE.

Regulatory, legislative, institutional, administrative authorities require that ACHE students demonstrate immunization, immunity, or protection from multiple contagious diseases before being allowed to perform clinical rotations in the institutions utilized by the ACHE for the education of its students. ACHE requires that prior to beginning any clinical education or experience, students must present proof of immunity or protection against acquiring or spreading the following infections or micro-organisms: Varicella, Measles, Mumps, Rubella, and Hepatitis B.

## **Technical Standards for Admission to ARCOM**

Technical standards are the non-academic skills and abilities necessary for the successful completion of the course of study in osteopathic medicine. The Educational Council on Osteopathic Principles has recommended, and ARCOM has adopted the following non-academic criteria for admission and continued program participation.

The Arkansas College of Osteopathic Medicine is committed to the admission and matriculation of all qualified students and does not discriminate on the basis of race, ethnicity, color, sex, sexual orientation, gender, gender identity, religion, national origin, age, disability, or veteran status. The College will expect that minimal technical standards be met by all applicants and students as set forth herein.

### **Technical Standards**

An osteopathic physician must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. In order to perform the activities described below, candidates for the DO degree must be able to quickly, accurately,

and consistently learn, integrate, analyze, and synthesize data.

Osteopathic physicians utilize touching as part of the osteopathic approach to treatment. As part of the educational process, ARCOM students must be able to tolerate being touched and the touching of others of both sexes in order to acquire the skills necessary for palpation and examination. This palpation is performed in a professional and appropriate manner. Acquiring the skills to palpate and examine patients requires a student to examine partially or completely disrobed patients of both genders and is mandatory to successful completion of the curriculum at ARCOM. In physical diagnosis and osteopathic manipulative medicine laboratory experiences, as well as other clinical laboratories where skills are acquired, students are required to participate in the examination of fellow students of both genders who may be partially disrobed.

Students will need to wear attire such as shorts/sports bras and to partially disrobe for certain laboratory experiences. These are requirements for all students, regardless of cultural or religious beliefs, in order for the student to acquire the skills necessary to practice medicine. Students who have any concern should discuss them with the Office of Student Affairs prior to applying.

While ARCOM is committed to making the accommodations that offer the opportunity for student success, ARCOM is also committed to patient safety and assuring a safe and effective environment that does not place patients, students, or others at risk. Each technical standard has been chosen from standards that osteopathic physicians deem necessary for the safe and effective practice of osteopathic medicine. Applicants who do not meet the technical standards should not apply to ARCOM.

To facilitate the attainment of optimum care and safety, students at the ACHE must:

1. Behave in a manner exhibiting high moral and behavioral standards reflecting the position and status of a healthcare professional.
2. Demonstrate respect for individuals and groups with consideration to the diversity of race, ethnicity, color, sex, sexual orientation, gender, gender identity, religion, national origin, age, disability, or veteran's status.
3. Students must meet minimal technical and ability standards. Students must have the ability to learn, process, and utilize a great deal of knowledge and experience. Students must have the ability to see, hear, and touch independently to optimally assess the physical, mental, and emotional status of patients. Where a deficiency occurs, it must be compensated with the aid of prosthetics to the extent that the student's functioning is equal to that of a non-impaired student. Reasonable adaptations are those that will enable the student to function independently and when necessary in a team-like fashion with other health professionals in an unimpaired manner.

ACHE expects its applicants and students to meet certain minimum technical standards as outlined below. Every applicant and student of ACHE is expected to possess those intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty. A healthcare professional must have



the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Reasonable accommodations will be made as required by law; however, the candidate must be able to meet all technical standards with or without reasonable accommodation. The use of a trained intermediary means that a candidate's judgment must be mediated by someone else's power of selection and observation and is not a permissible accommodation. ACHE has adopted these standards with due consideration for the safety and well-being of the patients for whom its graduates will eventually care. The specific technical standards are set forth below.

### **Motor Function**

Applicants and students should have sufficient motor function to execute movements reasonably required to provide general care and emergency treatment to patients. Examples of movements reasonably required of physicians include, but are not limited to, cardiopulmonary resuscitation (CPR), administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, the performance of obstetrical maneuvers and osteopathic manipulative medicine. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

### **Observation & Visual Integration**

Applicants and students must have sufficient visual capabilities to observe demonstrations, experiments, and laboratory exercises in the basic and clinical sciences, as well as proper evaluation and treatment integration in order to assess asymmetry, range of motion, and tissue color and texture changes.

They must be able to observe a patient accurately at varying distances with the ability to determine size and depth of an object in low light at 0.3 cm, and with the ability to discern non-verbal communication.

### **Communication**

Applicants and students should be able to speak, hear, and observe patients in order to elicit information, examine patients, describe changes in mood, activity and posture, and perceive nonverbal communication. They must be able to communicate effectively and sensitively with patients in English.

Communication includes not only speech but also reading and writing. Applicants and students must be able to communicate effectively and efficiently in English in both oral and written form with all members of the healthcare team.

### **Sensory Skills**

Applicants and students must possess an enhanced ability to use their sensory skills. Individuals with disabilities who have significant tactile sensory or proprioceptive disabilities may require a thorough evaluation to determine if they are otherwise qualified, with or without reasonable accommodation. Such individuals may include those with significant previous burns, sensory motor deficits, cicatrix formation and malformations of the upper extremities.

### **Strength and Mobility**

Medical treatments, such as osteopathic manipulative medicine and cardio-pulmonary resuscitation, often require upright posture with sufficient upper & lower extremity and overall body strength and mobility. Individuals with disabilities who have significant limitations in these areas may require evaluation to determine if they are otherwise qualified, with or without reasonable accommodation.

### **Intellectual, Conceptual, Integrative and Quantitative Abilities**

Applicants and students must be able to concentrate, analyze and interpret data, and make decisions within areas in which there is a reasonable amount of visual and auditory distraction. They must perform these functions under a time limitation and do so under a reasonable amount of stress, as physicians are expected to be able to perform such duties in diverse clinical settings where others maybe present and where there is a certain degree of noise. Applicants and students must be able to accurately write prescriptions, accurately perform basic mathematical functions, and accurately and quickly read charts with minimal error in areas where there may be distractions. They also must demonstrate ability to comprehend three- dimensional relationships, and to understand spatial relationships of structures.

### **Behavioral and Social Attributes**

Applicants and students must possess the emotional health required for full utilization of their intellectual abilities, exercise good judgment, and promptly complete all responsibilities attendant to the diagnosis and care of patients and the development of mature, sensitive and effective professional relationships with patients. Applicants and students must be able to tolerate physically taxing workloads and adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Students must have the emotional health to be able to function without the aid of medications that are known to affect intellectual abilities and judgment. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that will be assessed during the admissions and educational processes. An ability to demonstrate the emotional health necessary for the delivery of quality and safe medical care is mandatory throughout school. ACHE considers addiction or the participation in substance abuse as a risk for unsafe medical care.

### **Participation in Osteopathic Manipulative Medicine Laboratory & Clinical Care Encounters**

Active participation in Osteopathic Manipulative Medicine Laboratories and Clinical Care Encounters is an admission, matriculation and graduation requirement. During Osteopathic Manipulative Medicine laboratory and clinical care encounters, it is imperative to the educational process that the body region being examined and/or treated will need to be exposed for observation, palpation and treatment. The examination and treatment must be conducted in a respectful and professional manner.

The development of palpatory skills used for diagnosis and treatment is significant and required in osteopathic medical schools. Stedman's Medical Dictionary defines "palpation" as examination with the hands and fingers, touching, feeling or perceiving by the sense of touch. Palpation in the osteopathic educational context is the use of touch to examine the

body. Palpatory skills are used in all areas of osteopathic medical practice and are especially important in the evaluation and treatment of the musculoskeletal system.

The development of palpatory skills and the ability to perform osteopathic treatments are initiated in the first- and second-year labs. This learning requires active participation in all laboratory sessions where students palpate and will experience palpation by their peers and instructors of both genders to enhance the development of their own palpatory skills. Each student will palpate a variety of people with different body types to simulate the diversity of patients expected in a practice setting. Fingernails must be trimmed so as not to impair palpation or cause discomfort to the person being palpated.

The osteopathic medical profession uses a variety of treatment models through which the student will learn the art, science, and skills of osteopathic manipulative treatment. Psychomotor skills are developed by repetition and reinforcement. Reading and observation, while helpful in understanding the didactic concepts, do not develop the skills required to perform palpatory diagnosis and manipulative treatment. Each student is required to actively participate in all skill development sessions.

### **Professional Dress Guidelines**

- Scrubs may not be worn outside of the OMM, Anatomy or Clinical Medicine Laboratory sessions.
- Scrubs may not be worn on clinical rotations except on Surgery, OB, or ER unless directed by faculty or Lead Physician.
- Shirts and gym shorts are required for OMM lab as outlined in the syllabus.

**(See ACHE Student Handbook for additional requirements to Student Dress Code)**

## **ACADEMIC AFFAIRS AND CLINICAL AFFAIRS**

Students participating in clinical experiences at ACHE affiliate clinical sites are required to abide by all of the rules and regulations of the particular site, including acquisition and use of institutional identification (badge). Prior to their first patient contact experience at each of these sites, students receive an orientation to the major policies and procedures by their supervising faculty for their education experiences at the affiliate site. Students are required to complete drug testing and background checks prior to starting their clinical rotations and periodically in compliance with ACHE and institutional affiliation agreements. Students are responsible for understanding and following all of the rules and regulations specific to their clinical rotation site. Failure to abide by these policies and procedures will be reported to the supervising faculty physician and could result in referral to the Student Progress Committee.

### **Overview of the Doctor of Osteopathic Medicine (D.O.) Degree Curriculum**

The course of study to earn a Doctor of Osteopathic Medicine (D.O.) degree from The Arkansas College of Osteopathic Medicine consists of four years of progressive integrated education. Students must complete the DO degree in no more than six (6) years. The first two years are held primarily on campus and the second two years are held predominately at clinical sites that are collaborative partners of ARCOM. ARCOM has a mission to educate students to

become the finest osteopathic physicians based upon:

- a dedicated faculty,
- established affiliations with medical centers, hospitals, and healthcare systems, and
- a structured and supported rural/underserved medicine program.

The design of the curriculum is based on successful integrated academic models. Emphasizing an interdisciplinary collaboration, a Helix curriculum, the curriculum guides students to develop a holistic, and more importantly, an osteopathic approach to medicine. We continuously correlate basic scientific information and methodology with fundamental clinical application. Students are exposed to clinical experiences, which give them the opportunity to prepare for the “real world” of medicine.

ARCOM students have exposure to early clinical experiences through standardized patients on campus, coursework through the Capstone course, and volunteer opportunities both locally and abroad.

For the third and fourth years, students are assigned to one of our core rotation sites to ensure continuity and coordination of clinical education in the form of four-week rotations at various hospitals, as well as clinics and doctors’ offices within our clinical training network. During their clinical years, our curriculum continues to integrate basic sciences, clinical medicine, and Osteopathic Principles and Practice. Our innovative curriculum is designed to fulfill our mission of training students who are competent and ready to enter graduate medical education.

A notable aspect of the clinical program is a required four-week rotation in an underserved practice setting (Rural Primary Care Rotation). In rural clinics and hospitals throughout the state of Arkansas and across the United States, our students will participate in providing healthcare to medically underserved and indigent patients. Our students will learn to treat various patients whose lifestyles, practices, and attitudes toward health care differ from those seen in more traditional training sites. This enriching educational experience is one that cannot be taught in the classroom. Physicians do not work in a vacuum, but rather in a healthcare team, and ARCOM promotes interdisciplinary cooperation whenever possible in the classroom and in all of its clinical settings.

## **Academic Departments**

ACHE is divided into the divisions of: Biomedical Science, Clinical Medicine, Medical Education and Humanities. These divisions work together to develop and deliver a curriculum that meets ACHE’s mission. ACHE has the following Academic Departments:

### **Biomedical Science**

1. Anatomical Sciences
2. Biochemistry, Molecular and Cell Sciences
3. Physiology, Pharmacology & Pathology
4. Immunology & Microbiology
5. Research

## **Medical Education & Humanities**

6. Population Health and Humanities
7. Program Assessment and Outcomes
8. Data Analytics and Institutional Research

## **Clinical Medicine**

9. Primary Care
  - a. Family Medicine
  - b. Internal Medicine
  - c. Pediatrics
10. Osteopathic Manipulative Medicine
11. Surgery

## **Pre/Postdoctoral Information Resources**

Part of ARCOM's mission is to educate primary care and critical need physicians for underserved populations in rural and urban areas in Arkansas, the South Central United States, across the United States, and the globe. ARCOM also strives to educate students to make informed decisions about their own professional lives. Toward this end, ARCOM's Office of Clinical Medicine provides a wide range of materials and information on:

- graduate medical education, including resident and fellowship training
- research opportunities
- careers in federal, state, and local government
- mission and outreach opportunities

The Offices of the Associate Dean of Clinical Medicine, Assistant/Associate Dean of Academic Affairs, Associate Dean of GME, and the Office of Student Affairs offer individualized counseling and information on careers in medicine; residency programs; NRMP match; hospital, clinic-based, and private practices; group and solo practice; public health units; military careers; and managed health care organizations.

## **General Procedures**

**Academies** - During orientation, students are assigned to specific academy which serves as a social support network. Each academy will be comprised of students and faculty.

**Clinical Medicine and Academic Affairs Department** - Additional resources for students will be Careers in Medicine, available initially during the OMS2 year. Individual assistance with CV development and personal statement writing will be offered through the Department of Academic Affairs.

- A. **Days at the Fort Sessions**- Each student will be welcomed back to the Fort Smith campus twice a year (once a semester) to complete multiple onsite sessions including: Standardized Patient sessions, OMM Sessions, SIM Sessions, Clinical Skills Sessions, and Career Counseling. For the Career Counseling Sessions:

1. The Director of Clinical Skills will compile COMAT data and evaluation data on each student to create a student file.
2. Each student will be asked to bring in their CiM data.
3. During the Days at the Fort session each student will meet with:
  1. The Director of Clinical Skills
  2. The Associate Dean of Clinical Medicine
  3. The Associate Dean of GME
  4. Director of HR or their delegate (help with CV)
4. The goals of the sessions will be:
  1. Review competitiveness data
  2. Discuss specialty preferences
  3. ERAS application guidance
  4. Assist students in requesting letters of recommendation
  5. Review research of residency training programs

**B. Professional Development**

1. Compiling a Curriculum Vitae
2. Compare residency programs
3. Assist students in registering for the National Resident Matching Program
4. Assist students in writing a personal statement
5. Assist students in applying to programs through ERAS
6. Review MSPE
7. Review interview techniques, tips, and pitfalls
8. Review rank selections
9. Discussion of “paralleling planning”
10. Discussion of the SOAP process if unmatched

Outcomes Monitoring- ARCOM will track the effectiveness of the career advising program by looking at GME match and placement rates and number of students matching to one of their top three choices of residency. ARCOM will also track COMLEX scores versus residency specialty so that students will be able to utilize both national and ARCOM specific data for making the optimal career selection.

# ACADEMIC POLICIES AND REGULATIONS

## Student Progress Committee

### *Function:*

- The function of the Student Progress Committee (SPC) is to ensure that every graduate of ARCOM has the skills, knowledge, and judgment to assume the responsibilities of an osteopathic doctor.
- The Committee will monitor student progress and ensure that all students meet the academic and professional requirements necessary for advancement in the curriculum and graduation.
- The Committee will evaluate personal qualities and behavior which bear on a student's professionalism and fitness to become a physician and recommend appropriate intervention, relying on the cooperation, advice, and judgment of faculty, students, and administration to perform these duties.
- At the end of each course(s), the committee reviews the academic progress of students assigned either an "F" or "I" in a course(s). After reviewing the student's file, the committee may recommend one of the following to the Dean:
  - a) to allow the student to take a remediation exam,
  - b) to dismiss the student,
  - c) to require the student to repeat all or a portion of the entire year of medical school,  
or
  - d) to otherwise alter the student's course of study. The Committee's recommendations are forwarded to the Dean of ARCOM who then makes the final decision.
- Makes recommendation of students to graduate to the Faculty Council.

**Membership:** The committee shall consist of eight (8) voting faculty members; at least five (5) members will be clinical faculty. The Associate Dean of Student Affairs shall serve as Ex- Officio member. Neither the Associate Dean of Clinical Medicine or the Associate Dean of Pre-Clinical Medicine may serve on the committee.

## SPC Complaints Regarding Student Misconduct

Any violations of the academic standards, conduct standards, or supplemental standards may result in a complaint being filed against the student with the Associate Dean of Student Affairs. The President, Dean of the respective program, Associate Deans therein, or Directors, may place a student on administrative leave pending a hearing on charges of academic, conduct, or supplemental standards; consequently, students are subject to any disciplinary action.

### 1. Filing of a Complaint of Professional or Personal Misconduct

If an individual has allegedly violated an ACHE policy regarding professional, ethical, or personal conduct, a complaint should be filed with the Associate Dean of Student Affairs. Anyone with knowledge of such offenses should file a complaint within 30 calendar days

of the incident or within a reasonable time after discovery of the incident. The Associate Dean of Student Affairs, or in their absence a designee appointed by the Dean of the respective program, will review the complaint and may schedule a meeting with the student and complainant(s) to further investigate the complaint. The Associate Dean of Student Affairs or the appointed designee shall have one of the following options:

- Recommend to the Chair of the Student Progress Committee that the matter be dismissed if there is no basis for the allegation(s) or the allegation(s) fails to warrant disciplinary actions. If the chair of the Student Progress Committee agrees with the recommendation, then the Chair of the Student Progress Committee will file a written report with the Dean of the respective program. The individuals involved shall be notified electronically by the respective Dean that the complaint has been dismissed and does not warrant further action. The complainant may, if they choose, appeal the decision of the Associate Dean of Student Affairs directly to the Student Progress Committee;
- Refer the matter to conciliation. The accused student and grieving party or parties shall receive notice by official email if the matter is referred to conciliation;
- Refer the matter to the Student Progress Committee for recommendation to the Dean of the respective program.

## 2. Notice to Appear Before the Student Progress Committee

If the Associate Dean of Student Affairs and Chair of the Student Progress Committee find sufficient evidence exists to substantiate the complaint, the student shall be referred to appear before the Student Progress Committee for alleged student misconduct, the student will be notified in writing, by official ACHE e-mail, or in a notice hand delivered to the student, giving him/her 72 hours' notice of the time, date, and location of the meeting. This policy is to ensure that the student has sufficient time to prepare adequately for his/her appearance before the Student Progress Committee.

It should be noted, however, that if school officials determine that there exists sufficient and credible evidence that a security issue might place any individual or individuals at risk, the prior notice timeline may be shortened or waived. In all cases, students will have recourse to due process.

## 3. Appearance Before the Student Progress Committee

Student Progress Committee meetings with students are private and confidential, including, but not limited to, the names of participants, proceedings, discussion, minutes, and findings. The following are prohibited in all Student Progress Committee meetings unless otherwise authorized in writing by the Dean:

- a. Electronic recording of the meeting, except for official minutes
- b. Legal counsel
- c. Uninvited individuals

In the meeting(s), the student will be given reasonable opportunity to address the allegation(s) against him/her. The Committee will review all submitted documents and may interview all



persons reported as having knowledge of the incident. The Committee may have more than one meeting with the student in order to address the concerns of the Committee and give the student an opportunity to fully respond to the questions and allegations.

The findings and recommendation of the Committee will be communicated to the Dean within five business days, excluding ARCOM holidays. The Dean shall consider the recommendations of the Committee and/or review any evidence presented at the Committee hearing and either affirm, modify, or disregard the findings and/or recommendations. Upon a decision by the Dean, the Dean shall notify the student of his/her decision within 5 working days.

If a student is found in violation of Professional Codes, Codes of Student Conduct, Academic Responsibility, and/or ACHE or ARCOM policies and procedures, one or more of the following sanctions may be imposed. The list is not exclusive of other actions that may be directed by the Dean or other administrative authority.

- Expulsion: permanent dismissal from ARCOM with no right for future readmission
- Suspension: mandatory separation from ARCOM for a period of time. Readmission will not be entertained until the suspension period is completed and any required actions are satisfactorily fulfilled. Return of the student is subject to approval of the ARCOM administration and faculty. The student is barred from the campus and affiliated sites without specific approval of the administration during the time of the suspension.
- Temporary Suspension: action taken removing and barring the student from the campus and/or affiliated sites pending final determination of student's status taken by the Dean or Associate Dean of Student Affairs.
- Final Disciplinary Probation: disciplinary sanction taken when a student is in violation of ARCOM standards, under which the following conditions may exist:
  - The sanction is for the remainder of the student's career. The action may be reviewed by the Dean no sooner than two academic semesters or its equivalent after the sanction is imposed. The student may request in writing reduction of the sanction after two semesters to disciplinary probation if they can demonstrate reason to substantiate the request.
  - Another violation of ARCOM policy or standards of conduct while on final disciplinary probation will result in at a minimum a suspension.
- Probation: A time period during which any further violation on the part of the student may result in his or her immediate expulsion from ARCOM. The Student Progress Committee will make a recommendation to the Dean regarding whether the probationary status is to be recorded in the student's academic file. Any student put on probation will remain so for the stated time, which may include his or her entire stay at ARCOM.
- Probation with Conditions: This form of probation includes all of the sanctions of probation. In addition, the student's continued enrollment at ARCOM is based on the student fulfilling certain obligations as set forth by the Student Progress Committee.
- Disciplinary Warning: Formal notice to a student that his/her action and/or

behavior has not met ARCOM standards. This sanction remains in effect for a designated period of time and may be expunged from the student file.

- Verbal Warning: A verbal admonition to the student by a member of the ARCOM faculty, administration, or staff that his/her behavior is inappropriate.
- Fines: Penalty fees payable to ARCOM for violations of policy, rules, or regulations.
- Restitution: Payment made for damages or losses to ARCOM is directed by the Student Progress Committee.
- Restriction or Revocation of Privileges: Student may be restricted from participation in extra- curricular activities, i.e., serve as an officer in an ARCOM organization or national organization, mission trips, etc.
- Counseling Intervention: ARCOM directed professional evaluation or treatment for behavioral or psychological issues.
- Other Appropriate Actions: As determined by the SPC or the Dean.

### **Academic Related Grievances**

An individual concern that is academic in nature should be first discussed with the immediate instructor or preceptor and must be done in a professional manner within three business days. If a resolution cannot be reached, the student may, within three days submit a written appeal to the Associate Dean of the academic department involved. If resolution cannot be reached from the prior appeals, the student may appeal, in writing within three days to the Dean, whose decision will constitute the final resolution. A concern over general course procedures or grading policies should be addressed through the student representative on the Curriculum Committee.

### **Non-Academic Related Grievances**

Any student has the right to seek redress of a grievance with immunity from disciplinary action or retaliation without regard as to the race, ethnicity, color, sex, sexual orientation, gender, gender identity, religion, national origin, age, disability, or veteran's status as included in the regulations of Title VI, Title IX, the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

For a student to address a grievance, he or she must utilize the following procedures:

1. The student will present the grievance to the student's assigned faculty advisor. If the faculty advisor cannot affect a resolution to the problem, the student may then consult with the Office of Student Affairs.
2. The Associate Dean of Student Affairs will hear the grievance.
3. If a satisfactory solution cannot be achieved, the student will be advised to prepare a written, signed request, setting forth the grievance and requesting a hearing with the Student Progress Committee.
4. Copies of appropriate and relevant documentation must accompany this request, which will include a statement to redress the student requests.
5. The student will submit the request to the Office of Student Affairs, who will present it to the Chairperson of the SPC.
6. The Chairperson of the SPC shall convene the committee after receipt of a written

request.

7. The student will be notified in advance of the date, time, and place of the meeting.
8. The meeting shall be internal, private, and closed to non-COM persons. Non-COM personnel are not available for consultation during these meetings. Legal representation or any other form of representation is prohibited during the hearing. Students will be allowed to have one 'advisor' present; the advisor must be a current ARCOM faculty or staff member. The student will be afforded a full and fair opportunity to present the grievance and to respond to relevant questions posed by members of the committee.
9. The Committee will, after deliberation, make a recommendation to the Dean.
10. Following receipt of the Committee's recommendation, the Dean (or designee) will advise the student in writing, delivered either by ARCOM e-mail, certified mail, or in person, of the action taken to resolve the grievance. Notification of the outcome will be sent within 10 business days of the committee meeting.
11. If the student is still not satisfied, he or she may request an additional review by the Appeals Board.

The ARCOM Appeals board will conduct a review (See "Appeals Board")

### **Grading Disputes**

Matters regarding grading disputes shall include all concerns related to specific grades received or the processes by which grades are determined. In all appeals regarding a grading dispute or appeal situation, the decision of the Dean is final. A student who has difficulty negotiating the grading dispute appeals process may seek guidance from the Office of Academic Affairs.

### **Cause for Final Grade Appeals**

In order to appeal a final grade, a student must offer convincing arguments that good cause exists for mandating a change of grade. A request for a grade appeal is not automatically granted.

Each of the following reasons, if supported by sufficient evidence, shall constitute "good cause":

- Assignment of a grade that is malicious and/or discriminatory: i.e., in determining the grade, the Course Director or Coordinator, Program Director, Clinical Preceptor or Systems Co-coordinator ("professor") clearly did not apply the same standards he/she used for grading other members of the class whose work and behavior were similar to those of the appealing student.
- Assignment of a grade that is arbitrary and/or capricious: i.e., the professor had apparently no discernible rationale for arriving at the grade given.
- Assignment of a grade that has resulted from human error: i.e., the professor reported an incorrect grade as the consequence of a mistake in computation, in recording, or in some other mechanical aspect of the grading process.

The following reasons do not constitute "good cause" for the purposes of appealing a grade:

- Disagreement with the course or systems requirements established by the professor.

- Disagreement with the grading standards established by the professor.
- Disagreement with the judgment of the professor in applying his/her grading standards so long as he/she has made a reasonable effort in good faith to be fair and consistent in exercising that judgment. Good faith on the professor's part shall be presumed unless the student can offer convincing arguments to the contrary.
- The student's desire or "need" for a particular grade, while compelling to the individual on a personal level, shall not be considered "good cause" for purposes of appeal.
- Scoring less than 75% in a remedial course for the program.

A student seeking to appeal a decision regarding a non-failure classroom grade during the first and second year should seek solutions through the following administrative channels; entering at the appropriate level and proceeding in the order stated:

1. Course Instructor/Course Director
2. Department Chair
3. Associate Dean of Biomedical Sciences or Clinical Medicine
4. Dean (final level of appeal)

A student seeking to resolve a grade concern through the administrative channels above must initiate such action in writing within three business days from the date the grade is recorded at the Registrar's Office. Review of a student problem and complaint at each administrative level will be carried out as expediently as possible. If the student is not satisfied with the decision, he or she may appeal to the next administrative level. If the student chooses to continue the appeal, this must be done in writing within seven business days of the date the decision was rendered at each level of the appeal, excluding weekends and official school holidays. No administrative grade changes will be accepted 30 days after the grade is recorded.

## **Appeals Board**

**Function:** The Appeals Board will hear student appeals of any disciplinary action taken by the administration, faculty or Student Progress Committee to determine if ARCOM policies and procedures relating to the students' case were followed or if a gross misapplication of fact occurred, or the level of the disciplinary action taken was improperly based upon non-academic criteria.

ARCOM reserves the right to require the immediate withdrawal of any student whose conduct poses a direct threat to the health and safety of the student or to others. In cases where safety or orderly function of the ARCOM is potentially jeopardized, the Dean, the Provost, the President, or any Security Officer may require the student be physically removed from the campus until the appeal is resolved. Should an incident necessitate, such removal will be immediate. Checkout Procedures for Student Dismissal, Withdrawal, or Leave of Absence will be modified to accommodate orderly function and safety for all parties.

**Membership:** The Appeals Board shall consist of the Associate Dean of Clinical Medicine, the Associate Dean of Pre-Clinical Medicine, and the Chairman of the Board of Trustees of ACHE who will serve as Chair. The President of ACHE shall serve as ex-officio.

### **Appeals Board Hearing Guidelines**

The Appeals Board will hear all students' appeals of decision if the student submitted a letter to the Chair of the Appeals Board within 5 working days of receiving the Dean of the respective program's decision. Any appeals not submitted to the Chair of the Appeals Board within this time frame shall not be heard. The appeal must contain a concise statement of all relevant facts, specifying the alleged errors in ACHE or the specific degree program policies or procedures, any gross misapplication of fact(s), or the level of disciplinary action taken was improperly based upon non-academic criteria.

### **Hearing Protocol**

- The student will be notified of the date, place, and time of the hearing via their ARCOM e-mail, certified mail to the student's last known address, or hand delivered with receipt. Any student who fails to appear at the designated date and time will automatically waive his or her right to appeal.
- No other witnesses or complainants are allowed.

### **Appeals Board Hearing Process**

- The chair will convene the hearing with only board members present.
- The chair will advise the board members of the charge(s) and the Dean's decision.
- The Board will review all written information pertaining to the case.
- The hearing will proceed under the direction of the chair.
- Once invited into the hearing room, the student will have an opportunity to present his or her appeal, provide statements and evidence in defense of the alleged violation(s), appeal the degree of disciplinary action, summarize his or her position, and respond to any questions from the board members.
- The Chair will then dismiss the student from the hearing.
- The board will then render a decision on the merits of the case.

### **Notification of the Appeals Board Decision**

The decision of the Appeals Board will be forwarded in writing by the chair to the Dean of ARCOM who will forward it to the student by certified mail to his or her last official address or hand delivered with receipt. All decisions of the Appeals Board will be final and binding. **No further option for appeal will be considered.**

Students are assessed in all years regarding academic progress on the basis of their performance on assignments, written and practical examinations, evaluations in the clinical setting, performance on COMSAE, and performance on national osteopathic board examinations.

### **Course Progression**

Students are required to pass all components of each course with a C (70%) or better to progress to the next semester. In order to receive a 70% or better, a student must complete all requirements of the course as defined in the syllabus. A student with a failure in any course in a semester will not progress to the next semester. A final course grade of less than 70% will require remediation. If the student successfully completes the remediation exam with a score of 75% or higher, they will receive a 70% for the final course grade. If the student receives less than 75% on the remediation exam, they will receive an F for the course and be referred to the

SPC. The remediated course grade will not be higher than 70%, regardless of the exam score achieved. See grading policies for further detail.

### **Course Remediation**

If a student fails a course and is allowed to remediate the course, the highest grade the student may earn is a C (70%). The remediated course grade will be noted on the student's transcript in the following method. If the student successfully passes the remediation of the course, the course grade will be replaced with "70-X" to delineate it as a remediated course. If the remediation is not successful, the original grade failure will remain on the transcript.

### **Repeated Courses and Repeating the Academic Year**

In the event of suspension, withdrawal, dismissal, leave of absence, or altered academic program, a student may be required to repeat courses previously taken. A student who repeats a course or academic cohort year, will forfeit the original grade on the transcript. Once a course is repeated, the original grade will not be counted in GPA and repeated courses will be addressed in the transcript in the following methods. A passed course that is repeated in a new cohort year will count in credits attempted, credits earned, and Title IV SAP reporting. A failed course that is repeated in a new cohort year will count in credits attempted, and Title IV SAP reporting. The subsequently repeated course grade will be counted in credits attempted, credits earned (if passed), in Title IV SAP reporting, and GPA.

Where a course has been repeated for grade replacement, the course credit earned will be counted only once toward degree and program requirements. If a student is allowed to repeat the year, repeated course grades will be documented on the transcript and will stand as the grade for each course. Once successfully repeated, the transcript grades will be replaced with the most recent grades. Any successful repeat grade earned for a previously failed course will be assigned 70% and a "70-R" will be documented on the transcript to delineate that the course has been repeated. For all other previous passed courses, the most recent grade will be posted and count in GPA. The original course grades will also remain on the transcript with "#" (e.g. A#) to note passing grades and "\*" (e.g. F\*) to note failing grades. Original grades will be removed from GPA calculation. Students who repeat a year may not be included in class rank calculations.

### **Academic Standing**

Each student's academic achievement is reviewed each semester, and the Office of the Registrar compiles a transcript. A copy of this transcript is available to the student, the Office of the Dean, the Assistant/Associate Dean of Academic Affairs, the Student Progress Committee, the Office of Student Affairs, the Office of Administration and Finance, and to other individuals or facilities when authorized by the student or the Dean. Enrolled students in good standing may download their own unofficial transcript at any time, free of charge, through the Portal.

The transcript includes:

- All grades earned (including remediated failure)
- Deficiencies (incompletes, failures, etc.)
- Semester GPA and cumulative GPA
- Honors (Dean's List)

Any student not in good academic standing may be prohibited from participating in any outreach, extracurricular, or other student activities, holding office in any ARCOM organization, or being elected to any honorary or other school organizations. The student may be required to withdraw from all student activities, extracurricular activities, etc. by the Office of Student Affairs or the Office of the Dean. Failure to comply with this policy or directives will be considered a lack of professional responsibility, a breach of ethical practices and standards, and constitutes a basis for dismissal from the COM.

Students who are not in good academic standing will be referred to the Director of Academic Support who will meet with each student to develop an individualized academic plan and arrange services such as tutoring. Those students who continue to be unable to make satisfactory progress in passing all courses and requirements will be referred to the Student Progress Committee (SPC). The SPC, in the process of determining eligibility for promotion or graduation, may consider the results of the student assessments, attendance, conduct and potential professional attributes.

Students are expected to maintain Good Academic Standing as they progress towards degree completion. Students will be evaluated on course grades, cumulative grade, academic standards, and professional standards. Academic standing is classified as follows:

- Good Academic Standing
- Academic Probation
- Academic Suspension
- Academic Dismissal

**Good Academic Standing** - A student is considered to be in good academic standing when he or she has successfully completed all required courses to date with a cumulative overall grade of 70 (grade point average of 2.00) or better. A student in good standing must have successfully remediated any course failures and satisfactorily completed all incomplete course work and is not currently on academic or administrative probation, suspension, or dismissal.

**Academic Probation** - A student will be placed on academic probation when he or she has a cumulative overall grade less than 70 (GPA 2.0), any un-remediated course failures, any incomplete coursework, or Student Progress Committee imposed sanction. A student on this status will be prohibited from certain activities and officiating positions.

**Academic Suspension** - A student will be placed on academic suspension when he or she fails to make satisfactory academic progress, fails to meet academic standards, has multiple course failures, or has a Student Progress Committee imposed sanction. When a student returns from a defined suspension period, he or she will be placed on academic probation until satisfactory progress is made. A student on this status will have program restrictions.

**Academic Dismissal** - A student will be dismissed when he or she fails to make satisfactory academic progress, fails to meet academic standards, has multiple course failures. For more

information, see “Dismissal” below.

## **Dismissal**

The reasons that a student may be dismissed from ARCOM include, but are not limited to:

1. Failure of three or more courses that are numerically graded during any academic year. In such cases, no opportunity for remediation will be permitted. Remediation of a course failed during one academic year does not remove it from the total failures allowed per year. Failing a remediation examination does not count as a second course failure. In cases of a second failure in the same course, remediation examinations will not be permitted.
2. Failure of a repeated course or repeated clinical rotation, or failure of a total of two clinical rotations. Any failing grade (F) received will be counted toward this total regardless of whether the rotation was repeated and passed.
3. Failure of any one COMLEX Level (either 1, 2-CE, or 2-PE) four times.
4. A student found to present himself or herself as a fully-licensed Doctor of Osteopathic Medicine (D.O.), or to have practiced medicine, or any phase thereof, not under the direct supervision of a licensed physician or a clinical faculty member of ARCOM.
5. Exceeding the six-year limit for completing all graduation requirements.
6. Circumstances of a legal, moral, behavioral, ethical, or academic nature that warrant such action or that would result in the student not being able to practice as an osteopathic physician.
7. Determination by the Dean that there are factors that would interfere with or prevent the student from practicing and meeting the professional and ethical standards expected of an osteopathic physician.
8. Failure to fully meet the stipulations of a suspension within the time prescribed.

## **At Risk Categories**

Risk designations are determined after each exam throughout a semester. Both moderate and high risk categories have varying levels of academic intervention activities required by the student. These interventions include; mandatory attendance in certain academic sessions, advisor meetings, tutoring, and meetings with other faculty/staff as appropriate. Exams taken after a risk designation may result in the student moving from one risk status to another; however, the mandatory attendance requirement remains for the entirety of the semester.

- 1) **Low Academic Risk Category-** A student is considered to be at low academic risk when he or she has a running average score in each of the required course components of 80 or above.
- 2) **Moderate Academic Risk Category-** A student will be at moderate academic risk when he or she has a running average score of any required course components equal to or greater than 70 but less than 80. A student who raises his or her running average in each required component of a course to greater than 80 will return to the low risk category for that course. To ensure that the student has adequate time to commit to the academic endeavors required to be successful with the curriculum and the requirements of the professional degree he or she is seeking, a student on this status may be prohibited from



certain extracurricular activities and officiating positions. Students at moderate academic risk will have mandatory class attendance and will be required to meet with their faculty advisor. Tutoring will be available to students at moderate academic risk. Students risk status will be reevaluated throughout the semester.

- 3) High Academic Risk Category-** A student will be considered at high academic risk when he or she has a running average score of any required course components less than 70. A student who raises his or her running average in each required component of a course to 70 or greater will return to a lower academic risk category for that course. A student on this status will be prohibited from certain activities and officiating positions. A student in this category must attend all classes and must seek academic and mental wellness consultation and assistance. Students in this category must receive tutoring. Students risk status will be reevaluated throughout the semester.

### **Satisfactory Academic Progress**

Students are assessed in all years regarding academic progress on the basis of their performance on assignments, written and practical examinations, evaluations in the clinical setting, performance on COMSAE, and performance on national osteopathic board examinations.

In order for a student to be deemed as making satisfactory academic progress in years OMS-I and OMS- II, the student must be in good academic standing, meet the requirements as set forth by the SPC, and demonstrate adequate professional potential in progress as determined by the faculty and administration. A student must successfully pass the National Board of Osteopathic Medical Examiners™ (NBOME) Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 1 prior to promotion to the OMS-III year.

In order for a student to be deemed as making satisfactory academic progress in years OMS-III and OMS- IV, they must successfully complete rotations and post-rotation exams, meet the requirements as set forth by the SPC, and demonstrate adequate professional potential in progress as determined by the faculty and administration. In addition, a student must successfully pass the NBOME COMLEX Level 2-CE and Level 2-PE exams prior to graduation.

### **Academic Promotion**

Promotion is defined as progression from one academic year to the next. A student must satisfactorily complete all course requirements in the preceding academic year in order to progress to the next academic year and be considered making satisfactory academic progress.

The Student Progress Committee (SPC) shall annually review the progress of all students and recommend to the Dean all students who are eligible for promotion into the next academic year, and with the Faculty Council, those students qualified for graduation.

### **Attendance**

The attendance policy at any educational session where the presence or absence of the individual student potentially adversely affects the normal operation of the course, or the

education of other students (group learning activities, TBL modules, anatomy, clinical and OMM laboratories), is **mandatory** unless excused in advance. While students should always notify their course director/coordinator, excused absences during OMS-I and OMS-II are coordinated through the Office of Student Affairs. Excused absences during OMS-III and OMS-IV are coordinated through Clinical Medicine. Any student who misses, without prior approval, a standardized patient encounter, a small group session with his or her colleagues, or misses an assigned laboratory session with his or her group will receive a zero for that session and will not be allowed to make it up.

**Attendance at all TBL sessions/modules is considered mandatory and are denoted in the syllabus (\*). Attendance to course lectures is always strongly encouraged. Students should be aware, however, there are course lectures that are a pre-requisite to lab and/or group activities and, therefore, require mandatory attendance.**

Lectures at ARCOM will be digitally recorded to supplement learning and for student review of information provided during the class. They are also available for review during the student's clinical education but are not a replacement for attendance in class. There is no guarantee that every lecture will be recorded or that the lecture recording will be of a quality that can be utilized for primary learning. Becoming a physician requires more than the acquisition of knowledge; it requires active learning and interaction with colleagues, peers, and mentors that occur for the development of a physician during educational sessions at ARCOM.

As a point of policy, recorded lectures generally are not released until 72 hours after the active presentation. Lectures will not be broadcast "live" over the CCTV system or the internet during presentation except in specific incidences such as inclement weather or when a clinical lecture was previously cancelled at the last minute, as directed by the Office of the Dean.

### **Preclinical Absences**

ARCOM does not grant retroactively excused absences except in dire emergencies but does grant reasonably excused absences (proactively). Students are not entitled to make up work, missed exams, etc. if they do not have an excused absence. Reasonably excused absences may include illness, death in the family, attendance at professional events, etc. In such cases, the student should contact via email the Office of Student Affairs as soon as possible, within 48 hours upon return to school and provide a written explanation (via email) for the absence and any supporting documents (i.e. doctor's note). Illness may be required to be documented by a healthcare professional at the request of the administration. Any absence for illness lasting more than three days requires a medical release to return to class. Any missed examination for medical illness will require documentation of the illness from a healthcare provider.

Any students who plan to be absent from a lecture or examination for planned events (e.g. ARCOM travel, educational event, etc.) must contact the Office of Student Affairs in writing prior to the date of the absence. Upon the student's return, he or she must contact the Course Director to discuss material that was missed. Students are responsible for any assignments and lecture material missed during their absence. Students who miss a scheduled examination for such an event will be entitled to take the make-up examination.

### **Clinical Rotation Unexcused Absences**

All unexcused absences will be reported to the Student Progress Committee. If a student has more than two (2) unexcused absences, they will be referred to and required to appear before the Student Progress Committee. This applies to unexcused absences from the sessions which require attendance of all students (i.e. TBL, guest lecturer, lab, didactic preceding a lab, etc.)

Any student, who is absent from classes for five consecutive school days without notifying the Office of Student Affairs may be considered to have voluntarily withdrawn from ARCOM.

### **Excused Absences**

Students are permitted up to two (2) days of excused absence from any four-week block of a given rotation. Analogously, one (1) day of approved absence is permitted from two-week rotations. Anticipated days of absence must be approved by the Lead Physician and the Office of Clinical Medicine at least seven (7) days in advance. The Office of Clinical Medicine will also notify the Office of Student Affairs.

If a student misses a total of three (3) or more days of any rotation block for any reason that cannot be made up in a manner acceptable to the ARCOM Office of Clinical Medicine during the time span of the rotation block, the student will receive either an Incomplete (I) if the absences were excused or a Failure (F) if the absences were not excused. The same applies to an absence of two or more days of a two-week rotation.

ARCOM is committed to allowing time for student to interview for GME positions and to take COMLEX or USMLE; the Office of Clinical Medicine must approve each absence. Exceptions for additional days may be granted by the Office of Clinical Medicine. Any absence not reported by the student to the ARCOM Office of Clinical Medicine within one business day will be considered unexcused and may result in disciplinary action.

Any requests for greater than a four week (one block) leave of absence for a student on clinical rotations must be submitted to the Assistant/Associate Dean of Clinical Medicine for consideration.

### **Absence from Clinical Rotations**

All absences from an assigned rotation must be approved in writing by the Lead Physician and the ARCOM Office of Clinical Medicine. The Office of Clinical Medicine will then notify the Office of Student Affairs. Excused absences must be approved by the Office of Clinical Medicine. In the event of an unexcused absence, including an absence due to emergency, sudden illness, or whenever approval cannot be obtained prior to the absence, ARCOM's Office of Clinical Medicine must be notified of the emergency as soon as possible. In an emergency, a written explanation from the student must be sent to ARCOM Office of Clinical Medicine and the Lead Physician as soon as possible. Supporting documentation such as doctor's note, if available, must be included with the explanation.

### **Leaves of Absence**

Any administrative or voluntary leaves of absence may not exceed one year cumulatively or 180 days for a single leave during the student's matriculation unless specifically granted as an

exception by the Dean of ARCOM. Leaves of absence do not extend the maximum of six years from matriculation to complete all requirements for graduation or the student may face dismissal from ARCOM. If the student does not meet the requirements established for return within that time frame, he or she will automatically be considered a voluntary withdrawal. The specific time frame of the leave of absence is dependent on the ability of the student to return to classes within the curricular framework and to complete the required course work in the time and sequence dictated by the faculty and the curriculum. A student may not be allowed to return in the middle of a course or semester, but may be directed to begin after a leave of absence during a specific starting point such as a start of a semester, system, etc. While on a leave of absence, a student is not eligible to make up incomplete class work, remediate any examinations, or take the COMLEX Level 1 or Level 2 CE or PE examinations, or Step 1 or Step 2 of the United States Medical Licensing Examination (USMLE) unless specifically granted that ability by the Dean of ARCOM.

All leaves of absence must be in writing, signed, dated, and include the reason for the request to the Assistant/ Associate Dean of Student Affairs, who will review the request and make a recommendation to the Dean. All leaves of absence must be approved by the Dean.

In unforeseen circumstances where a student is unable to submit a leave of absence request in advance, the Dean may elect to approve a leave of absence. The Dean must document the reasons for the approval and must collect the leave of absence request from the student later.

To be accepted back into the ARCOM after any leave of absence, the student must write a letter addressed to the ARCOM Dean and the Office of Student Affairs which satisfactorily addresses:

- The circumstances of the prolonged absence that mandated the administrative leave
- A written request for reinstatement
- Evidence to the Dean's satisfaction that a reasonable likelihood exists that the reason for the prolonged absence will not reoccur
- The ability to comply with the Minimal Technical Standards
- The successful passing of a Criminal Background Check (CBCk) and Substance Abuse Screening

The SPC will evaluate and make recommendations to the Dean concerning the student's status. All decisions made by the Dean concerning a student's administrative or voluntary leave of absence will be final.

### **1. Administrative Leave of Absence**

An administrative leave of absence is a mandatory leave of absence imposed by the Dean with or without recommendations of the Student Progress Committee. During the leave, the Office of the Dean and ARCOM will provide the student the opportunity to rectify and/or seek rehabilitation or treatment for the problem that precipitated the directed leave. To be accepted back into the program after an administrative leave of absence, the student must be able to demonstrate to the Dean's satisfaction that the pre-established requirements have been met, that he or she shows reasonable likelihood that previous problems have been resolved, or will

not recur, and that the student is prepared to meet all of the demands and requirements of the curriculum satisfactorily and in the time period directed by the curriculum.

## **2. Voluntary Leave of Absence**

A voluntary leave of absence is one that is requested by a student to temporarily withdraw from classes for personal, financial, military, or medical reasons. The request for voluntary leave of absence must be submitted, in writing, to the Assistant/Associate Dean of Student Affairs who will review the request and submit a recommendation to the Dean. The Dean will then determine whether or not the leave of absence is to be granted. A voluntary leave of absence will not be granted in excess of one year either cumulatively (or six months within a single leave) during the student's matriculation unless exception is granted by the ARCOM Dean. If approved, and if the student is in good academic standing, the student may be allowed to reenter the program at the end of the leave without any need for reapplication, remediation, or reevaluation; however, the student may be required to meet specific requirements established by the Dean or the faculty in order to be allowed to return after the leave of absence.

If a student is granted a leave of absence while current course work is still in progress, he or she will be withdrawn from those courses. In all such cases an appropriate designation for each course in progress will be entered on the transcript as follows: a W, if no graded course work has been completed. In such cases of withdrawal from a course, students will be required to complete all course requirements when they return from their leave of absence and may be required to repeat the course(s) in their entirety before they will be permitted to progress into the next academic year.

If the Dean approves a leave of absence and the student is currently not in good standing, is under review for a disciplinary action, or has a pending disciplinary action, then the student may not be reinstated to ARCOM without a review by the Student Progress Committee. Upon completion of its review, the SPC shall make a recommendation to the Dean to reinstate or not reinstate the student. If the student is denied reinstatement, his or her status will be changed to either a withdrawal or a dismissal. If appropriate, students may be reinstated with disciplinary action requirements at the beginning of their readmission.

Students granted a leave of absence for a medical reason must have a licensed physician certify in writing that the students' physical and/or mental health is sufficient to permit them to continue in their medical education with a reasonable expectation that they are able to complete the curriculum before they will be allowed to return to ARCOM. The physician providing the certification must either be designated by, or accepted by, the Dean for the certification to be accepted for reinstatement. Students granted a leave of absence for financial reasons must, before their return to ARCOM, prove to the financial departments of ARCOM that they have the financial capability to advance in their education.

### **Leave of Absence for Financial Aid Recipients**

Financial aid recipients of Title IV, who are approved for a Leave of Absence (LOA), that does not exceed 180 days must complete an Exit Interview with the Office of Financial Aid (OFA) to understand the ramifications of an approved LOA on his/her in-school deferment

status during the approved LOA period. The OFA will review the LOA to determine if the LOA meets Title IV criteria for in-school deferment status. Students who are approved for a LOA and meet the Title IV criteria determined by OFA are not subject to Return of Title IV (R2T4) calculation and will remain in an in-school status for Title IV loan repayment periods. Students who do not meet the Title IV criteria determined by OFA will have their loan servicer(s) notified that the student is no longer in an in-school status for Title IV loan repayment periods. Students are ineligible to receive the proceeds of a Direct Loan while on an approved leave of absence.

Students who meet the Title IV criteria determined by OFA are not subject to Return of Title IV (R2T4) calculations and will remain in an in-school status for Title IV loan repayment periods. Upon the student's return from the leave, he or she continues to earn the Title IV aid previously awarded for the period. Students who meet the Title IV criteria determined by OFA, but who do not return as specified in the leave of absence will have their withdrawal date updated to their last date of attendance. This could result in a change in his or her Title IV loan repayment periods.

Students who do not meet the Title IV criteria determined by OFA will be subject to R2T4 calculations and their withdrawal date will be the date they requested the leave of absence.

Approved leave of absence(s) that meet Title IV criteria must meet all the following conditions:

- The school must have a formal written policy regarding leaves of absence requiring that all requests for leaves of absence be submitted in writing and include the reason for the student's request;
- The student must follow the school's policy in requesting the leave of absence;
- There must be a reasonable expectation that the student will return from the leave of absence;
- The school must approve the student's request for a leave of absence in accordance with the school's policy;
- The institution may not assess the student any additional institutional charges, the student's need may not increase, and therefore, the student is not eligible for any additional Title IV aid;
- The leave of absence together with any additional leaves of absence, must not exceed a total of 180 days in any 12-month period;
- Except in a clock-hour or non-term credit-hour program, a student returning from a leave of absence must resume training at the same point in the academic program that he or she began the leave of absence and
- If the student is a Title IV loan recipient, the school must explain to the student, prior to granting the leave of absence, the effects that the student's failure to return from a leave of absence may have on the student's loan repayment terms, including the expiration of the student's grace period.

### **Leave of Absence Records**

Leave of absence records and the date of each determination shall be placed in the student's permanent record.

Before a student's leave of absence can begin, he or she must go through the ACHE prescribed

checkout procedure. Students should contact the Office of Student Affairs immediately once a leave has been granted.

## STUDENT GRADES

### Academic Years One and Two

Grading for OMS I-IV medical students is based on a scale of 0 to 100. Students are required to pass all components of each course with a C (70%) or better to progress to the next semester. In order to receive a 70% or better, a student must complete all requirements of the course as defined in the syllabus. Any grade below 70% is failing. A student with a failure in any course in a semester will not progress to the next semester.

Grading Scale OMS-I and OMS-II		
OMS-I and OMS-II		Other Grades
A	90-100	P – Pass
B	80-89	F – Fail
C	70-79	I – Incomplete
F	69 and below	R – Repeat
		W - Withdrawal

Clinical rotation grades are calculated as follows:

The following required clinical rotations have required and have a subject specific NBOME COMAT examination scheduled during the rotation. Internal Medicine I, General Surgery, Women’s Health OBGYN, Pediatrics, Behavioral Health, Family Medicine, Emergency Medicine and Rural Primary Care. The COMAT examination associated with the Rural Primary Care rotation shall be the OMM COMAT exam.

1. Evaluation by preceptor- 35%
2. Successful completion of clinical modules- 10%
3. COMAT exam - 35% (NBOME defines passing as a minimum score of 80)
4. Submission of completed procedure case log with OMM encounters if applicable– 5%
5. Submission of student’s evaluation of the preceptor – 5%
6. Completion of required board preparation questions – 10%
7. A student must pass all components to pass the clinical rotation

The following required clinical rotations do not have an associated NBOME COMAT examination scheduled during the rotations. Internal Medicine II, Surgery Selective, Internal Medicine Selective, Community Hospital I, Community Hospital II, all Elective rotations

1. Evaluation by preceptor- 50%
2. Successful completion of clinical modules- 30%

3. Submission of completed procedure case log with OMM encounters if applicable – 10%
4. Submission of student's evaluation of the preceptor – 10%
5. A student must pass all components to pass the clinical rotation

Clinical Rotation Grading Scale		
OMS-III and OMS-IV		
H	Honors	90-100
HP	High Pass	80-89
P	Pass	70-79
F	Fail	69 and <

The Non-Clinical Elective is graded as a Pass/Fail course.

**Required Rotation Grading Procedure:**

1. **Preceptor Evaluation of Medical Student Performance.** The assigned supervising physician (or Lead faculty) must complete the Preceptor Evaluation of Medical Student Performance form for each student on each rotation. If there is more than one supervising physician, the Lead Faculty is responsible for combining evaluations and forwarding one overall evaluation of the student to the ARCOM office of Clinical Medicine. In a circumstance where the Lead Faculty is unable to produce a cumulative evaluation for a student, the Office of Clinical Medicine will assume responsibility of compiling the evaluation. The Director of Clinical Rotations will confirm submission and update the Lead Faculty on any missing Preceptor Evaluations of Medical Student Performance. The evaluations will be entered through E-Value. If the evaluation is not completed online, the evaluation will be manually entered from paper copy into E-Value by the Office of Clinical Medicine. In E-Value the evaluation will be converted to a percentage grade and will be entered into the grading rubric.
  
2. **Online clinical modules.** Online modules incorporate basic science principles, clinical medicine, and osteopathic principles and philosophy teaching into the clinical curriculum. Online modules are required on all required rotations: Internal Medicine, Surgery, OB/GYN, Pediatrics, Psychiatry, Family Medicine, Community Hospital, Rural Primary Care, Emergency Medicine, and Selective rotations. Each student will complete 2 modules a week. The student will access the online modules through E-Value and will watch the module's lecture and complete the post-test questions. The quiz will be taken, graded, and added to the grading rubric via E-Value.
  
3. **COMAT (Comprehensive Osteopathic Medical Achievement Testing).** The NBOME's COMAT Series includes testing for eight core clinical disciplines: Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Osteopathic Principles and Practice, Pediatrics, Psychiatry, and Surgery. Each subject examination is designed for



standardized assessment in core osteopathic medical disciplines. The COMAT examinations assess a student's achievement level in each medical discipline with an emphasis on clinical application. This information allows ARCOM to assess our students' education across varied clinical rotation sites compared to national data. Each COMAT subject examination consists of 125 items that must be completed within 2 hours and 30 minutes. The end-of-rotation examination (COMAT) will correspond to the ending rotation. However, on the Rural Primary Care Rotation, the end- of-rotation exam will be the OMM COMAT. The COMAT will be administered on the 4th Friday of the rotation at ARCOM or at the core site if within the travel limitations (2 or more hours away from Fort Smith, AR). This is a proctored exam. All NBOME and COMAT policies will be in effect. Core sites that are more than 2 hours away from Fort Smith will be assessed and equipped with facilities and staff to meet proctoring requirements. The COMAT examinations will be ordered by the Director of Clinical Rotations or the Coordinator of Clinical Rotations (or their delegate) and distributed to the sites. The scores from COMAT will be imported into E-Value and added to the grading rubric by the Director of Clinical Rotations (or their delegate) and confirmed by the Associate Dean of Clinical Medicine. Students will receive notification from E- Value that their grades have been posted. Lead faculty will be notified of any failures of the COMAT at their site. If a student fails the COMAT, they have failed the rotation and will need to meet with the Associate Dean of Clinical Medicine to discuss remediation and will be referred to the Student Progress Committee. The end-of-rotation examination will in most situations be the COMAT corresponding to the rotation that the student is currently on. On the Rural Primary Care Clinical Rotation, the end- of-rotation exam will be the OMMCOMAT.

The student's COMAT score will be converted into a numeric grade that will be based on deviation from the Mean. For example: one (1) standard deviation below the mean will translate into a 60%, one (1) standard deviation above the mean will translate into an 80%. This numeric score will be entered as 10% of the overall grade for the rotation.

**4. Procedure Log.** Students will be required to submit a procedure log for each rotation. The procedure logs will be used by the Office of Clinical Medicine to evaluate rotation sites and supervising physician and to ensure that each student is meeting appropriate EPAs (EPA 1,8, 10, and 13). The procedure log will be entered by the student into E-Value. The student will enter information about the procedure including their role in the procedure and on which rotation the procedure occurred. The procedure logs must be submitted by the 4<sup>th</sup> Friday of the rotation and must be signed off by the supervising physician. The procedure logs will be a Pass or Fail grade (passing grade will be assigned for submission). As part of their procedure log, students will be required to document OMM patient encounters involving OMM during the rotation. Students are required to document 10 OMM procedures each semester (20 per year) during their third year and 10 OMM procedures for the year during their fourth year. The OMM logs must be submitted by the 4<sup>th</sup> Friday of the rotation and must be signed off by the supervising physician. The OMM logs will be a Pass or Fail grade. (passing grade will be assigned for submission).

5. Submission of one **Observed Patient Encounter Assessment Forms**. The student is required to have one observed patient encounter assessments on each rotation entered into E-Value. These assessments are meant to be formative and should be used by the student to foster improvement in gap areas. The Observed Patient Encounter Assessment Forms are both due by the 4<sup>th</sup> Friday of the rotation and must be signed by the supervising physician. The Observed Patient Encounter Assessment Forms will be a Pass or Fail grade (passing grade will be assigned for submission).
6. Submission of **Student's Evaluation of Preceptor AND Student's Evaluation of the Clinical Site**. At the end of each rotation, each student must submit an evaluation of their supervising physician AND an evaluation of their clinical site. Both evaluations must be entered in E-Value. The student's evaluation of their supervising physician and site are due by the 4<sup>th</sup> Friday of the rotation. If the student is taking a COMAT they will be required to complete these evaluations before starting the COMAT. The evaluations are a pass or fail grade (passing grade will be assigned for submission).

<b>Enrollment Classification</b>	<b>Less than Half -Time</b>	<b>½ Time</b>	<b>¾ Time</b>	<b>Full-Time</b>
Credit Hours per Semester	1-2	3	4-5	≥6

### **OMM Clinical Curriculum**

Longitudinal OMM education is an essential component of student osteopathic education. OMM modules are a required educational component during the clinical training period. OMM Modules will be assigned during both semesters of the OMS-III year and the Fall semester of the OMS-IV year. Completion of the assigned modules is required in order to progress to the subsequent semester. Information about accessing these modules will be made available through the ARCOM Department of OPP.

### **Rank Calculation and Distribution**

ARCOM documents term and cumulative rank on the student's record. Students will receive notification of their personal cumulative rank after the close of their OMS-II, OMS-III, and OMS-IV years. While GPA is calculated using traditional letter grades, class rank is calculated by multiplying the earned numerical grade for each course by the course credits assigned, resulting in course "points." Next, the total points for all courses taken within a term are totaled and then divided by the total number of credits taken within the term. Cumulative average is an overall total of course points, which are divided by the overall total number of credits. Rank is determined by each student's term and cumulative average, compared to the student's classmates. **As a result of a student's withdrawal, dismissal, suspension, or leave of absence, he/she may no longer be accounted for in the class rank calculations.**

### **Incomplete Course Work**

When a student fails to complete all the requirements of a course the student shall receive a grade of "I" (Incomplete). An "I" will be changed to a pass grade upon the student's satisfactory completion of the course or clinical rotation requirements.

## **Incomplete Rotations Policy**

Students who are delinquent in meeting any of their rotation requirements may be given a grade of incomplete (I) for that rotation. Students who receive an incomplete grade are no longer eligible to achieve a Pass with Honors designation for that rotation. Incomplete grades can be appealed in writing within ten (10) business days from the date that the grade was recorded by the ARCOM Office of Clinical Medicine, at which time the grade will be considered posted to the transcript. The Dean serves as the final approving authority for the rendering of the incomplete grade. Please see the Student Handbook regarding the policy for incomplete (I) grades after they are posted to the transcript. Students who receive an incomplete grade for a rotation will either complete the delinquent requirements during a designated time period or they will receive a failing grade for the rotation.

## **Examinations, Reexamination and Remediation**

A student is expected to report to each examination at the scheduled time. Students who fail to attend a regularly scheduled exam may be required to take a make-up examination, if eligible, or may receive a grade of zero for that examination if not eligible for the make-up. No student in a written and/or computer-generated examination will be permitted to leave the examination before 30 minutes after the examination starting time.

A student, who earns a course grade of less than 70 but greater than 60 in a single course during the academic year may be given the opportunity for remediation of that course with the approval of the Student Progress Committee and may be allowed to continue with the curriculum prior to remediation. Any student failing two courses with a grade of less than 70 but greater than 60 will be required to appear before the Student Progress Committee (SPC) and may be given the opportunity to remediate during the remediation period or may be required to repeat the failed courses during the next academic year. Notification of remediation opportunity if granted, or requirement for repetition, will be made by the appropriate academic administrator.

**Any student who fails three or more courses that are numerically graded during any one academic year will be subject to dismissal based on review and assessment by the SPC. All remediation examinations for first- and second-year students will be scheduled at a time to be established by the Office of the Dean or the Assistant/Associate Dean of Academic Affairs.**

**To pass the clinical rotations, the student must pass each component of the course.** Students must pass their evaluation, online modules, and their COMAT in order to pass their rotation. Students must also pass each core competency on their evaluation in order to pass the rotation (this includes passing professionalism, medical knowledge, patient care, osteopathic principles and practice, interpersonal communication, systems-based practice, and problem-based learning and improvement).

### **Failure on Rotations**

If a student fails a rotation, they will first meet with the Associate Dean of Clinical Medicine and will be referred to the Student Progress Committee (SPC). All remediation for OMS-III must be successfully completed before the OMS IV rotations can begin. All remediation must

be successfully completed to be eligible to take COMLEX Level 2CE or PE.

### **Make-up Examination**

A student who does not take an examination at its scheduled time and has a verified excusable absence, or any student who reports to take an examination after the scheduled starting time of the examination may be eligible or required to take a make-up examination.

Make-up examinations may be short answer, essay, verbal, or multiple-choice formats at the course director's discretion and will be treated the same as any other examination in terms of grading. Any and all exceptions will be stated in the course syllabus. The student is responsible to read each course syllabus and to comply with the policies as stated.

A student, who fails a make-up examination and subsequently fails the course, may be eligible to take the remediation examination for the course.

Make-up examinations will be given within 10 business days after the original examination on a day and time determined by the Office of Academic Affairs. The examination may be given outside of regular ARCOM hours or days at their discretion.

If the student misses the make-up examination, he or she will receive a score of zero for that examination. The policies for examinations will pertain to all make-up examinations. In the interim, the student will have a grade of "I" for the course. Any exception will be made solely at the Dean's discretion.

No student will be eligible to take more than one of the scheduled examinations as make-ups in those courses offering more than one examination. Failure to take each course's examinations as scheduled, outside of this policy exception, will result in failure of the course and require the student to take a remediation examination for the course or repeat the course. In those courses with only one examination, missing the examination will result in the student taking a make-up examination as stated above.

Nothing in this policy will prohibit a student from taking a scheduled examination at a remote site if approved by the course coordinator/director and the administration of ARCOM. A student may or may not be permitted to take an examination prior to the scheduled time based on prior faculty approval.

### **Reexamination Grade Calculations**

In the event a course and the remediation exam are failed, or the remediation exam is not taken, the original course grade shall be recorded on the transcript. If the course is subsequently repeated and passed, it will be noted on the transcript that the course was repeated, and a grade of **70-R** will be recorded.

The original failed course and course grade will appear on the transcript but will not be used to calculate the average numeric grade. In the event of suspension, withdrawal, dismissal, leave of absence, or altered academic program, a student may be required to repeat courses previously taken.



## Transcript Notations

Failing grades will be included in calculating the average numeric grade for that semester and the cumulative numeric grade average. If a course is failed and subsequently passed on remediation, a grade of 70 (the highest possible grade on remediation) will be recorded with the notation **X** on the transcript that the course was passed by remediation. The remediation grade of 70 will be used to calculate the average numeric grades from that point forward.

## Academic Credit

Academic credit is granted for classes successfully completed at ARCOM. One credit hour is defined as a total of 12 lecture hours or a total of 24 laboratory hours.

Examinations and anticipated study outside of the assigned requirements are not included in the calculation of academic credit.

Example:

A course consists of 48 lecture hours.

Total Course Credit Hours =  $48/12 = \underline{4.0 \text{ credit hours}}$

A course consists of 72 lecture hours and 36 laboratory hours.

Total Course Credit Hours =  $72/12 = 6 + 36/24 = 1.5 = 7.5$  or 8.0 credit hours

Course credit hours are rounded up for 0.5 or above and rounded down for less than 0.5.

Courses successfully completed may be transferred for credit from other LCME or AOA accredited colleges on an individual basis if they meet the criteria and objectives established in the ARCOM catalog and course syllabus. No student may graduate from ARCOM without completing all of the requirements of the curriculum as established by the faculty and

administration, meeting all of the requirements for knowledge, skill, and competency in osteopathic philosophy, procedures, and techniques and completing at least the last two years of instruction at ARCOM.

For clinical years, a two-week rotation (120 hours) is equivalent to five credit hours. A four-week rotation (240 hours) is equivalent to 10 credit hours. For further information, please see the ARCOM Clinical Training Manual.

## **Graduation Requirements**

A student who has fulfilled all the academic requirements may be granted the degree Doctor of Osteopathic Medicine (D.O.) provided the student:

1. Has satisfactorily completed all of the curriculum and rotations requirements at an AOA- accredited college of osteopathic medicine including at a minimum the last two years of their education at ARCOM.
2. Has completed all academic requirements in no more than six years from the date of matriculation.
3. Has complied with all the curricular, legal, and financial requirements of ARCOM.
4. Has attended the compulsory portions of senior week, including graduation rehearsal and the graduation ceremony, at which time the degree is conferred and he or she takes the osteopathic oath.
5. Has passed COMLEX Level 1 and both components of COMLEX Level 2 (CE and PE) of the examination administered by the National Board of Osteopathic Medical Examiners.
6. Has reached at least 21 years of age.
7. Has demonstrated the ethical, personal, and professional qualities deemed necessary by the ARCOM faculty for the practice of osteopathic medicine and gained the recommendation for graduation from the Student Progress Committee and the Faculty Council.
8. Has demonstrated suitability for the practice of osteopathic medicine to the administration and ARCOM faculty through action of the Student Progress Committee as evidenced by their conduct, ethical and professional behavior, demonstrations of medical knowledge and skills, displaying responsibility for patient care, and exhibiting integrity in the conduct of clinical and academic activities.
9. Has demonstrated compliance with the Code of Behavioral Conduct.

## **Awarding of the DO Degree**

Granting of the DO degree requires that the ARCOM faculty believe the student has attained sufficient maturity of thought, ethical, and professional proficiency to serve the public as an osteopathic physician.

Degrees are not awarded solely upon the completion of any prescribed number of courses, credits, or upon passing a prescribed number of examinations. Granting of the degree requires in addition, that the ARCOM faculty believes the student has attained sufficient maturity of thought, ethical, and professional proficiency to serve the public as an osteopathic physician. Matriculation and enrollment does not guarantee the issuance of a degree without

satisfactorily meeting the aforementioned curriculum and degree requirements.

The process of verification that a student meets all graduation requirements is as follows:

- 1) Registrar provides current listing of students in good standing to the Student Progress Committee.
- 2) The Student Progress Committee makes a recommendation of students to graduate to the Faculty Council.
- 3) The Faculty Council makes a recommendation of students to graduate to the Dean of ARCOM.
- 4) The Dean of ARCOM passes the recommendations to the President of ACHE.
- 5) The President of ACHE forwards to the ACHE Board of Trustees.
- 6) The ACHE Board of Trustees has final granting authority.

### **Submission of Student's Evaluation of Preceptor AND Student's Evaluation of the Clinical Site**

At the end of each rotation, each student must submit an evaluation of their supervising physician AND an evaluation of their clinical site. Both evaluations must be entered in E-Value. The student's evaluation of their supervising physician and site are due by the 4<sup>th</sup> Friday of the rotation. If the student is taking a COMAT they will be required to complete these evaluations before starting the COMAT. The evaluations are a pass or fail grade (passing grade will be assigned for submission).

### **COMLEX Exams**

The COMLEX-USA series, administered by the National Board of Osteopathic Medical Examiners (NBOME), is an examination sequence with three Levels. While all examination Levels have the same two-dimensional content structure, the depth and emphasis of each Level parallels the educational experiences of the candidate. This progressive nature of the COMLEX-USA examinations ensures the consistency and continuity of the measurement objectives of the osteopathic medical licensing examinations.

ARCOM and NBOME both require that a student must be currently enrolled and in good academic standing at ARCOM to take the COMLEX Level 1, Level 2-CE (Cognitive Evaluation) and 2-PE (Performance Evaluation) portions of the NBOME.

### **Annual Report**

ARCOM will compile and publish an annual report that incorporates formative and summative outcomes of student achievement, including but not limited to: graduation rates, transfer and attrition rates, COMLEX-1 and COMLEX-2 pass rates, obtainment, discipline, and location of postdoctoral programs by its graduates. To the degree that the information is obtainable from its graduates, ARCOM will also publish COMLEX-3 pass rate, GME completion rates, AOA or ABMS board certification, and geographic area of practice of its graduates along with notable achievements of its graduates in its annual report. The report will help to correlate ARCOM's outcomes with its mission, values, and goals.

### **PURPOSE**

All ARCOM students must successfully pass COMLEX-USA Level 1, Level 2 CE, and

Level 2 PE prior to and as requirements for graduation. ARCOM will publish to the public the COMLEX -USA Level 1, Level 2 CE, Level 2 PE, and Level 3 first time pass rate for all students in each class.

## **POLICY**

It is the policy of ARCOM to adhere to the guidelines provided by COCA and the mission of our school is to train highly competent physicians. This policy outlines the procedure by which we ensure all ARCOM student are adequately prepared for and pass COMLEX -USA Level 1, Level 2 CE and Level 2 PE prior to graduation.

## **APPLICABILITY**

- ACHE/ARCOM/Faculty/Staff
- Core Hospital Sites/Clinical Preceptors/Administrators
- ARCOM Students

## **DEFINITIONS**

- **COMLEX-** Comprehensive Osteopathic Medical Licensing Examination
- **COMLEX CE-** Comprehensive Osteopathic Medical Licensing Examination Cognitive Evaluation. This is a problem based and symptoms based written assessment.
- **COMLEX PE-** Comprehensive Osteopathic Medical Licensing Examination Performance Evaluation. This provides an assessment of fundamental clinical skills.
- **COMSAE-** Comprehensive Osteopathic Medical Self-Assessment Examination
- **COMAT-** Comprehensive Osteopathic Medical Achievement Test

## **PROCEDURES**

### **A. Maximum Length of Completion**

Each student must complete the DO degree within 150% of the standard time to achieve the degree (six years).

### **B. COMLEX Level 1**

1. Students at ARCOM will be deemed eligible to take COMLEX Level 1 after they have satisfactorily completed all of the course requirements for the OMS-I and OMS-II years AND have achieved an acceptable score (determined by the COM).
2. Students are not allowed to start clinical rotations until they have passed COMSAE with an acceptable score (determined by the COM).
3. Students who do not pass COMSAE by the end of their second year will be required to take their Non-Clinical Elective as their first rotation. During this rotation the student will undergo board review and will retake the COMSAE and achieve a passing score before sitting for their attempt at COMLEX Level 1.
4. If a student does not pass COMSAE with an acceptable score (determined by the COM) after two attempts, then their graduation date may be affected.
5. If a student fails COMLEX Level 1 he or she will finish their scheduled rotation and will then be required to take either their Non-Clinical Elective or Vacation block. During this rotation the student will undergo board review, meet with the Learning Specialist, and will retake the COMSAE and achieve a passing score



before sitting for their attempt at COMLEX Level 1.

6. If a student fails COMLEX Level 1 a second time, he or she will be withdrawn from their clinical rotations for the rest of that academic year and will be referred to the SPC. The student will not graduate with their present class.
7. Students who fail COMLEX Level 1 a third time will be referred to the SPC again and will not graduate with their present class.
8. Students who take the COMLEX Level 1 a fourth time and do not achieve a passing grade will be dismissed from ARCOM.

**C. COMLEX Level 2 CE**

1. A student will be eligible to take COMLEX Level 2 CE examinations after successful completion of all the requirements for the Core OMS-III curriculum, including successfully passing all COMATs and achieving an acceptable score (determined by the COM) on the COMSAE.
2. The initial attempt at COMLEX Level 2-CE must be completed prior to October 31 of the calendar year preceding graduation.
3. If a student fails COMLEX Level 2-CE the first time, they must meet with the Learning Specialist and schedule a time to retake the exam in enough time to get the results back prior to graduation. The student will not graduate with their present class.
4. If a student fails COMLEX Level 2-CE a second time, they will be withdrawn from their clinical rotations for the rest of that academic year and will be referred to the SPC. The student's date of graduation will be altered by the above action.
5. Students who fail COMLEX 2-CE a third time are referred to the Student Progress Committee and will not graduate with their present class.
6. Students who take the COMLEX Level 2-CE a fourth time and do not achieve a passing grade will be dismissed from ARCOM.

**D. COMLEX Level 2 PE**

1. A student will be eligible to take the COMLEX Level 2 PE after successful completion of all the requirements for the Core OMS-III curriculum, passing all COMATs, achieving an acceptable score (determined by the COM) on the COMSAE, AND successful completion of Days at the Fort Sessions.
2. Students must take COMLEX Level 2-PE prior to October 31<sup>st</sup> of the OMS-IV year at ARCOM. If a student fails COMLEX Level 2- PE, timing of the COMLEX Level 2-PE examination should occur no later than three months before expected graduation.
3. If a student fails the COMLEX Level 2-PE examination a second time, the student will be removed from their clinical rotations for the rest of that academic year and will be referred to the SPC. The student's date of graduation will be altered by the above action.
4. Students not passing COMLEX Level 2-PE after four attempts will be dismissed from ARCOM.

## **Medical Student Performance Evaluation (Dean's Letter)**

The Medical Student Performance Evaluation (MSPE) is one component of a student's application to postdoctoral residency training programs. The MSPE serves as an objective letter of evaluation summarizing a student's academic record at ARCOM in a narrative format. The content and format of the MSPE is prescribed by the AAMC. It provides a summary of the student's activities and performance in medical school in chronological order, which includes preclinical, clinical academic performance, involvement in leadership, research and service activities, compliance with ARCOM policies and student personal qualities.

In the early spring of the OMSIII year, students will begin working with ARCOM faculty and staff assigned by the office of the Dean to guide completion of their MSPE in the early fall of the OMS IV year. Students have an opportunity to review their MSPE before it is sent following the AAMC policy: *"The MSPE, as an institutional assessment, should be considered a component of the student's academic record and, thus, be available for a student's review. The student should be permitted to correct factual errors in the MSPE, but not to revise evaluative statements in the MSPE."* Students are responsible for supplying requested information and any final reviews of MSPE requested by ARCOM in order ensure MSPE are uploaded by ERAS by October 1<sup>st</sup>. to follow the ERAS national distribution date of the MSPE to residency programs.

ARCOM will upload the MSPE document to ERAS and up to 10 other institutions free of charge. There will be a cost of \$5.00 for additional requests. Please review ERAS website for additional costs for residency application <https://students-residents.aamc.org/applying-residency/article/fees-eras-residency-applications/>

## **Electronic Residency Application Services (ERAS)**

The Association of American Medical Colleges developed ERAS to transmit residency applications, letters of recommendation, including the MSPE, transcripts, and other supporting credentials from applicants and medical schools to residency program directors. The application can be accessed at <https://www.aamc.org/services/eras/>

The Office of Student Affairs and The Office of Clinical Medicine will provide students with the manuals and instructions for accessing the application. Further information will also be explained through the Days at the Fort Sessions during the OMS-III year.

## **Rotation Site Selection Process Policy during the Second Year Curriculum (Lottery)**

1. Prior to Holiday break of OMS 2 year- students will receive information about core rotation sites to help with creating a rank list.
2. First Friday following Break - Rank List Due: students will submit a rank list of their preference of rotation site and order of rotations. This rank list will be entered

through E-Value.

3. Second Friday following Break - Initial Rotation Assignments: each student will be assigned a core rotation site and order of rotations. E-Vose (a lottery algorithm through E-Value) will be used to make assignments which consider student preference, curricular requirements and constraints set by the Office of Clinical Medicine. These results will be checked and approved by the Office of Clinical Medicine.
4. Third Friday following Break - Swap Week: students will have access to results of the E-Vose lottery. Trades may only be made that are mutually beneficial and without the exchange of any goods, services, or promises of future benefit. Professionalism and decorum are required. The appropriate form (Core Rotation Exchange Form) must be completed by both students and submitted to the Office of Clinical Medicine by the end of business on the Friday of Swap Week. This form can be found in E-Value, Canvas, in the Office of Clinical Medicine.
5. Last week of January of OMS 2 year - Final Core Rotation Lists published: The Office of Clinical Medicine will distribute a list of final core rotation site assignments.

### **December: Hospital Information Months**

During this month, the Office of Clinical Medicine shall make available information concerning the core rotation sites and will educate students on the requirements, rights, and opportunities of the third- year clinical curriculum. Hospital Days may be conducted to allow students to gain more information, generally occurring during the first semester annually. These presentations may include, but are not limited to, hospital DMEs, physicians, clinical professors, and students who are currently, or have recently, rotated through these sites.

Information provided during the hospital information months will empower the second-year student to decide at which core rotation sites he or she would prefer to rotate during the third and fourth years of medical education. This allows the students to decide which learning environment is more conducive to their style of learning.

Students are encouraged to visit core rotation sites. This will assist in their development of a core site ranking order. **Core Rotation Exchange Forms** will be provided by, and must be submitted to, the faculty of the ARCOM Office of Clinical Medicine. This will be the final step in the Rotations Selections Process.

### **Final Distribution of Assignments**

The final list of core rotation site assignments will be submitted to the students and the clinical rotation sites the last week in January of the student's OMS-2 year. All assignments are considered final after this date.

## **Student Government Association (SGA)**

The SGA executive board members are elected before the end of the spring semester from the rising OMS-II or OMS-III class. These elected representatives include the President, Vice President, Vice President for Curricular Affairs, Treasurer, and Chief of Staff. A representative from the incoming OMSI class will be elected at the beginning of the Fall semester, to allow for immediate OMSI representation. All elected officers must maintain eligibility as with other registered student organizations. Vacant offices during the academic year will be filled by special election. Officers may serve through the spring semester each year and assist the elected e-board during the final weeks to allow for transition.

The student government president and vice president are the ARCOM representatives on the Council of Osteopathic Student Government Presidents (COSGP) of the American Association of Colleges of Osteopathic Medicine (AACOM). COSGP is an organization composed of the student government presidents from each of the osteopathic medical schools.

The ARCOM Office of Student Affairs is responsible for providing support for the SGA and other student organizations. The Assistant/Associate Dean of Student Affairs will appoint an advisor.

All SGA Executive Board Officers may serve for more than one year and may succeed themselves in office. The rising OMS-III class shall elect a class representative during the last month of the OMS-II academic year. This class representative will hold this office during the OMS-III and OMS-IV years.

*(See ACHE Student Handbook for additional SGA guidelines)*



## **Curriculum Course of Study**

The course of study to gain a Doctor of Osteopathic Medicine (DO) degree from ARCOM consists of four years of progressive integrated education. The initial two years are held primarily on campus with the final two years being held predominately at clinical sites that are collaborative partners of ARCOM. The Arkansas College of Osteopathic Medicine has a mission to educate students to become the finest osteopathic physicians based upon:

- a dedicated faculty
- established affiliations with medical centers, hospitals, and healthcare systems
- a structured and supported rural/underserved medicine program.

The design of the curriculum is based on successful integrated academic models. Emphasizing an interdisciplinary collaboration, the curriculum guides students to develop a holistic, and more importantly, an osteopathic approach to medicine. ARCOM continuously correlates basic scientific information and methodology with fundamental clinical application. Students are exposed to clinical experiences in their first and second year, which gives them the opportunity to prepare for the “real world” of medicine.

For the third and fourth years, students are assigned to one of ARCOM’s core rotational sites to ensure continuity and coordination of clinical education in the form of four-week rotations at various hospitals, as well as clinics and doctors’ offices within our clinical training network. Our innovative curriculum is designed to fulfill our mission of training students who are competent and ready to enter graduate medical education and training.

### **Pre-Clinical Curriculum**

For the first two years of the osteopathic medical education, ARCOM utilizes a blended, “helix” curriculum that features a variety of learning modalities to prepare its students to meet the competencies established by the AOA and COCA, to acquire the knowledge and skills expected of a graduate osteopathic physician, and to develop the tools required to become a life-long learner and contributor to the expansion of medical knowledge and patient health. The curriculum seeks to provide the opportunity for students to develop the level of professional and ethical standards and behaviors expected of osteopathic physicians in addition to mastery of the medical knowledge and skills required of a graduate osteopathic physician. Early clinical experiences are provided during the first two years of medical school in order to integrate the student into the professional atmosphere and to attempt to maintain the humanistic qualities that the COM expects students to bring into the program. An emphasis on active learning and graduated student responsibility for their education and professional development is fostered through a variety of learning experiences, including classroom presentations and application exercises, laboratory sessions, small group and team-based learning activities, near-peer instruction, the use of standardized patients and patient simulators, clinical experiences, and self-directed independent study. The entirety of the educational experience at ARCOM aims to encourage students to develop a pattern of individual responsibility and capacity for life-long learning and growth as competent, patient-centered, holistic osteopathic physicians.

The integrated helix of the pre-clinical curriculum consists of three longitudinal “core elements” of learning: (1) osteopathic principles and philosophy, (2) clinical medicine, and

(3) basic science. Each of these core elements run throughout the curriculum, and the contemporaneous learning in each of these core elements is integrated, interrelated, complementary, and revisited. It should be noted that the pre-clinical curriculum is synchronized with the first three phases of the Biomedical Essentials of Comprehensive Osteopathic Medicine (BECOM) and Fundamentals of Osteopathic Patient Care (FOPC) courses. The curriculum is synchronized based upon the eight recognized human systems; integumentary, musculoskeletal, respiratory, cardiovascular, gastrointestinal, endocrine, reproductive, and neurological. Through ARCOM's preclinical curriculum, the depth and breadth of each system is a continuum. Initially the systems are explored from a normal structure and function standpoint. As the curriculum advances, the individual systems are revisited with a focus on disease states, culminating in a multi-system clinical perspective.

The Dean of ARCOM will host Dean's Hour sessions at a minimum of once per semester and will host scheduled brown bag sessions for all ARCOM students.

### **Clinical Curriculum**

The OMS-III year is based at one of ARCOM core clinical sites and each student follows a curriculum that includes patient care as well as didactics, independent learning assignments, online modules, required procedure logs, and monthly OMM modules to ensure that the foundational competencies for each discipline are provided for each student. The students will complete core clinical rotations, occurring both in the hospital and in community settings. Each rotation has designated learning objectives for the accompanying curriculum, integrated osteopathic learning objectives and requirements, as well as an end-of-rotation evaluation.

A notable aspect of the clinical program is a required month-long rotation in an underserved practice setting. In rural clinics and hospitals throughout the state of Arkansas and across the United States, our students will participate in providing healthcare to medically underserved and indigent patients. Students will learn to treat various patients whose lifestyles, practices, and attitudes toward health care differ from those seen in more traditional training sites.

#### ***Element 1: Osteopathic principles and philosophy***

Osteopathic principles and philosophy are integrated through didactic presentations, demonstrations, practical laboratory experiences and hands-on clinical opportunities in multiple courses and clinical rotations.

During the preclinical years, each student will participate in lecture and lab sessions where they will observe and demonstrate palpation under the guidance and supervision of clinical faculty. Additionally, these experiences provide an educational environment enabling the students to provide feedback to their training partners as part of the cooperative, active-learning environment required by ARCOM, thus enhancing the palpatory skills of all students.

Early in the preclinical curriculum, osteopathic principles and philosophy focuses on basic nomenclature, history and fundamental palpatory skills. As the curriculum advances, the thread will involve into the osteopathic approach to diagnosis, disease prevention and management.

In the clinical years, students will be expected to document 10 osteopathic structural exams per year in OMS3 and 10 per year in OMS4. In addition, students are expected to complete on-line modules related to osteopathic principles and philosophy.

***Element 2: Clinical medicine***

The clinical medicine thread of the ARCOM curriculum is delivered through early clinical exposures, the foundations of Osteopathic Patient Care (FOPC) course, and the Integrated Biomedical Concepts (IBC) course. This experience encompasses utilization of standardized patients, mannequin simulation, practice of clinical skills on peers, and multiple interprofessional experiences.

In addition to traditional courses, ARCOM’s curriculum affords students structured early clinical exposure through the curriculum, as well as volunteer opportunities outside the curriculum. It is designed to introduce clinical skills including the art of medical history taking and physical examination. It also introduces the student to the concept of medical professionalism and ethics, the physician’s role and duties toward society and the profession, the concept of the physician-patient relationship and the obligations and rights of both the doctor and their patients.

Similar to the basic science thread, the clinical medicine thread takes a clinical approach to each system through FOPC and IBC courses. In addition, clinical medicine is progressively integrated into the basic science coursework through didactic sessions.

The clinical curriculum is intentionally designed to maximize exposure to every field of medicine while also allowing students the flexibility to incorporate their own clinical interests. On each rotation, all seven core competencies are assessed with reinforcement of OPP approaches and maintenance of skills and an emphasis on interprofessional collaboration.

During the clinical years, students will return to campus each semester for additional standardized patient practice, simulation, and clinical skills training, hands-on OMM workshops, and career counseling. These are known as ‘Days at the Fort’. The goal of these sessions is to ensure graduate medical education readiness. Sample schedule:

**Days at the Fort Logistics (two cases)**

<b>Times</b>	<b>Group 1</b>	<b>Group 2</b>	<b>Group 3</b>	<b>Group 4</b>	<b>Group 5</b>
7:45-8am	<b>REGISTRATION</b>				
8-8:30am	<b>INTRODUCTION</b>				
8:40-9:40am	SP Center	OMM	CC	SIM	Skills
9:50-10:50am	Skills	SP Center	OMM	CC	SIM
11am-12pm	SIM	Skills	SP Center	OMM	CC
12:10-1:10pm	<b>LUNCH</b>				
1:20-2:20pm	CC	SIM	Skills	SP Center	OMM
2:30-3:30pm	OMM	CC	SIM	Skills	SP Center
3:40-4:40pm	<i>SP Center for extra students (2 cases) – only 1 of the 3 days would require this extra slot</i>				

*1 case would be a basic SP case and the 2nd case would incorporate OMM*

*\*CC = Career Counseling*

### ***Element 3: Basic Science***

The basic science core element of learning runs longitudinally through the curriculum. The initial basic science element focuses on foundational information and understanding. Subsequently the basic science element, along with the rest of the elements transitions into a synchronized systems approach with emphasis on normal structure and function that defines states of health and wellness to health promotion and individuals and populations. Next, recognition of disease and the application of clinical understanding that leads to rational patient-centered approaches to prevention, diagnosis, and treatment of disease becomes the nucleus of the curriculum. Basic science in the pre-clinical years concludes with an opportunity for summation and synthesis of the understanding and application of information in context of a multi-system paradigm. The basic science thread picks up in the clinical years through delivery of online modules (with assessment components) related to each clinical rotation.

### ***American Osteopathic Association Core Competencies***

Using the seven core competency domains published by the American Osteopathic Association as a guide, ARCOM has incorporated competency training and assessment into its curriculum throughout the four-year course of study for the Doctor of Osteopathic Medicine degree program at a level appropriate for a medical student preparing to enter GME. The ARCOM faculty and administration have identified which core competencies are met in each course and rotation and specify said core competencies in each syllabi with delineation of learning objectives and assessment.

### ***Entrustable Professional Activities (EPAs)***

Our goal at ARCOM is to prepare our medical students to meet the needs of the patients they will serve with quality and compassionate medical care. To meet this charge, ARCOM will not only evaluate our students on the Osteopathic Core Competencies but also through Entrustable Professional Activities (EPA's) to ensure that by the time they graduate, our students are prepared to enter residency programs. AACOM has defined EPAs as "units of work, tasks, or responsibilities that graduating students can be entrusted to carry out." The EPAs encompass the integration of multiple competencies. These EPA's will be assessed across the four-year curriculum through multiple modalities.

### ***Core Entrustable Professional Activities for Entering Residency***

EPA 1: Gather a history and perform a physical examination

EPA 2: Prioritize a differential diagnosis following a clinical encounter

EPA 3: Recommend and interpret common diagnostic and screening tests

EPA 4: Enter and discuss orders and prescriptions

EPA 5: Document a clinical encounter in the patient record

EPA 6: Provide an oral presentation of a clinical encounter

EPA 7: Form clinical questions and retrieve evidence to advance patient care

EPA 8: Give or receive a patient handover to transition care responsibility

EPA 9: Collaborate as a member of an interprofessional team

EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

EPA 11: Obtain informed consent for tests and/or procedures

EPA 12: Perform general procedures of a physician

EPA 13: Identify system failures and contribute to a culture of safety and improvement



# Curriculum Schedule for Arkansas College of Osteopathic Medicine

## OMS I

### Fall Semester

Osteopathic Principles and Practice-1 (OPP-1) .....	4 Credits
Foundations of Osteopathic Patient Care-1 (FOPC-1) .....	3 Credits
Biomedical Essentials of Comprehensive Osteopathic Medicine-1 (BECOM-1) .....	5 Credits
Integrative Biomedical Concepts-1 (IBC-1).....	2 Credits
Fundamentals of the Anatomical Sciences.....	8 Credits

**Total .....**22 Credits

### Spring Semester

Osteopathic Principles and Practice-2 (OPP-2) .....	3 Credits
Foundations of Osteopathic Patient Care-2 (FOPC-2) .....	3 Credits
Foundations of Healthcare-1 (FHC-1) .....	2 Credits
Biomedical Essentials of Comprehensive Osteopathic Medicine-2 (BECOM-2) .....	14 Credits
Integrative Biomedical Concepts-2 (IBC-2) .....	5 Credits
Capstone-1 .....	1 Credit

**Total .....** 28 Credits

**OMS I Total .....** 50 Credits

## OMS II

### Fall Semester

Osteopathic Principles and Practice-3 (OPP-3) .....	3 Credits
Foundations of Osteopathic Patient Care-3 (FOPC-3) .....	3 Credits
Foundation of Healthcare-2 (FHC-2) .....	2 Credits
Biomedical Essentials of Comprehensive Osteopathic Medicine-3 (BECOM-3) .....	13 Credits
Integrative Biomedical Concepts-3 (IBC-3) .....	4 Credits

**Total .....** 25 Credits

### Spring Semester

Osteopathic Principles and Practice-4 (OPP-4) .....	2 Credits
Foundations of Osteopathic Patient Care-4 (FOPC-4) .....	2 Credits
Biomedical Essentials of Comprehensive Osteopathic Medicine-4 (BECOM-4) .....	9 Credits
Integrative Biomedical Concepts-4 (IBC-4) .....	4 Credits
Capstone-2 .....	3 Credits

**Total.....** 20 Credits

**OMS II Total.....** 45 Credits

## OMS III

### Fall Semester

Internal Medicine-1 .....	10 Credits
Internal Medicine-2 .....	10 Credits
OB/GYN.....	10 Credits
Pediatrics .....	10 Credits

Psychiatry/Behavioral Health.....10 Credits  
 Surgery-1 ..... 10 Credits

**Total..... 60 Credits**

**Spring Semester**

Family Medicine ..... 10 Credits  
 Selective Surgery-1.....10 Credits  
 Selective Internal Medicine-1..... 10 Credits  
 Elective-1 .....10 Credits  
 Elective-2..... 10 Credits  
 Non-Clinical Elective..... 10 Credits

**Total..... 60 Credits**

**OMS III Total ..... 120 Credits**

**OMS IV**

**Fall Semester**

Community Hospital-1 ..... 10 Credits  
 Community Hospital -2 ..... 10 Credits  
 Emergency Medicine ..... 10 Credits  
 Rural Primary Care ..... 10 Credits  
 Selective Surgery-2 ..... 10 Credits  
 Selective Internal Medicine-2 ..... 10 Credits

**Total..... 60 Credits**

**Spring Semester**

Other Selective/Elective ..... 10 Credits  
 Elective-1 ..... 10 Credits  
 Elective-2 ..... 10 Credits  
 Elective-3 ..... 10 Credits

**Total .....40 Credits**

**OMS IV Total .....100 Credits**

**Total Course of Study ..... 315 Credits**

**TOTAL DO Program Degree**

First Class Graduation, May 2021, and all subsequent graduating classes, must participate in all activities of graduation week and participate in the graduation program of ARCOM as a condition of receipt of diploma.

# Procedure for Completion of Clinical Curriculum

## 1. PURPOSE

ARCOM must be able to provide clinical education rotations, including demonstration of adequate faculty, for at least 120% of the approved class size and ensure that students can complete the entire clinical curriculum.

## 2. POLICY

This policy outlines the process by which students are assigned to clinical rotations, how ARCOM ensures fair assignments to core sites, and how ARCOM will ensure each student is able to complete the entire clinical education curriculum.

## 3. APPLICABILITY

ARCOM Faculty and Staff  
Core Hospital Sites and Clinical Preceptors  
ARCOM Students

## 4. DEFINITIONS

**Core Site:** refers to a hospital that has agreed to provide “Core Rotations” for the osteopathic medical student. A Core Site may also provide Family Medicine, Emergency Medicine, Selective, and Elective Rotations; however, it is not required.

**Core Rotations:** refers to the following 6 months of rotations: 2 blocks of Internal Medicine, 1 block Pediatrics, 1 block Behavioral Health, 1 block Surgery, and 1 block OB/GYN.

**Lottery:** The lottery process occurs in the OMS 2 year and it the process by which students select and are assigned to their Core Sites. Through E-Value the lottery process is called E-Vose.

**E-Value:** a software system that streamlines curriculum, coursework, scheduling, assessments, site management, and curricular mapping.

## 5. GENERAL PROCEDURES

### A. Faculty Adequacy

1. Hospitals and Clinics with sufficient patient volumes are identified and approached by the Executive Director of Clinical Resources.
2. The Dean, the Associate Dean of Clinical Medicine, the Director of Clinical Rotations, and their designee visit the hospital and/or clinic to provide education about roles and responsibilities and to perform an initial site assessment to determine if the site will be used as a core site, rural primary care, community hospital, for selectives, or electives. A final number of students that can be accommodated at the site will also be discussed.
3. Affiliation agreements are executed.
4. A Lead Faculty member for each rotation is identified and credentialed.
5. The Lead Faculty then recruits other faculty who are then credentialed as well.
6. Other recruiting of faculty includes: AOMA, online application through <http://arcomedu.org>, directed mailings, emails, phone calls, and visits to physician offices
7. Ongoing assessment of the faculty adequacy is performed yearly through the Annual Site Assessment.
8. Each rotation at each site will have no more than 2 students assigned at a time.
9. Each rotation will have at least 2 faculty credentialed per student.

10.If there is not sufficient faculty at one site, another core site may be used in order to ensure that the medical student is able to complete their entire clinical curriculum.

### **B. Student Scheduling of Required Rotations**

1. Optimization of the clinical schedule is carried out via E-Value. This optimization includes providing to E-Value any scheduling or preceptors constraints that exist (i.e.: no more than 2 students/specialty/site at a time, or that a student must complete the core before doing an International rotation, etc.).
2. Once the schedule is optimized unique “tracks” will be created in the E-Value software for each Core Site.
3. During their OMS 2 year, students will participate in the “Lottery” by ranking their preferred Core Sites AND their preferred track.
4. Through E-Value’s E-Vose program, each student will then be assigned to a Core Site, FM, Community Hospital, EM, Rural Primary Care, and a track for Selective and Electives.
5. Students must use one of their third year selectives or electives to do a rotation where they have exposure to a residency program (if no residency program is available at their Core Site).
6. Note: Manual overriding can occur; especially to accommodate a change in the order of Selectives to allow the students flexibility and to set them up for success for residency placement.

### **C. Student Scheduling of Selective and Elective Rotations**

1. Elective/Selective rotations will also be assigned during the E-Vose lottery. However, no physician will be assigned. The dates and order of these rotations can be manually overridden to allow the students flexibility and to set them up for success for residency placement.
2. Elective rotations can be done with physicians that are not credentialed faculty members and at non-affiliated sites.
3. Selectives are done with credentialed adjunct faculty.
4. It is up to the student to find and secure their own Elective/Selective rotations.
5. Students must submit paperwork for their Electives *at least three (3) months* prior to the start of their rotation so that the faculty member can be credentialed, and all the required paperwork completed.
6. A list of interested faculty for a variety of Elective/Selective rotations will be available through the Office of Clinical Medicine.

## **ARCOM COURSE DESCRIPTIONS**

### **Osteopathic Medical School-Year I (OMS I) First Semester**

#### **COM 511: OPP-1**

**4 Credits**

Osteopathic Principles and Practice-1 (OPP-1) is designed to provide the student with a fundamental understanding of the history, principles, and philosophies of osteopathic medicine. During this course, the student will be introduced to the lexicon, foundational principles and professional expectations upon which the profession was built. The faculty also works in conjunction with other departments to complement and integrate the knowledge received from the systems-based and clinical medicine courses. Whenever possible, the OPP I curriculum is designed to integrate with the basic science departments to help enhance your knowledge of structure-function relationships, particularly in the musculoskeletal, nervous, cardiopulmonary, GI, and GU systems, as they apply to osteopathic patient care.

Additionally, the student will sequentially initiate training in the tactile and psychomotor skills necessary for

the diagnostic palpation of and manipulative treatments for their future patients, regardless of the medical specialty chosen. This course will instruct the student in the philosophic and diagnostic underpinnings upon which they will continue to build their osteopathic knowledge, the structurally based examination, palpatory and clinical methods and modalities which will continually develop for the rest of their clinical careers.

The OPP Course is cumulative over 4 semesters. Evaluation of concepts and skills will reflect cumulative knowledge.

### **COM 521: FOPC-1**

**3 Credits**

Foundations of Osteopathic Patient Care-1 (FOPC-1) is the first of four active participation courses during the first two years. It is designed to introduce clinical skills including the art of medical history taking and physical examination. It also introduces the student to the concept of medical professionalism and ethics, the physician's role and duties toward society and the profession, the concept of the physician-patient relationship and the obligations and rights of both the doctor and the patients they serve. The first year of the course places an emphasis on communication skills, medical history taking and physical examination skills. The second year of the course focuses on the development of the clinical skills necessary to diagnose and treat the patient while developing problem-solving skills that are required of today's physicians.

The course places an emphasis on respect for individuals along with an understanding of the diversity of individuals and cultures. The ability to communicate with patients effectively, educate and motivate them to advance their own health and wellness, along with the ability to work collaboratively in a team environment, are essential tools for today's physician. These tools are developed during the course.

The course requires active participation and demonstrations of mastery of the core competencies expected of an osteopathic physician. The course utilizes computer-based educational content, lecture demonstration, small group case-based learning exercises, problem-solving exercises, clinical laboratory experiences, utilization of standardized patients and simulations as well as assigned reading to provide the knowledge and skills foundation expected by the faculty. The course is a first in a series of clinical skills courses that are integrated with the osteopathic principles and practice courses offered by the college and correlated with the systems courses taught in the curriculum.

The course teaches the basics of radiology. The student will be introduced to radiological imaging of the different systems as they are being taught.

### **COM 551: BECOM-1**

**5 Credits**

Biomedical Essentials of Comprehensive Osteopathic Medicine-1 (BECOM-1) is a course that provides students with a foundation upon which to further develop a growing understanding of important structure-function interrelationships that are involved in states of health and disease. The course integrates fundamentals of traditional medical science disciplines (molecular and cellular biology, genetics, developmental biology, histology, anatomy, physiology, microbiology and immunology, pathology, and pharmacology) across levels of organization of the human body: from molecules – to cells – to tissues – to organs – to organ systems – to the entire body. These biomedical principles and processes are considered in the context of the body's natural ability to maintain homeostasis through self-regulation and self-healing mechanisms. Interdisciplinary, interdepartmental teams of College faculty engage with students in various learning activities aimed at an integrated approach to learning.

Student learning as well as formative and summative student assessments within the BECOM-1 course is organized around various activities, which could include, but are not necessarily limited to the following: large group classroom application activities; small group case-based learning (CBL) and discussion sessions; team-based learning (TBL) session, lectures employing audience response technology; computer-based modules; independent guided reading and study; and written/computer-based examinations. In

keeping with the mission, values, and goals of ARCOM, the BECOM-1 course emphasizes the importance of life-long learning with an aim to foster and support the broader development of osteopathic medical competencies and promote the best osteopathic patient-centered care possible.

### **COM 561: IBC-1**

**2 Credits**

Integrative Biomedical Concepts-1 (IBC-1) is a team-based learning (TBL) formatted course which is largely driven by the 8 recognized human systems (integumentary, musculoskeletal, respiratory, cardiovascular, gastrointestinal, endocrine, reproductive and neurological). The course serves to solidify and connect the basic and clinical sciences on a weekly basis. Prior to the IBC sessions, students receive assigned reading topics derived from basic and clinical science material that will be covered during the coming week. During the first part of an IBC module, students take individual readiness assurance tests (iRATs) to gauge their preparedness and understanding of the material. The iRAT is followed by a team readiness assurance test (tRAT) where students are divided into teams to take the identical test that was administered during the iRAT. The next phase of the module occurs after the week of instruction has been delivered and involves application of the material. Application can be delivered in a variety of formats (e.g. standardized patient, mannequin, paper case), but is expressly intended to convey to students the “why and how”. A wrap-up mini-lecture which clarifies any remaining difficulties with the material may also occur. During the wrap-up session, high level test items over session material will be thoroughly explored with detailed explanation from content experts. This team-based learning approach gives each student the opportunity to practice problem solving individually and in a team environment, similar to what they may encounter as a practicing osteopathic physician.

### **COM 571: Fundamentals of the Anatomical Sciences**

**8 Credits**

Fundamentals of the Anatomical Sciences course consists of components from four preclinical courses: 1) Gross (macroscopic) Anatomy, 2) Histology (microscopic anatomy), 3) Embryology (early human development), and 4) Regional Neuroanatomy (e.g., telencephalon, metencephalon, and myelencephalon). The main goal of the course is to provide students with the foundation necessary to seamlessly transition into the systems-based, hybrid curriculum used at ARCOM. Large group sessions will utilize interactive learning strategies, shifting classroom time from passive conveyance of course material to deeper learning with opportunities for application of course concepts. The format of anatomy laboratory sessions will consist of small group learning and peer teaching in which teams actively learn about the human body via dissections within groups as well as among groups. Surface anatomy, medical imaging, and clinical correlations will be emphasized to provide meaningful context to students’ learning of the anatomical sciences.

### **OMS I**

#### **Second Semester**

### **COM 512: OPP-2**

**3 Credits**

Osteopathic Principles and Practice-2 (OPP-2) is designed to provide the student with a fundamental understanding of the history, principles, and philosophies of osteopathic medicine. During this course, the student will be introduced to the lexicon, foundational principles and professional expectations upon which the profession was built. The faculty also works in conjunction with other departments to complement and integrate the knowledge received from the systems-based and clinical medicine courses. Whenever possible, the OPP II curriculum is designed to integrate with the basic science departments to help enhance your knowledge of structure-function relationships, particularly in the musculoskeletal, nervous, cardiopulmonary, GI, and GU systems, as they apply to osteopathic patient care.

Additionally, the student will sequentially initiate training in the tactile and psychomotor skills necessary for the diagnostic palpation of and manipulative treatments for their future patients, regardless of the medical specialty chosen. This course will instruct the student in the philosophic and diagnostic underpinnings upon

which they will continue to build their osteopathic knowledge, the structurally based examination, palpatory and clinical methods and modalities which will continually develop for the rest of their clinical careers.

The OPP Course is cumulative over 4 semesters. Evaluation of concepts and skills will reflect cumulative knowledge.

**COM 522: FOPC-2**

**3 Credits**

Foundations of Osteopathic Patient Care-2 (FOPC-2) is the second of four active participation courses during the first two years. It is designed to introduce clinical skills including the art of medical history taking and physical examination. It also introduces the student to the concept of medical professionalism and ethics, the physician's role and duties toward society and the profession, the concept of the physician-patient relationship and the obligations and rights of both the doctor and their patients. The first year of the course places an emphasis on communication skills, medical history taking and physical examination skills. The second year of the course focuses on the development of the clinical skills necessary to diagnose and treat the patient while developing problem-solving skills that are required of today's physicians.

The course places an emphasis on respect for individuals along with an understanding of the diversity of individuals and cultures. The ability to communicate with patients effectively, educate and motivate them to advance their own health and wellness along with the ability to work collaboratively in a team environment that is essential for the physician is developed during the course.

The course requires active participation and demonstrations of mastery of the core competencies expected of an osteopathic physician. The course utilizes computer-based educational content, lecture demonstration, small group case-based learning exercises, problem-solving exercises, clinical laboratory experiences, utilization of standardized patients and simulations as well as assigned reading to provide the knowledge and skills foundation expected by the faculty. The course is the second in a series of clinical skills courses that are integrated with the osteopathic principles and practices courses offered by the college and correlated with the systems courses taught in the curriculum.

The course teaches the basics of radiology including doctor and patient safety. The student will be introduced to radiological imaging of the different systems as they are being taught.

**COM 582: FHC-1**

**2 Credits**

Foundations of Healthcare-1 (FHC-1) is a graded course designed to provide basic principles of continued medical professionalism, population-based medicine as compared to public health and individual care. This course will also provide an understanding of the Healthy People 2020, determinants of health, health disparities, and at-risk populations. We will explore contemporary topics in medical ethics and the role of physician empathy in quality patient care. We will utilize lectures, online tools and modules to acquire information needed throughout this course. During this course you will also learn a basic introduction of epidemiology and biostatistics which will provide the essentials needed for undergraduate medicine board preparation and analysis of medical research literature. Students will learn about the Collaborative Institutional Training Initiative (CITI) and attain a CITI certificate for use in your future research activities.

**COM 552: BECOM-2**

**14 Credits**

Biomedical Essentials of Comprehensive Osteopathic Medicine-2 (BECOM-2) is a course that provides students with a foundation upon which to further develop a growing understanding of important structure-function interrelationships that are involved in states of health and disease. Building upon knowledge from BECOM-1, BECOM-2 integrates fundamentals of traditional medical science disciplines (molecular and cellular biology, genetics, developmental biology, histology, anatomy, physiology, microbiology and immunology, pathology, and pharmacology) across levels of organization of the human body: from molecules – to cells – to tissues – to organs – to organ systems – to the entire body. These biomedical

principles and processes are considered in the context of the body's natural ability to maintain homeostasis through self-regulation and self-healing mechanisms. Interdisciplinary, interdepartmental teams of College faculty engage with students in various learning activities aimed at an integrated approach to learning.

Student learning, as well as formative and summative student assessments, within the BECOM-2 course is organized around various activities, which could include, but are not necessarily limited to the following: large group classroom application activities; team-based learning (TBL) sessions, lectures employing audience response technology; computer-based modules; independent guided reading and study; and written/computer-based examinations. In keeping with the mission, values, and goals of ARCOM, the BECOM-2 course emphasizes the importance of life-long learning with an aim to foster and support the broader development of osteopathic medical competencies and promote the best osteopathic patient-centered care possible.

### **COM 562: IBC-2**

**5 Credits**

Integrative Biomedical Concepts-2 (IBC-2) is a team-based learning (TBL) formatted course which is largely driven by the 8 recognized human systems (integumentary, musculoskeletal, respiratory, cardiovascular, gastrointestinal, endocrine, reproductive and neurological). The course serves to solidify and connect the basic and clinical sciences on a weekly basis. Prior to the IBC sessions, students receive assigned reading topics derived from basic and clinical science material that will be covered during the coming week. During the first part of an IBC module, students take individual readiness assurance tests (iRATs) to gauge their preparedness and understanding of the material. The iRAT is followed by a team readiness assurance test (tRAT) where students are divided into teams to take the identical test that was administered during the iRAT. The next phase of the module occurs after the week of instruction has been delivered and involves application of the material. Application can be delivered in a variety of formats (e.g. standardized patient, mannequin, paper case), but is expressly intended to convey to students the "why and how". A wrap-up mini-lecture which clarifies any remaining difficulties with the material may also occur. During the wrap-up session, high level test items over session material will be thoroughly explored with detailed explanation from content experts. This team-based learning approach gives each student the opportunity to practice problem solving individually and in a team environment, similar to what they may encounter as a practicing osteopathic physician.

### **COM 532: CAP-1**

**1 Credit**

Capstone-1 (CAP-1) is designed to provide early clinical experiences during the OMS 1 academic year to students to practice clinical skills learned in the FOPC course. Students have opportunities to participate in a minimum of two half day clinical sessions in various clinical venues such as, medical clinics, physician's offices, nursing homes, health fairs, mission trips, etc. Students will perform a full H & P with documentation in a SOAP note on a patient as well as debrief the experience with their peers. A self-reflection paper will culminate the course as each student assesses competency in their clinical skills and identifies learning gaps for improvement.

## **Osteopathic Medical School-Year Two (OMS II) First Semester**

### **COM 611: OPP-3**

**3 Credits**

Osteopathic Principles and Practice-3 (OPP-3) is designed to provide the student with a fundamental understanding of the history, principles, and philosophies of osteopathic medicine. During this course, the student will be introduced to the lexicon, foundational principles and professional expectations upon which the profession was built. The faculty also works in conjunction with other departments to complement and integrate the knowledge received from the systems-based and clinical medicine courses. Whenever possible, the OPP III curriculum is designed to integrate with the basic science departments to help enhance your



knowledge of structure-function relationships, particularly in the musculoskeletal, nervous, cardiopulmonary, GI, and GU systems, as they apply to osteopathic patient care.

Additionally, the student will sequentially initiate training in the tactile and psychomotor skills necessary for the diagnostic palpation of and manipulative treatments for their future patients, regardless of the medical specialty chosen. This course will instruct the student in the philosophic and diagnostic underpinnings upon which they will continue to build their osteopathic knowledge, the structurally based examination, palpatory and clinical methods and modalities which will continually develop for the rest of their clinical careers.

The OPP Course is cumulative over 4 semesters. Evaluation of concepts and skills will reflect cumulative knowledge.

**COM 621: FOPC-3**

**3 Credits**

Foundations of Osteopathic Patient Care-3 (FOPC-3) is the third of four active participation courses during the first two years. It is designed to introduce clinical skills including the art of medical history taking and physical examination. It also introduces the student to the concept of medical professionalism and ethics, the physician's role and duties toward society and the profession, the concept of the physician-patient relationship and the obligations and rights of both the doctor and the patients they serve. The first year of the course places an emphasis on communication skills, medical history taking and physical examination skills. The second year of the course focuses on the development of the clinical skills necessary to diagnose and treat the patient while developing problem-solving skills that are required of today's physicians.

The course places an emphasis on respect for individuals along with an understanding of the diversity of individuals and cultures. The ability to communicate with patients effectively, educate and motivate them to advance their own health and wellness, along with the ability to work collaboratively in a team environment, are essential tools for today's physician. These tools are developed during the course.

The course requires active participation and demonstrations of mastery of the core competencies expected of an osteopathic physician. The course utilizes computer-based educational content, lecture demonstration, small group case-based learning exercises, problem-solving exercises, clinical laboratory experiences, utilization of standardized patients and simulations as well as assigned reading to provide the knowledge and skills foundation expected by the faculty. The course is a first in a series of clinical skills courses that are integrated with the osteopathic principles and practice courses offered by the college and correlated with the systems courses taught in the curriculum.

The course teaches the basics of radiology. The student will be introduced to radiological imaging of the different systems as they are being taught.

**COM 681: FHC-2**

**2 Credits**

Foundations of Healthcare-2 (FHC-2) is a graded course designed to provide basic principles of behavioral sciences, social sciences, medical professionalism, the physician patient relationship, and medical ethics. This course will introduce students to diagnostic frameworks and treatments for psychiatric/psychologic conditions and psychopharmacology. Further, an introduction to quality improvement through topics of medical error, clinical documentation and international classification of disease will be provided. Topics covered will provide principles presented on both board examinations and within the clinical practice of medicine.

**COM 651: BECOM-3**

**13 Credits**

Biomedical Essentials of Comprehensive Osteopathic Medicine-3 (BECOM-3) is a course that provides students with a foundation upon which to further develop a growing understanding of important structure-function interrelationships that are involved in states of health and disease. Building upon knowledge in

prior BECOM courses, BECOM-3 integrates fundamentals of traditional medical science disciplines (molecular and cellular biology, genetics, developmental biology, histology, anatomy, physiology, microbiology and immunology, pathology, and pharmacology) across levels of organization of the human body: from molecules – to cells – to tissues – to organs – to organ systems – to the entire body. These biomedical principles and processes are considered in the context of the body's natural ability to maintain homeostasis through self-regulation and self-healing mechanisms. Interdisciplinary, interdepartmental teams of College faculty engage with students in various learning activities aimed at an integrated approach to learning.

Student learning as well as formative and summative student assessments within the BECOM-3 course are organized around various activities, which could include, but are not necessarily limited to the following: large group classroom application activities; team-based learning (TBL) session, lectures employing audience response technology; computer-based modules; independent guided reading and study; and written/computer-based examinations. In keeping with the mission, values, and goals of ARCOM, the BECOM-3 course emphasizes the importance of life-long learning with an aim to foster and support the broader development of osteopathic medical competencies and promote the best osteopathic patient-centered care possible.

### **COM 661: IBC-3**

**4 Credits**

Integrative Biomedical Concepts-3 (IBC-3) is a team-based learning (TBL) formatted course which is largely driven by the eight recognized human systems (integumentary, musculoskeletal, respiratory, cardiovascular, gastrointestinal, endocrine, reproductive and neurological). The course serves to solidify and connect the basic and clinical sciences on a weekly basis. Prior to the IBC sessions, students receive assigned reading topics derived from basic and clinical science material that will be covered during the coming week. During the first part of an IBC module, students take individual readiness assurance tests (iRATs) to gauge their preparedness and understanding of the material. The iRAT is followed by a team readiness assurance test (tRAT) where students are divided into teams to take the identical test that was administered during the iRAT. The next phase of the module occurs after the week of instruction has been delivered and involves application of the material. Application can be delivered in a variety of formats (e.g. standardized patient, mannequin, paper case), but is expressly intended to convey to students the “why and how”. A wrap-up mini-lecture which clarifies any remaining difficulties with the material may also occur. During the wrap-up session, high level test items over session material will be thoroughly explored with detailed explanation from content experts. This team-based learning approach gives each student the opportunity to practice problem solving individually and in a team environment, similar to what they may encounter as a practicing osteopathic physician.

## **OMS II**

### **Second Semester**

### **COM 612: OPP- 4**

**2 Credits**

Osteopathic Principles and Practice-4 (OPP-4) is designed to provide the student with a fundamental understanding of the history, principles, and philosophies of osteopathic medicine. During this course, the student will be introduced to the lexicon, foundational principles and professional expectations upon which the profession was built. The faculty also works in conjunction with other departments to complement and integrate the knowledge received from the systems-based and clinical medicine courses. Whenever possible, the OPP IV curriculum is designed to integrate with the basic science departments to help enhance your knowledge of structure-function relationships, particularly in the musculoskeletal, nervous, cardiopulmonary, GI, and GU systems, as they apply to osteopathic patient care.

Additionally, the student will sequentially initiate training in the tactile and psychomotor skills necessary for the diagnostic palpation of and manipulative treatments for their future patients, regardless of the medical

specialty chosen. This course will instruct the student in the philosophic and diagnostic underpinnings upon which they will continue to build their osteopathic knowledge, the structurally based examination, palpatory and clinical methods and modalities which will continually develop for the rest of their clinical careers.

The OPP Course is cumulative over 4 semesters. Evaluation of concepts and skills will reflect cumulative knowledge.

**COM 622: FOPC - 4**

**2 Credits**

Foundations of Osteopathic Patient Care-4 (FOPC-4) is the final of four active participation courses during the first two years. It is designed to introduce clinical skills including the art of medical history taking and physical examination. It also introduces the student to the concept of medical professionalism and ethics, the physician's role and duties toward society and the profession, the concept of the physician- patient relationship and the obligations and rights of both the doctor and the patients they serve. The first year of the course places an emphasis on communication skills, medical history taking and physical examination skills. The second year of the course focuses on the development of the clinical skills necessary to diagnose and treat the patient while developing problem-solving skills that are required of today's physicians.

The course places an emphasis on respect for individuals along with an understanding of the diversity of individuals and cultures. The ability to communicate with patients effectively, educate and motivate them to advance their own health and wellness, along with the ability to work collaboratively in a team environment, are essential tools for today's physician. These tools are developed during the course.

The course requires active participation and demonstrations of mastery of the core competencies expected of an osteopathic physician. The course utilizes computer-based educational content, lecture demonstration, small group case-based learning exercises, problem-solving exercises, clinical laboratory experiences, utilization of standardized patients and simulations as well as assigned reading to provide the knowledge and skills foundation expected by the faculty. The course is a first in a series of clinical skills courses that are integrated with the osteopathic principles and practice courses offered by the college and correlated with the systems courses taught in the curriculum.

The course teaches the basics of radiology. The student will be introduced to radiological imaging of the different systems as they are being taught.

**COM 652: BECOM-4**

**9 Credits**

Biomedical Essentials of Comprehensive Osteopathic Medicine-4 (BECOM-4) is the last in the series of a course that provides students with a foundation upon which to further develop a growing understanding of important structure-function interrelationships that are involved in states of health and disease. The course integrates fundamentals of traditional medical science disciplines (molecular and cellular biology, genetics, developmental biology, histology, anatomy, physiology, microbiology and immunology, pathology, and pharmacology) across levels of organization of the human body: From molecules – to cells – to tissues – to organs – to organ systems – to the entire body. These biomedical principles and processes are considered in the context of the body's natural ability to maintain homeostasis through self- regulation and self-healing mechanisms. Interdisciplinary, interdepartmental teams of College faculty engage with students in various learning activities aimed at an integrated approach to learning.

Student learning as well as formative and summative student assessments within the BECOM-4 course are organized around various activities, which could include, but are not necessarily limited to the following: Large group classroom application activities; small group case-based learning (CBL) and discussion sessions; team-based learning (TBL) session, lectures employing audience response technology; computer-based modules; independent guided reading and study; and written/computer- based examinations. In

keeping with the mission, values, and goals of ARCOM, the BECOM-4 course emphasizes the importance of life-long learning with an aim to foster and support the broader development of osteopathic medical competencies and promote the best osteopathic patient-centered care possible.

#### **COM 662: IBC-4**

**4 Credits**

Integrative Biomedical Concepts-4 (IBC-4) is a team-based learning (TBL) formatted course which is largely driven by the 8 recognized human systems (integumentary, musculoskeletal, respiratory, cardiovascular, gastrointestinal, endocrine, reproductive and neurological). The course serves to solidify and connect the basic and clinical sciences on a weekly basis. Prior to the IBC sessions, students receive assigned reading topics derived from basic and clinical science material that will be covered during the coming week. During the first part of an IBC module, students take individual readiness assurance tests (iRATs) to gauge their preparedness and understanding of the material. The iRAT is followed by a team readiness assurance test (tRAT) where students are divided into teams to take the identical test that was administered during the iRAT. The next phase of the module occurs after the week of instruction has been delivered and involves application of the material. Application can be delivered in a variety of formats (e.g. standardized patient, mannequin, paper case), but is expressly intended to convey to students the “why and how”. A wrap-up mini-lecture which clarifies any remaining difficulties with the material may also occur. During the wrap-up session, high level test items over session material will be thoroughly explored with detailed explanation from content experts. This team-based learning approach gives each student the opportunity to practice problem solving individually and in a team environment, similar to what they may encounter as a practicing osteopathic physician.

#### **COM 632: CAP-2**

**3 Credits**

Capstone-2 (CAP-2) is designed to provide experiences during the OMS 2 academic year to prepare students for board exams and their clinical rotations. Students have opportunities to obtain and/or renew certifications in BLS, ACLS, and PALS, as well as C.I.T.I. training in research. They will also participate in a surgical scrub training program with faculty at UAFS. Clinical Department Chairs will provide an introduction to each clinical rotation. KAPLAN and COMBANK board review will be provided. Biomedical faculty, in conjunction with Clinical Medicine faculty, will provide guidance to students as they progress through their board review. Student’s will be asked to begin a portfolio that they will be encouraged to continue to develop as they progress throughout their training, including GME. Students will continue to provide a self-assessment and learning plan.

### **Osteopathic Medical School – Year Three (OMS III)**

#### **Curriculum for Core Rotations for OMS-III Students:**

The OMS-III core curriculum has been developed by the faculty and designed to ensure that all students obtain the competencies required to move toward Graduate Medical Education and to allow success on national competency examinations such as COMLEX. The curriculum is designed to cover the major components of the principle medical disciplines but is not inclusive of all aspects of each general discipline. The required curriculum, in addition to the clinical experience provided at the rotation site, consists of assigned readings requirements from a designated text and faculty selected journals, the completion of on-line case-based clinical modules for the discipline, procedure logs, end of rotation examinations, and the completion of assigned study in OMM topics correlated with the rotation.

The student should expect to devote approximately two hours daily outside of clinical time meeting the requirements of the curriculum as described in the syllabus in addition to reading or study requirements that are developed daily in conjunction with clinical care of patients assigned by the faculty.

To successfully pass the clinical rotation, each student must pass **each requirement**: the clinical component (preceptor evaluations), the end of rotation examination (COMAT), and all assigned online modules and

submit procedure and OMM logs. The final grade in the rotation is a weighted combination. For required rotations, the grades will be numerical. For elective rotations, the grade will be pass/fail and based on the preceptor's evaluation of the student.

End-of-rotation examinations will occur on the last Friday of each block at a time and place assigned for each core rotation site. Students may be required to return to the campus for end-of-rotation examinations.

As a part of the course requirements, each student must submit monthly a procedure log detailing all procedures observed or done on all rotations. Students in their OMSIII year must also document 10(ten) OMM procedures in each semester.

Each rotation consists of four-week blocks beginning on Monday and ending on Friday. The last Friday of each rotation is set aside for end of rotation testing. Further and more specific information concerning clinical rotations, policy, and procedures is found in the ARCOM Clinical Training Manual.

The goal of clinical education at ARCOM is to provide experience in the major core disciplines of medicine (Family Medicine, Internal Medicine, Pediatrics, OB/GYN, Psychiatry, and Surgery) and graduate well-rounded physicians that are prepared to enter any specialty discipline for resident training. To this end, students will also be able to choose Selectives in Internal Medicine and Surgery as well as select two Electives and one Non-Clinical Elective. Selective rotations must occur with ARCOM credentialed faculty, whereas Electives may be with a physician of the student's choosing.

It is not the goal of the COM to develop specialists during this phase of their education. Students are expected to learn the pathophysiology and structure associated with patient conditions, the indications, contraindications, complications and follow-up of therapy for patients with a wide variety of medical issues. They will not acquire the depth of information, knowledge, and skills expected of a resident, fellow, or practicing physician until they reach that stage of their career. No student is expected, nor should they expect, to acquire the knowledge, skills, and competencies to graduate as a specialist in any discipline.

Students will be expected to participate fully in the structured educational opportunities and obligations during their OMS-III and OMS-IV years. This includes completing all required segments of the curriculum, taking call, working the hours of their service and attending, being responsive to their educational team, and displaying the individual and professional responsibility expected of an osteopathic physician. Students will not follow the same academic or vacation schedule as OMS-I and OMS-II students; rather they will meet the obligations and needs of the patients they serve.

## **CORE THIRD YEAR ROTATIONS:**

### **COM 705 and 706: 2 Blocks of Internal Medicine**

**10 Credits Each**

The students of ARCOM spend two blocks during their OMS-III year on internal medicine. For the majority of students, one block will be done on an inpatient service. In some cases, and with prior approval, the student may spend one of the blocks assigned to a hospital-based Family Medicine Service. The other internal medicine block will be in ambulatory internal medicine.

Students will learn the cognitive work and interpersonal skills necessary to provide care for both acute and chronic medical problems seen within Internal Medicine. The student will learn to expand history and physical diagnosis skills, gain an understanding of the indications and applications of differing diagnostic techniques, develop the ability to prioritize patient problems and treatments, generate a differential diagnosis, and implement patient management strategies. Internal Medicine requires extensive problem-solving skills utilizing structured, scientifically researched and founded processes, inductive and deductive reasoning and team approach to the care of the adult patient. The discipline provides an opportunity to view the patient as a

whole and not merely as a pathological or disease-specific condition, to coordinate the total care of the patient to understand how a disease impacts not only on the patient's health, but also on his or her emotional and social well-being. The student will work with Internal Medicine physicians across patient settings, which may include hospital, office, and nursing home sites. The student will participate in direct patient care under the direct supervision and at the discretion of the attending Internal Medicine physician. The student will professionally interact with other members of the health care team and should develop an understanding of their scope of practice and contributions to patient care. The student will gain an understanding of the role of the Internal Medicine physician as a primary care provider and what sub-specialties are practiced by Internal Medicine physicians.

**COM 708: 1 Block of General Surgery**

**10 Credits**

This is a four-week rotation with a preceptor who is currently practicing General Surgery. It is designed to impart to students the basic knowledge of Surgery that all physicians should know through exposed to a variety of clinical problems routinely seen on the surgical service. During this rotation, it is expected that the student will gain an understanding of surgical disease processes and their evaluation and treatment. Students will be expected to know the indications for surgery vs. medical therapy and the appropriate prophylactic treatment of the patient. The student will also explore the role of Osteopathic Principles and Practices as they relate to surgical care. In the operating room, the student will be required to practice aseptic/sterile techniques, operating room principles, and assist in surgery. The student will be expected to acquire competency in the management of nutrition, blood, fluid, electrolytes, pain, and infection. The student will participate fully in hospital lectures, seminars, conferences, and meetings, in addition to their hands-on experiences. The student will participate in direct patient care under the direct supervision and at the discretion of the attending physician. The student will professionally interact with other members of the health care team and should develop an understanding of their scope of practice and contributions to patient care. The student will gain understanding of the role of the surgeon as part of a care team.

**COM 710: 1 Block of Women's Health/OB-GYN**

**10 Credits**

The goal of the Women's Health/OB-GYN rotation is to expose students to the fundamentals of women's health in inpatient and outpatient clinical settings. During this rotation, the student will be active in the operative and non-operative care of the pregnant and obstetrical patient, medical and surgical management of pathology surrounding reproductive health and malignancies, preventive health care and procedures, and the treatment of acute and chronic illness. The students will participate in the evaluation, diagnosis and treatment of both medical and surgical patients during the block. Upon completion of this rotation students should be prepared to address basic issues in women's health care for women of all ages.

The student will work as a OB/GYN across all patient settings. The student will participate in direct patient care under the direct supervision and at the discretion of the attending OB/GYN. The student will professionally interact with other members of the health care team and should develop an understanding of their scope of practice and contributions to patient care. The student will gain an understanding of the role of the OB/GYN and what sub-specialties are practiced by the OB/GYN. An approach to chronic disease management in women, as well as how to conduct a wellness visit in a manner that is patient- centered and emphasizes health promotion, will be taught during this course. Attendings will model the principles of Osteopathic Medicine, and students will continue to develop the core competencies and the Osteopathic Entrustable Professional Activities (EPAs). The student will be given instruction in assessment, communication, physical examination, clinical reasoning skills, professionalism, and life- long learning.

**COM 711: 1 Block of Pediatrics**

**10 Credits**

This four-week block provides a survey of pediatric medicine, from the care of the well newborn, through childhood and adolescence. Each stage of the child's life has distinct challenges, important conditions and milestones that must be considered to ensure the proper developmental and preventive medical outcomes. The rotation may be conducted in an outpatient, inpatient, or combined setting under the direction of pediatric

professionals. The student will be exposed to the differing subspecialties of pediatrics practice during the rotation.

The issues of guardianship, privacy, legal responsibility and informed consent are considered as a component of the rotation. Pediatricians must develop the communication and interpersonal skills to treat the parents and sometimes, the family, rather than just the child. The differences in the psychosocial, legal, and medical needs of adolescents are to be learned by the student during the rotation as well. The student will work with the pediatrician across all patient settings, under the direct supervision and at the discretion of the attending. The student will professionally interact with other members of the health care team and should develop an understanding of the role of the pediatrician as a primary care provider and what sub-specialties are practiced by pediatricians.

### **COM 712: 1 Block of Psychiatry/Behavioral Health**

**10 Credits**

The Psychiatry and Behavioral Health rotation provides an experience in which OMS-III students are required to become knowledgeable of normal and abnormal psychiatric and behavioral functions, the pathophysiology behind the conditions, their evaluation, diagnosis and treatment. The diagnosis and treatment of common psychiatric and behavioral problems will be emphasized. The service may provide exposure to psychiatric care for children, adolescence, adult and geriatric patients. The service will require students to recognize psychiatric emergencies and develop knowledge of appropriate interventions. The student will reinforce previously learned pharmacological treatment methods and develop knowledge of counseling and non-pharmacological treatment methods for common behavioral and organic-based conditions. The student will become familiar with the legal rights and responsibilities of the patient, the health care provider, and the public in issues of psychiatric care. The student will establish professional working relationships with members of a multidisciplinary mental health treatment team to improve patient care.

### **Other Required Third Year Rotations**

#### **COM 704: 1 Block of Family Medicine**

**10 Credits**

The student will be assigned in four-week blocks to one or more clinical sites under the supervision of one or more primary care specialists and faculty. Students will learn to provide comprehensive, continuous, coordinated, and patient-centered health care to all patients regardless of age, gender, culture, care setting, or type of problem. Students will develop a depth and breadth of knowledge within each organ system while also applying the biopsychosocial model and osteopathic principles and philosophy to each patient encounter. Students on the Family Medicine rotation must be able to assess acute patient complaints, manage chronic disease, and also focus on disease prevention and health promotion. Because the Family Medicine physician provides continuity of care, the student must also learn to coordinate and advocate for their patient across inpatient, outpatient, surgical, nursing home, and rehabilitation settings. Students will gain an understanding of and respect for social, economic, cultural, psychological, and environmental factors that affect patients. The student will be provided an opportunity to work across all patient settings under the direct supervision, and at the discretion of, the attending Family Medicine physician. The student will professionally interact with other members of the health care team and should develop an understanding of their scope of practice and contributions to patient care. The student will gain an understanding of the role of the Family Medicine physician as a primary care provider and what sub-specialties Family Medicine physicians practice.

#### **COM 709: 1 Block Surgery Selective-1 (OMS 3)**

**10 Credits**

Students will rotate in a Surgical Subspecialty. This will expand the student's knowledge base by direct interaction with surgeons who are board certified in their respective surgical specialty. The Surgical Selectives that are available for the student are ambulatory or hospital based and require the student to have continuity with the patient for period of time. They are all designed to require the student to demonstrate

evaluation, decision-making, and management skills. The student will demonstrate the ability to design both interventional and conservative treatment plans and provide care for the patient. The rotations are not intended to produce the level of knowledge, skill and competencies required of a skilled surgeon in any of the disciplines. They place an emphasis on the pre- and post-operative evaluation and care of the patient and not the skills required for the intraoperative treatment of the patient. The student will participate in direct patient care under the direct supervision and at the discretion of the attending physician. The student will professionally interact with other members of the health care team and should develop an understanding of their scope of practice and contributions to patient care. The student will gain understanding of the role of the subspecialty surgeon as part of a care team. Student may choose rotations in: General Surgery, Orthopedics, ENT, Ophthalmology, Surgical Critical Care, Trauma Surgery, Neurosurgery, Urology, CV/Thoracic Surgery, Anesthesiology, Vascular, or Transplant.

### **COM 707: 1 Block of Internal Medicine Selective-1**

**10 Credits**

These clinical experiences are designed to allow the student to choose a rotation that meets their learning goals. This rotation can be completed either in the in-patient or out-patient environment with a general internist or any internal medicine sub-specialist. These clinical experiences emphasize more definitive interventions and treatment of the acutely ill patients. The student will demonstrate the ability to provide a comprehensive evaluation of the patient, search current evidence-based literature relating to the patient's status, evaluate complex diagnoses, design treatment plans for complex pathologies involving multiple systems, and provide advanced care which leads to stabilization and health.

Students may choose from rotations in: General Internal Medicine, Allergy/Immunology, Critical Care Medicine, Geriatrics, Gastroenterology, Cardiology, Hospitalist Service, Nephrology, Pulmonology, Neurology, Infectious Disease, Hematology/Oncology, Endocrinology, and Rheumatology. Students are highly encouraged to do this selective in a hospital-based medicine rotation.

## **Electives in Third Year**

### **COM 702 and 703: Two Blocks of Electives**

**10 Credits Each**

Students during their OMS-III year will be able to choose two blocks of electives. Electives provide a measure of individuation to the undergraduate medical education, allowing students the opportunity to gain insight and experience into the vast array of medical experiences as they relate to each student's interest. They provide students the opportunity to rotate at sites outside of core locations affiliated with ARCOM and acquire knowledge of differing approaches to the practice of medicine within varying disciplines. Clinical elective rotations must be in a field that has an associated board certification (i.e.: a student may do an elective in OMM but not in Acupuncture). Student may not do more than two electives with the same preceptor and may not do more than two electives in the same discipline.

### **COM 701: One Block Elective**

**10 Credits Each**

Non-clinical rotations can include four weeks of research, health policy, anatomic sciences, faculty development, or board study. This Elective allows students to explore other areas of medicine beyond the clinical realm. The Learning Objectives for the Non-Clinical Elective would be dependent on the Elective chosen. The student must identify a Faculty Advisor and together fill out the Non-Clinical Elective Form which outlines the learning objectives and assessments that will be required.

## **Osteopathic Medical School – Year Four (OMS-IV)**

The OMS-IV core curriculum, like OMS-III, includes an educational curriculum established by the COM and developed by the faculty. The curriculum is designed to ensure that all students obtain the minimal competencies required to move into GME. The curriculum is designed to cover components of each discipline not previously covered and which are more applicable to preparation for clinical practice. Due to



the diversity of rotations allowed, it may not be inclusive of all aspects of any discipline. The required curriculum, in addition to the clinical experience provided at the rotation site, consists of assigned reading requirements from a designated text and faculty selected journals, the completion of online case-based clinical modules providing procedure logs, and the completion of assigned study in OPP/OMM topics correlated with the rotation.

The student should expect to spend one-to-two hours daily meeting these requirements of the curriculum as described in the syllabus in addition to reading or study requirements that are developed daily in conjunction with the clinical care of patients assigned by the faculty.

To successfully pass the rotation, each student must pass the preceptor's evaluation of the student, their end of rotation examination (if applicable), online modules, and procedure/OMM logs. Students must document 10 (ten) OMM procedures during their OMS-IV year.

Elective rotations are pass/fail and the grade is determined by the preceptor evaluation only; there is no end-of-rotation examinations.

Required rotations during the OMS-IV year include Community Hospital (two blocks), Rural Primary Care, Emergency Medicine, one Internal Medicine Selective, one Surgery Selective, one "Other" Selective, and three (3) Elective rotations. Selective rotations must occur with ARCOM credentialed faculty, whereas Electives may be with a physician of the student's choosing.

The core rotation requirements for OMS-IV students serve to function as a "sub-internship" and are designed to further refine clinical medicine and patient care knowledge and skills in preparation for graduate medical education. Students will be expected to assume additional responsibility and expand their volume of patient care activities during this portion of their education.

#### **COM 804 and 805: Two Blocks of Community Hospital**

**10 Credits Each**

The student will be provided with an opportunity to work in a rural/underserved community hospital. Sites approved include Critical Access or Rural Hospitals, FQHC in rural or urban areas that provide service to underserved populations, Native American facilities, etc. The student will participate in direct patient care under the direct supervision and at the discretion of the attending physician, across all patient settings. The student will professionally interact with other members of the health care team and should develop an understanding of their scope of practice and contributions to patient care. During this rotation, students will be expected to follow patients through their hospital course. They will also gain experience in quality measures and patient safety through interaction with appropriate hospital committees or quality assurance and patient safety personnel.

#### **COM 808: One Block of Rural Primary Care**

**10 Credits**

The rotation may be at rural primary care office, community health center, medical mission, public health departments, etc. All students must complete one rotation at an underserved clinical site that provides diverse and comprehensive services for underserved and underrepresented patients. Acceptable locations include Rural primary care physician (Family Medicine, Internal Medicine, or Pediatrics), Community Health Care Centers in rural and urban-underserved settings, Correctional Centers, Native American Clinics and Public Health Clinics, etc.

The delivery of quality medical care in health systems with wide diversity of patient types and varying degrees of resources is the focus of the curriculum for this rotation in underserved care. Training and experience in these settings is felt to be important to produce physicians who have the confidence and skill to practice in the rural and remote regions of our country, and in international or missionary settings. This rotation provides students with the opportunity to experience medicine in rural and underserved

environments while providing care for otherwise underserved populations. The student often must utilize the knowledge and skills of a diverse health care team where many of the high-tech tools of medicine are not available. In this environment, students advance their abilities in patient care on the basis of their medical history, communication, physical exam, and clinical medicine skills. Participants will be given robust curricular opportunities for procedural skills in medicine and surgery that will better prepare them for residency training and practice. The curriculum places an emphasis on preventive medicine, population-based care, and public health subjects.

The student will work a rural primary care physician(s) across all patient settings. The student will participate in direct patient care under the direct supervision and at the discretion of the attending physician. The student will professionally interact with other members of the health care team and should develop an understanding of their scope of practice and contributions to patient care. The student will gain an understanding of the role of the physician as a primary care provider in a rural setting with limited resources and consultative services. This will allow them to see a broader depth of practice than is typical in an urban setting.

**COM 810: One Block of Emergency Medicine**

**10 Credits**

The 4-week required Emergency Medicine rotation allows students to concentrate on the care of the acutely ill or injured patient. Students will be working under the supervision of residents and attending physicians, alongside other members of the health care team in institutional settings. The ability to rapidly assess the patient, reach a diagnosis, provide interventions and stabilizing care are hallmark features of the rotation. During this rotation each student's experience will include day, night, week days, and weekend experiences during the four weeks of the service (will be scheduled by the supervising physician). The ability to work in a high intensity, team-based environment, to evaluate information and make decisions, to problem solve, and to establish a relationship with the patient rapidly and effectively are critical to successful completion of the rotation. Exposure to a variety of procedures is also emphasized during this rotation. The student will also have Interprofessional Experiences through such opportunities as: attending committee meetings, EMS ride-alongs, and doing a shift with a nurse/tech so that the student can better understand the entirety of the care that is delivered and the roles of the care team.

**COM 809: 1 Block Surgery Selective-2 (OMS 4)**

**10 Credits**

Students will rotate in a Surgical Subspecialty. This will expand the student's knowledge base by direct interaction with surgeons who are board certified in their respective surgical specialty. The Surgical Selectives that are available for the student are ambulatory or hospital based and require the student to have continuity with the patient for period of time. They are all designed to require the student to demonstrate evaluation, decision-making, and management skills. The student will demonstrate the ability to design both interventional and conservative treatment plans and provide care for the patient. The rotations are not intended to produce the level of knowledge, skill and competencies required of a skilled surgeon in any of the disciplines. They place an emphasis on the pre- and post-operative evaluation and care of the patient and not the skills required for the intraoperative treatment of the patient. The student will participate in direct patient care under the direct supervision and at the discretion of the attending physician. The student will professionally interact with other members of the health care team and should develop an understanding of their scope of practice and contributions to patient care. The student will gain understanding of the role of the subspecialty surgeon as part of a care team. Student may choose rotations in: General Surgery, Orthopedics, ENT, Ophthalmology, Surgical Critical Care, Trauma Surgery, Neurosurgery, Urology, CV/Thoracic Surgery, Anesthesiology, Vascular, or Transplant.

**COM 807: 1 Block of Internal Medicine Selective-2**

**10 Credits**

These clinical experiences are designed to allow the student to choose a rotation that meets their learning goals. This rotation can be completed either in the in-patient or out-patient environment with a general internist or any internal medicine sub-specialist. These clinical experiences emphasize more definitive interventions and treatment of the acutely ill patients. The student will demonstrate the ability to provide a

comprehensive evaluation of the patient, search current evidence-based literature relating to the patient's status, evaluate complex diagnoses, design treatment plans for complex pathologies involving multiple systems, and provide advanced care which leads to stabilization and health.

Students may choose from rotations in: General Internal Medicine, Allergy/Immunology, Critical Care Medicine, Geriatrics, Gastroenterology, Cardiology, Hospitalist Service, Nephrology, Pulmonology, Neurology, Infectious Disease, Hematology/Oncology, Endocrinology, and Rheumatology. Students are highly encouraged to do this selective in a hospital-based medicine rotation.

**COM 806: Other Selective (Medicine or Surgery)**

**10 Credits**

During this four-week rotation, OMS-IV students may choose from: Radiology, Dermatology, Pathology, or another Surgery or Medicine Selective

**COM 801, 802, 803: Three blocks of Electives**

**10 Credits Each**

Students during their OMS-IV year will be able to choose three blocks of electives. Electives provide a measure of individuation to the undergraduate medical education, allowing students the opportunity to gain insight and experience into the vast array of medical experiences as they relate to each student's interest. They provide students the opportunity to rotate at sites outside of core locations affiliated with ARCOM and acquire knowledge of differing approaches to the practice of medicine within varying disciplines. These rotations can be clinical and non-clinical. Non-clinical rotations can include four weeks of research, health policy, anatomic sciences, or medical outreach. Clinical elective rotations must be in a field that has an associated board certification (i.e.: a student may do an elective in OMM but not in Acupuncture). These rotations often become audition rotations, these clinical experiences allow students to demonstrate to Program Directors, clinical faculty, and DME's their interest and abilities while seeking selection for GME training. Students may not do more than two electives with the same preceptor and may not do more than two electives in the same discipline. Electives in domestic locations must be approved a minimum of 90 days in advance by the Office of Clinical Education. All elective faculty must be appointed by ARCOM and meet the administrative criteria established by ARCOM.