

2026-2027

Academic Catalog

COLLEGE OF OSTEOPATHIC MEDICINE EDITION



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Title IX, discrimination, harassment, and retaliation complaints may be directed to the Director of Human Resources, who serves as the University’s Title IX Coordinator. The Human Resources Office is located on the sixth floor of the Collaboration Building at 20 Dudley Street, Memphis, TN 38103. The Director of Human Resources may be contacted at (901) 572-2445 or HR@BaptistU.edu. Section 504/ADA accommodation requests and disability-related concerns may be directed to the Section 504/ADA Coordinator at (901) 572-2570 or Access.Services@BaptistU.edu.

Baptist Health Sciences University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate, baccalaureate, and doctoral degrees. Questions about the accreditation of Baptist Health Sciences University may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges, 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC’s website (www.sacscoc.org). The purpose of publishing SACSCOC’s contact information is to enable interested constituents to:

- learn about the accreditation status of the institution

- file a third-party comment at the time of the institution's decennial review
- file a complaint against the institution for alleged noncompliance with a SACSCOC standard

It is not intended for general inquiries about admissions, financial aid, or academic programs.

Disclaimer: Baptist Health Sciences University reserves the right to change, remove, or supplement any material contained in this Catalog as necessary and at any time. Any changes, removals, or supplementation to the Catalog shall apply to both current and new students. Once a student withdraws or is dismissed from Baptist University, the student has one term from the date of withdrawal or dismissal to exercise any rights granted by this Catalog.

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Students demonstrate personal wellness and resilience by completing structured lifestyle medicine education, developing, and enacting an individualized wellness plan, and applying holistic wellness principles to patient counseling in clinical contexts. Achievement is evidenced through satisfactory performance on assessments and the personal wellness plan, completion of wellness-related service-learning projects, performance on standardized patient encounters that include health promotion and counseling components, and clinical rotation evaluations documenting competent, patient-centered wellness and preventive care across core and selective clerkships.	62
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GREETING FROM THE BUCOM DEAN

Welcome to Baptist University College of Osteopathic Medicine. Our faculty, staff, and students welcome all those who possess a servant's heart, a scientist's curiosity, an owner's mind, and the desire to improve the lives of others through the practice of osteopathic medicine.

The faculty, staff, and administration of Baptist University College of Osteopathic Medicine are committed to honoring and advancing the culture of Baptist Health Sciences University as a faith-based institution as well as the philosophy and heritage of the osteopathic profession. We believe in the body's inherent ability for wellness, a patient-centered approach to the practice of medicine, and a philosophy of medical care that embraces the body, mind, and spirit. Our primary goal is to train physicians who exhibit the compassion, devotion and excellence that we feel is best personified by the Great Physician, Jesus Christ.

As educators and medical professionals, we strive to advance medical knowledge, the practice of medicine, the health and wellness of our patients, equitable access to quality medical care by all individuals, and the promotion of health policy that advances healthcare in our nation and throughout the world. We strive to train physicians who will emphasize preventive medicine, wellness, primary care, and community-based practice, but who will be prepared to succeed in any discipline or graduate medical education program. We designed our curriculum to provide our students with the skills required to remain lifelong learners, the desire to contribute to the advancement of medical knowledge, and the passion to serve their patients throughout their professional careers.

Recognizing the needs of underserved populations in the Mid-South region, the United States and around the globe, we recruit students who put the patient first and then design local outreach events and international medical opportunities to kindle a passion for disadvantaged patients and give them the experience of reaching these people with needed medical care.

The task of becoming an osteopathic physician is educationally and personally demanding. At your core, if you have a servant's heart, if you possess a strong commitment and passion to enhance the lives of others, and if you have the motivation, work ethic, and personal responsibility that the curriculum and profession demand, the personal and professional rewards that you experience will far exceed the cost.

If you share the qualities that we seek, you will find kindred spirits and lifelong partners here at Baptist University College of Osteopathic Medicine.

Peter A. Bell, DO

Peter A. Bell, DO, MBA, HPF, FACOEP-dist, FACEP

Vice Provost and Dean

FACULTY AND STAFF AWARDS

The Faculty and Staff awards recognize and honor outstanding BUCOM faculty and staff who demonstrate excellence in teaching, mentorship, and commitment to student success. These awards acknowledge individuals who foster a dynamic and supportive learning environment, as selected by the students they serve. There are four categories: Biomedical Sciences Faculty of Year, Clinical Sciences Faculty of the Year, Osteopathic Principles & Practice Faculty of Year, and Staff of the Year. The awards are voted on by the current student body.

2025-2026 AWARDEES

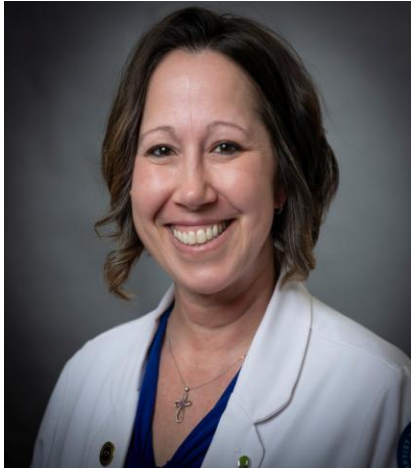
Biomedical Sciences Faculty of the Year – Dr. Sarah Stevens, PhD



Clinical Sciences Faculty of the Year – Dr. Ryan Costello, DO



Osteopathic Principles & Practice Faculty of Year – Dr. Amanda Robinson, DO



Staff of the Year – Tia Kofahl, MEd



BUCOM ACADEMIC CALENDAR 2026-2027

FALL SEMESTER 2026 OMS-1 and OMS-2

Date	Event
July 23, 2026	Tuition and Fee Payment Deadline
July 24, 2026	Late Tuition and Fee Payment Assessment
July 27-31, 2026	Orientation Week (OMS-1)
August 1, 2026	White Coat Ceremony
August 3, 2026	Fall COM Semester begins
August 10, 2026	Last Day to Add/Drop for the Semester, Census Date
September 7, 2026	Labor Day: NO CLASSES
September 14, 2026	Convocation
October 9, 2026	Last Day to Withdraw from COM Semester with grade of "W"
October 15-17, 2026	Fall Break: NO CLASSES
November 6, 2026	Last Day to Withdraw from COM Semester with grade of "WP"
November 9-13, 2026	Registration for Spring Semester
November 25-27, 2026	Thanksgiving Break. ½ day Wednesday; Thursday/Friday: NO CLASSES
December 11, 2026	Fall COM Semester ends.
December 14, 2026	Final Grades Due to Registrar

SPRING SEMESTER 2027 OMS-1 and OMS-2

Date	Event
December 30, 2026	Tuition and Fee Payment Deadline
December 31, 2026	Late Tuition and Fee Payment Assessment
January 4, 2027	Spring COM Semester begins
January 11, 2027	Last Day to Add/Drop for the COM Semester
January 18, 2027	Dr. Martin Luther King Jr. Day: NO CLASSES
February 22, 2027	Last Day to Remove the grade of "I" from prior Fall
March 12, 2027	Last Day to Withdraw from COM Semester with grade of "W"
March 22-26, 2027	Spring break for COM Semester. NO CLASSES
April 9, 2027	Last Day to Withdraw from COM Semester with grade of "WP"
May 21, 2027	COM Spring Semester ends.
May 24, 2027	Final Grades Due to Registrar.

SUMMER TERM 2027 OMS-1 and OMS-2

Date	Event
June 3, 2027	Tuition and Fee Payment Deadline
June 4, 2027	Late Tuition and Fee Payment Assessment
June 7, 2027	Summer term begins (Remediation; Summer research)
June 9, 2027	Last Day to Add/Drop for the Summer Term
June 25, 2027	Last Day to Withdraw from Summer Term with grade of "W"
July 2, 2027	Last Day to Withdraw from Summer Term with grade of "WP"
July 16, 2027	COM Summer Term ends
July 19, 2027	COM Summer Final Grades Due to Registrar
July 30, 2027	Last Day to Remove the Grade of "I" from prior Spring.
July 30, 2027	Last Day to Remove the Grade of "NR" from prior Fall/Spring

FALL SEMESTER 2026 OMS-3

Date	Event
July 2, 2026	Tuition and Fee Payment Deadline
July 3, 2026	Late Tuition and Fee Payment Assessment
July 6-17, 2026	Orientation – On Campus
July 13, 2026	Last Day to Add/Drop
July 13, 2026	Census Date
July 20 – 24, 2026	Relocation Week
July 27-31, 2026	Clinical Orientation (specifics determined by site)
August 3, 2026	Fall Semester Clinicals Begin
September 11, 2026	Last Day to Withdraw from COM Semester with grade of "W"
October 9, 2026	Last Day to Withdraw from COM Semester with grade of "WP"
November 9-13, 2026	Registration for Spring Semester Clinicals
December 18, 2026	Fall COM Semester ends
December 21, 2026	Final Grades Due to Registrar

SPRING SEMESTER 2027 OMS-3

Date	Event
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December 30, 2026	Tuition and Fee Payment Deadline
December 31, 2026	Late Tuition and Fee Payment Assessment
January 4, 2027	Spring COM Semester Clinicals Begin
January 11, 2027	Last Day to Add/Drop
January 11, 2027	Census Date
March 12, 2027	Last Day to Withdraw from COM Semester with grade of "W"
April 9, 2027	Last Day to Withdraw from COM Semester with grade of "WP"
June 18, 2027	Last Day to Remove the Grade of Incomplete "I" or Need Remediation "NR" from prior Fall
June 18, 2027	COM Spring Semester ends.
June 22, 2027	Final OMS-3 Grades Due to Registrar

GENERAL INFORMATION

TERMS AND DEFINITIONS FOR THE ACADEMIC CATALOG

The terms "student" or "learner" refer to a person enrolled in any course offered by BUCOM.

1. The terms "professor," "faculty," or "instructor" refer to any person authorized by the University to hold and teach a BUCOM-sponsored class or precept a student during either on- or off-campus clinical practice experiences.
2. As used in this Catalog, the term "University" means "Baptist Health Sciences University (BHSU)." The term "College" refers to the Baptist University College of Osteopathic Medicine (BUCOM).
3. The word "day(s)" refers to official school/business days, not inclusive of holidays or weekends. The exception to this is applicable to days identified in the policies regarding Leave of Absence, Withdrawal, Suspension, and Grievance, in which case "days" refer to calendar days, not school/business days. This distinction is clarified in the corresponding sections by utilizing the term "calendar" days.

CATALOG CHANGES AND REVISIONS

This Catalog is not intended to be a contract or part of any contractual agreement between BUCOM and students. The University or College administration may make changes to the content of the Catalog at any time. Wherever possible, notice of anticipated changes will be given to the students in advance of implementation. Each new addition of the Catalog supersedes all previous versions, documents, and directives where they may be in conflict. Neglecting to read the Catalog and to be familiar with the rules, policies, and procedures contained within does not excuse students from complying with established guidelines.

Students entering the BUCOM DO program are identified through a Catalog year, whereby matriculation in any year is linked with that year's catalog. Students are responsible for the degree requirements for

the academic year in which they enter the University. Any student whose continuous enrollment at the University is interrupted by a semester or more shall be subject to the graduation requirements in the Catalog/Student Handbook in effect at the time of readmission. The BUCOM Dean, in consultation with the University Registrar, must approve any exception to this policy.

COMMON ABBREVIATIONS

ALP	Alternate Learning Plan
AOA	American Osteopathic Association
BCRI	Baptist Clinical Research Institute
BHSU	Baptist Health Sciences University
BUCOM	Baptist University College of Osteopathic Medicine
CC&U	Commission on Colleges and Universities
COCA	Commission on Osteopathic College Accreditation
COM	College of Osteopathic Medicine
COMAT	Comprehensive Osteopathic Medical Achievement Test
COMLEX-USA	Comprehensive Osteopathic Medical Licensing Examination
COMSAE	Comprehensive Osteopathic Medicine Self-Assessment Examination
DO	Doctor of Osteopathic Medicine
IS	Integrated Sciences
MSPE	Medical Student Performance Evaluation (i.e., Dean's Letter)
NBOME	National Board of Osteopathic Examiners
OMM/OPP	Osteopathic Manipulative Medicine/Osteopathic Philosophy and Principles
OMS-1	Osteopathic Medical Student First Year
OMS-2	Osteopathic Medical Student Second Year
OMS-3	Osteopathic Medical Student Third Year
OMS-4	Osteopathic Medical Student Fourth Year
OS	Organ Systems
PCC	Physician Core Competencies
PCM	Principles of Clinical Medicine
RP	Research Principles
SARA	State Authorization Reciprocity Agreement
SACSCOC	Southern Association of Colleges and Schools Commission on Colleges
SPC	Student Progress Committee
ST	Special Topics
VPMSA	Vice President for Enrollment Management and Student Affairs

SECTION 1: BACKGROUND

HISTORY OF BAPTIST HEALTH SCIENCE UNIVERSITY (BHSU)

Baptist Health Sciences University prepares graduates for careers of service and leadership by providing a comprehensive health sciences education within an integrated environment of learning and Christian principles.

Grounded in Christian principles and building on the legacy of education since 1912, BHSU is a private, specialized institution focusing on health science education. The University seeks to attract a diverse population of students who share commitments to Christian values and ethics, academic excellence, and lifelong professional development. Learning takes place not just in the classroom setting, but in some of the finest medical facilities available. Our curriculum includes both general and health studies, as well as major-specific coursework to prepare competent and caring health care professionals.

In partnership with Baptist Memorial Health Care, BHSU extends the learning environment beyond the classroom to include experiences found in real world health care settings throughout the Mid-South.

We believe our graduates have tremendous opportunities to extend Christ's work of compassionate healing, as noted with the words "Higher Education with a Higher Purpose" on our university seal. If you would like to make a difference in the lives of others, BHSU is here to help you achieve your dreams.

UNIVERSITY MISSION

Baptist Health Sciences University prepares graduates for careers of service and leadership by providing a comprehensive health sciences education within an integrated environment of learning and Christian principles.

UNIVERSITY VISION

To be distinguished regionally for innovation and excellence in health sciences education which prepares graduates to transform health care.

HISTORY OF BAPTIST UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE (BUCOM)

BUCOM was founded in 2021 by BHSU to bring osteopathic medicine training to West Tennessee and our contiguous regions. The goal is to train caring, competent, holistic osteopathic physicians who wish to practice in hospitals and communities that make up the Baptist catchment area. We have a goal of training physicians from rural and underserved areas, bringing a healthcare workforce to places that may not have benefited from this in the past. Leveraging the significant resources of both the Baptist Memorial Healthcare System and BHSU, BUCOM's goal is to improve the health of our community while developing a pipeline for future primary care specialists through comprehensive and learner-centered education.

BUCOM MISSION

The mission of BUCOM is to provide an exemplary model of education that prepares physicians who integrate the art and science of healing with their faith, calling, and pursuit of excellence.

BUCOM prepares future physicians and scientists who are committed to improving the health of the diverse populations in the Mid-South Region of Tennessee, Arkansas, and Mississippi, with a special

emphasis on primary care in underserved urban, and rural areas. To advance this mission, BUCOM will develop clinically skilled, compassionate, and culturally competent physicians from diverse backgrounds who are grounded in osteopathic philosophy and practices, and who are ready to meet the future healthcare workforce needs. BUCOM will advance research, innovation, and discovery to improve health and solve current and future medical challenges.

BUCOM VISION

The vision of BUCOM is to be distinguished regionally, nationally, and globally for excellence and innovation in osteopathic medical health education, which prepares graduates to transform health care through exceptional patient-centered care.

SHARED UNIVERSITY and BUCOM VALUES

The shared values of our learning community are:

Integrity: We model high ethical standards in all aspects of learning, teaching, service, and business.

Professionalism: We provide an environment that promotes the competence, character, and commitment of faculty, staff, and students to their careers and vocations.

Service as an expression of Christian values: We foster a Christian environment where servant leadership is modeled in all aspects of learning, teaching, service, and business.

Continuous Improvement: We strive to be innovative and promote ongoing assessment to achieve organizational and personal excellence.

OSTEOPATHIC MEDICINE

M.D. and DO physicians have unrestricted licenses, which permit them to practice in all 50 US states. Both physician types are extensively trained in biomedical sciences and evidence-based patient care. The focus of osteopathic training goes beyond this, however, to emphasize holistic care that centers on wellness, disease prevention, and promoting health. Osteopathic physicians embrace the relationship between physical structure and function, with the body representing an interdependent unit rather than simply a collection of organ systems.

While DOs represent all medical and surgical specialties within the medical profession, there is a special focus on primary care. Training primary care, community-based physicians, and a desire to extend opportunities to rural, minority, geriatric, and indigent populations make both osteopathic medicine and BUCOM unique. BUCOM's aim is to produce residency-ready graduates with a desire to serve rural and underserved communities in the Mid-South. Improving both educational opportunities and improved, holistic health for our region is the goal.

AMERICAN OSTEOPATHIC ASSOCIATION

The American Osteopathic Association (AOA) is the professional organization representing the more than 150,000 DO and osteopathic medical students in the United States. AOA serves as the primary certification path for DOs, accredits osteopathic medical schools through the Commission on Osteopathic College Accreditation (COCA), and has federal authority to accredit hospitals and other

health care facilities. The AOA endorses these shared goals (<https://osteopathic.org/>):

- Promote and protect the rights of osteopathic physicians
- Support efforts for DOs to provide quality and cost-effective care to all Americans
- Emphasize the distinctiveness of osteopathic principles and the diversity of the profession
- Collaborate with others to advance osteopathic medicine
- Enhance the value of AOA membership

AOA CODE OF ETHICS

The American Osteopathic Association (AOA) has authored a Code of Ethics to help guide osteopathic physicians and students. Standards elaborate on an osteopathic physician's ethical and professional responsibilities to patients and society, to the AOA, and to all people involved in the healthcare system.

SECTION 1. The physician shall keep in confidence whatever she/he/they? 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/their physician. The physician must have complete freedom to choose patients whom she/he/they will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity, or disability. In emergencies, a physician should make her/his/their 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/they withdraw from the case so that another physician may be engaged.

SECTION 5. A physician should make a reasonable effort to partner with patients to promote their health and shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

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

SECTION 7. Under the law a physician may advertise, but no physician shall advertise or solicit patients directly and/or indirectly using matters or activities that are false and/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 they are licensed on the basis of that degree in the state

or other jurisdiction in which they practice. A physician shall designate her/his/their professional degree in all professional uses of her/his/their 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/they believe it is in the best interest of the patient.

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

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

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

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

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

SECTION 15. It is considered sexual misconduct for a physician to have sexual contact with any patient with whom a physician-patient relationship currently exists.

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

SECTION 17. From time to time, the 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/themselves or his/her/their 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, participation as either 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.

OSTEOPATHIC OATH

The AOA formally adopted their osteopathic oath in 1954

(<https://osteopathic.org/about/leadership/aoa-governance-documents/osteopathic-oath/>).

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, and not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.

PROGRAM ACCREDITATION

Osteopathic medical schools are accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (COCA), recognized to accredit osteopathic medical education by the U.S. Department of Education. BUCOM has met the standards set in place by COCA and currently has pre-accreditation status.

Contact information for COCA:

Commission on Osteopathic College Accreditation
142 East Ontario Street
Chicago, IL 60611-2864
predoc@osteopathic.org
Department of Accreditation: (312) 202-8124

INSTITUTIONAL ACCREDITATION: SACSCOC*

Baptist Health Sciences University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate, baccalaureate, and doctorate degrees. Questions about the accreditation of Baptist Health Sciences University may be directed to the Southern Association of Colleges and Schools Commission on Colleges. Normal inquiries about the institution, such as admission requirements, financial aid, educational programs, etc., should be addressed directly to the institution and not to the Commission's office.

* Effective on September 1, 2026, SASCOC will become The Commission on Colleges and Universities “to more accurately reflect the global reach of its operations.”

Contact information for the SACSCOC:

Southern Association of Colleges and Schools Commission on Colleges
1866 Southern Lane
Decatur, GA 30033-4097
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www.sacscoc.org

STATE ACCREDITATION

The Tennessee Code Ann. §49-7-202(d) permits the Tennessee Higher Education Commission (THEC) to “establish and ensure that all postsecondary institutions in this state cooperatively provide for an integrated system of postsecondary education.” The Postsecondary Education Authorization Act of 1974, as provided in Tenn. Code Ann §49-7-2002, authorizes “the granting of degrees, diplomas, certificates or other educational credentials by postsecondary educational institutions and prohibiting the granting of false or misleading educational credentials.” As Baptist Health Sciences University has been domiciled in the state for over 10 consecutive years and meets Tennessee Independent Colleges and Universities Association (TICUA) financial standards for continued accreditation, statutory requirements for it to operate exempt from the Commission’s regulatory oversight were met June 11, 2011. Baptist Health Sciences University retains authorization to operate and offer degrees as an exempt postsecondary institution in Tennessee so long as it continues to meet Tenn. Code Ann. §49-7-2004(a)(6).

CONTINUING MEDICAL EDUCATION ACCREDITATION

The BUCOM Continuing Medical Education (CME) program supports the ongoing professional development of physicians and healthcare professionals through high-quality educational activities. In collaboration with Baptist Memorial Health Care Corporation (BMHCC), BUCOM develops and delivers CME programming designed to enhance clinical knowledge, improve patient care, and address evolving healthcare needs across the region. BUCOM is accredited through the American Osteopathic Association (AOA) to provide Category 1-A osteopathic continuing medical education.

NON-DISCRIMINATION POLICY

It is the policy of the University to maintain an academic and work environment free of discrimination, including harassment. Discrimination, harassment, and retaliation based on race, color, national origin, ethnicity, sex, sexual orientation, gender identity, disability, religion, or age are prohibited in the University’s programs and activities. If you believe you are a victim of discrimination, harassment, and/or retaliation, you may contact Jessy Fowler, Director of Human Resources, Collaboration Bldg., Room 918, 901-572-2445, jessy.fowler@baptistu.edu, and/or file a complaint using the University’s grievance procedures. Information on the grievance procedures can be found in the Student Handbook, Faculty & Staff Handbook, and on the University website at <https://www.baptistu.edu/campus-life/student-policies>.

BUCOM also weighs personal history and fitness to practice medicine in its admissions and retention decisions. Specifically, the BUCOM requires compliance with its Technical Standards (listed under Admissions in this catalog) to be qualified for educational programs. Qualified students have the

opportunity to request accommodation (Access Services may be found at <https://www.baptistu.edu/campus-life/student-services/access-services>). Decisions based on failure to meet its standards may be appealed.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

BHSU complies with the Family Educational Rights and Privacy Act (FERPA) of 1974. Student rights covered by this Act include the right to:

- Inspect and review information contained in educational records. Request amendment of educational records.
- Consent to disclosure, with certain exceptions specified in the Act.
- Secure a copy of the University policy.
- File complaints with the Department of Education concerning alleged failure to comply with this Act.

The policy statement and procedure for accessing records is included in the Student Handbook.

CONSUMER PROTECTION

Complaints relating to quality of education or accreditation requirements shall be referred to the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). (<https://sacscoc.org/app/uploads/2020/01/ComplaintPolicy-1.pdf>)

Complaints related to the application of state laws related to approval to operate or licensure of a particular professional program within a postsecondary institution shall be referred to the appropriate State Board (i.e. State Boards of Health, State Board of Education, and so on) within the Tennessee State Government and shall be reviewed and handled by that licensing board (<http://www.tn.gov>, and then search for appropriate division).

For students attending programs in Tennessee, complaints related to state consumer protection laws (e.g., laws related to fraud or false advertising) shall be referred to the Tennessee Division of Consumer Affairs and shall be reviewed and handled by that Unit [<http://www.tn.gov/consumer>].

Complaint Resolution Policies and Procedures for Non-Tennessee Resident Students in State Authorization Reciprocity Agreement States, commonly known as SARA.

- Student complaints relating to consumer protection laws that involve distance learning education offered under the terms and conditions of the State Authorization Reciprocity Agreement (SARA), must first be filed with the institution to seek resolution.
- Complainants not satisfied with the outcome of the Institution's internal process may appeal, within two years of the incident about which the complaint is made, to the Tennessee Higher Education Commission <https://www.tn.gov/thec/for-institutions/postsecondary-state-authorization/request-for-complaint-review.html>.
- For purposes of this process, a complaint shall be defined as a formal assertion in writing that the terms of SARA or the laws, standards or regulations incorporated by the SARA Policies and Standards (<http://www.nc-sara.org/content/sara-manual>) have been violated by the institution operating under the terms of SARA.

ACCREDITATION COMPLAINT POLICY AND PROCEDURE FOR COMMISSION OF OSTEOPATHIC COLLEGE ACCREDITATION (COCA)

COCA is committed to ensuring that member institutions maintain appropriate grievance procedures and standards of procedural fairness and that these are applied appropriately and consistently. BUCOM has a published policy and procedure that addresses its confidential accreditation standard complaint resolution process. The policy includes how complaints can be filed, how complaints are investigated and resolved using a standardized adjudication process, how retaliation is not tolerated, and how records are retained. The established accreditation standard complaint filing process includes a system for filing confidential complaints with the COCA and provides contact information.

Complaints will be resolved through a fair adjudication process, will be treated confidentially, and without any retaliation to the complainant. All records will be maintained for a period of seven years. The procedures set forth below apply only to complaints directly involving BUCOM educational program(s) and non-compliance with relevant accreditation standards. It neither addresses nor precludes complaints under other Baptist Health Sciences University policies or procedures (e.g., the Honor Code, the Code of Conduct, the Sexual Assault Policy, the Policy against Sexual Harassment and Discrimination, etc.). The Dean may consult with legal counsel as needed based on the nature of the complaint. Complaints not directly implicating non-compliance with accreditation standard(s) or not governed by other policies listed above should be addressed to:

- The Director of Admissions and Student Affairs if the complaint involves student behavior;
- The department chair, director, senior associate dean, or dean if the complaint involves a faculty member; or
- The appropriate supervisor if the complaint involves the behavior of a staff member.

For students wishing to file a complaint, the Assistant Dean of Assessment and Accreditation, is available to provide counsel and direction. For employees wishing to file a complaint, the HR department is available to help. If an individual has an accreditation-related concern and wishes to file a formal complaint regarding non-compliance of the COM's educational program, the individual should submit the complaint in writing to the dean. If the complaint directly involves the dean, the complaint may be submitted to Baptist Health Sciences University (BHSU) Provost. A written complaint may be submitted to the appropriate office in person, sent by registered U.S. mail, or e-mailed from the employee or student's official BHSU account.

Employees and students also have the option to file a complaint regarding a COCA accreditation standard directly to the COCA. The written complaint should name the specific accrediting agency and list the specific accreditation standard(s) which is in suspected non-compliance. It should describe in detail the circumstances of the matter and explain how BUCOM is not adhering to the accreditation standard(s). The complainant must provide their name and official email address to allow further communication about the complaint. If the complaint is sent by registered U.S. mail, it must also include the student or employee's local mailing address. All written complaints must be dated and signed. A complaint submitted by e-mail is deemed to be signed by the employee from whose e-mail account the complaint is submitted. BUCOM will protect the integrity and validity of the accreditation complaint review process by maintaining appropriate confidentiality and approaching the investigation from the context of impartial discovery.

Process of Adjudication and Resolution

The dean to whom the complaint is submitted will acknowledge receipt within five (5) business days of receipt of the written complaint. That acknowledgement will be made via email sent to the complainant's official BHSU account. The dean may delegate responsibility for investigating the complaint, responding to the complaint, or resolving the matter to a designated administrator, faculty, or staff member. Once the initial complaint has been formally acknowledged by email, the dean or their designee will respond to the complainant no later than ten (10) business days after acknowledged receipt of the complaint. The written response involves a substantive response to the complaint, information about what steps are being taken to address the complaint or planned further investigation of the complaint. If further investigation is needed, the complainant will be informed of the steps being taken. Upon completion of the investigation, a written response will be provided to the complainant within ten (10) business days through their BHSU official email.

Appeal Process

The individual filing the complaint may appeal the dean's decision within ten (10) business days of when the response is issued. The appeal shall be to the Provost of BHSU. The appeal must be in writing, directly addressed to the Provost, signed by the individual, and thoroughly explain the basis for the appeal. All evidentiary documents must be provided. The Provost or designee will acknowledge receipt of the appeal within five (5) business days via email. The Provost will adjudicate the appeal and send a response by email within fifteen (15) business days after acknowledged receipt of the appeal. The Provost may request additional information and/or an interview which must be conducted within five (5) business days. The decision of the BHSU Provost shall be final.

Retention of Records

A record of each complaint and its resolution, including any decision on appeal, shall be retained by the office of the BHSU President for a period of seven years.

Non-Retaliation

BHSU/BUCOM adheres to a non-retaliation policy that protects any individual making a complaint. BHSU/BUCOM will not permit any employee or student to retaliate in any manner. Any form of retaliation or retribution by a student or employee towards a complainant or other involved party is strictly prohibited.

Filing a Complaint to the Accrediting Agency

If the complaint resolution process is not handled appropriately by BUCOM, or if the outcome of the complaint(s) is not satisfactory, the complainant has the option to file a confidential complaint directly to the accrediting agency. Complaints should: (1) be against an accredited educational program or program in candidacy status; (2) relate to a specific accreditation standard(s); (3) include documentation showing that the institutional complaint process was completed; and (4) provide explicit reasons why the institutional complaint process was unsatisfactory. All complaints must be submitted in writing and sent to the appropriate accrediting agency listed below. The complainant's name and contact information must be included. [COCA-Complaint-Form.pdf](#) (osteopathic.org)

Contact information for COCA:

Commission on Osteopathic College Accreditation
142 East Ontario Street
Chicago, IL 60611-2864
Department of Accreditation: (312) 202-8124

SECTION 2: ADMISSIONS

ADMISSION REQUIREMENTS

BUCOM seeks academically well-prepared, highly motivated graduate students who are committed to improving the health of the diverse populations in the Mid-South Delta Region of Western Tennessee, Eastern Arkansas, and Northern Mississippi with special emphasis on primary care in urban, underserved, and rural areas. The number of applicants admitted to the DO program at BUCOM during any academic year is limited. Thus, the admission and selection process is competitive. The criteria outlined are minimum criteria for consideration of an applicant, but in no way guarantee admission. Students must meet the minimum criteria and provide all required paperwork by the published deadlines. Preference may be given to students from rural and/or underserved environments that are more likely to advance the mission and goals of BUCOM, especially those from Arkansas, Mississippi, Tennessee, and other Mississippi Delta regions.

CRITERIA FOR ADMISSION

In support of the educational mission of BUCOM, applicants must meet the following admission criteria:

Residency requirements: Applicants must be either a United States citizen or a Permanent Resident.

Degree: An earned bachelor's degree or higher or a minimum of completion of 75% of the credits needed for a baccalaureate degree, at a college or university accredited by an agency recognized by the United States Department of Education.

GPA: Total cumulative and prerequisite GPAs of 3.0 (4.0 grade-point scale) on all collegiate course work. A preferred cumulative GPA of 3.4 or higher demonstrates a greater likelihood for success.

MCAT score: A preferred MCAT score ≥ 504 with no individual section score < 125 suggests greater likelihood of success. MCAT scores must be earned within three years of application to the DO program.

Evidence of proficiency with spoken and written English language: Evidence of English proficiency is a mandatory part of the application process. All BHSU applicants whose native language is not English will be required to submit a TOEFL score as part of their admissions requirement, the test of English as a Foreign Language (TOEFL) score of 550 or above. For Graduate applicants, whose native language is not English and who have completed a post-secondary degree in the United States, the TOEFL will not be required.

UNDERGRADUATE COURSE REQUIREMENTS

An earned total cumulative GPA of 3.0 (4.0 grade-point scale) is required for all the following undergraduate coursework. A preferred cumulative GPA of 3.4 or higher demonstrates a greater opportunity for success.

- **English composition** – 6 semester credit hours
- **Biological Sciences** – 8 semester credit hours with lab, including a general biology or zoology course.

- **Biochemistry** – 3 semester credit hours
- **Inorganic Chemistry** – 8 semester credit hours with lab (8 hours of general/college chemistry will fulfill this requirement)
- **Organic Chemistry** – 8 semester credit hours with lab
- **Physics** – 8 semester credit hours with lab
- **Additional science course work** – 4 semester credit hours with lab. Recommended courses to enhance student success include, but are not limited to, Anatomy, Physiology, Immunology, Cellular Biology, Microbiology, or Genetics.
- **Statistics:** A course in statistics is highly recommended.

Applicants must meet the Technical Standards for admission and continued enrollment, including affirming that they personally meet the standards. Any falsification or misinformation regarding the ability to meet technical standards is grounds for dismissal.

Applicants must submit all required paperwork by the established deadline. If paperwork is not submitted as required, the offer of admission may be retracted.

TECHNICAL STANDARDS FOR MATRICULATION, RETENTION, AND GRADUATION

The Doctor of Osteopathic Medicine degree from BUCOM indicates the holder is a physician who is prepared to enter into supervised practice in a Graduate Medical Education Training Program. Therefore, all applicants and matriculated students possess certain essential abilities and characteristics required for completion of the DO degree that consist of certain minimum physical and cognitive abilities and emotional characteristics to assure that candidates for admission, matriculation, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training, with or without reasonable accommodations.

To be qualified for the DO degree, future training, and subsequent licensure, the candidate must demonstrate competency in five requisite areas: observation and sensory; communication; motor; intellectual-conceptual; and behavioral and social attributes. Students are required to demonstrate said competencies to provide safe and effective medical care in a wide variety of clinical environments.

BUCOM is committed to the admission and matriculation of qualified students and does not discriminate based on race, color, ethnicity, sex, gender, marital status, national or ethnic origin, age, disability, creed, or religion.

Candidates with disabilities can request reasonable accommodation if needed to meet these technical standards by following the University policies and procedures and contacting Access Service (formerly the Office for Disability Services) through their website <https://www.baptistu.edu/campus-life/student-services/access-services>. A candidate must be able to perform these outlined technical standards in an independent manner.

National Board of Osteopathic Examiners (NBOME) technical requirements may have more stringent standards than outlined in this document.

Students who accept an offer of admission from BUCOM will be required to sign an affirmation regarding compliance with the technical standards. Should a student's ability to meet the technical

standards change at any point in the academic program, it is his/her responsibility to report this to the BUCOM Director of Admission and Student Affairs.

Requisite Competency Areas

I. Observation and Sensory

Candidates must be able to acquire a defined level of information in both the clinical and biomedical sciences. Candidates and students must be able to obtain information from demonstrations and experiments in biomedical and basic sciences. Students must be able to assess a patient and evaluate findings accurately. The observation and information acquisition noted above will require candidates to have functional use of visual, auditory, and touch sensations or the functional equivalent.

II. Communication

A candidate must be able to communicate effectively and efficiently, and to observe patients in order to elicit information, detect and describe changes in mood, activity, and posture; perceive nonverbal communications; and establish a therapeutic relationship. A candidate must be able to respectfully communicate effectively, efficiently, and sensitively with patients, their families, faculty, peers, and all other members of the health care team. Communication includes speech, reading, and writing, or the functional equivalent.

III. Motor

Candidates must, after a reasonable period of training, possess the capacity to perform physical examinations and diagnostic maneuvers. They must be able to respond to clinical situations in a timely manner and provide general and emergency care. These activities require some physical mobility, coordination of both gross and fine motor neuromuscular function and balance and equilibrium. Such actions require coordination of gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision or the functional equivalent.

IV. Intellectual

Candidates must possess proficient measurement, calculation, reasoning, and analysis skills. Problem solving, the critical skill demanded of physicians, requires all these intellectual abilities. In addition, candidates and students must be able to comprehend three-dimensional relationships and to understand and be able to work within the spatial relationships of structures. They must have the intellectual capability to increase their fund of information and knowledge base through various media as well as from course materials, scheduled conferences, lectures, rounds, current literature, and journals; and to make appropriate evaluations of clinical circumstances. Analytical problem-solving skills are critical in medicine, and candidates must be able to perform in a timely manner, tasks utilizing such skills.

The practice of medicine encompasses the protection and safety of patients, not just the ability to pass preparatory examinations. Physicians are responsible for those who place themselves into their care and must demonstrate the ability to rapidly process information, make decisions, and perform the appropriate interventions. Certain personal characteristics are expected of a physician. These include integrity, compassion, interpersonal skills, and motivation.

V. Behavioral and Social Attributes

Students must exercise good judgment and act professionally, complete all responsibilities promptly and effectively, attend to the diagnosis and care of patients while maintaining mature, sensitive, and

effective relationships with patients. Students must be able to function effectively under stressful conditions, adapt to changing environments, and function in the face of the uncertainties inherent in the clinical care of patients. Compassion, integrity, empathy, interpersonal skills, interest, and motivation are all personal qualities that will be assessed during the educational process. Candidates and students must display flexibility and a spirit of cooperation with faculty, classmates, and colleagues. Candidates must be able to serve (in an appropriate manner) all persons in need of assistance, regardless of the person's age, class, race, ethnicity, religious affiliation (or lack thereof), gender identification, ability, sexual orientation, and value system.

Participation in Osteopathic Principles and Practice Laboratory and Principles of Clinical Medicine Laboratory Sessions

Full and active participation in Osteopathic Principles and Practice (OPP) and Principles of Clinical Medicine (PCM) Laboratories is a course requirement. During OPP and PCM Laboratories, 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 Neuromusculoskeletal system.

The development of Palpatory skills and 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 of both sexes and instructors of both sexes 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. Good personal hygiene is essential including fingernails which 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.

Dress code in Osteopathic Principles and Practice Laboratories and Principles of Clinical Medicine Laboratories

The dress requirement in clinical skills training sessions is designed to promote learning by providing optimal exposure of the body region being studied for diagnostic observation and Palpatory experience. (Note: body regions typically covered by undergarments will not be exposed or palpated in the OPP and PCM lab setting). Wearing inappropriate clothing interferes with a partner's experience of diagnosis and treatment.

Appropriate attire must be clean and includes:

- Approved shorts with compression short liner which are several inches above the knee - (no
- jean shorts, cut-offs, cargo, thick-seamed shorts, spandex, short shorts, or knee length shorts)
- Approved T-shirts - both genders will be asked to remove t-shirts while acting as patients.
- Sports bra for women - these should allow exposure of the spine and ribs (not wide T-back/racer back styles).
- It is expected that undergarments will be worn under clothing at all times.
- Students may wear scrubs or BUCOM sweatshirt/pants over the laboratory attire when not in the role of the patient. Alternatively, a thin material, loose fitting long sleeve t-shirt and leggings may be worn for modesty, but must be loose enough to allow exposure of the arm to above the elbow and the leg to above the knee. (When body areas, such as arms, legs, and abdomens are being studied, the area(s) will need to be exposed when in the patient's role. T-shirt, scrubs, BUCOM sweatshirt/pants can be replaced when not in the role of the patient.)
- No shoes may be worn during lab when sitting or lying on the treatment tables. (Belt buckles and shoes may tear the table upholstery)
- Hats or head coverings (other than for religious purposes) are not permitted in lab.
- While acting as patients, religious head coverings must be modified or modifiable when necessary to allow observation and palpation when they would obscure the immediate area to be examined or treated (e.g., head, neck, upper back). Modifications can include:
- adjustment of the covering permitting unobstructed palpation beneath the covering; or
- substitution of a thinner material that allows for adequate evaluation and treatment through the material.
- Each student must be appropriately attired before class begins. Failure to be appropriately attired for class impedes the educational process and will not be tolerated.
- The wearing of street clothes or other types of clothing not specified herein, is not permitted.
- A dedicated set of scrubs may be used for OMM labs. These specific scrubs cannot be the same ones used for anatomy lab.

Acute Injury or Illness

Any student with an acute injury or illness that may preclude examination and/or treatment in an OMM or PCM laboratory is required to submit a written request for limitation and/or exclusion following the established COM accommodations policy.

Reasonable Accommodations for Students with Disabilities

In accordance with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and other applicable laws, BUCOM provides reasonable accommodations for otherwise qualified students with verified disabilities. An accommodation will not be provided if it would result in the fundamental alteration of the college's programs, services, or activities, or if it would impose undue financial or administrative burdens on the University. Additional information about BUCOM Access Services may be found at <https://www.baptistu.edu>. If student circumstances should change related to these technical standards, the student will promptly notify the Office of Student Affairs at the BUCOM and/or Access Services if reasonable accommodations are required at any point. BUCOM has adopted these standards

with due consideration for the safety and well-being of the patients for whom its graduates will eventually care.

BUCOM APPLICATION PROCESS AND AACOMAS

BUCOM uses American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS), a centralized application processing service. To initiate the application process, applicants must apply directly to AACOMAS. An application may be submitted online by visiting the [AACOMAS website](#).

Students should contact AACOMAS directly for questions about its application:

AACOMAS

(617) 612-2889 (Hours of operation: Monday–Friday, 9am–5pm ET)

aacomasinfo@liaisoncas.com

APPLICATION CYCLE

The official AACOMAS application is available online. Applications will be accepted annually beginning in May of each year. Submitting a complete application prior to the end of October is optimal if one is seeking a position in the upcoming academic class. The application deadline is March 1st, although this may change on an annual basis. BUCOM reserves the right to alter application deadline dates based on factors such as class capacity and availability of seats.

LETTERS OF RECOMMENDATION

A minimum of one and no more than six letters of recommendation may be uploaded into the AACOMAS system. All letters of recommendation must be originals, signed by the evaluator and submitted electronically through the AACOMAS system via Letters by Liaison™. Letters may not be written by a relative (by blood or through marriage) and are required to complete the application for admission. The best letters evidence commitment to service consistent with the BUCOM mission as evidenced by action and involvement in outreach, service, and professional activities.

Recommendations best include:

1. Pre-health committee / composite letter (Preferred) or
2. Two individual faculty letters (at least one from science) who have taught the applicant;
3. One letter from a supervisor (including from significant shadowing experiences) summarizing work, service, research, or clinical experience;
4. A letter from a DO/MD (Strongly recommended)

SUPPLEMENTAL APPLICATION

Applicants who meet all admission requirements (via the AACOMAS application process) will be invited to submit a Supplemental Application with supporting documents. The last day for applicants to submit a Supplemental Application and supporting materials is March 15th (for a planned August matriculation).

The Supplemental Application is made available only after the AACOMAS application is screened to ensure all minimum standards are met. Prospective students ideally possess academic, professional, and volunteer experiences that both advance their medical education and interweave with the mission, vision, and goals of BUCOM.

Applicants who meet the standards and mission of BUCOM receive an email containing login information for the Supplemental Application. The Secondary Application is submitted electronically

along with a non-refundable \$50 application fee.

Candidates will be required to acknowledge by signature their ability and willingness to comply with the College's technical standards, attendance policies, professional attire expectations, requirements for participation in osteopathic teaching and education, BUCOM student professional and academic conduct and policies, and the University code of behavioral conduct.

INTERVIEW/SELECTION PROCESS

To be considered for an interview, all parts of the AACOMAS and Supplemental Applications must be appropriately submitted. The applicant must meet all admissions requirements for admission and have a complete file. A form/letter from a pre-medical or pre-health committee is highly recommended. All admissions processing fees must be paid.

Once the Office of Admissions & Student Affairs receives these materials, the applicant's file is reviewed to determine interview eligibility based on Admissions Committee criteria. If an applicant is found to meet the standards and mission of the COM, an invitation may be extended to interview. Please note that submission of a Supplemental Application does not guarantee an interview.

Each applicant who interviews with BUCOM is reviewed by the Admissions Committee. An interview is not a guarantee of medical school admission. Admission decisions are based on academic performance, professional experience, and interview. Responses to applicants will generally be provided within 21 days of the interview date.

At the conclusion of an interview, the interviewers forward their recommendation to the Admissions Committee. The Admissions Committee may make any of the following recommendations to the Dean: accept the applicant, to deny admission, or to place the applicant on an alternate/wait list.

All offers of admission are conditional until such time as the applicant has undergone or provided all required information for matriculation. This includes but is not limited to a criminal background check, drug screening, immunization records and/or titers, and submission of final official transcripts from any college or university that has been attended.

Intentional misrepresentation or omission of information on any form relevant to admissions or records may result in retraction of the admission offer or dismissal from the university. BUCOM reserves the right to deny admission to any applicant for any reason it deems sufficient.

Matriculation will be denied to applicants who fail to maintain a record of acceptable scholastic performance and/or record of appropriate personal conduct between the time of acceptance and matriculation at BUCOM.

MATRICULATION PROCESS

Accepted applicants must fulfill the conditions set forth in the matriculation agreement. The agreement is based upon the date of acceptance and includes the following:

1. Initial Deposit (\$2000)
2. Background Check

3. Urine Drug Screen (UDS) No sooner than 30 days prior to the start of classes.
4. Vaccination record
5. Student Authorization to Release information to Clinical Agencies
6. Financial Aid Check-in
7. Applicants must submit official final transcripts from any colleges/universities attended if not previously submitted and verified through AACOMAS. Any coursework completed at a foreign university requires that an official detailed course by course evaluation be completed through an approved agency. These agencies include:
 - a. World Education Services, Inc. (212)966-6311; <http://www.wes.org>
 - b. Educational Credential Evaluators, Inc. (414)289-3400; www.ece.org
 - c. Josef Silny & Associates, Inc. (305)273-1616; <http://www.jsilny.com>
8. Proof of Health Insurance
9. Any other requirements set forth in the matriculation agreement.

BUCOM reserves the right to rescind the admission of any student or learner if between the times of their letter of acceptance and the start of classes if:

1. A change occurs in the condition or status of any information provided by the applicant that, if known at the time of application, would have been the basis for denial of admission.
2. Application information provided by an applicant is found to be untrue at the time of submission.

Matriculation will be denied to applicants who fail to maintain a record of acceptable scholastic performance and/or record of appropriate personal conduct between the time of acceptance and matriculation at BUCOM.

REQUEST FOR DEFERRAL OF ADMISSION

In certain compelling situations, accepted applicants may request a one-year deferment. To request a deferment, candidates must submit the Deferment Request Form to the Director of Admissions & Student Affairs via email and have paid their seat deposit (\$2,000) for consideration of a deferment. Requests to defer are submitted to the Admissions Committee by the Director for review and a decision.

Deferments are granted to those candidates who have a compelling reason including but not limited to serious illness, pregnancy, recent death of an immediate family member, military requirements, and other non-academic crisis that may impact the student's ability to succeed as a medical student. Candidates who defer are subject to the curriculum, degree completion plan, handbook, catalog, and other policies in force for the academic year in which they matriculate.

STUDENT TRANSFERS

BUCOM accepts transfer applicants in rare circumstances only from students who are transferring from a COCA-accredited College of Osteopathic Medicine. Transfer students must demonstrate competence with Osteopathic Manipulative Medicine and Osteopathic Philosophy and Practice (OMM/OPP) prior to graduation. Students seeking transfer credit must have successfully passed all subjects in their medical school curriculum up until the time of transfer. The student must be in good academic standing with

their current College of Osteopathic Medicine and not been found guilty of any disciplinary charge. Transfer applicants must be eligible for continuing or for readmission at their current College of Osteopathic Medicine.

Transfer applicants who meet these qualifications must submit the following documentation to the BUCOM Associate Registrar:

- A written statement outlining the reasons for the request for transfer.
- A letter of recommendation from the Dean of the present/previously attended College of Osteopathic Medicine.
- Official transcripts from all colleges attended, including undergraduate, graduate, and medical schools.
- Official MCAT results.
- Completion of a criminal background check as part of the application process.
- Catalog course descriptions from the college of medicine/university in which the course was originally credited.

A request for transfer is considered on a case-by-case basis. The student may need to provide course syllabi from the college/university in which the course was originally credited to provide BUCOM sufficient information to decide if the course in question is equivalent to that offered in the Doctor of Osteopathic Medicine curriculum at BUCOM. Once all the above required documents have been submitted, the Director of Admissions and Student Affairs will contact the student for an interview. Once the interview is completed, the Dean of BUCOM and the appropriate Senior Associate Dean reviews the application documents and interview feedback to determine whether a position will be offered. Once admitted, the transfer student must follow all matriculation requirements as outlined in the BUCOM Doctor of Osteopathic Medicine Admission Policy.

Students awarded transfer must complete the last two years of training at BUCOM and successfully fulfill all curricular requirements, including demonstration of competency in the philosophy and application of osteopathic principles and practice, and be recommended for graduation. BUCOM transcripts will reflect the cumulative credit hours transferred from the previous college of medicine. Students who transfer into BUCOM will not receive a class rank.

SECTION 3: TUITION, FEES, AND FINANCIAL AID

Finance and Operations Staff	
Name	Title
Leanne Smith	Vice President, Finance and Operations
April Tyson	Senior Director, Finance and Operations
Nikki Hardman	BUCOM Finance Manager
Angela Brown	BUCOM Accounts Receivable Analyst
Theresy Yosef	Director of Financial Aid
Latrisia Wallace	BUCOM Assistant Director of Financial Aid

2026-2027 BUCOM Tuition and Fees	
Tuition (per semester)	\$27,583.00
Tuition (per Semester Repeat)	\$13,791.50
Application Fee	\$198.00
Supplemental Application Fee	\$50.00
Enrollment Deposit (non-refundable)	\$2,000.00
Deferment Deposit, if applicable (non-refundable)	\$2,000.00
Semester and Academic Year Fees	
Cafe Food Services Fee (OMS 1 and 2, per semester)	\$300.00
Health Services Fee (per semester)	\$145.00
Parking Fee (OMS 1 and 2, per semester)	\$37.50
Student Activities Fee (per semester)	\$175.00
Technology Fee (includes IT Support and Library Resources), per semester	\$848.00
Medical Insurance (per academic year)	
- OMS-1	\$3,862.00
- OMS-2, OMS-3	\$4,158.00
Course Fees	
Advanced Life Support Fee – OME 800	\$675.00
Incidental Fees	
ID Card or Parking Decal Replacement	\$10.00
Late Registration Fee	\$100.00
Late Installment Payment Plan Fee	\$25.00
Parking Violation Fee (per incident)	\$25.00
Returned Check or Credit Card Chargeback Fee	\$25.00
Transcript Fee	\$10.00
Housing Fees	
Housing, double occupancy, if available, per semester	\$ 2,488.00
Housing, single occupancy, if available, per semester	\$4,053.00

Housing, double occupancy, if available, summer	\$726.00
Housing, single occupancy, if available, summer	\$1,174.00
Housing Application Fee (non-refundable)	\$100.00
Housing Deposit (refundable)	\$250.00
Meal Plan (per semester, if applicable)	\$500.00
Details regarding housing assignments and policies are in the Residence Handbook	

ADMISSION DEPOSIT

Once a student is offered a position at BUCOM, payment of a \$2,000 admission deposit is required. All confirmation deposits are non-refundable and are applied to first-semester tuition and fees. BUCOM reserves the right to redact any entry of forfeited deposits at its discretion.

PROFESSIONAL LIABILITY INSURANCE

Students are required to participate in various clinical learning experiences as a prerequisite to successful completion of programs of study. The clinical facilities where these learning experiences take place will only accept students who are covered by professional liability insurance. BUCOM has arranged to provide coverage meeting the required coverage standards for all enrolled BUCOM students.

MISCELLANEOUS COSTS

In addition to the expenses noted above, students are also responsible for the cost of books, supplies, scrubs, mandatory attire for OMM/anatomy labs, personal transportation and meals, as well as health insurance, health/drug screenings and immunization expenses, assessment fees, criminal background checks, and licensing/certification fees (COMLEX-USA 1 and 2-CE).

TUITION & FEES

Tuition and fees are set each year by the Baptist Health Sciences University (BHSU) Board of Directors and are subject to change. BHSU reserves the right to make changes in costs at the beginning of any term by publication of the new rates for tuition, fees, and room rent three months in advance of the effective date.

Changes in other charges, fees or policies may be made by an announcement one month in advance of the effective date of the change.

TUITION AND FEE PAYMENT

All tuition, housing, and other fees must be paid in full during the designated registration days for each semester before a student is officially enrolled in classes. Payments may be made in cash, check, money order, or debit or credit cards.

Registration is not complete for financial aid recipients until aid has been awarded and applied to all fees, and all debt has been paid in full. BHSU/BUCOM will not impose any penalty on covered individuals, including the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that a covered individual borrow additional funds, because of the individual's inability to meet his or her financial obligations to the institution due to the delayed disbursement funding from Veteran Affairs under chapter 31 or 33, Title IV, state, and/or institutional aid. A late fee may be assessed on covered individuals receiving Title IV, state, and/or institutional aid if

delayed disbursement is due to a student not fulfilling aid requirements in a timely manner. Students with delinquent accounts will be denied registration. Students must complete a financial responsibility agreement prior to registering each term.

Registration is subject to deletion and/or a late registration fee if all tuition, fees, and/or fee payment requirements for enrollment are not satisfied by the appropriate fee payment deadline. The installment payment plan is available to qualified students to help satisfy payment requirements by the appropriate fee payment deadline. A fee will be charged for each late installment payment. Late installment payment(s) are defined as payment(s) not received by the specified due date(s) indicated in the payment plan agreement and promissory note.

- The installment payment plan is reserved for students based on the following:
- Good financial standing (Business Office)
- Good academic standing (Registrar's Office)
- No federal financial aid funds available (Direct Loans included)
- No eligibility for Parent PLUS Loan
- \$250.00 minimum balance

TUITION AND FEE REFUNDS

A student who withdraws from a course or withdraws from school on or before the published tuition and fee payment date for the term in which they are enrolled will receive a 100% tuition and course fee refund. A student who withdraws from a course or withdraws from school after the published tuition and fee payment date for the term in which the student is enrolled through the change/add period specified for the course(s) in which the student is enrolled will receive only a 100% tuition refund only. No tuition or fee refund will be processed after the change/add period specified for each course. Course fees are non-refundable after the published registration date for the term.

A schedule of specific refund dates for each term is published on the University website. It is distributed to all students via email and course syllabi each term. All fees not related to courses are non-refundable. All refunds will be processed electronically or mailed.

Return of Title IV (Federal Financial Aid Funds)

The Higher Education Amendments of 1998 specifies that financial aid must be earned through class attendance. A student has not earned 100% of his/her financial aid until he/she has attended more than 60% of the term.

If a financial aid recipient totally withdraws from school or drops all remaining courses, on or before the 60% point of the term, there is a portion of the financial aid that has not been earned. This unearned portion is repaid by both the student and the school based on a federal formula. The amount each student owes must be calculated based on the date of withdrawal or drop and the amount of financial aid received. Any unearned amounts are to be returned to Title IV financial aid programs in the appropriate order. Any amount remaining after the applicable programs have been fully repaid is returned to the student. Additionally, students who earn all failing grades must have "earned" the grades through attendance and poor performance. The Financial Aid office will reach out to all instructors to determine if the failing grades were earned or if the student stopped attending. If the failing grades were earned, there will not be a Return of Title IV Aid. If the failing grades were the result of attendance, the confirmed last date of attendance or the 50% date of the term will be used in the Return of Title IV calculation.

FINANCIAL AID

The Student Financial Assistance Program at BUCOM aims to help as many qualified students as possible complete their medical education. As a participant in the Title IV, US Department of Education (USDE) federally guaranteed loan programs, BUCOM works with students to meet the cost of their medical education. Students may finance their education using scholarships, federal loans, private student loans, military health profession scholarships, or other federal and state programs. Students may also apply for loan forgiveness programs available through a variety of government and non-profit agencies once they begin their medical education or practice.

It is the responsibility of the applicant to comply with all policies regulating any financial aid for which he or she may qualify. Contact the Financial Aid Office for specific guidelines on each financial aid source. All applicants must complete a **Free Application for Federal Student Aid (FAFSA)** online at **www.studentaid.gov**. If you have any questions about your eligibility please contact the Financial Aid Office.

FEDERAL DIRECT UNSUBSIDIZED LOAN

A fixed interest loan available to degree seeking students enrolled at least half-time, not based on financial need. The interest rate for new loans changes every July 1st and will be charged from the time the loan is disbursed until it is paid in full. The interest can be paid while the student is still in school. Repayment of principal and interest begins 6 months after graduation or enrollment ceases to be at least half-time.

FEDERAL DIRECT PLUS LOAN FOR GRADUATE STUDENTS

A credit-based, fixed interest loan available to eligible graduate and professional students enrolled at least half-time, not based on financial need. The interest rate for new loans changes every July 1st and will be charged from the time the loan is disbursed until it is paid in full. The interest can be paid while the student is in school. Repayment of principal and interest begins 6 months after graduation or enrollment ceases to be at least half-time.

Pursuant to the One Big Beautiful Bill Act (OBBBA) beginning July 1, 2026, this loan program will no longer be available for new borrowers. Prior PLUS loan borrowers will be able to continue to participate in the program for an additional three years or through graduation, whichever comes first. Students should speak with their financial aid representative regarding questions about this program.

PRIVATE EDUCATIONAL LOANS

Private educational loans, also known as Alternative Educational Loans, help bridge the gap between the actual cost of your education and any other assistance you may receive. These loans are credit based and can be borrowed from banks, credit unions, or online lending institutions. The bank or lender will set the interest rate, aggregate loan limit, terms, and conditions of private loans.

VETERAN EDUCATIONAL BENEFITS

Veteran Education Benefits provide veterans, service members, or their qualified family members with funding to assist with all or some of the costs for school. Amounts of benefits vary with eligibility and enrollment status. A Veteran's Administration (VA) Enrollment Authorization Form must be submitted to the Financial Aid office each term to initiate enrollment certification with VA.

All new students receiving any form of financial aid must meet with a financial aid representative or

attend a meeting provided by the Office of Financial Aid within sixty days of the beginning of their first semester. Students must attend an annual financial aid meeting or meet individually with a financial aid counselor yearly. All students with any form of financial aid must meet with Financial Aid in the three-month period prior to graduation.

Financial aid is not disbursed until a student is fully admitted, and all admission and enrollment requirements are met.

BHSU, as permitted by federal regulation [34 CFR 668.41], electronically disseminates consumer information, including the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act information. The institution will provide a free paper copy upon request. Anyone signing or processing financial aid forms or seeking information or assistance at BHSU must read, understand, and comply with the requirements disclosed, which are available 24 hours a day at <https://www.baptistu.edu/campus-life/campus-safety-security/safety-reports>.

INSURANCE AND LIABILITY INFORMATION

HEALTH INSURANCE

All BUCOM students are required to maintain continuous active medical insurance sponsored by a domestic health insurance plan. Every student is required to enroll in the BUCOM provider insurance plans unless an acceptable waiver is provided in a timely manner.

BUCOM's medical plan may be waived only in the following situations:

- The student is covered under a parent's employer's group insurance.
- The student is covered under a spouse's employer's group insurance.
- The student is covered by Medicaid for the entire academic year. (Medicaid will not be waived for third and fourth year students unless the student's clerkships are in the state where the Medicaid is issued.)
- The student is covered by the military or VA.

Individually purchased Affordable Care Act-compliant plans are permitted for first- and second-year students if all of these additional requirements are met:

- The plan deductible must not be more than \$1,500.
- The plan out-of-pocket maximum must not be more than \$6,350.

Individually purchased medical, Affordable Care Act, and/or COBRA plans are not acceptable for students in Years 3 and 4.

All students must complete a beneficiary form (to ensure proper information for the insurance company and to specify a chosen beneficiary) even if refusing Baptist medical coverage. Incoming students must complete either an electronic enrollment submission or waiver with the insurance vendor no later than the first day of orientation.

If a change in insurance status for the student or their dependent occurs, (i.e., no longer covered by the insurance indicated on your waiver; marriage, the birth of a child, etc.), students must complete the appropriate online request with the insurance vendor or forms within 30 days of the date of change.

Premiums for medical insurance are automatically deducted from a student's university account. Charges for medical insurance are removed once a waiver is submitted, and the vendor verifies that coverage is active and meets BUCOM requirements.

Waiver information will be verified several times throughout the year. A current waiver with active insurance coverage must be on file with the vendor at all times. Failure to maintain health insurance may result in disciplinary action for the student up to and including dismissal from BUCOM. Any medical costs incurred by students while in training are the sole responsibility of the student and their health insurance carrier.

IMMUNIZATION REQUIREMENTS

BHSU is committed to education and practices that contribute to preventing illness and maintenance of health.

As a result, immunizations may be required for enrollment and participation in clinical experiences. The requirements below may be changed at any time based on community health guidelines. All students are required to provide up-to-date immunization data verified by a licensed physician, nurse, or physician assistant for the following immunizations for initial matriculation and continued enrollment:

- Documentation of immunity for measles, mumps, rubella, and chicken pox (varicella) or immunizations.
- Documentation of meningitis immunization for students living in campus housing under the age of 22.

Students who are participating in clinical experiences shall provide proof of the following immunization requirements no later than the beginning of the term in which clinical courses will be taken:

- Documentation of immunity for measles, mumps, rubella, and chicken pox (varicella) or immunizations.
- Documentation of immunity for tetanus, diphtheria, pertussis, and completion of Hepatitis B series, if no current immunity.
- Documentation of negative TB screening and current tuberculosis skin test at time of initial matriculation and annually thereafter.
- Documentation of current influenza immunization during flu season, defined as October through March.
- Additional immunization requirements by selected clinical agencies may be necessary prior to clinical rotations.

Immunization exemption requests:

Students may request an exemption based on a documented medical condition or sincerely held religious beliefs. Exemptions must be approved prior to class start to meet the initial enrollment requirement. Medical exemption requests will be reviewed and determined on a case-by-case basis upon review of a bona fide medical condition, medical contraindications, or temporary medical contraindications documented by a licensed health care provider. Religious exemption requests based on the sincerely held religious beliefs the student has will be reviewed and determined on a case-by-case basis.

Students who receive an approved exemption in writing will not be required to meet the immunization requirements; however, BHSU reserves the right to implement additional safety requirements and infection control and prevention measures. Students not receiving immunizations may affect the

student's ability to be placed at clinical sites as clinical affiliates may impose additional restrictions, require additional documentation, or refuse placement of a non-immunized student. As a result, the student's ability to complete their academic program may be hindered.

BACKGROUND CHECKS

Students accepted to BUCOM are required to complete a criminal background check using BUCOM's preferred vendor. The cost of this process will be borne by the applicant. Results must be released to BUCOM prior to matriculating into the class. BUCOM reserves the right to revoke an admission offer based upon information found in the criminal background check. Criminal background checks may be repeated for all students prior to the start of clinical rotations or for specific program participation. Students must meet assigned deadlines for completing any assigned background check. Students also consent to BUCOM sharing background check information in full with respective clinical site(s).

The criminal background check includes but is not limited to National Criminal Database Search, National Sex Offender Search, Tennessee Abuse Registry, I-MED Level 3, County Criminal Records Search, Licensure, Certification and Designation.

Students who refuse to submit to a background check or refuse to allow BHSU access to the report will be dismissed from BHSU and will be ineligible for readmission. Those who do not pass the background check are afforded the opportunity to explain the circumstances surrounding the situation. If a student is ineligible for clinical placement/internship, they will be dismissed from BHSU.

Students are required to sign a statement of disclosure acknowledging that the University may be requested to disclose the outcomes of background checks to clinical agencies during the course of the student's enrollment at BHSU. Any convictions that occur after a background screen has been submitted must be reported to the Dean of BUCOM.

Students who are not enrolled for more than one academic term will be considered withdrawn and must apply for readmission to the University. Students must submit a background check prior to registration for classes.

At the time of admission to the University, all incoming students as part of enrollment requirements must complete a full background check as per instructions provided by Admissions. These criminal background screens must be completed by the student's Orientation. Students entering their clinical years (OMS-3 and OMS-4) must complete a mandatory update prior to initial placement. Students are notified the semester before the start of rotations and provided full instructions on updating their background screen. Pre-clinical background checks must be completed before the first day of rotations.

Situations in which a person does not have a satisfactory background check will be reviewed on a case-by-case basis.

Convictions involving the following crimes, but not limited to these crimes, may serve to disqualify a person from being enrolled to the University, and if applicable, from participating in required clinical learning experiences:

Any felony, whether listed below or not;

- Crimes involving drugs, including but not limited to unlawful possession or distribution;

- Crimes of physical violence to include any type of abuse (child, spousal, or of the elderly), abduction, such as kidnapping, manslaughter, murder, robbery, sexual crimes, possession of a restricted firearm or any related weapons offenses, assault, and battery;
- Crimes against property, including but not limited to arson, theft of property and merchandise, vandalism, criminal trespass, larceny, and burglary;
- Crimes showing dishonesty, including but not limited to fraud, forgery, deception or financial exploitation of any person or employer.

In the event of an adverse action prior to initial enrollment, BUCOM will notify the applicant to make an appointment with the Dean to review the results of the background screening. In the event of an adverse action prior to entering clinical rotations, BUCOM will notify the student to schedule an appointment with the Provost or designee to review the results of the background screen. The student must bring a copy of the report to the appointment. The Dean or Provost (or designee) will review the results of the report and in consultation with any appropriate parties; determine if the student is eligible for enrollment or clinical placement.

BUCOM applicants and students are required to self-disclose any “offenses” with the understanding that non-disclosure/falsification of any previous or pending offense may result in the revocation of an admission offer or possible sanctions up to and including BUCOM dismissal if enrolled. “Offenses” includes but is not limited to charges, arrests, or convictions including misdemeanors, felonies, deferred adjunctions, traffic violations, military non-judicial punishment, courts martial, and general or less than honorable discharge from the military. Offenses, which occur during a student’s enrollment at BUCOM, will be referred to Student Progress Committee and documented on the student’s MSPE.

New offenses must be reported to the Dean within 72 hours of the incident. It is the responsibility of the student to report any offenses, including those pending final adjudication.

BUCOM has no control over the content of third-party background checks, which may include charges that have been reduced or dismissed. Background checks revealing prior offenses, even those that may have been dismissed by the courts, could result in consequences affecting clinical rotations, acceptance into residency programs, future licensing, specialty board certification, and/or employment opportunities.

A student with any offenses is encouraged to contact the licensure boards in the state where they wish to practice, to evaluate whether their ability to obtain a medical license after graduation might be impacted.

DRUG SCREENING

The illegal use or abuse of drugs and/or alcohol has a clear and adverse effect on the educational environment. BUCOM students are required to perform urine drug screening prior to matriculation and again prior to beginning clinical education. Students must submit an official lab document from a Urine Drug Screen (UDS) showing all lab components at or below the minimum values as indicated in the Matriculation documents. The cost of screening is borne by the student. Students must follow assigned deadlines and complete their drug screen in a timely fashion.

A positive drug screen (i.e., evidence of a controlled substance) or one which shows other abnormalities, will be reviewed by a medical review officer and reported to the Dean.

As a condition of BUCOM enrollment, all students agree to abide by the Code of Conduct, including the policies on alcohol and drug use and the impaired student policy. Under this policy, students identified abusing alcohol, legal or illegal substances are subject to dismissal. Students may also be referred to the state Impaired Physician Program. By signing the Code of Conduct, each student at BUCOM states that they are not currently using, and that they will not use while a BUCOM student, any products or substances that are illegal in Tennessee.

Any substance-related incident which occurs after matriculation, including, but not limited to charges/arrests for driving while intoxicated (DWI), must be reported by the student to the Dean within 72 hours of the occurrence. Following review, disciplinary action may be instituted, up to and including dismissal from BUCOM.

Drug screens may be repeated at BUCOM's discretion at any time for reasonable suspicion or cause. The student agrees that BUCOM will share drug screen information in full, with any respective clinical site(s).

SECTION 5: ACADEMIC PROGRAM

ACADEMIC CREDIT

Students earn academic credit for courses at BUCOM which are successfully completed. All credit hours assigned to courses by BHSU comply with the federally described definitions of credit hours in terms of appropriate time spent per credit hour established in the SACSCOC Policy on Credit Hours. Academic credit hours are modeled on the following calculations:

- One hour of classroom contact is equivalent to one hour of academic effort.
- Two hours of laboratory, small group or simulation contact is equivalent to one hour of academic effort.
- Ten hours of clinical is equivalent to one hour of academic effort.

GRADING FOR FIRST AND SECOND YEAR OSTEOPATHIC MEDICAL STUDENTS (OMS-1 and OMS-2)

Performance in the pre-clinical years (OMS-1 and -2) is graded with letter grades of A, B, C or F, linked with the numeric values 4, 3, 2, and 0, used for calculating the grade point average (GPA). The cumulative GPA is calculated to two decimal places of the ratio of the points earned to the points possible and is not rounded up. Other letter grades are used to designate student status in specific situations in the BUCOM Grading System section.

Faculty or clinicians who provide health services, including psychiatric/psychological counseling, to students or who have a familial, personal, or financial relationship with a student, may not participate in the assessment or promotion of that student.

Pre-clinical course directors are charged with assigning grades in the first and second years. Grades should be submitted via the official grading portal to the registrar by the established deadline listed in

the BUCOM Academic Calendar. Students may appeal a final grade if they can demonstrate that it was assigned incorrectly or not in accordance with the course syllabus.

The course director will list the total points available as well as how points will be allotted. This will be listed in the course syllabus and discussed with the class at the beginning of the course. All concerns regarding evaluation criteria, examination questions, event scores, or final grades should be directed to the course director for that course. Changes for total points available to calculate grades may be made at the discretion of the course director, but changes must be communicated to the class in writing via Canvas at the time the adjustment occurs.

Integrated, computer graded examinations using multiple-choice questions are given at set intervals during the first and second years. Students are expected to take examinations as scheduled. If students are unable to take an exam due to acute illness or other emergency, they must notify by email and submit an excused absence form to the Assistant Dean for OMS-1 and 2. The Senior Associate Dean for Academic Affairs should be copied on that email.

Laboratory practical, laboratory performance, team-based learning scores, participation in small groups, special projects, or other scores may be assigned depending on the course and course director.

Scores are recorded in the learning management system (LMS) gradebook in order that students have ready access to gauge their performance. The LMS gradebook is the official gradebook and is maintained by the course director of record as stated in the course syllabus. Final, official grades are submitted via the grading portal by the established deadline per the Academic Calendar.

GRADING IN OMS-3 and OMS-4

Student grades may be based on Comprehensive Osteopathic Medical Achievement Test (COMAT) testing in the clerkships or other suitable activities, including but not limited to, history and physical exam skills, patient progress notes or oral presentations, fund of knowledge, problem solving, clinical application, professionalism, improvement, adaptability, and interpersonal interactions. Components of student grades are outlined in each rotation syllabi and BUCOM Clinical Education Manual.

Students must complete all clinical experiences and paperwork by the end of the rotation. Students will be notified of any delinquencies by the course directors. Students cannot receive a final passing grade for the course until all course requirements are completed. Specific requirements and timeline for completion are published in the rotation syllabi and BUCOM Clinical Education Manual. The recommended timeline for grade submission for rotations in years OMS-3 and 4 is two (2) weeks after the rotation ends.

Students who fail the COMAT but otherwise pass the clinical portion of a core clerkship will be assigned a grade of "NR" and attempt the exam once. The highest grade possible when remediating an "NR" is a grade of "C," regardless of performance on the repeat test. If students fail the COMAT or rotation exam a second time, the student will fail the rotation and are required to meet with the Student Progress Committee (SPC).

Students with 2 active "NR" grades during the OMS-3 or 4 years due to requirements other than delinquent preceptor evaluations will be removed from clinical rotations until grades are resolved. They will also be required to meet with SPC. Students may be required to use elective rotation time to

remediate required grading requirements until they are back in good academic standing.

A student may appeal a final grade if they feel it was assigned incorrectly or not in accordance with the course syllabus or clerkship policy (Please see BUCOM policy ACA.6054 Filing of Grievances and Appeals-DO).

BUCOM GRADING SYSTEM

Grade	Percentage Score	Descriptor	Quality points
A	89.50-100	Exceeds expectations	4
B	79.50-89.49	Meets expectations	3
C	69.50-79.49	Needs improvement	2
NR	<69.50	Not Recorded due to remediation need	N/a
F	<69.50	Fail	0
P	N/a	Pass	N/a
W	N/a	Withdrew prior to evaluation	N/a
WP	N/a	Passing at withdrawal	N/a
WF	N/a	Failing at withdrawal	0
I	N/a	Incomplete	N/a

“I” (Incomplete): indicates that the student, for nonacademic reasons beyond their control, was unable to meet the full requirements of the course. Arrangements are made between the course director and the student to complete the requirement, after which the “I” is replaced by the grade the student earns. The student must complete the remaining work within 8 weeks of when the incomplete was received. Otherwise, the “I” will be converted to an “F” in the permanent record.

“NR” (Not recorded): indicates that the grade has not yet been recorded. For COM students, it is considered a temporary grade based on the student’s need to remediate a course. Students who earn a final score between <69.50 will be given an “NR” pending confirmation of eligibility for remediation based on the Student Progress Policy. If the student successfully remediates the course, this “NR” will be converted to a “C.” If the student fails to pass remediation, this grade will be converted to an “F.” The transcript will formally denote any class that required remediation.

“W” (Withdraw): applied if the student withdraws from classes before the midpoint of the semester.

Withdrawal after the midpoint but prior to 70% of the semester being completed results in a grade of **“WP” (withdrawn passing) or “WF” (withdrawn failing)** based on cumulative performance. Deadline dates are posted in the BHSU Academic Calendar for each semester. Students withdrawing after this point earn a zero for any remaining evaluations/tests, which factor into the GPA. After withdrawal, the student must repeat that course.

FINAL GRADE APPEAL

A student has a right to appeal a final grade when there is a legitimate indication that the grade does not accurately reflect the quality of their academic work in the course, that the grade was calculated in error, or that the grade was determined in a manner inconsistent with the course syllabus.

Instructors have the responsibility to provide careful evaluation and timely assignment of appropriate grades. Grading methods for the course should be explained to the students at the beginning of the term.

A final grade appeal shall deal with charges that the grade was impermissibly or arbitrarily assigned. It is recognized that there are varied standards and individual approaches to grading which are valid. Only a final course grade may be appealed. The final grade appeal may not involve a challenge of an instructor's grading standard, another faculty member's grading policy, the difficulty of a course, or other comparable matters.

The grade assigned by the faculty will stand as the grade of record until the appeal is either resolved or finalized. Students may progress academically while the appeal is pending.

Excluded from this policy are grade appeals alleging discrimination, harassment, or retaliation in violation of Non-Discrimination – Students Policy. If the student believes he or she is a victim of discrimination, harassment or retaliation, the student should contact the Director of Human Resources as outlined in the Non-Discrimination – Students Policy or file a complaint using the University's grievance procedures as outlined in the Alleged Discrimination Grievance - Complaint Policy - Students.

Procedure

Pre-clinical: Students who wish to file a grade appeal have 30 days after the start of the next term to file an appeal. Appeals are to be sent to the course director of record via email.

The course director will have ten (10) business days in which to respond to the student during a live or remote meeting or via email. The course director will notify the student either personally or by email with their answer to the appeal. Students who wish to appeal this answer can elevate the appeal within 5 business days to the Assistant Dean for OMS-1 and OMS-2. The student may opt for a live or remote meeting or simply appeal via email. The Assistant Dean for OMS 1 and 2 will render an answer within ten (10) business days.

If the student wishes to appeal this decision, additional sequential appeals may be made in writing to the Senior Associate Dean for Academic Affairs. Requests for review must be made within five (5) business days of the receipt of the prior recommendation of the assistant dean. The senior associate dean will have ten (10) business days to consider the appeal and communicate with the student. The decision of the senior associate dean is final.

Clinical (Years 3 and 4) rotations: Appeals for any third and fourth year rotation must be sent in writing (email) to the rotation director within 4 weeks of the grade being submitted.

The rotation director will have ten (10) business days in which to respond to the student during a live or remote meeting or via email. The course director will notify the student either personally or by email with their appeal decision.

Students who wish to appeal this decision can elevate the appeal within 5 business days to the respective Assistant Dean for Year 3 or 4. The student may opt for a live or remote meeting or simply appeal via email. The assistant dean will render a decision within ten (10) business days.

If the student wishes to appeal this decision, additional sequential appeals may be made in writing to the Senior Associate Dean for Clinical Affairs. Requests for review must be made within five (5) business days of the receipt of the prior recommendation of the assistant dean. The senior associate dean will have ten (10) business days to consider the appeal and communicate with the student. The decision of the senior associate dean is final.

COMLEX-USA Examinations

The Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) is a three-level national standardized licensure examination administered by the National Board of Osteopathic Medical Examiners (NBOME). Successful completion of COMLEX-USA Levels 1 and 2 is required for graduation from BUCOM and conferral of the Doctor of Osteopathic Medicine (DO) degree. Completion of all three levels (1, 2, and 3) is required for medical licensure.

Students must be in good academic and professional standing to take any COMLEX-USA examination. All students must take COMLEX-USA Level 1 prior to beginning clinical rotations. Students are also required to complete all progress testing established by BUCOM each academic year before being released to take the corresponding COMLEX-USA level examination. Specific progress testing benchmarks and progression pathways are communicated annually by the Senior Associate Dean for Academic Affairs (Level 1) or the Senior Associate Dean for Clinical Affairs (Level 2-CE).

Progress testing is designed to assess readiness for COMLEX-USA examinations, identify areas for targeted remediation, and support student success. Progress testing for Level 1 is administered in the spring semester of the OMS-2 year. Progress testing for Level 2-CE is administered in the late fall and spring semesters of the OMS-3 year. Failure to meet progress testing benchmarks does not, by itself, constitute grounds for dismissal.

The schedule for taking COMLEX-USA Level 1 and Level 2-CE is published during the fall semester of each academic year by the appropriate Senior Associate Dean or their designee.

Students who fail a COMLEX-USA examination are referred to the Student Progress Committee (SPC), which determines the steps required to return to good academic standing. Remediation options may include an alternate learning plan (ALP), an immersion course through an approved external vendor, or other measures as determined by the SPC. Note that immersion courses are not covered by BUCOM tuition and fees.

The following retake timelines apply:

- First failure: The student must retake the examination within 3 months of receiving the failing score.
- Second failure: The student must retake the examination within 6 months of receiving the failing score.
- Third failure of a single level: Referral to the SPC for evaluation of dismissal from the program.
- Four combined failures across COMLEX-USA Levels 1 and 2-CE: Referral to the SPC for evaluation of dismissal from the program.

Students who fail to retake the examination within the prescribed timeframe are referred to the SPC for evaluation of dismissal. A passing score must be achieved within 6 months of an initial failure. Students who do not achieve a passing score within that window are similarly referred to the SPC. Students seeking to appeal an SPC decision should refer to BUCOM policy ACA.6054, Filing of Grievances and Appeals–DO.

REQUESTS FOR TRANSCRIPTS

A transcript is a copy of the academic record of all courses for which a student has registered. All transcript requests must be made through the National Student Clearinghouse at www.nationalstudentclearinghouse.com. There is a fee for each official transcript. Official transcripts bearing the BHSU seal and signature of the Registrar can be sent to an employing agency or another educational institution. Unofficial copies of transcripts are only available to current students through the student web portal. Students may receive official copies of transcripts if requested; however, not all educational institutions will consider receipt of these transcripts as official. The Registrar's Office cannot issue transcripts from other colleges or institutions. No transcript will be issued for a student who has not met his/her financial obligation to BHSU.

CLASSIFICATION OF STUDENTS

BUCOM students enrolled in 9 or more credit hours in one semester are considered full-time students. Students enrolled in less than 9 credits in one semester are considered part-time students.

WITHDRAWAL

As the BUCOM pre-clinical curriculum runs longitudinally over a two-year period, students are not able to formally withdraw from individual classes because classes are offered only once a year. Any student considering withdrawal must meet with the Senior Associate Dean for Academic Affairs for academic advising. During the clinical years, requests for withdrawal from a rotation must be discussed with and approved by the Senior Associate Dean for Clinical Affairs during a formal academic advising meeting.

ATTENDANCE

BUCOM expects students to approach their medical education with the same commitment to professionalism and reliability that will be required in clinical practice.

PRECLINICAL YEARS (OMS-1 AND OMS-2)

Students should plan to be available between the hours of 8 AM and 6 PM, Monday through Friday. The attendance policy for each course is specified in the course syllabus. Questions should be addressed to that specific course director. Students are expected to take all integrated course exams and laboratory practicals as scheduled. When BUCOM is officially closed for holidays, inclement weather, or specified breaks, students are not expected to be on campus.

Students are strongly encouraged to attend all live educational sessions in person unless class is pre-recorded or offered remotely through an online platform. Circumstances warranting an excused absence include, but are not limited to:

- Personal illness or healthcare appointment that cannot be scheduled at another time;
- A doctor's note is required for any mandatory learning activity/event missed;
- Serious illness in immediate family member (parent, sibling, child, grandparent);
- Death in immediate family (parent, sibling, child, grandparent, aunt, uncle, first-cousin, spouse/significant other);
- Invited presentation for student's original scholarly work (see Section 4.3).

- Mandatory events as part of student leadership for student organizations (SO) or student interest groups (SIG).
- Other matters of special consideration.

Students should notify the involved course director and include the Assistant Dean for OMS-1 and OMS-2 on the communication if they are absent from a mandatory learning event. They must also submit an excused absence form.

If students know of an upcoming significant life event that may impact their training, they should submit an excused absence form as soon as possible with the Assistant Dean of OMS-1 and OMS-2 or the Senior Associate Dean for Academic Affairs to see if any arrangement is possible.

- The excused absence request will be reviewed by the Assistant Dean of OMS-1 and OMS-2 or their designee, and they will communicate the outcome of the review to students and the course directors as needed.
- If the absence is determined to be excused, the student is responsible for arranging make-up work through the course director.

Students who are absent, or expect to be absent, for more than 5 consecutive days or 3 mandatory events in a semester are required to meet with the Senior Associate Dean of Academic Affairs or their designee to determine appropriate next steps.

- As the first two years offer limited flexibility in terms of repeating or making up courses, substantial life events may necessitate taking a leave of absence and returning the following year.

Make-up work must be completed and turned in as specified by the course director, but no later than 2 weeks following the absence unless excused by the appropriate Assistant Dean. If make-up work is not completed by that time, the student will receive a zero on the assignment.

In the case that work cannot be made up for an excused absence, the student's final grade will be tallied without including the points for that assignment. It is the student's responsibility to check back with the course director at the end of the term to ensure that the denominator recalculation is correctly done.

Students are expected to attend all exams or lab practicals at the time they are scheduled. In the rare case that a student must miss an exam due to an emergency, an email should be sent to the Assistant Dean for OMS-1 and OMS-2 and cc: to the Senior Associate Dean for Academic Affairs. This should be followed up with a phone call to discuss the emergency and plans for making up the exam.

In situations of inclement weather, if the Baptist Health Sciences University (BHSU) main campus is closed, BUCOM is also closed for in-person/on campus pre-clinical activities.

- The Office of Academic Affairs will communicate any changes in curriculum delivery to the students as soon as information becomes available.

CLINICAL YEARS (OMS-3 AND OMS-4)

Reasons for excused absence are the same as listed for Pre-Clinical Years.

Processes for submitting documentation for student absences are defined in the rotation syllabi and the BUCOM Clinical Education Manual.

Students should discuss any weekend, call, or holiday assignments with the preceptor, course director, and site director at the start of the rotation.

- As many clinical services run 24/7, students should expect to work holidays, nights, and weekends unless otherwise specified.

Students who are absent for more than 3 days total per rotation or 5 days total per semester are required to meet with the respective Assistant Dean of OMS-3 or OMS-4 or their designee to determine next steps.

PRESENTATION OF SCHOLARLY WORK

Requests to attend a meeting to present a student's original work should be submitted via the Medical Student Conference Leave Request form thirty (30) days prior to the conference if possible.

- Requests will be reviewed by the Associate Dean for Research and Scholarly Activity as well as the Assistant Dean of OMS-1 and OMS-2 for the pre-clinical years or the respective Assistant Dean for OMS-3 or OMS-4 in the clinical years.
- The Senior Associate Deans for Academic and Clinical Affairs will be kept informed through reports from their respective assistant deans.
- Academic standing will be considered part of the approval process.
- Students in good academic standing will be allowed to attend one conference or event to present scholarly work a semester. Any additional requests must be approved by the appropriate Senior Associate Dean or their designee.

If approved, students are excused for one day to present their research. Depending on the location of the conference or event, one day may be granted for travel to the venue with a second day permitted for travel back. The number of days granted will be determined by BUCOM once a formal request to attend the event is submitted.

Make-up work must be completed and turned in as specified by the course director, but no later than 2 weeks following the absence unless excused by the appropriate Assistant Dean. If make-up work is not completed by that time, the student will receive a zero on the assignment.

LEAVE OF ABSENCE

A leave of absence (LOA) is a temporary interruption in a student's program of study for a period of time greater than fifteen (15) consecutive days of scheduled academic activities.

A student may request a LOA for any of the following reasons:

- Required health care;
- Finances;
- Family leave;
- Active military deployment;
- Engagement in advanced study, research, and/or creative scholarship;
- Other exceptional situations are considered on a case-by-case basis.

The student must be currently enrolled or enrolled in the previous semester and meet the minimum academic standards (good academic standing) with no current disciplinary actions. The Senior Associate Dean of Academic Affairs (OMS 1 and 2) or Senior Associate Dean of Clinical Affairs (OMS 3 and 4) reviews the appropriate documentation and completes the LOA Request form to approve the LOA.

If a student does not meet the minimum standards or have current disciplinary actions, they must meet with the Student Progress Committee (SPC) who will review the request and decide on granting the LOA.

The leave must not exceed twelve months and does not extend the maximum of six years from matriculation to completion of all requirements for graduation. Exceptions in extenuating circumstances will be reviewed and may be granted by the SPC.

The student may be allowed to begin their LOA at a point after the start of a semester but will not be eligible to make up incomplete class work, remediate any examinations, take the COMSAE, or COMLEX-USA Level 1 or Level 2-CE examinations, unless specifically granted that ability by the applicable Senior Associate Dean. Currently enrolled courses will receive a W, WP, or WF depending on the student's current course performance and the date of the LOA.

If the student goes on LOA during the semester, after the initial drop date, they are responsible for the tuition and fees for the entire semester.

The student will not be allowed to return in the middle of a course or semester.

Request Procedure

1. The student or legal representative contacts the appropriate Senior Associate Dean or designee to validate the student's current academic and professional standing and provide guidance as to the required documentation and process to complete the form requesting the LOA.
 - a. If the student must be reviewed by SPC, the Senior Associate Dean or designee will notify the SPC Chair.
2. The request must be made prior to the start date of the leave unless unforeseen circumstances prevent the submission.
3. The student or legal representative must meet with the Financial Aid Office to discuss the implications of the LOA on their student loans and future financial aid eligibility.
4. The appropriate Senior Associate Dean or designee, or SPC committee, as applicable, makes the decision regarding the LOA request and work with the student to complete the LOA form and submit to the Registrar's Office.
5. The appropriate Senior Associate Dean or designee, or SPC committee provides the student a formal letter of decision and if approved, the required process and documentation for return.
 - a. The appropriate Senior Associate Dean or designee, or SPC committee notifies the Dean of the LOA decision.
 - b. Any student who is on an approved LOA for active military deployment or engagement in advanced study, research, and/or creative scholarship may be permitted to participate in student interest groups or BHSU/COM sponsored activities. Students on all other approved LOAs will not be permitted to participate in student interest groups and/or BHSU/COM sponsored activities.

Return Procedure

1. At least thirty (30) days prior to returning the student submits the Return of Leave of Absence form and all required documentation to the appropriate Senior Associate Dean or designee, who reviews and approves the return.
 - a. The appropriate Senior Associate Dean or designee will determine the parameters required for the student's return. This may include a repeat or remediation of prior semester's content, or other actions to ensure the student is prepared to progress.
2. The appropriate Senior Associate Dean or designee Dean's Office will submit the form to the Registrar, contact the Financial Aid Office to notify them of the of the student's return, and

contact the student's mentor and other academic support staff so they can provide guidance for the student's successful return.

3. The student must adhere to college curriculum requirements policies in effect at the time of their return.
4. Upon return, the student must meet financial obligations in effect at the time of their return.
5. A student on a leave of absence who fails to return from the leave of absence without notice will be considered as withdrawing from the College.

ACADEMIC INTEGRITY

Academic integrity is a commitment, even in the face of adversity, to the five basic principles: Honesty, Trust, Fairness, Respect, and Responsibility. Academic integrity is defined as implicit and explicit behaviors that exemplify honesty and truthfulness when presenting one's academic work. Academic integrity is further defined as constructive and ethical behaviors that are reflected in one's academic work. A student is expected to demonstrate academic integrity, respect for others and civility to remain in good standing with the University. BHSU recognizes that lack of academic integrity may include, but is not limited to, cheating, plagiarism, collusion, falsifying data, personation, and ghosting.

The faculty member is responsible for maintaining an environment that is conducive to learning. When academic integrity is not upheld, the learning environment is disrupted. Faculty members have the authority to determine grading penalties for lack of academic integrity in their own courses; penalties and consequences pertaining to the final course grade will be outlined in the course section of the syllabus. Faculty members are responsible for reporting all incidents associated with academic integrity to the Senior Associate Dean for Academic Affairs (OMS-1 and OMS-2) or Senior Associate Dean for Clinical Affairs (OMS-3 and OMS-4).

Students witnessing a lack of academic integrity are responsible for reporting all incidents to the appropriate faculty member in adherence with the BHSU Honor Code. Students demonstrating a lack of academic integrity in any classroom, clinical work, or program progression requirements are subject to disciplinary action up to and including dismissal from the University. All students are expected to uphold the BHSU Honor Code

BHSU HONOR CODE

"All students are expected to uphold the Honor Code of BHSU and will be required to electronically accept the Honor Code Pledge during the online registration agreement. "

STANDARDS OF SATISFACTORY ACADEMIC PROGRESS-DOCTOR OF OSTEOPATHIC MEDICINE

The academic standards for student promotion for Baptist Health Sciences University (BHSU) College of Osteopathic Medicine (COM) students across the curricular timeline is based on course completion, overall GPA, national exam scores, and other qualitative requirements.

The classifications and guidelines for minimum academic standards for each year and the process for those who do not meet those standards.

Minimum academic standards (aka Good Academic Standing) for student promotion to the subsequent year of the curriculum and requirements for graduation are set by the College.

No student may be promoted to the next year of the curriculum or certified for graduation without meeting all minimum academic standards.

Minimum standards - First Year

Obtain a passing grade in each course ("C" or higher).

Achieve a grade point average (GPA) of 2.0 on a 4.0 scale.

Minimum standards - Second Year

Obtain a passing grade in each course ("C" or higher).

Achieve a grade point average (GPA) of 2.0 on a 4.0 scale.

Take the COMLEX-USA Level 1 at the national standard to be officially allowed to schedule clinical rotations.

Minimum standards - Third Year

Obtain a passing grade in each core clerkship ("C" or higher).

Obtain a passing standard on COMAT subject exams, as applicable to the specific rotation.

Minimum standards - Fourth Year

Obtain a passing grade ("C" or higher) in each rotation, including any selective or elective.

Achieve a passing score at the national standard on the COMLEX-USA Level 2 exam.

Students who do not meet the minimum academic standards are classified into the following categories:

Academic Warning: the student has earned a grade of "NR" in a single course/clerkship exam and has been granted the opportunity to remediate the course/retake the exam.

Academic Probation: the student has earned a final grade of "F" in one or more courses/clerkships and is required to repeat a semester or entire academic year.

Academic Suspension: the student has continued poor academic performance or violation of academic regulations (e.g., violation of the University Honor Code) and may be placed on a mandatory, temporary leave from the University which is determined by the decision of the SPC.

Academic Dismissal: the student has earned a grade of "F" in multiple courses/clerkships or fails to meet the requirements of an academic suspension may be dismissed, which is determined by the decision of the SPC.

Students who do not meet minimum academic standards will lose eligibility to hold a leadership or committee position in any student organization or BUCOM committee, attend conferences and/or local, regional, or national meetings of organizations, or participate in non-curricular research.

All single degree Doctor of Osteopathic Medicine students must complete all elements of the Doctor of Osteopathic Medicine curriculum within 150% of the standard allotted time (six years from the date of matriculation). Students failing to meet this requirement are dismissed from the College of Osteopathic Medicine. The Student Progress Committee (SPC) will consider exceptions to this policy in cases where:

1. The National Board of Osteopathic Medical Examiners (NBOME) is unable to administer COMLEX-USA Level 1 and Level 2-CE within the required timeframe;
2. The COM is unable to deliver the curriculum within the required timeframe; or

3. The student is granted a leave of absence which prevents them from completing the curriculum within the specified timeframe.

Students must maintain satisfactory academic progress to receive federal financial aid.

The Student Progress Committee (SPC) is charged by the BUCOM Dean with the responsibility of reviewing the totality of students' academic and professional performance. The SPC will review student academic performance and make decisions aligned with the parameters set forth in this policy. The SPC policy, ACA.6074, provides details on the scope of the committee's responsibility and potential decisions.

The procedure for students who do not meet minimum standards:

First Year

For any student not meeting these criteria, the Student Progress Committee (SPC) will consider all available information regarding student academic performance to date for course(s) failure and decide regarding the appropriate action.

Second Year

For any student not meeting the established criteria, the SPC will consider all available information regarding student academic performance to date for course(s) failure and decide regarding the appropriate action.

Students who receive a non-passing score on their COMLEX-USA Level 1 will follow the process delineated in ACA.6044 COMLEX-USA Testing-DO.

Third Year

Students who fail the COMAT or rotation exam but otherwise pass the other requirements of the rotation will be assigned a grade of "NR" and are permitted to reattempt the exam once.

If students fail the COMAT or rotation exam a second time, the student will fail the rotation and are required to meet with SPC.

Students with 2 active "NR" grades during the OMS-3 year due to requirements other than delinquent preceptor evaluations will be removed from clinical rotations until grades are resolved. They will also be required to meet with SPC.

Fourth Year

Any student who earns an "F" in any clerkship will be referred to the SPC, who, after consideration of all available information including academic performance, makes decisions regarding the appropriate action.

Process for Academic Warning

Academic Warning is tracked through the Student Progress Committee documents and the appropriate Senior Dean's office.

The student must complete the process to remove the "NR" grade no later than the end of the subsequent academic year.

Process for Academic Probation

Academic Probation is noted on the official transcript.

The student must successfully complete the failed course(s) no later than the end of the subsequent academic year. Students placed on Academic Probation will continue to have their status monitored by

the SPC and must attend all classes/course assignments (required and optional) unless an excused absence is approved.

Process for Academic Suspension

Academic Suspension is noted on the official transcript.

Potential reinstatement may be allowed only if the student achieves all criteria set forth in the official Academic Suspension letter.

Students who are reinstated following Academic Suspension will be on Academic probation for the entire year following reinstatement and are subject to all restrictions that apply to Academic Probation status. Students who do not meet the criteria set forth in the official Academic Suspension letter will be Academically Dismissed.

Process for Academic Dismissal

The student's record is reviewed by SPC, and a decision is made and shared with the appropriate senior associate dean for management of the dismissal process.

GRADUATION REQUIREMENTS

Graduation requirements for the Doctor of Osteopathic Medicine (DO) degree at BUCOM requires that the student:

1. Satisfactorily completes all curricular and rotation requirements at a COCA-accredited College of Osteopathic Medicine, including completion of the last two years of education at BUCOM.
2. Completes all academic requirements in no more than six years from the date of matriculation.
3. Complies with all the curricular, legal, and financial requirements of the university.
4. Passed the National Board of Osteopathic Medical Examiners' COMLEX-USA Levels 1 and 2 examinations.
5. Demonstrates ethical, personal, and professional characteristics deemed necessary for success in osteopathic medicine based on the evaluation of the BUCOM faculty and administration.
6. Demonstrates suitability for the practice of osteopathic medicine based on 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 as recognized and endorsed by the BUCOM Faculty Council and Board of Directors.

Degrees are not awarded solely upon the completion of a prescribed number of courses, credits, or passing specified examinations. BUCOM faculty must additionally endorse that the student has attained sufficient maturity of thought, ethics, and professional proficiency to effectively serve the public as an osteopathic physician. Matriculation and enrollment, per se, do not guarantee graduation without satisfactorily meeting curricular and degree requirements. While in rare cases students may be permitted to walk in the graduation ceremony, a diploma will not be issued until all degree and financial requirements are fulfilled. Students must complete all degree requirements by April 1 to be allowed to participate in the May Commencement activities of that same calendar year.

FAMILY INVOLVEMENT IN HOODING CEREMONY

The BUCOM graduation hooding ceremony is a crowning achievement for our graduates. Students are hooded by representatives of the BUCOM faculty and administration. As medicine is a vocation that often spans generations of families, the ceremony is enhanced when immediate family members, who are physicians, welcome their graduate into the medical profession. Eligible family members are invited

and encouraged to participate in this special ceremony with their graduate. Graduates must complete a BUCOM Hooding Request Form to request this opportunity, well in advance of graduation. The physician family member is responsible for arranging and paying for rental of regalia if needed. Family members eligible to participate include physicians who hold a DO or M.D. medical degree

COLLEGE OF OSTEOPATHIC MEDICINE

Administration

Name	Title
Anuja Ghorpade	Vice President, Academic Affairs & Provost
Peter Bell	Vice Provost, Dean and Professor, College of Osteopathic Medicine
Melissa Surles	Administrative Director Office of the Dean
Kim Perry	Senior Associate Dean of Clinical Education
Toya Windom	Associate Director of Student Affairs
Shekher Mohan	Associate Dean of Research and Scholarly Activity
Kent Lee	Asst. Dean of GME, Assoc. DIO Professor and Chair of Primary Care
Larissa Collier	Assistant Dean of Assessment and Accreditation
Lilian Nyindodo	Assistant Dean OMS-1 and -2
Nakayla Bowden	Clinical Medical Education Specialist
Carol Reeves	Academic Operations Coordinator
Kiara Anderson	Academic Operations Coordinator

SECTION 6: EDUCATIONAL AND LEARNING OBJECTIVES

<https://www.aamc.org/about-us/mission-areas/medical-education/curriculum-inventory>

BUCOM is committed to delivering a curriculum that educates and assesses students in each of its' nine (9) Programmatic Level Educational Objectives (PLOs), including the seven (7) American Osteopathic Association (AOA) core competencies.

The BUCOM curriculum is proficiency-based, where each student must satisfactorily pass a variety of assessments, including but not limited to, computerized integrated assessment, objective standardized clinical encounters (OSCEs), laboratory practicals, and nationally normed testing (COMLEX-USA 1 and 2-CE). Faculty-developed assessments allow students to demonstrate proficiency with knowledge and skills learned to date. Students are required to maintain academic performance across courses and training years to ensure they are advancing appropriately to ultimately receive the DO degree. Students will be required to complete key assessments pertaining to each competency demonstrating acquired knowledge and skills in each area.

BUCOM PROGRAMMATIC LEVEL EDUCATIONAL OBJECTIVES (PLO)

AOA CORE COMPETENCY 1.

OSTEOPATHIC PHILOSOPHY AND OSTEOPATHIC MANIPULATIVE MEDICINE

BUCOM Programmatic Level educational Objective (PLO) 1. Osteopathic Philosophy/Osteopathic Manipulative Medicine: Demonstrate and correctly apply appropriate osteopathic manipulative treatment to patients. Evaluate the medical evidence regarding the use of osteopathic manipulative medicine. Endorse the process of continuous learning and incorporate principles of OMM and osteopathic philosophy into one's continued professional practice.

Instructional Methods

Students receive longitudinal instruction in osteopathic philosophy and osteopathic manipulative medicine through didactic lectures, team-based learning, large and small group sessions, and structured laboratory experiences. Instruction emphasizes osteopathic principles (e.g., holistic care, structure–function relationships) and the clinical application of osteopathic structural examination, diagnosis of somatic dysfunction, and selection of appropriate OMM techniques.

The OPPM curriculum is horizontally and vertically integrated with Principles of Clinical Medicine (PCM), Patient Centered Care/Physician Core Competency (PCC), and Anatomy I and II. OMM technique instruction is coordinated with regional anatomy content (e.g., back/neck/extremities) to reinforce integration of foundational science and clinical application.

Assessment Methods

- **OMS-1/OMS-2 (Preclinical):**
 - Integrated written examinations assessing osteopathic principles and clinical application
 - Faculty observed laboratory skills assessments using standardized performance criteria/rubrics
 - Structured evaluations of osteopathic diagnosis and treatment planning
 - Standardized patient (SP) encounters and clinical skills checkoffs assessing osteopathic structural exam and clinical integration
- **OMS-3/OMS-4 (Clinical):**
 - Faculty evaluations of osteopathic assessment and appropriate OMM integration during required core rotations
 - Skills reinforcement and assessment through hands-on labs/symposia and end-of-rotation skills assessments (as applicable)
 - Completion of assigned OPMM modules

Outcome Evidence

Students demonstrate competence by accurately performing osteopathic structural examinations, diagnosing somatic dysfunction, selecting appropriate OMM techniques, and integrating osteopathic principles into patient care. Achievement is evidenced through satisfactory performance on written exams, observed lab skills evaluations, SP/OSCE-style assessments, and faculty evaluations during clinical rotations.

AOA CORE COMPETENCY 2.

MEDICAL KNOWLEDGE

BUCOM PLO 2. Medical Knowledge: Demonstrate and correctly apply knowledge of accepted community and evidence-based standards in clinical medicine; Remain abreast of new scientific developments and incorporate them into practice through conscientious life-long learning.

Instructional Methods

Medical knowledge is developed across all preclinical courses using integrated foundational science and clinical correlations aligned with national osteopathic medical education expectations. Content is guided by institutional curricular mapping and curriculum committee oversight to ensure appropriate coverage, sequencing, and minimization of redundancies. Instructional strategies include lectures, team-based learning, small group discussions, case-based learning, and guided independent study within each course and clinical clerkship.

Assessment Methods

- **OMS-1/OMS-2 (Preclinical):**
 - Course and integrated written examinations (including clinically oriented items)
 - Team based learning assessments (e.g., individual and team readiness assurance tests)
 - Assessment of clinical reasoning through SP encounter documentation and oral/written presentations aligned to knowledge objectives
- **OMS-3/OMS-4 (Clinical):**
 - Clerkship performance assessments (e.g., case modules, rounds performance, preceptor feedback tied to knowledge objectives)
 - Nationally standardized subject examinations as applicable (e.g., NBOME COMAT/COMSAE or equivalent institutional benchmarks)
 - External validation through COMLEX-USA performance (e.g., Level 1 and Level 2-CE)

Outcome Evidence

Students demonstrate medical knowledge by applying foundational and clinical sciences to diagnostic reasoning and patient management at an appropriate level for training. Achievement is evidenced through satisfactory performance on institutional course/clerkship exams and nationally benchmarked assessments, with COMLEX-USA performance serving as external validation of knowledge readiness for supervised clinical practice and graduation.

AOA CORE COMPETENCY 3. PATIENT CARE

BUCOM PLO 3. Patient Care: Demonstrate the ability to effectively treat patients using a biopsychosocial approach that incorporates osteopathic philosophy, patient-centered care, preventive medicine/health promotion, and behavioral health.

Instructional Methods

Patient care skills are introduced early through instruction in history taking, physical examination, clinical reasoning, and documentation. Students practice skills in simulation, SP encounters, OMM laboratory settings, and supervised preceptor experiences. Early clinical exposure is reinforced through case-based learning and application of clinical decision-making principles. During OMS-3 and OMS-4, students deliver patient care under supervision across core clinical rotations in inpatient and outpatient settings, integrating clinical reasoning, procedural/skills development (as appropriate), and patient centered planning.

Enrichment (if applicable): International or service-based learning experiences may be available to some students; when included, these experiences are treated as supplemental and are not required for achievement of core patient care outcomes unless explicitly designated as required and assessed.

Assessment Methods

- **OMS-1/OMS-2 (Preclinical):**
 - SP/OSCE-style encounters assessing history, physical examination, communication, and clinical reasoning
 - Written and oral presentations during SP encounters and small group case activities
 - Targeted assessments of clinical decision-making and care planning through case-based assignments and exams
 - Faculty observation of clinical/osteopathic skills in laboratory settings
- **OMS-3/OMS-4 (Clinical):**
 - Direct observation and evaluation by clinical faculty/preceptors during core rotations
 - End-of-rotation evaluations and exams (where applicable)
 - Required case write-ups, documentation review, and oral presentations tied to patient care objectives
 - Performance on relevant licensure and standardized assessments (e.g., COMLEX-USA Level 2-CE; other required institutional assessments)

Outcome Evidence

Students demonstrate patient care competence by obtaining accurate histories, performing appropriate physical examinations, developing differential diagnoses, proposing evidence-based evaluation/management plans, and documenting and communicating care effectively under supervision. Achievement is evidenced through satisfactory performance on SP/OSCE assessments, case-based evaluations, direct observation in clinical settings, and rotation-based evaluations and exams.

AOA CORE COMPETENCY 4.

INTERPERSONAL AND COMMUNICATION SKILLS

BUCOM PLO 4. Interpersonal and Communication Skills: Demonstrate interpersonal and communication skills to successfully engage and develop professional relationships with patients, families, and colleagues; Work effectively with other health professionals as a member of or leader of a health care team.

Instructional Methods

Interpersonal and communication skills are developed through PCC/PCM instruction, emphasizing patient centered interviewing, empathy, shared decision making, and effective verbal and nonverbal communication. Students practice communication skills in SP encounters, simulation, role-play, and small group/team-based learning activities, including scenarios involving emotionally charged interactions and delivery of unexpected or difficult information. In the clinical years, communication skills are reinforced through supervised patient care, interprofessional interactions, and structured reflection/feedback.

Assessment Methods

- **OMS-1/OMS-2 (Preclinical):**

- SP/OSCE encounters scored with communication focused rubrics
- Faculty evaluation of oral presentations, patient interviews, and teamwork behaviors during small group and team-based activities
- Simulation/roleplay assessments with documented feedback
- **OMS-3/OMS-4 (Clinical):**
 - Direct observation and feedback from faculty/preceptors, residents, staff, and (where used) patient feedback mechanisms
 - Multisource evaluation elements within clerkship assessments (as applicable)
 - Evaluation of documentation and case presentations for clarity, organization, and patient centered communication

Outcome Evidence

Students demonstrate effective interpersonal and communication skills by establishing rapport, eliciting accurate information, responding empathetically, communicating clearly with patients and healthcare teams, and delivering information appropriately across clinical contexts. Achievement is evidenced through satisfactory SP/OSCE performance, observed clinical communication evaluations, and documented rotation-based feedback.

AOA CORE COMPETENCY 5. PROFESSIONALISM

BUCOM PLO 5. Professionalism: Promote advocacy of patient welfare, adhere to ethical principles, responsibly collaborate with other health care providers, endorse continuous learning, and maintain sensitivity to the needs of patients from varied and diverse populations; Maintain awareness of personal physical, mental, and spiritual health to safely serve patients

Instructional Methods

Professionalism and ethics are taught longitudinally through PCC/PCM coursework, small group sessions, clinical skills laboratories, simulation, and SP encounters. Instruction includes professional identity formation, ethical decision making, accountability, respectful behavior, responsiveness to feedback, and adherence to institutional policies and clinical standards. Professionalism is reinforced throughout OMS-3 and OMS-4 through supervised clinical rotations and role modeling by clinical faculty and interprofessional team members.

Assessment Methods

- **OMS-1/OMS-2 (Preclinical):**
 - Professionalism components embedded in SP/simulation activities and clinical skills assessments
 - Small group/team-based learning professionalism expectations with faculty observation and documented feedback
 - Policy based evaluations (e.g., adherence to attendance/behavioral expectations and professionalism reporting processes, as applicable)
- **OMS-3/OMS-4 (Clinical):**
 - Rotation evaluations addressing reliability, integrity, respect, accountability, responsiveness to feedback, and ethical conduct

- Multisource input (faculty/preceptor, staff, peer—where used) documented within clinical evaluation systems
- Review of professionalism concerns through established institutional processes, including remediation pathways when indicated

Outcome Evidence

Students demonstrate professionalism by consistently exhibiting ethical behavior, accountability, respect, cultural humility, integrity, and appropriate professional conduct in academic and clinical environments. Achievement is evidenced through satisfactory SP/simulation professionalism ratings, observed performance in team settings, rotation evaluations, and compliance with institutional professionalism expectations and processes.

AOA CORE COMPETENCY 6. PRACTICE BASED LEARNING AND IMPROVEMENT

BUCOM PLO 6. Practice Based Learning and Improvement: Demonstrate facility in applying evidence-based medical principles to practice; describe how to critically evaluate the medical literature and incorporate it into a continuous learning plan.

Instructional Methods

Students participate in a longitudinal research and scholarly inquiry curriculum emphasizing critical appraisal, evidence retrieval, and application of evidence to clinical decision-making. PBLI principles are reinforced through case-based learning, small-group discussion, and clinical reasoning exercises that incorporate literature use and quality improvement concepts. During clinical rotations, students are exposed to evidence-based practice and outcome informed care, including patient safety principles and use of clinical decision support tools.

Assessment Methods

- **OMS-1/OMS-2 (Preclinical):**
 - Written examinations and assignments assessing research literacy, literature appraisal, and application of evidence
 - Case based assessments requiring evidence retrieval and justification of clinical decisions
 - Documentation or reflective components (where used) evaluating incorporation of feedback and self-improvement planning
- **OMS-3/OMS-4 (Clinical):**
 - Evaluation of case presentations/write-ups for appropriate use of evidence and guideline-based reasoning
 - Assessment of responsiveness to feedback and improvement over time within rotation evaluations
 - Standardized exams as applicable (e.g., COMSAE/COMAT or institutional equivalents) and COMLEX-USA Level 2-CE as external validation

Outcome Evidence

Students demonstrate PBLI by identifying learning needs, locating and appraising evidence, applying evidence to patient care decisions, and using feedback to improve performance over time. Achievement

is evidenced through satisfactory performance on research/evidence-based assignments, case-based evaluations, clinical rotation feedback documenting improvement, and benchmarked assessment results.

AOA CORE COMPETENCY 7. SYSTEMS BASED PRACTICE

BUCOM PLO 7. Systems Based Practice: Demonstrate knowledge of how various health care systems, professional societies, and care delivery systems influence resource utilization and access to care.

Instructional Methods

Students learn systems-based practice through PCC/PCM content addressing healthcare delivery structures, access to care, insurance and policy influences, patient navigation of health systems, and population/global health perspectives. Instruction is reinforced through simulation, interprofessional education/service-learning experiences (where required), and case-based discussions that address social determinants of health, care coordination, and resource stewardship. Students also learn information retrieval and evidence tools (e.g., major databases and evidence summaries) to support system aware clinical decision-making.

Assessment Methods

- **OMS-1/OMS-2 (Preclinical):**
 - Case based and simulation assessments requiring system navigation, referral planning, and consideration of access/cost/resource factors
 - Written examinations and structured assignments addressing health systems, policy, and population health concepts
 - Team based learning participation and evaluation when systems-based objectives are targeted
- **OMS-3/OMS-4 (Clinical):**
 - Rotation evaluations assessing care coordination, teamwork, handoffs, referrals, and appropriate resource utilization
 - Assessment of documentation and presentations for system-aware planning (e.g., follow-up, barriers to care, community resources)
 - Participation in patient safety/quality activities when integrated into rotation expectations

Outcome Evidence

Students demonstrate systems-based practice by coordinating care within healthcare systems, collaborating effectively with interprofessional teams, addressing barriers related to social determinants of health, and considering resource stewardship in clinical decision making. Achievement is evidenced through satisfactory case/simulation performance, rotation evaluations of teamwork and care coordination, and documented application of systems thinking in patient care planning.

PROGRAMMATIC LEARNING OBJECTIVE 8. CULTURAL AND SPIRITUAL AWARENESS

BUCOM PLO 8. Cultural And Spiritual Awareness: Demonstrate an awareness of the scope of culture and the elements that form and define it; Demonstrate familiarity with basic religious and cultural beliefs that impact patients' understanding of their illness and the efficacy of proposed treatments; Participate in local, regional or international service projects that embrace the threefold mission of Baptist Memorial Health Care: healing, preaching and teaching.

Instructional Methods

Students engage with cultural and spiritual awareness through a longitudinal curriculum woven across the preclinical and clinical years. In the preclinical years, students explore a variety of topics, including social determinants of health, professional identity, ethics, developing culturally sensitive care, complementary and alternative medicine, interpersonal violence, and public health. Students listen to patient panel discussions in which individuals living with chronic illness share their perspectives on navigating the healthcare system. Throughout OMS-1 and OMS-2, students participate in structured service-learning experiences aligned with the Baptist Memorial Health Care mission of healing, preaching, and teaching.

In the clinical years, students encounter patients from diverse cultural, religious, and socioeconomic backgrounds across all core and selective rotations. Rotations in underserved care and community-based family medicine provide exposure to the cultural dimensions of health equity, helping students understand how social determinants of health shape the experiences of underserved populations and further preparing them for culturally responsive, whole-person care across the lifespan.

Assessment Methods

- **OMS-1/OMS-2 (Preclinical):**
 - Written examinations, case-based assignments, and reflective exercises assess knowledge of cultural and religious factors that influence patient health beliefs.
 - Service-learning participation and associated reflective exercises document engagement with the BUCOM mission.
 - SPEs that include cultural humility and patient-centered communication as assessed competencies
- **OMS-3/OMS-4 (Clinical):**
 - Rotation evaluations in all core and selective clerkships assessing professionalism, cultural humility, and responsiveness to patients' cultural and spiritual values in the context of care.
 - Oral presentations, case write-ups, and educational presentations at clinical sites that incorporate patient context, including cultural and spiritual dimensions
 - COMAT and COMLEX-USA Level 2-CE performance on content related to communication, professionalism, and patient-centered care

Outcome Evidence

Students demonstrate cultural and spiritual awareness by integrating knowledge of diverse health beliefs and practices into patient-centered care, engaging meaningfully in service-learning activities, and exhibiting cultural humility in clinical encounters. Achievement is evidenced through satisfactory performance on preclinical case-based and reflective assessments, completed service-learning participation, SPE evaluations documenting culturally sensitive communication, and clinical rotation evaluations affirming respectful, equitable, whole-person care delivery across diverse patient populations

PROGRAMMATIC LEARNING OBJECTIVE 9.

PERSONAL WELLNESS AND RESILIENCE

BUCOM PLO 8. Personal Wellness and Resilience: Participate in structured educational programming about health, wellness, physical fitness, and nutrition to increase personal wellness and resilience; Participate in educational opportunities to learn holistic approaches to ensure personal wellness; effectively counsel patients and peers about wellness strategies.

Instructional Methods

Students engage with wellness and resilience content through dedicated instruction in the six pillars of lifestyle medicine, culminating in the development of an individualized personal wellness plan. Students explore the “food is medicine” and “exercise is medicine” frameworks, building both personal wellness competency and the skills needed to counsel future patients. Preclinical curriculum addresses self-care, burnout and fatigue mitigation, and professional boundary-setting as foundational wellness topics for the developing physician.

The introduction to the clinical curriculum explicitly orients students to mental health resources available at rotation sites, supporting ongoing personal wellness amid the demands of clinical training. Exposure to preventive and wellness-focused care continues through rotations, where students observe and participate in wellness counseling across diverse patient populations.

Assessment Methods

- **OMS-1/OMS-2 (Preclinical):**
 - Written examinations and personal wellness plans assess knowledge of lifestyle medicine pillars, nutritional principles, dietary assessment, and the evidence base for wellness intervention.
 - Reflective activities address burnout recognition, self-care strategies, the mind–body connection, substance use, and holistic health approaches
 - SPEs incorporate health counseling and wellness communication as assessed competencies
- **OMS-3/OMS-4 (Clinical):**
 - Rotation evaluations across core clerkships assess students’ ability to incorporate wellness counseling, preventive care, and patient education into clinical encounters
 - Assessment of H&P skills in wellness-relevant domains, including nutrition, physical activity, mental health screening, and substance use counseling
 - COMAT and COMLEX-USA Level 2-CE performance on preventive medicine, behavioral health, and patient counseling content

Outcome Evidence

Students demonstrate personal wellness and resilience by completing structured lifestyle medicine education, developing, and enacting an individualized wellness plan, and applying holistic wellness principles to patient counseling in clinical contexts. Achievement is evidenced through satisfactory performance on assessments and the personal wellness plan, completion of wellness-related service-learning projects, performance on standardized patient encounters that include health promotion and counseling components, and clinical rotation evaluations documenting competent, patient-centered wellness and preventive care across core and selective clerkships.

SECTION 7: ORGANIZATION OF CURRICULUM

Baptist Health Sciences University College of Osteopathic Medicine (BUCOM) is committed to delivering a robust, vertically- and horizontally integrated curriculum that fully prepares students to enter graduate medical education. Pre-clinical years (OMS-1 and -2) are mostly spent on the BUCOM campus. Multiple learning modalities are employed, discussed in the Teaching Methods section below. Our nine Programmatic Level Educational Objectives are introduced and spiraled through the curriculum. New skills build on prior knowledge. Students participate in longitudinal threads for nutrition/exercise as medication and inter-professional and service-learning events. Computer-based integrated course exams assess learning during the pre-clinical coursework. Laboratory practical exams, objective standardized clinical encounters (OSCE), simulation, team-based learning group performance, and participation may also be used for formative and/or summative assessment. Time for independent study is built into the OMS-1 and -2 curriculum to ensure adequate time for reflection. Self-directed learning events are incorporated into several longitudinal courses. Using a standardized process, students are provided narrative feedback from faculty, peers, and standardized patients to evaluate non-cognitive skills. Students must complete the Comprehensive Osteopathic Medicine Self-Assessment Examination (COMSAE) and take the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA - Level 1) to enter third year training.

The first two years of the BUCOM curriculum are arranged as semesters (fall and spring) followed by a summer term after OMS-1. The fall OMS-1 semester begins in August and runs through mid-December (19-20 weeks). The spring semester starts in early January and runs through May (20 weeks). The summer term between the OMS-1 and OMS-2 years can be used for research projects, remediation, service learning, military training obligations, or mission trips. OMS-2 begins in early to mid-August and runs through mid-December (19-20 weeks). Spring OM-2 begins in early January and runs through the end of April (19-20 weeks). Students then have dedicated study time to prepare for COMLEX USA-1, which should be taken in early June. The pre-clinical years at BUCOM are completed in residence. It is recommended that students live within a 20-mile radius of the school.

OMS-3 clerkships begin in August with a 2-week orientation and continue through July of the following year. OMS-4 electives and selectives begin in August and run through mid-May. In-person participation is mandatory for all clinical rotations. Graduation is planned for mid-May, allowing a 6-week transition period for graduates to move to residency training.

CURRICULAR ORGANIZATION BY LEARNING YEAR

The pre-clinical years (OMS-1 and -2) are arranged in a longitudinal format that scaffolds new learning onto what is already mastered. Horizontal and vertical curricular integration are emphasized. The basic sciences portion of the first-year curriculum is presented as integrated topical areas. The fall OMS-1 semester covers biochemistry, genetics, physiology, and microbiology before moving into integrated organ systems. The curriculum begins by focusing on normal function and homeostasis, giving students a comprehensive review of healthy function. Students then begin learning about organ systems and thus can better apply knowledge about disease states. Organ system courses begin in the Fall OMS-1 semester. Anatomy runs the entire OMS-1 year, aligning and integrating with both Osteopathic Manipulative Medicine (OMM) and Principles of Clinical Medicine (PCM). OMS-1 OMM and anatomy alignment permit an entire semester to be devoted to spine, upper and lower extremities and how anatomy juxtaposes with OMM principles.

The remainder of the OMS-1 and -2 courses run longitudinally, with new information building on previous knowledge. OMM, PCM, Physician Core Competencies (PCC), and Research Principles run concurrently each semester in OMS-1 and -2, with Special Topics running concurrently with each semester in OMS-2. Course descriptions for the OMS-1 and -2 classes are found below. Clinical year OMS-3 runs using a traditional clerkship model. OMS-4 uses a combination of student chosen electives and selectives.

PRE-CLINICAL TRAINING (OMS-1)

Fall Semester		
Course	Course Number	Credit Hours
Osteopathic Principles & Practice I	OME 701	3
Principles of Clinical Medicine I	OME 719	4
Physician Core Competencies I	OME 705	1
Research Principles I	OME 707	1
Anatomy I	OME 711	4
Integrated Sciences I	OME 721	5
Musculoskeletal System	OME 715	3
Pillars of Nutrition and Lifestyle Medicine	OME 717	1
TOTAL CREDIT HOURS		22

Spring Semester		
Course	Course Number	Credit Hours
Osteopathic Principles & Practice II	OME 702	2
Principles of Clinical Medicine II	OME 724	4
Physician Core Competencies II	OME 726	2
Research Principles II	OME 708	1
Anatomy II	OME 728	3
Neurologic System	OME 718	6
Immune and Dermatologic System	OME 720	3
Gastrointestinal System	OME 722	3
TOTAL CREDIT HOURS		24

PRE-CLINICAL TRAINING (OMS-2, Class 2029)

Fall Semester		
Course	Course Number	Credit Hours

Osteopathic Principles & Practice III	OME 751	2
Principles of Clinical Medicine III	OME 753	3
Physician Core Competencies III	OME 755	1
Research Principles III	OME 757	2
Special Topics III	OME 759	2
Organ Systems II	OME 765	14
TOTAL CREDIT HOURS		24

Spring Semester

Course	Course Number	Credit Hours
Osteopathic Principles & Practice IV	OME 752	2
Principles of Clinical Medicine IV	OME 754	3
Physician Core Competencies IV	OME 756	1
Research Principles IV	OME 758	2
Special Topics IV	OME 760	2
Organ Systems III	OME 766	14
TOTAL CREDIT HOURS		24

PRE-CLINICAL TRAINING (OMS-2, Effective Fall 2027)

Fall Semester

Course	Course Number	Credit Hours
Osteopathic Principles & Practice III	OME 751	2
Principles of Clinical Medicine III	OME 771	4
Physician Core Competencies III	OME 773	2
Research Principles III	OME 775	1
Cardiovascular System	OME 761	6
Respiratory System	OME 763	4
Renal System	OME 767	3
Behavioral System	OME 769	2
TOTAL CREDIT HOURS		24

Spring Semester

Course	Course Number	Credit Hours
Osteopathic Principles & Practice IV	OME 752	2
Principles of Clinical Medicine IV	OME 772	4
Physician Core Competencies IV	OME 776	2
Research Principles IV	OME 778	1
Endocrine System	OME 762	3
Reproductive System	OME 764	4

Hematologic System	OME 768	3
Systems Integration	OME 770	5
TOTAL CREDIT HOURS		24

CLINICAL (OMS-3)

Clerkship/Rotation	Course Number	Credit Hours	Core	Elective/Selective
Introduction to Clinical Rotations	OME 800	2		
Osteopathic Neuromusculoskeletal Medicine I	OME 801	2	X	
Community Based Family Medicine	OME 810	4	X	
Emergency Medicine	OME 811	4	X	
General Surgery	OME 812	4	X	
Internal Medicine I	OME 813	4	X	
Internal Medicine II	OME 814	4	X	
OB/GYN/Women's Health	OME 815	4	X	
Pediatrics	OME 816	4	X	
Psychiatry/Behavioral Health	OME 817	4	X	
Underserved Care	OME 818	4	X	
Med-Surg Selective	OME 820	2		X
TOTAL CREDIT HOURS		42		

CLINICAL (OMS-4)

Clerkship/Rotation	Course Number	Credit Hours	Core	Elective/Selective
Osteopathic Neuromusculoskeletal Medicine II (ONMM)	OME 851	2	X	
Geriatrics	OME 860	4	X	
Med-Surg Selective	OME 870	4		X
Medicine Selective	OME 871	4		X
Primary Care Selective	OME 872	4		X
Surgical Selective	OME 873	4		X
Elective I	OME 880	4		X
Elective II	OME 881	4		X
Elective III	OME 882	4		X
Elective IV	OME 883	4		X
TOTAL CREDIT HOURS		38		
TOTAL CREDIT HOURS FOR DEGREE REQUIREMENT				174

SECTION 8: COURSE DESCRIPTIONS

OMS-1 COURSE DESCRIPTIONS

OME 701 Osteopathic Principles & Practice I (3)

Introduction to the principles and practices unique to osteopathic medicine. Exploration of the contextual framework and basic skills necessary for providing osteopathic patient care. Critical evaluation of osteopathic history and philosophy and initial formation of professional identity as an osteopathic physician. Osteopathic examination and techniques of the back and extremities are applied.

OME 702 Osteopathic Principles & Practice II (2)

Exploration of osteopathic principles and practices with required application to various clinical topics. Investigate osteopathic concepts of mind-body-spirit principles.

OME 719 Principles of Clinical Medicine I (4)

Exploration of foundational skills and knowledge pertinent to becoming an osteopathic physician: learn to perform a comprehensive history, deliver patient-centered care, and incorporate effective verbal and non-verbal communication. Demonstrate beginning mastery of oral presentation and documentation skills essential to clinical practice. Obtain and interpret normal and abnormal vital signs. Instruction in the development and performance of routine physical examination skills of the musculoskeletal system. Introduction to various diagnostic imaging modalities, including ultrasound, and incorporation of diagnostic imaging-focused content relevant to the musculoskeletal system in both the classroom and through simulation. Inclusion of small group and interactive techniques involving standardized patients, case studies, simulation, peer-to-peer instruction, and role-play as the primary learning methods. Formative standardized patient encounters (SPEs) are incorporated into this course to assess student knowledge and skill development throughout the semester. The term ends with a summative standardized patient encounter and clinical skills assessment to determine readiness to progress to the spring OMS-1 term.

OME 724 Principles of Clinical Medicine II (4)

Exploration of advanced clinical skills and knowledge essential to the continued development of the osteopathic physician, with an emphasis on refining patient-centered care, clinical reasoning, and effective verbal and non-verbal communication. Further development of comprehensive history-taking, oral presentation, and medical documentation skills while advancing clinical decision-making. Instruction on the development and performance of physical examination skills, laboratory findings and imaging of the special senses, neurologic, infectious, dermatologic, and gastrointestinal systems, including recognition and interpretation of normal and abnormal findings. Continued integration of diagnostic imaging-focused content to relevant organ systems in both the classroom and through simulation. Emphasis placed on experiential learning through small-group and interactive techniques, including standardized patient encounters, role-play, task trainers, case study sessions, simulations, and peer-to-peer instruction. Formative standardized patient encounters (SPEs) are incorporated into this course to assess student knowledge and skill development throughout the semester. The term ends with a summative standardized patient encounter and clinical skills assessment to determine readiness to progress to the fall OMS-2 term.

OME 705 Physician Core Competencies I (1)

Development of the professional identity as an osteopathic physician. Instruction regarding appropriate patient / physician boundaries, boundary violations, ethics, professionalism, and self-care. Introduction to social determinants of health.

Learners will work effectively with other students as a member or leader of a learning team, including group interactions with other health care professions to learn the importance of teamwork and inter-professional collaboration. Introduction to the concept of self-directed learning. Modules will be included in the course to address burnout and fatigue mitigation.

OME 726 Physician Core Competencies II (2)

Continued development of the Professionalism, Interpersonal and Communication Skills, and Systems-Based Practice Competencies. This semester will focus on medical ethics and end of life, patient and provider safety, and antibiotic and vaccination stewardship. Learners will be introduced to the legal components of medicine and patient safety, including instruction regarding patient/physician boundaries. The mind body connection will be explored, and learners will be introduced to complementary and alternative medicine. Learners will hear from patient panels about living with chronic disease and interacting with health care. There will be a service-learning project.

OME 707 Research Principles I (1)

Introduction to the scientific method, research study design, scholarly activity requirements, and basic human subjects' protection in research. Completion of assigned modules for the Belmont Report and CITI training. Exploration of potential research mentors and initial research project ideas.

OME 708 Research Principles II (1)

Introduction to basic biostatistical principles and evaluation of scientific literature. Integration of Journal clubs pertinent to topics in the organ systems and Osteopathic Manipulative Medicine courses. Students work with their research mentors on developing plans for a research proposal or other scholarly activity.

OME 711 Anatomy I (4)

Exploration of gross and developmental anatomy of the musculoskeletal system of the back and extremities. Studies include anatomical features of the back, spine, shoulder, hip, and upper and lower extremities. Laboratory cadaveric dissection, radiological and three-dimensional imaging, and models are all employed requiring the application of knowledge in anatomical sciences to solve clinical problems.

OME 728 Anatomy II (3)

Exploration of gross anatomy, developmental anatomy, and special sensory organs. Anatomical coverage of HEENT, special sensory organs, cardiopulmonary, gastrointestinal, and genitourinary areas. Laboratory cadaveric dissection, radiological and three-dimensional imaging, and models used. Application of the knowledge of anatomical sciences to solving clinical problems.

OME 713 Integrated Sciences (5)

This integrated foundational science course brings together key principles from biochemistry, genetics, histology, physiology, and pharmacology to develop a cohesive understanding of normal human structure and function, regulation of homeostasis, and pathophysiologic basis of disease. This course emphasizes application and integration of concepts using active learning strategies such as team-based learning, peer instruction, and integrated assessments to support long-term retention.

OME 717 Pillars of Nutrition and Lifestyle Medicine (1) This course introduces the six pillars of lifestyle medicine: optimal nutrition, physical activity, restorative sleep, stress management, connectedness, and risky substance avoidance. Discussion of the fundamentals of nutrition, including anthropometrics, dietary assessment, and adequate energy and nutrient intakes. Exploration of "food is medicine" and

"exercise is medicine" concepts. Application of lifestyle medicine pillars in the form of setting goals for personal wellness, culminating in a complete personal wellness plan for medical school and beyond.

OME 715 Musculoskeletal System (3)

Examination of the structure-function relationship of the musculoskeletal system. Anatomy, embryology, histology, and physiology will provide the foundation for clinical application of pathology, pathophysiology, and pharmacology. Related topics of microbiology, trauma, and pharmacological toxicity will be integrated. Application of knowledge will be assessed using active learning during lectures, team-based learning, and peer-instruction, and through integrated assessments.

OME 718 Neurologic System (6)

This course explores the anatomy and physiology of the nervous system in health and disease. Students will learn to integrate osteopathic findings, imaging techniques, and biochemical markers to objectively assess nervous system function. The curriculum covers processes involving vision, hearing, olfaction, taste, speech, cranial nerves, as well as spinal cord, brainstem, and brain function. Students will identify the signs, symptoms, and consequences of nervous system pathologies resulting from trauma, ischemia, stroke, infection, toxins, autoimmune disorders, and epigenetic and genetic conditions. Topics include anatomy, developmental anatomy, histology, microbiology, physiology, and contemporary therapeutic approaches.

OME 720 Immune and Dermatologic System (3)

Foundational principles of immune system function and medical microbiology are presented. The instructional process then moves from healthy homeostasis to disease states. Introduction to the principles of trauma, inflammatory disorders, infections, and cancers as they relate to the immune system. Topical studies in immune responses to infections, immune deficiencies, hypersensitivity, tumor, transplantation rejection and appropriate pharmacological interventions will be discussed. Finally, a focus on applying healthy as well as immune and infectious disease processes to the integumentary system is provided.

OME 722 Gastrointestinal System (3)

Structure and function of the gastrointestinal (GI) and hepatobiliary systems are examined in both health and disease. Topics may include anatomy, histology, microbiology, pharmacology, physiology, pathology, or contemporary therapeutic approaches. Basic tenets of nutrition and the impact of GI dysfunction on nutritional status are discussed. Evaluation of the effects of food and diet, including micro and macronutrients, on health and disease prevention. Topics may include therapeutic diets and nutrition for specific disorders, as well as tube feeding, IV alimentation, osteopathic, medical, and surgical interventions.

OMS-2 COURSE DESCRIPTIONS (Class 2029)

OME 751 Osteopathic Principles & Practice III (2)

Expansion of osteopathic principles and practices needed for advanced application to the renal, reproductive, endocrine, and hematologic systems. Instruction on new osteopathic exams and techniques.

OME 752 Osteopathic Principles & Practice IV (2)

Continuation of osteopathic principles and practices as they apply to various clinical topics and patient populations. The focus of this semester is consolidation of physical exam skills and somatic dysfunction diagnosis in a primary care setting to ensure preparation for clinical rotations.

OME 753 Principles of Clinical Medicine III (3)

Introduction of clinical skills focusing on the targeted history and physical examination. Incorporation of examination skills and viscerosomatic findings related to the renal, endocrine, genitourinary, and hematologic systems into the physical examination sequence. Breast, pelvic and male genitourinary exams taught using task trainers as well as Clinical Breast and Genitourinary Teaching Associates. Small group and interactive techniques involving standardized patients, peer-to-peer instruction, and role-play are used as the main learning methods. Standardized patient encounters (SPED) are incorporated into this course monthly, on average, to assess student knowledge and skills development, based on the targeted examination format. The term ends with a summative standardized patient encounter to assess readiness to move to the spring OMS-2 term.

OME 754 Principles of Clinical Medicine IV (3)

Demonstration of targeted history and physical examination skills, oral presentation of findings, appropriate documentation of findings, clinical decision-making, and application of Osteopathic Manipulative Techniques. Small group and interactive techniques involving standardized patients, peer-to-peer instruction, and role-play are used as the main learning methods. Continuation of standardized patient encounters monthly to assess student knowledge and skills development.

OME 755 Physician Core Competencies III (1)

Application of the physician's competency of inter-professional collaboration and communication skills for effective exchange of information and collaboration with patients, their families, and health professionals. Introduction to public health, medical jurisprudence, and population/global health.

OME 756 Physician Core Competencies IV (1)

Introduction to end-of-life care and bioethics. Introduction to health systems science (HSS) focusing on the principles, methods, and practice of improving quality, outcomes, and costs of health care delivery for patients and populations within systems of medical care.

Covers topics such as leadership, root-cause analysis, working in teams, care coordination, care transitions, the social and economic determinants of health, error disclosure and using health information technology, electronic health records, and insurance.

OME 757 Research Principles III (2)

Expands upon previously learned research principles, biostatistics, and evidence-based medicine. Continued work with mentor(s) on research project or other scholarly activity.

OME 758 Research Principles IV (2)

Cumulative review of biostatistics, evidence-based medicine, clinical-decision making, and research design in preparation for COMLEX USA Level-1 examination. Continued work with research mentors to hone the project plan for working towards disseminating individual research/scholarly activity. The course culminates in a proposal presentation.

OME 759 Special Topics III (2)

Correlation of Nutrition and Exercise Medicine modules with the organ systems. Application of ultrasound techniques for organ systems. Hands-on ultrasound scanning opportunities.

OME 760 Special Topics IV (2)

Completion of Nutrition and Exercise as Medicine modules that related to neuroscience, skin, rheumatologic conditions, or behavioral health. Continued ultrasound skills practice using didactic instruction and hands-on scanning opportunities.

OME 765 Organ Systems II (14)

The second of three clinical courses arranged in organ systems blocks. Each system incorporates developmental anatomy, biochemistry, immunology, microbiology, pathophysiology, pathology, pharmacology, physiology, infectious diseases, and oncology in an integrated fashion. The course focuses on the most common diseases and those that illuminate basic principles. Clinical management presented to illustrate the importance of basic principles:

- Renal: Integration of anatomy and physiology of the renal and urinary system. Assess and interpret biochemical markers, signs, symptoms and viscerosomatic findings of renal and hematopoietic pathologies. Design comprehensive pharmacologic, non-pharmacologic and manual medicine treatment plans and develop an understanding of the ethical, legal, and social aspects related to disease treatment, including dialysis and transplant. Case studies, team-based learning, and other active learning modalities employed through organ system blocks.
- Reproductive: Integration of core biomedical sciences in the identification, differentiation, diagnosis, and management of the normal and abnormal states of the reproductive system. Exploration of musculoskeletal contribution to conditions of pregnancy, the role of hormones and their impact during pregnancy, organ development, organ function, and metabolism. Discussions relevant to historical and current medical and surgical topics with this system.
- Endocrine: Identification, differentiation, diagnosis, and management of the normal and abnormal states of the endocrine system. Exploration of the role of hormones and their impact on organ development, organ function, and metabolism, including discussions relevant to historical and current medical and surgical interventions for localized and systemic diseases for these systems.
- Hematology: Application of learning from prior organ systems courses. Focus on normal and abnormal blood and leukemoid cell production, transplantation, and other related topics including disease processes involving this system.

OME 766 Organ Systems III (14)

The third of three clinical courses arranged as organ systems blocks. Each system covers developmental anatomy, histology, anatomy, immunology, microbiology, pathophysiology, pathology, physiology, pharmacology, infectious diseases, and oncology in an integrated manner. The course focuses on the most common diseases and those that best illuminate basic principles. Clinical management presented to illustrate the importance of basic science principles:

- Neuroscience: Exploration of anatomy and physiology of the nervous system in both health and disease, correctly performing the neurologic examination, and integrating osteopathic findings, imaging techniques, and biochemical markers to objectively assess the nervous system. Identification of signs, symptoms, and consequences of nervous system pathologies resulting from trauma, ischemia, stroke, infection, toxins, autoimmune, and epigenetic and genetic conditions. Participation in inter-professional case-based learning session with inter-professional learners from other colleges at Baptist Health Sciences University.

- Behavioral: Introduction to an overview of mental health issues, including developmental disorders, adaptive and maladaptive behaviors, mood disorders, stress-induced behavior, fear and anxiety disorders, substance abuse, somatoform disorders, and psychoses. Examination of ethical, legal, and social aspects related to neuroscience and behavioral pathologies.
- Rheumatology/dermatology Investigation of normal and abnormal structure and function of the integumentary, musculoskeletal, and motor systems. Emphasis on the cellular, tissue, and organ system level, as well as states of disease and dysfunction.
- Systems Integration: Integration and application of biomedical and clinical concepts previously presented throughout the first two years of the undergraduate osteopathic medical curriculum. Mastery of foundational biomedical and clinical concepts assessed. Completion of the Comprehensive Osteopathic Medical Self-Assessment Examination Phase 1 (COMSAE phase 1) to assess readiness to sit COMLEX-USA Level 1 examination. Development of a personalized study plan in preparation for the COMLEX-USA Level 1 examination, required prior to beginning BUCOM's clinical curriculum (OMS-3). Summative assessment of comprehensive and targeted examination skills, interviewing and communication skills, and osteopathic clinical skills.

OMS-2 COURSE DESCRIPTIONS (Effective August 2027)

OME 751 Osteopathic Principles & Practice III (2)

Expansion of osteopathic principles and practices needed for advanced application to the renal, reproductive, endocrine, and hematologic systems. Instruction on new osteopathic exams and techniques.

OME 752 Osteopathic Principles & Practice IV (2)

Continuation of osteopathic principles and practices as they apply to various clinical topics and patient populations. The focus of this semester is consolidation of physical exam skills and somatic dysfunction diagnosis in a primary care setting to ensure preparation for clinical rotations.

OME 771 Principles of Clinical Medicine III (4)

Exploration of progressively advanced clinical skills and knowledge required for continued growth as an osteopathic physician, with an emphasis on synthesis of patient data, refinement of clinical reasoning, and delivery of patient-centered care. Development of comprehensive history-taking, oral presentation, and medical documentation skills while applying diagnostic reasoning to increasingly complex clinical scenarios. Focus placed on the performance and integration of physical examination skills of the cardiovascular, pulmonary, renal, and behavioral systems, with emphasis on identification, interpretation, and management of abnormal clinical findings, laboratory findings, and imaging. Continued integration of diagnostic imaging-focused content to relevant organ systems in both the classroom and through simulation. The course incorporates expanded use of simulation technology, including high-fidelity simulators and task trainers, to enhance recognition of pathologic findings and clinical decision-making in a safe, structured environment. Learning is supported through small-group and interactive modalities, including standardized patient encounters, role-play, case study sessions, simulations, and peer-to-peer instruction. Formative standardized patient encounters (SPEs) are incorporated into this course to assess student knowledge and skill development throughout the semester. The term ends with a summative standardized patient encounter and clinical skills assessment to determine readiness to progress to the spring OMS-2 term.

OME 772 Principles of Clinical Medicine IV (4)

Exploration of advanced and integrative clinical skills and knowledge essential to the osteopathic physician as students prepare for entry into clinical training, with continued emphasis on patient-centered care, clinical reasoning, and effective verbal and non-verbal communication. Cultivate comprehensive history-taking, focused physical examination, oral presentation, and medical documentation skills, with increasing independence in clinical decision-making through synthesis of complex patient data. Instruction focuses on the physical examination, laboratory findings, imaging, and clinical assessment of the endocrine, male, and female reproductive and genitourinary, and hematologic systems, including recognition, interpretation, and integration of normal and abnormal findings. Continued integration of diagnostic imaging-focused content to relevant organ systems in both the classroom and through simulation. A culminating wrap-up block emphasizes pediatrics as well as a comprehensive integration of all body systems, reinforcing clinical reasoning across multisystem presentations and preparing students for holistic patient care. Experiential learning remains central through small-group and interactive modalities, including standardized patient encounters, simulations, case study sessions, task trainers, and peer-to-peer instruction. Formative standardized patient encounters support ongoing skill development, and the course concludes with a summative standardized patient encounter and clinical skills assessment to assess readiness for transition into clinical rotations.

OME 773 Physician Core Competencies III (2)

Continued development of the Professionalism, Interpersonal and Communication Skills, and Systems-Based Practice Competencies. Learners will be introduced to the health consequences of smoking and the importance of smoking prevention and cessation, including a service-learning project focused on smoking prevention in children. Learners will develop skills for challenging patient encounters. Learners will explore the issues of disruptive and impaired physicians and learn about addiction and tolerance. Learners will be introduced to Culinary Medicine. Learners will hear from patient panels about living with chronic disease and interacting with health care.

OME 776 Physician Core Competencies IV (2)

Continued development of the Professionalism, Interpersonal and Communication Skills, and Systems-Based Practice Competencies. This semester will include an introduction to public health, health systems, and medical jurisprudence. There will also be a review of interpersonal violence with an associated service-learning project. Learners will hear from patient panels about living with chronic disease and interacting with health care. The course will conclude with a review of high yield COMLEX 1 concepts in the areas of professionalism, interpersonal and communication skills, and system-based practice.

OME 775 Research Principles III (1)

Research Principles III is a continuation of the foundational research skills introduced in earlier courses, with a focus on advanced techniques in data analysis, scientific communication, and ethical publishing practices. Students will gain hands-on experience with research data analysis tools such as SPSS, R, and Excel, and develop skills in writing and structuring the Methods and Results sections of scientific manuscripts. Additional topics include data visualization and interpretation, identifying and addressing bias and confounders, and navigating the peer-reviewed publication process. The course includes a two-part series on writing a scientific manuscript, ethics in publishing and authorship, and advanced research presentation skills. Students will also prepare for research conferences and networking opportunities through journal clubs and mock presentations. This course prepares students to effectively contribute to and communicate their work in academic and professional research settings.

OME 778 Research Principles IV (1)

Research Principles IV is the culminating course in the research curriculum sequence, designed to prepare students for independent scholarly activity, professional dissemination, and career development within academic and clinical research environments. Building upon the foundational knowledge and practical skills gained in earlier Research Principles courses, this course emphasizes the final stages of the research process—refining scientific manuscripts, addressing peer feedback, and navigating the publication and grant submission process. By the end of this course, students will demonstrate the ability to synthesize, communicate, and apply research findings within the broader context of biomedical scholarship and professional practice.

OME 761 Cardiovascular System (6)

Covers concepts related to the cardiovascular system in both health and disease. Topics may include anatomy, histology, and developmental anatomy, microbiology, physiology, pharmacology, and pathology. Also includes integration of basic and clinical sciences in the context of Osteopathic philosophy using contemporary diagnostic and therapeutic approaches.

OME 762 Endocrine System (3)

This course introduces the identification, differentiation, diagnosis, and management of normal and abnormal endocrine function with emphasis on hormonal regulation, pathophysiology, clinical presentation, diagnostic evaluation, and medical and surgical management of endocrine disorders, integrated with osteopathic principles and board-relevant clinical application.

OME 763 Respiratory System (4)

Covers concepts related to the respiratory system in both health and disease. Topics may include anatomy, histology, microbiology, pharmacology, physiology, and pathology. Also includes integration of basic and clinical sciences in the context of Osteopathic philosophy using contemporary diagnostic and therapeutic approaches.

OME 764 Reproductive System (4)

This course introduces the integration of core biomedical sciences in the identification, differentiation, diagnosis, and management of the normal and abnormal states of the reproductive system. This course explores the musculoskeletal contribution to conditions of pregnancy, the role of hormones and their impact during pregnancy, organ development, organ function, and metabolism. Students will engage in discussions relevant to historical and current medical and surgical topics with this system.

OME 767 Renal System (3)

Integration of anatomy and physiology of the renal and urinary system. Assess and interpret biochemical markers, signs, and symptoms of renal and hematopoietic pathologies. Design comprehensive pharmacologic and non-pharmacologic treatment plans and develop an understanding of the ethical, legal, and social aspects related to disease treatment, including dialysis and transplant. This unit will employ case studies, team-based learning, and other active learning modalities to meet student educational goals.

OME 768 Hematologic System (3)

This course integrates the application of learning from prior organ systems courses with a focus on normal and abnormal blood and leukemoid cell production, transplantation, and other related topics including disease processes involving the hematologic system.

OME 769 Behavioral System (2)

This course introduces the neurobiological and behavioral foundations of psychiatric disorders, including developmental disorders, defense mechanisms, mood disorders, anxiety and stress-related conditions, substance use disorders, somatic symptom disorders, and psychoses. Emphasis is placed on ethical, legal, and social considerations that inform the diagnosis, pharmacological and non-pharmacological management, and understanding of mental health conditions.

OME 770 Systems Integration (5)

This course integrates and applies biomedical and clinical concepts presented throughout the first two years of the undergraduate osteopathic medical curriculum. Students will demonstrate mastery of foundational biomedical and clinical concepts through comprehensive assessment. Students will complete the Comprehensive Osteopathic Medical Self-Assessment Examination Phase 1 (COMSAE Phase 1) to assess readiness for the COMLEX-USA Level 1 examination. Each student will develop a personalized study plan in preparation for COMLEX-USA Level 1, which is required prior to beginning BUCOM's clinical curriculum (OMS-3). The course includes summative assessment of comprehensive and targeted examination skills, interviewing and communication skills, and osteopathic clinical skills.

OMS-3 and 4 COURSE DESCRIPTIONS**OME 800 Introduction to Clinical Rotations (2)**

This two-week course is designed to familiarize the student with necessary information and skills to be successful on clinical rotations during the third and fourth years of the curriculum. All students will complete certification in BLS and ACLS. Students are instructed in standard operating procedures common to inpatient services as well as outpatient clinics. Expectations for professional appearance and conduct are reviewed. Training is conducted relative to HIPAA regulations and requirements, health and safety policies and procedures, availability of healthcare and mental health resources at rotation sites, infection control, blood, and airborne exposure protocols, and preparing for the residency match, including letters of recommendation. Additional training is conducted utilizing simulation and task trainers in common procedures. Standards and expectations concerning evaluations and grading are reviewed.

OME 801 Osteopathic Neuromusculoskeletal Medicine I (2)

The Osteopathic Neuromusculoskeletal Medicine I (ONMM) rotation is composed of a 2-week course of study that will introduce you to the multifaceted care of patients commonly seen in ONMM practice. This rotation will incorporate an introductory knowledge of medical conditions commonly encountered in an ONMM practice: indications, disease processes, and the technical components of ONMM procedures, including the benefits and alternatives to ONMM approaches. During the rotation, students are expected to perform educational presentations as assigned by the preceptor up to and including morning report presentations, case studies and clinical presentations, participation in conferences and grand rounds.

During this clinical course, students will engage in the care of patients presenting with a variety of clinical problems routinely seen on the ONMM service.

During this required Osteopathic Neuromusculoskeletal Medicine (ONMM) I clerkship rotation, students will utilize their patient centered primary clinical skills and osteopathic Neuromusculoskeletal structural

examination skills to assess patients for the medical diagnosis of somatic dysfunction. Under directly supervised encounters from the BUCOM faculty, the student will accurately demonstrate the appropriate osteopathic manipulative treatment (OMT) technique(s), as indicated, in clinical and educational settings.

OME 810 Community Based Family Medicine (4)

The Family Medicine rotation is composed of a 4-week course of study that will introduce you to the wide variety of patients encountered by Family Physicians. This rotation will incorporate an introductory knowledge of patients and medical conditions commonly encountered in general practice: cradle to grave care including infants, children, adults, geriatrics, and maternity care. During the rotation, students are expected to perform educational presentations as assigned by the preceptor up to and including morning report presentations, case studies and clinical presentations, and participation in didactic conferences.

OME 811 Emergency Medicine (4)

The Emergency Medicine rotation is composed of a 4-week course of study that will introduce you to the multifaceted care of patients commonly seen in the emergency department. This rotation will incorporate an introductory knowledge of surgical, medical, and mental health conditions commonly encountered in an emergency medicine practice: triage of patients, evaluation, diagnosis, and indications for treatment of a wide variety of medical, surgical, and mental health problems, and incorporate technical components of common emergency department procedures, including the benefits and alternatives to aggressive approaches. During the rotation, students are expected to perform educational presentations as assigned by the preceptor up to and including morning report presentations, case studies and clinical presentations, participation in pathology conferences, mortality and morbidity conferences, and grand rounds.

During this clinical course, students will engage in the care of patients presenting with a variety of clinical problems routinely seen on the emergency medicine service. Students will engage in evaluation and treatment of patients and the application of osteopathic principles and practices to speed healing, decrease complications, and advance recovery.

In the emergency department, learners will have the opportunity to practice some common emergency procedures, learn emergency department protocols, and formulate appropriate disposition linked to continuity of care beyond the emergency department visit.

OME 812 General Surgery (4)

The Surgery rotation is composed of a 4-week course of study that will introduce you to the multifaceted care of patients commonly seen in surgical practice. This rotation will incorporate an introductory knowledge of medical conditions commonly encountered in a general surgery practice: indications, surgical disease processes, and the technical components of surgical procedures, including the benefits and alternatives to surgical approaches. During the rotation, students are expected to perform educational presentations as assigned by the preceptor up to and including morning report presentations, case studies and clinical presentations, participation in pathology conferences, mortality and morbidity conferences, and grand rounds.

During this clinical course, students will engage in the care of patients presenting with a variety of clinical problems routinely seen on the surgical service. Students will engage in preoperative evaluation and treatment, intraoperative, and postoperative management of the patient and the application of osteopathic principles and practices to speed healing, decrease complications and advance recovery. In the operating room, learners will have the opportunity to practice aseptic techniques, learn operating room protocols and common surgical instruments, and assist in surgery.

OME 813 Internal Medicine I (4)

During this four-week rotation, students will participate in the care of adult patients in inpatient settings. Students will work with internal medicine physicians to provide comprehensive acute and chronic medical care to adult patients. Students will 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 for the patients on the inpatient service.

OME 814 Internal Medicine II (4)

This four-week rotation gives students additional education and training in clinical internal medicine and internal medicine subspecialties. Students will work alongside physicians who provide inpatient and/or outpatient medical care for adult patients. Emphasis is placed on determining normal from abnormal history and physical findings, using diagnostic tests, logical selection and defense of differentials, accurate reporting of data, beginning development of management plans, health education of patients and families, and referrals.

OME 815 OB/GYN/Women's Health (4)

This four-week rotation provides students with clinical experiences caring for women in all stages of life from adolescence to menopause. Students will participate in the care of patients with a variety of obstetrical and gynecologic conditions in inpatient and outpatient settings under the supervision of OBGYN physicians. Students will advance their knowledge and skills in the care of women including wellness, preventive and pregnancy care.

OME 816 Pediatrics (4)

The four-week rotation provides third-year medical students with knowledge and experience in ambulatory pediatrics and some hospital and newborn nursery pediatric educational experiences. Students will develop knowledge and skills related to normal and abnormal growth and development of infants, children, and adolescents. Students will apply their knowledge of the pathophysiologic basis of disease to common illnesses and disorders of children and adolescents.

OME 817 Psychiatry/Behavioral Health (4)

This four-week rotation is designed for students to learn and practice interviewing, diagnostic, and interpersonal skills necessary for working with patients who present with mental health concerns. Under supervision, students will learn to perform psychiatric evaluation, mental status examination, identification of psychiatric symptoms, and differential diagnoses. The student will also learn how psychiatric illness may be present in patients with co-morbid medical disorders, how to manage psychiatric emergencies, and make informed medical and treatment decisions.

OME 818 Underserved Care (4)

This four-week rotation serves to introduce the student to the healthcare needs that are unique to the underserved population in rural, urban, and suburban settings. It will demonstrate the critical role the primary care physician plays in the care provided to the underserved population and will provide learning opportunities that allow students to understand the concepts of social determinants of health, health equity, and health equality and their impact on health outcomes. Often, achieving health equity requires reaching beyond the clinic and into communities. Learning opportunities will challenge the student to begin to examine their own implicit biases as it relates to patient care. It will teach a primary care approach to the evaluation and management of a variety of disease presentations (acute, chronic disease, wellness/prevention) in the office setting for the underserved population. It will also provide instruction on the following essential skills: history taking, physical exam skills, management planning, and clinical reasoning.

OME 820 Med-Surg Selective (2)

This two-week selective is performed in a medical or surgical specialty of the student's choosing. During selective and elective clerkship rotations, students will work with physicians in all areas of practice. Students will pre-round, attend rounds, and see patients in an outpatient setting, etc. at the discretion of the preceptor. Students will also observe and participate in patient care at the discretion of the preceptor. It is anticipated that students will interact with all healthcare personnel appropriate to the care of patients the student encounters and learn from each of them about their specific responsibilities.

OME 851 Osteopathic Neuromusculoskeletal Medicine II (2)

The Osteopathic Neuromusculoskeletal Medicine II (ONMM) rotation is composed of a 2-week course of study that will introduce students to the multifaceted care of patients commonly seen in ONMM practice and will occur in the 4th year after successful completion of ONMM I. This rotation will incorporate an introductory knowledge of medical conditions commonly encountered in an ONMM practice: indications, disease processes, and the technical components of ONMM procedures, including the benefits and alternatives to ONMM approaches.

During the rotation, students are expected to perform educational presentations as assigned by the preceptor up to and including morning report presentations, case studies and clinical presentations, participation in pathology conferences, mortality and morbidity conferences, and grand rounds.

OME 860 Geriatrics (4)

This four-week rotation gives students additional education and training in geriatrics. Students will work alongside physicians who provide inpatient and/or outpatient medical care for geriatric patients. Students will determine normal from abnormal history and physical findings, use diagnostic tests, logical selection, and defense of differentials, accurately report data, begin developing management plans, participate in health education of patients and families, and learn when and how to make appropriate referrals. Special emphasis is placed on the anatomy and physiology of the normal aging process and pathological processes that commonly affect the geriatric population. End-of-life issues are covered and applied to patients as appropriate.

OME 870 Med-Surg Selective (4)

This four-week selective is performed in a medical or surgical specialty of the student's choosing. During selective and elective clerkship rotations, students will work with physicians in all areas of practice. Students will pre-round, attend rounds, and see patients in an outpatient setting, etc. at the discretion of the preceptor. Students will also observe and participate in patient care at the discretion of the preceptor. It is anticipated that students will interact with all healthcare personnel appropriate to the care of patients the student encounters and learn from each of them about their specific responsibilities.

OME 871 Medicine Selective (4)

This four-week selective is performed in a medical specialty of the student's choosing. During selective and elective clerkship rotations, students will work with physicians in all areas of practice. Students will pre-round, attend rounds, and see patients in an outpatient setting, etc. at the discretion of the preceptor. Students will also observe and participate in patient care at the discretion of the preceptor. It is anticipated that students will interact with all healthcare personnel appropriate to the care of patients the student encounters and learn from each of them about their specific areas of practice.

OME 872 Primary Care Selective (4)

This four-week selective is performed in a primary care specialty of the student's choosing. During selective and elective clerkship rotations, students will work with physicians in all areas of practice. Students will pre-round, attend rounds, and see patients in an outpatient setting, etc. at the discretion of the preceptor. Students will also observe and participate in patient care at the discretion of the preceptor. It is anticipated that students will interact with all healthcare personnel appropriate to the care of patients the student encounters and learn from each of them about their specific areas of practice.

OME 873 Surgical Selective (4)

This four-week selective is performed in a surgical specialty of the student's choosing. During selective and elective clerkship rotations, students will work with physicians in all areas of practice. Students will pre-round, attend rounds, and see patients in an outpatient setting, etc. at the discretion of the preceptor. Students will also observe and participate in patient care at the discretion of the preceptor. It is anticipated that students will interact with all healthcare personnel appropriate to the care of patients the student encounters and learn from each of them about their specific areas of practice.

OME 880/881/882/883 Elective (4 each)

This four-week elective is performed in a specialty of the student's choosing. During selective and elective clerkship rotations, students will work with physicians in all areas of practice. Students will pre-round, attend rounds, and work with patients in an outpatient setting, etc., at the discretion of the preceptor. Students will also observe and participate in patient care at the discretion of the preceptor. It is anticipated that students will interact with all healthcare personnel appropriate to the care of patients the student encounters and learn from each of them about their specific areas of practice.