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**ATSU and ATSU-KCOM Policies & Resources for
COCA Standard No. 1.4: Governance & Program Policies**

Signature: *On file in Dean's office*

Date Approved: *December 12, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 1.4, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have a governing body, or be part of a parent institution with a governing body, that defines the mission of the COM and/or institution, approves the strategic plan, provides financial oversight, and approves requisite policies. The COM must publish and abide by policies regarding conflict of interest (for board members, employees, and institutionally employed faculty); due process for employees, students, and credentialed instructional staff; confidentiality of employee, student, and medical records; fiscal management; and ethics which must incorporate the American Osteopathic Association Code of Ethics.

POLICIES & RESOURCES

ATSU-KCOM meets COCA standard 1.4 via the follow policies and resources:

- ByLaws
 - [ATSU Bylaws](#)
 - [Board of Trustee Members](#)
- Policies and/or Resources
 - Conflict of Interest Policies
 - [Board of Trustee - Conflict of Interest](#)
 - [ATSU Policy No. 10-212 Conflict of Interest](#)
 - [ATSU Employee Handbook](#)
 - Due Process
 - [ATSU Policy No. 90-100 Equal Employment Opportunity](#)
 - [KCOM Faculty Handbook](#)
 - Due Process - Misconduct hearing - pg 16
 - [ATSU Policy No. 90-209 Employee Problem Solving Procedure](#)
 - [ATSU Catalog - Student Academic Appeals](#)
 - [ATSU Student Handbook \(Appendix\) Code of Behavioral Standards \(Appeal\)](#)
 - [ATSU University Catalog \(Appendix G\) Process for Requesting Academic Adjustments \(Accommodations\) for Students with Disabilities](#)
 - [ATSU Policy No. 10-216 Whistleblower Policy](#)
 - Confidentiality
 - [ATSU Policy No. 10-216 Whistleblower Policy](#)
 - [ATSU Policy No. 90-210 Prohibition of Discrimination, Harassment, and Retaliation](#)
 - [ATSU FERPA Information for Students](#)
 - [ATSU FERPA Information for Faculty and Staff](#)
 - [ATSU HIPAA Policies](#) (*intranet website*)
 - Fiscal Management and Accountability

- [ATSU Policy No. 10-214 Public Availability](#)
- [ATSU Policy No. 20-117 Financial Conflict of Interest \(FCOI\) in Research](#)
- [ATSU Policy No. 50-326 Financial Information Safeguards](#)
- [ATSU Policy No. 75-101 Purchasing Policy and Procedure](#)
- [ATSU Policy No. 10-210 Red Flags Rule](#)
- Ethics
 - [ATSU Policy No. 10-220 Code of Ethical Standards](#)
 - [KCOM Faculty Handbook](#)
 - Code of Ethical Standards - pg 15

REVIEW(S)

Policy & Resources reviewed by:
KCOM Dean - December 12, 2019

BYLAWS

A.T. STILL UNIVERSITY OF HEALTH SCIENCES

Adopted April 9, 2005

As Amended February 9, 2008, October 11, 2008, May 9, 2009, June 10, 2009, September 25, 2010, May 21, 2011, July 28, 2012, April 20, 2013, January 24, 2014, April 25, 2014, and April 29, 2017, February 1, 2019

ARTICLE I - Name

The name of the corporation is A.T. Still University of Health Sciences (University) and the Bylaws hereinafter provided for are Bylaws of the University.

The Board of Trustees for the University may authorize by a two-thirds affirmative vote of its membership to have individual unit and/or organizational University Bylaws in addition to those provided for the University, provided the individual unit and/or organizational Bylaws are not in conflict or inconsistent with the Bylaws of the University.

ARTICLE II - Mission

A.T. Still University of Health Sciences serves as a learning-centered university dedicated to preparing highly competent professionals through innovative academic programs with a commitment to continue its osteopathic heritage and its focus on whole person healthcare, scholarship, community health, interprofessional education, diversity, and underserved populations.

ARTICLE III - Principal Office

The University shall have and continuously maintain a registered office and registered agent in the State of Missouri. The registered office shall have the same address as the registered agent. The location of the registered office and the name of the registered agent in the State of Missouri shall be such as are stated in the Articles of Incorporation, and as may be changed and determined from time to time by the Board of Trustees pursuant to the applicable provisions of law.

ARTICLE IV - Membership

The University shall not have members as such, but in lieu thereof, shall have only a Board of Trustees.

ARTICLE V - Board of Trustees

Section 1. Number and Composition. The number of persons constituting the Board of Trustees of the University shall be not less than nine (9) nor more than twenty-one (21), as fixed from time to time by the resolution of said Board. Twenty-five percent or more of the Board shall consist of alumni, reflective of the composition of the schools making up the University and at all times at least one (1) KCOM graduate shall be a trustee of the Board. No employee of the University shall be elected a member of the Board of Trustees.

Section 2. Term of Office. All terms of office as a Trustee shall be for three years.

No trustee shall serve more than three (3) consecutive terms. After one (1) full year, following expiration of the permitted tenure, eligibility of any former trustee is renewed. Expiration of a term of office shall be at the conclusion of the Summer Meeting in the appropriate year.

Section 3. Vacancies. Vacancies on the Board of Trustees, whether caused by the inability of any trustee to serve or the desire to increase the active membership of the Board, may be filled yearly at the Board meeting specified in the Board Governance Policies or a special meeting of the Board. The procedure for filling such vacancies shall be the same as for regular elections as outlined in Section 4, below.

Section 4. Nominations and Election.

A. Nominations. The chairperson shall appoint a Search Team at the Board meeting specified in Board Governance Policies. The Board will select new Trustees at the Board meeting specified in the Board Governance Policies. Not inconsistent with these Bylaws, the Board Governance Policies may specify additional details regarding the Search Team and its processes.

B. Election. All elections shall be by consensus of all trustees present, per the Board Governance policies.

C. A trustee of the Board may be removed without cause by consensus of the trustees then in office not being considered for removal at any regular or special meeting called for such purpose.

Section 5. Meetings.

A. Regular Meetings. Regular meetings of the Board of Trustees shall be held four (4) times during the calendar year, the exact time and date to be determined by consensus, except the Annual Meeting described below shall be held in Kirksville, Missouri.

B. Annual Meetings. The last regular meeting of each calendar year shall be referred to as the "Annual Meeting."

C. Special Meetings. Special meetings of the Board of Trustees may be held at the call of the president or chairperson and will be called by the president or chairperson at the written request of one-third of the trustees.

Section 6. Place of Meetings. The annual meeting shall be held in Kirksville, Missouri.

Section 7. Notice of Meetings.

A. Regular Meetings. Written or electronic/online notice of regular meetings shall be sent to all trustees not less than 21 days nor more than 40 days prior to the date of the meeting.

B. Special Meetings. Written or electronic/online notice of special meetings, including the agenda items for discussion or action, shall be sent to all trustees not less than seven (7) days prior to the date of the meeting except, if in the opinion of the chairperson it is necessary to do so, a telephoned notice not less than three days prior to the date of the meeting may be given in lieu of the written notice.

Section 8. Quorum. A majority of the Board shall constitute a quorum for transaction of business. In the event a quorum is not present at any meeting of the Board, trustees so assembled may transact business provided, however, that such business shall not become effective until submitted to and ratified by all absent trustees.

Section 9. Organization of the Board of Trustees. Prior to adjournment of the meeting specified in the Board Governance Policies, the Board of Trustees shall organize for the coming year by electing officers of the Board, consisting of a chairperson, vice chairperson, and secretary. Election of officers must be approved by a consensus of all Trustees in office when this action is taken. The term of such officers shall be for one (1) year, such terms expiring at the conclusion of the Board meeting specified in the Board Governance Policies or until their successors are elected and qualified. Not inconsistent with these Bylaws, the Board Governance Policies shall set forth the Board process for nomination of officers, and officer terms and eligibility.

Section 10. Duties of the Board Officers.

A. Chairperson. The chairperson of the Board of Trustees shall preside at meetings of the Board. The chairperson shall be responsible for a clear and full statement of the business to be conducted at any regular or special meeting of the Board and shall perform the usual duties of a presiding officer in keeping with these Bylaws, the Board Governance Policies, and parliamentary procedure.

B. Vice Chairperson. The vice chairperson shall perform such duties as are assigned by the chairperson and, in the absence of the chairperson, shall preside at meetings of the Board. In the event the chairperson is unable, for any reason, to complete his/her term, the vice chairperson shall be elevated to the position of chairperson.

C. Secretary. The secretary shall be responsible for keeping minutes of all sessions of the Board of Trustees and shall perform such other duties as are assigned by the chairperson and in keeping with the Board Governance Policies.

Section 11. Compensation. Members of the Board of Trustees shall receive no compensation or stipend for service on the Board. They shall, however, be entitled to reimbursement for all travel and accommodation expense incurred in connection with service. A trustee may in lieu of reimbursement be credited in that amount to the trustee's gift income record.

Section 12. Power and Duties.

A. The Board of Trustees shall be the governing body and shall have control of the property and affairs of the University and shall exercise control through the establishment of policies for the direction of the Executive Officer in managing affairs of the University. The Board shall employ, and determine the compensation and terms of employment for the president.

B. The Board of Trustees shall require all contract officers, faculty members, and employees of the University be required to accept contracts requiring all contractual disputes between the University and any such party be settled pursuant to the American Arbitration Association Commercial Arbitration Rules as amended and in effect January 1, 1990.

ARTICLE VI - Corporate Officers

Section 1. Officers.

A. Executive Officer. The executive officer of the University shall be a president. This officer shall be employed, have and possess such authority and powers designated by the Board of Trustees and those customarily held by the chief executive officer of comparable organizations (e.g., operate and manage the institution; execute directives of the Board; confer degrees (including honorary); direct establishment of, and have an understanding of and commitment to the University's vision, mission, and strategic plan, etc.). Compensation and benefits shall be fixed by the Board of Trustees.

B. Officers. The president may designate and appoint other officers of the University.

Section 2. Responsibility, Duties, and Powers.

A. President. The president shall be the chief executive officer of the University and shall manage the affairs of the University in accordance with the Board Governance Policies determined by the Board of Trustees. The president shall have the authority to sign, or co-sign, with other officers as may be designated from time to time by the president, any and all documents necessary to carry out the policies of the Board. The president shall designate an officer to act for him or her during any and all absences outside the United States, provided such absences are not beyond thirty (30) calendar days; and if longer than thirty (30) days, the Board of Trustees shall appoint an individual to act until the president returns.

B. Duties and Responsibilities of the President. The president shall faithfully and diligently implement all Board Governance Policies made by the Board of Trustees, perform any duties described in the president's contract, and carry out any other duties as may be assigned by the Board of Trustees.

Section 3. Bond. Bond for all executive, subordinate, or assistant officers shall be required in amounts as determined by the Board of Trustees. The cost of such bonds shall be paid by the University.

ARTICLE VII - Teams of the Board

Section 1. Standing Team(s). The chairperson of the Board of Trustees, in accordance with the Board Governance Policies, shall appoint standing or reference teams as listed in, but not necessarily limited to, the subsection(s) below. Creation of standing or reference teams and appointment of trustees to such teams must be in accordance with the Board Governance Policies.

A. Audit. The Audit Team shall recommend the outside auditors and shall consult with the auditors, the president, and any designees of the president to review the financial statements of the University, the annual audit and management's responses, internal controls, supervise any related investigations deemed necessary by the Board of Trustees, and make recommendations on these topics to the Board. The Audit Team shall be responsible for reviewing and approving the University Form 990 prior to its submission to the full Board and subsequently the IRS.

Section 2. Special or Ad Hoc Teams. Special or ad hoc teams shall be created by the Board of Trustees in accordance with the Board Governance Policies.

Section 3. Team Membership. Team membership shall be in accordance with the Board Governance Policies.

Section 4. Team Meeting Minutes. The chairperson of each team with the authority to act on behalf of the governing body shall designate a team member to be responsible for keeping minutes of all sessions of said team. Minutes for said team, once approved by the team members, shall be maintained with the minutes of the Board of Trustees and other teams of the Board.

ARTICLE VIII - Seal

The corporate seal shall bear the name of the University and shall have inscribed thereon the words "Corporate Seal."

ARTICLE IX - Parliamentary Authority

Rules contained in "Roberts Rules of Order, Revised," shall govern this organization in all cases to which a majority or two-thirds votes is required by these Bylaws. The Board may vote by consensus, and therefore "Roberts Rules of Order, Revised" do not apply, for any and all matters not requiring a majority or two-thirds vote by these Bylaws. Consensus for purposes of these Bylaws is a cooperative process whereby all trustees speak with a single voice by developing and agreeing to support a decision the Board believes to be in the best interest of the whole. A consensus is reached when all Trustees present explicitly consent to the approval of the matter before the Board at a duly called meeting at which a quorum of Trustees is present.

For such matters where a consensus vote is permissible or required, if at any time before a consensus is reached one or more trustees requests a majority vote, then a vote shall be taken consistent with "Roberts Rules of Order, Revised."

ARTICLE X - Amendments

These Bylaws may be amended at any regular or special meeting of the Board of Trustees. Written notice of a meeting at which an amendment to these Bylaws may be proposed shall be given each trustee at least two weeks in advance of the meeting, and shall state the purpose, or one of the purposes, of the meeting is to consider a proposed amendment to these Bylaws and contain or be accompanied by a copy or summary of the amendment or state the general nature of the amendment. The amendment must be approved by a majority of the Trustees in office, at the time the amendment is adopted.

ARTICLE XI – Indemnification

Any person who by reason of the fact s/he is or was a Trustee, officer, employee, or agent of the University, or is or was serving at the request of the University as a Trustee, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, is or was a party, or is threatened to be made a party, to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, shall be indemnified by the University, provided s/he acted in good faith and in a manner s/he reasonably believed to be in or not opposed to the best interests of the

University, and with respect to any criminal action or proceeding, had no reasonable cause to believe his/her conduct was unlawful. Such indemnification shall be provided against expenses, including attorneys' fees, judgment, fines and amounts paid in settlement actually and reasonably incurred by him/her in connection with such action, suit or proceeding; provided, however, with respect to an action or suit by or in the right of the University, such indemnification shall be only against expenses, including attorneys' fees, and amounts paid in settlement and in such cases no indemnification shall be made in respect of any claim, issue or matter as to which such person shall have been adjudged to be liable for negligence or misconduct in the performance of his/her duty to the University, unless, and only to the extent, the court in which the action or suit was brought determines, upon application, despite the adjudication of liability and in view of all the circumstances of the case, the person is fairly and reasonably entitled to indemnity for such expenses as the court shall deem proper. To the extent a Trustee, officer, employee or agent of the University has been successful on the merits or otherwise in defense of any such action, suit, or proceeding or in defense of any claim, issue or matter therein, s/he shall be indemnified against expenses, including attorneys' fees, actually and reasonably incurred by him/her in connection with the action, suit, or proceeding. Any other indemnification hereunder, unless ordered by a court, shall be made by the University only as authorized in the specific case upon a determination indemnification of the Trustee, officer, employee or agent is proper in the circumstances because s/he has met the applicable standard of conduct set forth herein. The determination shall be made by the Board of Trustees by a majority vote of a quorum consisting of Trustees who were not parties to the action, suit, or proceeding, or if such a quorum is not obtainable, or even if obtainable, if a quorum of disinterested Trustees so directs, by independent legal counsel in a written opinion. The termination of any action, suit, or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption the person did not act in good faith and in a manner which s/he reasonably believed to be in or not opposed to the best interests of the University, or, with respect to any criminal action or proceeding, s/he had reasonable cause to believe his/her conduct was unlawful.

Expenses, including attorneys' fees, incurred in defending a civil or criminal action, suit or proceeding shall be paid by the University in advance of the final disposition of the action, suit, or proceeding as authorized by the Board of Trustees in the specific case, upon receipt of an undertaking by or on behalf of the Trustee, officer, employee or agent to repay such amount unless it shall ultimately be determined s/he is entitled to be indemnified by the University as authorized herein.

The indemnification provided hereunder shall not be deemed exclusive of any other rights to which those seeking indemnification may be entitled under any applicable statute as amended from time to time, any bylaw, agreement, vote of disinterested Trustees or otherwise, both as to action in their official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a Trustee, officer, employee or agent and shall inure to the benefit of the heirs, executors and administrators of such person.

Notwithstanding anything in this Article XI to the contrary and in addition to the indemnity authorized herein, any person who, by reason of the fact s/he is or was a Trustee, or an officer, employee or agent, or by reason of the fact any such person is or was serving at the request of the University as a Trustee, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, is or was a party, or is threatened to be made a party, to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, shall be indemnified by the University, provided such person's conduct was not finally adjudged (i) to have been knowingly fraudulent, (ii) to have been deliberately dishonest, or (iii) to have constituted willful misconduct. Such mandatory indemnification shall be provided against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the indemnified person in connection with such action, suite or proceeding. No specific authorization of any court, the Board of Trustees or independent legal counsel shall be required in connection with such mandatory indemnification.

The University may purchase and maintain insurance on behalf of any person who is or was a Trustee, officer, employee or agent of the University, or is or was serving at the request of the University as a Trustee, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise against any liability asserted against him/her and incurred by him/her in any such capacity, or arising out of his/her status as such, whether or not the University would have the power to indemnify him/her against such liability under the provisions herein.

<i>ATSU Board of Trustees Policy Manual</i>	Category: 2
Subject: Process	Document: 10
Date: January 31, 2020	

Policy Type: **Process**

Title: **Conflict of Interest**

1. Purpose: Content of this policy is applicable to all trustees and the president of A.T. Still University of Health Sciences.

2. Policy

- a. A conflict of interest may arise whenever a trustee or president or a member of his/her family: (1) has an existing or potential interest which impairs or might appear to impair his/her independent judgment in the discharge of responsibilities to the University, or (2) may receive a material benefit from knowledge of information which is confidential to the University. The vice president of finance and administration/CFO will determine which employees are key employees for purposes of this board policy.
- b. It is difficult to define what might be considered a potential conflict, but at a minimum the following should be so considered (“Official Relationship” in this context means, serving as an officer, director, employee, partner, proprietor, or owner of 10% or more of the stock of an entity which does business with the University; “Family Relationship” of an individual includes his or her spouse, parents, siblings, children, and/or any others living the same household):
 - 1) Official relationship with banks with which the University regularly does business
 - 2) Official relationship with investment brokers with which the University does business
 - 3) Official relationship with suppliers of goods or services to the University
 - 4) Official relationship with insurance agents or carriers doing business with the University
 - 5) Family relationships with employees of the University
- c. Trustees and the president have clear fiduciary obligations to the University in connection with their service in such capacities. At all times they shall act in a manner consistent with this fiduciary obligation and shall exercise particular care that no detriment to the interest of the University (or appearance of such detriment) may result from a conflict between those interests and any personal interests which the individual trustee or president may have.
 - 1) **Conflicts of Interest with Respect to Particular Transactions:** If a trustee or the president believes s/he may have a conflict of interest with respect to any particular transaction, s/he shall promptly and fully disclose the potential conflict to the board. If the conflict of interest arises between board meetings, the trustee and/or president shall delay acting on the issue until the conflict has been considered and authorized by the full board.
 - a) If there is a conflict of interest with respect to a trustee or the president, the conflict shall be reported to the board, and the affected trustee or the president

shall agree to answer any questions about the matter other trustees may have. If the particular transaction requires a decision of the board, the affected trustee shall not be counted for purposes of a quorum nor shall s/he participate in the decision process. Minutes shall reflect the fact the trustee did not participate.

- b) If the board determines there is no conflict of interest with respect to a particular transaction involving a trustee or the president, the secretary to the board shall keep a record of the decision which shall be available to trustees upon request.
- 2) **Potential Conflicts of Interest:** Each trustee and the president shall file a statement by July 31 of each year with the secretary to the board setting forth any conflicts of interest which might be expected to occur within the following year (See Attachment A of this board policy). That statement shall disclose as fully as possible the nature of potential transactions, and all statements which anticipate conflicts of interest shall be circulated to the board. Each trustee and the president shall agree to answer any questions about potential conflicts other trustees may have.
- 3) **Confidentiality Policy:** All information concerning actual or potential conflicts of interest on the part of trustees and the president shall be held in confidence unless the best interests of the University dictate otherwise. Any disclosure beyond trustees and the president shall take place only upon a consensus of the board.

Attachment A
A. T. Still University of Health Sciences
Annual Conflict of Interest Statement for Members of the
Board and President of the University

Schedule 1 – Loans

1. Have you received a loan (including salary advances or other advances and receivables) from ATSU? If no, skip to question 2. Yes No
 - a. If yes, what was the original principal amount? _____
 - b. What was the balance due at the conclusion of the current fiscal year? _____
 - c. Is the loan in default? Yes No
 - d. Was the loan approved by the board? Yes No
 - e. Is the loan evidenced by a promissory note or other signed written agreement? Yes No
2. Have you granted a loan to ATSU? If no, continue to Schedule 2. Yes No
 - a. If yes, what was the original principal amount? _____
 - b. What was the balance due at the conclusion of the current fiscal year? _____
 - c. Is the loan in default? Yes No
 - d. Was the loan approved by the board? Yes No
 - e. Is the loan evidenced by a promissory note or other signed written agreement? Yes No

Schedule 1 Exceptions:

Do not report the following:

1. Excess benefit transactions (Section 4958) which are defined as any transactions in which an economic benefit is provided by a tax-exempt organization to a disqualified person if the value of the benefit exceeds the values of the consideration (including the performance of services) received for providing such benefit.
2. Advances under an accountable plan (a reimbursement or other expense allowance arrangement that covers reasonable employee business expenses and is accountable to the employer within a reasonable period of time);
3. Pledges receivable that would qualify as charitable contributions when paid;
4. Accrued but unpaid compensation owed by the organization;
5. Loans from a credit union made to an interested person on the same terms as offered to other members of the credit union;
6. Receivables outstanding created in the ordinary course of the organization's business on the same terms as offered to the public (i.e., receivables for medical services provided by a hospital to an officer of the hospital).

Schedule 2 – Business Relationships

1. Do you have a business relationship (as defined in the glossary) with the president or any other trustee? If no, continue to question 2. Yes No

If yes, disclose with whom you have a business relationship and the nature of the relationship.

2. Do you have a family relationship (as defined in the glossary) with the president or any other trustee? If no, continue to question 3. Yes No

If yes, disclose with whom you have a family relationship and the nature of the relationship.

3. Are any of your family members employees of ATSU and received compensation greater than \$10,000 during the calendar year? If no, continue to question 4. Yes No

If yes, disclose the name of the family member(s) and your relationship.

4. Do you or any of your family members have an indirect or direct ownership (as defined in the glossary) interest greater than 35% of another entity with which ATSU does business? If no, continue to question 5. Yes No

If yes, disclose the name(s) of the organization(s), your ownership percentage, or that of your family members

5. Did you or any of your family members serve (1) as an officer, director, trustee, key employee, partner or member with an ownership interest in excess of 5% of a partnership, (2) as a shareholder with an ownership interest in excess of 5% of a professional corporation (other than a tax-exempt organization under 501(c)) with which ATSU does business? If no, continue to question 6. Yes No

If yes, disclose the name of the company, the position held, and the dates the position was held.

6. Did you receive or accrue compensation from any unrelated organization for services rendered to ATSU? If no, continue to question 7. Yes No

If yes, provide the name of the organization and the amount of compensation paid or accrued.

7. Did you receive any compensation from ATSU? If no, continue to Schedule 3. Yes No

If yes, provide the amount paid to you and the reason for the compensation.

Schedule 2 Reporting Exceptions and Thresholds:

Reporting exceptions:

1. Excess benefit transactions
2. Loans reported on the Schedule 1
3. Grants or assistance reported on Schedule 3
4. Compensation reported in Form 990 Part VII Section A
5. Do not report on Question 6:
 - a. Payments from a deferred compensation trust or plan established, sponsored or maintained by the organization (or a related organization), and deferred compensation held by such trust or plan.
 - b. Payments from a common paymaster for services provided to the organization (or to a related organization)
 - c. Payments from an unrelated taxable organization that employs the individual and continues to pay the individual's regular compensation while the individual provides services without charge to the filing organization, but only if the unrelated organization does not treat the payments as a charitable contribution to the filing organization.

Reporting thresholds: the organization is not required to report transactions with an individual or organization for a dollar amount that did not exceed the greater of \$10,000 or 1% of the organization's gross revenue, which is \$_____ for the fiscal year ended _____, except in the following cases:

1. Total payments for all transactions between the parties during the organization's tax year exceeded \$100,000 (in such case, report all transactions between the parties regardless of the individual amounts of such individual transactions)
2. The transaction was the organization's payment of compensation to a family member or current officer, director, trustee or key employee of the organization (in such case, payment of reportable compensation must be reported if in excess of \$10,000 for the organization's tax year).

Schedule 3 – Grants or Assistance

1. At any time during the taxable year (July 1 to June 30 ____), did you or a family member (as defined in the glossary) receive any grants or other assistance (including provision of goods, services or use of facilities) from ATSU? If no, continue to question 2. Yes No

a. If yes, disclose the type of grant or other assistance received. If a family member received the grant or assistance, disclose your relationship to the recipient and the type of grant or assistance received.

b. What was the amount of the grant or assistance received from July 1 to June 30 ____?
\$ _____

2. If you answered yes to question 4 on Schedule 2 (indicating interest greater than 35% ownership (as defined in the glossary) in another entity with which ATSU does business), did your organization receive any grants or other assistance from ATSU? If no, continue to Schedule 4.
 Yes No

- a. If yes, disclose the type of grant or other assistance your organization received.

- b. What was the amount of the grant or assistance received from July 1 to June 30 ____?
\$_____

Schedule 3 Reporting Exceptions:

Do not report the following:

1. Excess benefit transactions
2. Loans reported on Schedule 1
3. Business transactions that do not contain any gift element and that are engaged in to serve the direct an immediate needs of ATSU, such as payment of compensation (including taxable and nontaxable fringe benefits treated as compensation) to an employee or consultant in exchange for service of comparable value
4. Compensation to a person listed in Form 990, Part VII, Section A (including taxable and nontaxable fringe benefits treated as compensation)
5. Grants to employees (and their children) of a substantial contributor or 35% controlled entity of a substantial contributor, awarded on an objective and nondiscriminatory basis based on pre-established criteria and review by a selection committee
6. Grants or assistance provided to an interested person as a member of the charitable class or other class (i.e., a member of section 501 (c)(5), (c)(6), or (c)(7) organization) that the organization intends to benefit in furtherance of its exempt purpose, if provided on similar terms as provided to other members of the class, such as short-term disaster relief or trauma counseling. However, grants for travel, study or other similar purposes (i.e., to achieve a specific objective, produce a report or other similar product, or improve or enhance literary, artistic, musical, scientific, teaching or other similar capacity, skill or talent of the grantee) like those described in section 4945(d)(3) are not excluded from reporting under this exception.

Schedule 4 – Independent Voting Members

1. Were you compensated as an officer other employee of ATSU or of a related organization, except as in the religious exception discussed in the definition of an independent voting member in the glossary? Yes No
2. Did you receive total compensation or other payments exceeding \$10,000 during the tax year from ATSU or related organization as an independent contractor, other than reimbursement of expenses under an accountable plan or reasonable compensation for services provided in the capacity as a member of the governing body? Yes No
3. Did you answer “yes” to questions on Schedule 1, 2, or 3? Yes No

Certificate of Disclosure

1. Have you been convicted of a felony involving a transaction in securities, consumer fraud, or antitrust in any state or federal jurisdiction within the five-year period immediately preceding the execution of this certificate? Yes No

If yes, disclose the felony and circumstances below:

2. Have you been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the five-year period immediately preceding execution of this certificate? Yes No

If yes, disclose the felony and circumstances below:

3. Have you been subject to an injunction, judgement, decree, or permanent order of any state or federal court entered within the five-year period immediately preceding execution of this certificate involving any of the following:
- a. Violation of fraud of registration provisions of the securities laws of that jurisdiction, or
 - b. Violation of consumer fraud laws of that jurisdiction, or
 - c. Violation of antitrust or restraint of trade laws of that jurisdiction?

Yes No

If yes, disclose circumstances below:

4. Have you served in the capacity of an officer, director, trustee, or incorporator of any other corporation or held a twenty per cent interest in any other corporation (not ATSU) on the bankruptcy or receivership of that other corporation?

Yes No

If yes, disclose circumstances below:

5. Are you a previous or current owner, trustee, or administrator of a school that closed or filed for bankruptcy? Yes No

6. Are you aware of any known violations of the policies of an accreditor by a school for which you are a board member or employee? Yes No

I, the undersigned, being a trustee or president of the University, hereby state that to the best of my knowledge except as noted below:

1. I have no official relationship, as defined on page one of the Board of Trustees Policy "Process: Conflict of Interest," with any corporation, partnership, or association that transacts business with the University;
2. I, as an individual, transact no business, directly or indirectly, with the University;
3. No member of my family, as defined on page one of the Board of Trustees Policy "Process: Conflict of Interest," is in the employ of ATSU or would come within the meaning of #1 or #2 above.

List below any exception of the above statements:

I agree that if any situations arise, of which I am aware, that in any way contradict the above statement, I will immediately notify the secretary of the Board of Trustees of any conflict, real or potential, and make full disclosure thereof. I have read the Board of Trustees policy "Process" Conflict of Interest" adopted by the Board of Trustees on April 27, 2018. I agree to answer any questions the board may have with respect to any actual or potential conflict of interest, but I understand that all such information will be held in confidence by the members of the board, unless the best interest of the University dictates otherwise and it is a consensus of the members of the Board of Trustees that further disclosure is necessary.

Print Name

Signature

Date

Glossary

Business relationships between two persons include the following:

1. One person is employed by the other in a sole proprietorship or by an organization with which the other is associated as a trustee, director, officer, key employee or greater-than-35 percent owner.
2. One person is transacting business with the other, directly or indirectly, in one or more contracts of sale, lease, license, loan, performance of services or other transaction involving transfers of cash or property valued in excess of \$10,000 in the aggregate during the organization's tax year. Indirect transactions are transactions with an organization with which the one person is associated as a trustee, president or greater than 35% owner.
3. The two persons are each a trustee or president or greater than 10% owner in the same business or investment entity.

Exceptions to the above rules (do not report transactions meeting the exceptions below):

1. The ordinary course of business exception: requires the transaction to be on the same terms as are generally offered to the public.
2. The privileged relationship exception: one of three privileged relationships (attorney and client, medical professional and patient, priest/clergy and penitent/communicant).

Note: Ownership is measured by stock ownership (either voting power or value) of a corporation, profits or capital interest in a partnership or limited liability company, or beneficial interest in a trust. Ownership includes indirect ownership, (e.g., ownership in an entity that has ownership in the entity in question); there may be ownership through multiple tiers of entities.

Trustee or president is defined as a member of the organization's governing body, but only if the member has any voting rights. A member of an advisory board that does not exercise any governance authority over the organization is not considered a director or trustee.

Disqualified Persons 501(c)(3) or (4) organizations include:

1. Any person who was, at any time during the five-year period ending on the date of such transaction, in a position to exercise substantial influence over the affairs of the organization.
2. A member of the family of an individual described above
3. A 35% controlled entity

Disqualified Persons 509(a)(3) organizations include:

1. A substantial contributor to such organization
2. A member of the family of an individual described above
3. A 35% controlled entity

Family Relationships: Unless specified otherwise, the family of an individual includes only his or her spouse, ancestors, siblings (whether whole or half-blood), children (whether natural or adopted), grandchildren, great grandchildren and spouses of siblings, children, grandchildren and great grandchildren.

Former Trustees are individuals the organization reported or should have reported on the organization's Form 990, 990-EZ or 990-PF for one or more of the five prior years in one or more of the following capacities: Trustees or president and the individual received reportable compensation in the calendar year ending with or within the organization's current tax year in excess of the threshold amount (\$100,00 or former officer and key employees, \$10,000 for services in the capacity as a director or trustee).

Highest Compensated Employee is one of the five highest compensated employees of the organization (including employees of a disregarded entity of the organization) other than officers, directors, trustees or key employees. The five highest compensated employees are determined by the amounts of reportable compensation (over \$100,000 of reportable compensation) for the calendar year ending with or within the organization's tax year.

Independent Voting Member: A member is considered "independent" only if all three of the following circumstances are applied at all times during the tax year:

1. The member was not compensated as an officer or other employee of the organization or related organization, except as provided in the religious exception discussed below.
2. The member did not receive total compensation or other payments exceeding \$10,000 during the organization's tax year from the organization or from related organizations as an independent contractor, other than reimbursement of the expenses under an accountable plan or reasonable compensation for services provided in the capacity as a member of the governing body.
3. Neither the member, nor any family member of the member, was involved in a transaction with the organization (whether directly or indirectly through affiliation with another organization) that is required to be reported in Schedule L for the organization's tax year, or in a transaction with a related organization of a type and amount that would be reportable on Schedule L if required to be filed by the related organization.

A member of the governing body is not considered to lack independence merely because of the following circumstances:

1. The member is a donor to the organization, regardless of the amount of the contribution;
2. The member has taken a bona fide vow to poverty and either (A) receives compensation as an agent of a religious order or a 501(d) religious or apostolic organization, but only under circumstances in which the member does not receive taxable income; or (B) belongs to a religious order that receives sponsorship or payments from the organization which do not constitute taxable income to the member; or
3. The member receives financial benefits from the organization solely in the capacity of being a member of the charitable or other class served by the organization in the exercise of its exempt function, such as being a member of a section 501(c)(6) organization, so long as the financial benefits comply with the organization's terms of membership.

Key Employee is defined as an employee of the organization (other than a trustee) who meets all three of the following tests:

1. Receives reportable compensation from the organization and all related organizations in excess of \$150,000 for the calendar year ending within the organization's tax year.
2. The employee:
 - a. has responsibilities, powers, or influence over the organization as a whole that is similar to those of officers, directors, or trustees;
 - b. manages a discrete segment of activity of the organization that represents 10% or more of the activities, assets, income, or expenses of the organization as compared to the organizations as a whole; or
 - c. has or shares authority to control or determine 10% or more of the organization's capital expenditures, operating budget or compensation for employees.
3. Top 20 test: is one of 20 employees (that satisfy the \$150,000 Test and Responsibility Test) with the highest reportable compensation from the organization and related organizations for the calendar year ending with or within the organization's tax year.

Officer is defined as a person elected or appointed to manage the organization's daily operations (i.e., a president, vice-president, secretary, or treasurer). The officers of an organization are determined by reference to its organizing document, bylaws, or resolutions of its governing body, or

as otherwise designated consistent with state law, but at a minimum include those officers required by applicable state law. For purposes of Form 990 reporting, treat the organization's top management official and top financial official as officers.

Other Related Persons include:

1. Any member of the grant selection committee
2. A family member of any current or former officers, directors, trustees, or key employees listed in Form 990, Part VII, Section A, of substantial contributors, or of members of the grant selection committee
3. A 35% controlled entity of any of the current or former officers, directors, trustees, or key employees listed in Form 990, Part VII, Section A; of a substantial contributor; or of a member of the grant selection committee
4. An employee (or child of an employee) of a substantial contributor or of a 35% controlled entity of a substantial contributor, but only if he employee (or children an employee) received the grant or assistance by the direction or advice of the substantial contributor or 35% controlled entity, pursuant to a program funded by the substantial contributor that was intended primarily to benefit such employees (or their children)

Ownership is measured by stock ownership (voting power or value, whichever is greater) of a corporation, profits or capital interest (whichever greater) in a partnership or limited liability company, beneficial interest in a trust, or control of a nonprofit organization. Ownership includes indirect ownership (e.g., ownership in an entity that has ownership in the entity doing business with the organization); there may be ownership through multiple tiers of entities. The construct ownership rules of section 267(c) apply for this purpose.

Substantial Contributors are defined as any person that contributed during the tax year at least \$5,000 and is required to be reported by name on Schedule B, Schedule of Contributors, for the organization's tax year. For a 509(a)(3) organization, a substantial contributor is any person that contributed \$5,000 or 2% of the organization's total contributions for the tax year, whichever is greater.

Voting Member of the Governing Body is a member of the organization's governing body with power to vote on all matters that may come before the governing body (other than a conflict of interest that disqualifies that member from voting).

ATSU POLICY NO. 10-212: CONFLICT OF INTEREST

DATE APPROVED: JUNE 19, 2020

SIGNATURE: *Signature on file with HR*

Purpose

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

Policy

- A. Actual conflicts of interest. An actual conflict of interest exists in a situation where financial interests, personal relationships, or professional associations compromise an employee's objectivity, professional judgment, professional integrity, and/or ability to perform their professional responsibilities to the University. A conflict of interest may result in an employee receiving material benefit from knowledge of confidential ATSU information.
- B. Perceived or potential conflicts of interest. If an actual conflict of interest does not exist, there may still be the perception of or the potential for a conflict of interest. The appearance of a conflict of interest may be as detrimental to the University as an actual conflict of interest. Perceived or potential conflicts of interest include situations where an employee's family member or friend has financial interests, personal relationships, or professional associations such that the employee could appear to be influenced by that interest or relationship in ways that could compromise the University.
- C. Definitions.
 1. Family. An employee's spouse, parent, sibling, child, or any other relative, including uncle, aunt, cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister, whether related by blood, marriage, or adoption, partner in a civil union, or any member of a household or an extended family not otherwise stated above who lives at the same address as the employee.
 2. Friend. A personal or professional colleague who has an actual or potential opportunity to reap some financial interest or gain from a transaction directly or indirectly related to the University, and any person with whom the employee has a close or intimate relationship regardless of any opportunity to reap any financial interest or gain. Examples include a colleague from the University or an outside institution with whom there is a close professional relationship.
- D. Required disclosures. All ATSU employees (including full-time and part-time faculty and staff) are required to disclose situations that may result in an actual, perceived, or potential conflict of interest. Disclosure does not necessarily indicate wrongdoing or inappropriate activity. Employees are responsible to make such disclosures to either their supervisor, Human Resources, or the vice president & general counsel. Disclosures should be made as soon as the employee is aware of the actual, perceived, or potential conflict of interest. Any subsequent change in status of an existing actual, perceived, or potential conflict of interest should also be promptly disclosed.
- E. Review of disclosures. All disclosures of potential conflicts of interest disclosure will be reviewed by the vice president & general counsel. If the vice president & general counsel believes no actual, perceived, or potential conflict of interest exists, they will so advise the employee and the supervisor. If the vice president & general counsel believes the situation warrants further review, the process described in this general order will continue.
- F. Annual acknowledgement. As part of annual Required Employee Training (RET), all employees will be required to acknowledge whether they are aware of any actual, perceived, or potential conflicts of interest.
- G. Conflict of interest categories. Disclosed situations or activities may be evaluated using the following categories.
 1. Category A. These are generally permissible situations that suggest no actual, perceived, or potential conflict of interest. These situations may continue without special safeguards or oversight, unless a change occurs. Employees should disclose any subsequent changes that may affect the category of the situation.
 2. Category B. These situations represent perceived or potential conflicts of interest, which may be eliminated, modified, or allowed to continue. An approved management plan may or may not be required.

3. Category C. These situations represent actual conflicts of interest that must either be eliminated or permitted to go forward only under an approved management plan and continuing oversight.
- H. Response to disclosures. Taking into consideration the conflict of interest category, the vice president & general counsel will respond by:
 1. Category A. Advising the employee, and if appropriate, the employee's supervisor. No action is required.
 2. Categories B and C. Reporting the disclosure and any recommended management plan to the president, and monitoring any management plans approved by the president.
 - I. Sanctions for noncompliance. Employees must comply fully and promptly with this general order. Sanctions for non-compliance may include reprimand, disciplinary warning to be added to the employee's permanent file, required updated training and/or coaching, probation, suspension with or without pay, and/or termination of employment.
 - J. Reporting violations. Employees are expected to report actual and suspected violations of this general order to their supervisor, Human Resources, or the vice president & general counsel.
 - K. Non-retaliation. An employee who retaliates against someone reporting an actual or suspected violation in good faith is subject to disciplinary action up to and including termination of employment. ATSU general orders are intended to create a safe environment that encourages and enables employees and others to report violations or suspected violations without fear of retaliation.

Responsibility

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

ATSU POLICY NO. 90-100: EQUAL EMPLOYMENT OPPORTUNITY POLICY

DATE APPROVED: SEPTEMBER 16, 2019

SIGNATURE: *Signature on file in HR*

Purpose

This policy states that, consistent with A.T. Still University of Health Sciences' (ATSU) heritage as the founding school of osteopathic medicine, the mission of ATSU is to serve as a learning-centered university dedicated to preparing highly competent professionals through innovative academic programs with a commitment to continue its osteopathic heritage and focus on whole person healthcare, scholarship, community health, interprofessional education, diversity, and underserved populations. The mission can be met only when trustees, faculty, administration, supervisors, and staff are working together in an atmosphere of mutual trust and cooperation in an environment free from conflict.

In demonstrating mutual respect for all members of the ATSU community, this general order outlines the Equal Employment Opportunity (EEO) policy of ATSU and assigns responsibility for its implementation. Meeting this mission requires serving together in mutual respect of one another's functions and each person's importance as an individual.

Policy

A. Employment

1. ATSU seeks to provide its employees with wages and benefits comparable to or better than those of other universities respective of our geographic areas.
2. ATSU provides all employees access to a procedure for dealing with problems employees may have concerning their employment at the University through [ATSU Policy No. 90-209: Employee Problem Solving Procedure](#). The ATSU Board of Trustees and administration fully encourage the use and development of this procedure.
3. See [ATSU Policy No. 90-215: Recruitment and Placement of Personnel](#)

B. Equal Employment Opportunity (EEO)

1. ATSU provides equal employment opportunity to all qualified individuals without regard to race, color, religion, ethnicity, national origin, sex (including pregnancy), gender, gender expression, sexual orientation, gender identity, age, disability, or veteran status, except where sex is a bona fide occupational qualification.
2. Equal employment opportunity includes, but is not limited to, recruitment, hiring, training, assignment, compensation, promotion, and transfer.
3. All personnel actions and access to benefits, programs, and activities will be administered fairly on the basis of valid requirements and without discrimination related to protected status to any individual so as to further the principle of equal employment opportunity.
4. It is the intent of this policy to comply with requirements of equal employment opportunity as further outlined in Executive Order 11246, Titles VI and VII of the Civil Rights Act of 1964, Sections 503 and 504 of the Rehabilitation Act of 1973, Title IX of the Educational Amendments of 1972, Americans With Disabilities Act, and other applicable statutory laws and regulations.
5. ATSU posts EEO information compliant with federal guidelines in appropriate workplace locations and on appropriate publications.

Responsibility

- A. Employees - It is the responsibility of each person associated with ATSU, in daily relationships and contacts with all other persons associated with ATSU, to recognize each individual's dignity must be respected.

- B. ATSU president, President's Cabinet, and deans - The president, vice presidents, and deans of ATSU shall be responsible for ensuring compliance to the fullest extent possible.
- C. Assistant vice president for human resources -
 - 1. The assistant vice president of human resources shall be responsible for ensuring the equal employment opportunity policy is consistently applied to established ATSU policies and practices and for communicating the policy to all applicants and employees.
 - 2. The assistant vice president of human resources shall be responsible for investigating thoroughly and promptly any complaint of discrimination per [ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation](#).
- D. Supervisors - All supervisors are responsible for ensuring all personnel actions are in compliance with the equal employment opportunity policy.

ATSU POLICY NO. 90-209: EMPLOYEE PROBLEM SOLVING PROCEDURE

DATE APPROVED: JULY 15, 2016

SIGNATURE: *Signature on file in HR*

Purpose

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

Policy

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

- A. The employee will discuss the problem with their immediate supervisor.
 1. The supervisor will reduce the problem to writing and validate the written report with the employee.
 2. Upon employee validation of the written report, the supervisor will investigate all facts and circumstances.
 3. All affected parties will be given equal opportunity to contribute to the supervisor's fact-finding process.
 4. Applicable ATSU policies and procedures will be the basis for making decisions.
 5. The supervisor will provide a final report summary, including suggested action, to the employee no more than ten (10) working days after validating the written report.
- B. If the supervisor's findings or suggested action is unsatisfactory to the employee, or if the employee does not believe the problem can be initially discussed with the immediate supervisor, the employee can submit a written description of the problem to their department head. In such case:
 1. The department head will reduce the problem to writing or review the report submitted to the employee's supervisor and validate the written report with the employee.
 2. Upon employee validation of the written report, the department head will investigate all facts and circumstances.
 3. All affected parties will be given equal opportunity to contribute to the fact-finding process.
 4. The department head will provide a final report summary, including suggested action, to the employee no more than ten (10) working days after validating the written report.
- C. If the department head's findings or suggested action is unsatisfactory to the employee or if the employee does not believe the problem can be discussed with the department head, the employee can submit a written description of the problem to the assistant vice president of human resources. In such case:
 1. The assistant vice president of human resources (or designee) will reduce the problem to writing or review the report submitted to the employee's supervisor/department head and validate the written report with the employee.
 2. Upon employee validation of the written statement, the assistant vice president of human resources (or designee) will discuss the problem with the employee and review what steps, if any, in this procedure have been taken.
 3. The assistant vice president of human resources (or designee) may:
 - a. Investigate all facts and circumstances. All affected parties will be given equal opportunity to contribute to the fact-finding process, and/or
 - b. Discuss the problem with the employee's supervisor and/or department head to try and reach resolution.
 4. The assistant vice president of human resources (or designee) will provide a final report summary, including suggested action, to the employee no more than ten (10) working days after validating the written report.
- D. The employee may decide to request higher review by submitting a written statement of the problem to the appropriate President's Cabinet member. In such case:

1. The ATSU President's Cabinet member (or designee) will review the employee's statement and the decision previously made.
2. The ATSU President's Cabinet member (or designee) will meet personally with the employee after receiving the written statement of the problem to present and discuss the final decision.
3. In the event an employee does not believe the problem can be discussed with the ATSU President's Cabinet member (or designee), the vice president & general counsel will assign a different ATSU President's Cabinet member to review the problem.
4. The ATSU President's Cabinet member decision shall be final.

Responsibility

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

ATSU POLICY NO. 10-216: WHISTLEBLOWER POLICY

APPROVAL DATE: FEBRUARY 28, 2019 SIGNATURE: *Signature on file in HR*

Purpose

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

Policy

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

Chief Information Privacy Officer
A.T. Still University of Health Sciences
800 W. Jefferson St.
Kirksville, MO 63501
 - b. Complaints by ATSU clinic patients, other than HIPAA privacy complaints, should be directed to the relevant ATSU clinic director.

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

Responsibility

- A. Assistant vice president for human resources - Responsible to investigate claims of illegal activity in a timely manner and consistent with University policy.
- B. Chief information privacy officer (CIPO) - Responsible to investigate and respond to complaints regarding PHI.
- C. Vice president & general counsel - Responsible to work with assistant vice president for human resources in investigating and responding to complaints and claims.

Excerpt from ATSU Human Resources Intranet Webpage

HIPAA Policies

Health Insurance Portability and Accountability Act (HIPAA)

55 - Information Technology & Information Security

- 55-103 [Appropriate Use of Technology](#)
- 55-108 [Access to Information Systems](#)
- 55-109 [Workstation Use and Security](#)
- 55-110 [User IDs and Passwords](#)
- 55-111 [Remote Access](#)
- 55-112 [Mobile Devices](#)
- 55-113 [Social Media](#)
- 55-114 [Data Classification](#)

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ATSU POLICY NO. 30-101: PATIENT RIGHTS UNDER HIPAA PRIVACY RULE

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *Signature on file in HR*

Purpose

A.T. Still University of Health Sciences (ATSU) honors the rights of patients, granted to them by the Health Insurance Portability and Accountability Act (HIPAA), to make certain requests involving their protected health information (PHI). This policy describes the request process and provides guidance to ATSU's workforce to appropriately respond to patient requests.

Policy

- A. ATSU will honor the rights provided under HIPAA's Privacy Rule that enable patients to have some control over their own PHI. These rights include:
 - 1. Right to inspect or receive a copy of their medical records;
 - 2. Right to request an amendment to their medical records;
 - 3. Right to an accounting of disclosures for information shared for reasons other than treatment, payment, or healthcare operations;
 - 4. Right to request a restriction on use and disclosure;
 - 5. Right to request alternative means of communications; and
 - 6. Right to receive a Notice of Privacy Practices.
- B. Definitions
 - 1. Disclosure – The release, transfer, provision of access to, or divulging in any other manner, information outside the entity holding the information.
 - 2. Notice of Privacy Practices – A written notice providing a clear, user-friendly explanation of individuals' rights with respect to their health information and privacy practices followed by the organization.
 - 3. PHI – Includes oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
 - 4. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.
- D. Patient right to inspect or receive a copy of medical records
 - 1. Patients have a right to inspect or receive a copy of their medical records and/or billing records in paper or electronic format.
 - 2. Where available, workforce members may encourage patients to access their medical information online via the patient portal.
 - 3. Patients, or their legal representative, desiring to inspect or receive a copy of their medical records may complete the Patient Request to Inspect or Receive a Copy of Protected Health Information form, indicating the date(s) of service and desired format (paper or electronic). The form should be complete and signed.
 - 4. Workforce members should forward a copy of the completed form to ATSU's chief information privacy officer (CIPO).
 - 5. ATSU must provide the records within 30 days from the date of the request. If ATSU is unable to respond within 30 days, it may extend the time by no more than 30 additional days and must provide the individual with a written statement, including the reasons for the delay and date by which the request will be fulfilled.
 - 6. ATSU may deny the request, in whole or in part. For example, patients do not have right of access to psychotherapy notes or information which may be used in a civil, criminal, or administrative proceeding. ATSU must provide a timely, written denial to the individual including:

- a. Denial basis; and
 - b. Description of how the individual may file a complaint with the Secretary of the Department of Health & Human Services or with ATSU, including the name or title and telephone number of the CIPO.
7. For billing information, the patient (or legal representative) should visit Patient Financial Services.
 8. A reasonable fee may be charged for costs of copying, mailing, or other supplies associated with record copy requests.
- E. Patient right to request an amendment to medical records
1. Patients have a right to request their record be amended if they think certain information is incorrect or incomplete. Patients should provide an explanation supporting their request.
 2. Patients may make verbal requests for changes to correct typographical errors and demographic information, updates to insurance information, and correction of billing or processing errors. All other requests for changes or amendments should be submitted in writing using the Patient Request to Amend Protected Health Information form. The form must be complete and signed.
 3. Workforce members should forward a copy of the completed form to ATSU's CIPO.
 4. ATSU must respond within 60 days of the request date advising whether or not the request to amend the record has been granted. If ATSU is unable to respond within 60 days, it may extend the time by no more than 30 additional days and must provide the individual with a written statement, including the reasons for the delay and date by which the request will be fulfilled.
 5. ATSU may deny the request, in whole or in part. ATSU must provide a timely, written denial to the individual containing:
 - a. Denial basis;
 - b. Individual's right to submit a written statement of disagreement (500 words or less) to be added to the patient's medical record;
 - c. Statement that, if the individual does not submit a statement of disagreement, the individual may request ATSU include the request and denial with any future disclosures of the PHI that is the subject of the request; and
 - d. Description of how the individual may file a complaint with the Secretary of the Department of Health & Human Services, or with ATSU, including the name or title and telephone number of ATSU's CIPO.
- F. Patient right to an accounting of disclosures
1. Patients may request an accounting of disclosures of PHI made by ATSU within six years prior to the date on which the accounting is requested. The accounting will include releases of patient's information outside of ATSU for reasons other than treatment, payment, or healthcare operations (TPO).
 2. To request an accounting of disclosures, patients (or their legal representative) should submit a Patient Request for an Accounting of Disclosures form. The form must be complete and signed.
 3. Workforce members should forward a copy of the completed form to ATSU's CIPO.
 4. ATSU must provide the accounting within 60 days from the date of the request. If ATSU is unable to respond within 60 days, it may extend the time by no more than 30 additional days and must provide the individual with a written statement including the reasons for the delay and the date by which the request will be fulfilled.
 5. ATSU must provide the first accounting to an individual in any 12 month period without charge. A reasonable, cost-based fee may be charged for each subsequent request for an accounting by the same individual within the 12-month period.
 6. The accounting for each disclosure must include:
 - a. Disclosure date;
 - b. Name of the entity or person who received the PHI and, if known, the address of such entity or person;
 - c. Brief description of the PHI disclosed; and
 - d. Brief statement of the purpose for the disclosure or copy of the written request for disclosure.
 7. ATSU must track such disclosures, which include, but are not limited to:
 - a. Public health risks or activities, which may include, but are not limited to:
 - i. Prevent or control disease, injury or disability

- ii. Birth and death certificates
 - iii. Immunizations
 - iv. Cancer/tumor registries
 - v. Exposure to a disease or at risk for getting or spreading a disease
 - b. Information used for organ or tissue donation and transplants
 - c. Military and veterans, if required by military command authorities
 - d. Workers' compensation or similar programs for work-related injuries or illness
 - e. Disclosures to funeral directors, coroners, or medical examiners
 - f. Reports about victims of abuse, neglect, or domestic violence
- G. Patient right to request restrictions on use and disclosure
- 1. Patients have the right to request restrictions or limitations on:
 - a. Use and disclosure of PHI for treatment, payment, and health care operations; and
 - b. Disclosure to family members, friends, and others involved in their care (e.g, a request ATSU not disclose information to a particular family member or about a particular surgery.)
 - 2. A patient's request for a restriction on the use and disclosure of their PHI should be made using the Patient Request to Restrict Uses and Disclosures of Protected Health Information form. The form must be complete and signed.
 - 3. Workforce members should forward a copy of the completed form to ATSU's CIPO.
 - 4. ATSU must notify the patient in writing within 30 days whether their request has been accepted or denied.
 - 5. ATSU will accommodate reasonable requests, unless the information is needed to provide emergency treatment.
 - 7. ATSU is not required to agree to a request for a restriction *except* when patient pays for the treatment in full, out of pocket. In those cases, information about their treatment will not be shared with their insurance company.
 - 8. ATSU may terminate a restriction if the individual agrees to the termination in writing, or the individual orally agrees, and the oral agreement is documented.
- H. Patient right to request alternative means of communication
- 1. At the time of initial patient intake, workforce members will ask patients for their preferred contact information. Should a patient request confidential communication, the confidential address or other contact information will be flagged in the patient's medical record.
 - 2. After initial intake, all patient requests for alternative communications (e.g., only contact at work or by mail) must be made in writing using the Patient Request for Alternative Means of Communication form. The form must be complete and signed.
 - 3. The alternative method or location must be documented within the patient's medical record. ATSU will accommodate all reasonable requests.
 - 4. Patients may request communications using email. ATSU is permitted by HIPAA to send unencrypted emails to patients at their request after the patient has been advised of the risks, including the risk of emails being read by a third party, especially if the patient is using a free webmail account (e.g., Gmail, Yahoo, AOL, etc.). Unencrypted email could be considered a contradiction to the patient's request for confidential communication. If after being advised on the risks the patient still prefers communications through unencrypted email, ATSU will honor that request.
- I. Patient right to receive a Notice of Privacy Practices
- 1. ATSU must provide each patient a Notice of Privacy Practices at or prior to the first provision of care. Any person, even if not an ATSU patient, who asks for a copy of ATSU's Notice of Privacy Practices must be provided a paper or electronic copy. For more information, refer to ATSU Policy No. 30-102: Notice of Privacy Practices.
 - 2. Patients may also be directed to receive a copy of the Notice of Privacy Practices at:
 - a. ATSU clinic websites;
 - b. Patient Access; or
 - c. ATSU's CIPO.

Responsibility

- A. Chief information privacy officer (CIPO) – Responsible for ensuring patient privacy rights are honored. Responsible to work with members of the ATSU workforce in decision-making and appropriate, legal responses. Responsible to work with ATSU clinic director to respond to patient requests.
- B. Clinic directors - Responsible to work with ATSU's CIPO to respond to patient requests.
- C. Workforce – Responsible for knowing and honoring patients' rights, complying with this policy, and reporting violations of policy to their supervisor/manager/director or to ATSU' CIPO.

ATSU POLICY NO. 30-102: NOTICE OF PRIVACY PRACTICES

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *Signature on file in HR*

Purpose

This general order states the purpose of this procedure is to satisfy certain standards and requirements of the Health Insurance Portability and Accountability Act (HIPAA) and HIPAA regulations, including, but not limited to, Title 45, Sections 160 and 164 of the Code of Federal Regulations, as the same may be amended from time to time.

Policy

- A. Notice of Privacy Practices (or “notice”) (Attachment A - English, Attachment B - Spanish) will be provided to members of the A.T. Still University of Health Sciences’ (ATSU) Health Plan (or “plan”).
 - 1. Annually to all current plan members.
 - 2. New plan members, upon enrollment.
 - 3. Within 60 days of a material change to the Notice of Privacy Practices.
- B. Notice of Privacy Practices will be provided to ATSU clinic patients:
 - 1. No later than the date of first service delivery, including service delivered electronically.
 - 2. In an emergency treatment situation, as soon as reasonably practicable after the emergency treatment situation.
 - 3. Except in an emergency treatment situation, ATSU will make a good faith effort to obtain a written acknowledgment of receipt of the notice being provided. If ATSU is unable to obtain a written acknowledgment of receipt of the notice being provided, the University will document its good faith efforts to obtain such acknowledgment and reason(s) why the acknowledgment was not obtained.
 - 4. ATSU will post the Notice of Privacy Practices in a clear, prominent location where it is reasonable to expect individuals seeking service from ATSU will be able to read the notice.
 - 5. Upon revision of Notice of Privacy Practices, the revised notice will be available upon request on or after the effective date and as stated above.
- B. Notice may be provided by email if the individual has agreed to electronic notification and has not withdrawn that agreement. If ATSU knows email transmission of the notice has failed, ATSU must provide a notice paper copy to the individual. A member/patient who receives the emailed notice retains the right to obtain a paper notice copy upon request.
- C. A current Notice of Privacy Practices will be maintained on ATSU’s website. The health plan benefit coordinator will provide plan members with access to the plan’s website.
- D. Notice copies will be maintained for at least six years from the last date each notice was in effect.

Responsibility

- A. Chief information privacy officer (CIPO) - responsible for Notice of Privacy Practices content.
- B. Assistant vice president for human resources - responsible for distribution of the Notice of Privacy Practices to new and existing members of ATSU’s health plan.
- C. Health plan benefit coordinator - responsible to provide health plan members with access to plan website.
- D. ATSU clinic directors - responsible to ensure ATSU clinic patients receive the Notice of Privacy Practices and are asked to sign an acknowledgement.

ATSU POLICY NO. 30-103: PATIENT COMPLAINTS

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *Signature on file in HR*

Purpose

Patients at A.T. Still University of Health Sciences (ATSU) clinics have the right under the Health Insurance Portability and Accountability Act (HIPAA) to make complaints concerning any alleged improper use and/or disclosure of their protected health information (PHI) by ATSU or one of its business associates. ATSU also will receive and respond to other types of patient complaints. This policy outlines what the workforce needs to know and steps to take when a patient has a complaint relate to the privacy of their protected health information.

Policy

- A. HIPAA privacy complaint - As explained in ATSU's Notice of Privacy Practices, an ATSU clinic patient has the right to file a complaint with the chief information privacy officer (CIPO) if the patient believes there has been a violation of HIPAA privacy requirements or an ATSU privacy policy or procedure.
- B. Other complaints - ATSU representatives need to be informed if an ATSU clinic patient experiences or observes anything they believe is illegal, unethical, or unprofessional, or if they have complaints related to their health and safety at an ATSU clinic, including quality of healthcare services. Patient complaints not related to HIPAA privacy requirements should be directed to the relevant ATSU clinic director.
- C. Definitions
 - 1. Privacy complaint – An allegation by an individual that ATSU is not complying with requirements of federal or state privacy regulations or ATSU policies and procedures related to protected health information (PHI).
 - 2. PHI – Oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
 - 3. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.
- D. Complaint process
 - 1. Complaints should be put in writing. The Patient Complaint Form is to be used for privacy complaints, as well as other types of complaints.
 - 2. ATSU will investigate the allegation, determine whether there has been a violation, evaluate risk, address any appropriate mitigation, and respond to the patient. For privacy complaints, ATSU will respond to the patient within 30 days of complaint receipt.
 - 3. ATSU's CIPO will coordinate handling of HIPAA privacy complaints with the appropriate director of clinical operations and all relevant business associates. Discussing the complaint with anyone not part of the investigation process or a member of the President's Cabinet could compromise the investigation.
 - 4. ATSU's CIPO will investigate and respond to HIPAA privacy complaints in writing to the patient.
 - 5. ATSU clinic directors will investigate and respond to complaints not related to HIPAA privacy requirements.
- E. The workforce must be able to assist patients in exercising their right to file a complaint by:
 - 1. Providing patients with ATSU's Patient Complaint Form. Privacy complaints should be forwarded to ATSU's CIPO, as soon as possible. Other complaints should be forwarded to the clinic director.
 - 2. Informing patients they may also file privacy complaints with the Department of Health and Human Services (HHS) online at: [hhs.gov/hipaa/filing-a-complaint/](https://www.hhs.gov/hipaa/filing-a-complaint/).
 - 3. Informing patients ATSU will not retaliate against them for filing a complaint.
- F. A log/file shall be maintained by ATSU's CIPO containing information relevant to privacy complaints, including:
 - 1. Patient name;
 - 2. Patient number, if known;

3. Contact information (e.g., address, phone number, email address, etc.);
4. Complaint date;
5. Nature of complaint;
6. Incident date preceding the complaint;
7. Additional information, which might apply to this complaint;
6. All supporting documentation copies provided by the patient;
7. Investigation outcome;
8. Mitigation recommended, if any; and
9. Response(s) to the patient and date.

Responsibility

- A. Chief information privacy officer (CIPO) – ATSU’s CIPO is responsible for documenting and investigating patient complaints regarding the privacy of their health information. ATSU’s CIPO is also responsible for responding to the patient, documenting any actions taken, and making recommendations to appropriate ATSU leadership for resolving such matters in the future.
- B. Clinic directors - Responsible for investigating patient complaints and documenting any actions taken, including any necessary remediation.
- C. Deans/clinic managers/supervisors – Responsible for ensuring the workforce properly assists patients with privacy complaints and other complaints.
- D. Workforce (“users”) – Responsible for directing patients with privacy complaints to ATSU’s CIPO, complying with this policy, and reporting violations of policy to their supervisor/manager/director or to ATSU’s CIPO.

ATSU POLICY NO. 30-104: PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *Signature on file in HR*

Purpose

A.T. Still University of Health Sciences (ATSU) is limited by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule as to how it may use and disclose protected health information (PHI). This policy provides an overview of permitted uses and disclosures of PHI, provides guidance for ATSU workforce members, and sets forth safeguards to ensure HIPAA compliance in this area.

Policy

- A. ATSU may use or disclose PHI without a patient's authorization or the opportunity to agree or object subject to the applicable requirements and exceptions outlined in this policy. Only workforce members with a legitimate "need to know" may access, use, or disclose patient information. In other words, workforce members and business associates will only be given access to use or disclose PHI when there is a legitimate clinical and/or business need for the performance of specific job duties and responsibilities. This includes all activities related to ATSU's treatment, payment, and healthcare operations. Each workforce member may only access, use, or disclose the minimum information necessary to perform their designated role regardless of the extent of access provided.
- B. Definitions
1. Protected health information (PHI) – Includes oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
 2. Disclosure – Release, transfer, provision of access to, or divulging of PHI outside of ATSU.
 3. Need to know – Term used to describe the restriction of access to data and information to what is needed for workforce members or other individuals to conduct their official duties.
 4. Minimum necessary - Minimum amount of PHI necessary to accomplish the intended purpose of the use or disclosure.
 5. Need to know - Term used to describe the restriction of access to data and information to what is needed for a workforce member or other individuals to conduct their official duties.
 6. Role-based access - A means of regulating access or assigning access privileges to an application or system based upon the nature of the person's job functions (or role) within the organization.
 7. Use – Sharing, employment, application, utilization, examination, or analysis of PHI within ATSU.
 8. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.
- C. General guidelines
1. Activities related to treatment, payment, and healthcare operations are considered permitted uses and disclosures of PHI. Table 1 at the end of this policy provides examples.
 2. The workforce member using or disclosing the information must be authorized by policy to do so.
 3. The person or entity to which PHI is disclosed must be authorized to receive it, and their identity and authority should be verified prior to the disclosure.
 4. All uses and disclosures should be made in accordance with ATSU safeguards adopted to further protect PHI privacy. This includes standards for secure PHI transfer, whether in paper or electronic format.
 5. Improper uses and disclosures should be immediately reported as an incident, and possible breach, and brought to the attention of ATSU's CIPO. For related information, refer to ATSU Policy No. 55-116: Information Security Incident and Breach Reporting.

- D. Minimum necessary - Despite the level of access granted to a workforce member, the member will limit the information accessed to what is needed for their work assignments and/or job function (need to know).
- E. Role-based access
 - 1. Information Technology Services (ITS) and/or the system administrator for applications and systems, managed by other departments, will identify workforce member individuals or classes/groups who need access to confidential information to carry out their job functions, along with the category or categories of information including the access privileges to that information (e.g., view only, edit, create, delete, etc.). This is referred to as “role-based access.”
 - 2. Within the permitted access, a workforce member is only to have access to what is needed to perform his or her job function. For example, a physical therapist may, by default, have access to the medical records of all patients in a facility. However, if the physical therapist does not have a treatment relationship with a particular patient, it would be inappropriate and a violation of this policy for the physical therapist to access that patient’s record.
- F. Safeguards and controls
 - 1. ATSU’s approach for ensuring the principle of “minimum necessary” is to implement safeguards and technical controls, including, but not limited to,
 - a. Policies and procedures (to guide routine and non-routine PHI uses or disclosures);
 - b. Formal requests for access to applications and systems (approved by management);
 - c. Authentication (unique user ID and passwords);
 - d. Authorization (role-based user access privileges);
 - e. Audit controls (for holding users accountable for actions);
 - f. Restricted physical access areas where large amounts of PHI are stored (electronic or paper); and
 - g. Workforce clearance and education.
 - 2. ITS and/or the system administrators for applications and systems, managed by other departments, are responsible for implementing controls for all systems that contain identifiable patient information to ensure minimum necessary.
- G. Patient requests - PHI use and disclosure may be subject to certain requests by patients or their legal representatives, which ATSU either voluntarily accepts or must honor based on regulatory requirements. For more information, refer to ATSU Policy No. 30-101: Patient Rights Under HIPAA Privacy Rule. These requests include:
 - 1. Right to inspect or receive a copy of their medical records;
 - 2. Right to request an amendment to their medical records;
 - 3. Right to an accounting of disclosures for information shared for reasons other than treatment, payment, or healthcare operations;
 - 4. Right to request a restriction on use and disclosure; and
 - 5. Right to request alternative means of communications.
- H. External requests
 - 1. ATSU will review external requests for PHI to determine whether the amount and type of PHI requested meets the minimum necessary standard and will respond appropriately.
 - 2. ATSU will limit the amount of PHI provided in response to external requests to what is reasonably necessary to accomplish the request purpose. Examples include:
 - a. Business associates or non-employee workforce members that perform a service on behalf of ATSU;
 - b. Another covered entity, such as a healthcare provider, health plan, or clearinghouse; or
 - c. Public officials, as required by law.
 - 3. ATSU will limit the amount of PHI it requests from other healthcare providers, health plans, or clearinghouses.
- I. Exceptions - The minimum necessary standard does not apply to the following PHI requests, uses, and disclosures:
 - 1. Disclosure requests among providers for treatment purposes;
 - 2. Uses or disclosures made to the patient;
 - 3. Disclosures made to the Secretary of Health and Human Services or designee;
 - 4. Uses or disclosures required by law (federal or state);
 - 5. Uses or disclosures required for compliance with the HIPAA Privacy Rule; and
 - 6. Uses or disclosures made with the patient’s signed, explicit authorization.

Responsibility

- A. Chief information privacy officer (CIPO) – Responsible for establishing standards for use and disclosure of PHI, as well as accounting for disclosures.
- B. Deans/clinic managers/supervisors – Responsible for ensuring the workforce understands how to appropriately use and disclose PHI.
- C. Information Technology Services (ITS) and/or the system administrators - Responsible to implement role-based access.
- D. Workforce (“users”) – Responsible for being familiar with the policies regarding use and disclosure of PHI, complying with this policy, and reporting policy violations to their supervisor/manager/director or to ATSU’s CIPO.

Table 1 – Treatment, payment, and healthcare operations (TPO) examples

Treatment
<p>Examples</p> <ul style="list-style-type: none"> ● Furnishing preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care ● Furnishing counseling, assessment, or other procedures with respect to the physical or mental condition or functional status of an individual or that affects the structure or function of the body ● Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription
Payment
<p>Examples</p> <ul style="list-style-type: none"> ● Preparing and submitting claims and attachments to support payment ● Obtaining certification of enrollment or coverage and obtaining precertification for treatment ● Inquiring about an individual’s coverage or benefits ● Pursuing collection through an attorney or collection agency ● Reporting limited information to a collection bureau ● Participating in utilization management, claims adjudication, risk sharing, and coordination of benefits activities
Healthcare Operations
<p>Examples</p> <ul style="list-style-type: none"> ● Quality assessment activities, utilization management activities, and activities designed to monitor or improve quality or reduce costs ● Peer review activities and activities to evaluate the health care professionals’ competence or qualifications ● Conducting or arranging for audit functions, compliance functions, legal functions, and medical reviews ● ATSU business planning, management, and general administrative activities ● ATSU fundraising

ATSU POLICY NO. 30-105: BUSINESS ASSOCIATE AGREEMENT

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *Signature on file in HR*

PURPOSE

A.T. Still University of Health Sciences (ATSU) is committed to compliance with federal and state law, including the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, to safeguard the confidentiality and integrity of its protected health information (PHI). ATSU requires its business associates using or disclosing PHI on behalf of the University to meet these same requirements under the law by a written agreement (business associate agreement) with the University. ATSU business associate agreements must meet standards under the law and as described in this policy.

POLICY

- A. ATSU requires written agreements with its business associates, which meet all requirements under federal and state law, including HIPAA.
- B. Definitions
 1. *Business associate* - A person or entity who is not a member of a covered entity's workforce who performs any function or activity involving the use or disclosure of PHI.
 2. *Covered entity* - A party required to comply with federal laws and regulations safeguarding PHI. Any healthcare provider that bills electronically for its services is considered a covered entity. ATSU is a covered entity.
 3. *Protected health information (PHI)* - Information in any format created or received and relating to the past, present, or future physical or mental health or condition of, provision of healthcare to, or payment for healthcare by or for an individual, for which there is a reasonable basis to believe the information can be used to identify the individual. Under HIPAA, PHI is required to be protected from unauthorized use, access, or disclosure.
 4. *Business associate agreement* - A contractual agreement between a business associate and a covered entity to define how PHI will be used and how it will be protected.
- C. ATSU business associate agreements shall include provisions including, but not limited to:
 1. The permitted and required uses and disclosures of PHI by the business associate.
 2. The business associate will comply with requirements of the HIPAA Privacy Rule and Security Rule and confirm appropriate security safeguards and controls are in place to protect the confidentiality, integrity, and availability of PHI it creates, receives, maintains, or transmits.
 3. The business associate will immediately and without delay report incidents involving PHI and any breach of unsecured PHI to the chief information privacy officer.
 4. ATSU may terminate the business associate agreement if the University determines the business associate has violated a material provision of the agreement.
- D. The approval process for ATSU business associate agreements consists of the following:
 1. All business associate agreements must be reviewed and approved by ATSU's vice president & general counsel prior to being signed by the parties. The proposed business associate agreement must be submitted to the Office of Vice President & General Counsel with a contract routing cover sheet in accordance with ATSU Policy No. 10-204: Contract Review and Approval.
 2. ATSU has a business associate agreement template (Attachment A). It is strongly preferred new ATSU business associate agreements utilize this template.
 3. ATSU departments seeking approval of a business associate agreement must provide to the Office of Vice President & General Counsel complete contact information (e.g., name, title, address, telephone number, and email address) for at least one, but preferably two, business associate employees who are the appropriate persons to communicate with ATSU about privacy issues, including potential or actual breaches of PHI. ATSU's vice president & general counsel will not approve a business associate agreement until this contact information is provided.

- E. An inventory of all ATSU business associates agreements is maintained by the chief information privacy officer (CIPO). The CIPO must include the business associate contact information in the inventory as described above.

RESPONSIBILITY

1. Vice president & general counsel - Responsible to review, approve, and maintain all business associate agreements, along with full contact information for at least one, but preferably two, business associate employees responsible for PHI security.
2. Chief information privacy officer - Responsible for maintaining an inventory of all business associate agreements along with full contact information for at least one, but preferably two, business associate employees responsible for PHI security.

ATSU POLICY NO. 50-115: HANDLING CREDIT CARD INFORMATION

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *Signature on file in HR*

Purpose

This general order establishes standardized procedures for secure handling of credit card information to prevent fraud and identity theft, and any other violations of credit card industry standards.

Unauthorized disclosure of credit cardholder information will violate credit card industry standards, and/or federal and state laws or regulations, and may cause significant problems for A.T. Still University of Health Sciences (ATSU), its patients, donors, students, employees, or anyone providing credit card information to ATSU.

Policy

- A. Credit card and payment information is considered confidential information and must be accessed, transferred, stored, retained, and disposed of in a secure manner to prevent fraud. Credit card information must be properly protected in accordance with credit card industry standards and federal and state laws and regulations. Storage or retention of the security code or CVV2 is never allowed.
- B. Definitions
 - 1. Card-validation code or value (CVV2), also known as the “security code” – The three-digit number on the back of the credit card, which is used to verify card-not-present transactions (four-digit number printed on the front of the card for American Express).
 - 2. Confidential information includes, but is not limited to:
 - a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
 - b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
 - c. PII – Individual demographic identifiers including employee, student or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
 - d. Credit cards, cardholder information, and bank account numbers;
 - e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
 - f. Passwords, PINs, or other security codes.
 - 3. Merchant – Any business that accepts credit card payment. ATSU is a merchant.
 - 4. PAN – Primary account number (the full credit card number).
 - 5. PCI – Payment card industry (Visa, MasterCard, American Express, and Discover).
 - 6. POS terminal – Point of sale terminal – a small device used to swipe or otherwise enter credit card information for processing a credit card transaction.
 - 7. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU’s direct control whether or not they are employed by ATSU.
- C. Security incidents, breaches, or violations of this policy must be reported to management or to ATSU’s chief information security officer (CISO).
- D. Physical access

1. Managers must restrict physical access to credit card receipts or documents containing full credit card number to only workforce members with a legitimate business need.
 2. Unauthorized personnel must not be allowed physical access to areas where credit card data is stored without being escorted by an authorized ATSU employee. These areas include, but are not limited to, any storage room or office areas where credit card data is readily accessible.
- F. Online access
1. Managers/supervisors are responsible for limiting access to any online credit card processing system to only those workforce members with a legitimate business need. Workforce members with online access to processing systems must have unique user IDs and follow the password rules as required by the online processing system.
 2. Cardholder data cannot be stored onto external media. The ability to perform a “cut and paste” or screen scrape cardholder information must be disabled from workstations and other devices where a primary use is to process credit card transactions online.
- G. Transfer or transmission - General information about a credit card transaction, such as date, amount, authorization number or transaction number, and last four digits of the credit card, is allowed to be sent by email. However, the full credit card number or security code is not allowed in an email message, unless the email is sent using approved end-to-end encryption. Contact ITS for assistance with an approved encryption solution. Credit card information may be sent by the cardholder by fax, if the workforce member arranges to be physically present at the fax machine to receive the message. The security code may be provided separately by telephone, as long as the number is not retained. Contact ATSU's chief information security officer (CISO) with any questions.
- H. Storage
1. It is best to avoid storing full credit card numbers because of the additional risks and security criteria that must be met.
 2. All documents containing full credit card numbers must be treated like cash and secured in a locked file cabinet, safe, or secured storage facility when not in use. The remit portion from a patient's billing statement is one example of when the full credit card number would be written down.
 3. If the full credit card number is stored in an electronic format, such as a scanned image of the patient's remittance form, it must be encrypted.
- I. Retention
1. Provided the full credit card number and security code (CVV2) are marked out using a pen or marker and are unreadable, documents are no longer considered confidential. These documents may be scanned and/or retained according to ATSU Policy No. 10-209: Record Retention.
 2. If the full credit card number is visible, ATSU must securely store retained documents as noted in the section above.
- J. Disposal
1. When no longer needed, shred paper documents containing the full credit card number or place them in a secure shred bin.
 2. Old credit card information stored in batch files, prior to the effective date of this policy, must be destroyed at the end of its retention cycle.
- K. Education or training
1. Workforce members who handle and process credit card transactions will be trained on their responsibilities through educational instruction and/or hands-on training when beginning their job and as needed thereafter.
 2. Anyone who handles credit card transactions is required to have access to this policy and annually acknowledge they have read and understood the policy. Either a sign-in sheet or an online learning management system may be used to track training and acknowledgment of understanding of this policy.
- L. Attestation
1. The director/manager/supervisor for each department which collects credit card information should complete the Annual Department Attestation form and submit it to ATSU's chief information privacy officer (CIPO) by the end of each fiscal year.
 2. ATSU's CIPO will monitor Annual Department Attestation forms.

Responsibility

- A. Directors/managers/supervisors – Responsible for:
 - 1. Maintaining a separation of duties, where feasible;
 - 2. Creating departmental procedures for credit card processing;
 - 3. Controlling access to credit card data to prevent fraud;
 - 4. Providing/arranging training for workforce members on credit card handling and security;
 - 5. Removing access to online processing systems for terminated workforce members or those who no longer have a business need on a timely basis ;
 - 6. Maintaining merchant numbers;
 - 7. Maintaining an inventory of ATSU approved products and technologies (e.g., POS terminals, workstations, tablets, wireless handheld devices, kiosks, etc.) used to process credit card transactions, along with the “owner” of the devices, and personnel with access;
 - 8. Ensuring point of sale (POS) terminals are properly controlled and maintained;
 - 9. Verifying written agreements are in place with service providers, including acknowledgement of service provider’s responsibility for compliance with the Payment Card Industry Data Security Standard (PCI DSS), if credit card information is shared with them; and
 - 10. Attesting to PCI DSS compliance through submission of the Annual Department Attestation form.
- B. Information Technology and Services (ITS) – Responsible for securing applications, workstations, servers, and network equipment used to process credit card data in accordance with the PCI DSS.
- C. Chief information security officer (CISO) – Responsible for:
 - 1. Validating this policy is reviewed at least once a year and updating it when the credit card processing environment changes;
 - 2. Ensuring periodic self-assessments for compliance with PCI DSS are conducted;
 - 3. Investigating any reported breaches or security incidents; and
 - 4. Evaluating and approving technologies and devices used for processing credit card transactions.

ANNUAL ATTESTATION FOR ATSU DEPARTMENTS
HANDLING CREDIT CARD INFORMATION

For more information, refer to ATSU Policy No. 50-115: Handling Credit Card Information

If your department handles credit card information, please complete this form annually by December 15, and forward it to the Office of Vice President & General Counsel.

1. How is credit card information collected by your department? (check all that apply)

_____ Point of Sale (POS) terminal(s) (small device used to swipe or otherwise enter credit card information for processing a credit card transaction)

_____ Credit card holder enters information on the computer

2. If your department has POS terminal(s), please state how many _____ and the location of each terminal.

3. What is the name of the credit card vendor?

4. Has the vendor changed this year? _____ (yes or no). If so, when did your department change vendors? _____ (date)

5. Does your department have written Standard Operating Procedures (SOP) for credit card processing? _____ (yes or no). If so, please attach the SOP. If not, please describe the process below:

6. Who in your department has access to credit card data? Please list names below.

7. How was your departmental staff trained on proper credit card handling and security in the past calendar year:

8. Have you documented acknowledgement by your departmental staff that they have read and understood ATSU Policy No. 50-115 in the past calendar year? _____ (yes or no).

9. Are terminated employees or those no longer with a business need removed from the credit card processing system on a timely basis? _____ (yes or no).
10. Does your department maintain credit card merchant numbers? _____(yes or no). If so, what controls are used to keep the information safe?
- _____
- _____
- _____
11. Does your department maintain an inventory of all ATSU approved products and technologies used to process credit card transactions? _____ (yes or no). Please list equipment below.
- _____
- _____
- _____
12. Describe your process for ensuring the Point of Sale (POS) terminals are properly controlled and maintained.
- _____
- _____
- _____
13. Does your department have a written agreement in place with your service provider that includes an acknowledgement of their responsibility for compliance with the Payment Card Industry Data Security Standard (PCI DSS), if credit card information is shared with them? _____ (yes or no). If so, please attach a copy of the agreement.

Attestations:

_____	_____
Department Supervisor	Date
_____	_____
Vice President	Date
_____	_____
Chief Information Security Officer (CISO)	Date
_____	_____
Chief Information Privacy Officer (CIPO)	Date

ATSU POLICY NO. 55-103: APPROPRIATE USE OF TECHNOLOGY

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *On File with Human Resources*

Purpose

This policy outlines the acceptable use of A.T. Still University of Health Sciences (ATSU) information systems and computer equipment to ensure technology is used for its intended purposes and use is consistent with ATSU policies. Responsible use of technology maintains its availability for critical business operations, supports security and network integrity, and protects ATSU from potentially damaging situations.

Policy

- A. ATSU Information technology systems are to be used for business purposes to serve ATSU interests and its customers in the course of normal operations.
- B. Definitions
 - 1. Confidential information includes, but is not limited to,
 - a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
 - b. Information about a student and his/her education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
 - c. PII – Individual demographic identifiers, including employee, student, or patient social security numbers (SSN) and employee personnel records (W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
 - d. Credit cards, cardholder information, and bank account numbers;
 - e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
 - f. Passwords, personal identification numbers, or other security codes.
 - 2. Information systems – An interconnected set of information resources under the same direct management control that share common functionality. A system normally includes hardware, software, applications, and data.
 - 3. Phishing – An attempt to acquire key information, such as user credentials (user ID and password), SSN, credit card data, etc., by masquerading as a trustworthy entity (a form of “social engineering”).
 - 4. Post(s) or posting – Something an individual writes, publishes online, or uploads, such as a photo or video, typically on a social media website or blog.
 - 5. PHI – Includes oral, written, or otherwise recorded information created or received by an entity identifying an individual relating to physical or mental health, payments, or healthcare services provided to that individual.
 - 6. Ransomware – A type of computer virus or malware preventing users from accessing data (usually by encrypting the data) and written primarily for financial gain by holding data hostage until a ransom is paid. The ransom is normally paid in ‘bitcoin,’ the untraceable digital currency of the Internet.
 - 7. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
 - 8. Workforce – Includes employees, students, contractors, volunteers, and other individuals who have an association with ATSU and whose conduct is under the direct control of ATSU whether or not they are employed by ATSU.
- C. Guiding principles
 - 1. ATSU’s information technology resources are for conducting work-related communications and shall be used in a secure environment to protect confidential and business-related information.
 - 2. All data created on ATSU’s information systems remains ATSU property.

3. Incidental personal use may occur only as authorized by the appropriate supervisor, provided personal use does not interfere with work and meets requirements of this policy.
 4. To prevent phishing emails and ransomware, users are discouraged from using ATSU's workstations or laptops for checking personal email. Users should use personally-owned smartphones or tablets.
 5. Because of the need to protect ATSU's internal network, the University does not guarantee confidentiality of information stored on any network file server.
 6. ATSU reserves the right to monitor all systems, and users should not have any expectation of privacy regarding data or information stored, transmitted, or accessed on ATSU's systems.
 7. Laws and ATSU's policies governing employee behavior pertaining to patient privacy, harassment, discrimination, or defamatory remarks may also apply to user's personal use of the Internet, email, instant messaging, text messaging, and social networking sites. For related information, see ATSU Policy No. 55-113: Social Media.
- D. General expectations
1. Users are expected to abide by all applicable federal, state, and local laws and regulations, as well as ATSU policies regarding information technology use.
 2. Each user is responsible for content of all text, audio, or images placed, sent, or received using ATSU information systems.
 3. Users should not assume electronic communications are private. All messages created, sent, or retrieved over the Internet should be considered public information and accessible to others unless the communication was encrypted.
 4. ATSU may monitor usage patterns and other aspects of its Internet and email communications. The reasons for this monitoring are many, including maintenance, troubleshooting problems, bandwidth allocation, general management of systems, and assessment or enforcement of security policies and controls.
 5. Users of ATSU-owned technology have no expectation of privacy in that use. ATSU reserves the right to access and monitor files stored on or using ATSU equipment and systems at any time with or without notice.
 6. Information considered sensitive or vulnerable, such as PHI, must be encrypted using ATSU's approved process before being released outside of ATSU. Contact ATSU's Information Technology and Services (ITS) Service Desk at ext. 2200 (on campus) or phone number, 660.626.2200, for assistance with encryption.
 7. All communications should reflect positively upon the integrity, professionalism, and competence of ATSU.
- E. Internet
1. ATSU may block connection to certain websites it deems inappropriate. However, the ability to connect with a specific website does not in itself imply it is permitted. Internet users who inadvertently connect to an inappropriate website should immediately disconnect from that site.
 2. Storing, printing, or displaying any files, materials, or messages of an inappropriate nature will be considered a violation of ATSU policy and will be handled under University policies and procedures.
 3. All user activity on the Internet is logged.
- F. Email, instant messaging, chat, and/or text messaging
1. Messages sent using ATSU information systems should be for business purposes and treated as business records. These messages may be used as evidence in litigation and investigations. Provided retention requirements for official records are being met, nonessential messages should be deleted by users when messages are no longer needed for work reasons. For related information, see ATSU Policy No. 10-209: ATSU Record Retention Policy.
 2. Confidential information should only be transmitted outside ATSU when encrypted.
 - a. Emails containing confidential information and sent outside of ATSU must be encrypted. Contact ATSU's Information Technology and Services (ITS) Service Desk at ext. 2200 (on campus) or phone number, 660.626.2200, for assistance with email encryption.
 - b. Texting PHI or confidential information to anyone is prohibited, unless using a secure texting application. Since ATSU has not implemented a secure text application at this time, texting such information is prohibited.
- G. Social media or networking
1. Confidential information about ATSU, its patients, or employees may not be posted on social media sites.

2. Even when no personal identifiers are specifically used in communication or posting, communicating what transpired at work with a particular patient, co-worker, or other individual on a social network site could potentially lead to an unintentional breach of that person's privacy.
 3. Prohibition of harassment and discrimination in the workplace also applies to activities occurring outside the workplace on social media. Harassment or discrimination on social media will result in the same disciplinary action process and potential for legal action had those behaviors occurred within the workplace. Interactions and communication should be respectful.
 4. For related information, see ATSU Policy Nos. 55-103: Social Media and 90-210: Prohibition of Discrimination, Harassment, and Retaliation.
- H. Hardware
1. Computer equipment that is ATSU property is to reside on the campus unless the equipment is considered mobile (i.e., portable computers) or has been checked out through ITS for an express purpose.
 2. No computer equipment intended to extend accessibility to the ATSU network may be installed without the knowledge and written approval of ITS. Types of forbidden devices include wireless access points, hubs, and switches.
- I. Software
1. Only software first tested and approved by ITS is authorized to be installed.
 2. Users must respect software copyrights, abide by software license agreements, and terms of use.
- J. Copyrights - Users obtaining access to other companies' or individuals' materials must respect all copyrights and may not copy, retrieve, modify, or forward copyrighted materials without permission.
- K. Downloading and file storage - Non-business-related files, such as music files (MP3s, WAV, etc.), pictures, animated files (GIF files), video clips or movies (Windows Media Player, Quick Time Movie, etc.) consume storage space. These types of files may also be a source of viruses or other malicious code. Therefore, these types of personal files should not be stored on ATSU-owned information technology. ITS reserves the right to remove such files without notice.
- L. Prohibited activities while using ATSU information technology include, but are not limited to,
1. Engaging in any activity illegal under local, state, federal, or international law while utilizing ATSU-owned resources.
 2. Disclosing confidential information gained in any form while working at/for ATSU without specific approval;
 3. Sending confidential information in electronic format outside ATSU without using encryption.
 4. Revealing user account information and passwords to others or allowing use of authentication credentials (user ID and password). This includes family and other household members when work is being done at home.
 5. Providing information about or lists of ATSU employees to parties outside ATSU without prior written approval from management.
 6. Transmitting, retrieving, or storing any communications of a discriminatory or harassing nature that could create a hostile work environment or materials considered obscene or graphic adult-only material.
 7. Using any ATSU information asset to engage in an activity considered harassing, derogatory, inflammatory, or otherwise unacceptable regarding an individual's gender, sexual orientation, race, age, disability, religion, national origin, physical attributes, or any other form of harassment.
 8. Sending messages containing abusive, profane, or offensive language.
 9. Distributing petitions or political communications not endorsed by management.
 10. Solicitation or petitions of any kind, including commercial, religious, political, or other types.
 11. Using ATSU information technology or media for illegal purposes, gambling, personal profit, or in violation of ATSU policy, including ATSU Policy No. 10-220: ATSU Code of Ethical Standards.
 12. Conducting solicitations of non-company business or any use of information systems for personal gain.
 13. Engaging in any activity violating the intellectual property rights of others, including patents, copyrights, trademarks, and trade secrets. This includes, but is not limited to, installation, use, digitization, copying, or distribution of photographs, images, music, books, or software to which ATSU does not have current rights or licensing.
 14. Making fraudulent offers of products, items, or services originating from an ATSU account.

15. Making statements about warranty, expressly or implied, unless it is a part of normal job duties.
16. Attempting to circumvent security controls to obtain unauthorized access or disrupting services, including hacking, sniffing, phishing, or distributing any type of malicious code.
17. Sending unsolicited messages containing advertisement (spam) or hoaxes.
18. Unauthorized use, or forging, of email header information or any other form of obscuring, suppressing, or replacing of one's own identity (spoofing).
19. Introducing malicious programs into the network or server (e.g., ransomware, viruses, worms, trojan horses).
20. Intentionally writing, generating, compiling, copying, collecting, executing, or introducing any code designed to self-replicate, damage, or otherwise hinder the performance of or access to any system or information.
21. Effecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data to which the user is not an intended recipient or logging into a server or account the user is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, "disruption" includes, but is not limited to, network sniffing, ping floods, packet spoofing, service denial, and forged routing information for malicious purposes.
22. Port scanning or security scanning is expressly prohibited unless prior approval is obtained by ITS.
23. Executing any form of network monitoring, which will intercept data not intended for the employee's host, unless this activity is a part of the employee's normal job duties.
24. Circumventing or attempting to circumvent user authentication or security of any device, network, or account.

Responsibility

- A. Chief information security officer (CISO) – Responsible for overseeing the establishment of standards for appropriate use of and implementation of this policy.
- B. Directors/managers/supervisors – Responsible for conduct of the workforce under their supervision by training, monitoring, and enforcing compliance with this policy in their departments.
- C. Workforce ("users") – Accountable for use of ATSU's information resources. Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director or to the CISO.

ATSU POLICY NO. 55-108: ACCESS TO INFORMATION SYSTEMS

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *On File with Human Resources*

Purpose

A.T. Still University of Health Sciences (ATSU) establishes and maintains standards for access to ATSU information systems to protect confidential information while ensuring timely availability of information systems to workforce members. This policy defines processes used to request access, change access, or suspend access by workforce members to ATSU information systems.

Policy

- A. Access to information systems and applications will be controlled. Access and privileges granted will be based primarily on job responsibilities or role of the requestor. Security standards listed in this policy will be followed when requesting or granting access to information systems or data owned or under the stewardship of ATSU.
- B. Definitions
 - 1. Confidential information includes, but is not limited to,
 - a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
 - b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
 - c. PII – Individual demographic identifiers, including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
 - d. Credit cards, cardholder information, and bank account numbers;
 - e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
 - f. Passwords, PINs, or other security codes.
 - 2. Data owner – (“owners”) individuals ultimately accountable for access to, and use of, information resources directly supporting department or business operations. Owners usually are director level or higher.
 - 3. Information systems – An interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, applications, and data.
 - 4. Minimum necessary – The least amount of confidential information necessary to accomplish the intended purpose of the use, disclosure, or request for confidential information to/from another entity.
 - 5. Role-based access – A means of regulating access or assigning access privileges to an application or system based upon a user’s job functions (or role) within the organization.
 - 6. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
 - 7. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under the direct control of ATSU whether or not they are employed by ATSU.
- C. Access
 - 1. Workforce members are granted access privileges to information systems based on their job duties and responsibilities, thus becoming users. This is known as “role-based access.” This access applies the “minimum necessary” principle. Being authorized to view or use a system does not imply access to all information within that application or system, nor does it imply ownership.

2. To meet compliance and regulatory standards, an Information Technology Services (ITS) Action Request (ITSAR) form or work order ticket is submitted to the ITS Service Desk as authorization to request new access, make changes to existing access privileges, or for removal of access of clinical and business systems.
 3. In some cases, a user may be required to receive training before obtaining access to an application or system. Such prerequisites are determined by the data owner.
 4. Management may limit, suspend, or terminate anyone's access privileges at any time.
- D. Request and authorization
1. The appropriate supervisor, manager, or Human Resources (HR) personnel completes an ITSAR authorizing a user's access to information systems. An access request should be submitted at least five working days prior to the new employee's (or user's) start date, whenever possible, to allow system administrators sufficient time to set up the new user and create proper security profiles within each system.
 2. Access privileges are normally predefined using role-based access within each application or system, meaning access privileges are based on a user's job function, department, and/or management's authorization.
 3. Each user will be assigned unique user identification (user ID).
- E. Changes to access
1. The appropriate supervisor, manager, or HR personnel may request additional access or exceptions to normal role-based access for a particular user. Exceptions are requested using an ITSAR submitted to the ITS Service Desk. The request for access should indicate specific privileges required and, in some cases, may require justification for change.
 2. If a user's job duties change, the appropriate supervisor or manager notifies the system administrator via an ITSAR so the user's access privileges may be matched to the user's new responsibilities.
- F. Automatic lockout and logoff - Information systems that process and store confidential information will normally:
1. Lock out a user's account after a predetermined number of unsuccessful logon attempts (normally after six failed logon attempts); and
 2. Automatically log off or otherwise require a user to re-login/reauthenticate after a predefined period of inactivity.
- G. Monitoring
- There is no expectation of privacy when using ATSU's information systems. To manage systems, troubleshoot problems, and ensure security, ITS will monitor overall user access on a periodic basis. The chief information security officer (CISO) and/or chief information privacy officer (CIPO), or their designees, are responsible for overseeing the auditing of user activity in clinical and other applications, which may be random or in response to a reported concern or investigation.
- H. Temporarily suspending or disabling accounts
1. Users taking an extended leave greater than 30 days should have access privileges deactivated during that period. The appropriate supervisor, manager, or HR personnel will submit an ITSAR so the user's access may be temporarily suspended.
 2. Likewise, the supervisor, manager, or HR personnel should submit an ITSAR to temporarily suspend a user's access if the user has been given leave without pay or is facing other disciplinary action.
 3. Upon the employee's return, an ITSAR will be submitted by the supervisor, manager, or HR personnel to reactivate access.
 4. User accounts within Active Directory (AD) inactive for more than 180 days may be reviewed by ITS and disabled if it is determined the account is no longer needed.
- I. Termination of access
1. When a user's employment or contract ends, HR will notify ITS so the user's access is disabled or terminated in a timely manner.
 2. Management has the right to terminate a user's access at any time without warning. Reasons include, but are not limited to, the following:
 - a. Change of job duties or employment termination;
 - b. Failure to comply with ATSU policies and procedures;

- c. Conduct interfering with normal department operations;
- d. Activity adversely affecting the ability of others to use computer systems; and
- e. Behavior harmful, unprofessional, offensive, or harassing to others.

Responsibility

- A. Chief information security officer (CISO) – Responsible for overseeing establishment and implementation of standards for access to information systems, including emergency access to clinical systems. In coordination with the chief information privacy officer (CIPO), is responsible for overseeing auditing of user activity.
- B. Chief information privacy officer (CIPO) - Responsible, in coordination with the CISO, for overseeing auditing of user activity.
- C. Data owners – Responsible for overseeing security and integrity of data created and used, specific to their department.
- D. Directors/managers/supervisors – Responsible for authorizing user access and ensuring workforce only has access to information needed to fulfill user's job duties.
- E. Human Resources (HR) – Responsible for notification of new employees needing access or changes to access for existing employees, including termination.
- F. Information Technology and Services (ITS) – Responsible for establishing user access in accordance to this policy.
- G. Workforce ("users") – Responsible for complying with this policy and reporting violations of policy to user's supervisor/manager/director or to the CISO.

ATSU POLICY NO. 55-109: WORKSTATION USE AND SECURITY

DATE APPROVED: February 28, 2019

SIGNATURE: *On File with Human Resources*

Purpose

Computer workstations at A.T. Still University of Health Sciences (ATSU) must be secure to protect confidential information, including financial information and protected health information, and maintain integrity of ATSU's network. This policy establishes processes regarding use and security of ATSU computer workstations.

Policy

- A. Computer workstations, laptops, and peripheral equipment should be located in appropriate places, used properly, and secured to protect confidential information and comply with various regulatory requirements.
- B. Definitions
 - 1. Malicious code – Software designed to infiltrate a computer. The term “virus” is sometimes used as a catch-all phrase to include a wide variety of malicious code, which includes viruses, malware, trojans, worms, adware, spyware, ransomware, etc.
 - 2. Password – (a.k.a. passcode or personal identification number (PIN)) Information that, when paired with a user ID, identifies and authenticates the person logging in to an application or system.
 - 3. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
 - 4. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under the direct control of ATSU, whether or not they are employed by ATSU.
 - 5. Workstation – A computer system normally connected to the local area network and used by the workforce to access applications and data. Examples include personal computer (PC), thin client terminal, cart-mounted laptop, or laptop in a docking station, functioning as an individual's workstation.
- C. Workstation location
 - 1. To minimize the possibility of unauthorized access to confidential information, workstations and associated peripheral equipment should be faced away from public view to the extent possible. If this cannot be achieved, privacy screens may be necessary.
 - 2. Workstations and peripheral equipment are not to be modified except by Information Technology Services (ITS).
 - 3. Workstations in some public areas are secured with locks. Laptops may use locking cables or be physically secured in some other fashion to protect against theft.
- D. Unattended workstations
 - 1. Users should either log off or lock their workstation whenever leaving it unattended. For Windows operating system, simultaneously press the Windows key and the letter “L” at the same time to lock a workstation or laptop. For MACs, use CNTRL+SHIFT+EJECT.
 - 2. Activating a password-protected screen saver is an acceptable method of locking the workstation in lieu of logging off.
 - 3. By default, workstations are configured to automatically activate the screensaver after twenty (20) minutes of inactivity.

4. Users are encouraged to use password-protected screensavers, especially if they are the only person using the workstation.

E. Software

1. Users must not use any externally provided software from a person or organization. Only software approved by ITS is authorized to be installed. This is to protect workstations and the network against potential damage caused by malicious code, such as viruses and ransomware. A limited number of users have administrative rights needed to load software.
2. The illegal copying or downloading of software is strictly prohibited.
3. Use of unlicensed software is prohibited.

F. Management and security

1. Antimalware/antivirus, and related security software is installed on computer workstations and laptops by ITS and must be active at all times.
 - a. Antivirus software (signature file) is checked every two hours and applied as needed.
 - b. Operating system and key software patches are applied weekly.
2. When a user suspects a workstation is infected with some type of malicious code, they must immediately disconnect the workstation or laptop from the network, but leave workstation or laptop powered on, and contact the ITS Service Desk at ext. 2200 (on campus) or phone number, 660.626.2200, for assistance.
3. Users are prohibited from attempting to eradicate a virus unless they do so while in communication with authorized ITS personnel. This will help minimize damage.

H. Hardware - Users must not use any personal hardware devices (e.g., monitors, speakers, keyboards, computer data storage, graphic card, sound card, motherboard). Only ITS-approved hardware should be installed.

I. Data storage and encryption

1. Users have two network file server drives mapped to them for storing data and files on the network, which is backed up by ITS.
2. Contact the ITS Service Desk for assistance with full-disk encryption for workstations and laptops.
3. Contact the ITS Service Desk for obtaining encrypted drives that plug into the USB port.
4. ITS will assist the user in securely configuring each portable storage device with a password – the key used for decrypting data.

Responsibility

- A. Chief information security officer (CISO) – Responsible for overseeing the establishment and implementation of standards for security of workstations.
- B. Directors/managers/supervisors – Responsible for security of workstations and peripheral equipment used by the workforce under their supervision in accordance with ATSU policy.
- C. Information Technology Services (ITS) – Responsible for maintaining computer workstations and peripherals, which includes deploying security controls, patches, and updates.
- D. Workforce (“users”) – Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director or to the CISO.

ATSU POLICY NO. 55-110: USER IDs AND PASSWORDS

DATE APPROVED: February 28, 2019

SIGNATURE: *On File with Human Resources*

Purpose

Access to A.T. Still University of Health Sciences (ATSU) information resources and data is protected by unique user IDs and passwords, which identify and authenticate ATSU users. This policy establishes guidelines for user accountability in creating and protecting passwords.

Policy

- A. All users must be properly authenticated prior to being able to access ATSU information resources or data. User IDs and passwords are the primary mechanism for uniquely identifying and authenticating individuals with access privileges. Each workforce member needing access must have a user ID that uniquely identifies them. Passwords must be properly used and protected (kept secret) by the workforce. In some cases, use of a password, combined with the user ID, may be the legal equivalent to a user's signature. Therefore, users must not allow anyone else to use their user ID and password.
- B. Definitions
 1. Confidential information includes, but is not limited to,
 - a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
 - b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
 - c. PII – Individual demographic identifiers, including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
 - d. Credit cards, cardholder information, and bank account numbers;
 - e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
 - f. Passwords, personal identification numbers (PINs), or other security codes.
 2. Password – (a.k.a. passcode or PIN) Information that, when paired with a user ID, identifies and authenticates the person logging in to an application or system.
 3. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
 4. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.
- C. User IDs
 1. Users needing to access ATSU's applications or systems that process or store confidential information will be assigned a unique user ID.
 2. Each user ID is linked to a specific individual and will remain linked to that individual. User IDs will not be re-used or re-assigned to another user.
 3. Users are responsible/accountable for all activity performed with their personal user IDs.
 4. Generic user IDs or shared user IDs are permitted only under certain circumstances. For example, generic user IDs may be used for training. Shared or generic user accounts must be approved by Information Technology Services (ITS) on a case-by-case basis.

D. Authentication methods

1. User IDs and passwords are the primary mechanism for uniquely identifying and authenticating individuals.
2. Other approved authentication methods may include tokens (for remote access), badges, biometric identification systems (e.g., fingerprint), telephone callbacks, or digital certificates.

E. Protecting passwords

1. Personal passwords must be kept secret and not shared or disclosed to anyone.
2. Users must not attempt to gain unauthorized access to applications or systems by using another person's user ID and password or attempting to learn another person's password.
3. Passwords should be memorized.
4. Passwords must not be written down and displayed where others can access them.
5. If a user suspects their password has been compromised, the password should be changed and the incident immediately reported to the supervisor, manager, or ATSU's ITS Service Desk at ext. 2200 (on campus) or phone number, 660.626.2200.
6. Users need to be aware of scams to trick them into disclosing their password through anonymous phone calls or email. Under no circumstances should anyone ever ask a user for their password.

F. Password selection

1. Care should be taken when selecting a password. A poorly chosen password may compromise security. A password should follow these simple rules:
 - a. Be at least eight (8) or more characters in length. The longer the password, the more difficult it is to guess or break it.
 - b. Include at least one character from each of these four categories:
 1. Lower case letter
 2. Upper case letter
 3. Number
 4. Special character such as * ? # @ & \$ (if the system permits such characters)
2. Where a particular system cannot enforce the password rules outlined above, maximum length and complexity rules should be followed where possible.
3. Users should avoid:
 - a. Using common words that may be easily guessed.
 - b. Basing a password on their name, a spouse's name, a child's name, parent's name, pet's name, or favorite sports team.
 - c. Using other personal information easily associated with them.

G. Resetting passwords

1. Employees are given an initial password and will be forced to create a new password at the first logon. For systems not having the capability to force a password change, workforce members must manually reset it to a new password when they first log on.
2. Users should contact the ITS Service Desk or the designated system administrator if they forget their password or need help creating a new password or resetting their password. Users may be required to first identify themselves before the password is reset or new password issued.

Responsibility

- A. Chief information security officer (CISO) – Responsible for overseeing the establishment and implementation of standards for user IDs and passwords used for accessing ATSU information resources and data.
- B. Directors/managers/supervisors – Responsible for ensuring workforce members create and manage their passwords securely.
- C. Information Technology Services (ITS) – Responsible for establishing authentication rules or policies in accordance to this policy.
- D. Workforce (“users”) – Accountable for the actions associated with their user ID. Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director or CISO.

ATSU POLICY NO. 55-111: REMOTE ACCESS

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *On File with Human Resources*

Purpose

A.T. Still University of Health Sciences (ATSU) needs to provide a secure method of remote access to ATSU's network for employees who work from home or other non-ATSU location. This policy establishes a standardized process for remotely accessing ATSU resources to minimize potential exposure to unauthorized use of ATSU resources.

Policy

- A. Remote access connections to ATSU's internal network via a Virtual Private Network (VPN) connection will follow security standards outlined in this policy. Remote access to ATSU's internal network is controlled by Information Technology Services (ITS). Two-factor or dual factor authentication may be needed by some users for remote access.
- B. Definitions
 1. Two-factor or dual factor authentication – A method of confirming (authenticating) a user's identity by employing two or more of three factors of evidence:
 - a. Something only the user knows (Example: User ID and password),
 - b. Something only the user possesses (Examples: a token, badge, text message to their smartphone, etc.), and
 - c. Something only the user is - unique to them (Examples: fingerprint scan, facial recognition, voice recognition, retinal scan, etc.)
 2. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
 3. Virtual Private Network (VPN) – Technology used to provide a secure method of remote access by encrypting transmission of information. With this technology, a remote user only needs a connection to the Internet and appropriate VPN client or web browser software and token to securely connect to ATSU's network.
 4. Workforce – Includes employees, students, contractors, volunteers, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.
- C. Request and authorization
 1. To request and authorize remote access, a supervisor, manager, or department director must complete an Information Technology Services Action Request (ITSAR) form.
 2. ITS will establish the employee's remote access.
- D. User responsibilities
 1. It is the responsibility of users with remote access privileges to ensure unauthorized individuals, such as household members or guests, are not allowed access to ATSU's internal network.
 2. When a user suspects their workstation or laptop is infected with some type of malicious code, they must immediately disconnect from ATSU's internal network, stop all remote access, and contact ATSU's ITS Service Desk at ext. 2200 (on campus) or phone number, 660.626.2200.
- E. Virtual Private Network (VPN)
 1. Approved VPN clients must be used.
 2. For some users, remote access requires two-factor or multi-factor authentication.
 3. VPN sessions will be automatically disconnected after thirty minutes of inactivity.
 4. All VPN traffic will be filtered and monitored by ATSU. There is no expectation of privacy while remotely connected to ATSU's internal network.
- F. Personally-owned equipment

1. Personally-owned workstations or laptops (not ATSU-owned equipment) used for remote access must be configured to comply with ATSU standards, which include:
 - a. Installing antivirus software with current virus definitions (purchasing and maintaining antivirus software is the user's responsibility);
 - b. Updating the operating system (Windows or iOS) with current security patches;
 - c. Using an approved VPN client;
 - d. Logging off the workstation or laptop whenever leaving it unattended or activating a password-protected screen saver; and
 - e. Storing ATSU files and data on the network.
 2. By using VPN technology with personally-owned equipment, users understand their workstations and/or laptops are a de facto extension of ATSU's network, and as such, are subject to the same federal and state regulations that apply to ATSU-owned equipment.
- G. Termination of remote access
1. When a user's employment or contract ends, the user's remote access must be disabled or terminated in a timely manner.
 2. Users that have had their accounts disabled will be required to turn over any ATSU-owned equipment or token used for remote access to ITS.
 3. Management may limit, suspend, or terminate anyone's remote access privilege at any time.

Responsibility

- A. Chief information security officer (CISO) – Responsible for overseeing the establishment and implementation of standards for remote access.
- B. Directors/managers/supervisors – Responsible for authorizing which workforce members under their supervision are allowed to have remote access.
- C. Information Technology Services (ITS) – Responsible for establishing and maintaining remote access technology.
- D. Workforce ("Users") – Accountable for actions associated with their user ID. Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director or to the CISO.

ATSU POLICY NO. 55-112: MOBILE DEVICES

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *On File with Human Resources*

Purpose

To set standards for both A.T. Still University of Health Sciences (ATSU)-owned and personally-owned mobile devices used to conduct ATSU business. Mobile devices include, but are not limited to, laptops, tablets, smartphones, and internet-connected wearables.

Mobile devices pose a significant security risk because they may contain confidential information and, being mobile, are at greater risk for loss, theft, or unauthorized access. If a device is stolen or lost, the information stored on the device becomes potentially available to anyone who comes into possession of the device unless a passcode or authentication along with encryption is implemented. Additionally, mobile devices may be more vulnerable to hacking, malicious code, and interception of wireless communications. Therefore, reasonable and appropriate measures outlined in this policy must be followed.

Policy

- A. Reasonable and appropriate measures must be implemented to govern use of mobile devices used to access any confidential information, including protected health information (PHI). The workforce will follow security standards listed in this and related policies, such as ATSU Policy No. 55-103: Appropriate Use of Technology, when using ATSU-owned and personally-owned mobile devices to access ATSU information.
- B. Definitions
 1. Confidential information includes, but is not limited to,
 - a. Information about a patient, also known as PHI, including incident reports and patient outcome information;
 - b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
 - c. PII – Individual demographic identifiers including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
 - d. Credit cards, cardholder information, and bank account numbers;
 - e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
 - f. Passwords, PINs, or other security codes.
 2. Devices – Refers to laptops, smartphones, tablets and related equipment capable of processing and storing confidential information.
 3. Malicious code – Software designed to infiltrate a computer. The term “virus” is sometimes used as a catch-all phrase to include a wide variety of malicious code, which includes viruses, malware, trojans, worms, adware, spyware, ransomware, etc.
 4. Password – (a.k.a. passcode or personal identification number (PIN)) Information that, when paired with a user ID, identifies and authenticates the person logging into an application or system.
 5. PHI – Includes oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
 6. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
 7. Workforce – Includes employees, students, contractors, volunteers, and other individuals who have an association with ATSU and whose conduct is under ATSU’s direct control whether or not they are employed by ATSU.
- C. The following controls are required for mobile devices that contain or access ATSU confidential information or protected health information:

1. Stewardship
 - a. Mobile devices should not be left unattended. Physical control of mobile devices and any portable media used to store confidential information must be maintained at all times.
 - b. Mobile device screens should be protected from others' view (e.g., while in a coffee shop next to other patrons or while on an airplane), especially when working with confidential information. Consider using a privacy filter to shield the device screen to prevent someone from viewing contents of the screen.
 - c. Transport mobile devices (especially laptops) in protective carrying cases.
 - d. Keep mobile devices from extreme heat, cold, rain, or snow for extended periods of time and avoid exposing devices to direct sunlight. Keep water and other liquids away from device.
 - e. If a mobile device is lost, stolen, or has been used without proper authorization, the user should immediately contact ATSU's Information Technology Services (ITS) Service Desk at ext. 2200 (on campus) or phone number, 660.626.2200. ITS will work with the device user and/or owner to:
 1. Automatically lock device; and/or
 2. Disable device; and/or
 3. Delete device's memory.
 - f. Notify ITS when mobile device access to ATSU information resources is no longer needed. This includes when employees terminate or when nonemployees no longer have a business relationship with ATSU. The user is responsible for removing ATSU business-related information from the device.
 - g. Notify ITS at least seven days prior to giving up physical possession of the device (e.g., transferring ownership to another individual, exchanging device for a new one, or taking a device out of service). ITS will work with the device user and/or owner to erase ATSU-related information from device. If it is not feasible to notify ITS within the designated period above, the owner must take appropriate action to ensure all ATSU-related information is erased from device and immediately report actions taken to ITS.
 - h. Dispose of mobile devices properly. Be sure to wipe or securely delete data from devices prior to disposal. Contact ATSU's ITS Service Desk for help removing ATSU data.
2. Data protection (preventing unauthorized access)
 - a. A password, PIN, or biometric authentication method is required to logon to a mobile device when it is powered up to prevent unauthorized access. Passwords, PINs, and other authentication information are not to be shared.
 - b. Mobile devices should be protected to prevent unauthorized individuals, including family members, friends, etc., who do not have a business need to know from gaining access to ATSU information stored on the device.
 - c. Mobile devices on which confidential institutional information is stored should be encrypted (data at rest). Contact ATSU's ITS Service Desk for help with implementing encryption for data stored on ATSU-owned mobile devices. For most smartphones, enabling user authentication (a passcode or password) automatically enables the device's encryption. ATSU-owned tablets (and some notebooks) may come with encryption installed and may require a pre-boot password.
 - d. Standard security protocols should be followed. This includes ensuring your device has current anti-virus software (required for laptop devices) and all operating system and application updates and patches.
3. Backups
 - a. ATSU clinics users are responsible for backing up any clinic data, as well as important or critical information saved on mobile devices. It is the responsibility of the user to copy confidential and critical data to one of the assigned network drives (X:\) or other approved storage area. Network file servers and drives are backed up daily by ITS. Contact ATSU's ITS Service Desk for help with backing up clinic data.
 - b. Encrypted USB drives may be obtained to securely store files, including backups. This should only be considered as a temporary backup solution. Files stored on an USB storage device should be copied as soon as possible to a network file server and/or other approved storage area as mentioned above.
4. Wireless connectivity
 - a. Wireless access to a mobile device, such as Bluetooth, Wi-Fi hotspots, etc., should be disabled when not in use to prevent unauthorized access to the device.

- b. Use caution when connecting to free or public wireless network (Wi-Fi). Verify a wireless network is the correct one before making the connection by examining the list of available wireless access points. Hackers will name their ad-hoc wireless networks with a common wireless network name in order to trick people into connecting to their rogue networks.
 - c. Wireless transmissions are vulnerable to interception unless the user connects to a secure wireless network or uses a virtual private network (VPN) solution approved by ITS. Use a Virtual Private Connection (VPN) when making a remote connection back to ATSU's network. Contact ATSU's ITS Service Desk for help. For more information, see ATSU Policy No. 55-111: Remote Access.
 - d. Encryption (data in transit). Information being transmitted from mobile devices that contain or access ATSU-confidential information or patient information must be secured.
 - e. Users should not allow peer-to-peer connections (pairing), that is, connecting directly to another Bluetooth enabled device, without checking with ITS first. A wireless mouse, keyboard, or speaker would be exceptions.
5. Screensavers/automatic lock-out: Mobile devices must be configured to automatically activate the password-protected screensaver, PIN, or biometric authentication mechanism after a predefined period of inactivity. This setting should not be altered.
6. Software
- a. Do not install software from unknown sources as they may include software harmful devices. Research the software to make sure it is legitimate. This is to protect mobile devices and the network against potential damage caused by malicious code, such as viruses and ransomware.
 - b. When installing software, review application permissions. Applications may share more information than users are aware.
 - c. Illegal copying or downloading software is strictly prohibited.
7. Texting, chat, and instant messaging - Confidential information or PHI must not be sent through a smartphone unless an ATSU ITS-approved application is used for secure text messages, chat, or instant messaging.
8. Endpoint Security/Antivirus Software
- a. Apply the latest operating system version and program updates and patches to reduce security risks of newly discovered threats and vulnerabilities. Mobile devices, which do not meet minimum operating system (OS) and security patching requirements, may be restricted from accessing ATSU resources.
 - b. Mobile devices with access to the Internet should have antivirus software or an equivalent endpoint security solution installed and maintained with current updates, unless an exception has been approved by ITS.
 - c. Antivirus software installed on ATSU-owned devices should not be disabled by users. Antivirus software (signature file) is updated regularly.
 - d. When a user suspects a mobile device is infected with some type of malicious code, they must immediately contact ATSU's ITS Service Desk.
 - e. Users are prohibited from attempting to eradicate a virus unless they do so while in communication with authorized ATSU ITS personnel. This will help minimize damage.
- D. Some mobile device apps circumvent or disable security controls set by a smartphone manufacturer. Disabling the inherent security of the device can allow unauthorized access to information from stored contact lists, ability to read the user's email, and current geographical location of the device. For smartphones, such as Apple iPhones and iPads, this is referred to as "jailbreaking" and "rooting" for Android devices. Rooting and jailbreaking are not permitted on mobile devices. If ATSU ITS detects an unsafe app, the device user will either be denied wireless access or be notified of the situation and asked to remove the unsafe app.
- E. Mobile devices used in clinical settings may be subject to additional restrictions (e.g., taking photos is forbidden in certain areas.) Be aware of local policies, in addition to this policy.
- F. Users with ATSU-owned devices and those who access confidential information on personally owned devices should be enrolled in the University's Mobile Device Management (MDM) system to provide additional layers of data and/or network security.
- G. Users who seek access to confidential data with personally-owned devices must have supervisor and dean or President's Cabinet-level approval.

- H. Personally-owned mobile devices used to conduct ATSU business or for remote access must adhere to the same guidelines listed in this policy.
- OTHER BEST PRACTICES:
 - [Use the Find My iPhone services](#) to manage lost or stolen devices (Apple iOS)
 - [Use the Find My Device services](#) to manage lost or stolen devices (Android OS)

Responsibility

- A. Chief information security officer (CISO) – Responsible for overseeing the establishment and implementation of standards for security of devices.
- B. Directors/managers/supervisors – Responsible for security of the devices used by workforce under their supervision in accordance with ATSU policy.
- C. Information Technology Services (ITS) – Responsible for maintaining devices, which includes deploying security controls, patches, and updates.
- D. Workforce (“Users”) – Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director or to the CISO.

ATSU POLICY NO. 55-113: SOCIAL MEDIA

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *On File with Human Resources*

Purpose

This policy sets forth guidelines for interactions on social media websites.

A.T. Still University of Health Sciences (ATSU) social media channels are used to promote ATSU's activities to internal and external audiences and foster direct engagement with stakeholders. Social media channels actively used by ATSU programs, departments, and individuals include Facebook, Google+, LinkedIn, Twitter, Instagram, and YouTube. ATSU recognizes certain social media pages and/or accounts as "official," in that these channels represent sanctioned communication from the University, and content, therein, has been approved for dissemination by appropriate and corresponding ATSU leadership. Designation as an official ATSU social media channel includes use of ATSU graphics, inclusion within social media analytics, promotion of the site within other ATSU official social media, as well as content review by ATSU Communications & Marketing (C&M) for adherence to ATSU social media standards.

Policy

- A. Interaction on social media websites must be conducted in a manner that is responsible, reflects well on ATSU at all times, and does not expose confidential information to unauthorized individuals. ATSU faculty or staff who participate in official ATSU social media channels should do so only as their activity directly relates to their responsibilities; personal social media activity should be done on their own time, using their own resources, and in compliance with this policy. Posts that reflect negatively upon ATSU's business interests and reputation or reveal confidential information related to ATSU is strictly prohibited. ATSU's privacy and security policies regarding its confidential information and intellectual property apply even if the information was posted using personally-owned equipment and resources.
- B. Definitions
 1. Confidential information includes, but is not limited to,
 - a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
 - b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
 - c. PII – Individual demographic identifiers including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
 - d. Credit cards, cardholder information, and bank account numbers;
 - e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
 - f. Passwords, PINs, or other security codes.
 2. PHI – Includes oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
 3. Post(s) or posting – Something a user writes, publishes online, or uploads, such as a photo or video, typically on a social media website or a blog.
 4. Social media – Forms of electronic communication, such as websites for social networking that enable users to share information, ideas, images, and videos with online communities of other users.
 5. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.

6. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU’s direct control whether or not they are employed by ATSU.
- C. Personal social media user responsibilities – Be aware:
1. Confidential information about ATSU, its patients, alumni, donors, or employees may not be posted on social media sites.
 2. ATSU patient PHI, including photos or any personally identifiable information, may not be posted on social media sites.
 3. By identifying oneself as an ATSU employee or one of its affiliates (or able to identified as such by others), one is representing the organization to the public.
 4. Information on these sites may be viewed by co-workers, patients, patients’ family members, physicians, supervisors, and other employees.
 5. Members of ATSU management are held to a higher standard, as their personal views and comments can, and often are, interpreted by others as the organization’s official view as a whole.
 6. Do not post personal views or opinions when representing the University, a school/college, program, or department. Personal views or opinions are to be published from personal accounts. If confusion may exist about whether a post is personal, or reflects upon ATSU, include a disclaimer, such as, “These are my personal views and not the views of my employer [ATSU].”
 7. Even when no personal identifiers are specifically used in the communication or post, communicating what transpired at work with a particular patient, with a coworker, friend, or family member on a social network site could potentially lead to an unintentional breach of that individual’s privacy.
 8. Harassment in the workplace also applies to activities taking place outside the workplace on social media. Harassment on social media will result in the same disciplinary action process and potential for legal action had those behaviors occurred within the workplace. Interactions and communication should be respectful.
 9. Anything placed on social media can be seen for a long period of time and is subject to legal discovery by law enforcement or the courts.
 10. Access to social media sites leaves an audit trail. Anything posted and later deleted may still be available through backups.
- D. ATSU social media channels
1. ATSU official social media channels managed by C&M include:
 - a. [Facebook](#)
 - b. [Twitter](#)
 - c. LinkedIn: [company](#), [school](#)
 - d. [Instagram](#)
 2. Other official channels managed by departments, schools, colleges and/or programs may be found on [ATSU's official social media channels spreadsheet](#).
 3. Prior to publication to any official ATSU social media channel, content review by C&M is recommended.
 4. C&M staff are responsible for publication of content to the primary ATSU official social media channels.
 5. Staff responsible for publication of content to any other ATSU official social media channel must be trained and authorized by C&M, and participate in the ATSU social media workgroup.
- E. A confidentiality breach on social media may be treated in the same manner as those that occur elsewhere within ATSU. A workforce member may be subject to sanctions and disciplinary actions.

Responsibility

- A. Chief information security officer (CISO) and chief information privacy officer (CIPO) – Responsible for overseeing the establishment and implementation of standards for social media.
- B. Marketing director (Communication & Marketing) – Responsible for staff managing and monitoring official ATSU social media channels.
- C. Workforce (“users”) – Accountable for the actions associated with their user ID. Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director or to the CISO.

ATSU POLICY NO. 55-114: DATA CLASSIFICATION

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *On File with Human Resources*

Purpose

This general order establishes a framework for classifying institutional data. Data classification will aid in determining baseline security controls for data protection. It will also help determine those critical business processes which need to be protected in order to provide for the confidentiality, integrity, and availability of certain protected information, including but not limited to, electronic protected health information (ePHI), sensitive business information, and protected student information.

Policy

- A. Data classification, in the context of information security, is the classification of data based on its level of sensitivity and impact to the University should that data be disclosed, altered, or destroyed without authorization. ATSU classifies its information assets into risk-based categories for the purpose of determining who is allowed to access the information and what security precautions must be taken to protect it against unauthorized access. The classification structure established for ATSU data and systems recognizes “low risk, moderate risk, and high risk.” See [Appendix A](#) for details.
1. Low risk. Data and systems are classified as low risk if they are not considered to be moderate or high risk, and:
 - a. Data is intended for public disclosure, or
 - b. Loss of confidentiality, integrity, or availability of the data or system would have no adverse impact on ATSU’s mission, safety, finances, or reputation.
 2. Moderate risk. Data and systems are classified as moderate risk if they are not considered to be high risk, and:
 - a. Data is not generally available to the public, or
 - b. Loss of confidentiality, integrity, or availability of the data or system could have a mildly adverse impact on ATSU’s mission, safety, finances, or reputation.
 3. High risk. Data and systems are classified as high risk if:
 - a. Data protection is required by law/regulation,
 - b. ATSU is required to self-report to the government and/or provide notice to the individual if the data is inappropriately accessed, or
 - c. Loss of confidentiality, integrity, or availability of the data or system could have a significant adverse impact on ATSU’s mission, safety, finances, or reputation.
- B. Definitions
1. Confidential information includes, but is not limited to:
 - a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
 - b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information;
 - c. Personally identifiable information (PII) – Individual demographic identifiers including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
 - d. Credit cards, cardholder information, and bank account numbers;
 - e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
 - f. Passwords, PINs, or other security codes.
 2. Data owner (governance level) - This is the officer and unit who ultimately is accountable for data. Typically, this is the unit where data is created, originated, and/or entered into a system.
 3. Data custodian (management level) - This group includes those who are responsible for overseeing day-to-day management and controls related to data.

4. Data user (operational level) - Those who interact with data by entering, deleting, changing, or even reading it.
 5. Institutional data - All data owned or licensed by the University.
 6. Sensitive data - A generalized term that typically represents data classified as high risk and/or moderate risk, which is also confidential.
- C. All information resources (e.g., physical documents, electronic databases, or other collections of information) are to be assigned to a security classification level according to the most sensitive content contained therein.
- D. Data classification should be performed by an appropriate data owner. Data owners may wish to assign a single classification to a collection of data that is common in purpose or function. When classifying a collection of data, the most restrictive classification of any of the individual data elements should be used. For example, if a data collection consists of a student's name, address, and social security number, the data collection should be classified as restricted even though the student's name and address may be considered public information.
- E. Calculating classification
1. Three security objectives are considered to properly classify data: confidentiality, integrity, and availability of institutional data. Data classification reflects the level of impact to the University if confidentiality, integrity, or availability is compromised.
 2. In some situations, the appropriate classification is straightforward, such as when federal laws require the University to protect certain types of data (e.g., personally identifiable information). If the appropriate classification is not inherently obvious, consider each security objective using Appendix B as a guide. It is an excerpt from [Federal Information Processing Standards \(FIPS\) publication 199](#) published by the National Institute of Standards and Technology, which discusses the categorization of information and information systems.
 3. As the total potential impact to the University increases from low to high, the classification of data should become more restrictive moving from public to restricted. If an appropriate classification is still unclear after considering these points, contact the Information Security Council for assistance.
- F. Where practicable, all data is to be explicitly classified, such that users of any particular data derived from an information resource are aware of its classification.
- G. In the event information is not explicitly classified, it is to be treated as follows: Any data which includes any personal information concerning a member of the University community, including any health information, financial information, academic evaluations, social security numbers, or other personal identification information, shall be treated as high risk. Other information is to be treated as moderate risk, unless such information appears in a form accessible to the public (i.e., on a public website or a widely distributed publication) or is created for a public purpose, whereas it is classified as low risk.

Responsibility

- A. Chief information security officer (CISO) – Responsible for overseeing establishment and implementation of this policy.
- B. Data owners – Responsible for application of this and related policies to the systems, data, and other information resources under their care or control.

APPENDIX A

Low Risk	Moderate Risk	High Risk
<p>Data and systems are classified as Low Risk if they are not considered to be Moderate or High Risk, and:</p> <ol style="list-style-type: none"> 1. The data is intended for public disclosure, or 2. The loss of confidentiality, integrity, or availability of the data or system would have no adverse impact on ATSU's mission, safety, finances, or reputation. <p><i>Examples:</i></p> <ul style="list-style-type: none"> ● Press releases ● Course listings ● Research data (at data owner's discretion) ● Public website content ● Public directories ● Job postings and descriptions 	<p>Data and systems are classified as Moderate Risk if they are not considered to be High Risk, and:</p> <ol style="list-style-type: none"> 1. The data is not generally available to the public, or 2. The loss of confidentiality, integrity, or availability of the data or system could have a mildly adverse impact on ATSU's mission, safety, finances, or reputation. <p><i>Examples:</i></p> <ul style="list-style-type: none"> ● Unpublished research data (at data owner's discretion) ● Student records and admission applications (FERPA data) ● Employment applications, personnel files, benefits, salary, birthdate, personal contact information ● Non-public policies and policy manuals ● Non-public contracts ● Internal memos and email, non-public reports, budgets, plans, financial info 	<p>Data and systems are classified as High Risk if:</p> <ol style="list-style-type: none"> 1. Protection of the data is required by law/regulation, 2. ATSU is required to self-report to the government and/or provide notice to the individual if the data is inappropriately accessed, or 3. The loss of confidentiality, integrity, or availability of the data or system could have a significant adverse impact on ATSU's mission, safety, finances, or reputation. <p><i>Examples:</i></p> <ul style="list-style-type: none"> ● Social Security Numbers ● Health Information including Protected Health Information (PHI) protected by HIPAA ● Credit card numbers ● Financial account numbers ● Driver's license numbers ● Passport and visa numbers ● Donor contact information and non-public gift information

APPENDIX B

Security Objective	POTENTIAL IMPACT		
	LOW	MODERATE	HIGH
<p>Confidentiality Preserving authorized restrictions on information access and disclosure, including means for protecting personal privacy and proprietary information.</p>	<p>The unauthorized disclosure of information could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.</p>	<p>The unauthorized disclosure of information could be expected to have a serious adverse effect on organizational operations, organizational assets, or individuals.</p>	<p>The unauthorized disclosure of information could be expected to have a severe or catastrophic adverse effect on organizational operations, organizational assets, or individuals.</p>
<p>Integrity Guarding against improper information modification or destruction, and includes ensuring information non-repudiation and authenticity.</p>	<p>The unauthorized modification or destruction of information could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.</p>	<p>The unauthorized modification or destruction of information could be expected to have a serious adverse effect on organizational operations, organizational assets, or individuals.</p>	<p>The unauthorized modification or destruction of information could be expected to have a severe or catastrophic adverse effect on organizational operations, organizational assets, or individuals.</p>
<p>Availability Ensuring timely and reliable access to and use of information.</p>	<p>The disruption of access to or use of information or an information system could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.</p>	<p>The disruption of access to or use of information or an information system could be expected to have a serious adverse effect on organizational operations, organizational assets, or individuals.</p>	<p>The disruption of access to or use of information or an information system could be expected to have a severe or catastrophic adverse effect on organizational operations, organizational assets, or individuals.</p>

ATSU POLICY NO. 55-115: PROTECTING CONFIDENTIAL CLINIC INFORMATION

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *On File with Human Resources*

Purpose

This policy outlines A.T. Still University of Health Sciences (ATSU) processes to protect confidential information by defining what it is and outlining the responsibilities of workforce members handling confidential information.

Unauthorized disclosure of confidential information could potentially result in penalties to ATSU and its workforce. Such disclosure also creates the risk of financial fraud, identity theft, and harm to the reputation of ATSU. Legal obligations and industry standards may also mandate protection of some information.

Policy

- A. ATSU information is classified into three categories: 1) high risk, 2) moderate risk, and 3) low risk. For related information, refer to ATSU Policy No. 55-114: Data Classification. Confidential information may include data in both high and moderate risk categories and must be protected at all times. The workforce will follow guidelines listed in this policy whenever confidential information is accessed, used, or otherwise handled.
- B. Definitions
 1. Confidential information includes, but is not limited to:
 - a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
 - b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information;
 - c. Personally identifiable information (PII) – Individual demographic identifiers including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
 - d. Credit cards, cardholder information, and bank account numbers;
 - e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
 - f. Passwords, PINs, or other security codes.
 2. Media – Paper documents, CD-ROMs, DVDs, computer hard drives, external or portable hard drives, backup tapes, memory devices (USB-flash drives, thumb drives, jump drives), smartphones, photos, digital images, voice mail, and microfiche.
 3. PHI – Oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to the individual.
 4. Public information – Information available to anyone through ATSU's website, brochures, news releases, or any source readily available to the general public.
 5. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.
- C. Confidential information must be:
 1. Protected from unauthorized uses, disclosures, and inappropriate modification;
 2. Protected from any action that would prevent it from being readily available to authorized individuals;
 3. Accessed and shared only on a need-to-know basis; and
 4. Used for business purposes only.
- D. Media containing confidential information must be protected against damage, theft, loss, and unauthorized access.

- E. Workforce members dealing with PHI, personal financial information, and other confidential information sign a Statement of Confidentiality form to ensure compliance with ATSU standards and expectations before access to or a disclosure of confidential information is permitted. For related information, refer to ATSU Policy No. 50-326: Financial Information Safeguards.
- F. Responsibility for maintaining confidentiality of information continues even after workforce members or associates end their employment or relationship with ATSU.
- G. Protecting confidential information includes processes for access, use, and disclosure; storage and retention; transmission; and recycling, reuse, or disposal.
 - 1. Access, use, and disclosure
 - a. Access to confidential information must be granted based on the minimum necessary according to regulatory standards and only to workforce members who have a valid business need. Access to confidential information does not imply ownership or a right to use.
 - b. Proprietary information such as research, computer programs, marketing, business plans, contracts, and/or methods of doing business (processes, pricing for services, etc.) must not be discussed with or disclosed to anyone not associated with ATSU.
 - c. Information about employees, especially PII, such as social security numbers, home address, salary, performance reviews, etc., is limited to ATSU staff with a business need. Normally, this information is retained in personnel files by Human Resources.
 - d. Information concerning medical staff members must not be disclosed to anyone not directly associated with the medical staff, health information management, or executive management.
 - e. PHI and other information concerning patients and their families, regardless of the source, must not be discussed or disclosed to anyone not directly associated with the patient's care or risk/quality improvement activities, or payment/collection activities at any time, whether the employee is at work or away from work.
 - f. Information concerning patients, also referred to as PHI, is subject to additional requirements. Refer to ATSU Policy No. 30-104: Permitted Uses and Disclosures of Protected Health Information.
 - g. Information concerning credit cards and cardholder data are subject to additional requirements. For related information, refer to ATSU Policy No. 50-115: Handling Credit Card Information.
 - 2. Storage and retention
 - a. When not in use, media containing confidential information must be securely stored to protect it from unauthorized disclosure, loss, damage, or destruction. Electronic media containing confidential information must be protected to the same level as confidential paper documents. Directors, managers, and supervisors must specify secure storage locations within their departments, clinics, or business units.
 - b. Media containing confidential information must be encrypted before the media are taken offsite. Contact ATSU's Information Technology Services (ITS) Service Desk at extension 2200 (on campus) or phone number 660.626.2200 for assistance with media encryption. An exception is media given directly to a patient (e.g., copy of radiology images burned to a CD), which does not need to be encrypted.
 - c. Media containing official records will be retained in accordance with federal and state regulations. Contact ATSU's chief privacy information officer for guidance on medical records retention. For related information, refer to ATSU Policy No. 10-209: Record Retention Policy.
 - 3. Transmission
 - a. When faxing confidential information, a cover sheet with a confidentiality notice must be used. The fax cover sheet must be completely filled out and include this statement:

"The documents accompanying this FAX transmission contain confidential information and are the property of the sender. The information contained in the documents is privileged and is intended only for use of individual(s) or entity(ies) whose name appears above. If you are not the intended recipient, be advised any unauthorized disclosure, copying, distribution, or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this FAX transmission in error, please notify us immediately by telephone at the number listed below to arrange for return of the forwarded documents to us."
 - b. Whenever feasible, the intended recipient should be validated before sending the fax.

- c. Confidential information is not to be transmitted outside the organization using instant messaging (IM) or text messages unless using a secure texting software application implemented and supported by ATSU. Contact ATSU's ITS Service Desk at ext. 2200 (on campus) or phone number, 660-626-2200, for assistance with sending a secure text message.
 - d. If an email containing confidential information, including photos, must be sent outside ATSU via electronic communication over the Internet, the email must be encrypted. Avoid having confidential information, such as a patient's name, in the subject line of the message. Contact ATSU's ITS Service Desk for help with email encryption.
 - e. ATSU is permitted by HIPAA to send unencrypted emails to patients at their request after the patient has been advised of the risks.
4. Recycling, reuse, or disposal
- a. All confidential information must be removed (sanitized) from media prior to recycling, reuse, or disposal.
 - b. Media containing confidential information must be disposed of in a secure manner when no longer needed. Electronic media must be taken to ATSU ITS for proper sanitization/destruction.
 - c. Confidential paper documents must be shredded or placed in a secure shred bin.
 - d. Electronic equipment with memory storage that may contain confidential information must be inspected before disposal, sale, or donation. Such electronic equipment may include:
 - i. Workstations and laptops;
 - ii. Smartphones and tablets;
 - iii. Servers;
 - iv. Multifunctional networked devices (printer/copier/scanner/fax), as well as other models of copiers or fax machines; and
 - v. Biomedical equipment that stores PHI.

Responsibility

- A. Chief information security officer (CISO) – Responsible for overseeing establishment and implementation of this policy, ensuring adequate safeguards are in place, and making appropriate recommendations to ATSU's Risk Management & Compliance Committee.
- B. Deans/directors/supervisors – Responsible for monitoring and enforcing compliance with this policy in their department and ensuring workforce under their supervision is appropriately educated on this policy.
- C. Workforce – Responsible for complying with this policy and reporting violations of policy to their supervisor/director of clinical operations/dean or the CISO.

ATSU POLICY NO. 55-116: INFORMATION SECURITY INCIDENT AND BREACH REPORTING

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *On File with Human Resources*

Purpose

This general order seeks to create an open, honest environment at A.T. Still University of Health Sciences (ATSU) in which individuals may report information, security-related incidents, and privacy breaches without fear of retaliation. Timely reporting and tracking of information, security incidents, and privacy breaches helps ATSU to contain and reduce the impact and severity of an event; respond quickly to capture crucial evidence before it is gone; identify inherent problems to prevent incidents from reoccurring or reduce frequency of occurrences; correct operational procedures or processes causing the incident or breach; and demonstrate proof of compliance with regulatory requirements.

Policy

- A. All security incidents and privacy breaches, suspected or known, must be reported. Failure to report an incident or suspected breach could lead to disciplinary action. ATSU will not take punitive action against any individual making a good faith report regarding behavior believed to be illegal and/or against policy.
- B. Definitions
 1. Confidential information includes, but is not limited to:
 - a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
 - b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
 - c. PII – Individual demographic identifiers including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
 - d. Credit cards, cardholder information, and bank account numbers;
 - e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
 - f. Passwords, PINs, or other security codes.
 2. Information security incident – An unusual occurrence, adverse or suspected event, or discovery of a vulnerability in a system, device, or application that could pose a threat to confidentiality, integrity, or availability of supporting systems, applications, or information.
 3. Investigation – Includes reviewing breach reports, questioning those involved, consulting appropriate resources, reviewing activity logs of information systems, and recommending appropriate discipline.
 4. Media – Paper documents, CD-ROMs, DVDs, computer hard drives, external or portable hard drives, backup tapes, memory devices (USB-flash drives, thumb drives, jump drives), smartphones, photos, digital images, voice mail, and microfiche.
 5. Phishing – An attempt to acquire key information, such as user credentials (User ID and password), social security number, credit card data, etc., by masquerading as a trustworthy entity (a form of “social engineering”).
 6. Post(s) or posting – Something an individual writes, publishes online, or uploads, such as a photo or video, typically on a social media website or a blog.

7. PHI – Includes oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
 8. Ransomware – A type of computer virus or malware that prevents users from accessing their data (usually by encrypting the data) and written primarily for financial gain by holding data hostage until a ransom is paid. Ransom is normally paid in “bitcoin,” the untraceable digital currency of the Internet.
 9. User – Workforce members and associates with authorization to use (access) ATSU computer systems and applications.
 10. Workforce – Includes employees, students, contractors, volunteers, physicians, and other individuals who have an association with ATSU and whose conduct is under ATSU’s direct control whether or not they are employed by ATSU.
- C. Information security incidents – May include, but are not limited to, the following:
1. Virus or other malicious code that infects a computer. Indications may be:
 - a. Discovering files that can no longer be opened;
 - b. Phishing email or ransomware demand;
 - c. Discovering a strange program running;
 - d. Seeing strange messages appear on the computer screen; or
 - e. Seeing unwanted advertisements or popup windows appearing on the computer screen.
 2. An ATSU workstation, laptop, tablet, or smartphone that is lost, stolen, severely damaged, or removed from an ATSU facility without authorization.
 3. Failure to secure a workstation when not in use or left unattended; a workstation that has not been locked or the user has failed to log off.
 4. An unauthorized use of passwords, including a password being intentionally displayed (for others to use), shared, or compromised.
 5. Unauthorized disclosure of confidential information.
 6. Unauthorized installation of software.
 7. Inappropriate use of ATSU’s information resources, including, but not limited to:
 - a. Providing illegal software copies to others;
 - b. Threatening another person through email; or
 - c. Operating ATSU’s information resources for personal use or gain.
 8. Unauthorized modification or deletion of electronic information.
 9. Receiving an unencrypted email with PHI or other confidential information – either in the email or as an attachment.
 10. Inappropriate use of email, such as solicitations.
 11. Policy violations.
 12. Observed security weaknesses or discovering a vulnerability or other security risk.
- D. HIPAA privacy breaches – May include, but are not limited to, the following:
1. Sharing or disclosing PHI to someone who does not have a business need to know.
 2. Accessing or attempting to access patient information, including one’s own, when not authorized to do so.
 3. Taking medical or other secure records outside an ATSU facility for non-business related purposes.
 4. Removing media or ATSU equipment containing PHI outside an ATSU facility without authorization.
 5. Talking about patients in public areas where others could hear the conversation.
 6. Destroying a medical record without permission.
 7. Improper disposal of PHI.
 8. Posting PHI, such as a photo, on social media.
 9. Losing or allowing theft of portable media (USB thumb drives, memory cards, CD/DVD, etc.) or mobile devices (laptops, tablets, smartphones, etc.) storing PHI.
- E. Reporting incidents or breaches

1. Suspected or known incidents or breaches must be immediately reported. The following are reporting options:
 - a. Contact supervisor, manager, or department director.
 - b. Call ATSU's Information Technology Services (ITS) Service Desk at extension 2200 (on campus), or phone number, 660.626.2200.
 - c. Submit an ITS work ticket at service.atsu.edu.
 - d. Contact ATSU's chief information security officer (CISO) or chief information privacy officer (CIPO).
 - e. Call the ATSU Fraud Hotline at: 1.855.FRAUD.HL or go to the secure online reporting form at fraudhl.com. Reference company ID ("ATSU") when making a report.
2. When reporting an incident or breach, include the following facts:
 1. Discovery date.
 2. Occurrence date and time.
 3. Incident or breach location.
 4. Persons involved (Names, job titles, departments, phone numbers, emails, etc.).
 5. Data type involved:
 - a. Number of individuals affected (Estimate, if unsure.).
 - b. Information resources involved (Application, system, or equipment, if applicable.).
 - c. Incident or breach description (Explain the circumstances.).
 - d. Description of any steps taken to contain or remediate the incident or breach.
3. After reporting,
 1. Do not discuss the incident or breach with anyone who is not part of the investigation, as discussing the incident with others could harm the investigation.
 2. Do not post information about the incident or breach to social media.
 3. Cooperate with those investigating the incident.
 4. Data collected during an investigation will be protected as confidential.
 5. When requested, the name of the individual reporting the incident or breach will be kept confidential to the extent allowed by law.
4. ATSU compliance - Under the law, all data breaches of PHI, whether intentional or unintentional, must be reported to the patient(s) and Department of Health and Human Services (HHS). In some cases, there may be additional state laws regarding breach reporting. The CIPO is responsible for timely, compliant notifications to patients and HHS.

Responsibility

- A. Chief information security officer (CISO) – Responsible for establishment and implementation of a process for responding to incidents and breaches reported by the workforce.
- B. Chief information privacy officer (CIPO) - Responsible for data breaches of PHI to the patient(s) and Department of Health and Human Services.
- C. Directors/managers/supervisors – Responsible for being the first point of contact when a workforce member discovers an actual or suspected incident or breach.
- D. Workforce ("users") – Responsible for complying with this policy and reporting actual or suspected security incident or privacy breach to their supervisor/manager/director or to the CISO or CIPO.

ATSU POLICY NO. 55-117: SANCTIONS FOR VIOLATIONS OF CONFIDENTIAL INFORMATION SAFEGUARDS

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *On File with Human Resources*

Purpose

A.T. Still University of Health Sciences (ATSU) safeguards confidential information in compliance with laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act of 1974 (FERPA) and standards, and the Payment Card Industry Data Security Standard (PCI DSS). This policy provides guidance and helps ensure consistency for appropriate disciplinary actions (sanctions) related to unauthorized or inappropriate access, use, disclosure, viewing, or handling of confidential information, including protected health information, student education records, personal financial information, or other confidential information.

Policy

- A. Unauthorized or inappropriate access, use, disclosure, viewing, or handling of confidential information will not be tolerated at ATSU. Whether it is accidental or intentional, doing so will result in sanctions or disciplinary actions as outlined in this policy.
- B. Definitions
 1. Confidential information includes, but is not limited to:
 - a. Information about a patient, also known as protected health information (PHI), including incident reports and patient outcome information;
 - b. Information about a student and their education records protected under FERPA, including any non-directory information and personally identifiable information (PII);
 - c. PII – Individual demographic identifiers, including employee, student, or patient social security numbers (SSN) and employee personnel records (e.g., W-2 and W-4 IRS forms, insurance information, compensation structure, performance evaluations, etc.);
 - d. Credit cards, cardholder information, and bank account numbers;
 - e. Business and proprietary information including, but not limited to, patient service methods, costs, pricing, research data, and such business matters as contracts, negotiations, strategies, marketing plans, financial statements, alumni and donor giving and prospect records, and legal matters; and
 - f. Passwords, personal identification numbers (PINs), or other security codes.
 2. PHI includes oral, written, or otherwise recorded information created or received by an entity that identifies an individual and relates to physical or mental health, payments, or healthcare services provided to that individual.
 3. Post(s) or posting – Something an individual writes, publishes online, or uploads, such as a photo or video, typically on a social media website or a blog.
 4. Whistleblowers – Individuals, usually workforce members, that come forward with information about a person or an organization engaged in an illicit activity.
 5. Workforce includes employees, students, contractors, volunteers, and other individuals who have an association with ATSU and whose conduct is under ATSU's direct control whether or not they are employed by ATSU.
- C. Breaches of confidential information
 1. Access, use, disclosure, viewing, or handling of PHI for a purpose other than treatment, payment, or healthcare, or operations is a violation of HIPPA. Examples include:
 - a. Accessing a medical record without a business need to do so;
 - b. Unintentionally handing, faxing, emailing, or mailing PHI to the wrong person or patient;
 - c. Mishandling and losing portable media containing unencrypted PHI;
 - d. Sharing passwords allowing unauthorized access to PHI;
 - e. Discussing a patient's PHI in a public place;
 - f. Tampering with or disclosing PHI for personal gain; and
 - g. Posting patient information on social media.

2. Unauthorized or inappropriate access, use, disclosure, viewing, or handling of personal financial information, or other confidential information is a violation of ATSU policy and, in some instances, state or federal law. Examples include:
 - a. Email or fax transmission of confidential information without appropriate safeguards;
 - b. Unencrypted confidential information stored on personal mobile devices;
 - c. Paper documents and files containing confidential information left unsecured and accessible to others without a legitimate need to see the information;
 - d. ATSU workforce members without a need to know accessing confidential information; and
 - e. Confidential information released by telephone to unauthorized persons.
- D. Guidance on sanctions
1. ATSU shall review each circumstance of inappropriate use and/or disclosure of confidential information and consistently apply corrective disciplinary action.
 2. If it is determined an ATSU policy has been violated or a HIPAA, FERPA, or other violation or privacy breach has occurred, Human Resources (HR), in collaboration with the chief information privacy officer (CIPO), will identify the offense and categorize it into one of three categories: minor, serious, or major. Categories of Offenses (Appendix A) provides a breakdown of the categories, definitions, and examples.
 3. Other circumstances may be considered by HR and the CIPO and/or workforce member's manager in determining appropriate sanction. For example,
 - a. Was the action accidental or intentional?
 - b. What is the potential risk to individuals, including, but not limited to, patients and students or ATSU as a result of this event?
 - c. Does the workforce member have a history of carelessness?
 4. Sanctions for workforce members may include a reprimand, disciplinary warning to be added to the employee's permanent file, required updated training and/or coaching, probation, suspension with or without pay, and/or termination.
- E. Exceptions to sanctions
1. ATSU will not apply corrective disciplinary actions/sanctions for disclosures made by workforce members who are:
 - a. Whistleblowers. For related information, refer to ATSU Policy No. 10-216: Whistleblower Policy.
 - b. Victims of a crime, provided the confidential information disclosed is to a law enforcement office. HIPAA permits disclosure of PHI under the following circumstances:
 1. PHI disclosed is only about the suspected perpetrator of the criminal act; and
 2. PHI disclosed is limited to identity information, such as demographic information, if known, and any description or distinguishing physical characteristics, in order to assist law enforcement in identification and location.

Responsibility

- A. Directors/managers/supervisors - Responsible for ensuring workforce creates and manages passwords securely.
- B. Assistant vice president for human resources - Responsible for establishment and implementation of sanctions for breaches of confidential information, including HIPAA violations; responsible for consistently applying corrective disciplinary actions based on policy; and responsible to work with the CIPO to make decisions concerning sanctions.
- C. Chief information privacy officer (CIPO) and chief information security officer (CISO) - Responsible for investigating reported incidents or possible breaches to determine if a HIPAA violation has occurred. The CIPO is responsible to work with Human Resources to make decisions concerning sanctions.
- D. Workforce - Responsible for complying with this policy and reporting violations of policy to their supervisor/manager/director, Human Resources, or CIPO.

ATSU POLICY NO. 10-214: PUBLIC AVAILABILITY

DATE APPROVED: JUNE 15, 2017

SIGNATURE: *Signature on file in HR*

Purpose

ATSU is a not-for-profit corporation organized under the laws of the State of Missouri. ATSU is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code. In order to encourage transparency and openness to donors and the public as a whole, ATSU has developed this policy to make certain business records and documents accessible for public inspection in a manner consistent with applicable law.

This policy defines the methods used by ATSU to make the following records available for public inspection: 1) IRS Forms 990 and 990-T and ATSU's application for tax-exempt status (IRS Form 1023 and/or 1024); and 2) its business records such as the Articles of Incorporation, Bylaws, Conflict of Interest Policy, annual financial statements, and such other records as may be required by state and federal law.

Policy

A. IRS Forms (as defined above)

ATSU will make its IRS forms available for inspection by anyone, in person, at its principal business office located at 800 W. Jefferson St., Kirksville, MO 63501. Such IRS forms will be available during normal business hours which are 8:00 a.m. through 5:00 p.m., Monday through Friday excluding holidays. An ATSU finance office management employee, or other employee designated by the ATSU President, may be present at an inspection provided under this policy. A person may make a written request for any copy of the IRS forms, in which case, the request will be fulfilled within thirty (30) days. ATSU may charge a reasonable fee for any reproduction and, if applicable, the actual postage costs for mailing such IRS forms. ATSU may require that all reproduction fees and mailing costs be paid in advance.

B. Business Records

ATSU will make its business records available for inspection by anyone, in person, at its principal business office located at 800 W. Jefferson St., Kirksville, MO 63501. Such business records will be available during normal business hours which are 8:00 a.m. through 5:00 p.m., Monday through Friday excluding holidays. An ATSU finance office management employee, or another employee designated by the ATSU President, may be present at an inspection provided under this policy. A person may make a written request for any copy of the business records, in which case, the request will be fulfilled within thirty (30) days. ATSU may charge a reasonable fee for any reproduction and, if applicable, the actual postage costs for mailing such business records. ATSU may require that all reproduction fees and mailing costs be paid in advance.

Responsibility

It is the responsibility of the Vice President for Finance & Administration/CFO to ensure University compliance with this policy.

ATSU POLICY NO. 20-117: FINANCIAL CONFLICT OF INTEREST (FCOI) IN RESEARCH

DATE APPROVED: July 10, 2020

SIGNATURE: *Signature on file in HR*

Purpose/Summary

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

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

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

Scope

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

Definitions

- A. **Disclosure** – Investigator's disclosure of financial interests to ATSU.
- B. **Entity** – A non-ATSU organization, whether public or private (e.g., a company, partnership, professional association, voluntary health organization, etc.).
- C. **Financial conflict of interest (FCOI)** – A significant financial interest that could directly and significantly affect design, conduct, or reporting of PHS-funded research or non-sponsored research involving human subjects.
- D. **Financial interest** – Anything of monetary value, whether or not the value is readily ascertainable.
- E. **Human subjects research** – Research conducted with a living individual about whom an investigator obtains data via intervention or interaction with individual or identifiable private information.
- F. **Institutional responsibilities** – An investigator's professional responsibilities on behalf of ATSU, which may include research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels, including Institutional Review Board (IRB) or data and safety monitoring boards.
- G. **Investigator** – Project director (PD) or principal investigator (PI) and any other person, regardless of title or position, who is responsible for design, conduct, or reporting of research funded by PHS or non-sponsored research involving human subjects; or proposed for such funding, which may include sub-grantees, contractors, collaborators, or consultants.
- H. **Manage** – Take action to address an FCOI, which may include reducing or eliminating FCOI, to ensure, to the extent possible, design, conduct, and reporting of research will be free from bias or appearance of bias.
- I. **Research** – A systematic investigation, study, or experiment designed to develop or contribute to generalized knowledge relating broadly to public health, including behavioral and social sciences research. The term encompasses basic and applied research and product development.
- J. **Senior/key personnel** – PD or PI and any other person identified as senior/key personnel in the grant/research application, progress report, or any other report submitted to PHS.
- K. **Significant financial interest (SFI)**

1. Any financial interest of the investigator (and those of his/her spouse and dependent children) reasonably appearing to be related to the investigator's institutional responsibilities, including:
 - a. **Publicly traded entity** – Value of any remuneration received from an entity in 12 months preceding disclosure and value of any equity interest in the entity as of date of disclosure, when aggregated exceeds \$5,000. Remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.
 - b. **Non-publicly traded entity** – Value of any remuneration received from an entity in 12 months preceding disclosure, when aggregated exceeds \$5,000; or any equity interest (e.g., stock, stock option, or other ownership).
 - c. **Intellectual property rights and interests** (e.g., patents, copyrights, and royalties from such rights) – Upon receipt of income related to such rights and interests.
2. Investigators also must disclose occurrence of any reimbursed or sponsored travel (i.e., which is paid on behalf of and not reimbursed to investigator) related to their ATSU responsibilities. However, this disclosure requirement does not apply to travel reimbursed or sponsored by [excluded sources provided in the regulation](#).
3. Significant financial interest excludes:
 - a. Salary, royalties, or other remuneration paid by ATSU to investigator if investigator is currently employed or otherwise appointed by ATSU, including intellectual property rights assigned to ATSU and agreements to share in royalties related to such rights.
 - b. Income from investment vehicles (e.g., mutual funds and retirement accounts) as long as investigator does not directly control investment decisions made in these vehicles.
 - c. Income from seminars, lectures, teaching engagements, or travel reimbursed or sponsored by excluded sources provided in the regulation.
 - d. Income from service on advisory committees or review panels for excluded sources provided in the regulation.
- L. **Special project** – Any service, educational, or training initiative pursued by an investigator involving ATSU resources, services, and/or facilities.
- M. **Sponsored research or program** – An exchange transaction for any externally or internally funded research or scholarly activity having a defined scope of work and/or set of objectives, which provides a basis for sponsored expectations.
- N. **Sponsored travel** – Travel expenses paid on behalf of investigator and not reimbursed to investigator such the exact monetary value may not be readily available.

Overview

I. Training

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

II. Institutional official

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

III. Conflict of Interest Review Committee

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

IV. Disclosures process

A. **Before submission/initiation of research** – Prior to investigator's submission of a grant application, execution of a cooperative agreement or sponsored research contract, or initiation of any human subjects research (sponsored or not), each investigator is required to submit a Financial Interest Disclosure Form (Section XI.F) describing any SFIs (and those of investigator's spouse and dependent children) that appear reasonably related to his/her institutional responsibilities. Process shall include:

1. For sponsored submissions, using ATSU's Grant/Contract Application: Internal Approval Form, each investigator shall indicate if s/he has any projected or potential SFI relative to proposed project. If so, investigator is required to complete ATSU's Financial Interest Disclosure Form and place it in a sealed pre-disclosure packet, containing supporting documentation identifying the business enterprise or entity involved and nature and amount of interest. Completed disclosure form and sealed packet should be marked confidential and must be submitted to institutional official, along with copies of the proposal and completed Grant/Contract: Internal Approval Form. Disclosure packet will be opened only by institutional official.
2. An investigator, in his/her own best interest, may choose to pre-disclose any other financial or related interest that could present an actual FCOI or be perceived to present an FCOI. Pre-disclosure is a key factor in protecting an investigator's reputation and career from potentially embarrassing or harmful allegations of misconduct.

B. **Annual updates** – Each investigator who submits a disclosure form is required to update disclosure annually during the award period, or for non-sponsored research, annually during conduct of the project. It is the PI's responsibility to ensure each investigator working on/who will work on the project submits a timely annual update to a previously submitted disclosure form. Annual updates must be submitted to institutional official of RGSI by April 30 each calendar year and may require further review/action by institutional official.

C. **Updating/submitting a new disclosure packet for an ongoing project** – Changes to information provided annually must be submitted within 30 days of discovering or acquiring any new SFI (e.g., creation of a new start-up company, sponsorship of research by a new outside entity, changes in amount of personal financial remuneration from outside entities, including additional consulting, etc.). A disclosure is also required when a new investigator is added to an existing project.

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

V. Review and management process

A. **Determination of SFI** – Institutional official shall conduct a review of financial disclosure forms to determine if any disclosed SFI exists that may affect design, conduct, or reporting of proposed research or special project.

1. If no management plan is necessary, institutional official will notify investigator who submitted disclosure, with all related records retained for at least three years from date of submission of final expenditures report or from other dates specified in 45 CFR 74.53(b) and 92.42(b), where applicable.
2. If it is determined there may be a potential FCOI covered by this policy, institutional official will convene a CIRC. Disclosure form, along with the sealed packet, will then be referred to CIRC for review.

B. **CIRC review** – CIRC will review disclosure packet. If CIRC determines a conflict exists and if project is initiated or sponsored, then CIRC shall determine what conditions or restrictions, if any, should be imposed to manage actual or potential FCOI. Investigator and CIRC will co-develop an FCOI resolution plan detailing proposed steps to manage, reduce, or eliminate any actual or potential FCOI.

1. No member of CIRC who holds an SFI in a project may participate in the review process.
2. CIRC meetings are closed to the public.

3. CIRC will give primary consideration to nature of the research, nature/size of the SFI, degree to which conflict is related to the research, extent to which the interest could be affected by the research, and any management strategies that may mitigate or eliminate the conflict. Ultimately, the plan will be reviewed and approved by investigator's immediate supervisor/department chair, and/or dean/director.
4. **Management strategies** may include, but are not limited to:
 - a. Public disclosure of FCOIs in all presentations and publications, within informed consent form specific to human research subjects, and via written notification to research sponsor.
 - b. Appointment of an independent monitor capable of protecting the design, conduct, and reporting of research against bias, or appearance of such from FCOI.
 - c. Modification of research plan and establishment of timetables for project delivery.
 - d. Change of personnel or personnel responsibilities, including potential disqualification of personnel from participation in all or a portion of the research.
 - e. Designation of a colleague or department chair with no FCOI relationship to the research to serve as an academic co-advisor or lead investigator.
 - f. Reduction or divestiture of financial interest giving rise to the conflict.
 - g. Severance of relationships that are the source of the FCOI.
 - h. Removing contract terms creating FCOI in research (e.g., where payment depends on outcome of the research).
5. **Specific provisions for human subjects research** – ATSU will not allow any investigator with an FCOI to conduct a clinical research project to evaluate safety or effectiveness of a drug, medical device, or treatment, given disclosure or standard FCOI management strategies may be inadequate or impossible to implement. This prohibition applies to PI of a clinical research project as well as any investigator involved in design, conduct, or reporting of the research. ATSU may waive this prohibition only where investigator provides a compelling justification. In considering a waiver request, CIRC will require investigator to address:
 - a. Nature of research project (e.g., early stage or closer to commercial application).
 - b. Size and nature of investigator's financial interest.
 - c. Relationship of financial interest to research.
 - d. Extent to which financial interest may be affected by the research.
 - e. Degree of risk to research participants.
 - f. Investigator's proposed role in research (e.g., design; selection of participants; administration of informed consent; performance of protocol-mandated clinical procedures; evaluation of effectiveness of drug, device, or treatment; and evaluation of adverse effects).
 - g. Existence of unique circumstances requiring research be performed at ATSU (e.g., unique qualification of investigator or unique resources of ATSU).
- C. **Memorandum of understanding (MOU)** – Actual or potential FCOIs will be satisfactorily managed, reduced, or eliminated in accordance with this policy prior to accepting any award or starting non-sponsored research involving human subjects, or will be disclosed to the sponsoring agency for action. Approved resolution plan will be articulated into an MOU detailing conditions or restrictions imposed on investigator in conducting the project or in the relationship with the business enterprise or entity. Institutional official will produce MOU for signature by investigator. Signed MOU copies will be provided to investigator's director/department chair and dean, and in the case of human subjects research, to relevant campus IRB.
- D. **Monitoring requirements** will be outlined in approved management plan and articulated in MOU with investigator(s). Monitoring will be ongoing until research project is complete.
- E. **Retrospective review** – Should ATSU identify an SFI not disclosed in a timely manner by an investigator or, for whatever reason, was not previously reviewed by the University during the ongoing research project, and where institutional official has determined the undisclosed SFI constitutes an FCOI related to the research project, a CIRC will be convened and will implement a management plan within 60 days of identification of SFI. Within 120 days of its determination of noncompliance, CIRC will complete a retrospective review of investigator's research activities associated with the project to determine whether research conducted during the period of noncompliance was biased in design, conduct, or reporting of such research.

- F. **Ongoing research** – When an investigator new to the project discloses an SFI or an existing investigator discloses a new or changed SFI, wherein institutional official determines the disclosed SFI constitutes an FCOI subject to management under this policy, a CIRC will be convened and will review disclosure packet. ATSU will then implement a management plan within 60 days of submission of disclosure. Further, ATSU may determine additional interim measures are necessary with regard to investigator's participation in the research project between date of disclosure and implementation of the University's management plan. Particular consideration will be given to any additional interim measures ATSU's IRB deems necessary for protection of human research subjects.
- G. **Mitigation plan** – If CIRC determines during retrospective review the research was in any way biased, CIRC will recommend a mitigation plan to institutional official to address. Institutional official will notify PHS awarding component of its determination and subsequently follow up with mitigation report for the project.
- H. **Public accessibility of ATSU's FCOI policy and access of disclosed SFI** – ATSU will post its FCOI policy on the institution's public website. Upon request, ATSU will make publicly available information on any disclosed SFI meeting these three criteria: 1) Disclosed SFI is still held by senior/key personnel of an active PHS project; 2) ATSU determines SFI is related to PHS-funded research; and 3) ATSU determines SFI is an FCOI. Written information requests must be made to institutional official, who will respond within five business days of receipt of request. Disclosed information will include minimum elements as provided in the regulation. Any newly determined FCOI will be posted to ATSU's website within 60 days of discovery. The website will be updated annually, and information will remain available for three years from date information was most recently updated.

VI. Appeal

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

VII. Noncompliance

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

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

VIII. Reporting

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

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

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

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

IX. Maintenance of records

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

X. Significant financial interests held by ATSU officials

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

XI. ADDENDA

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

Responsibility

- A. Institutional official – ATSU's institutional official is responsible for reviewing and updating this policy as needed.
- B. Investigators – ATSU investigators are required to be in compliance with this policy and federal law and regulations as applied to FCOI in research.

ATSU POLICY NO. 50-326: FINANCIAL INFORMATION SAFEGUARDS

DATE APPROVED: OCTOBER 31, 2017

SIGNATURE: *Signature on file in HR*

Purpose

This policy describes the Financial Information Safeguards Program through which the University protects privacy, security, and confidentiality of personally identifiable financial records and information. The Program ensures compliance with federal and state laws, including the Safeguards Rule of the Gramm-Leach-Bliley Act and the Disposal Rule of the Fair and Accurate Credit Transactions Act.

Policy

The ATSU Financial Information Safeguards Program (the "Program") identifies reasonable, foreseeable internal and external risks to security, confidentiality and integrity of student/borrower information as well as other confidential financial and business information ("Confidential Financial Information"), and assesses and monitors the sufficiency of its safeguards. This policy establishes an expectation employees and all other individuals and entities using Confidential Financial Information for any reason will act in accordance with the Program and the highest standards of ethics.

The Program includes the following components.

A. Safeguard coordinators

ATSU has designated the vice president for finance and administration/CFO, chief information security officer, and chief information privacy officer as safeguard coordinators to assist relevant ATSU offices in the design and implementation of the Program and to oversee monitoring and testing of the Program.

B. Information Security Council

The ATSU Information Security Council facilitates communication and collaboration to address emergent threats, new technologies, policies, and best practices for security, privacy, compliance, training, and professional development. The vice president for research, grants & information systems will designate the chair of the Information Security Council.

C. Risk identification and safeguard effectiveness

The Program is evaluated at least annually, and amended as needed, by the safeguard coordinators and the Information Security Council. The evaluation process culminates in a report identifying potential and actual risks to security and privacy of information, and an assessment of safeguard effectiveness, which will be shared with the vice president for the safeguard coordinators (i.e., finance and administration/CFO, chief information security officer, and chief information privacy officer).

D. Safeguards

1. Third-party servicers/vendors

- a. Contracts between the University and third-party servicers/vendors with access to Confidential Financial Information contain safeguard provisions, as approved by the vice president & general counsel.
- b. Third-party servicers/vendors with access to Confidential Financial Information sign a *Protected Financial Information Agreement* form (Attachment A).

2. Practices by ATSU departments handling Confidential Financial Information

- a. Employees sign a Confidentiality Statement (Attachment B) upon hire and confidentiality guidelines will be reviewed yearly as part of required employee training.
- b. Only appropriate ATSU members with need to know have access to Confidential Financial Information.
- c. Calls and requests for Confidential Financial Information are referred to appropriately trained staff members.
- d. Students create a personal identifier on the student portal, which is used to verify identity when requesting Confidential Financial Information from ATSU by telephone.
- e. Suspicious attempts to obtain Confidential Financial Information are reported to supervisors.
- f. Paper documents containing Confidential Financial Information are not left where they are accessible to persons without a legitimate need to know, including on printers and fax machines.

- g. Paper documents and files containing Confidential Financial Information are secured after business hours in a locked suite, office, desk, or file cabinet.
 - h. Confidential Financial Information is faxed only after confirming the receiving fax machine is located in a secure area accessed only by those with a legitimate need to see the information being transmitted.
 - i. Confidential Financial Information is not emailed to non-University addresses unless the file is appropriately encrypted or pursuant to departmental procedures regarding transmission of such information. Contact Information Technology Services for assistance with encryption or with establishing departmental procedures.
 - j. Mobile devices pose an increased security risk due to their portability. Employees take extra care to secure such devices, particularly when traveling. Confidential Financial Information is not stored or transmitted via mobile devices, unless encrypted. Contact Information Technology Services for assistance with encryption on mobile devices.
 - k. Employees who work from off-campus locations take additional steps to protect information. See ATSU Policy No. 90-107, *Telecommuting*, and ATSU Policy No. 90-106, *Work-at-Home Option*.
 - l. Terminated employees are prevented from accessing Confidential Financial Information by immediately deactivating their user names and passwords.
 - m. Potential information security breaches are reported immediately to Information Technology & Services at reportabuse@atsu.edu or by contacting the ITS service desk.
3. Information Technology and Services (“ITS”)
- a. The director of network operations monitors and takes appropriate actions regarding security of all data and information maintained on computer resources of ATSU. The director of network operations is responsible for addressing any breaches of physical or virtual security. Policies are in place to regularly obtain and install patches on products with software vulnerabilities.
 - b. All ATSU owned, network-attached computers are equipped with virus protection software, which is automatically updated at regular intervals to ensure protection from the latest threats.
 - c. Firewall technology utilized for the ATSU network and policies are reviewed regularly. Systems are monitored with automated tools to detect unauthorized access or system failure.
 - d. Continuous monitoring of technical and information assets and periodic checks of physical and virtual security are performed by the director of network operations to ensure effective protection.
 - e. Reviews of user and group network rights and access, data backup procedures, and inventory devices that allow external access to data are conducted routinely.
 - f. Efforts are made regularly to promote user awareness and education.
 - g. Network staff monitor and are aware of the latest system threats and security improvements.
4. Employee management and training
- a. In the hiring process, inquiries are made when checking references regarding prior experience in handling confidential materials.
 - b. Supervisors remind employees working with Confidential Financial Information of the safeguards described in this policy at least annually.
5. Information Systems
- a. All employees who utilize network resources and/or access network data are issued a personal user ID and password for which they are solely responsible. Users are responsible to adhere to ATSU Policy No. 85-204, *Password and Person or Entity Authentication*. Password-activated screensavers lock employee computers after a period of inactivity. See ATSU Policy No. 55-106, *Confidential Network Information*.
 - b. All data stored on ATSU network servers are secured both physically and virtually. All network servers are housed within University data centers with limited physical access. In addition, authorized users are required to enter their user ID and password prior to accessing data. Servers with sensitive data are not directly connected to the internet and are insulated from internet traffic by a firewall. All network data are backed up regularly on tapes. Tapes are stored in an off-site location away from the data center in a fireproof, locked cabinet. Sensitive data collected via the internet are collected with the use of SSL encryption. In areas where sensitive financial data is transferred across the internet, tools such as PGP are used to encrypt e-mail file transfers.

6. Disposal of Confidential Financial Information

- a. When paper files containing Confidential Financial Information are no longer required to be retained under ATSU Policy No. 10-209, *ATSU Record Retention Policy*, files are shredded using secure department procedures. Documents awaiting shredding are kept in a secure location. Questions about shredding procedures should be referred to department supervisors.
- b. Electronic media containing Confidential Financial Information are erased in such a manner so the information cannot be read or reconstructed.

Responsibility

- A. It is the responsibility of the safeguard coordinators (i.e., vice president for finance and administration/CFO, chief information security officer, and chief information privacy officer) to oversee and monitor the ATSU Financial Information Safeguards Program.
- B. It is the responsibility of the vice president for research, grants, and information systems to designate the Information Security Council chair.
- C. It is the responsibility of the ATSU Information Security Council to provide an annual report regarding risk identification and safeguard effectiveness to the safeguard coordinators (i.e., vice president for finance & administration/CFO, chief information security officer, and chief information privacy officer).
- D. It is the responsibility of the ATSU Information Security Council to review this policy annually and recommend changes to the General Order Review Committee.
- E. It is the responsibility of the vice president & general counsel to ensure contracts between the University and third-party servicers/vendors with access to Confidential Financial Information contain safeguards.
- F. It is the responsibility of the vice president & general counsel to ensure third-party services/vendors with access to Confidential Financial Information sign a *Protected Financial Information Agreement* form (Attachment A).
- G. It is the responsibility of the director of network operations to monitor and take appropriate actions regarding security of all data and information maintained on computer resources of ATSU.
- H. It is the responsibility of hiring authorities to check references for potential hires who will have access to Confidential Financial Information consistent with ATSU Policy No. 90-215, *Recruitment and Placement of Personnel*.
- I. It is the responsibility of Human Resources to have new employees sign a Confidentiality Statement (Attachment B) and to store Confidentiality Statements in employees' personnel files. Human Resources will track the annual review of confidentiality materials as part of required employee training.
- J. It is the responsibility of supervisors in departments where Confidential Financial Information is received to train new employees to comply with the safeguards set forth in the Program and to annually remind employees of the safeguards.
- K. It is the responsibility of supervisors in departments where Confidential Financial Information is received to ensure paper and electronic files containing Confidential Financial Information are disposed of in accordance with this policy.

ATSU POLICY NO. 75-101: PURCHASING POLICY AND PROCEDURE

DATE APPROVED: MAY 29, 2019

SIGNATURE: *Signature on file in HR*

Purpose

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

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

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

Policy

A. Requisitions and payable transactions excluding individual reimbursements:

1. Purchases not exceeding \$3,000 (micro purchases)
 - a. Definition: Micro purchase is defined as the acquisition of supplies, equipment, or services where any unit value does not exceed \$3,000. To the extent possible, micro purchases should be distributed equitably among qualified suppliers.
 - b. Acquisition procedure: Equipment and supplies not exceeding \$3,000 may be acquired through submission of a purchase order request (POR) or the use of a voucher (up to the voucher limit). Micro purchases may be awarded without soliciting multiple competitive quotations if the price is considered reasonable. Price list/quote is required for POR submissions.
 - c. Required approvals: When it makes good purchasing sense, purchasing authority has been delegated to each department for those transactions not exceeding \$3,000. The department may initiate a micro purchase upon completion of appropriate paperwork and required approvals by academic department chair or non-academic department head.
2. Small purchases more than \$3,000 and up to \$250,000 per item
 - a. Definition: Small purchase is defined as being greater than \$3,000 and up to \$250,000 per item.
 - b. Acquisition procedure: Equipment and supplies costing more than \$3,000 and up to \$250,000 per item are acquired through the submission of a POR. Small purchases exceeding \$100,000 in total must have at least two price or rate quotations accompanying the required POR.
 - c. Required approvals: Small purchases require approval of an academic department chair or non-academic department head, and academic dean or President's Cabinet member. Small purchase procurement is executed by the director of purchasing and purchasing staff.
3. Capital equipment \$5,000 or more
 - a. Definition: Capital equipment is defined as tangible personal property having a useful life of more than one year and a per-unit cost of \$5,000 or more (see ATSU Policy No. 50-200: Fixed Asset and Capital Purchase Policy).
 - b. Acquisition procedure: Capital equipment costing \$5,000 or more is acquired through submission of a POR. Capital equipment purchases must have at least two price or rate quotations accompanying the required POR when the price exceeds \$100,000.

- c. Required approvals: Capital equipment requests costing \$5,000 or more must be approved by the academic department chair and dean, or the non-academic department head and President's Cabinet member. Capital equipment PORs will be shared with Finance upon submission to Purchasing to ensure the specific request is included in the approved capital budget. Finance will assist when the request falls outside the approved capital budget. Capital equipment procurement is executed by the director of purchasing and purchasing staff.
- 4. Sole source purchases
 - a. Sole source purchasing is allowed in certain situations. Instances necessitating sole source purchasing include the need to purchase items: 1) performing a certain function for which no other items are known to exist, 2) with new patents or uniqueness limiting purchase availability, 3) for standardization purposes (e.g., research integrity), and 4) in emergency situations.
 - b. Justification for specifying such items is extremely important and must be documented. Allowable justifications for sole source purchases include, but are not limited to, the following:
 - 1. Supplier is the only source for the commodity or operates in a limited competitive market where the manufacturer only authorizes one dealer for its products in each sales area.
 - 2. Supplier could have a patented design or feature or merely be the closest producer from a transportation standpoint.
 - 3. Supplier may have a higher quality product, have better engineering support, or have the best production capacity for the buyer's needs.
 - 4. Supplier is the only supplier willing to deal with small volume.
 - 5. Other justifications may include superior customer service, low reject rates, favorable payment terms, or a good delivery track record.
 - c. Acquisition procedure: The acquisition procedure for a sole source purchase corresponds to the type of goods or services and amount of purchase (i.e., sole source micro purchase follows the same acquisition procedure as requests for micro purchase, sole source purchase capital equipment follows the same acquisition procedure as requests for capital equipment, etc.).
 - d. Required approvals: Required approvals for a sole source situation correspond to the type of goods or services and amount.
- 5. Employees are prohibited from initiating multiple purchases to stay under purchasing limits.
- 6. Other approval processes may be triggered if purchase total expands beyond one purchase type into another.
- 7. Purchase patterns of employees are reviewed regularly by Purchasing.
- B. Reimbursements
 - 1. Definition: A reimbursement arises when the University agrees to pay an employee or student an amount of money equal to the amount that person spent on approved University related purchases excluding sales tax. A reimbursement requires the original itemized receipt or invoice from the vendor. A reimbursement results in a vendor/payee relationship between the individual and the University.
 - 2. ATSU employees and students purchasing for ATSU funded organizations and projects are discouraged from paying for University-related purchases with personal accounts. Use of personal accounts for University-related purchases should be minimally and infrequently used. Purchases of equipment and supplies should be sourced through Purchasing. Reimbursements exceeding \$5,000 (including capital equipment) require prior approval from President's Cabinet member.
 - 3. Required approvals: The department may initiate a micro purchase reimbursement request upon completion of appropriate paperwork and required approvals by academic department chair or non-academic department head. Small purchases reimbursement requests require approval of an academic department chair or non-academic department head, and academic dean or President's Cabinet member.
 - 4. Review and payment procedure: In order to allow required review of reimbursement requests, Purchasing and Finance may require up to 60 business days to process for payment..
 - a. ATSU will not reimburse sales tax incurred with exception of sales tax on meals, lodging, and other unavoidable travel related expenses.
- C. Sealed bids and competitive proposal
 - 1. Sealed bids and competitive proposal use is generally limited to procurement of construction and competitive contracts for services. Procurement under federal awards necessitating sealed bids and competitive proposals is subject to certain administrative requirements.

2. See ATSU Financial Management Plan for Administration of Grants and Contracts (located at atsu.edu/employeeforms), [ATSU Policy No. 10-204: Contract Review and Approval Procedure](#), and the Uniform Administrative Guidance 200.320 (c-d) for more information.
- D. Prohibited purchases: Items that cannot be purchased or reimbursed using University funds
 1. Firearms
 2. Ammunition
 3. Alcohol, unless approved by the president (See [ATSU Policy No. 95-101: Alcohol at ATSU Events](#))
 4. Items identified as non-reimbursable by other University policy including but not limited to
 - a. [ATSU Policy No. 50-101: Reimbursement for Travel Expenses](#)
 1. Non-institutional necessary entertainment
 2. Movies
 3. In-room bar
 4. Gift shop items
 5. Travel for family
 6. Traffic violation fines
 7. Parking fines
 8. Personal automotive repairs
 9. Alcohol
 10. Seat upgrades from economy/coach
 11. Other expenses that do not meet the business purpose
 - b. [ATSU Policy No. 55-102: Hardware/Software Procurement Procedure](#)
 1. All computer purchases must be reviewed by Information Technology Services prior to purchase
 - c. [ATSU Policy No. 75-103: Local Kirksville Charge Accounts](#)
 1. Items purchased without a voucher from vendors within the voucher program may not be reimbursed
 - d. [ATSU Policy No. 90-106: Work-at-Home Option](#)
 1. Computer hardware and peripherals
 2. Internet
 3. Telephone line
 4. Furniture
 5. Remodeling
 - e. Additionally, [ATSU Policy No. 90-107: Telecommuting](#), [ATSU Policy No. 90-108: Remote Employee Policy](#), [ATSU Policy No. 90-110: Reporting of Taxable Gifts, Awards, and Prizes](#), [ATSU Policy No. 90-106: Work-at-Home Option](#) or other ATSU policy not mentioned here may need to be referenced to identify proper channels for purchases.
 5. Items prohibited by federal, state, and local laws
- E. Restricted purchases: The following items are restricted purchases and may only be made by the identified department. University funds may not be used for the purposes below without prior approval of the president.
 1. Recognition items/gifts
 - a. Recognition for retirement and farewell receptions
 1. Retiring employees may be recognized at the department or University level
 2. Receptions should be limited to one hour unless in conjunction with the lunch hour
 - b. Recognition for service to the institution is conducted by Human Resources only.
 1. Reception and recognition items are purchased and provided by Human Resources annually.
 2. Employees will be recognized at the annual recognition event.
 3. Employees will be recognized at five-year intervals.
 - c. Recognition of unique life circumstances
 1. Birth or adoption of a child will be recognized by the President's Office, if notified.
 2. Academic graduation or accomplishment will be recognized by the President's Office, if notified.
 3. Death of an immediate family member will be recognized by Human Resources in the form of a memorial or flowers at the request of the employee or employee's supervisor.
 - d. University funds may not be utilized for gifts except for those provided by Human Resources.
 1. Human Resources budgets and plans for one holiday event each year per campus and at the St. Louis Clinic.
 2. Individual departments, schools, and colleges may not utilize University funds to pay for gifts.

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

Responsibility

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



ATSU POLICY NO. 10-210: RED FLAGS RULE

DATE APPROVED: MARCH 31, 2020
HR

SIGNATURE: *Signature on file in*

Purpose

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

Definitions

- A. “Covered account” means:
 - 1. An account a creditor offers or maintains, primarily for personal, family, or household purposes that involves or is designed to permit multiple payments or transactions. Covered accounts include credit card accounts, mortgage loans, automobile loans, margin accounts, cell phone accounts, utility accounts, checking accounts, and savings accounts. Any type of account or payment plan involving multiple transactions or multiple payments in arrears is a covered account.
 - 2. Any other account the creditor offers or maintains for which there is a reasonably foreseeable risk to customers or to the safety and soundness of the creditor from identity theft, including financial, operational, compliance, reputation, or litigation risks.
- B. “Credit” means the right granted by a creditor to a debtor to defer payment of debt, to incur debt and defer its payment, or to purchase property or services and defer payment.
- C. “Creditor” means any person or organization that regularly extends, renews, or continues credit.
- D. “Identify theft” means actual or attempted fraud using identifying information of another person without authority to do so.
- E. “Red flag” means a pattern, practice, or specific activity indicating possible identity theft.
- F. “Responsible administrators” means
 - 1. senior vice president-academic affairs or his/her designee (responsible for continuing education matters),
 - 2. vice president for finance and administration/CFO or his/her designee (responsible for student tuition collection matters),
 - 3. vice president for student affairs or his/her designee (responsible for student loan matters),
 - 4. vice president for university advancement or his/her designee (responsible for annual, major, or planned gifts),
 - 5. KCOM dean or his/her designee (responsible for Gutensohn Clinic Associates),
 - 6. ASDOH dean or his/her designee (responsible for ASDOH clinics),
 - 7. ASHS dean or his/her designee (responsible for the Audiology Foundation of America Balance and Hearing Institute), and
 - 8. SOMA dean or his/her designee (responsible for the A.T. Still University Osteopathic Medicine Center Arizona).

Overview

- A. Administration of program
 - 1. ATSU’s Board of Trustees reviewed and approved this general order on Oct. 8, 2008. Subsequent revisions to this general order, if implemented to improve the program’s process and/or comply with federal and/or state law, may be made if agreed upon by the responsible administrators.

2. Responsible administrators shall report annually to the vice president & general counsel regarding the University's ongoing compliance with this general order (Attachment A).
3. The report shall also address the following:
 - a. Effectiveness of the program in addressing risk of identity theft.
 - b. Significant incidents involving identity theft and management's response.
 - c. Recommendations for material changes to the program.
4. Following receipt of red flags reports from the responsible administrators, the vice president & general counsel shall report to the president.

B. Red

flags

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

1. Alerts, notifications, or warnings from a consumer reporting agency.
2. Fraud or active duty alert included with a consumer report.
3. Notice of credit freeze from a consumer reporting agency in response to a request for a consumer report.
4. Notice of address discrepancy from a consumer reporting agency as defined in 12 CFR 334.82(b).
5. Requests to refund money to a credit card other than the one originally transacted. If the card is no longer available, the refund should be issued in the form of a check and mailed to a verified address.
6. Requests to return a recent credit card payment/online gift to a different credit card. Perpetrators may attempt a scheme whereby an online gift is made for a large amount from a stolen or lost credit card. The perpetrator then calls the organization to say too many zeros were mistakenly added to the donation, and a refund for most of the money is requested to a different credit card.
7. Attempts to charge small amounts for a donation online, generally \$1 to \$5, from a credit card of someone with no apparent affiliation with the accepting organization. These are generally an attempt to see if the credit card is valid and may be charged.
8. Attempts to charge a credit card online and the requested information (address/city/state/zip/first name/last name) are garbled or do not make sense.
9. Presentation of suspicious documents, such as:
 - a. Documents provided for identification appearing to have been altered or forged.
 - b. Photograph or physical description on the identification is not consistent with appearance of the applicant or customer presenting the identification.
 - c. Other information on the identification is inconsistent with information provided by the person opening a new covered account.
 - d. Application appears to have been altered or forged, or gives the appearance of having been destroyed and reassembled.
 - e. Presentation of suspicious personal identifying information including the following:
 1. Address does not match any address in the consumer report.
 2. Social Security number (SSN) has not been issued or is listed on the Social Security Administration's death master file.
 3. Personal identifying information provided by the customer is inconsistent with other personal identifying information provided by the customer. For example, there is a lack of correlation between the SSN range and date of birth.
 4. Personal identifying information is associated with known fraudulent activity as indicated by internal or third-party sources used by ATSU. For instance, the address on an application is the same as the address provided on a fraudulent application previously submitted.
 5. Personal identifying information provided is of a type commonly associated with fraudulent activity as indicated by internal or third-party sources used by ATSU. For example, the address on an application is fictitious, a mail drop, or a prison, or the phone number is invalid or is associated with a pager or answering service.
 6. Unusual use of, or other suspicious activity related to, a covered account including the following:
 - a. Mail sent to the customer is returned repeatedly as undeliverable although transactions continue to be conducted in connection with the customer's covered account.
 - b. Notice from customers, victims of identity theft, law enforcement authorities, or other persons regarding possible identity theft in connection with covered accounts.

C. Response to red flags

1. Once a red flag is detected, the employee who detected the red flag shall gather all related documentation, draft a brief explanation of facts, and forward the information to the appropriate responsible administrator.

2. Once forwarded to the appropriate responsible administrator, he/she shall complete additional research and authentication to determine whether the attempted transaction was authentic or fraudulent.
3. If the reviewing party, based on a thorough investigation, determines a particular transaction is, or is likely to be fraudulent, appropriate actions must be taken immediately. Actions may include:
 - a. Contact the customer;
 - b. Change any passwords, security codes, or other security devices that permit access to a covered account;
 - c. Reopen a covered account with a new account number;
 - d. Not open a new covered account;
 - e. Close an existing covered account; and/or
 - f. Notify law enforcement.
 - g. Identity theft red flags program updates
- D. Every year the identity theft red flags program shall be re-evaluated by the responsible administrators to ensure:
 1. All aspects of the program are current and the program takes into consideration all realistic identity theft threats within the existing business environment;
 2. All covered accounts are included in the program;
 3. The process covered by this general order is the most efficient, accurate means of protecting the University and its customers from identity theft.

Responsibility

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

ATSU POLICY NO. 10-220: ATSU CODE OF ETHICAL STANDARDS

DATE APPROVED: FEBRUARY 28, 2019

SIGNATURE: *Signature on file in HR*

Purpose

As a learning-centered university dedicated to preparing highly competent healthcare professionals, all members of A.T. Still University of Health Sciences' (ATSU) community must promote and adhere to the highest ethical standards of professional, academic, and community conduct. Portions of this policy were extrapolated from the Statement of Professional Ethics of the American Association of University Professors.

Policy

- A. Scope of policy: This ethical standards code applies to all "members of ATSU's community," including:
 - 1. Faculty and staff;
 - 2. Contractors, consultants, and vendors doing business with or on behalf of ATSU; and
 - 3. Individuals who perform services for ATSU as volunteers and who assert an association with ATSU.
- B. Respect for and compliance with the law and ATSU policies: ATSU is committed to compliance with all laws, including but not limited to, FERPA and HIPAA, regulations, and ATSU policies and procedures. ATSU will not tolerate illegal or unethical conduct, including but not limited to, theft, fraud, or other financial irregularity, misuse of University resources, misuse of grant funds, unlawful discrimination (including sexual harassment), crimes of violence, or conflicts of interest. Each ATSU community member is expected to be familiar with and comply with both the spirit and letter of all laws, regulations, policies, and procedures applicable to their position and duties. All University-wide policies are located on Human Resources' ATSU portal page. ATSU will provide education and training to promote awareness and monitor and promote compliance.
- C. Reporting potential violations
 - 1. All reports, questions, and concerns about legality or propriety of any action or failure to take action by or on behalf of ATSU should be referred to an immediate supervisor, Human Resources, or the Office of the Vice President & General Counsel.
 - 2. Every ATSU community member is responsible to report any potential wrongdoing. Unreported wrongdoings may be cause for discipline.
 - 3. All inquiries and good faith reports of suspected non-compliance may be made free from fear of retaliation.
 - 4. While open, full-disclosure reporting is strongly preferred, anonymous and confidential reporting is available through a 24-hour telephone service at 1.855.FRAUD.HL or through the secure online reporting form at fraudhl.com. Reference company ID ("ATSU") when making a report. Be aware reporting anonymously may hinder an investigation.
 - 5. ATSU will investigate all reports of suspected non-compliance, regardless of source, and implement corrective action or disciplinary action when necessary.
 - 6. Reported behavior should be evaluated under the guidelines for conduct established by ATSU Policies 90-209: Employee Problem Solving Procedure and 90-210: Prohibition of Discrimination, Harassment, & Retaliation.
- D. Support of ATSU's mission and avoidance of conflicts of interest: ATSU is a not-for-profit institution dedicated to teaching and scholarly activity. Every ATSU community member is expected to faithfully carry out their professional duties in furtherance of ATSU's mission. Every member has a duty to avoid conflicts between their personal interests and official responsibilities and comply with ATSU and applicable school/college codes and guidelines for reporting and reviewing actual and potential conflicts of interest. Additionally, a member may not utilize their position with ATSU for their personal benefit or benefit of family or friends. Members are also expected to consider and avoid not only an actual conflict, but also the appearance of a conflict of interest. Please see ATSU Policies 10-212: Conflict of Interest and 20-117: Financial Conflict of Interest in Research.
- E. Academic integrity

1. Each ATSU community member involved in teaching and scholarly activities is expected to conform to the highest standards of honesty and integrity.
 2. ATSU respects the following rights of members involved in teaching and scholarly activity:
 - a. Opportunity for free inquiry and exchange of ideas in their subject area;
 - b. Privilege to present controversial material relevant to a course of instruction for which they have responsibility;
 - c. Responsibility to indicate uncertainties or limitations in teaching; and
 - d. Responsibility to conduct valid research and publish or distribute genuine results.
 3. Activities such as plagiarism, misrepresentation, and falsification of data are expressly prohibited. All research must be conducted in strict conformity with the applicable ATSU policies, procedures, and approvals and requirements of all governmental and private research sponsors.
- F. Respect for the rights and dignity of others
1. ATSU is committed to a policy of equal treatment, opportunity, and respect in its relations with faculty, administrators, staff, students, and others who come into contact with ATSU.
 2. All ATSU community members share the responsibility for maintaining a climate of mutual respect, while upholding free and open discussion of ideas.
 3. Communication in any format with all persons, including employees, students, guests and third parties, should be conducted professionally in the spirit of collegiality, civility, and decency.
 4. Severe or persistent misconduct that harms, intimidates, offends, degrades, or humiliates (sometimes referred to as bullying or intimidation) an ATSU community member, whether verbal, physical, or otherwise, should be reported as outlined in Part C of this policy.
 5. Disputes among employees should be resolved involving the smallest number of individuals necessary.
 6. Communication regarding issues or problems with or among employees should be shared with an immediate supervisor or Human Resources. Such communication should not include other employees, students, or third parties.
- G. Ethical code of faculty activity: Faculty will assure a principal proportion of their professional effort will be devoted to accomplishing ATSU's mission. Faculty will seek to be effective teachers and scholars and help ATSU professionally with committees and courses or research/scholarly improvements. While some faculty may engage in significant professional activities outside ATSU, each will commit to the effort required to capably and completely perform their assigned duties within ATSU.
- H. Standards for interactions with students
1. Students are a vital component of ATSU's academic setting. ATSU community members are encouraged to develop and maintain professional, collegial relationships with students.
 2. ATSU faculty may not engage in consensual romantic or sexual relationships with students due to the inherent imbalance of power present in all such relationships.
 3. Consensual romantic or sexual relationships between current ATSU staff and current ATSU students are discouraged, but not expressly prohibited. Any consensual romantic or sexual relationship between a current ATSU student and an ATSU staff member should be reported by the staff member to Human Resources immediately.
 - a. Human Resources should evaluate the staff member's responsibilities with regard to potential influence over the student's academics, placement for rotation/residency, potential career, etc.
 - b. Human Resources has full discretion to prohibit relationships between staff members and students which create potential conflict or improper imbalances of power. In such cases, Human Resources may recommend a course of action to mitigate such a conflict or power imbalance. Recommended courses of action may include an adjustment of the staff member's responsibilities, transfer of the staff member to another work area, or prohibition of the relationship.
 - c. Failure to disclose existing relationships or comply with Human Resources' recommendations may result in disciplinary action consistent with Part C of this policy.
 4. Certain exceptions to standards for interactions with students may apply if a student's spouse/partner is employed by ATSU during the student's academic tenure. In such cases, ATSU will ensure no student spouse/partner is employed in any capacity where the student spouse/partner may evaluate, supervise, or advise students as part of an ATSU program.

- I. Ethical standards of community conduct: ATSU community members have the same rights and responsibilities as all U.S. citizens, and all members are expected to uphold and obey local, state, and federal laws. Members are free to express their views and participate in political and social processes of the community. However, when they speak or act in their capacity as private citizens, members should avoid creating the impression they speak for or represent ATSU. Constitutionally guaranteed freedom of expression does not supersede ATSU's responsibility to discipline a member for violations of the ethical standards outlined above.
- J. Violations of ATSU policies safeguarding confidential financial information, protected health information, and other confidential information, may result in sanctions. Sanctions for employee workforce members may include a disciplinary warning to be added to the employee's permanent file, probation, suspension with or without pay, and/or termination. Sanctions for student/resident workforce members may include a reprimand, disciplinary warning to be added to the student's permanent file, probation, suspension, and/or dismissal.

Responsibility

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

**ATSU-KCOM Policy No. 1.6:
Degree-Granting Body**

Signature: *On file in Dean's office*

Date Approved: *December 19, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation Standard 1.6, ATSU-KCOM is required to have a policy demonstrating that the faculty association (or approved body) must recommend candidates for graduation.

POLICY

The ATSU-KCOM faculty will meet annually to review the students who have satisfactorily completed the requirements for graduation and vote to recommend such students to the President of ATSU to confer the degree of Doctor of Osteopathic Medicine.

This policy will assure that all candidates for a DO degree will have met the graduation requirements outlined in the ATSU University Catalog including to have “been approved by faculty vote for promotion to graduation.”

PROCESS

- A. The full Faculty Assembly* holds a meeting no later than April of each year.
- B. The Associate Dean for Curriculum provides the proposed list of graduates to the Faculty Assembly with data summarizing each student's satisfactory performance in each of the core competencies.
- C. The Chair of the KCOM Faculty Senate** requests a motion, second, and, after any appropriate discussion, a vote by the assembly.
- D. The faculty is given time to review the list and provide any comments or concerns or ask questions of the Associate Dean for Curriculum and the KCOM Student Promotion Board.***
- E. The faculty members present for the meeting typically vote to approve the entire slate of candidates for the DO degree. However, using Robert's Rules of Order (e.g., motion, second, discussion, vote), the faculty can vote on one or more candidates individually.
- F. Only those students who have successfully completed all graduation requirements will be allowed to graduate.
- G. Students scheduled to complete all graduation requirements prior to December 31st of the graduating year will be allowed to participate in the commencement ceremony, although no degree will be conferred until all requirements are successfully completed.
- H. The list of candidates is then sent to the Dean, who presents the final approved list of graduates to the ATSU President.

DEFINITIONS

*The KCOM Faculty Assembly is comprised of all faculty members excluding the associate deans and dean.

**The Faculty Senate is comprised of one representative of each department within the college as elected by said department.

***The KCOM Student Promotion Board is the disciplinary board of the College responsible for the review and assessment of academic progress and professionalism of all students to assure adequate progress is made toward the doctor of osteopathic medicine degree. It is comprised of five voting members from the faculty.

REFERENCE FILE(S)

ATSU-KCOM Catalog: [Graduation Requirements](#)

REVIEW(S)

Process reviewed by:

KCOM Dean - December 12, 2019

**ATSU and ATSU-KCOM Policy No. 2.4
Accreditation Standard Complaint Policy**

Signature: *On file in Dean's office*

Date Approved: *December 9, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) standard 2.4, A.T. Still University-Kirksville College of Osteopathic Medicine must provide policies and procedures that include a confidential accreditation standard complaint resolution process that includes a description of how complaints are filed, resolved through an adjudication process (without retaliation), and maintained through the COM's record retention system. The accreditation standard complaint filing process must include a process for filing confidential complaints with the COCA and the contact information of the COCA. This policy outlines student conflict resolution processes, complaint filing regarding accreditation standards, confidential complaint filing, and records retention pertaining hereto.

POLICY

If a student has a complaint that the school is not following the COM Continuing Accreditation Standards, a complaint may be filed with the American Osteopathic Association's Commission on Osteopathic College Accreditation at 142 E. Ontario St., Chicago, IL 60611-2864

Phone: (312) 202-8124

The COM Accreditation Standards and Procedures can be found at www.aoacoca.org.

Students who file complaints will not be retaliated against. Student may file complaints within the College or University without retaliation.

The details of all complaints and other documentation associated with complaints will be logged by the Academic Affairs office and destroyed after six years following the incident.

PROCEDURE

Conflicts:

- If a conflict arises, the student should attempt to resolve the issue using the Chain of Communication as outlined in the [KCOM Student Manual](#), if possible. If not possible or not resolved, the student may report the issue to the KCOM Dean in writing, if possible.
- A complaint related to accreditation standards and procedures may be submitted to the ATSU-KCOM Dean. Upon receipt of a written complaint, the Dean or designee will review and evaluate all relevant information and documentation relating to the complaint and determine the appropriate pathway for adjudication.
 - All student complaints will be forwarded to and logged by the Associate Dean of Academic Affairs and made available to the COCA visit committee at the next regularly scheduled COCA site visit. Log entries will include supporting documentation, actions, resolutions, and other pertinent information.
- If the issue is not resolved by the ATSU-KCOM Dean, the student may report the issue to the Senior Vice President of Academic Affairs.

- The student can seek guidance from the Associate Dean for Academic Affairs or Vice President for Student Affairs, as needed.

Complaint Filing and Adjudication:

- Students wishing to make an anonymous complaint may do so **AT ANY TIME** using the ATSU Fraud Hotline at www.fraudhl.com/submit-a-report or by calling 1-855-FRAUD-HL, company ID “ATSU”. Once a complaint is made it is reported to the assistant vice president of human resources, the vice president for administration and finance/CFO, and the President’s office. Based on the nature of the complaint, a determination is made of where the complaint should be routed for review (e.g., issues of discrimination or harassment are routed to the Title IX office, academic issues go to the Senior Vice President of Academic Affairs and/or appropriate dean, non-academic and non-discrimination issues that are related to students go to vice president of student affairs; allegations of legal violations or compliance concerns are routed to legal counsel). Once the complaint is routed, the appropriate party investigates the situation and takes appropriate action.
- Students may use the [ATSU Student Complaint Resolution](#) process to file a complaint.
- Students may use the [ATSU Title IX Complaint Process](#) to file a complaint.
- The student can make a complaint to the COCA, in writing following the information found on the www.aoacoca.org website. All complaints must be signed by the complainant. Per the COCA, complaints will not be processed if submitted anonymously. The complainant must use the proper [COCA Complaint Form](#) to provide a narrative of allegations in relationship to the accreditation standard(s) or procedures and include any documentation that could support the allegation. **COMPLAINTS MADE DIRECTLY TO THE COCA WILL BE KEPT ANONYMOUS TO THE KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE.**

Within ten (10) business days of receipt of a signed complaint, copies of the complaint will be sent to the COM’s Chief Executive Officer or Chief Academic Officer for response to the complaint. The COM’s Chief Executive Officer or Chief Academic Officer will have fifteen (15) business days to respond. The COM’s response and the complaint will be forwarded to the COCA chair who will either ask the COCA Executive Committee or appoint an ad hoc subcommittee to determine whether the complaint merits further investigation. An investigation will be conducted if the complaint has merit. If the COCA Executive Committee or the ad hoc subcommittee finds no merit in the complaint, the complainant and the COM will be notified in COCA Complaint Procedures Excerpt Page 2 of 3 writing. The complainant and the COM will be notified of the outcome in writing. This process will be concluded within fifteen (15) business days.

If an investigation is warranted, the COCA Secretary, in cooperation with AOA corporate counsel, and the COCA Executive Committee or the ad hoc subcommittee will initiate a formal review within thirty (30) days from the decision to initiate an investigation. The ad hoc subcommittee will decide what particular method of study and mode of investigation is most appropriate for the complaint that has been received, which may include an on-site visit. The COCA Executive Committee or the ad hoc subcommittee’s findings will be forwarded to the COCA. Based upon these findings, the COCA may take either of the following actions: Dismiss the complaint and report that the COM is in

compliance with the accreditation standards; or Notify the COM in question that, on the basis of an investigation, the COCA has determined that the COM is failing to meet the accreditation standards. If the COM has been found to be out of compliance with the accreditation standards, the COCA may determine one of the following methods of review: A report outlining the COM's plans to address the deficiencies outlined by the COCA; and/or A Progress Report documenting the COM's planning and its implementation of the plans; or an on-site visit may be recommended to determine whether a change in the accreditation status of the COM is warranted. These procedures should be completed and the COM notified within fifteen (15) days of the COCA decision. Any such accreditation decision or action of the COCA will be subject to reconsideration and appeal procedures set forth in these procedures.

The COCA Executive Committee or the ad hoc subcommittee's findings will be forwarded to the COCA. Based upon these findings, the COCA may take either of the following actions: Dismiss the complaint and report that the COM is in compliance with the accreditation standards; or Notify the COM in question that, on the basis of an investigation, the COCA has determined that the COM is failing to meet the accreditation standards. If the COM has been found to be out of compliance with the accreditation standards, the COCA may determine one of the following methods of review: A report outlining the COM's plans to address the deficiencies outlined by the COCA; and/or A Progress Report documenting the COM's planning and its implementation of the plans; or An on-site visit may be recommended to determine whether a change in the accreditation status of the COM is warranted. COCA Complaint Procedures Excerpt Page 3 of 3 These procedures should be completed and the COM notified within fifteen (15) days of the COCA decision. Any such accreditation decision or action of the COCA will be subject to the reconsideration and appeal procedures set forth in these procedures.

REFERENCE FILE(S)

The policy is referenced from the

- ATSU-KCOM Catalog:
 - [Program Accreditation and Complaints](#)
- KCOM Student Manual
 - [Chain of Communication and Filing Complaints](#)
- [Student Complaint Resolution including specific and general complaints](#)
- [Title IX Complaints](#)
- [AOA/COCA Complaint Procedure](#)
 - [AOA/COCA Complaint Form](#)

REVIEW(S)

Process reviewed by:

ATSU Legal Counsel - sent for review 12/9/2019

KCOM Dean - 12/9/2019

Chain of Communication and Filing of Complaints

Excerpt from the intranet KCOMStudentManual.atsu.edu>ATSU Catalog & Handbook>Chain of Communication and Filing of Complaints

Chain of Communication:

KCOM promotes conflict resolution using a chain of communication hierarchy. When addressing a problem or issue informally, students should speak with the person most directly responsible for the matter. If the issue cannot be resolved at that level and the student wishes to pursue it further, he or she may move up the Chain of Communication one step at a time.

1. Faculty Member/ Clinical Preceptor
2. Course Director (Years 1 and 2 only)
3. Department Chair/DSME or RAD
4. Appropriate Associate Dean (Years 1 & 2: Dr. Trish Sexton, Years 3 & 4: Dr. Kneka Smith)
5. Dean

Examples:

- Student has a concern about a grade on a quiz or assignment. Student should address the concern with the faculty member. If the issue is not resolved, the student could address the issue with the course director, etc.
- Student interacted or observed a faculty member on or off campus behaving in a manner that the student perceived to be unprofessional. Student should address the concern to the department chair. If the issue is not resolved, the student could address the issue with the appropriate associate dean, etc.
- Student has a concern related to a clinical evaluation. Student should address the concern with the preceptor. If the issue is not resolved, the student could address the issue with the DSME/RAD, etc.

Note that the Associate Dean for Academic Affairs (Dr. Kneka Smith) can serve as a sounding board and student advocate for any students experiencing challenges in any portion of the academic program. Additionally, the Vice President for Student Affairs (Lori Haxton) supports students through difficult situations.

Filing of Complaints:

There are two types of complaints that can be filed by students:

- **Specific Complaints** include issues of discrimination, harassment, retaliation, Title IX, Work Study (Title VII), Student Records (FERPA), Disability access and accommodations, institutional accreditation, program accreditation (link in this section-below), Veteran's Affairs, and Federal Financial Aid.
- **General Complaints** include academic and non-academic issues.

To learn more about complaints and filing of complaints **click here**.

For details about filing a program complaint for the ATSU-DO Program to the Commission on Osteopathic College Accreditation (COCA), see the **KCOM Catalog**. Per the COCA, complaints will not be processed if submitted anonymously. The complainant must use the proper COCA complaint form and include any documentation that could support the allegation.

**ATSU and ATSU-KCOM Policies & Resources for
COCA Standard No. 4.2: Security and Public Safety**

Signature: *On file in Dean's office*

Date Approved: *December 12, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 4.2, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have adequate security systems in place and publish and follow policies and procedures for security; faculty, staff, and student safety; and emergency and disaster preparedness at all COM-operated teaching and training locations. The COM's policy must include methods of communication with students, faculty, and staff at all teaching and training locations.

POLICIES & RESOURCES

ATSU-KCOM meets COCA standard 4.2 by adhering to the following ATSU policies and resources:

ATSU-KCOM FACILITIES MANAGEMENT POLICIES* & RESOURCES		
Policy Number	Title	Policy Attachments
95-101	Alcohol at ATSU Events	Event Request Form
95-102	Waste Management	A-Mercury Containing Equipment
		B-Batteries
		C-E-waste
		D-Used Lamps
95-103	Lock-out /Tag-out	
95-104	Missing Student Policy	
95-105	Incident Reporting	
95-106	Hazard Communication Program	
95-107	Disease Exposure Prevention & Control Plan	1-Exposure Determination
		2-Hepatitis B Vaccine
		Acceptance/Declination Form
		3-TB Risk Assessment Tool
		4- Post Exposure Prophylaxis Management
		5-ATSU Clinic Employee Immunization
95-108	Vehicle Safety & Usage on ATSU-Approved Business/Activities	
95-109	Identification (ID) Badges	Attachment A - ID Badge Guidelines
95-110	Tobacco-Free Campus & Workplace	
95-111	Service & Assistance Animals	
95-112	Decorations, Postings, and Bulletin Board Policy	

[ATSU Emergency Operations Plan](#)

*Note: Policies listed on the ATSU intranet website

ATSU POLICY NO. 95-101: ALCOHOL AT ATSU EVENTS

DATE APPROVED: JUNE 15, 2017

SIGNATURE: *Signature on file in HR*

Purpose

This policy establishes criteria for responsible use of alcoholic beverages on ATSU's campus and at ATSU-sanctioned/sponsored off-campus events.

Policy

This policy applies to all ATSU-sponsored on-campus and off-campus events.

The use of alcoholic beverages in the facilities of and on the campus of ATSU is generally limited to the Thompson Campus Center (Missouri campus), student lounge/cafeteria area (Arizona campus), and Jack and Jamie Learning Center (Arizona campus).

A. Basic rules

1. Unless otherwise requested and approved by the ATSU President, provision and/or use of alcoholic beverages is limited to wine and beer;
2. Alcoholic beverages must be served in compliance with this policy and all relevant local, state, and federal laws and regulations;
3. Non-alcoholic beverages must be available at the same place as alcoholic beverages and must be featured as prominently as alcoholic beverages throughout the event;
4. Food items, including non-salty foods, must be available throughout the event;
5. All alcoholic beverages shall be served only by a designated bartender. ATSU representatives are prohibited from serving or receiving payment for alcoholic beverages;
6. Intoxicated persons shall be refused service;
7. ATSU representatives and departments are prohibited from purchasing alcohol and providing it directly for consumption;
8. ATSU representatives responsible for overseeing an event are prohibited from consuming alcoholic beverages prior to or during the event;
9. A designated driver program is advisable and recommended;
10. ATSU representatives must enforce occupancy limits for the venue, including common rooms, hallways, and stairwells;
11. Employees are subject to the provisions of ATSU Policy No. 90-324: Drug-Free, Alcohol-Free Workplace;
12. Students are subject to the provisions of the ATSU Policy on Illicit Use of Drugs and Alcohol in the ATSU Student Handbook; and
13. Violation of this policy may result in loss of future privileges regarding alcoholic beverages on ATSU campuses or as part of ATSU-sanctioned/sponsored events.

B. On-campus events

In addition to the basic rules described in section A above, provision and use of alcoholic beverages for on-campus events are limited by the following rules:

1. Must obtain prior written approval from the ATSU President to serve alcohol at on-campus events;
2. Arrangements for alcoholic beverages at events must be made by the organization or person responsible for the event.
3. Individuals or guests shall not be permitted to bring alcoholic beverages to any function or activity;
4. Non-ATSU groups are not permitted to have alcoholic beverages at on-campus events due to liability issues;

5. The presence of alcoholic beverages shall be limited to designated campus areas unless approved by the ATSU President.

C. Off-campus events

Provision and use of alcoholic beverages for ATSU-sanctioned/sponsored off-campus events are limited to the following rules:

1. Must obtain prior written approval from the ATSU President to serve alcohol at ATSU-sanctioned/sponsored off-campus events;
2. All contracts relating to renting off-campus space must verify the third-party facility is properly insured and such agreement must be approved by the vice president & general counsel; and
3. If alcohol is being served at an ATSU-sanctioned/sponsored off-campus event, it must be obtained and served by an establishment or caterer with a valid liquor license.
4. ATSU representatives (including employees, students, and third-parties) at ATSU-sanctioned/sponsored off-campus events remain subject to all ATSU policies and procedures.

Responsibility

- A. ATSU event organizers are responsible for understanding and following this policy.
- B. The ATSU President is responsible for approving the provision and use of alcoholic beverages at ATSU-sanctioned/sponsored events.

REQUEST FORM

All requests to have alcohol at University events are to be routed through the President’s Office for review and processing. Please send this completed request form to Stephanie Elsea by email (stephanieelsea@atsu.edu) or by interoffice mail.

Requesting Department/ATSU Organization: _____ Dept. Code: _____

Responsible Employee: _____

Phone Number/ATSU Extension: _____

Name of Event: _____

Date of Event: _____

Location of Event: _____

Description of Event: _____

Certification

I have read Policy 95-101 Alcohol at ATSU Events in its entirety, including all attachments.

Yes

No

Signature of Responsible Employee

Date

Signature of Vice President/Dean

Date

Authorization by President

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Denied

President Craig M. Phelps, DO Date: _____

ATSU POLICY NO. 95-102: WASTE MANAGEMENT

Date approved: *August 19, 2018* Signature: *On file with HR*

Purpose

This general order outlines ATSU policy for management of waste generated due to ATSU activities. Certain types of waste material should not be discarded using standard waste bins. Instead, the types of waste identified in this policy should be disposed of using the guidelines specified in the accompanying attachments.

Policy

- A. All members of the ATSU community, including faculty, staff, students, and third parties, must contribute to the proper management of waste on ATSU campuses or in educational programs.
- B. Proper collection, management, and disposal of certain types of waste should conform to the guidelines outlined by the attachments accompanying this policy.
- C. Members of the ATSU community must be aware of the wastes they produce and the appropriate ATSU management system for each type of waste. Individual community members are responsible for the proper management of their waste.
- D. Certain waste must be managed according to ATSU waste management protocols. If no specific protocol exists for the type of waste identified (broken glass, plastic, or other items which may cause injury), members of the ATSU community must contact ATSU Facilities to coordinate proper disposal. This applies in all settings to ensure safety for employees, students, and guests.
- E. Current ATSU waste management programs include:
 - 1 Human blood, human bodily fluids, and human biological material – ATSU Policy No. 95-107: [*Disease Exposure Prevention and Control Plan*](#).
 - 2 Mercury-containing equipment, such as thermostats, mercury switches, and manometers – Attachment A
 - 3 Batteries – Attachment B
 - 4 Electronic waste – Attachment C
 - 5 Used lamps, such as fluorescent, HID, and other lamps, bulbs, or tubes – Attachment D

Responsibility

- A. All members of the ATSU community are responsible for identifying, evaluating, and properly managing waste on ATSU campuses or in educational programs in accordance with this policy.
- B. ATSU Facilities is responsible for advising on and assisting with disposal of waste in accordance with this policy.

Management of Universal Waste – Mercury-Containing Equipment

Standard Operating Procedure

PURPOSE: To properly manage the collection, storage and disposal of mercury-containing equipment on A.T. Still University campuses in Missouri and Arizona.

Mercury-containing equipment includes, but is not limited to:

- Thermostats
- Mercury switches
- Mercury containing thermometers
- Manometers

Mercury-containing equipment does NOT include:

- Mercury-containing equipment that is not hazardous waste
- Mercury-containing equipment that also exhibits other characteristics of hazardous waste
- Equipment from which the mercury-containing components have been removed
- Mercury that has been removed from the mercury-containing equipment

COLLECTION: As mercury-containing equipment is replaced throughout the campus, it should be collected for recycling. A central accumulation location has been designated on each campus.

Designated collection locations are:

Missouri campus: TBR Basement Hazardous Chemical Storage
Arizona campus: Central Plant

STORAGE:

Containers: Mercury-containing equipment that no longer functions or will no longer be used on campus, should be collected and stored in compatible containers, such as plastic pails, to prevent breakage. The containers must be closed when items are not being added.

Broken or leaking mercury-containing equipment should be segregated and may need to be managed as hazardous waste (see mercury spill response section below).

Labels: Containers of mercury-containing equipment, or for large equipment the unit itself, must be labeled with the following phrase: “Universal Waste – Mercury-containing Equipment” and the date accumulation begins.

Accumulation Time Limits: Universal waste, including mercury-containing equipment, cannot be stored for more than one year past the date of generation. Each item or container must be dated when accumulation begins.

DISPOSAL (RECYCLING): Mercury-containing equipment should be sent offsite for recycling with an ATSU approved vendor.

MERCURY-CONTAINING EQUIPMENT SPILL RESPONSE: Mercury spills over 1 lbs (approximately 2 tablespoons) are considered large spills, require immediate reporting, and should be cleaned up only by trained contractors.

DO NOT use a household vacuum or a standard broom to clean a mercury spill – this may spread fumes and scatter mercury drops.

DO NOT rinse mercury down a sink as mercury is heavier than water and will sit in the s-trap of the sink, where it may continue to release fumes.

Use a mercury spill kit to clean a small mercury spill.

Mercury spill kits are located at the following locations:

Missouri campus: Wright Building, Facilities Department

Arizona campus: Building 5850, 1st floor, fire panel room

RECORDS:

Bills of Lading and/or Certificates of Recycling should be maintained for at least three years.

REFERENCES:

Federal Regulation: 40 CFR 273

Missouri: 10 CSR 25-16.273

Arizona: 18 A.A.C.8., R18-8-273

Management of Universal Waste – Batteries

Standard Operating Procedure

PURPOSE: To properly manage the collection, storage; and disposal of used batteries on A.T. Still University campuses in Missouri and Arizona.

All batteries that may be considered hazardous waste if not properly managed under Universal Waste regulation are to be managed according to this SOP. These may include, but are not limited to:

- Lead-acid batteries
- Lithium ion batteries
- Nickel cadmium (Ni-Cd) batteries
- Mercury oxide
- Silver oxide

Other batteries, though not hazardous waste, may also be managed for recycling along with universal waste batteries. These batteries may include:

- Alkaline
- Carbon zinc
- Nickel metal hydride
- Zinc air

COLLECTION: As batteries are replaced throughout the campus, they should be collected and stored for recycling. A central accumulation location has been designated on each campus.

Designated collection locations are:

Missouri campus: Still Building - ITS Help Desk, and Gutensohn Clinic, Basement #08

Arizona campus: Building 5850 Fire Panel Room

STORAGE:

Segregation: Batteries should be segregated by battery type to facilitate proper shipping and recycling.

Containers: Used batteries should be stored in compatible containers – plastic pails may work well for small batteries. Large batteries may be stored in large boxes or other compatible containers.

Labels: Containers of batteries, or individual batteries (for large batteries), must be labeled with the following phrase: “Universal Waste – Used Batteries” and the date accumulation begins.

Containers may also be labeled with the type of battery (i.e. Lithium, Ni-Cd, etc.) to assist with sorting and segregation.

Special Provisions for Lithium Batteries: Special care is necessary when storing and shipping lithium ion batteries, as they can overheat and ignite under certain conditions. Care should be taken to ensure the terminals cannot connect; this may be accomplished by taping battery terminals with clear tape, placing in individual plastic zip-top bags, or wrapping in plastic blister

wrap. Lithium batteries should not be stored or shipped in metal containers. Lithium batteries should be securely cushioned prior to shipping to prevent shifting during transport.

Accumulation Time Limits: Universal waste, including batteries, cannot be stored for more than one year past the date of generation. Each item or container must be dated when accumulation begins.

DISPOSAL (RECYCLING): Used batteries should be sent offsite for recycling with an ATSU approved vendor.

RECORDS: Bills of Lading and/or Certificates of Recycling should be maintained for at least three years.

REFERENCES:

Federal Regulation: 40 CFR 273

Missouri: 10 CSR 25-16.273

Arizona: 18 A.A.C.8., R18-8-273

Management of Electronic Waste (E-waste) Standard Operating Procedure

PURPOSE: To properly manage the collection, storage; and disposal of electronic waste (E-waste) generated on A.T. Still University campuses in Missouri and Arizona.

Electronic waste may include, but is not limited to, the following:

- Computers (desktop, laptop, netbook and tablet computers)
- Computer monitors
- Printers
- Copy machines/ Scanners
- Fax machines
- Cell phones
- Keyboards, mice, speakers, external hard drives, flash drives and other computer accessories
- Electronic device power cords and chargers
- Televisions
- DVD players
- Blu-ray players
- VCRs
- Medical equipment capable of storing data
- LED light bulbs

COLLECTION: As electronic devices are taken out of service or replaced throughout the campus, they should be collected and stored for recycling. A central accumulation location has been designated on each campus.

Designated collection locations are:

Missouri campus: Still Building, ITS Help Desk

Arizona campus: Building 5850 1st Floor, ITS Help Desk

STORAGE:

Containers: E-waste should be stored in a specified, segregated location. That is, electronic equipment designated for disposal (e-waste) should not be stored along with electronics equipment that may still be used on campus. E-waste should also not be stored with other waste items such as other recyclables or universal wastes.

Small e-waste items should be stored in appropriate containers, such as boxes, pails, or bins. Large items may be stored in a designated area, such as pallets, gaylord boxes, or shelving. E-waste storage should be kept organized and tidy.

Labels: Storage areas or individual electronic items should be labeled as e-waste and dated when accumulation begins.

Accumulation Time Limits: As a best management practice, e-waste should be shipped out for recycling within approximately one year of generation.

DATA SECURITY: Security of data stored on electronic devices is critical. It is in the best interest of ATSU to wipe data stored on media capable of storing data prior to sending offsite.

Electronic devices capable of storing data that cannot be wiped by ATSU should be sent to recycling facilities with degaussing, shredding, or data wiping procedures.

Electronic equipment generated at any ATSU campus which may contain personal health information (PHI) should be managed in accordance with Health Insurance Portability and Accountability Act (HIPPA) requirements.

DISPOSAL

Repair and/or reuse: Electronic devices in usable conditions may be donated for repair and/or reuse only if all data stored on device has been wiped and/or hard-drives have been removed, as appropriate for the device in question. Devices previously used to store PHI should not be donated for reuse.

RECORDS: Bills of Lading and/or Certificates of Recycling should be maintained for at least three years.

MANAGEMENT OF UNIVERSAL WASTE – USED LAMPS Standard Operating Procedure

PURPOSE: To properly manage the collection, storage, and disposal of fluorescent, HID, or other lamps (bulbs or tubes) generated on A.T. Still University campuses in Missouri and Arizona.

Fluorescent lamps contain mercury, other types of lamps may contain mercury and/or other heavy metals. Lamps not collected and sent for recycling may be subject to hazardous waste regulations.

COLLECTION: As lamps and bulbs are replaced throughout the campus, they should be collected and stored for recycling. A central accumulation location has been designated on each campus.

Accumulation locations are:

Missouri campus: Gutensohn Clinic, basement room #08

Arizona campus: Building 5850, 3rd floor compressor room; Building 5855, 1st floor fiber room

STORAGE:

Containers: Used lamps may be stored in the original cardboard boxes, but should not be mixed with new bulbs. Containers must be closed when not adding bulbs – taping the boxes closed is sufficient.

Labels: Containers of lamps must be labeled with the following phrase: “Universal Waste – Used Lamps” and the date accumulation begins.

Accumulation Time Limits: Universal waste, including lamps, cannot be stored for more than one year past the date of generation. Each item or container must be dated when accumulation begins.

Broken lamps: Broken lamps should be cleaned up using appropriate cleanup methods for mercury-containing material. Broken lamps should be stored in plastic bags, double bagged, and labeled as “Universal Waste – Broken Lamps.”

DISPOSAL (RECYCLING): Used lamps should be sent offsite for recycling with an ATSU approved vendor.

RECORDS: Bills of Lading and/or Certificates of Recycling should be maintained for at least three years.

REFERENCES:

Federal Regulation: 40 CFR 273

Missouri: 10 CSR 25-16.273

Arizona: 18 A.A.C.8., R18-8-273

ATSU POLICY NO. 95-103: LOCK-OUT/TAG-OUT

DATE APPROVED: JULY 12, 2017

SIGNATURE: *Signature on file in HR*

Purpose

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

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

Policy

- A. LOCK-OUT: A lock-out is a method of keeping equipment from being set in motion and endangering workers. In lock-outs:
 - 1. A disconnect switch, circuit breaker, valve, or other energy isolating mechanism is put in the safe or off position.
 - 2. A device is often placed over the energy isolating mechanism to hold it in the safe position.
 - 3. A lock is attached, so that the equipment can't be energized.
- B. TAG-OUT: In a tag-out, the energy isolating device is placed in the safe position and a written warning is attached to it.
- C. LOCK-OUT/TAG-OUT MATERIALS: The employer supplies all lock-out and tag-out materials. Each device must be:
 - 1. Durable, to withstand wear.
 - 2. Substantial, so it won't come off easily.
 - 3. Capable of identifying the person who applied it.All lock-out/tag-out equipment is located in the Maintenance Shop in the Wright Building.
- D. WHEN TO LOCK-OUT OR TAG-OUT: Lock-out or tag-out must be used whenever service or maintenance is to be performed around any machine or piece of equipment where injury could occur by:
 - 1. Unexpected start-up of the equipment.
 - 2. Release of stored energy.
 - 3. Two situations are most likely to need lock-out/tag-out:
 - a. When a guard or other safety device must be removed or bypassed.
 - b. When any part of the body must be placed where it could be caught by moving machinery.
 - 4. Some jobs for which lock-out/tag-out must be used are:
 - a. Repairing electrical circuits.
 - b. Cleaning or oiling machinery with moving parts.
 - c. Clearing jammed mechanisms.
 - d. Replacing drive belts or gears on motors and other equipment.
 - e. Repairing or replacing steam or condensate lines, heat exchangers and high temperature water lines.
 - 5. The OSHA regulation lets each employer use lock-out, tag-out, or both. The systems must be followed that have been chosen for the workplace.
 - 6. Locks and tags by themselves do not de-energize equipment. Attach them only after the machinery has been isolated from its energy sources.
- E. ENERGY:
 - 1. Energy is movement or the possibility of movement.
 - 2. Whether the power switch is on or off, energy of some sort is always present in any powered equipment.
 - 3. Energy can come from many different sources, but it is always one of two types:
 - a. Kinetic energy—the force caused by the motion of an object.
 - b. Potential energy—the force stored in an object that isn't moving.
- F. ENGINEERING: Some examples of protective engineering are:
 - 1. Machine guards.
 - 2. Electrical disconnects.

3. Mechanical stops, such as pins and valves.
4. Engineering lock-outs, which provide automatic protection against human error.
5. Any engineering safety feature can be defeated:
 - a. Never bypass an engineering lock-out or let a co-worker do so.
 - b. Never rely blindly on engineering safety features.

G. EDUCATION:

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

1. Documentation—a written policy of the lock-out/tag-out program of the employee's department.
2. Employee training to help employees understand how to use the energy control program; such as the video tape instruction presentation seen by all department employees.

H. ENFORCEMENT: Enforcement is necessary to make sure workers do their part in protecting their own safety.

1. An inspection is to be conducted at least once a year to make sure energy control procedures are being carried out.
2. Enforcement of safety rules must be fair and uniform.
3. Employees must know that the penalties for failure to follow written procedures are:
 - a. First offense: Consultation and first conference (written).
 - b. Second offense: Further disciplinary action which may include termination of employment.

I. APPLYING ENERGY CONTROLS: Energy isolation and lock-out/tag-out are to be applied only by trained employees authorized to perform service or maintenance.

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

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

1. Preparation for Shutdown: Before turning off any equipment in order to lock or tag it out, one must know:
 - a. The types and amounts of energy that power it.
 - b. The hazards of that energy.
 - c. How the energy can be controlled.
2. Equipment Shutdown:
 - a. Shut the system down by using its operating controls.
 - b. Follow whatever procedure is right for the equipment, so that no one is endangered during shutdown.
3. Equipment Isolation.
 - a. Operate all energy isolating devices so that the equipment is isolated from its energy sources.
 - b. Be sure to isolate all energy sources—secondary power supplies as well as the main one.
 - c. Never pull an electrical switch while it is under load.
 - d. Never remove a fuse instead of disconnecting.
4. Applying Lock-out/Tag-out Devices:
 - a. All energy isolating devices are to be locked, tagged, or both, according to ATSU Maintenance Department energy control program.
 - b. Only the standardized devices supplied by the employer are to be used for lock-out/tag-out, and they are not to be used for anything else.
 - c. Use a lock-out device if the lock cannot be placed directly on the energy control.
 - d. When lock-out is used, every employee in the work crew must attach his personal lock.
 - e. More than one employee can lock out a single energy isolating device by using a multiple-lock hasp.
 - f. For big jobs, a lock-out box may be used to maintain control over a large number of keys.
 - g. If tags are used instead of locks, attach them at the same point as a lock would be attached or as close to it as possible.
 - h. Fill tags out completely and correctly.
5. Control of Stored Energy: Take any of the following steps that are necessary to guard against energy left in the equipment after it has been isolated from its energy sources.
 - a. Inspect the system to make sure all parts have stopped moving.
 - b. Install ground wires.
 - c. Relieve trapped pressure.
 - d. Release the tension on springs, or block the movement of spring-driven parts.
 - e. Block or brace parts that could fall because of gravity.

- f. Block parts in hydraulic and pneumatic systems that could move from loss of pressure. Bleed the lines and leave vent valves open.
 - g. Drain process piping systems and close valves to prevent the flow of hazardous materials.
 - h. If a line must be blocked where there is no valve, use a blank flange.
 - i. Purge reactor tanks and process lines.
 - j. Dissipate extreme cold or heat, or wear protective clothing.
 - k. If stored energy can re-accumulate, monitor it to make sure it stays below hazardous levels.
6. Verifying Isolation of Equipment: Take any of the following steps that fit ATSU's equipment and energy control program.
- a. Make sure all danger areas are clear of personnel
 - b. Verify that the main disconnect switch or circuit breaker can't be moved to the on position.
 - c. Use a voltmeter or other equipment to check the switch.
 - d. Press all start buttons and other activating controls on the equipment itself.
 - e. Shut off all machine controls when the testing is finished.
- J. PERFORMING THE WORK:
1. Look ahead and avoid doing anything that could reactivate the equipment.
 2. Don't bypass the lock-out when putting in new piping or wiring.
- K. REMOVING LOCK-OUT/TAG-OUT:
1. Make sure the equipment is safe to operate.
 - a. Remove all tools from the work area.
 - b. Be sure the system is fully assembled.
 2. Safeguard all employees.
 - a. Conduct a head count to make sure everyone is clear of the equipment.
 - b. Notify everyone who works in the area that lock-out/tag-out is being removed.
 3. Remove the lock-out/tag-out devices. Except in emergencies, the person who put it on must remove it.
 4. In some workplaces, the last person to remove their lock may have extra duties.
 - a. They may have to remove the hasp and lock-out device.
 - b. Tags must be removed, signed, and turned in.
 5. Follow a checklist of required steps to re-energize the system.
- L. SPECIAL SITUATIONS: When contractors or other outside workers are performing service or maintenance at employee's workplace:
1. The outside contractor and the on-site employer must exchange lock-out/tag-out information. Employees on site need to understand rules used by the other company's energy control program.
 2. Be alert for new types of lock-out or tag-out devices
 3. If equipment being worked on must be temporarily reactivated, the following procedures are to be followed:
 - a. Remove unnecessary tools from the work area and make sure everyone is clear of the equipment.
 - b. Remove the lock-out/tag-out devices and re-energize the system.
 - c. As soon as the energy is no longer needed, isolate the equipment and reapply lock-out/tag-out, using the 6-step procedure.
 4. If servicing lasts more than one work shift:
 - a. Lock-out/tag-out protection must not be interrupted.
 - b. Employees leaving work do not remove their locks until the ones arriving are ready to lock out.
 5. When the worker who applied a lock isn't there to remove it:
 - a. The lock may be removed only in an emergency and only under the direction of the supervisor.
 - b. Use the "Two-Person Rule." The lock is not cut unless a supervisor is present.
 - c. Never remove the lock without making sure it is absolutely safe.
 - d. File any necessary reports.

Responsibility

- A. ATSU Facilities is responsible for providing awareness training, monitoring compliance, and developing and/or acquiring practices/procedures/equipment to ensure the safety of ATSU employees.
- B. This policy describes circumstances and job functions where the life or health of the employee is dependent upon taking appropriate precautions. Each employee is responsible for their own safety by complying with this policy.

ATSU POLICY NO. 95-104: MISSING STUDENT

DATE APPROVED: JULY 15, 2016

SIGNATURE: *Signature on file in HR*

Purpose

To establish policy and procedures for A.T. Still University's (ATSU) student apartments regarding the reporting, investigation, and required emergency notification when a student in residence is deemed to be missing. This policy and coinciding procedures are guided by the Higher Education Opportunity Act, 20 U.S.C.S. § 1092; 42 U.S.C.S. §5579.

Definitions

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

Policy

A. Notification to students in residence of option to identify confidential emergency contact

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

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

B. Procedures for reporting and for investigating missing students

If it is suspected a student in residence is missing, ATSU Student Affairs, in collaboration with ATSU Security and other University staff, will conduct a preliminary investigation in order to verify the situation and will obtain information around circumstances relating to the student in question. That preliminary investigation may include but is not limited to a check of the student's residence, calls to the resident's room and/or cell phone, review of class schedules, and

conversations with roommates and other community members or friends. To clarify, any missing student report made to ATSU Student Affairs will be referred immediately to ATSU Security.

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

If a student in residence is located and their status and well-being have been verified following a missing person's report or investigation, staff should notify the Student Housing Manager, ATSU Student Affairs, and ATSU Security immediately.

C. Contact numbers to report a missing student:

Student Affairs: (660) 626-2236

ATSU Security: (660) 626-2380

From an off-campus phone, connect to Northeast Regional Medical Center switchboard: Dial (660) 626-2121 and have ATSU Security paged.

From an on-campus phone: Dial zero (0) and have ATSU security paged.

Responsibility

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

MISSING PERSON CONTACT FORM

Attachment A, Policy 95-104

Student's Name _____

Student's Cell Phone Number _____

Assigned ATSU Apartment Number: _____

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

I decline the option to provide emergency contact information.

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

X _____
Student Signature

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

Name: _____ **Relationship:** _____

Contact Address _____

Contact Email Address _____

Contact Home Phone _____

Contact Cell Phone _____

Name: _____ **Relationship:** _____

Contact Address _____

Contact Email Address _____

Contact Home Phone _____

Contact Cell Phone _____

ATSU POLICY NO. 95-105: INCIDENT REPORTING POLICY

DATE APPROVED: NOVEMBER 26, 2019

SIGNATURE: *Signature on file in HR*

Purpose

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

Policy

- A. An incident report should be completed when any unusual occurrence or incident occurs within the University or on University property.
 1. The definition of an incident is any occurrence not part of the routine care of a patient or routine operation of the University when it involves a student, employee, visitor, volunteer, or any other person causing potential injury or property damage. Such an incident indicates a potential wrong, which may be a prelude to more serious problems that would become apparent at a later date.
 2. Incidents involving employee injuries should be handled according to [ATSU Policy No. 323: Worker's Compensation Insurance](#).
- B. The person who discovers, observes, or is part of the incident must report the incident to Security by calling Security for the appropriate location's specific emergency number. Security will complete the incident report form. Incidents occurring at ATSU's Thompson Campus Center (TCC) should be handled in accordance with Section G of this policy.
 1. Security shall notify the supervisor of the area involved as soon as possible.
 2. Security shall email incident reports as follows:
 - a. Missouri campus incident reports to ATSU's vice president & general counsel, vice president for finance & administration/CFO, compliance manager, and Missouri campus director of facilities.
 - b. Arizona campus incident reports to ATSU's vice president & general counsel, vice president for finance & administration/CFO, compliance manager, senior vice president for university planning and strategic initiatives, and Arizona campus director of facilities.
 - c. St. Louis Dental Clinic incident reports to ATSU's vice president & general counsel, vice president for finance & administration/CFO, MOSDOH dean, and compliance manager.
 - d. If students are involved, in addition to those listed above, Security shall email the incident report to ATSU's vice president for student affairs and appropriate dean.
 - e. If employees are involved, in addition to those listed above, Security shall email the incident report to ATSU's assistant vice president for human resources.
 3. The incident report form is a confidential document maintained for University use only, unless requested by law enforcement for criminal investigation or as part of a request for disclosure by an attorney. Any requests to share an incident report outside of the University should be directed to ATSU's vice president & general counsel.
 4. The confidential incident report is not retained with a patient's regular clinic chart or a student's educational record.
 5. Only ATSU's vice president & general counsel can comment on ATSU liability regarding an incident. ATSU employees should not discuss liability through acts or statements made in the presence of patients, visitors, volunteers, or students.
- C. Injured individuals should seek appropriate medical care for their injuries. Financial responsibility for medical expenses will vary, depending on the circumstances.
 1. ATSU's vice president & general counsel shall communicate with the University's insurance company to determine financial responsibility for incidents involving patients, visitors, or volunteers.
 2. All ATSU student incidents shall be processed through the individual's student health insurance plans.
- D. If the individual refuses medical attention, a statement to this effect shall be made on the incident report form.
- E. In the case of a life-threatening emergency, the injured individual shall be transported according to [ATSU Policy No. 9 0-325: Emergency Medical Response Policy](#).
- F. All completed incident report forms shall be maintained by Security and retained in accordance with [ATSU Policy No. 1 0-209: ATSU Record Retention Policy](#).

- G. Incidents occurring at ATSU's TCC will be handled in the following manner:
1. ATSU TCC staff will complete an incident report form and send it to Security.
 2. ATSU TCC staff may call Security when assistance is required in handling an incident.
 3. [ATSU Policy No. 90-325: Emergency Medical Response Policy](#) should be followed in the case of a life-threatening emergency.

Responsibility

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

ATSU POLICY NO. 95-106: HAZARD COMMUNICATION PROGRAM

DATE APPROVED: MARCH 30, 2013

SIGNATURE: *Signature on file in HR*

Purpose

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

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

Policy

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

- A. Container labeling
 - 1. The departmental chairperson will verify that all containers received for use will:
 - a. Be clearly labeled as to the contents and have the appropriate hazard warning.
 - b. List the name and address of the manufacturer.
 - c. Provide specific detail as to the type or severity of hazard, including the specific target organ affected if known.
 - 2. No containers will be released for use until the above labeling is verified as being on the container. Containers leaving the workplace must have the name of the responsible party listed in a log, kept in the department.
 - 3. The department chairperson will determine whether all secondary containers are labeled with either the manufacturer's label identical to the primary container, or with the ATSU labeling system that identifies the substance and contains the hazard warning.
 - 4. The director of facilities or designee will review the facility labeling system annually and update as required.
- B. Safety Data Sheets (SDS):
 - 1. The department chairperson will be responsible for obtaining and maintaining the data sheet system for their department. If the manufacturer or retailer fails to provide the SDS for its product, a prompt request will be made.
 - 2. The department chairperson and/or director of purchasing will make copies of all incoming SDS, highlight the exact chemical used, note approximate quantity of chemical, and place the ordering department's name on the SDS. Copies of all new SDS will be distributed as follows:
 - a. One copy to the director of facilities.
 - b. Original is filed with the department chair in the department using the chemical.
 - 3. The department chairperson will review the SDS for new and significant health/safety information and will see that any new information is passed on to the appropriate employee(s) and document that the employee(s) was trained in the use of the new chemical.
 - 4. Copies of the SDS for all hazardous chemicals, which employees of the facility may be exposed to, will be kept in the facilities department and must be readily accessible within a 24-hour period to any employee. Documentation of employees requesting SDS will be maintained in human resources.
 - 5. SDS will be available to all employees in their work area for review during each work shift. If SDS are not available or new chemicals in use do not have SDS, immediately contact the director of facilities.
- C. List of hazardous chemicals. A list of hazardous chemicals used in this facility is located in the facilities department. Further information on each hazardous chemical listed may be obtained by reviewing SDS in the facilities department.
- D. Hazardous non-routine tasks

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

Responsibility

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

ATSU POLICY NO. 95-107: DISEASE EXPOSURE PREVENTION AND CONTROL PLAN

DATE APPROVED: MARCH 7, 2019

SIGNATURE: *Signature on file with HR*

Purpose

This general order outlines preventive and control measures regarding infectious disease exposure at A.T. Still University (ATSU). These measures include provisions required by the Occupational Safety and Health Administration (OSHA) for bloodborne disease as well as statutory tuberculosis screening and treatment.

Policy

- A. All ATSU employees will observe universal precautions to prevent contact with blood or other potentially infectious material. Universal precautions include treating all human blood and certain human body fluids as infectious, evaluating engineering and work practice controls to eliminate or minimize employee exposure, mandating use of personal protective equipment, and ensuring availability of hand-washing stations or acceptable alternatives.
- B. Copies of this plan are available in the Human Resources department, online on the employee intranet portal, and the Facilities department.
- C. Each component of this plan will be reviewed annually and revised as necessary.
- D. Attachment 1 contains a list of ATSU job titles whose job descriptions constitute reasonable expectation of occupational exposure to blood or other infectious materials as defined by OSHA.
- E. Personal protective equipment (PPE)
 - 1. All employees who may have occupational exposure are required to use PPE whenever there is reasonable anticipation of exposure. These materials are available at no charge to the employee and are readily available in convenient locations.
 - 2. The only acceptable exception is when, in the employee's professional judgment in a specific instance, the use of PPE would prevent delivery of care or pose an increased hazard to the employee or others. In such instances, circumstances will be investigated and documented to inform changes to prevent future exposures.
 - 3. Any garments penetrated by blood or other potentially infectious materials should be removed as soon as feasible. All PPE must be removed prior to leaving the work area.
 - 4. All PPE is provided, repaired, replaced, cleaned, laundered, and disposed of by ATSU at no expense to the employee.
 - 5. Gloves will be worn when contact with blood, mucous membranes, non-intact skin, or other potentially infectious materials is likely. Gloves must be removed and replaced as soon as practical when contaminated or as soon as feasible if torn or punctured or when barrier properties are compromised. With the exception of reusable utility gloves, gloves should never be washed or decontaminated for reuse. Gloves must be worn when performing vascular access procedures and when handling or touching contaminated items or surfaces. For employees who are allergic, hypoallergenic gloves, powderless gloves, synthetic and vinyl gloves, and glove liners are available. Persons with such allergies should be evaluated to determine the appropriate solution.
 - 6. Masks, eye, and face protection will be worn whenever splashes, sprays, splatter, or droplets of blood, etc., may be generated, and eye, nose, or mouth contamination may be reasonably anticipated. For persons who choose to wear their own prescription glasses when such exposure is likely, slip-on side shields must be worn. These shields must be solid, containing no ventilation holes.
 - 7. Gowns, aprons, and other protective body clothing will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. In all circumstances, the garment chosen will not allow blood or other potentially infectious materials to pass through to the skin or mucous membrane of the person.
 - 8. Surgical caps or hoods and shoe covers or boots will be worn when gross contamination of the head or feet is reasonably anticipated (e.g., anatomical pathology and anatomy prep room).
- F. Hand-washing stations

1. Hand-washing facilities are located in various locations throughout ATSU's campuses. Most of these facilities are readily accessible to employees. In areas where access to convenient hand-washing facilities is limited, rinseless hand-washing agents/towelettes have been supplied. Hands must be washed as soon as feasible after use of these items. Hand-washing agents/towelettes are not an adequate substitute for hand-washing.
 2. Hands must be washed under the following conditions:
 - a. At start and completion of each clinic session.
 - b. Immediately or as soon as feasible after removal of personal protective equipment.
 - c. Following contact with blood or other potentially infectious materials. Any other skin or mucous membranes having contact with these materials will be washed or flushed as soon as feasible.
- G. Needle puncture prevention
1. Contaminated sharps will not be bent, recapped, or removed by hand. When recapping or needle removal is required, it will be performed using a mechanical device (e.g., forceps and recapping device) or a one-handed "scoop" technique. Recapping or removing contaminated needles should only be performed when there is no feasible alternative or when it is required by specific medical procedure.
 2. Contaminated sharps will be disposed of as described in the regulated waste disposal section below.
- H. Laboratory procedures
1. Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.
 2. All containers used to contain specimens of blood or other potentially infectious materials will prevent leakage during collection, handling, storage, transport, or shipping. Because universal precautions are utilized in this facility, there is no need to label each specimen with a biohazard symbol. However, containers must be recognizable as specimen containers. Biohazard labels must be attached to carriers designed to transport multiple specimens. If the outside of a specimen container is soiled with blood or other potentially infectious materials, the primary container must be placed in a secondary container, which prevents leakage during all phases of handling.
- I. Contaminated medical or dental equipment
1. All equipment that may become contaminated during use will be examined prior to servicing or shipping and will be decontaminated as necessary and when possible. Prior to sending equipment that may be contaminated to the Instrumentation department, it should be decontaminated. When it is not possible or feasible to decontaminate the equipment, contaminated parts must be labeled with a biohazard symbol stating which portions may be contaminated.
 2. Instrumentation personnel must observe universal precautions and wear appropriate personal protective equipment when handling contaminated equipment.
 3. If it is necessary to ship equipment that has not been decontaminated to a manufacturer, the company representative or the manufacturer must be notified of the biohazard prior to shipping and appropriate labels must be affixed to the equipment.
- J. Hepatitis B vaccination
1. Hepatitis B vaccine is available, free of charge, to all employees who have occupational exposure to blood or other potentially infectious materials, including employees with patient contact or who clean patient rooms. This vaccine is made available at the time of initial hiring and is available on request.
 2. Employees wishing to be vaccinated should contact the Human Resources department to make an appointment.
 3. Employees who decline to accept hepatitis B vaccination will be asked to sign a declination statement (Attachment 2).
 4. Routine booster doses are not currently recommended. However, if routine boosters are required at a later date, such booster doses will be made available.
- K. Tuberculosis (TB) screening and testing
1. All new ATSU employees will complete and return the TB Risk Assessment Tool (Attachment 3) as a part of the hiring process. Failure to complete the TB Risk Assessment Tool may result in suspension of employment without pay.
 2. All new employees at ATSU clinics will receive a tuberculin skin test (TST) or interferon gamma release assay test at no charge to the employee. If the screening test is positive, appropriate evaluation and follow-up will be done in accordance with Centers for Disease Control and Prevention (CDC) guidelines at the employee's expense.
 3. ATSU schools require TB screening as a student matriculation requirement in accordance with applicable state and federal law. Individual schools track verification of student compliance.

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

Responsibility

- A. Deans, or their designees, will monitor compliance with this policy, conduct annual reviews to ensure practices are consistent with this policy, and revise this policy and/or practices as necessary.
- B. Deans, or their designees, will ensure training of new ATSU clinic employees consistent with this policy.

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

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

Attachment 1

Exposure Determination

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

Titles that always have exposure:

All ATSU Clinic Staff

LPN I (Grad)

LPN or Services Coordinator

Fire, Safety, Disaster Committee Chairperson

Research Coordinator

Non-Certified Medical Assistant

Nurse Practitioner

Pathology Assistant

Physician

Physician's Assistant - LPN

Resident

Clinical Assistant

Office Nurse/Educator

Office Supervisor

Security Officer

Counselor

Some employees with these titles may have exposure:

Academic Assistant

Assistant Coordinator

Assistant Dean

Assistant Director

Assistant Professor

Associate Professor

Building Attendant

Chairperson

Director

Electrician

Executive Secretary II

Fellow

Fire, Safety, and Disaster Committee Members

General Maintenance Assistant

Environmental Services Technician

Instructor

Insurance Specialist

Lab Technician

Maintenance Assistant

Maintenance Coordinator

Manager

Professor

Receptionist I

Receptionist/Drs. Assistant

Research Associate

Research Technician

Secretary II

Secretarial Services Supervisor

Technician

Workstudy

Attachment 2

Hepatitis B Vaccine Acceptance/Declination Form

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

Hepatitis B vaccination is recommended unless:

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

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

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

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

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

Check option #1 to request vaccination at this time.

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

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

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

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

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

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

Other reason for declination; explain: _____

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

Signature of Employee

Printed Name

Date

Return to:

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

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

Attachment 3

TB Risk Assessment Tool*

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

Students should return this completed form to student affairs.

Employees should return this completed form to human resources.

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

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

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

Signature of Employee

Printed Name

Date

Attachment 4

Post Exposure Prophylaxis Management

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

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

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

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

- h. For exposure to patients known to be infected with hepatitis B, it is important to evaluate the hepatitis B immune status of those who have been vaccinated. For staff members who have not been vaccinated or who do not have hepatitis B surface antibody titers sufficient for protection, hepatitis B immune globulin and vaccine should be administered as soon as possible after exposure.

HEALTHCARE PROVIDER'S PROCEDURE

- a. Will provide counseling prior to testing for HIV or HBV after obtaining informed consent from the source patient.
- b. Will provide counseling prior to testing for HIV and HBV after obtaining written informed consent from the employee.
- c. Results of the source patient's testing will be made available to the exposed employee and appropriate treatment/prophylaxis will be provided. A written opinion from the health care worker evaluating the exposure will be provided to the exposed employee. The content of this evaluation will be limited to the information required by OSHA and as mandated by state and federal regulations pertaining to positive test results.
- d. All medical records shall be confidential and shall be kept for the duration of employment plus 30 years.

Attachment 5

ATSU Clinic Employee Immunization

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

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

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

Rubella: One immunization or a positive antibody titer.

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

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

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

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

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

ATSU POLICY NO. 95-108: PERSONAL, RENTAL, AND ATSU VEHICLE SAFETY & USAGE ON ATSU-APPROVED BUSINESS/ACTIVITIES

DATE APPROVED: SEPTEMBER 11, 2017

SIGNATURE: *Signature on file in HR*

Purpose

This general order outlines A.T. Still University of Health Sciences' (ATSU) policy for utilization of vehicles for ATSU-approved business or activities. The purpose of this policy is to ensure the proper use of ATSU vehicles and the safety of individuals who operate vehicles for ATSU business.

Policy

A. General information

1. "ATSU business" is driving at the direction of, or for the benefit of, ATSU. It does not include a normal commute to and from work.
2. ATSU employees must have and maintain a valid driver's license in order to operate any vehicle for ATSU business.
3. All drivers and passengers must wear seat belts at all times.
4. The use of a cell phone/smartphone can negatively impact a driver's ability to safely operate a motor vehicle. Use of a cell phone/smartphone while operating any vehicle for ATSU business is prohibited. Use of a hands-free device or GPS/map-based directions is acceptable.
5. Operating any vehicle for ATSU business while under the influence of alcohol or drugs, including medication cautioning against operating a motor vehicle, is prohibited.
6. Potential and current drivers of any vehicle for ATSU business are expected to maintain a good driving record. An unacceptable driving record may include:
 - a. Three or more moving violations within the current or past year.
 - b. Two or more at-fault accidents within the current or past year.
 - c. A combination of accidents and moving violations within the current or past year.
7. Privilege to drive any vehicle for ATSU business will be immediately denied/suspended for any potential or current driver with a charge of driving under the influence of alcohol or an illegal substance within the past three years.

B. Accident procedures

1. The following procedures apply when driving any vehicle for ATSU business.
2. In any situation involving a vehicle breakdown or minor accident where the vehicle may be safely moved, drive the vehicle to a safe distance from traffic and call roadside assistance.
3. All accidents must be reported from the scene, during the same day, or as soon as possible.
4. Failure to stop after an accident and/or failure to report an accident is prohibited.
5. As soon as safety permits, call 911 and report the accident.
6. Record names, addresses, and insurance carriers of other drivers involved.
7. Provide name, address, and insurance information to other drivers involved.
8. Record year, make, model, and license plate number of all other vehicles involved.
9. Record occupants of all other vehicles and any safety/medical personnel as they arrive.
10. Do not discuss the accident with anyone at the scene except police officers.
11. Do not accept fault for the accident.
12. Report the accident to your supervisor, Human Resources, and, if driving an ATSU vehicle, the appropriate vehicle administration area.

13. Provide a copy of the accident report and/or your written description of the accident to your supervisor, Human Resources, and, if driving an ATSU vehicle, the appropriate vehicle administration area.
14. Accidents resulting in personal injury to an employee while driving or occupying any vehicle for ATSU business must be reported to Human Resources. Medical and/or lost time coverage for injury may be provided through ATSU's workers' compensation insurance policy.

C. Personal vehicles

1. ATSU insurance coverage for personal vehicles used for ATSU business only covers liability to a third party vehicle or personal injury.
2. ATSU does not have insurance coverage for damage to employee-owned vehicles or personal injury of non-employee vehicle occupants, nor will ATSU cover any deductible cost borne by an employee in the event of an accident. An exception may be made in the case of an accident involving an uninsured motorist.
3. ATSU employees driving personal vehicles for ATSU business must have adequate liability insurance coverage, including a minimum \$100,000 per occurrence / \$300,000 aggregate / \$100,000 property damage coverage.
4. Mileage for use of a personal vehicle for ATSU business will be reimbursed pursuant to ATSU Policy No. 50-101.
5. Personal vehicle use for ATSU business may be prohibited at the discretion of the employee's supervisor, department head, assistant vice president of human resources, or vice president & general counsel.
 - a. Employees are expected to report to their supervisors and/or Human Resources license suspension/revocation, at-fault accidents, and/or charges of driving under the influence of alcohol or an illegal substance.
 - b. The prohibition against use of a personal vehicle for ATSU business may be for either an established or indefinite period of time.

D. Rental vehicles

1. ATSU has insurance through its fleet insurance policy to protect against third-party bodily injury or property damage claims arising from use by an employee of a rental vehicle for ATSU business.
2. It is not necessary to purchase a collision damage waiver from the rental company.
3. Rental vehicle use for ATSU business may be prohibited at the discretion of the employee's supervisor, department head, assistant vice president of human resources, or vice president & general counsel.
 - a. Employees are expected to report to their supervisors and/or Human Resources license suspension/revocation, at-fault accidents, and/or charges of driving under the influence of alcohol or an illegal substance.
 - b. The prohibition against use of a rental vehicle for ATSU business may be for either an established or indefinite period of time.

E. ATSU vehicle administration

1. Each ATSU vehicle is administered by and the responsibility of one of the following vehicle administration areas:
 - a. ATSU Maintenance
 - b. ATSU Student Affairs
 - c. ATSU Security
 - d. Arizona School of Dentistry & Oral Health
2. Personnel designated by the appropriate President's Cabinet member or dean within each vehicle administration area will maintain a list of drivers approved to operate ATSU vehicles under that area's responsibility.
3. An updated list of approved drivers must be forwarded from each vehicle administration area to the vice president & general counsel annually by June 30.
4. As outlined in this policy, each vehicle administration area is responsible for:
 - a. proper maintenance of their designated ATSU vehicles.
 - b. reporting changes to an approved drivers' status based on changes to driving record to Human Resources and the vice president & general counsel's office.

- c. reporting accidents as outlined in this policy to Human Resources and the vice president & general counsel's office.
 - d. ensuring proper vetting of potential approved drivers of ATSU vehicles under that area's responsibility.
5. Driver approval/review
- a. Human Resources will acquire and review a potential drivers' motor vehicle record.
 - b. Potential and current drivers must agree in writing before a driving record is acquired, and must acknowledge this record may be shared with the appropriate vehicle administration area, the vice president & general counsel's office, and/or any other person deemed appropriate by the assistant vice president of human resources.
 - c. Review of current driver records may occur at any time at the request of the appropriate vehicle administration area, Human Resources, or the vice president & general counsel.
 - d. The assistant vice president of human resources will make a recommendation to the appropriate vehicle administration area regarding approval/denial, suspension, or revocation of driving privileges.
6. Driver safety rules/guidelines
- a. The use of a cell phone/smartphone can negatively impact a driver's ability to safely operate a motor vehicle. Use of a cell phone/smartphone while operating an ATSU vehicle is prohibited. Use of a hands-free device or GPS/map-based directions is acceptable.
 - b. Operating an ATSU vehicle while under the influence of alcohol or drugs, including medication cautioning against operating a motor vehicle, is prohibited.
 - c. All drivers and passengers in ATSU vehicles must wear seat belts at all times.
 - d. Drivers of ATSU vehicles are responsible for securing the vehicle assigned to them, including shutting off the engine, removing the keys, and locking the doors whenever the vehicle is unattended.
 - e. All state and local laws must be obeyed when driving ATSU vehicles.
 - f. Pre-/post-operation checklist must be completed periodically:
 - 1. Do tires appear normal?
 - 2. Are windshield wipers operable?
 - 3. Are turn signals and hazard lights operable?
 - 4. Is the windshield cracked?
 - 5. Is there any new damage?
 - 6. Are headlights operable?
 - 7. Are engine sounds normal on startup?
 - 8. Any additional observations or concerns?
7. ATSU vehicle maintenance
- a. Each vehicle administration area is responsible for proper maintenance of ATSU vehicles.
 - b. Routine inspections or checks of critical safety systems (i.e. breaks, lights, tires, windshield wipers) must be done every 15,000 miles.
 - c. Oil changes and tire rotations should be performed every 5,000 miles.
 - d. ATSU vehicles must be cleaned (interior and exterior) regularly.
 - e. Vehicle registration and insurance paperwork must be in the vehicle at all times.
 - f. ATSU vehicles must be returned to assigned parking spaces when not in use.
 - g. A log recording compliance with maintenance requirements must be maintained by vehicle administration area personnel.
 - h. Resources outlining accident procedures must be provided and kept in the vehicle.
 - i. Emergency equipment should be stored in each vehicle, and may include:
 - 1. Jumper cables
 - 2. Leather gloves

3. Flashlight
4. Orange caution triangles
5. Fire extinguisher
6. Multi-use tool

F. Additional reporting requirements

1. Potential drivers must notify the appropriate vehicle administration area if they do not meet the requirements for approved drivers.
2. Approved drivers must report situations which affect continued eligibility to drive ATSU vehicles to the appropriate vehicle administration area and/or the vice president & general counsel.
3. Approved drivers must report all ticket violations received while driving an ATSU vehicle to the appropriate vehicle administration area within 72 hours of receipt.
4. Approved drivers must report suspension or revocation of state-issued driver's licenses to the appropriate vehicle administration area and discontinue operation of ATSU vehicles.

Responsibility

- A. The vice president & general counsel and appropriate vehicle administration area are responsible for maintaining approved driver lists.
- B. The assistant vice president of human resources is responsible for handling potential driver record checks and processing worker's compensation reporting.
- C. Potential/current drivers of ATSU vehicles, and employees using personal/rental vehicles for ATSU business, must review and comply with this policy.
- D. The vice president & general counsel is responsible for the provision of adequate and proper insurance coverage for ATSU vehicles and approved business activities.

ATSU POLICY NO. 95-109: IDENTIFICATION (ID) BADGES

DATE APPROVED: APRIL 13, 2018

SIGNATURE: *Signature on file in HR*

Purpose

ATSU strives to provide the safest learning and working environment for our students and staff. Standardized identification of members of the ATSU community is an essential step in the process of securing our campuses. While some areas of campus are relatively public; students, staff and security officers should be able to tell with a glance if a person is authorized to be in certain areas.

Policy

- A. Photo ID badges will be issued to all ATSU faculty and staff.
 - 1. The photo ID badge should be worn and visible at all times while on University premises or as a part of University activities and programs.
 - 2. Photo ID badges are used for security identification and will conform to the ATSU ID Badge Guidelines (Attachment A).
 - 3. As needed, ATSU departments will schedule time to have ID photos taken and ATSU photo ID badges distributed.
- B. All ATSU residential students will be issued photo ID badges when their educational program begins.
 - 1. The photo ID badge should be worn and visible at all times while on University premises or as a part of University activities and programs.
 - 2. Photo ID badges are used for security identification, to check out materials from the library, and to check out equipment and will conform to the ATSU ID Badge Guidelines (Attachment A).
 - 3. Student Affairs will schedule a time for class cohorts to have ID photos taken and photo ID badges distributed.
- C. Replacement of lost or misplaced photo ID badges will be made by the ATSU Service Desk (Missouri) or the Security Office (Arizona).
 - 1. Photo ID badges will be replaced free of charge for:
 - a. changes in name,
 - b. damage from normal wear and tear, and
 - c. theft, provided the individual files a report with local police or campus security.
 - 2. The replacement fee for all other purposes is \$10.00.
- D. Visitors to campus are also required to wear a unique ID tag identifying them as a visitor.
 - 1. "Visitors" include prospective students, vendors, consultants, and contractors.
 - 2. Contact the ATSU Service Desk (Missouri) or Security Office (Arizona) to request a visitor ID tag.
- E. On ATSU campuses, non-photo ID badges may be worn in addition to, but not as a replacement for, ATSU issued photo ID badges. Individual schools or departments may purchase non-photo ID badges through Communication & Marketing for use approved by the respective dean or President's Cabinet member.

Responsibility

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

ID Badge Guidelines

ID badges are part of ATSU's larger campus security system. Per ATSU Policy No. 95-109: Identification Badges, ID badges should be worn and visible at all times while on University premises or as a part of University activities and programs.

ID Badge Production

The initial ID badge for a residential (on-campus) student or an ATSU employee is provided free of charge. The badge should be produced as part of the student or employee orientation process.

On ATSU campuses, non-photo ID badges may be worn in addition to, but not as a replacement for, ATSU-issued photo ID badges. Individual schools or departments may purchase non-photo ID badges through Communication & Marketing for use approved by the respective dean or President's Cabinet member.

Replacement ID Badges

Lost IDs require a replacement fee of \$10. Damaged ID badges will be replaced free of charge. Please bring the damaged ID badge when requesting a replacement ID. ID reprints due to legal name changes will be provided free of charge.

AZ campus- Contact AZ Security Office *7 (on-campus) or 480.341.9075

MO campus- Contact ITS Service Desk 660.626.2200 or <https://service.atsu.edu>

St. Louis Dental Center- Contact ITS Service Desk 660.626.2200 or <https://service.atsu.edu>

All online students- IDs provided only upon request service.atsu.edu

Badge Text Policies

Firstname-

The individual may specify a preferred first name.

Lastname-

The individual's legal last name as it appears in CampusVue (students), Great Plains (employees), in a contracted agreement, or other reliable documentation.

Degree-

No employee degrees will be printed on ID badges. If display of credentials is important (e.g. a clinical setting) employees should request embroidered scrubs, white coats, or a non-photo ID at departmental expense.

Student Academic Program Designation

Some professional governing bodies require very specific titles on student ID badges.

- ASDOH and MOSDOH- Student Dentist
- ASHS-AT - Student
- ASHS-AUD - Student Doctor of Audiology
- ASHS-OT - Student
- ASHS-PA- Physician Assistant Student

- ASHS-PT - Student Doctor of Physical Therapy
- KCOM and SOMA - Student Doctor
- Online-only programs (upon request)- Student

Employee Department Designation

No employee departments will be printed on ID badges.

Barcode

KCOM and MOSDOH students will receive badges with a barcode printed on the back.

This barcode represents the individual student's MOBIUS library account.

The Missouri campus library uses this barcode to check out library materials.

Arizona campus students use IDs to access printers.

ID Photo

Preferably, the ID Badge will display a professionally-shot ATSU portrait of an employee or student in professional dress on a gray or blue backdrop. The ID card production systems have attached cameras that can alternately be used for immediate badge production.

If the person is unable to have a photo taken on campus, submit an evenly-lit color photo of the person's head and neck when requesting an ID. Please submit a photo with the person directly facing the camera, standing against a neutral-colored background. Minimum JPG image size of 600 x 600 pixels.

Badge Background Color

ATSU- Blue PMS# 646 CMYK 72 31 3 12

ASDOH- Purple PMS# 2627 CMYK 85 100 6 38

ASHS- Gold PMS# 144 CMYK 0 51 100 0

CGHS- Blue PMS# 646 CMYK 72 31 3 12

KCOM- Green

MOSDOH- Purple PMS# 2627 CMYK 85 100 6 38

SOMA- Green

Policy Reference:

ATSU Policy 95-109: Identification (ID) Badges

ATSU POLICY NO. 95-110: TOBACCO-FREE CAMPUS AND WORKPLACE

DATE APPROVED: JULY 9, 2014

SIGNATURE: *Signature on file in HR*

Purpose:

- A. It is the policy of A.T. Still University of Health Sciences (ATSU) to maintain a tobacco-free campus and workplace. Due to the acknowledged hazards of tobacco use and secondhand smoke, it is University policy to provide a tobacco-free environment for all employees, students, patients, and visitors. This policy covers any tobacco product, the use of smokeless or "spit" tobacco, e-cigarettes, and other unregulated nicotine products. This policy applies to both employees and non-employee visitors of our campus.
- B. ATSU recognizes medical and scientific authorities, including the U.S. Surgeon General, American Health Association, American Lung Association, American Cancer Society, and the Environmental Protection Agency, which have concluded tobacco use poses a serious risk to the health of smokers and to nonsmokers who are subjected to second hand smoke. The use of tobacco products has been found to cause serious illness, including heart disease, lung cancer, other cancers and respiratory disease and is particularly harmful to persons who suffer from respiratory disease, heart disease, or allergies. Smoking also threatens public safety; it is the leading cause of fire deaths in the United States and is associated with increased automobile and workplace accidents.

Policy

- A. ATSU encourages a wellness model for the entire institution. ATSU recognizes its responsibility to support and promote activity that prevents disease and minimizes health risks. ATSU also seeks to ensure the safety of all who are at the University.
- B. The use of tobacco products (cigarettes, cigars, pipes, and smokeless tobacco), e-cigarettes, and other unregulated nicotine products by employees, physicians, students, patients, or visitors will not be permitted in the University or in any facility that is part of ATSU operations or owned by the University and leased to others. The policy shall apply as well to parking lots, University grounds, off-campus employee work sites, and to ATSU-owned or privately-owned vehicles when they are being used by employees during paid working hours.
 - 1. ATSU will provide information to all individuals concerning its tobacco-free policy through the use of signage and public notices.
 - a. ATSU will post appropriate signage on building entrance ways, exteriors, interiors, and other areas indicating this tobacco-free policy.
 - b. The University's website and other appropriate publications will provide similar information and notice about this policy.
- C. Distribution of University policy and procedures
 - 1. To the extent reasonably possible, patients, and visitors will be notified of this policy upon scheduling appointments and upon arrival. Patient care providers may suggest tobacco cessation or withdrawal management choices at this time. When appropriate and acceptable to a patient, a tobacco intervention program may be implemented.
 - 2. ATSU, in conjunction with the Communications & Marketing department, will provide a communications plan.
- D. Implementation of tobacco-free policy
 - 1. Employees and students: Use of tobacco products during paid working hours.
 - a. Employees and students may not use tobacco products, e-cigarettes, or unregulated nicotine products during paid working hours at any University location, including adjacent locations such as sidewalks, streets, or buildings.
 - b. At all times, employees and students are expected to be respectful of the neighbors of ATSU and may not loiter around other buildings, or use or discard tobacco products at these locations.
 - c. Employees and students may not use tobacco products, e-cigarettes, or unregulated nicotine products in any ATSU or personally owned vehicles on campus during working hours.
 - 2. Expectations of employees

- a. An employee who observes a patient, visitor, student, or another employee using tobacco products, e-cigarettes, or unregulated nicotine products in the University, on University grounds, or in other ATSU property is encouraged to inform the individual of this policy and to ask the individual to cease using these products.
 - b. An employee who has good reason to believe that a co-worker has used tobacco products, e-cigarettes, or unregulated nicotine products during working hours shall be encouraged to remind the other employee of this policy.
 - c. Alternatively, an employee who observes violations of this policy, or who has good reason to believe violations have occurred, may contact Human Resources.
3. Corrective action for violations of this policy
- a. Initial violations of this tobacco-free policy shall result in a verbal reminder of the policy by a member of management. This shall include re-education about the policy, its enforcement, and available smoking cessation options.
 - b. Subsequent violations of the policy will be handled according to ATSU's progressive discipline/corrective action policy.
4. Applicants for employment
- a. ATSU will not base employment decisions on whether an applicant uses tobacco products, e-cigarettes, or unregulated nicotine products.
 - b. Whenever possible, applicants will be informed of the tobacco-free policy before ATSU makes an offer of employment.
 - c. The tobacco-free policy will be reviewed at each department's orientation to inform and support employees regarding ATSU sponsored resources available to assist them in decreasing their use of tobacco products.
5. Visitors, physicians, recognized medical affiliates, contract workers, vendors and others.
- a. All other persons at ATSU, including physicians and their affiliates, contract workers, family members, vendors, and others shall be expected to comply with this policy and may not use tobacco products anywhere within the buildings or grounds that are part of the operations of ATSU.
 - b. Violations of the policy by vendors, family members, and other visitors may result in restrictions or cancellation of their visiting rights or other right to be present in the University.
 - c. Physicians and recognized allied health affiliates who violate this policy may be subject to collegial intervention or corrective action, as determined by the president.

Responsibility

- A. It is the responsibility of each employee and student to adhere to the guidelines set forth in this policy and to report any violations observed.
- B. Management is responsible for implementing corrective measures to address any violations of this policy by individuals within their area of responsibility.
- C. The president and each vice president are responsible for assuring this policy is enforced by departments which report to them.
- D. Human Resources is responsible for directing employees and Student Affairs is responsible for directing students to available smoking cessation opportunities.

ATSU POLICY NO. 95-111: SERVICE AND ASSISTANCE ANIMALS

DATE APPROVED: MARCH 7, 2019

SIGNATURE: *Signature on file in HR*

Purpose

This general order outlines A.T. Still University (ATSU) policy regarding service and assistance animals. ATSU is committed to supporting its students and employees while maintaining compliance with state and federal laws regarding individuals with disabilities.

Policy

A. Definitions

1. Service animal – Per the Americans with Disabilities Act (ADA) 2010 Revised Requirements, a service animal is defined as a dog (or a miniature horse, in limited circumstances) that has been individually trained to do work or perform tasks for an individual with a disability. The work or task(s) performed by the dog must be directly related to the person's disability.
2. Assistance animal – Also known as emotional support, therapy, comfort, or companion animal. An animal whose mere presence alleviates one or more identified symptoms or effects of a person's disability but is not specifically trained to perform work or tasks related to the person's disability. An assistance animal is not qualified as a service animal under ADA.
3. Individual with a disability – An individual with a disability is defined by ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history of such impairment, or a person who is perceived by others as having such impairment.
4. Handler – Person with a disability who has a need for a service animal or assistance animal.

B. Overview – ATSU accommodates individuals with disabilities who require use of service or assistance animals. ATSU will determine, on a case-by-case basis through an interactive process, and in accordance with applicable laws and regulations, whether an animal is a reasonable accommodation on University property. Employees should direct requests to Human Resources (hr@atsu.edu). Students must follow policies and procedures for service and assistance animals outlined in the [ATSU University Student Handbook](#) under sections: Student Life, for information related to University-owned/operated student housing, and Learning & Disability Resources (LADR).

C. Employees with service animals – ATSU employees who require use of a service animal in the workplace should make an accommodation request through Human Resources.

D. Responsibilities of the handler (i.e., individual with service and assistance animals):

1. Service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the handler's disability prevents using these devices. In that case, the handler must maintain control of the animal through voice, signal, or other effective controls.
2. Handlers may be asked to remove the animal from the premises if:
 - a. The animal is out of control, and the handler does not take effective action to control it, or
 - b. The animal is not housebroken.
3. ATSU is not responsible for the care or supervision of a service or assistance animal. Handlers are responsible for the control of their animals at all times and for ensuring immediate cleanup and proper disposal of all animal waste.
4. Handlers are solely responsible for any damage to persons or property caused by their animals.
5. Handlers must comply with all applicable laws and regulations, including vaccination, licensure, animal health, and leash laws.

E. Guidance and recommendations

1. In any campus setting, when it is not obvious what service an animal provides the handler, only limited inquiries are allowed. Employees may ask two questions:
 - a. Is the animal (only dogs and miniature horses are service animals) required because of a disability?
 - b. What work or task has the animal been trained to perform?

2. Employees, other than LADR and Human Resources employees, may NOT ask about the handler's disability or require medical documentation. Human Resources and LADR would only ask questions about a disability or require medical documentation in non-service animal situations. Employees and the University may not require a special identification card or training documentation for the animal or ask that the animal demonstrate its ability to perform the work or task.
3. For employees who have service animals:
 - a. If responses to the two allowable questions (section E, item 1) do not elicit enough information to determine the animal is a service animal (as defined by ADA), contact Human Resources as soon as possible for guidance.
 - b. If responses to the two allowable questions (section E, item 1) reveal the animal is NOT a service animal, please contact Human Resources for guidance.
 - c. When there is a legitimate reason to ask that a service animal be removed (see section D, item 2), employees must offer the handler an opportunity to continue the activity without the animal's presence. Never separate or attempt to separate a handler from their service animal.
4. A service animal is a working animal, not a pet. Unless given explicit instruction to the contrary by its handler, a service animal should not be addressed, touched, or distracted in any way.

Responsibility

- A. Human Resources is responsible for appropriate administration of this policy, including making timely updates to align with federal laws, rules, and regulations. LADR is responsible for administration of the student policy as outlined in the University Student Handbook and student housing regulations.
- B. ATSU employees – All employees are responsible for following the guidance outlined in section E. Any employee with a service or assistance animal should contact Human Resources.

ATSU POLICY NO. 95-112: DECORATIONS, POSTINGS, AND BULLETIN BOARD POLICY

DATE APPROVED: AUGUST 27, 2019

SIGNATURE: *Signature on file with HR*

Purpose

All areas of A.T. Still University (ATSU) should be professional in appearance. Office decor should reflect a pleasant working environment for everyone, while at the same time allow freedom of expression within individual work areas. Reasonable judgment shall govern types and quantity of work-related information and personal effects displayed within individual work spaces and common use areas.

Maintaining excellent facilities is important to ATSU. Many expectations in this policy are in response to this principle. Items shall be exhibited in a manner minimizing future deterioration of the building and the overall work environment.

During festive times of the year, many may like to decorate their work areas. Be respectful to others and use good judgment when selecting and displaying decorative items.

Policy

- A. This policy will address building decor and how it relates to the visual appearance of the building as well as following safety standards and minimizing deterioration of ATSU facilities.
- B. Private offices
 - 1. The University will provide standardized nameplates for offices.
 - 2. Office doors and windows should not be decorated with personal effects or holiday decorations, which are not expressly approved by Facilities. If an employee or department feels doors or windows need adornment, please contact Facilities to gain specific permission. Employees should request approval from their supervisor prior to contacting Facilities.
 - 3. Wall decor should be simple and professional in appearance.
 - 4. For safety purposes, items should never be hung from the ceiling (to include lights, vents, sprinklers, or smoke detectors).
 - 5. To prevent damage, use appropriate hardware or material to display items on walls, windows, or doors. Do not use adhesive materials such as Scotch Tape (contact Facilities for assistance in hanging items).
 - 6. Facilities must approve permanent changes to walls, floors, ceilings, etc. (e.g., wallpaper, borders, stencils, etc.).
- C. Workstations
 - 1. The University will provide standardized nameplates for workstations.
 - 2. Workstation decor should be simple and professional in appearance.
 - 3. Use appropriate materials when attaching items to fabric panels, metal shelves, or work surfaces. Do not use adhesive material (contact Facilities for assistance).
 - 4. For safety purposes, items should never be hung from the ceiling (to include lights, vents, sprinklers, or smoke detectors).
 - 5. Items are not to be displayed above partition panels, as this obstructs the view of co-workers and detracts from the aesthetics of the work area.
- D. Common Areas, Postings, and Bulletin Boards

1. Common areas of the building are conference/meeting rooms, cafeteria/break rooms, restrooms, client lobbies, hallways, and publicly accessed areas (reception, administration, interview, and visitation rooms, etc.).
 2. All items posted on walls in common/publicly accessed areas will be on a professional sign, in a sign holder, framed, or posted on a bulletin board. All of these are arranged through Facilities. All of these items need Facilities approval.
 3. All bulletin boards will be assigned and labeled to specific groups to use and maintain, which includes removing all inappropriate, non-related, and old postings. Several boards will be available for all staff to use and will be maintained by Facilities or Student Life. Items will be date stamped and removed monthly.
 4. For safety purposes, items should never be hung from the ceiling (to include lights, vents, sprinklers, or smoke detectors).
- E. Holiday/festive decorations
1. Employees should be careful not to overload power sources if using cubicle power sources.
 2. If your workstation has a wall outlet or is very near a wall outlet, you may use the outlet for electric lights or decorations.
 3. Do not use long extension cords to access wall outlets – long cords present a tripping hazard. Remember it is the employee's responsibility to unplug any decorations before leaving for the day or weekend.
 4. Decorations are not to be placed above cubicle partition panels.
 5. Avoid breakable decorations.
 6. Do not hang decorations from the light fixtures and do not staple decorations onto the walls.
 7. Do not attach decorations to walls, windows, or doors.
 8. Do not stand on desks or chairs to display decorations.
 9. Lit candles and open flames are not allowed – flameless candles are acceptable.
 10. Decorations should not be put up more than two weeks prior to a holiday and not remain up more than five business days after a holiday.
- F. Any questions or concerns should be directed to your supervisor and/or manager. Decorations must be removed as soon as possible after the holiday. Failure to adhere to ATSU safety standards will result in the removal of your decorations and, depending on the violation, could lead to disciplinary measures.

Responsibility

- A. Employees -- All employees are expected to comply with the guidelines set forth in this policy.
- B. Supervisors -- Supervisors are expected to ensure their employees are compliant with the guidelines set forth in this policy.
- C. Facilities -- Facilities is expected to assist employees in complying with the guidelines set forth in this policy.

**ATSU and ATSU-KCOM Policies, Procedures & Resources for
COCA Standard No. 5.1 Professionalism**

Signature: *On file in Dean's office*

Date Approved: *December 19, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 5.1, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have policies designed to ensure that the learning environment of its osteopathic medical education program is conducive to the ongoing development of professional behaviors in its osteopathic medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. To include exposure to aspects of patient safety, cultural competence, and interprofessional collaborative practice.

POLICIES, PROCEDURES & RESOURCES

ATSU-KCOM meets COCA standard 5.1 by ensuring that professionalism and ethics policies are in place for students, faculty, and staff along with committee oversight, as well as the publication and annual review of these policies and practices.

ATSU-KCOM meets this COCA standard via various policies:

- [Human Resources Online Policy Manual](#) (*intranet website*)
 - [ATSU Policy No. 10-220: ATSU Code of Ethical Standards](#)
 - [ATSU Policy No. 90-210 Prohibition of Discrimination, Harassment, and Retaliation](#)
 - [ATSU Policy No. 10-216 Whistleblower](#)
- [ATSU Employee and Faculty Handbooks](#)
 - Employee Handbook: Code of Ethical Standards Pg. 20
 - Faculty Handbook: Code of Ethical Standards Pg. 15
- [ATSU Title IX webpage](#)
- [ATSU University Student Handbook](#)
 - [Code of Academic Conduct](#)
 - [Appendix A Code of Conduct Sanctions](#)
 - [Appendix B: Code of Behavioral Standards](#)
 - [Appendix C: Prohibition of Discrimination, Harassment, and Retaliation](#)
- [KCOM Student Promotion Board process and charge](#)
 - [KCOM Student Promotion Board committee members](#)
- [ATSU Standards and Ethics Board Process](#)
 - [ATSU Standards and Ethics Board charge](#)
 - [ATSU Standards and Ethics Board members](#)
- [ATSU Risk Management & Compliance Committee Charter](#)
- ATSU-KCOM Student Manual
 - [Chaperoning Patient section](#) (*intranet website*)
- All interprofessional interactions are expected to be respectful and recognize the values, ethics, roles and responsibilities of one another.

REVIEW(S)

Policy & Resources reviewed by:
KCOM Dean - December 19, 2019

ATSU-KCOM Student Promotion Board Members

- Kneka Smith, EdD, MPH - board chair
- Lary Ciesemier, DO - voting member
- Peter Kondrashov, PhD - voting member
- Eric Snider, DO - voting member
- Lisa Fritz, DO - voting member
- Melissa Stuart, PhD - voting member
- Melanie Grgurich, DO - alternate
- Keith Elmslie, PhD - alternate
- Tim Ostrowski, PhD - alternate
- Karen Snider, DO - alternate
- Saroj Misra, DO, FCOFP - ex officio
- Patricia Sexton, DHEd - ex officio
- Lori Haxton, MA - ex officio
- Jennifer McNeely, MA - ex officio

Board meets each semester and as needed

ATSU Standards and Ethics Board charge:

A pool of administrators, faculty, and staff responsible for conducting formal hearings, when requested by students, to determine the merits of a Code of Behavioral Standards charge and/or the appropriateness of a proposed sanction.

Membership is by virtue of position, and the board meets as needed.



Standards Ethics Board

Thursday, October 29, 2020

9:02:29 AM

Last Name	First Name	Department	Type	Owner	Updated	Membership
Adler	Katherine	CGHS	Staff	VP & General Counsel	9 /9 /2013	MO Member
Blunk	Kristin	MOSDOH-Dental	Staff	VP & General Counsel	9 /9 /2013	MO Member
Bordenave	Lori	Physcial Therapy	Faculty	VP & General Counsel	9 /9 /2013	AZ Member
Brysacz	Stanley	SOMA	Faculty	VP & General Counsel	9 /9 /2013	AZ Member
Burch	Ann Lee	ASHS	Staff	VP & General Counsel	9 /9 /2013	AZ Member
Cottam	Wayne	ASDOH-Dental	Faculty	VP & General Counsel	9 /9 /2013	AZ Member
Fick	John	CGHS	Faculty	VP & General Counsel	9 /9 /2013	
Haxton	Lori	Student Affairs	Staff	VP & General Counsel	9 /9 /2013	MO Member
Heeren	Matthew	Vice President & General Counsel	Staff	VP & General Counsel	9 /9 /2013	Owner/Chair
Hunsaker	Deanna	Enrollment Services	Staff	VP & General Counsel	9 /9 /2013	MO Member
Jain	Poonam	MOSDOH-Dental	Staff	VP & General Counsel	8 /1 /2018	MO Member
Kellison	Shawnee	Family Medicine-Academic	Faculty	VP & General Counsel	9 /9 /2013	MO Member
Koenecke	David	Admissions	Staff	VP & General Counsel	9 /9 /2013	MO Member
Loeben	Gregory	CGHS	Faculty	VP & General Counsel	8 /1 /2018	
Maxwell	Barbara	SVP Academic Affairs	Staff	VP & General Counsel	9 /9 /2013	AZ Member
Poppre	Beth	AZ Campus-Student Affairs	Staff	VP & General Counsel	9 /9 /2013	AZ Member
Ratto	Lorree	Medical Simulation	Staff	VP & General Counsel	9 /9 /2013	AZ Member
Rigo	Thomas	Audiology	Faculty	VP & General Counsel	9 /9 /2013	AZ Member
Sexton	Patricia	Curriculum	Faculty	VP & General Counsel	9 /9 /2013	MO Member
Sparks	Donna	Admissions	Staff	VP & General Counsel	9 /9 /2013	MO Member
Vargo	Richard	MOSDOH-Dental	Staff	VP & General Counsel	8 /1 /2018	MO Member
Wolf	Rebecca	Occupational Therapy	Faculty	VP & General Counsel	7 /17/2019	AZ Member

Risk Management & Compliance Committee Charter

Role

The Risk Management & Compliance Committee (“committee”) will serve a dual role in protecting and advancing the mission and vision of the University. The committee will serve in an advisory capacity to guide the direction of: 1) the University Risk Management (URM) process, which identifies strategic and operational risks, and develops and monitors mitigation and response plans to effectively manage priority risks; and 2) the university compliance program, which promotes a culture of compliant and ethical behavior, and continually advances University compliance with laws, regulations, and ATSU policies.

Membership

The committee will be comprised of President’s Cabinet members, a dean or designee from each college/school, and other select University representatives. Members includes:

- Senior vice president-academic affairs
- Senior vice president, university planning & strategic initiatives
- Vice president & general counsel
- Vice president, finance and administration/CFO
- Vice president, research and sponsored programs
- Vice president, information technology systems
- Vice president, strategic university partnerships & diversity
- Vice president, student affairs
- Vice president, university advancement
- Assistant to the president & secretary to the Board
- Dean (or designee) from each college/school
- Assistant vice president, enrollment services
- Assistant vice president, human resources
- Compliance manager

The committee will be co-chaired by the vice president & general counsel and the compliance manager.

Guiding Principles

The committee will seek to foster a university culture which reflects the following principles:

1. Risk management framework upholds an early-warning system for identification of adverse risks.
2. All individuals are empowered to report problems and concerns early on, without fear of retribution.
3. Reports of adverse risks are responded to promptly and thoroughly.
4. Actions are taken to correct or mitigate risks, complaints, and concerns in order to foster conditions that enable judicious assumption of risk.
5. Reliable and useful information is shared promptly with leadership and other key constituencies.

6. Communication with the ATSU community and the public at large is proactive, honest, and respectful of individual privacy.
7. The risk management process is assessed regularly for effectiveness and ways to improve.

Responsibilities

The committee's specific responsibilities are:

Risk Management

1. Review and update the methods and procedures necessary to identify, evaluate, prioritize, and manage risks;
2. Ensure the URM process considers operational, compliance, financial, reputational, and strategic risks;
3. Develop methods to identify trends and emerging risks and appropriately assign responsibility for managing and monitoring new risks;
4. Develop risk mitigation and response plans that encourage communication, problem-solving, and collaboration across departments; and
5. Provide annual reports to the President and Board of Trustees.

Compliance

1. Support a culture of compliance where others feel safe to report potential compliance and ethics violations without fear of retaliation.
2. Assist ATSU's compliance program in fulfilling the requirements of an effective compliance and ethics program pursuant to the U.S. Federal Sentencing Guidelines.¹
3. Assist ATSU's compliance program in maintaining current and accurate information on the ATSU Consumer Information webpage.
4. Assist ATSU's compliance program with objectives of the Risk Management & Compliance Strategic Plan, including but not limited to:
 - a. Maintain current, comprehensive compliance matrix;
 - b. Contribute to awareness of current and emerging compliance challenges;
 - c. Identify compliance training needs;
 - d. Establish and enforce robust, compliant University policies and procedures; and
 - e. Facilitate communications between compliance manager and compliance partners (individuals responsible for day-to-day compliance operations).

Meetings

The committee will meet on a regularly scheduled basis, generally not less than four times per year. The vice president & general counsel and compliance manager will co-chair the committee. Discussion topics and decisions of the committee will be reflected in minutes.

¹ United States Sentencing Commission, Effective Compliance and Ethics Program, [§8B.2.1\(b\)\(2\)](#).

Accountability

The vice president & general counsel leads the URM process, serves as chief compliance officer, and reports to the President and the Board of Trustees.

Review

The committee will review the components of this charter at least annually and update the charter, as necessary, to reflect current practices and needs.

Approval

Approved by the University Risk Management & Compliance Committee on March 26, 2018.

ATSU-KCOM Curriculum Years 3 & 4

Excerpt from the intranet KCOMStudentManual.atsu.edu>Curriculum>Rotation Information>Expectations in Clinic>Chaperoning Patients

Chaperoning Patients

To assure a safe environment for patients, staff and students, patients are entitled to have their medical interactions conducted with appropriate privacy and confidentiality protections.

- Informed consent must be obtained for all treatments and sensitive examinations performed.
- Patients are entitled to have a chaperone (informal or formal) present for any consultation, examination, treatment, or procedure where the patient considers it necessary.
- All providers are entitled to have a formal chaperone present at their discretion.

Chaperones are required for sensitive exams, treatments and procedures. Chaperones can include a parent, guardian, other caretaker, adult significant other, or a staff member. Whenever possible, clinical staff members should serve as chaperones rather than office staff or family members. Sensitive situations include those that occur with the patient disrobed, partially disrobed or in street clothing involving breasts, genitalia or rectum (e.g., breast exams, procedures of the pelvic floor or urogenital diaphragm, and vaginal or rectal exams).

Expectations:

- KCOM students are not to serve as formal or informal chaperones.
- Informed consent shall be obtained before medical students are allowed to observe sensitive examinations, treatments or procedures.
- Students shall employ appropriate disrobing and draping practices to respect patient privacy.
- Patients should be notified of availability of chaperones. Chaperones are recommended for all sensitive examinations, treatments and procedures. A parent, guardian, or approved alternative should always be present during physical examinations of minors. If unavailable or other concerns exist, a formal chaperone is required. Sensitive examinations of patients 11 years of age or older should include a formal chaperone.
- If a patient declines/refuses a chaperone for patient care where one is required, the provider should document it in the record that the offer was made and declined. The provider retains final decision whether to proceed without a chaperone.
- KCOM students shall comply with clinical site policies to regarding chaperoning patients and sensitive exams, treatments and procedures.

**ATSU and ATSU-KCOM Policies & Resources
for COCA Standard No. 5.2: Diversity**

Signature: *On file in Dean's office*

Date Approved: *December 19, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 5.2, A.T. Still University-Kirksville College of Osteopathic Medicine is required to publish policies and have in place practices that engage in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of the academic community.

POLICIES & RESOURCES

ATSU-KCOM meets this COCA standard via various policies:

- [ATSU Policy NO. 90-100 Equal Employment Opportunity Policy](#)
- [ATSU Policy NO. 90-215 Recruitment and Placement of Personnel](#)
- [ATSU Policy NO. 90-210 Prohibition of Discrimination, Harassment, and Retaliation](#) (*public website*)
- [Recruitment and Hiring Process](#)
- [ATSU Diversity Strategic Plan](#)
- [ATSU Diversity and Inclusion Brochure](#)
- [Diversity Resource Guide](#)
- [Diversity at ATSU](#) (*public website*)
- [Diversity Recruitment Agreements](#) (*on file*)
- [Still Scholarship](#) (*public website*)

Additionally, ATSU will develop, implement, and maintain programs and formal partnerships for the purpose of achieving diversity among qualified applicants for medical school admission.

REVIEW(S)

Policy & Resources reviewed by:
KCOM Dean - December 19, 2019

ATSU POLICY NO. 90-215: RECRUITMENT AND PLACEMENT OF PERSONNEL

DATE APPROVED: OCTOBER 11, 2017

SIGNATURE: *Signature on file in HR*

Purpose

This general order outlines ATSU policy concerning the consistent and equitable treatment of all applicants in recruitment, hiring, and placement of personnel at ATSU.

Policy

- A. ATSU will recruit individuals for positions in full compliance with ATSU policies as well as applicable statutory laws and regulations.
- B. Recruitment and placement of personnel should proceed as outlined in the [ATSU Recruitment and Hiring Handbook \(Attachment A\)](#).
- C. The hiring process is overseen in its entirety by ATSU Human Resources.

Responsibility

- A. The hiring supervisor and department chair/director is responsible for ensuring that qualified applicants are selected for available positions and that positions are filled promptly and in accordance with the ATSU Policy No. 90-101: Equal Employment Opportunity policy.
- B. Hiring supervisors and department chairs/directors are responsible for following recruitment and placement procedures outlined in the [ATSU Recruitment and Hiring Handbook \(Attachment A\)](#), with assistance from the human resources department.
- C. Hiring supervisors, department chairs/directors, and/or deans are responsible for verification that a selected candidate for hire has the appropriate credentials for the position as identified on the job description. This may include education, certification, licensure, or any other applicable credentials.

ATSU

A.T. STILL
UNIVERSITY

Recruitment and Hiring Handbook

ATSU Human Resources

Arizona campus
480.245.6266
hraz@atsu.edu

Missouri campus
660.626.2790
hr@atsu.edu

Introduction

The hiring process offers A.T. Still University (ATSU) an opportunity to enhance its impact on communities and promote its institutional purpose and values. This Recruitment and Hiring Handbook (Handbook) presents an overview of ATSU's recruitment and hiring and is designed to ensure all prospective employees experience a fair, unbiased process conducted with professionalism, integrity, and cultural proficiency.

Objectives in the hiring process are to attract diverse pools of qualified applicants and hire individuals who will enrich the culture, mission, and vision of the University. A parallel goal is to provide to all applicants a positive and informative experience with ATSU.

Non-discrimination

Discrimination in hiring practices is prohibited under ATSU Policy No. 90-210: [Prohibition of Discrimination, Harassment, and Retaliation](#) and ATSU Policy No. 90-101: [Equal Employment Opportunity](#). ATSU does not discriminate on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), gender, sexual orientation, gender identity, age, disability, or veteran status, or any other status protected by applicable law.

Hiring manager

The hiring manager is the department head or his/her designee in which the vacancy exists. The hiring process is overseen in its entirety by ATSU Human Resources (HR).

First steps

For **all** hourly and salaried positions, the hiring manager will deliver a [Personnel Requisition](#) and [Job Description Worksheet](#) to HR. The Personnel Requisition will include the appropriate President's Cabinet member signature and will identify the department with budgetary responsibility for the vacancy. The hiring manager will ensure the Job Description Worksheet accurately reflects the expectations and duties of the position.

HR will determine the appropriate job grade and/or salary range for the position. A formal candidate search utilizing a search committee should be performed for new faculty hires as outlined in the appropriate faculty handbook. The president may require a search committee for certain administrative hires, and such search should be performed as described in the "Search Committee Process" section of this Handbook. At the hiring manager's discretion, search committees may be used even when not required.

Advertisement

HR will post vacancies on ATSU's employment webpage for a minimum of three (3) calendar days. HR may also advertise in local, regional, and/or national publications. The Personnel Requisition should contain as much information regarding desired recruitment strategies as possible, including desired

advertising locations. Hiring managers are encouraged to work with HR to identify outlets most likely to generate qualified candidates from a diverse applicant pool.

Upon a written authorization from the appropriate vice president, assistant vice president for human resources, and president, a placement agency may be utilized.

Application materials

All application materials (e.g., application forms, resumes, cover letters, transcripts, letters of reference) are to be submitted to HR by the applicant directly; copies will be forwarded by email from HR to the hiring manager. Applicants receive an automated response from HR acknowledging receipt of submitted materials. Hiring managers who separately acknowledge receipt of materials should do so with utmost consistency among applicants, and all materials must be forwarded to HR for required document retention.

Pre-interview review

Hiring managers will conduct an initial review to eliminate applicants who do not meet minimum education and experience qualifications required for the position as stated in the job description.

Interviews

Interviews are scheduled by the hiring manager or his/her administrative designee. Prior to beginning interviews, the interview schedule should be submitted to HR. Interview questions must adhere to non-discrimination laws and regulations (see [Attachment A](#)). Further guidance about the legality and appropriateness of interview questions may be obtained from HR or the vice president & general counsel. Interviews must be conducted in a consistent manner for all interviewees. It should be a goal to make each applicant's interview experience as fair and positive as possible.

At the conclusion of the interview schedule, HR will facilitate a review of ATSU's fringe benefits package with interview finalists.

Travel expense

When appropriate, telephone/video interviews should be used for initial candidate's screening before travel and related expenses are incurred for in-person visits. The hiring manager may conduct in-person interviews for finalist candidates. Travel arrangements to consider include:

- travel, lodging, and meals;
- advance itinerary submitted to the candidate;
- transportation to and from campus; and
- campus and community tours.

The hiring manager must obtain prior approval for travel expenses reimbursement incurred by applicants.

The hiring manager should assist all applicants with reimbursement for ATSU-authorized travel expenses. Receipts must be provided for all expenses for which reimbursement is requested. A [Travel Expense Report](#) must be completed by the hiring manager or his/her administrative designee and submitted to the Finance Office. In most cases, the department is responsible to pay the travel expense from its budget.

Additional considerations for hiring managers

Applicant identities and interview details are confidential and may not be discussed, unless the hiring manager identifies someone with a need to know.

The hiring manager should avoid conflicts of interest. Questions about potential conflicts of interest should be referred to HR or the vice president & general counsel.

Timetable

The hiring manager should make reasonable efforts to conduct searches in an orderly, timely manner, including advising applicants during each stage of the process. This includes developing a realistic hiring timeline working backwards from a target start date for the employee.

Reference checks, background screenings, and employment offers

Once the hiring manager or search committee identifies a preferred candidate, the hiring manager should review the employment application to ensure the candidate has authorization to work in the United States. The hiring manager or search committee chair must contact HR if interested in hiring an employee needing a visa and to determine the cost to the department and timeline associated with hiring a non-U.S. citizen.

Before an offer of employment is made, all necessary background screenings and reference checks must be completed. Generally, the hiring manager will check two to three work references, record all questions and responses, and submit the completed reference check to HR. If the hiring manager is unable or unwilling to perform the appropriate reference checks, HR may consult or assist in this process.

As appropriate, background screenings may include verification of academic credentials, relevant licenses or certifications, work history, and job performance. Finalists for positions designated as “security sensitive” require a criminal background check, with identity verification required for the final candidate. If approved by HR, an initial offer may be made contingent upon successful completion of background screening requirements. Background screening is addressed further in ATSU Policy No. 90-103, [Screening Policy for Employees](#) and ATSU Policy No. 90-215, [Recruitment and Placement of Personnel](#).

The hiring manager or search committee chair must obtain a completely signed and executed [Employee Status Form](#) prior to an offer of employment.

Approval by senior leadership may be required before an offer of employment is extended. Hiring managers should consult with HR before an offer is extended to a candidate. Approval is required under a variety of circumstances, including hiring of any faculty at a starting salary outside the established pay range and/or when the salary is not properly budgeted.

Records retention

HR is responsible for retention of all application materials. Upon completion of a search, the hiring manager should submit all records relating to the search process (application materials, resumes, notes, rubrics, etc.) to HR. HR will retain all records for two years from the date of hire, per ATSU Policy No. 10-209: [Record Retention Policy](#).

Exceptions

The president may approve exceptions to the hiring procedures outlined in this Handbook.

Search committee process

The following search committee process is required, at the president's discretion, for filling administrative positions. For administrative hires, a hiring manager should verify with the President's Office whether a search committee is required prior to beginning the hiring process. While faculty searches should be performed as described in the appropriate faculty handbook, hiring managers for faculty are encouraged to implement the processes outlined herein. In the event a search committee is not required, the hiring manager may elect to utilize a search committee for other positions. Search committees should seek to recruit from diverse candidate pools and evaluate applicants from a variety of perspectives.

Hiring managers should advise HR when a search committee is formed. HR is available to provide assistance and answer questions at any time during the process.

Search committee chair

The hiring manager serves as search committee chair and has overall responsibility for managing a proactive, timely, fair, and legal search process in compliance with this Handbook. The search committee chair will appoint search committee members and assign an employee to support the search committee with administrative and logistical tasks (e.g., managing and sharing application materials, scheduling committee meetings and interviews, recording minutes).

Search committee chair responsibilities include:

1. Work with the search committee to establish procedures and ground rules before the process begins. Among items to consider:
 - a. What are the discussion rules?
 - b. How will the committee make decisions?
 - c. How will the committee handle disagreements?

- d. How will committee discussion be recorded?
- e. How will the committee require statements made about candidates be backed up by fact.
2. Oversee administrative organization
 - a. Share application materials with committee members. Google Drive is an easy, confidential data sharing tool.
 - b. Keep good records.
3. Maintain consistency and fairness
 - a. Develop a matrix or rubric to assist in evaluating the candidates ([see Attachment B for samples](#)).
 - b. Develop a standard list of interview questions.
 - c. Avoid changing procedures in the midst of the process.
 - d. Provide consistent information to all candidates. If one candidate requests additional materials, consider providing the same materials to other candidates.
 - e. Give all candidates a similar experience when visiting campus, including opportunities to interact with the same groups and individuals, and comparable transportation, lodging, and dining/hospitality events.
4. Ensure compliance with applicable laws
 - a. Comply with ATSU Policy No. 90-210: [Prohibition of Discrimination, Harassment, and Retaliation](#).
 - b. Comply with laws concerning interview questions (see [Attachment A](#). Also may be located at [Interviewing Do's and Don'ts](#)).
 - c. Consult as needed with HR and/or vice president & general counsel for questions or legal guidance.
5. Communicate with candidates
 - a. Maintain positive, timely communication with candidates by email, letter, or telephone.
 - b. Written communications should be courteous, professional, and demonstrate ATSU values and mission.
 - c. Assist candidates in every stage of the process (e.g., technical support for virtual interviews, logistics, travel arrangements and agendas for those who visit campus, answer questions, provide requested information and documents).
6. Interview experience
 - a. Schedule a time for the candidate to discuss benefits with HR.
 - b. Consider a campus and/or community tour.
7. Maintain confidentiality and ethical standards (see Confidentiality and Conflicts of Interest sections)

Search committee membership

Search committee composition is at the hiring manager's discretion. The search committee may include employees who will work with or be affected by the new hire.

The hiring manager should make a reasonable effort to include search committee members from historically underserved or underrepresented populations. Time permitting, the associate vice president for diversity & inclusion is available to serve as a search committee member.

Diversity education

Diversity is a priority of ATSU's community; the hiring process is an opportunity to increase workforce diversity and provide opportunities for search committee members to receive diversity education. The committee chair should notify the office for diversity & inclusion at the initiation of a search committee to facilitate the training listed below.

DiversityEdu

The hiring manager should ensure all search committee members complete the University's online diversity training (DiversityEdu), which specifically addresses search committee practices.

Unconscious bias

To avoid unconscious bias, each committee member should recognize the potential for positive and negative stereotyping. It is important to avoid prematurely ranking candidates. Unconscious bias is addressed in DiversityEdu training. The associate vice president for diversity & inclusion is available to share information with the committee about unconscious bias in the search process.

Search committee charge

Search committee members should understand the labor-intensive nature of a successful search and be willing and able to commit the necessary time and effort. Committee members must have a working understanding of the job description. They are responsible to carefully read application materials for each candidate and note observations and questions. Members must participate in all meetings and interviews to be able to fairly compare and assess all candidates. Committee members may be asked to assist in candidate recruitment.

Confidentiality

Candidates' identities and search process details are confidential and may not be discussed with anyone outside the search committee, unless the search committee chair identifies someone outside the committee with a need to know. This protects candidates and allows search committee members to discuss candidates during committee meetings without fear their comments will be repeated outside deliberations. A breach of confidentiality by a search committee member during or after the search process is considered a serious violation of professionalism and ATSU Policy No. 40-104: [Code of Ethical Standards](#). Each committee member must have a signed confidentiality agreement on file with the search committee chair for each search committee in which he or she participates ([see Attachment C](#)).

Conflicts of interest

Search committee members should take appropriate steps to report conflicts of interest. A conflict of interest may make it necessary for a committee member to recuse him/herself from all or parts of the selection process. A conflict of interest is defined by ATSU Policy No. 10-212: [Conflict of Interest](#).

Whether a conflict exists making recusal appropriate requires a case-by-case evaluation by the search committee chair. Questions should be referred to the search committee chair, HR, or the vice president & general counsel.

Final steps

Once the search committee and hiring manager select the preferred candidate, the processes described in “Reference checks, background screenings, and employment offers,” must be followed.

Attachment A Interviewing do's and don'ts

AREA OF INQUIRY	ACCEPTABLE AREAS OF INQUIRY	UNACCEPTABLE AREAS OF INQUIRY	REASON WHY
Name	For access purposes, inquiry into whether the applicant's work records are under another name	<ul style="list-style-type: none"> •To ask if a woman is a Miss, Mrs. or Ms. •To request applicant to give maiden name or any pervious name he or she has used 	<ul style="list-style-type: none"> •Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972 •Title IX
Age	Require proof of age by birth certificate after hiring	<ul style="list-style-type: none"> •To ask age or age group of applicant •To request birth certificate or baptismal record before hiring 	Age Discrimination in Employment Act of 1967
Birthplace/ National origin/ Citizenship	<ul style="list-style-type: none"> •Ask for birth certificate or other proof of U.S. citizenship before hiring •Whether U.S. citizen •If not, whether intends to become one •If U.S. residence is legal •If spouse is a citizen •Whether candidate is legally eligible to work in the U.S. 	<ul style="list-style-type: none"> •To inquire into national origin or birthplace of applicant or applicant's family •Date of citizenship 	<ul style="list-style-type: none"> •Title VII •<u>Note</u>: It is not illegal to hire a citizen or national of the U.S. over an alien if they are equally qualified for the job. 8 USC 1324B
Race/color	•To indicate the institution is an equal opportunity employer	Any inquiry that would indicate race or color	Title VII
Sex	Indicate the institution is an equal opportunity employer	To ask applicant any inquiry that would indicate sex, unless job related	Title VII and Title IX
Sexual orientation	To indicate the institution prohibits discrimination on the basis of sexual orientation	To ask an applicant any question that would indicate the applicant's sexual or affectional orientation	•Prohibited by some local governments in Missouri and, in some cases, institution policy.
Religion	<ul style="list-style-type: none"> •To state normal hours and days of work required by the job to avoid possible conflict with religious convictions •Religious institutions may ask for certain positions. 	<ul style="list-style-type: none"> •To ask an applicant's religion or religious customs or holidays •To request recommendations from church officials 	Title VII
Marital/ Parental status	<ul style="list-style-type: none"> •Whether applicant can meet work schedules or has activities, commitments or responsibilities that may hinder meeting work attendance requirements. •Inquiries, made to males and females alike, as to duration of stay on job or anticipated absences. 	<ul style="list-style-type: none"> •To ask marital status before hiring •To ask about the number and age of children, child care arrangements, and plans to have more children before hiring for insurance purposes 	Title VII and Title IX

Disability	<ul style="list-style-type: none"> •If candidate is able to carry out the essential functions of the job •After a conditional offer of employment, may inquire whether person has a disability to determine whether person needs a “reasonable accommodation.” 	To ask job applicants general questions about whether they have a disability or about the nature and severity of their disability	Rehabilitation Act of 1973 Americans with Disabilities Act of 1990
Military service	Inquiry into services in the U.S. armed forces, including rank attained, branch of service, or any job-related experience	<ul style="list-style-type: none"> •To ask type of discharge •To request service records before hiring •To ask about service in the military of any other country besides the U.S. 	Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 (PL 93-508)
Conviction, arrest, and court record	<ul style="list-style-type: none"> •Inquire into actual convictions that relate reasonably to performing a particular job •Consider both nature and number of convictions, facts surrounding each offense, the job-relatedness of each conviction, and the length of time since conviction, plus applicant’s employment history since conviction. 	Any inquiry relating to arrests and court or conviction records not substantially related to job in question	Title VII
Credit rating	Inquiry about credit history that relates to job	Inquiries not related to job	Title VII
Union affiliation	Inform applicant if position requires Union affiliation	Inquiry about union affiliation	LMRA
Height or weight	Inquiry when necessary for job.	Inquiry when unrelated to job	Relevance

Note: Chart adapted from materials provided by the National Association of College and University Attorneys (NACUA) and Dartmouth College.

**Attachment B-1
Sample Assessment Rubric**

[\(Click here to download a customizable Word® version of this document\)](#)

Candidate evaluation tool

Adapted from NSF Advance at the University of Michigan—STRIDE sitemaker.umiche.edu/advance/stride

The following offers a method for hiring managers to provide evaluations of job candidates and is intended to be a template for hiring managers to modify as necessary for their own uses. The proposed questions are designed for faculty candidates and may require modification for administrative or staff candidates.

Candidate’s name: _____

Please indicate which of the following are true for you (check all that apply):

- Read candidate’s CV
- Read candidate’s scholarship
- Read candidate’s letters of recommendation
- Attended candidate’s presentation/open forum
- Met with candidate
- Attended lunch or dinner with candidate
- Other (please explain)

Please comment on the candidate’s scholarship as reflected in the presentation/open forum:

Please comment on the candidate’s teaching ability as reflected in the presentation/open forum:

Please rate the candidate on each of the following:	Excellent	Good	Neutral	Fair	Poor	Unable to judge
Potential for (evidence of) scholarly impact						
Potential for (evidence of) research productivity						
Potential for (evidence of) research funding						
Potential for (evidence of) collaboration						
Potential for (evidence of) outreach efforts to diverse groups						
Fit with department’s priorities						
Ability to make positive contribution to department’s climate						
Potential (demonstrated ability) to mentor and supervise others						
Potential (demonstrated ability) to teach and mentor students						
Potential (demonstrated ability) to be a conscientious university community member						

Evaluator name: _____

**Attachment B-2
Sample Assessment Rubric**

[\(Click here to download a customizable Word® version of this document\)](#)

Interview criteria

Name:	Telephone:
Previous employer:	Email:
Previous position:	Requested salary:
Race/Ethnicity:	Out of state: Yes/No
Interview date:	Degree:

Cover letter **1 2 3 4 5**
(Content, clarity, structure)

Ability to communicate and articulate ideas **1 2 3 4 5**
(Verbal and non-verbal communication, used common courtesies, presented a professional image)

Activity/Volume of service to communities **1 2 3 4 5**
(Ability to describe and define)

Question #1 **1 2 3 4 5**
Poor response = 1
Average response = 3
Excellent response = 5

Question #2 **1 2 3 4 5**
Poor response = 1
Average response = 3
Excellent response = 5

Question #3 **1 2 3 4 5**
Poor response = 1
Average response = 3
Excellent response = 5

Question #4 **1 2 3 4 5**
Poor response = 1
Average response = 3
Excellent response = 5

Question #5 **1 2 3 4 5**
Poor response = 1
Average response = 3
Excellent response = 5

Question #6 **1 2 3 4 5**
Poor response = 1
Average response = 3
Excellent response = 5

Total _____

Avg. total scores _____

Attachment C
Confidentiality Agreement

[\(Click here to access a downloadable, fillable PDF version\)](#)

I, the undersigned, understand I will have access to confidential information concerning the selection of candidates for _____. Such confidential information includes, but is not limited to, the following information: candidate names and other identifying information; candidate addresses; candidate titles; present and past employers of candidates; candidate salaries; the number of candidates; any and all other information contained in or relating to candidates' applications, the application process, or the selection process (the "confidential information").

During or subsequent to my committee membership, I agree not to discuss, disclose, or otherwise reveal the confidential information mentioned above to any person, verbally or in writing, implicitly or explicitly, whether or not such person is associated with the University, except I may disclose the confidential information to such persons as may be designated by the search committee chair.

I agree to use the confidential information solely for the purpose of carrying out my work for the University as directed by the chair. I acknowledge disclosure of the confidential information could cause the University immediate and irreparable injury.

I understand the University authorizes my access to the confidential information in reliance on my promise not to disclose such confidential information. I acknowledge that but for this Agreement, I would not be granted access to the confidential information.

Signature: _____ Date: _____

Print or type name: _____

**ATSU and ATSU-KCOM Policies, Procedures & Resources for
COCA Standard No. 5.3: Safety, Health, and Wellness**

Signature: *On file in Dean's office*

Date Approved: *December 19, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 5.3, A.T. Still University-Kirksville College of Osteopathic Medicine is required to publish policies and follow the policies and procedures that effectively mitigate faculty, staff, and student exposure to infectious and environmental hazards, provide education on prevention of such exposures, and address procedures for the care and treatment after such exposures. KCOM will also publish and follow policies related to student, faculty, and staff mental health and wellness and fatigue mitigation.

POLICIES, PROCEDURES & RESOURCES

ATSU-KCOM meets this COCA standard by ensuring that policies and procedures are provided to address safety and health issues, that links to the documents are published, and that information is provided to students and employees via the ATSU Student Handbook and website, ATSU-KCOM Catalog, ATSU-KCOM Student Manual, and Human Resources.

References are as follows:

Policy Number	Policy	Student	Employee
90-220	Timekeeping		x
90-308	Paid Holidays and Personal Days		x
90-309	Vacation Benefits		x
90-312	Paid Medical Leave Benefits		x
90-314	Bereavement Leave		x
90-330	Time Off to Attend Courses		x
90-328	Nursing Suite	x	x
95-106	Hazard Communication Program	x	x
95-107	Disease Exposure Prevention and Control Plan		x
30-100	Needlestick/Bloodborne Pathogens		x

	Student and Employee Resources	Student	Employee
	ATSU Employee Benefit Information		x
	ATSU-KCOM Student Needlestick/Bloodborne Pathogen	x	
	ATSU Library Study Rooms and Spaces	x	x

	Student and Employee Resources	Student	Employee
	ATSU Emergency Operations Plan	x	x
	ATSU-KCOM Catalog: Attendance Policy & Guidelines <ul style="list-style-type: none"> • Attendance Years 1-4 (Excused absences and personal days) 	x	
	ATSU-KCOM Catalog: Clinic Hour <ul style="list-style-type: none"> • Expectations in Clinic (Clinic Hours) 	x	
	Behavioral Health Wellness Counseling <ul style="list-style-type: none"> • Counseling and Mental Health Services • Mental Health Student Success Presentation (on file) • ATSU-KCOM Physical Health & Counseling Services in Regions 	x	
	The Museum of Osteopathic Medicine Garden	x	x
	Still-Student Wellness Program <ul style="list-style-type: none"> • Examples of student wellness programs 	x	
	ATSU Fitness Facility – Thompson Campus Center	x	x
	ATSU Required Employee Training (RET) <ul style="list-style-type: none"> • ATSU Required Employee Training Survey (stats/results) 		x

REVIEW(S)

Policy & Resources reviewed by:
KCOM Dean - December 19, 2019

ATSU POLICY NO. 90-220: TIMEKEEPING

DATE APPROVED: NOVEMBER 26, 2019

SIGNATURE: *Signature on file in HR*

Purpose

The purpose of this policy is to outline time clock and timekeeping rules for hourly employees of A.T. Still University of Health Sciences (ATSU). Accurately reporting time worked is the responsibility of every employee. ATSU must keep an accurate record of time worked to calculate employee pay and benefits. All hourly employees are required to use the time clock system to record their hours worked and paid time off. The time clock system will be used to track paid time off for salaried employees.

Policy

A. Time Worked

1. Time worked includes all time an employee is required or allowed to perform duties. Time worked is used to determine overtime pay required for hourly employees. The following provisions are included as time worked:
 - a. All work performed on ATSU premises.
 1. Hourly employees should not perform any duties unless it is recorded as work time
 2. Hourly employees should leave the work area in order to alleviate the possibility of inadvertent work being performed (i.e., greeting customers or answering the phone on off-duty time).
 - b. Work away from premises or at home.
 1. Hourly employees will not be permitted to perform work away from the premises, job site, or at home unless approved in advance by their supervisor. This includes checking email or taking work phone calls.
 2. All work performed should be counted as time worked.
 3. Hourly employees who perform work away from the work premises without permission from a supervisor may result in disciplinary action, up to and including termination of employment.
2. Hourly employees are allowed a grace period of two (2) minutes before and after an employee's scheduled start and end time.
 - a. A "grace period" is the period of time an employee may arrive early or late and leave early or late and be paid as if the employee arrived (or left) at the scheduled time. A grace period is expressed as a number of minutes before and after an employee's scheduled start time or end time.
 - b. For example, many hourly employees start work at 8:00 am. The grace period allows the employee to record a start time between 7:58 am and 8:02 am and be paid starting at 8:00 a.m.

B. Break time

1. Employees are permitted at least a ten (10) minute rest break for every four (4) hours worked.
2. Employees who need a break to express breast milk for an infant child are provided a reasonable break time to do so which may or may not run concurrently with their other breaks.
3. Rest periods of 15 or fewer minutes are counted as time worked.
4. Employees must be provided a meal break of 30-60 minutes uninterrupted for the first five (5) hours worked unless the employee works fewer than six (6) hours and waives the meal break.
5. An employee who works more than ten (10) hours must be provided a second 30-60 minute uninterrupted meal break unless the employee works fewer than twelve (12) hours and waives the second meal. An employee cannot waive both the first and second meal break.

C. Time Not Counted as Time Worked

In accordance with the Fair Labor Standards Act (FLSA), ATSU does not count the following provisions as time worked:

1. Approved paid absences, including sick leave, vacation leave, holiday leave, Family and Medical Leave Act (FMLA) leave, military leave, some court proceedings, Still Healthy fitness allowance, bereavement leave, California specific leave for California employees, and voting time off are not counted as time worked.
2. Uninterrupted time off for meals is not counted as time worked.

D. Recording Time

1. Hourly employees must accurately record the time they begin and end their work, as well as the beginning and ending time of each meal period. They must also record the beginning and ending time of any split shift or departure from work for personal reasons.
 2. Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action, up to and including termination of employment.
 3. Hourly employees are required to use the time clock system to record hours worked. Time will be tracked on one of ATSU's time clocks or from a workstation computer depending on the direction of their supervisors.
 4. All employees are required to use the time clock system to request and report usage of paid time off.
 5. Full-time employees must work normally scheduled hours each pay period as benefits are determined based on these hours. If an employee does not work normally scheduled hours, time will be completed with any available personal days, vacation, and/or medical time if applicable. If an employee works less than normal scheduled hours and does not have paid time off available, normal scheduled hours may be reduced to reflect actual time worked.
- E. Time Clock Stations
1. Time clocks are located throughout the Missouri and Arizona campuses, and a timeclock is located at the MOSDOH Saint Louis Dental Center.
 2. Time clock stations are operated using biometric finger readings. When an employee clocks-in for the first time s/he will be required to enter his/her employee ID number and asked to enroll his/her finger print three times. Each subsequent clock entry will require an employee ID number entry and a single finger reading.
- F. Overtime
1. Hourly employees are permitted to work overtime only with prior authorization from their supervisor, unless deemed an emergency situation.
 2. Overtime includes clocking-in early or late or working through the scheduled lunch period.
 3. An hourly employee who works overtime in a non-emergency situation without prior authorization may be subject to disciplinary action, up to and including termination.
 4. Overtime pay is provided consistent with state and federal guidelines.
- G. Flex Time
1. Supervisors may allow employees to flex schedules during a work week, Sunday through Saturday, as a way to manage employee time.
 2. ATSU does not allow compensatory time or banking hours for later use.
- H. Travel
1. Salaried employees will be paid their regular salary while traveling on ATSU business.
 2. Hourly employees who are required to attend work-related meetings will be paid for the actual length of the meeting or for their regularly scheduled work hours.
 3. The time spent in traveling to and from out-of-town meetings will be paid in accordance with the Wage and Hour Division, Department of Labor regulations Part 785, hours worked and state guidelines for overtime.
 4. The number of hours to be compensated should be reported through the employee time management software for the pay period in which the travel occurred.
 5. Hourly employees are advised to contact Human Resources prior to work-related travel.
 6. Supervisors are authorized to flex time for hourly employees to account for work-related travel and avoid overtime.

Responsibility

- A. Employee -
1. It is the employee's responsibility to accurately record and submit all time worked.
 2. Employees must immediately report problems with clocking-in and out with their supervisor for correction.
- B. Supervisor -
1. The supervisor or their designee for the department will review and approve the time record before submitting it for payroll processing.
 2. It is the supervisor's responsibility to assure all time submitted for employees reporting to them is accurate.
- C. Payroll - The Payroll department is responsible for the timely payment of all worked hours, paid time off hours, and payroll taxes.

ATSU POLICY NO. 90-308: PAID HOLIDAYS AND PAID PERSONAL DAYS

DATE APPROVED: SEPTEMBER 16, 2019

Signature: *Signature on file with HR*

Purpose

This general order states A.T. Still University of Health Sciences (ATSU) policy concerning paid holidays and personal days for employees.

Policy

A. Regular holidays

1. Full-time employees, regular or temporary, regardless of length of employment, are eligible for the following paid holidays:
 - a. New Year's day
 - b. Martin Luther King, Jr. day
 - c. Memorial day
 - d. Independence day
 - e. Labor day
 - f. Thanksgiving day
 - g. Friday after Thanksgiving
 - h. Christmas Eve day
 - i. Christmas day
 - j. Winter break days as determined by the president (generally observed from the day after Christmas through New Year's Eve)
2. If a regular holiday falls on Saturday, the preceding Friday will be the paid day off, or if the holiday falls on Sunday, the following Monday will be the paid day off. If Christmas Eve day falls on Friday, Saturday, or Sunday, Friday and Monday will be observed for the Christmas Eve day and Christmas day holidays.
3. The president may allow employees partial day early release time or extended holiday break days. Consideration will be given to business continuity, including student class schedules, clinic patient schedules, etc.
 - a. Partial day early release time may be granted on the day before an ATSU recognized holiday. This release time can only be observed by employees already working that day, up to the time of release, and is not guaranteed if the employee is required to work based on business necessity.
 - b. Extended holiday break days may be added before or after an official holiday. For payroll purposes, these days are treated as regular holidays and all standard conditions apply.
 - c. Extended holiday break days and partial day early release time can only be approved by the president.
4. An employee must work or use available paid time off for previous scheduled day before the observed holiday in order to be paid for the holiday.
5. In departments that must be in continuous operation, department heads and supervisors are responsible for scheduling employees on holidays as equitably as possible to ensure necessary coverage.
 - a. Hourly employees required by their supervisor to work on a holiday observed by the University, as defined in this general order and for which they are eligible, will be paid holiday pay and their regular rate of pay (up to eight hours) for hours they are required to work on that day, e.g., eight hours worked on a holiday equals eight hours of regular pay plus eight hours of holiday pay.
 - b. Full-time, reduced schedule, hourly employees not scheduled on days observed by ATSU as paid holidays may take eight hours of paid holiday leave.
 1. Paid holiday leave must be used in one eight-hour block.

2. Paid holiday leave must be used on next scheduled workday following a paid holiday observed by ATSU, unless paid holiday observed by ATSU falls on a Friday, in which case paid holiday leave must be used on scheduled workday immediately prior to the paid holiday observed by ATSU.
 6. Holiday pay for regular holidays will be calculated on the basis of the normal work schedule for the individual employee.
 - a. Time off for a paid holiday will not be included as part of total hours in overtime calculations for a work week.
- B. Personal days**
1. Regular hourly and salaried employees with one year or more of continuous full-time service are eligible for three personal days with pay beginning each year after their anniversary date.
 2. Personal days may be used by eligible employees for holidays not observed by the University or for any other personal or business purpose.
 - a. Use of a personal day must be pre-scheduled with the employee's supervisor or department head.
 3. Personal days cannot be accrued from year to year and in no case will an employee be paid for a personal day in lieu of time off or will unused personal days be paid upon termination of employment. Personal days pay will be calculated on the basis of normal work schedule for the individual employee.
 - a. Time off for a paid personal days will not be included as part of the total hours in overtime calculations for a work week.

Responsibility

- A. Employee - It is the responsibility of each employee to schedule personal days in advance to ensure continuity of business operations.
- B. Supervisors - It is the responsibility of the supervisor to fairly schedule employees for departments requiring continuous operations.
- C. Payroll - It is the responsibility of payroll to track availability and usage of personal days.
- D. Human Resources - It is the responsibility of Human Resources in conjunction with each supervisor or department head to assure compliance with this policy.

ATSU POLICY NO. 90-309: VACATION BENEFITS

DATE APPROVED: NOVEMBER 26, 2019

SIGNATURE: *Signature on file in HR*

Purpose

This general order outlines the provisions of paid vacation benefits for full-time employees of A.T. Still University of Health Sciences (ATSU).

Policy

A. Accrual

1. Salaried, non-contractual employees accrue paid vacation benefits at a rate of 13.33 hours per month, or 20 working days per year. The accrual rate of employees working a reduced schedule will be prorated accordingly.
2. Salaried, contractual employees will receive paid vacation benefits governed by their contract.
3. Full-time hourly employees accrue vacation benefits based on length of continuous full-time service.
 - a. During the first two years of continuous full-time employment, the accrual rate is .038462 per hour. (An employee normally scheduled 80 hours per pay period would earn 80 hours or 10 days of vacation per year or 3.08 hours per pay period. An employee normally scheduled 64 hours per pay period would earn 64 hours or 8 days of vacation per year or 2.46 hours per pay period).
 - b. During years three through nine of continuous full-time employment, the rate is .057692 per hour. (An employee normally scheduled 80 hours per pay period would earn 120 hours or 15 days of vacation per year or 4.62 hours per pay period).
 - c. During years ten or more of continuous full-time employment, the rate is .076923 per hour. (An employee normally scheduled 80 hours per pay period would earn 160 hours or 20 days of vacation per year or 6.15 hours per pay period).
4. Where applicable, paid vacation benefits will not accrue during periods of unpaid leave.
5. Non-California employees are capped at two (2) year's accrual of paid vacation. California employees are capped at one (1) year's accrual of vacation benefits. Accrual will resume once paid vacation is used and the balance falls below the maximum or capped level allowed.
6. Accrued balances are available at any time through the employee time management software.

B. Usage

1. To schedule vacation time, employees should submit a request through the employee time management software at least two weeks before the requested leave. Supervisor approval is required to ensure adequate service of the department is maintained.
 - a. Employees must ensure they have enough accrued leave available to cover the dates requested.
 - b. Requests will be approved based on a number of factors, including department operations and staffing requirements.
 - c. If the request is denied, the supervisor should provide an appropriate reason to the employee.
2. Full-time hourly and salaried, non-contractual employees are not eligible to use paid vacation benefits within the first 90 days of full-time employment.
3. Employees may not use more paid vacation leave than they have accrued.
4. Vacation will be paid at the employee's base rate at the time the leave is taken. Vacation pay does not include overtime or any special forms of compensation such as incentives, shift differentials, or extra pay of any type.
5. No more than twenty (20) continuous working days of paid vacation may be taken at any one time without the approval of the appropriate President's Cabinet member.
6. Paid vacation benefits will be used automatically in circumstances of employee absence after available paid medical leave is exhausted, or if actual hours worked are less than hours scheduled for full-time hourly employees.

C. Employee Reclassification

1. Any employee reclassified from hourly to salaried, or from salaried to hourly, will retain paid vacation accrued under the applicable subsection of section A of this policy and begin accruing paid vacation under the applicable subsection of section A of this policy upon their reclassification.

2. Any employee reclassified from full-time status to part-time status will be paid for their remaining paid vacation balance up to one (1) year's accrual. This paid vacation balance may also be used prior to the effective date of reclassification with supervisor approval.
- D. Employee Separation
1. Upon termination of employment, ATSU will pay out up to one year's accrual for accrued, unused paid vacation. See [ATSU Policy No. 90-333: Employment Separation or Transfer Process](#).
 2. In the event of an employee's death, accrued, unused paid vacation will be paid to the employee's estate.
- E. Employees are defined by their work location as it relates to rights, taxation, and other location specific employee information.
1. For example, an employee would be afforded employee protections under California law and have responsibilities as a California taxpayer who has spent enough days (30) in a calendar year working in California to be afforded employee protections under California law and have responsibilities as a California taxpayer. The protections and taxation only apply to the time spent in California.
 2. In another example, an employee who goes to California to perform work, but does not spend the requisite 30 days in California in a calendar year, will be protected as an employee and taxed as an employee based on his/her primary work state.

Responsibility

- A. Employee - Each employee is responsible to plan paid vacation leave in advance and report paid vacation usage to his/her supervisor for submission to the Human Resources department.
- B. Human Resources –
1. Human Resources is responsible for tracking each employee's paid vacation balance.
 2. Training for proper usage of employee time management software, including requests for leave, is available through the ATSU employee portal at <https://sites.google.com/a/atsu.edu/human-resources/Home/payroll-information>.

ATSU POLICY NO. 90-312: PAID MEDICAL LEAVE BENEFITS

DATE APPROVED: AUGUST 20, 2015

SIGNATURE: *Signature on file in HR*

Purpose

This general order outlines the procedure for accrual and usage of paid medical leave for hourly and salaried employees, full-time faculty, and paid fellows. Employees not covered under this policy working in the state of California may be eligible for paid medical leave benefits under ATSU Policy No. 90-318: Paid Medical Leave Benefits – California employees.

Policy

- A. Hourly and salaried employees, full-time faculty, and paid fellows (hereafter referred to as “employees” unless otherwise specified) will accrue paid medical leave based upon job status.
 - 1. Hourly employees accrue 3.08 hours per pay period (based on normal scheduled hour of 40 per week).
 - 2. Salaried employees and full-time faculty are allocated 240 hours each January 1 (partial years and reduced schedules will be prorated accordingly).
 - 3. Paid fellows may receive paid medical leave benefits per their contract.
 - 4. There is no carryover of hours from year-to-year for full-time faculty and salaried employees.
- B. Hourly and salaried employees may not use paid medical leave during their first 90 days of employment.
- C. The maximum hours of paid medical leave per day will not be more than the employee’s regularly scheduled workday.
- D. Paid medical leave may not be taken before it is accrued.
 - 1. Employees who need to take leave for medical reasons and do not have any paid medical leave will be required to take available vacation and/or personal days.
 - 2. If all available paid leave is taken, employees may request unpaid time.
- E. Paid medical leave may be used for:
 - 1. an employee’s personal illness or injury, or to attend well-care, medical, and dental appointments, or
 - 2. to care for the employee’s immediate family in the event of illness or injury, and to attend well-care, medical, and dental appointments.
 - 3. The term “immediate family” means an employee’s spouse, child, or parent as defined by the Family and Medical Leave Act (see [Fact Sheet #28F: Qualifying Reasons for Leave under the Family and Medical Leave Act](#)).
- F. To the extent possible, employees are expected to schedule planned medical appointments in a manner that minimizes disruption of workflow.
- G. If an employee’s leave is qualified under the Family and Medical Leave Act (FMLA), accrued paid medical leave (as well as accrued paid vacation leave) must be used initially as part of the approved FMLA leave. See ATSU Policy No. 90-317: Family and Medical Leave Act. Human resources must be notified so proper FMLA notification can be given to the employee if applicable.
- H. In the event an employee must use paid medical leave under the conditions of part E1 of this policy for five consecutive working days or more, a physician’s medical verification will be required prior to return.
 - 1. ATSU reserves the right to require additional medical verification with respect to any injury, illness, or disability and to require the employee to report for an examination by a physician designated by ATSU.
 - 2. Exams requested to be conducted by an ATSU designated physician will be paid for by ATSU.
- I. Hourly employees may accrue up to 320 hours of paid medical leave. Upon the hourly employee’s employment anniversary month, they will be paid at the current hourly base rate for one-half of all hours accrued in excess of 240 hours and their balance will be reduced to 240 hours.
- J. An employee changing from full-time status of 30 hours or more per week to part-time status will forfeit their balance of accrued paid medical leave. If the employee returns to full-time status, their accrual will begin at 0 hours.

- K. Employees must use paid medical leave for its intended purpose. Supervisors will monitor employee use of paid medical leave for indications of abuse. Abuse of paid medical leave may result in disciplinary action up to and including termination of employment.
- L. Accrued paid medical leave will not be paid out upon termination of employment.

Responsibility

- A. Employees eligible for this benefit are responsible for its proper utilization.
- B. University administration, chairpersons, directors, and all other supervisory personnel are responsible for continuous, adequate coverage of their areas of responsibility.
- C. University administration, chairpersons, directors, and all other supervisory personnel are responsible for the proper use of this policy and reporting and tracking medical leave usage.
- D. Human resources is responsible for proper tracking and interpretation of this policy.

ATSU POLICY NO. 90-314: BEREAVEMENT LEAVE

DATE APPROVED: DECEMBER 12, 2016

SIGNATURE: *Signature on file in HR*

Purpose

This general order outlines ATSU policy regarding paid time off for employees requesting leave due to the death of an immediate family member.

Policy

- A. Full-time employees will be approved for up to five (5) days of paid leave when an immediate family member passes away.
 - 1. Examples of family members considered to be immediate for this benefit purpose include: spouse, child, parent, grandparent, brother, sister, or in-laws.
 - 2. Other family members may be considered “immediate” in the interpretation of this policy at the discretion of the employee’s immediate supervisor.
- B. Bereavement leave does not reduce available balances of paid medical leave or paid vacation.
- C. Employees are not required to have accrued paid medical or vacation leave, or to have worked for ATSU for any prerequisite period of time.
- D. For leave requests of more than five (5) days, vacation leave may be requested, or medical leave if applicable. If the employee has no available paid medical or vacation leave accrued, the extended leave may be granted in an unpaid status.

Responsibility

- A. ATSU employees are responsible for requesting bereavement leave using the Bereavement Leave Form (Attachment A).
- B. The completed Bereavement Leave Form should be submitted to the human resources department upon approval.
- C. ATSU supervisors are responsible for granting bereavement leave in accordance with this policy.
- D. ATSU supervisors, in cooperation with the payroll department, are responsible for ensuring appropriate compensation of employees for leave taken in accordance with this policy.

ATSU POLICY NO. 90-328: CHILDREN AND CHILDCARE IN THE WORKPLACE

DATE APPROVED: FEBRUARY 25, 2015

SIGNATURE: *Signature on file in HR*

Purpose

This general order states A.T. Still University of Health Sciences' (ATSU) policy regarding children and childcare-related activities in the workplace.

Policy

A. Children in the workplace

In order to maintain an appropriate and safe work environment, employees are prohibited from providing childcare in the workplace during their normal working hours.

B. Exceptions due to emergency

The University recognizes emergency situations may arise during the work day requiring the employee to devote personal time and attention to their children. Supervisors are responsible for monitoring and approving actual hours worked in such an emergency situation.

C. Nursing mothers

Supervisors will provide reasonable break time for employees to express breast milk for a nursing child for up to one year after the child's birth each time the employee has need.

D. Nursing mothers' space

Each ATSU primary facility location will provide a private location, separate from a bathroom and free from intrusion by coworkers and the public, which may be used by employees to express breast milk.

Responsibility

Supervisors are responsible for:

- A. Monitoring work areas in light of this policy in order to eliminate the substantial potential liability for ATSU that is present if children are allowed to be cared for in the workplace.
- B. Providing reasonable break time for an employee to express breast milk.
- C. Human resources is responsible for ensuring an adequate nursing mothers' space is available to employees at each ATSU primary facility location.

ATSU POLICY NO. 90-330: TIME OFF TO ATTEND COURSES

DATE APPROVED: JUNE 15, 2017

SIGNATURE: *Signature on file in HR*

Purpose

This general order outlines A.T. Still University of Health Sciences' (ATSU) policy regarding time off to attend college, vocational, or business school courses.

Policy

- A. After one (1) year of employment, ATSU full-time employees may be allowed up to four (4) hours per week to attend college, vocational, or business school courses during normal working hours.
- B. Time off must be approved by the employee's supervisor, department head, and appropriate President's Cabinet member. A written plan must be completed by the employee and the supervisor regarding the class schedule and work schedule so office productivity is not adversely affected.
 - 1. Hourly full-time employees must make up lost work time during the work day or take the time off without pay.
 - 2. Salaried employees are expected to complete all assignments that would normally be completed during the work week.

Responsibility

- A. ATSU supervisors are responsible for approving and monitoring employees' time off to attend college, vocational, or business school courses.
- B. ATSU supervisors and relevant employees are responsible for ensuring office productivity is not affected and regular department functions are not disrupted by the employee's absence.

ATSU POLICY NO. 30-100: NEEDLESTICK/BLOODBORNE PATHOGENS

DATE APPROVED: MARCH 31, 2020

SIGNATURE: *Signature on file in HR*

Purpose

This general order outlines A.T. Still University of Health Sciences' (ATSU) policy and procedures regarding needlestick/bloodborne pathogens. Appropriate procedure for use with needles and bloodborne pathogens reduces risk and increases safety.

Policy

- A. All employees should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or exposure to bloodborne pathogens.
- B. Recapping of needles is not permitted (with the exception of ATSU-ASDOH and ATSU-MOSDOH dental patient care centers), all sharp injuries shall be reported both verbally and in writing, and investigating circumstances surrounding the exposure incident shall occur immediately.
- C. The procedures below establish management guidelines to ensure employees receive treatment, post-exposure medical evaluation, and counseling following a needlestick/sharps injury resulting in exposure to bloodborne pathogens or other potentially infectious material.
 1. Employee responsibility
 - a. At the time of the exposure, the employee should immediately or as soon as feasible, clean exposed areas as follows:
 1. Intact skin or non-intact skin (cuts, abrasions), or percutaneous (needlesticks) – wash site well with soap and water.
 2. Mucous membrane exposure such as eyes, nose, mouth (splash/splatter) – flush site thoroughly with sterile saline, sterile water, or tap water. If eye exposure, remove contact lenses (if applicable) and do not replace until ophthalmologist/optometrist is consulted. If mouth exposure, remove dentures, etc. (if applicable) and thoroughly clean before replacing.
 3. Remove any blood-soiled clothing as soon as feasible and replace with clean uniform or scrubs.
 2. All employees who may have occupational exposure to blood or other potentially infectious material are required to wear personal protective equipment (PPE) per [ATSU Policy No. 95-107: Disease Exposure and Control Plan](#).
 - a. Employees who are not wearing PPE because their roles do not have reasonable expectation of occupational exposure may request to have ATSU launder their clothing.
 - b. Report exposure to Human Resources immediately. Note source patient, if possible.
 - c. The employee will then follow policies and procedures as set forth by the institution.
 3. Occupational health patient care centers have been designated for the Mesa, Arizona, campus; Kirksville, Missouri, campus; and St. Louis Dental Center. Employees should contact Human Resources to determine the occupational health patient care center for their campus or site. Designated occupational health patient care centers have been provided the ATSU protocol for responding to needlesticks. If an employee is at a site without a designated occupational health patient care center, the employee or a designee should contact Human Resources to receive clearance to seek assistance at a provider of the employee's choice.
 - D. Protocol for accidental needlestick: The following protocol is to be followed in the case of an accidental needle puncture of a used needle to the employee at patient care centers.
 1. Appropriate first aid to cleanse the wound should be taken.
 2. An incident report form should be completed and returned to Human Resources or the appropriate patient care center director(s).
 3. Post exposure Hepatitis prophylaxis will be administered, as recommended by the Centers for Disease Control (CDC).
 - E. HIV antibody testing may be recommended and followed as outlined by the CDC. First responder responsibility:
 1. **Initiate post-exposure checklist.**
 2. **Determine if exposure to a potential source of transmission occurred.**
 - a. Percutaneous exposure: Determine if sharp was "clean" or "dirty."

1. Clean: No blood/body fluid contact. Examples: sharp that had not yet been used on patient, IVPB or IVP needle connected to injection port and no visible blood has backed up to that port.
2. Dirty: Sharp had been exposed to patient blood/body fluid. Example: any sharp that had IVP needle connected directly into central line catheter lumen or heparin lock, or into IV tubing injection port where visible blood has backed up to that port.
- b. Non-intact skin or mucous membrane exposure: Determine if splash/splatter contained fluid known/believed to transmit bloodborne pathogens.
3. If NO EXPOSURE to blood/body fluids occurred, initiate the following:
 - a. Clean/flush site.
 - b. Instruct the employee to observe exposure site for signs and symptoms of infection and to report to the medical director if infection occurs.
 - c. Offer diphtheria/tetanus vaccine if not vaccinated within last five to 10 years. Use diphtheria/tetanus consent form to document consent/refusal.
 - d. Educate employee regarding injury prevention strategies.
 - e. Offer hepatitis B vaccine.
4. If EXPOSURE to blood/body fluids occurred, initiate the following (utilizing the post-exposure checklist)
 - a. Clean/flush site.
 - b. Determine type of exposure.
 - c. Instruct the employee to observe exposure site for signs and symptoms of infection and to report to medical director if infection occurs.
 - d. Offer diphtheria/tetanus vaccine if not vaccinated within last five to 10 years. Use diphtheria/tetanus consent form to document consent/refusal strategies.
 - e. Offer serum hepatitis B antibody (Anti-HBs) testing.
 1. Order Anti-HBs on all employees who have been exposed to potentially contaminated blood/body fluids to determine immune status.
 2. Document consent/refusal on post-exposure consent form.
 - f. Offer hepatitis B vaccine.
 1. Natural immunity
 - a. Antibody to hepatitis B (Anti-HBs) develops after a resolved infection and is responsible for long-term immunity.
 - b. Hepatitis B vaccine not necessary.
 2. Previously vaccinated employee: Converter or conversion unknown
 - a. If Anti-HB is reactive, no further treatment is necessary.
 - b. If Anti-HB is non-reactive, repeat the three-dose series of hepatitis B vaccine.
 3. Previously vaccinated employee: Non-converter
 - a. If the employee is a known non-converter (at least four doses of vaccine without developing immunity), do not administer booster.
 - b. No further treatment is necessary unless the source patient is not tested and is known high risk; may then administer HBIG x 2, one month apart.
 4. Unvaccinated employee
 - a. Use hepatitis B consent form to document consent/refusal.
 - b. If consent obtained, initiate hepatitis B vaccine.
 - g. Offer employee hepatitis C antibody testing.
 - h. Offer employee HIV serum antibody testing.
 1. If source HIV negative, order baseline HIV serum antibody testing on the employee.
 2. No further follow-up is necessary unless epidemiologic evidence suggests source is high risk and is in the window period. If retesting is recommended or desired by the employee, retest at three or six months.
 3. If source patient is HIV positive, unknown, or refuses testing, order baseline, 12-week, and six-month HIV serum antibody testing on the employee.
 4. Use form for anti-HIV blood testing consent: Copy to the employee and original to patient care center medical director to document consent/refusal. If the employee consents to baseline blood collection, but does not give consent for HIV testing, the blood sample shall be preserved for at least 90 days. If, within 90 days of exposure incident, the employee elects to have the baseline sample testing, such testing shall be done as soon as feasible.

5. Use the employee Social Security number on lab requisition: Not name.
- i. Use employee HIV counseling form to counsel the employee regarding HIV, transmission, prevention, and implications of HIV testing. The employee and counseling clinician should sign and date counseling form.
- j. Use of post-exposure chemoprophylaxis (PEP)
NOTE: Post-exposure treatment with Combivir (zidovudine/lamivudine) and Viracept (nelfinavir) has been determined to be most beneficial if begun promptly, preferably within 12 hours post-exposure and not later than 24 hours.
 1. The first responder will counsel the employee regarding whether PEP is indicated based on type of exposure, amount of exposure, source patient risk factors, and employee concerns.
 2. If source patient is high risk for HIV or employee exposure "massive" or "definite," order HIV STAT. Results must be obtained within 24 hours to allow for initiation, if recommended. If 24-hour time period cannot be met, no more than two days of PEP medication may be allocated to the employee to take as prescribed until results are known. If source patient is found to be HIV positive, PEP may be continued. If source patient is found to be HIV negative, PEP is discontinued (unless source patient felt to be a high risk and in window phase).
 3. If source patient is known to be HIV positive, PEP may be initiated immediately.
 4. If source patient refuses HIV testing or is unknown, recommendations for PEP use are individualized, depending on type and amount of exposure and source patient risk factors.
 5. The employee will be immediately referred to a local hospital emergency department or designated physician for initiation of treatment if PEP is recommended and referred to a designated worker's compensation physician for follow-up care if applicable.
 6. If PEP medication is recommended:
 - a. Use consent for post-exposure chemoprophylaxis form to document consent/refusal to take medications.
 - b. If the employee consent is obtained, the following lab work should be ordered: STAT CBC, Neph panel, and liver panel, STAT HCG (serum pregnancy test) if female of childbearing age.

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

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

Source Patient

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

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

Responsibility

- A. Medical directors – The medical director at patient care centers will monitor and evaluate all exposures on a monthly basis.

Benefit Overviews

- [ATSU Benefits Brochure 2020.pdf](#)
- [Wrap Plan Document](#)
- [How to Claim a Qualifying Life Event](#)

Still Healthy Resources

- [Wellness Guide - Women](#)
- [Wellness Guide - Men](#)
- [Still Healthy FAQs](#)
- [Still Healthy Lifestyle Initiative](#)
- [How to Report Still Healthy Goals - Video Tutorial](#)
- [Still Healthy Seminars](#)
- [Still Healthy Seminars for Clinic employees](#)
- [Archived Still Healthy Videos](#)
- [Archived Still Healthy Videos for Clinic employees](#)
- [Still Healthy Calendar](#)

Medicare Information

- [Medicare Assistance Program](#)
- [Employment and Medicare FAQ's](#)

Health Insurance

- [Buy Up Summary of Benefits and Coverage](#)
- [Traditional Summary of Benefits and Coverage](#)
- [HSA Summary of Benefits and Coverage](#)
- [Buy Up Medical Plan SPD](#)
- [Traditional Plan SPD](#)
- [Health Savings Account SPD](#)
- [Medical Claim Form](#)
- [Chip Notice](#)
- [Federal Women's Cancer Act](#)
- [Exchange Notice](#)
- [Special Enrollment Notice](#)
- [Cigna Behavioral Health Video](#)
- [How to read an EOB](#)
- [Cigna Healthy Rewards Program](#)
- [Cigna Preventive Care Guide](#)

Prescription Info

- [2020 Prescription Drug List.pdf](#)
- [Cigna 90 Now Maintenance Customer Drug List](#)
- [Cigna 90 Now Rx.pdf](#)

Retirement Plan

- [Summary Plan Description 1.1.18.pdf](#)
- FORM --- [SALARY REDUCTION AGREEMENT 403\(b\)](#)
- [457\(b\) Deferred Compensation Plan.Summary Plan Description](#)
- FORM --- [457\(b\) Salary Deferral Agreement](#)
- [Plan Investment Notice](#)
- [QDIA Notice 2017.docx](#)
- [QDIA Fact Sheet 2017.pdf](#)
- [Summary Annual Report 2016](#)
- [Universal Availability Notice](#)
- [TIAA Online Enrollment](#)
- [Making the Most of Retirement](#)
- [Know Your Options from TIAA](#)

College Savings

- [College Savings Plan 529](#)
- [Missouri Most 529](#)

Weight Watchers

- [Medicare Basics](#)
- [Medicare & You](#)
- [Medicare Part D Creditable Coverage](#)

Life & Long Term Disability Insurance

- [Life Insurance Certificate](#)
- [Travel Assistance services brochure](#)
- [Summary of Life & LTD Benefits - Hourly](#)
- [Summary of Life & LTD Benefits - Salary](#)
- [LTD Hourly Certificate](#)
- [LTD Salary Certificate](#)

Supplemental Options

- [Trustmark](#)
- [Cigna Accidental Insurance](#)
- [Cigna Critical Illness](#)
- [Cigna Short-term Disability \(Hourly employees\)](#)
- [How to File a Claim \(Cigna Accidental & Critical Illness\)](#)
- [How to File a Claim \(Cigna Short-term Disability\)](#)

- [Home Delivery Pharmacy QuickSwitch](#)
- [Cigna 90 Now Retail Pharmacy Directory](#)

Flexible Spending Accounts

- [FSA/HSA Links](#)

Dental Insurance

- [Dental Plan Summary](#)
- [Dental SPD](#)

Vision

- [Davis Vision](#)
- [Davis Vision Certificate](#)
- [Davis Vision Claim Form](#)
- [Davis Vision Policy](#)
- [Cigna Vision Exam Summary](#)
- [Cigna Vision Plan \(Buy Up Medical Plan\) SPD](#)
- [Cigna Vision Plan \(Traditional & HSA Medical Plan\) SPD](#)

Pet Insurance

- [Embrace Pet Insurance](#)

- [Quick Guide to Enrolling](#)
- [What is included?](#)
- [Weight Watchers FAQs](#)

Miscellaneous

- [Kirksville Aquatic Center](#)
- [Fitness Program Flyer](#)
- [Fitness Log](#)
- [YMCA Silver Level Membership](#)
- [International Travel Insurance](#)
- [Employee Assistance Program Overview](#)
- [Federal Loan Forgiveness Program](#)
- [Plant Based Nutrition - Quick Start Guide](#)

Student Needlestick and Bloodborne Pathogen Exposure Protocol

A. Prevention

All students should use precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or exposure to bloodborne pathogens. The use of needle and scalpel safety devices, when supplied, is encouraged. Students should:

- Wash hands frequently and thoroughly before and after patient care.
- Use appropriate Personal Protective Equipment (PPE).
- Use sharps with caution in a safe environment, dispose of properly, do not recap needles.

B. When an exposure occurs, students are required to follow the steps outlined below unless additional evaluation is required by a clinical rotation site. The following steps are the minimum required by ATSU-KCOM:

Step 1 – Treat Exposure Site

- Use soap and water to wash areas exposed to fluids as soon as possible after exposure.
- Flush exposed mucous membranes with water.
- Flush exposed eyes with water or saline solution.
- Do NOT apply caustic agents, inject antiseptics or disinfectants into the wound.

Step 2 – Report and seek treatment for occupational exposures immediately

- The circumstances surrounding the incident shall be investigated immediately.
- OMS I and OMS II Students: All sharp injuries shall be reported to the Associate Dean of Clinical Affairs. An incident report form should be completed and submitted to the main campus; in the absence of the incident report form a written explanation should accompany the notification. The Clinical Affairs office will follow-up with the student to ensure the policy has been followed correctly.
- OMS III and IV Students: The protocol stated by the clinical site must be followed and all sharp injuries shall be reported immediately to the student's RAD/DSME and region site coordinator. The region site coordinator will notify the office of Clinical Affairs. An incident report form should be completed and submitted to the main campus; in the absence of an incident report form a written explanation should accompany the notification. The Clinical Affairs office will follow-up with the student to ensure the policy has been followed correctly.

Step 3 – The following baseline labs should be drawn as soon as possible following potential exposure. Forward results to the Clinical Affairs office.

- HIV antibody screen
- Hepatitis C antibody

Step 4 – Repeat HIV antibody screen and Hepatitis C antibody titers 12 weeks (90 days) post exposure and report results to the Clinical Affairs office.

C. Insurance

The insurance is supplemental accident insurance and does not apply to sickness or illness. It does not substitute health insurance coverage required for enrollment.

The supplemental insurance provides coverage after primary health insurance claim has been filed. Coverage applies while the student is enrolled in 'active status' and:

- Is participating in college courses, labs, and clinical training that is sponsored by ATSU;
- Is on premises designated and supervised by KCOM;
- Is on premises used for classes, labs or clinical training (clinical rotations); or
- While traveling with a group in connection with the activities under the direct supervision of ATSU.

Travel to and from a curriculum activity is not covered.

Steps for filing a claim:

1. The student **will** file a claim to their personal health insurance (primary coverage).
2. Student will complete a claim with the accident insurance coverage and return it to the Associate Dean of Clinical Affairs for verification of enrollment.
3. The Clinical Affairs office will forward the completed claim form to the student.
4. The student will forward the accident coverage claim form along with primary health insurance explanation of benefits (EOB), if available, billing statements, and supporting documents to the accident insurance provider.

ATSU-KCOM Excused Absences and Personal Days

Excerpt from the intranet KCOMStudentManual.atsu.edu>Excused Absences

In addition to the [ATSU Absence Policy](#), KCOM offers 3 personal days and 3 conference presentation days per academic year for DO students. Students may also request an excused absence for a medical reason. All absence requests should be submitted as follows:

- First and second year students - via the ATSU-KCOM app (under Student Success) or via the Absence Request Form. Use of the app is suggested and preferred. For more information on absences for Year 1 and 2 students, [click here](#).
- Third and fourth year students - submit form to the RAD/DSME. Third & Fourth Year Absence Request Form
- Cumulative Absence for years 3 & 4 - The College expects the student will be absent no more than 2 days for any 2-week period. Absences beyond the 2 days will be evaluated with potential make-up time scheduled as appropriate.
- For more information on absences for Year 3 and 4 students, [click here](#).

ATSU-KCOM Supervision and Clinic Hours

Excerpt from the intranet KCOMStudentManual.atsu.edu>Expectations in Clinic

An important aspect of the KCOM DO program is the development of professional behaviors and role identity. Students are expected to conduct themselves in a professional and ethical manner **at all times**.

Students on clinical rotations and in other professional settings are expected to dress professionally and appropriately for the environment. Honesty, compassion, integrity, confidentiality, accountability, respectfulness, altruism, and excellence are expected in all situations. In addition, students are expected to comply with institutional policies and procedures as well as city, county, state, and federal laws and regulations.

ATSU-KCOM considers breaches of professional conduct as academic deficiencies. Specifically, breaches in professionalism may demonstrate lack of progress toward and attainment of osteopathic core competencies (e.g., professionalism, interpersonal and communication skills).

Supervision

All students must be supervised during their clinical training period. Supervision is defined as the responsible licensed healthcare professional being immediately and directly present with the student when and where patient care is rendered by the student.

The Preceptor of Record must be a credentialed, licensed, board certified or eligible physician (AOA/ABMS) who has been appointed to the ATSU-KCOM faculty to oversee student learning including oversight in the clinical environment as well as a formal review of student performance in the clinical rotation.

Clinical Hours

Although a regional coordinator may provide a tentative daily schedule for a clinical rotation, the student is responsible to their assigned preceptor during clinical duty hours on each rotation. The student is required to keep the hours expected by the preceptor. A 'typical' student clinical day begins at 7 a.m. and ends at 7 p.m. but will be confirmed by the preceptor or designee.

The student should not be involved in patient care for greater than 24 continuous hours or required to attend patient hand-offs or didactic sessions for more than an additional 6 continuous hours (30 hours total). A student may be required to work weekends, however should have two weekends per month free. Students may also be required to work overnights and be on call.' It is expected that students will work no more than 60 hours per week, on average.

ATSU-KCOM Clinical Regions
Counseling and Physical Health Services

Region	Counseling Services	Physical Health Services -Health Clinic	Hospital/Urgent Care Facility
National	WellConnect 24/7/365 @866.640.4777		
Arizona	<p>24-HOUR CRISIS LINE: 800.273.8255</p> <p>Art Davalos-Matthews, MA LPC A.T Still University Address: 5845 East Still Circle Suite 213 Mesa, AZ 85206 Phone: 480.219.6170 Email: amatthews@atsu.edu Office hours Monday-Friday 8-5 (other times as arranged)</p> <p>Central Arizona Warm Line 24-HOUR CRISIS LINE: 602.347.1100</p> <p>EMPACT - Suicide Prevention Center Address: 618 S. Madison Dr, Tempe, AZ 85281 Telephone: 480.784.1500 24-HOUR CRISIS LINE: 800.273.8255</p> <p>Crisis Response Network Address: 1275 W Washington St Suite 108, Tempe, AZ 85281 24/7/365 Hotline: 602.222.9444</p>	<p>Redirect Health Centers</p> <p>Glendale Location: 16390 North 59th Ave Glendale, AZ 85306</p> <p>Mesa Location: 5845 E. Still Circle, Suite 104 Mesa, AZ 85206</p> <p>Scottsdale Location: 2629 N. Scottsdale Rd. Scottsdale, AZ 85257</p> <p>Surprise/Sun City Location: 17061 N. Ave of the Arts, Suite 100 Surprise, AZ 85378</p>	<p>Banner Health Urgent Care Centers</p> <p>Banner Health Emergency Rooms</p> <p>Banner Health Medical Centers</p>
California	<p>Community Behavioral Health Center Address: 7171 North Cedar Avenue Fresno, CA 93720 Phone: 559.449.8000</p> <p>Fresno County Department of Behavioral Health Address: 1925 E. Dakota Ave, Fresno, CA 93726 Phone: 559.660.6899 Hours: M-F 8:00am-5:00pm</p>	<p>Clovis Community Medical Center Address: 2755 Herndon Ave, Clovis, CA 93611 Telephone: 559.324.4000</p>	<p>Peachwood Medical Group Urgent Care Center Address: 275 W Herndon Ave. Clovis, CA. 93612 Telephone: 559.324.6200</p> <p>Premium Urgent Care Address: 2021 Herndon Ave Suite 101, Clovis, CA 93611 Telephone: 559.797.4315</p> <p>Dry Creek Urgent Care Address: 2151 Herndon Suite 102, Clovis, Ca 93612 Telephone: 559.297.8389</p>

<p>IL-Carle Bromenn</p>	<p>BroMenn Mental Health Services Address: 403 West Virginia Ave Normal, IL 61761 Phone: 309.268.5747 Call for an appointment 24-HOUR CRISIS LINE: 309.827.5351</p> <p>Illinois Center for Addiction Recovery Address: 1304 Franklin Ave, Normal, IL 61761 Telephone: 309.268.5993 Call for an appointment</p> <p>PATH Crisis Address: 201 E Grove St Suite 200, Bloomington, IL 61701 Telephone: 888.865.9903 Email: info@pathcrisis.org 24/7</p> <p>McLean County Center for Human Services Address: 108 W Market St, Bloomington, IL 61701 Telephone: 309.827.5351 Open M-Thurs 8am-5pm - Friday 8am-4pm</p>	<p>BroMenn Family Health Clinic Address: 1300 Franklin Avenue Suite 100 Normal, IL 61761 Telephone: 309.268.3761</p>	<p>Advocate Immediate Care 1437 E. College Avenue Normal, IL 61761 Telephone: (309) 862-5700</p>
<p>IL- SIU Carbondale</p>	<p>Jennifer Hammonds, LCSW Address: SIU Family Medicine Carbondale 305 W Jackson St Suite 200 Carbondale, IL 62901 Phone: 618.201.7281 Open M-F 8am-5pm 24-HOUR CRISIS LINE: 855.985.0911</p> <p>Centerstone Crisis Center Address: 403 Commerce Drive Carterville, IL 62918 Telephone: 855.608.3560 - Open 24/7</p>	<p>SIU Family Medicine Address: 305 West Jackson suite 200 Carbondale, IL 62901 Telephone: 618.536.6622</p>	<p>Memorial Hospital of Carbondale Address: 305 W. Jackson St. Carbondale, IL 62901 Telephone: 618.549.0721</p>
<p>IL-SIU Quincy</p>	<p>24-HOUR CRISIS LINE: 217.222.1166 SIU Center for Family Medicine - Quincy Address: 612 N 11th St Quincy, IL 62301 Phone: 217.224.9484 Open M-T-Th-F 8:30am-5pm Wed 8:30-7pm 24-HOUR CRISIS LINE: 855.228.6768</p>	<p>SIU Center for Family Medicine - Quincy Address: 612 North 11th Street Quincy, IL 62301 Telephone: 217.224.9484</p>	<p>Blessing Hospital Address: 11th & Broadway Quincy, IL 62301 Telephone: 217.223.1200</p>

<p>IL-SIU Quincy cont.</p>	<p>Transitions of Western Illinois Address: 4409 Maine St, Quincy, IL 62305 Telephone: 217.223.0413 Open M-T-Th-F 8am-5pm</p> <p>Great River Recovery Resources Address: 428 S 36th St, Quincy, IL 62301 Call for appointment Telephone: 217.224.6300</p>		
<p>IL-UnityPoint</p>	<p>UnityPoint Health - Methodist Behavioral Health Services Address: 221 NE Glen Oak Ave Peoria, IL 61636 Open M-F 8am to 5pm Phone: 309.672.5609</p> <p>Deb Disney, MEd, LCPC, IUCOMP Psychiatry & Behavioral Medicine Address: 900 Main Street Suite 720 Peoria, IL 61602 Call for an appointment Telephone: 309.495.1640</p>	<p>Proctor First Care - Barring Trace Address: 3915 W. Barring Trace Peoria, IL 61615 Telephone: 309.689.3030</p> <p>Unity Point Clinic Family Medicine Address: 815 Main St., Suite A Peoria, IL 61602 Telephone: 309.672.4977</p>	<p>UnityPoint Health-Methodist Emergency Department Address: 221 NE Glen Oak Ave. Peoria, IL 61636 Telephone: 309.672.5522</p>
<p>Indiana</p>	<p>Parkview Behavioral Health Address: 1720 Beacon St Fort Wayne, IN 46805 Phone: 260.373.7500 24-HOUR CRISIS LINE: 800.284.8439</p> <p>Aboite Counseling and Therapy Group Address: 7311- B West Jefferson Blvd. Fort Wayne, IN 46804 Phone: 260.432.2311 Open Mon & Fr 10am to 5pm Tues & Thurs 10am to 8pm Saturday 10am to 12pm</p> <p>St. Joseph Behavioral Health Address: 700 Broadway Fort Wayne, IN 46802 Phone: 260.425.3606 24-HOUR CRISIS LINE: 800.694-9034</p>	<p>Neighborhood Health Clinics Address: 1717 S Calhoun St Fort Wayne, IN 46802 Telephone: 260.458.2641 website: https://nhci.org</p>	<p>RediMed Address: Downtown: 203 E Berry St Fort Wayne, IN 46802 Southwest: 7333 W Jefferson Blvd Fort Wayne, IN 46804 Northeast: 3717 Maplecrest Rd Fort Wayne, IN 46815 Telephone: Downtown: (260) 458-3950 Southwest: (260) 458-3830 Northeast: (260) 458-3843 Website: http://www.redimedclinics.com/urgent-care-clinics</p>

Iowa	Broadlawns Mental Health Counseling Address: 1801 Hickman Rd Des Moines, IA 50314 Phone: 515-282-5695 24/7 Crisis Team: 515.282.5752	Broadlawns Primary Care Clinic Medical Office Building, Ground Floor Address: 1801 Hickman Rd. Des Moines, IA 50314 Phone: 515.282.2273	Broadlawns Urgent Care East Building, First Floor Address: 1801 Hickman Rd., Des Moines, IA 50314 Phone: 515.282.2501
Kansas	Crawford County Mental Health Center Address: 911 Centennial St. Pittsburg, KS 66762 Phone: 620.231.5130 24-HOUR CRISIS LINE 620-232-SAVE (7283)	Community Health Center of Southeast Kansas Address: 3011 N. Michigan Street Pittsburg KS 66762 Telephone: 620.231.9873	Community Health Center of Southeast Kansas Address: 3011 N. Michigan Street Pittsburg KS 66762 Telephone: 620.231.9873
MI- Ascension Genesys	24-HOUR CRISIS LINE: 810.257.3740 Genesys Hillside Center for Behavioral Services Address: 8435 Holly Road Grand Blanc, MI 48439 Phone: 810.603.8800 Call for an appointment Oakland Psychological Clinic, P.C. Address: 10785 S Saginaw St Bldg E Grand Blanc, MI 48439 Telephone: 810.695.0055 Open M-TH 8:30am-8:30pm Friday 8:30am to 5pm	Ascension Genesys East Flint Campus Family Health Clinic Address: 1460 Center Road Flint MI 48503 Telephone: 810.715.4620 Website: http://Ascension.org/Michigan Ascension Genesys Hospital Health Center Address: 420 Saginaw Street Flint MI 48502 Telephone: 810.232.3522 Website: http://Ascension.org/Michigan	Ascension Genesys Hospital Address: One Genesys Pkwy Grand Blanc MI 48439 Telephone: 810.606.5000 Website: http://Ascension.org/Michigan
MI-Metro Health	24-HOUR CRISIS LINE: 800.678.5500 Pine Rest Christian Mental Health Services Address: 300 68th St SE Grand Rapids, MI 49548 Phone: 866.852.4001 Call for an appointment	Metro Health Community Clinic Address: 781 36th St Grand Rapids, MI 49548 Phone: 616.252.4100	Metro Health University of Michigan Address: 5900 Byron Center Ave Wyoming, MI 49519 Telephone: 616.252.7200 Metro Health Park East Urgent Care Address: 4055 Cascade Rd SE Grand Rapids, MI 49546 Telephone: 616.252.4010
MI-St. Mary Mercy	St. Mary Mercy Livonia Mental Health Unit Address: 36475 Five Mile Road Livonia, MI 48154 Phone: 734.655.4800 Call for an appointment	Infinity Primary Care Center for Family Care Address: 37595 Seven Mile Rd Livonia, MI. 48152 Telephone: 734.853.5694	IHA Urgent Care @ Schoolcraft 39201 Seven Mile Rd. Livonia, MI. 48152 Phone: 734213.3688

<p>MI-St. Mary Mercy cont.</p>	<p>Michigan Institute for Behavioral Health, LLC Address: 37504 Seven Mile Road Livonia, MI 48152 Phone: 734.744.5171 Open M-Th 8am-8pm Friday 8am-3pm Saturday 9am-2pm</p> <p>Livonia Counseling Center Address: 37450 Schoolcraft #170 Livonia, MI 48150 Phone: 734.744.0170 Office Hours: M-F 9am-9pm Saturday 9am-4pm</p>		<p>Lakes Urgent Care Livonia Address: 36622 Five Mile Road Livonia, MI 48194 Telephone: 734.853.6510</p>
<p>MO-Cape Girardeau</p>	<p>24-HOUR CRISIS LINE: 800.356.5395</p> <p>Community Counseling Center Address: 402 S Silver Springs Rd Cape Girardeau, MO 63703 Phone: 573.334.1100 Call for an appointment</p> <p>Beacon Health Center Address: 73 Sheridan Cape Girardeau, MO 63703 Telephone: 573.332.1900 Crisis Hotline: 877-820-6278</p>	<p>Southeast Primary Care Address: 817 S. Mt. Auburn Rd. Cape Girardeau, MO 63703 Telephone: (573) 519-4500</p>	<p>Immediate Convenient Care Address: 1702 N. Kingshighway Cape Girardeau, MO 63701 Telephone: (573) 339-2000</p> <p>SoutheastHEALTH Address: 1701 Lacey Dr., Cape Girardeau, MO 63701 Telephone: (573) 334-4822</p>
<p>MO-Capital (Jefferson City)</p>	<p>24-HOUR CRISIS LINE: 800.833.3915</p> <p>Capital Region Physicians - Center for Mental Wellness Address: 1432 Southwest Blvd Jefferson City, MO 65109 Telephone: 573.632.5560 Open M-Th 8am-5pm Friday 8am-4:30pm</p>	<p>Community Health Center of Central Missouri Address: 1511 Christy Drive Jefferson City, MO 65101 Telephone: 573.632.2777</p>	<p>Capital Region Medical Center Address: 1125 Madison St. Jefferson City, MO 65101 Telephone: 573.632.5000</p>

<p>MO-STL Christian</p>	<p>24-HOUR CRISIS LINE: 800.811.4760 BJC Employee Assistance Program Address: 605 Old Ballas Rd Suite 123 St. Louis, MO 63141 Phone: 314.747.7490 Call for an appointment</p> <p>Saint Louis Behavioral Medicine Institute Address: 1129 Macklind Ave. St. Louis, MO 63110 Phone: 314.289.9411 or 877.245.2688 Call for an appointment</p>	<p>BJC Medical Group at Northwest Healthcare Address: 1225 Graham Road, Suite 2320C Florissant, MO 63031 Telephone: 314.953.6801</p>	<p>Fast Track Urgent Care Address: 2686 N Highway 67 Florissant, MO 63033 Telephone: 314.921.7300</p>
<p>MO-Springfield</p>	<p>24-HOUR CRISIS LINE: 800.494.7355</p> <p>Burrell Behavioral Health Address: 1300 E Bradford Pkwy Springfield, MO 65804 Phone: 417.761.5000 Open: M-Th 8am-8pm Friday 8am-5pm</p> <p>Victim Center Address: 819 N Boonville Ave Springfield, MO 65802 Telephone: 417.863.7273 - 24/7</p> <p>Lakeland Behavioral Health System Address: 440 S Market Ave, Springfield, MO 65806 Telephone: 877.359.8775 Call for an appointment</p> <p>Dr. Alok Jain Address: 3100 S. National Ave Suite 103 Springfield, MO 65807 Telephone: 417.322.6622 Call for an appointment</p>	<p>Cox Medical Center South Springfield Address: 3801 S. National Ave. Springfield, MO 65807 Telephone: 417.269.6000</p> <p>Mercy Clinic Family Medicine - W. Republic Address: 2754 W. Republic Road, Springfield, MO 65807 Telephone: 417.881.8812</p> <p>Mercy Clinic Family Medicine - Willard Address: 403 E. Walnut Lane Willard, MO 65781 Telephone: 417.742.2300</p> <p>Mercy Clinic Family Medicine - Nixa Address: 940 W. Mount Vernon Street Suite 210, Nixa, MO 65714 Telephone: 417.383.5109</p>	<p>Mercy Hospital Springfield Address: 1235 E. Cherokee St. Springfield, MO 65804 Telephone: 417.820.2000</p> <p>Ozark Community Hospital Address: 1540 E Evergreen St Springfield, MO 65803 Telephone: 417.823.2900</p>
<p>MO-Hannibal</p>	<p>24-HOUR CRISIS LINE: 800.356.5395</p> <p>Mark Twain Behavioral Health Address: 154 Forrest Drive Hannibal, MO 63401 Phone: 573.221.2120 Call for an appointment</p>	<p>Express Care at Hannibal Regional Address: 6500 Hospital Dr Hannibal, MO 63401 Telephone: 573.248.1300</p>	<p>Hannibal Regional Healthcare System Address: 6000 Hospital Dr Hannibal, MO 63401 Telephone: 573.248.1300</p>

<p>MO-STL Mercy</p>	<p>24-HOUR CRISIS LINE: 314.251.4845 Mercy Clinic Behavioral Health/Tianyuan Cornell, MD/Mercy Hospital South Address: 10020 Kennerly Road St. Louis, MO 63128 Phone: 314.525.4429 Open: M-F 8am-8pm</p>	<p>Mercy Clinic Internal Medicine - Southfork Address: 12700 Southfork Road, Suite 200 St. Louis, MO 63128 Telephone: 314.543.5942</p>	<p>Mercy Hospital South Address: 10010 Kennerly Road St. Louis, MO 63128 Telephone: 314.525.1000</p>
<p>MO-St. Joseph</p>	<p>24-HOUR CRISIS LINE: 800.273.TALK Mosaic Life Care Counseling Care Address: 3620 Frederick Ave St. Joseph, MO 64506 Phone: 816.271.6573 Open M-F 8:30am-5pm Northwest Behavioral Health Address: 3608 Faraon St. St. Joseph, MO 64506 Telephone: 816.232.4417 Open: M-F 8am-5pm The Center Address: 902 Edmond St Suite 203 St. Joseph, MO 64501 Telephone: 816.364.4300 Call for an appointment Family Guidance Center Address: 724 N 22nd, St. Joseph, MO 64506 Phone: 816.364.1501 Call for an appointment</p>	<p>Mosaic Life Care at St. Joseph Address: 5210 North Belt Highway, St. Joseph MO 64506 Phone: 816.271.4993</p>	<p>Mosaic Life Care Medical Center Address: 5325 Faraon St., St. Joseph MO 64506 Telephone: 816.271.6000 Mosaic Life Care at St. Joseph - Urgent Care Address: 1115 North Belt Highway St. Joseph MO 64506 Phone: 816.271.7077</p>

<p>MO-Kirksville</p>	<p>24-HOUR CRISIS LINE: 800.356.5395</p> <p>Sarah Thomas, MSW, LCSW A.T. Still University Address: 800 W Jefferson Street Kirksville, MO 63501 Phone: 660.626.2424 Monday through Friday 8:00 a.m.-5:00 p.m. (Other times as arranged)</p> <p>Phil Jorn, MA, LPC, NCC A.T. Still University Address: 800 W Jefferson Street Kirksville, MO 63501 Phone: 660.626.2138 Monday through Friday 8:00 a.m.-5:00 p.m. (Other times as arranged)</p> <p>Beth Miller, MA, LPC Renew Counseling Address: 312 W Washington Street Kirksville, MO 63501 Phone: 660.619.9315 beth@renewcounseling.us Call for an appointment</p> <p>Jeffrey C. Harden, DO First Choice Mental Health Address: 1 Crown Dr Suite 104 Kirksville, MO 63501 Phone: 660.665.7500 Call for an appointment</p> <p>Christopher Maglio, PhD Address: 117 E Washington Street Kirksville, MO 63501 Telephone: 660.665.7805 cjmagliophd@marktwain.net Call for an appointment</p> <p>Mark Twain Behavioral Health Counseling Center Address: 105 Pfeiffer Ave Kirksville, MO 63501 Telephone: 660.665.4612 Open: M-F 8am-5pm</p>	<p>Complete Family Medicine, LLC Address: 1611 S Baltimore St Kirksville, MO 63501 Telephone: 660.665.7575</p> <p>Kirksville Family Medicine Address: 800 W. Jefferson St. Kirksville, MO 63501 Telephone: 660.626.2222</p> <p>Crown Family Medicine Address: 1 Crown Dr # 200 Kirksville, MO 63501 Telephone: 660.665.2844</p>	<p>Northeast Regional Medical Center Address: 315 S Osteopathy Ave Kirksville, MO 63501 Telephone: 660.785.1000</p>
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MO-Rolla	<p>24-HOUR CRISIS LINE: 800.833.3915</p> <p>Phelps Health Center Clinic Address: 575B Blues Lake Pkwy Rolla, MO 65401 Phone: 573.364.2007 Call for an appointment</p>	<p>Phelps Health Medical Office Building Address: 1050 West 10th Street Rolla, MO 65401 Telephone: 573.364.9000</p>	<p>Phelps Health Hospital Address: 1000 West 10th Street Rolla, MO 65401 Telephone: 573.458.8899</p> <p>Phelps Health Emergency Department Address: 1000 West 10th Street Rolla, MO 65401 Telephone: 573.458.7800</p>
MO-Farmington	<p>24-HOUR CRISIS LINE: 800.811.4760</p> <p>BJC Behavioral Health Address: 1085 Maple Street Farmington, MO 63640 Phone: 314.747.7491 or 877.729.4004 Call for an appointment</p>	<p>Mineral Arts Clinic Address: 1103 W. Liberty Farmington, MO 63640 Telephone: (573) 756-6751</p>	<p>Parkland Health Center Address: 1101 W. Liberty Farmington, MO 63640 Telephone: (573) 431-3338</p>
New Jersey	<p>24-HOUR CRISIS LINE: 800.494.7355</p> <p>Ana Falcon, MA, LPC Address: 115 Fieldstone Dr Springfield, NJ 7081 Phone: 908.456.2699 Call for an appointment</p>	<p>CarePoint Health (Dr. Levine) Address: 789 Avenue C Bayonne NJ 07002 Telephone: 201.339.2620</p>	<p>Bayonne Medical Center Address: 29 E 29th Street Bayonne NJ 07002 Telephone: 201.858.5000</p>
Ohio	<p>Dustin Blakeslee, DO Address: Unity Health Network 4465 Darrow Road, Stow, OH 44224 Telephone: 330.248.5397 Email: dkblakeslee@yahoo.com Call for an appointment</p>		<p>Western Reserve Hospital Stow Urgent Care (Residency Clinic) Address: 3913 Darrow Road, Suite 100 Stow, OH 44224 Telephone: 330.688.7900</p>
Pennsylvania	<p>24-HOUR CRISIS LINE: 717.394.2631</p> <p>Lancaster County Crisis Intervention Address: 750 Eden Road Lancaster, PA 17601 Phone: 717.394.2631 (24/7)</p>	<p>College Avenue Family Medicine Address: 230 College Avenue Lancaster PA 17603 Telephone: 717.291.8512</p>	<p>UPMC Pinnacle Lititz Hospital Address: 1500 Highlands Drive Lititz PA 17543 Telephone: 717.625.5000</p>
Texas	<p>24-HOUR CRISIS LINE: 254.724.2111 (Ask for PAN Office)</p> <p>Baylor Scott & White Health Address: 2401 South 31st Street Temple, TX 76508 Phone: 254.724.2586 Call for an appointment</p>	<p>Baylor Scott & White Medical Center Address: 2401 South 31st Street Temple, Texas 76508 Telephone: 254.721.2111</p>	<p>Baylor Scott & White Emergency Department Address: 2401 South 31st Street Temple, Texas 76508 Telephone: 254.724.2111</p> <p>First Med Minor Emergency Center Address: 1905 SW HK Dodgen Loop Temple, Texas 76502 Telephone: 254.298.2580</p>

<p>UT-Logan</p>	<p>24-HOUR CRISIS LINE: 801.625.3700</p> <p>Wasatch Family Therapy, LLC Address: 405 S 100 W Suite 250 Bountiful, UT 84010 Phone: 801.944.4555 ext. #1 Call for an appointment</p>	<p>Dr. Kevin Duke Address: 382 280 N Providence, UT 84332 Telephone: 435.752.0330</p>	<p>Logan Regional Hospital Address: 500 E 1400 N Logan, UT 84341 Telephone: 435.716.1000</p>
<p>UT-Provo</p>	<p>24-HOUR CRISIS LINE: 801.226.4433</p> <p>Wasatch Family Therapy, LLC Address: 7084 S 2300 E #215 Cottonwood Heights, UT 84121 Phone: 801.944.4555 ext. #1 Call for an appointment</p>	<p>Integrative Medical Associates (Dr. Porter) Address: 3650 N University Ave Provo, UT 84604 Telephone: 801.375.7100</p>	<p>Intermountain Healthcare Facilities Utah Valley Hospital Address: 1034 N 500 W Provo UT 84604 Telephone: 801.357.7850</p>
<p>UT-Salt Lake City</p>	<p>24-HOUR CRISIS LINE: 801.261.1442</p> <p>Wasatch Family Therapy, LLC Address: 7084 S 2300 E Suite 215 CottonWood Heights, UT 84121 Phone: 801.944.4555 ext. #1 Call for an appointment</p>	<p>Dr. Layne Hermansen Address: 877 E 12300 S #201 Draper, UT 84020 Telephone: 801.542.7111</p>	<p>Intermountain Medical Center Address: 5121 Cottonwood St Murray, UT 84107 Telephone: 801.507.7000</p>

Examples of Still Well Student Team Activities

Environmental

- Coordinate recycling partners
- Nature trail maintenance and development
- Annual campus clean-up
- Street clean up (Jefferson & Walnut)

Emotional

- Depression screening
- Kite making and flying
- Emotional wellness week
- Lego competition
- Water play day
- Couples panel (students/residents/attending)

Vocational

- Careers in medicine
- On call tutors
- Resume writing seminar

Physical

- Bi-annual fitness assessment
- Couch to 5k
- Triathlon training group
- Swim lessons and swim training
- Fitness tutors
- Recreational outings (canoe/kayak, golf lessons)
- Annual Current River float trip
- Bike tune-up

Intellectual

- College bowl
- Art show
- Creative writing contest

- Healthy cooking/eating
- Let's go shopping
- Meal of the Week

Social

- Wine tasting
- Roller skating party
- Bowling night
- BBQ picnic at state park
- Open Mic at Winery
- Movie night
- Parent's Night Out

Spiritual

- Church fair
- Spiritual health care plans
- Spiritual labyrinth
- Reflective thought at parks & trail
- Spiritual wellness week/exploring faith

Shared Team Activities

- Signs reminding people to use the stairs is environmental & physical
- Movies can be social & emotional etc...
- "Take a hike" environmental & physical
- Student Health 101
- Testwell for all first year students

All teams Wellness Fair

- In the spring, 8-10 wellness activities conducted by the teams with soft tissue massage and a fun nutrition quiz. Ten \$25.00 gift cards awarded at stations with a grand prize drawing.

Popcorn, lemonade and wellness handouts and activity signups.

Strategies to boost well-being on campus

- Assess student strengths and look for opportunities to put them into action.
- Spend social time with individuals and teams that promote enjoyment & fun activities
- Dare to measure well-being.

**ATSU-KCOM Policy No. 5.4:
Patient Care Supervision**

Signature: *On file in Dean's Office*

Date Approved: *February 25, 2020*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 5.4, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have a policy to ensure that osteopathic students in clinical learning situations involving patient care are under direct supervision by a licensed health care professional at all times in order to ensure safety. The COM must ensure that all supervised activities are within the scope of practice of the supervising health care professional. Students must have clear guidelines on their role in care and the limits of their scope of authority.

POLICY

While in the clinical training portion of the academic program, medical students are assigned a regional assistant dean and/or a director of student medical education to oversee their overall learning and professional development. For each clinical rotation, a Preceptor of Record provides and assures supervision in the clinical setting.

While in clinical learning situations involving patient care, medical students must have direct, on-premises supervision by a licensed healthcare professional. Direct supervision includes:

- Physically present – licensed healthcare professional is located in the same room as the student when patient care is rendered.
- Immediately available – licensed healthcare professional is located in the facility and immediately available to be physically present.

DEFINITIONS

Preceptor of Record - A credentialed, licensed, board certified or eligible physician (AOA/ABMS) who has been appointed to the ATSU-KCOM faculty and oversees student learning including supervision in the clinical environment as well as formal review of student performance in the clinical rotation.

Licensed Physician - A physician supervising the student in a clinical environment for part of the clinical rotation. May provide feedback to the Preceptor of Record on the student's performance.

Licensed Healthcare Professional - An individual with whom a student works in a clinical environment (e.g., physician, nurse, nurse practitioner, social worker, pharmacist, dentist, etc.).

PROCEDURE

Supervising Preceptor of Record

- Each student will have a Preceptor of Record who has been credentialed and appointed to the ATSU-KCOM faculty.

- The Preceptor of Record must be board certified (BC) or board eligible (BE) by the AOA or ABMS and licensed to practice medicine.
- The Preceptor of Record must be appropriately trained in the care being provided and be practicing within their scope of practice.
- Prior to completing the student's evaluation for the rotation, the Preceptor of Record should obtain feedback on the medical student's performance from other individuals with whom the medical student worked during the rotation.

Student Supervision in Clinical Environment

- The Preceptor of Record or Licensed Physician supervising the medical student will determine when supervision may be provided by fellows, residents or other Licensed Healthcare Professionals. The supervising physician will assure that any non-physicians engaged in clinical teaching of any student are acting within their scope of practice.
- When the physician supervising the medical student is not immediately available, another Licensed Healthcare Professionals must be designated to provide supervision to the medical student.
- The Preceptor of Record or Licensed Physician supervising the medical student will determine the appropriate level of entrustment granted to the medical student based on many factors including level of training of the student, previous experience and skill of the student with the clinical activity and setting, familiarity of the supervisor with the abilities of the student, policies of the clinical site, complexity of the situation and procedure, level of risk to patient, and demonstrated competence, maturity and responsibility of the student.
- The physician or appropriate Licensed Healthcare Professional will maintain medical and legal responsibility for patient care at all times (not the student).
- The physician or Licensed Healthcare professional working with the student will make all clinical decisions, authorize and review all care and services performed by the medical student, and, if appropriate approve all patient orders and sign all prescriptions.
- The physician or appropriate Licensed Healthcare Professional must review and independently verify all student findings, assessments, care plans, and documentations as well as co-sign all student notes.

Medical Students

- Must not provide care in an unsupervised environment or setting.
- Must not create or enact clinical decisions or orders without input, approval, and supervision from the Preceptor of Record, Licensed Physician, or appropriate Licensed Healthcare Professional.
- Must assure that notes written by the student are reviewed by the attending physician.
- May not prescribe medications or services.
- Must report lapses in supervision of medical students to the RAD/DSME. Students may also report lapses in supervision of medical students on the rotation evaluation.
- Must comply with this policy and the regulations established by the Preceptor of Record, regional site, or any other individuals/facilities associated with the rotation.

The policy is referenced from:

- ATSU-KCOM Catalog
 - [OMS III and OMS IV Supervision](#)
 - [ATSU-KCOM Student Manual](#) (*intranet website*)

Related Policy:

- ATSU-KCOM Policy
 - [No. 9.10 Non-Academic Health Professional](#)

REVIEW(S)

Policy and procedure reviewed by:

KCOM Clinical Affairs Dean - 12/6/2019

KCOM RAD/DSME Group - sent for review 12/9/2019

KCOM Dean - 12/9/2019, (revised 2/25/2020)

ATSU-KCOM
COCA Standard No. 6.2: Programmatic Level Educational Objectives

Reviewed & Approved: *KCOM Curriculum Committee*

Date: *November 12, 2019*

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 6.2 Programmatic Level Education Objectives, a COM must define and make all programmatic level educational objectives known to students, faculty, and others with responsibility for student education and assessment.

ATSU-KCOM meets COCA standard 6.2 by defining and providing the following programmatic level education objectives to all students, faculty and others with student education and assessment responsibilities:

PROGRAMMATIC LEVEL EDUCATIONAL OBJECTIVES

The ATSU-KCOM programmatic educational objectives are aligned with the osteopathic core competencies for medical students:

- A. Demonstrate knowledge of osteopathic principles and practice such that care of patients is approached from distinct behavioral, philosophical, and procedural aspects of osteopathic medical practices related to the four tenets of osteopathic medicine. [Osteopathic Principles and Practices and Manipulative Treatment]
- B. Demonstrate the understanding and application of established and evolving principles of foundational biomedical and clinical sciences integral to the practice of patient-centered care. [Application of Knowledge for Osteopathic Medical Practice]
- C. Osteopathic Patient Care and Procedural Skills
 - a. Gather accurate, essential data from all sources, including the patient, secondary sources, medical records, and physical examination (including structural examinations).
 - b. Formulate a differential diagnosis based on the patient evaluation and epidemiologic data and to prioritize diagnoses appropriately.
 - c. Perform basic clinical procedures essential for the generalist practice of osteopathic medical practice.
 - d. Provide diagnostic information; to develop a safe, evidence-based, cost-effective, patient-centered care plan.
 - e. Demonstrate health care services that are consistent with osteopathic principles and practice, including an emphasis on preventive medicine and health promotion based on best medical evidence.
 - f. Assess patient health literacy, counsel and educate patients accordingly.
- D. Demonstrate the ability to effectively document and synthesize clinical findings, diagnostic impressions, and diagnostic / treatment instructions in verbal, written, and electronic formats. [Interpersonal and Communication Skills in the Practice of Osteopathic Medicine]
- E. Consistently display high moral and ethical standards exemplifying integrity, humanistic behavior, cultural sensitivity, and responsiveness to the needs of the patient. [Professionalism in the Practice of Osteopathic Medicine]

- F. Assimilate and apply fundamental biostatistical and epidemiologic concepts, clinical decision-making skills, evidence-based medicine principles and practices, fundamental information-mastery skills, and methods to evaluate the relevance and validity of research information. [Practice-Based Learning and Improvement in Osteopathic Medicine]
- G. Systems-based Practice in Osteopathic Medicine
 - a. Effectively identify and utilize system resources to maximize the health of the individual and the community, thus improving the health of populations.
 - b. Work as part of an interprofessional team to identify areas for enhancing quality and patient safety and reducing medical errors and inequities.

Additionally, the Core Professional Attributes (CPAs) are a set of five cross-curricular meta-skills inherent to all A.T. Still University graduates including KCOM osteopathic medical students. The CPAs enable graduates to select, adapt and apply their discipline-specific knowledge and skills to varying situations, enhancing competence and improving outcomes across all aspects of their roles as healthcare professionals as follows:

- A. Critical Thinking: Finding, appraising and applying evidence in conjunction with best practice in the process of healthcare decision making.
- B. Interprofessional Collaboration: Working effectively on an interprofessional team to deliver high quality whole person healthcare and improve health outcomes.
- C. Cultural Proficiency: Valuing differences, respecting others and demonstrating behavior that enables effective interactions in all situations.
- D. Social Responsibility: Engaging in initiatives and activities that positively impact the health and wellbeing of the individuals, communities and professions served.
- E. Interprofessional Skills: Communicating and interacting successfully with patients, families, colleagues and other professionals in the healthcare delivery process.

Public link to where the document is published:

- [KCOM Curriculum: Programmatic Educational Objectives](#)
- [Core Professional Attributes](#)

REFERENCE FILES:

- [NBOME Fundamental Osteopathic Medical Competency Domains 2016](#)
- [Student Assessment Plan Summaries \(intranet website\)](#)
 - [OMS I and OMS II Assessment Plan Summaries public link](#)
 - [OMS III and OMS IV Assessment Plan Summaries public link](#)
- [ATSU Core Professional Attributes](#)
- [Graduation Requirements](#)

**KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE
STUDENT ASSESSMENT PLAN SUMMARY, CLASS OF 2021**

Approved by Curriculum Committee: March 14, 2017; Approved by Dean: March 23, 2017;
Updated: October 10, 2017; March 13, 2018; March 20, 2019; March 10, 2020

ON-CAMPUS ASSESSMENTS: Years 1 and 2

Type of Assessment	Description	Timeframe
Course Assessments	Multiple-choice exams, lab exams, case studies and written reports by course, professional communications and skills surveys, and reflective writing	First four semesters
	Small Group Activities - Problem-based learning sessions, laboratory exercises, team-based learning activities, assessed oral presentations, etc.	First four semesters
	Standardized Patient Encounters - Graded experiences with review by faculty; focus on interviewing, basic physical exam skills, interpersonal skills, medical knowledge (basic and clinical sciences), professionalism, patient-centered care	First four semesters
	Human Patient Simulator Exercises - Graded experiences with review by faculty; focus on physical exam, medical knowledge (basic and clinical sciences), professionalism, and patient-centered care	First four semesters
	Practical Examinations - Hands-on, one-on-one observation of general approach and verification of safety, efficacy, and accuracy of diagnosis and treatment	First four semesters
	Clinical Osteopathic Experiences - Hands-on diagnosis and treatment by medical students of peers under direct supervision of OTM faculty and residents	Semesters 2, 3 and 4
Clinical Experience (Preceptorship)	Two-week clinical rotation assessed by submission of clinic logs, diagnosis and procedural notes, a clinical activities calendar, and self-reflective assignment. Graded P/F.	Semester 2 (June and July)
Performance Assessment I	A summative evaluation of the student's patient assessment skills including, but not limited to, physical examination, history-taking, communication, critical thinking and medical documentation. It is a preparatory and diagnostic experience for Clinical Experiences II (Summer Preceptorship).	Semester 2
Performance Assessment II	A summative evaluation of the student's physical diagnosis skills including, but not limited to, physical examination (including appropriate osteopathic structural exam and treatment), history-taking, communication, critical thinking and documentation. It is a preview of expectations for clinical rotations that will be evaluated by Performance Assessment III and COMLEX-USA level 2-PE (Performance Evaluation) during the fourth year before graduation.	Semester 4
COMLEX Level 1 Board Review	COMLEX Level 1 Preparation Course (CMLX6500) to include COMBANK Diagnostic Exam and Phase 1 COMSAE D and E, and integrated in-person board review	Semester 4 before COMLEX-USA Level 1
COMLEX Level 1	NBOME computerized one-day exam covering basic sciences and osteopathic principles in clinical contexts	Students schedule individually with NBOME to take the exam at a Thomson-Prometric computer center. For those who qualify, the exam must be completed by June 30. For those who need additional preparation, with permission, the exam must be taken not later than August 31. A passing score must be attained by December 31 of the third

		year.
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CLINICAL ROTATION ASSESSMENTS: Years 3 and 4.

Please refer to the online KCOM Student Manual for details regarding how each assessment is weighted for each clerkship ([Year 3 & 4 Assessments Outline](#)). Clinical Rotation Assessments are subject to change through May 1st of each academic year.

Assessment	Description	Timeframe
Clerkship Specific Assessments	End of Clerkship Examination Clinical Performance Evaluation and procedure logs and Student logs	Third year
Clinical Evaluations	Completed by preceptors at the end of each clinical rotation. Covers clinical knowledge, skills and professionalism. All students must pass all rotations (i.e., required, selective, and elective) to graduate.	Third and fourth years
Integrated OPP Course	OPP course focuses on the integration of OPP, including osteopathic manipulative treatment (OMT), into clinical problem solving and patient care. Emphasis is placed on the top outpatient clinical diagnoses coded by osteopathic physicians. OPP Modules, OPP Practice Logs, and Manual Medical Literature Search Assignment.	Third and fourth years
Written Case Report	In-depth written report based on a clinical case encounter. Graded by regional clinical faculty	Third and fourth years
Additional Assessments	Journal Club, Oral Case Presentations, Geriatrics – Health Care Finance Module, and Institute for Healthcare Improvement (IHI) Module	Third Year
NBOME OMM COMAT Exam	Standardized exam from NBOME covering OMM	Conducted at regional sites in spring of third year
COMLEX Level 2CE and 2PE Preparation	COMLEX Level 2 Preparation Course (CMLX7500) to include COMBANK Level 2CE and Phase 2 COMSAE Form D	COMLEX Level 2CE and 2PE Preparation
COMLEX-USA Level 2PE Review	A focused review to highlight key aspects COMLEX Level 2PE.	Conducted in Kirksville in September of the third year in conjunction with PA III.
Performance Assessment III	A summative evaluation of the student's patient assessment skills including, but not limited to, physical examination (including appropriate osteopathic structural exam and treatment), history-taking, communication, critical thinking and medical documentation. It is a preparatory and diagnostic experience for the COMLEX Level 2PE (Performance Evaluation) exam.	Conducted in Kirksville in September of the third year
COMBANK Level 2CE	Preparatory exam for COMLEX Level 2CE	Unproctored exam taken between March 1 and May 30 of Year 3/4 before COMLEX Level 2CE.
Phase 2 COMSAE BSA 103	Standardized practice exam from NBOME in preparation for COMLEX Level 2CE (Cognitive Evaluation)	Unproctored exam taken after successful completion of all third year required rotations and corresponding COMAT exams, between April 1 and June 30 of Year 3/4 before COMLEX Level 2CE.
COMLEX-USA Level 2PE	NBOME one-day Performance Evaluation (Standardized patient exams and SOAP notes)	Individually scheduled with NBOME; exam cannot be taken before October 31 of the third year; and must be taken by March 31 of year 3 (in Philadelphia or Chicago). Retakes must be taken by December 31 of fourth year. Students must pass COMLEX 2PE to graduate.
COMLEX-USA Level 2CE	NBOME one-day computerized Cognitive Evaluation	Students schedule individually with NBOME to take the exam at a Thomson-

		Prometric computer center between May 1 and August 31 during the year 4. Retakes must be taken by December 31 of fourth year. Students must pass Level 2CE to graduate.
Completion of all clinical requirements	To participate in commencement and to ensure graduation and eligibility to begin a post-graduate program, students must complete all clinical requirements before July 1 in the year of the match.	Before July 1 of the match year

**KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE
STUDENT ASSESSMENT PLAN SUMMARY, CLASS OF 2022**

Approved by Curriculum Committee: March 13, 2018; Approved by Dean: March 27, 2018

Updated: March 20, 2019; March 10, 2020

ON-CAMPUS ASSESSMENTS: Years 1 and 2

Type of Assessment	Description	Timeframe
Course Assessments	Multiple-choice exams, lab exams, case studies and written reports by course, professional communications and skills surveys, and reflective writing	First four semesters
	Small Group Activities - Problem-based learning sessions, laboratory exercises, team-based learning activities, assessed oral presentations, etc.	First four semesters
	Standardized Patient Encounters - Graded experiences with review by faculty; focus on interviewing, basic physical exam skills, interpersonal skills, medical knowledge (basic and clinical sciences), professionalism, patient-centered care	First four semesters
	Human Patient Simulator Exercises - Graded experiences with review by faculty; focus on physical exam, medical knowledge (basic and clinical sciences), professionalism, and patient-centered care	First four semesters
	Practical Examinations - Hands-on, one-on-one observation of general approach and verification of safety, efficacy, and accuracy of diagnosis and treatment	First four semesters
	Clinical Osteopathic Experiences - Hands-on diagnosis and treatment by medical students of peers under direct supervision of OTM faculty and residents	Semesters 2, 3 and 4
Clinical Experience (Preceptorship)	Two-week clinical rotation assessed by submission of clinic logs, diagnosis and procedural notes, a clinical activities calendar, and self-reflective assignment. Graded P/F.	Semester 2 (June and July)
Performance Assessment I	A summative evaluation of the student's patient assessment skills including, but not limited to, physical examination, history-taking, communication, critical thinking and medical documentation. It is a preparatory and diagnostic experience for Clinical Experiences II (Summer Preceptorship).	Semester 2
Performance Assessment II	A summative evaluation of the student's physical diagnosis skills including, but not limited to, physical examination (including appropriate osteopathic structural exam and treatment), history-taking, communication, critical thinking and documentation. It is a preview of expectations for clinical rotations that will be evaluated by Performance Assessment III and COMLEX-USA level 2-PE (Performance Evaluation) during the fourth year before graduation.	Semester 4
COMLEX Level 1 Board Review	COMLEX Level 1 Preparation Course (CMLX6500) to include COMBANK Level 1 Assessment 1 and NBOME Phase 1 ASA 103 and Phase 1 ASA 105 COMSAE, and integrated in-person board review	Semester 4 before COMLEX-USA Level 1
COMLEX Level 1	NBOME computerized one-day exam covering basic sciences and osteopathic principles in clinical contexts	Students schedule individually with NBOME to take the exam at a Thomson-Prometric computer center. For those who qualify, the exam must be completed by June 30. For those who need additional preparation, with permission, the exam must be taken not later than August 31. A passing score must be attained by December 31 of the third year.

CLINICAL ROTATION ASSESSMENTS: Years 3 and 4.

Please refer to the online KCOM Student Manual for details regarding how each assessment is weighted for each clerkship ([Year 3&4 Assessment Outline](#)). Clinical Rotation Assessments are subject to change through May 1st of each academic year.

Assessment	Description	Timeframe
Clerkship Specific Assessments	COMAT, Clinical Performance Evaluation, and procedure logs	Third year
Clinical Evaluations	Completed by preceptors at the end of each clinical rotation. Covers clinical knowledge, skills and professionalism. All students must pass all rotations to graduate.	Third and fourth years
Advanced OPP Courses	OPP course focuses on the integration of OPP, including osteopathic manipulative treatment (OMT), into clinical problem solving and patient care. Emphasis is placed on the top outpatient clinical diagnoses coded by osteopathic physicians. OPP Modules, OPP Practice Logs, and Manual Medical Literature Search Assignment.	Third and fourth years
Foundations of Community Health	The foundations of Community Health course is designed to prepare physicians who are well-prepared to practice in and lead transforming health systems and hold a rich awareness of patient-centered care planning, demonstrable primary care workforce competencies, and leadership capacity to educate future health care team members in conversation to the medical home model of care.	Third year
Student Success Updates	Student Success Updates are progress reports completed in a standardized format by both the DSME and the student. Once completed, the form is sent to the Associate Dean, Academic Affairs. They are not scored, however they are used as an assessment tool.	Third and fourth years
Scholarly Report 1 & 2	In-depth written report based on a clinical case encounter. Graded by regional clinical faculty	Third and fourth years
Additional Assessments	Journal Club Presentation, Oral Case Presentations, Geriatrics – Health Care Finance Module, and Institute for Healthcare Improvement (IHI) Module	Third Year
NBOME OPP COMAT	Standardized exam from NBOME covering OMM	Conducted at regional sites in spring of third year
COMLEX Level 2CE and 2PE Preparation	COMLEX Level 2 Preparation Course (CMLX7500)	COMLEX Level 2CE and 2PE Preparation
COMLEX-USA Level 2PE Review	A focused review to highlight key aspects COMLEX Level 2PE.	Conducted in Kirksville in September of the third year in conjunction with PA III.
Performance Assessment III	A summative evaluation of the student's patient assessment skills including, but not limited to, physical examination (including appropriate osteopathic structural exam and treatment), history-taking, communication, critical thinking and medical documentation. It is a preparatory and diagnostic experience for the COMLEX Level 2PE (Performance Evaluation) exam.	Conducted in Kirksville in September of the third year
COMBANK Level 2CE	Preparatory exam for COMLEX Level 2CE	Unproctored exam taken between March 1 and May 30 of Year 3/4 before COMLEX Level 2CE.
Phase 2 COMSAE BSA 103	Standardized practice exam from NBOME in preparation for COMLEX Level 2CE (Cognitive Evaluation)	Unproctored exam taken after successful completion of all third year required rotations and corresponding COMAT exams, between April 1 and June 30 of Year 3/4 before COMLEX Level 2CE.

COMLEX-USA Level 2PE	NBOME one-day Performance Evaluation (Standardized patient exams and SOAP notes)	Individually scheduled with NBOME; exam cannot be taken before November 30 of the third year; and must be taken by March 31 of year 3 (in Philadelphia or Chicago). Retakes must be taken by December 31 of fourth year. Students must pass COMLEX 2PE to graduate.
COMLEX-USA Level 2CE	NBOME one-day computerized Cognitive Evaluation	Students schedule individually with NBOME to take the exam at a Thomson-Prometric computer center between May 1 and July 31 during the year 4. Students must achieve a passing score by December 31 of fourth year. Students must pass Level 2CE to graduate.
Completion of all clinical requirements	To participate in commencement and to ensure graduation and eligibility to begin a post-graduate program, students must complete all clinical requirements before July 1 in the year of the match.	Before July 1 of the match year

**KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE
STUDENT ASSESSMENT PLAN SUMMARY, CLASS OF 2023**

Approved by Curriculum Committee: March 12, 2019; Approved by Dean: March 20, 2019

Updated: March 10, 2020

ON-CAMPUS ASSESSMENTS: Years 1 and 2

Type of Assessment	Description	Timeframe
Course Assessments	Multiple-choice exams, lab exams, case studies and written reports by course, professional communications and skills surveys, and reflective writing	First four semesters
	Small Group Activities - Problem-based learning sessions, laboratory exercises, team-based learning activities, assessed oral presentations, etc.	First four semesters
	Standardized Patient Encounters - Graded experiences with review by faculty; focus on interviewing, basic physical exam skills, interpersonal skills, medical knowledge (basic and clinical sciences), professionalism, patient-centered care	First four semesters
	Human Patient Simulator Exercises - Graded experiences with review by faculty; focus on physical exam, medical knowledge (basic and clinical sciences), professionalism, and patient-centered care	First four semesters
	Practical Examinations - Hands-on, one-on-one observation of general approach and verification of safety, efficacy, and accuracy of diagnosis and treatment	First four semesters
	Clinical Osteopathic Experiences - Hands-on diagnosis and treatment by medical students of peers under direct supervision of OTM faculty and residents	Semesters 2, 3 and 4
Clinical Experience (Preceptorship)	Two-week clinical rotation assessed by submission of clinic logs, diagnosis and procedural notes, a clinical activities calendar, and self-reflective assignment. Graded P/F.	Semester 2 (June and July)
Performance Assessment I	A summative evaluation of the student's patient assessment skills including, but not limited to, physical examination, history-taking, communication, critical thinking and medical documentation. It is a preparatory and diagnostic experience for Clinical Experiences II (Summer Preceptorship).	Semester 2
Performance Assessment II	A summative evaluation of the student's physical diagnosis skills including, but not limited to, physical examination (including appropriate osteopathic structural exam and treatment), history-taking, communication, critical thinking and documentation. It is a preview of expectations for clinical rotations that will be evaluated by Performance Assessment III and COMLEX-USA level 2-PE (Performance Evaluation) during the fourth year before graduation.	Semester 4
COMLEX Level 1 Board Review	COMLEX Level 1 Preparation Course (CMLX6500) to include COMBANK Level 1 Assessment 1 and Phase 1 ASA 103 and Phase 1 ASA 105 COMSAE, and integrated in-person board review	Semester 4 before COMLEX-USA Level 1
COMLEX Level 1	NBOME computerized one-day exam covering basic sciences and osteopathic principles in clinical contexts	Students schedule individually with NBOME to take the exam at a Thomson-Prometric computer center. For those who qualify, the exam must be completed by June 30. For those who need additional preparation, with permission, the exam must be taken not later than August 31. A passing score must be attained by December 31 of the third

		year.
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CLINICAL ROTATION ASSESSMENTS: Years 3 and 4.

Please refer to the online KCOM Student Manual for details regarding how each assessment is weighted for each clerkship ([Year 3&4 Assessment Outline](#)). Clinical Rotation Assessments are subject to change through May 1st of each academic year.

Assessment	Description	Timeframe
Clerkship Specific Assessments	COMAT, Clinical Performance Evaluation, and procedure logs	Third year
Clinical Evaluations	Completed by preceptors at the end of each clinical rotation. Covers clinical knowledge, skills and professionalism. All students must pass all rotations to graduate.	Third and fourth years
Advanced OPP Courses	OPP course focuses on the integration of OPP, including osteopathic manipulative treatment (OMT), into clinical problem solving and patient care. Emphasis is placed on the top outpatient clinical diagnoses coded by osteopathic physicians. OPP Modules, OPP Practice Logs, and Manual Medical Literature Search Assignment.	Third and fourth years
Foundations of Community Health	The foundations of Community Health course is designed to prepare physicians who are well-prepared to practice in and lead transforming health systems and hold a rich awareness of patient-centered care planning, demonstrable primary care workforce competencies, and leadership capacity to educate future health care team members in conversation to the medical home model of care.	Third year
Student Success Updates	Student Success Updates are progress reports completed in a standardized format by both the DSME and the student. Once completed, the form is sent to the Associate Dean, Academic Affairs. They are not scored, however they are used as an assessment tool.	Third and fourth years
Scholarly Report 1 & 2	In-depth written report based on a clinical case encounter. Graded by regional clinical faculty	Third and fourth years
Additional Assessments	Journal Club Presentation, Oral Case Presentations, Geriatrics – Health Care Finance Module, and Institute for Healthcare Improvement (IHI) Module	Third Year
NBOME OPP COMAT	Standardized exam from NBOME covering OMM	Conducted at regional sites in spring of third year
COMLEX Level 2CE and 2PE Preparation	COMLEX Level 2 Preparation Course (CMLX7500)	COMLEX Level 2CE and 2PE Preparation
COMLEX-USA Level 2PE Review	A focused review to highlight key aspects COMLEX Level 2PE.	Conducted in Kirksville in September of the third year in conjunction with PA III.
Performance Assessment III	A summative evaluation of the student's patient assessment skills including, but not limited to, physical examination (including appropriate osteopathic structural exam and treatment), history-taking, communication, critical thinking and medical documentation. It is a preparatory and diagnostic experience for the COMLEX Level 2PE (Performance Evaluation) exam.	Conducted in Kirksville in September of the third year
COMBANK Level 2CE	Preparatory exam for COMLEX Level 2CE	Unproctored exam taken between March 1 and May 30 of Year 3/4 before COMLEX Level 2CE.
Phase 2 COMSAE BSA 103	Standardized practice exam from NBOME in preparation for COMLEX Level 2CE (Cognitive Evaluation)	Unproctored exam taken after successful completion of all third year required rotations and corresponding COMAT exams, between April 1 and June 30 of

		Year 3/4 before COMLEX Level 2CE.
COMLEX-USA Level 2PE	NBOME one-day Performance Evaluation (Standardized patient exams and SOAP notes)	Individually scheduled with NBOME; exam cannot be taken before November 30 of the third year; and must be taken by March 31 of year 3 (in Philadelphia or Chicago). Retakes must be taken by December 31 of fourth year. Students must pass COMLEX 2PE to graduate.
COMLEX-USA Level 2CE	NBOME one-day computerized Cognitive Evaluation	Students schedule individually with NBOME to take the exam at a Thomson-Prometric computer center between May 1 and July 31 during the year 4. Students must achieve a passing score by December 31 of fourth year. Students must pass Level 2CE to graduate.
Completion of all clinical requirements	To participate in commencement and to ensure graduation and eligibility to begin a post-graduate program, students must complete all clinical requirements before July 1 in the year of the match.	Before July 1 of the match year

**KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE STUDENT
ASSESSMENT PLAN SUMMARY, CLASS OF 2024** Approved by
Curriculum Committee: March 10, 2020; Approved by Dean: May 29, 2020

ON-CAMPUS ASSESSMENTS: Years 1 and 2

Type of Assessment	Description	Timeframe
Course Assessments	Multiple-choice exams, lab exams, case studies and written reports by course, professional communications and skills surveys, and reflective writing	First four semesters
	Small Group Activities - Problem-based learning sessions, laboratory exercises, team-based learning activities, assessed oral presentations, etc.	First four semesters
	Standardized Patient Encounters - Graded experiences with review by faculty; focus on interviewing, basic physical exam skills, interpersonal skills, medical knowledge (basic and clinical sciences), professionalism, patient-centered care	First four semesters
	Human Patient Simulator Exercises - Graded experiences with review by faculty; focus on physical exam, medical knowledge (basic and clinical sciences), professionalism, and patient-centered care	First four semesters
	Practical Examinations - Hands-on, one-on-one observation of general approach and verification of safety, efficacy, and accuracy of diagnosis and treatment	First four semesters
	Clinical Osteopathic Experiences - Hands-on diagnosis and treatment by medical students of peers under direct supervision of OTM faculty and residents	Semesters 2, 3 and 4
Clinical Experience (Preceptorship)	Two-week clinical rotation assessed by submission of clinic logs, diagnosis and procedural notes, a clinical activities calendar, and self-reflective assignment. Graded P/F.	Semester 2 (June and July)
Performance Assessment I	A summative evaluation of the student's patient assessment skills including, but not limited to, physical examination, history-taking, communication, critical thinking and medical documentation. It is a preparatory and diagnostic experience for Clinical Experiences II (Summer Preceptorship).	Semester 2
Performance Assessment II	A summative evaluation of the student's physical diagnosis skills including, but not limited to, physical examination (including appropriate osteopathic structural exam and treatment), history-taking, communication, critical thinking and documentation. It is a preview of expectations for clinical rotations that will be evaluated by Performance Assessment III and COMLEX-USA level 2-PE (Performance Evaluation) during the fourth year before graduation.	Semester 4
COMLEX Level 1 Board Review	COMLEX Level 1 Preparation Course (CMLX6500) to include COMBANK Level 1 Assessment 1 and Phase 1 ASA 103 and Phase 1 ASA 105 COMSAE, and integrated in-person board review	Semester 4 before COMLEX-USA Level 1
COMLEX Level 1	NBOME computerized one-day exam covering basic sciences and osteopathic principles in clinical contexts	Students schedule individually with NBOME to take the exam at a Thomson-Prometric computer center. For those who qualify, the exam must be completed by June 30. For those who need additional preparation, with permission, the exam must be taken not later than August 31. A passing score must be attained by December 31 of the third year.

CLINICAL ROTATION ASSESSMENTS: Years 3 and 4.

Please refer to the online KCOM Student Manual for details regarding how each assessment is weighted for each clerkship ([Year 3&4 Assessment Outline](#)). Clinical Rotation Assessments are subject to change through May 1st of each academic year.

Assessment	Description	Timeframe
Clerkship Specific Assessments	COMAT, Clinical Performance Evaluation, and procedure logs	Third year
Clinical Evaluations	Completed by preceptors at the end of each clinical rotation. Covers clinical knowledge, skills and professionalism. All students must pass all rotations to graduate.	Third and fourth years
Advanced OPP Courses	OPP course focuses on the integration of OPP, including osteopathic manipulative treatment (OMT), into clinical problem solving and patient care. Emphasis is placed on the top outpatient clinical diagnoses coded by osteopathic physicians. OPP Modules, OPP Practice Logs, and Manual Medical Literature Search Assignment.	Third and fourth years
Foundations of Community Health	The foundations of Community Health course is designed to prepare physicians who are well-prepared to practice in and lead transforming health systems and hold a rich awareness of patient-centered care planning, demonstrable primary care workforce competencies, and leadership capacity to educate future health care team members in conversation to the medical home model of care.	Third year
Student Success Updates	Student Success Updates are progress reports completed in a standardized format by both the DSME and the student. Once completed, the form is sent to the Associate Dean, Academic Affairs. They are not scored, however they are used as an assessment tool.	Third and fourth years
Scholarly Report 1 & 2	In-depth written report based on a clinical case encounter. Graded by regional clinical faculty	Third and fourth years
Additional Assessments	Journal Club Presentation, Oral Case Presentations, Geriatrics – Health Care Finance Module, and Institute for Healthcare Improvement (IHI) Module	Third Year
NBOME OPP COMAT	Standardized exam from NBOME covering OMM	Conducted at regional sites in spring of third year
COMLEX Level 2CE and 2PE Preparation	COMLEX Level 2 Preparation Course (CMLX7500)	COMLEX Level 2CE and 2PE Preparation
COMLEX-USA Level 2PE Review	A focused review to highlight key aspects COMLEX Level 2PE.	Conducted in Kirksville in September of the third year in conjunction with PA III.
Performance Assessment III	A summative evaluation of the student's patient assessment skills including, but not limited to, physical examination (including appropriate osteopathic structural exam and treatment), history-taking, communication, critical thinking and medical documentation. It is a preparatory and diagnostic experience for the COMLEX Level 2PE (Performance Evaluation) exam.	Conducted in Kirksville in September of the third year
COMBANK Level 2CE	Preparatory exam for COMLEX Level 2CE	Unproctored exam taken between March 1 and May 30 of Year 3/4 before COMLEX Level 2CE.
Phase 2 COMSAE BSA 103	Standardized practice exam from NBOME in preparation for COMLEX Level 2CE (Cognitive Evaluation)	Unproctored exam taken after successful completion of all third year required rotations and corresponding COMAT exams, between April 1 and June 30 of Year 3/4 before COMLEX Level 2CE.

COMLEX-USA Level 2PE	NBOME one-day Performance Evaluation (Standardized patient exams and SOAP notes)	Individually scheduled with NBOME; exam cannot be taken before November 30 of the third year; and must be taken by March 31 of year 3 (in Philadelphia or Chicago). Retakes must be taken by December 31 of fourth year. Students must pass COMLEX 2PE to graduate.
COMLEX-USA Level 2CE	NBOME one-day computerized Cognitive Evaluation	Students schedule individually with NBOME to take the exam at a Thomson-Prometric computer center between May 1 and July 31 during the year 4. Students must achieve a passing score by December 31 of fourth year. Students must pass Level 2CE to graduate.
Completion of all clinical requirements	To participate in commencement and to ensure graduation and eligibility to begin a post-graduate program, students must complete all clinical requirements before July 1 in the year of the match.	Before July 1 of the match year

**ATSU-KCOM Policy No. 6.3:
Maximum Length of Completion**

Signature: *On file in Dean's office*

DATE APPROVED: *November 14, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 6.3, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have a policy designed to ensure that each single degree DO student completes the DO degree within 150% of the standard time to achieve the degree (six years following matriculation).

POLICY

ATSU-KCOM meets this COCA standard by ensuring DO graduates have earned a minimum of 210.5 credit hours. The program is a four-year program. Osteopathic medical students must complete the program within 150% of the standard time (six years following matriculation) excluding periods during which the student is not enrolled in the program.

PROCEDURE

No Procedure required

REFERENCE FILE(S)

This policy is referenced from the ATSU-KCOM Catalog: [Length of Program](#)

REVIEW(S)

Policy reviewed by:

KCOM Curriculum Committee - November 12, 2019

KCOM Dean - November 14, 2019

**ATSU-KCOM Policy No. 6.9:
Clinical Education**

Signature: *On file in Dean's office*

Date Approved: *December 12, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 6.9, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have policies and procedures (protocols) demonstrating how clinical education is delivered to all students through the COM.

POLICY

All KCOM DO students will obtain all clinical education through the Kirksville College of Osteopathic Medicine (KCOM) via the regional KCOM clinical network.

PROCEDURES & PROTOCOLS

Numerous procedures and protocols exist related to the delivery of clinical education. They are made available to students through the ATSU University Catalog and/or the KCOM Student Manual. They include:

- **Clinical Curriculum.** The required courses for Years 3 and 4 are approved by the KCOM Curriculum Committee. All students must complete the academic requirements set forth by the KCOM Curriculum Committee.
- **Start of Year 3.** Third year clinical rotations typically begin on the fifth Monday following June 30th. Each region prepares an on-site orientation in the weeks preceding the start of clinical rotations. Students must attend the on-site orientation for their region unless previously approved for an absence or for an alternative schedule by the Associate Dean of Academic Affairs, or designee.
- **Clinical Rotation Types.** There are multiple categories of clinical rotations including Primary/Foundations 1, Foundational/Foundations 2, Selectives (ending with Class of 2021), and Electives. Primary/Foundations 1 rotations are scheduled by the rotation site coordinators with approval by the RAD/DSME and typically occur in the assigned region. Students and coordinators work together in the scheduling of Foundational/Foundations 2 rotations. Scheduling of Elective/Selective rotations is the responsibility of students allowing for tailoring of learning to individual interests and positioning to match to residency. Rotation site coordinators work with students to meet the administrative requirements of each rotation including elective/selective rotations.
- **Approval of Clinical Rotations.** Students are expected to submit signed and completed documentation required for each Year 3 and Year 4 rotation at least 30 days prior to the start of the experience. Proper procedures and forms will be included in the regional orientation sessions. Documentation includes, but is not limited to, rotation report form, preceptor information and CV, hospital site information, updated audit/schedule, site application, site fee,

contract for clinical rotation (affiliation agreement/Letter of Agreement/contract), if needed, and student personal health insurance. RAD/DSMEs are responsible for approving or denying all clinical rotations in conjunction with the Academic Affairs office.

- **Contracts for Clinical Rotations.** A formal affiliation agreement, Letter of Agreement, or contract with ATSU-KCOM is required for students to participate in rotations with hospitals, facilities or preceptors for all types of clinical rotations (Primary/Foundations 1, Foundational/Foundations 2, Selectives, and Electives).

If an agreement is not in place, students should allow 90+ days for completion and work with the rotation site coordinator to pursue an affiliation agreement for a new site. Failure to have a signed agreement/contract will eliminate the opportunity for the student to participate in a clinical experience at the site. In cases where the rotation documentation, including the agreement/contract, cannot be completed, a backup rotation plan will be necessary. Students are not allowed to rotate at a site where an affiliation agreement has not been executed and is not active.

- **Duration of Rotations.** Clinical rotations are two or four weeks in duration. Clinical rotations may not be divided into fewer weeks unless approved by the Associate Dean of Academic Affairs, or designee. Rotation interruptions may occur if a student is better positioned for success as a result of a split rotation, the rotation is interrupted by only one rotation, and the split rotation is also approved by the RAD/DSME.
- **Assessment of Learning and Performance.** Assessment of student learning during all rotations includes completion of the clinical performance evaluation completed by the supervising physician of record (preceptor). Students are responsible for working with the preceptor to assure that the clinical performance evaluation form is completed by the final day of the rotation or notifying the rotation site coordinator if the preceptor has not responded.

Additionally, Primary/Foundations 1 rotations include NBOME COMAT examinations and procedure logs as part of student assessment. Students must complete logs on the electronic tracking program. Logs should be completed as soon as practical after patient encounters (at least daily) for each of the Primary/ Foundations 1 rotations. Logs should represent the diversity and quantity of experiences encountered in a clinical rotation.

Students are required to complete the preceptor and rotation evaluations for Primary/Foundational/Foundations rotations within two weeks following the end of the rotation via the electronic evaluation system.

Student progress is assessed in the third year via a clinical skills performance assessment (PA-III) with standardized patient testing to assess physical examination skills, interpersonal skills, and clinical reasoning. Students are also assessed on curriculum performance via an oral case presentation, written cases, online courses and modules, log entries, and journal club presentations in year three of the program.

- **Education Days/Didactic Learning.** Each region will have a series of scheduled education days. Attendance is required. Students should notify preceptors in advance if an education day is scheduled during their rotation period. Training programs may have didactic sessions with required student attendance. Details about schedules for these activities are found in the hospital Director of Medical Education (DME) office. It is the student's responsibility to be aware of this schedule and attend all required sessions. Responsibilities to the preceptor do not take precedence over required didactics.
- **PA-III Testing.** Students will return to Kirksville in the fall of Year 3 for PA-III testing. Students will participate in an orientation session, a career advising session, and then complete approximately eight standardized patient encounters. The results will be shared with students and RAD/DSME's. Students must successfully complete PA-III prior to taking COMLEX Level 2PE. Some students may require additional preparation time including remediation strategies. Students who do not successfully complete PA-III, must successfully remediate PA-III prior to taking COMLEX Level 2PE. Students requiring remediation will typically remediate in their region and submit appropriate documentation to the PA-III course director in Kirksville.
- **Student Success Updates.** Students receive individual feedback from DSMEs via student success update assessments. The standardized formats are designed as progress reports completed by both the DSME and the student and should include an individual conversation face-to-face, via phone or through video. Once complete, the SSU assessments are sent to the Academic Affairs office. They are not scored, however they are used as an assessment tool.
- **Military Students.** Military students may schedule one four-week military rotation commitment as part of the third year Primary/Foundations 1 rotation schedule. The military rotation/specialty must be equal to the primary rotation requirement. Post-rotation exams will be completed after returning to the region. Students must submit a request for military rotation substitution in writing to the Associate Dean of Academic Affairs. Students will receive notice in writing regarding the approval status of the request. Students should avoid scheduling a military rotation that will interfere with PA-III testing and COMSAE exam dates. Military students may use all elective rotations for military rotations.
- **Housing.** Students are responsible for making arrangements for and payment of their housing needs. In very select cases some rotation locations may include student housing with the rotation. However, housing costs remain the ultimate responsibility of the student. Students are encouraged to investigate housing costs prior to the clinical region match.
- **Transportation.** Travel is an important part of clinical rotations. Unless otherwise published, travel is at the student's expense and not paid for by ATSU-KCOM or regional sites. Students are encouraged to consider the travel requirements prior to the Clinical region match. At each site the weather conditions may make travel hazardous. Students should take their cue on travel from the RAD/DSME or Rotation Site Coordinator and follow local policy that may dictate procedures. Ultimately the decision to travel or not travel should be made using the individual's best judgment based on the available information.

- **Student-paid Rotations.** KCOM does not typically pay for rotations for elective credit experiences completed out of region. If the agreement requires rotation payment, said payment will be at the student's expense. Fees, including processing fees (i.e. through the Visiting Student Application Service - VSAS) will require student payment.
- **Expectations of Students in Clinical Settings.** An important aspect of the KCOM DO program is the development of professional behaviors and role identity. Students are expected to conduct themselves in a professional and ethical manner **at all times**. Students on clinical rotations and in other professional settings are expected to dress professionally and appropriately for the environment. Honesty, compassion, integrity, confidentiality, accountability, respectfulness, altruism, and excellence are expected in all situations. In addition, students are expected to comply with institutional policies and procedures as well as city, county, state, and federal laws and regulations.
- **Breaches in Professional Conduct.** Lack of professionalism may be considered lack of academic progress. Specifically, breaches in professionalism may demonstrate lack of progress toward and attainment of osteopathic core competencies (e.g., professionalism, interpersonal and communication skills).
- **Supervision.** All medical students must be supervised while in clinical learning situations involving patients. Supervision is defined as the medical student having direct, on-premises supervision by a licensed healthcare professional. Direct supervision includes the supervisor being physically present or immediately available. The supervising physician of record must be a board certified or board eligible licensed physician who has been appointed to the ATSU-KCOM faculty.
- **Clinical Hours.** Although a rotation site coordinator may provide a tentative daily schedule for a clinical rotation, the student is responsible to their assigned preceptor during clinical duty hours on each rotation. The student is required to keep the hours expected by the preceptor. A 'typical' student clinical day begins at 7 a.m. and ends at 7 p.m. but will be confirmed by the preceptor or designee. Students may be required to work overnights and be 'on call.' Ideally, the student should:
 - Not be involved in patient care for greater than 24 continuous hours or required to attend patient hand-offs or didactic sessions for more than an additional 6 continuous hours (30 hours total).
 - Have two weekends per month free.
 - Not typically work more than 60 hours per week, on average.
- **Patient Interaction.** Students should introduce himself/herself in a manner approved by the clinical site. When no direction is provided on this topic, the student should make the introduction as "Student Doctor ____" and then identify the current service.

Patients have the right not to be seen or examined by a student physician. If the patient requests that a student not be involved in his/her care, the student must abide by the patient's

request. Students should only address or examine patients after these tasks have been arranged by the preceptor or designee.

- **Confidentiality.** While in the clinical environment ATSU-KCOM students are responsible for following the [Health Insurance Portability and Accountability Act \(HIPAA\)](#) as defined by the federal government. HIPAA is a set of regulations that defines what information is protected, sets limits on how that information may be used or shared, and provides patients with certain rights regarding their information. Any patient information students see or hear (directly or indirectly) while on clinical rotations/rounds MUST be kept confidential.
- **Chaperoning Patients.** To assure a safe environment for patients, staff and students, patients are entitled to have their medical interactions conducted with appropriate privacy and confidentiality protections. Informed consent must be obtained for all treatments and sensitive examinations performed. Patients are entitled to have a chaperone (informal or formal) present for any consultation, examination, treatment, or procedure where the patient considers it necessary. A chaperone is an observer who, by mutual agreement, is present during an examination to advocate for patients' rights such as dignity, privacy and consent while also providing a layer of protection for the person performing the examination and the organization. A chaperone must be aware of the confidential nature of their role and that a patient's personal information and privacy must be protected. All providers are entitled to have a formal chaperone present at their discretion. KCOM students are not to serve as formal or informal chaperones.

REFERENCE FILE(S)

- [Student Assessment Plan Summaries](#)
- [Clinical Rotations](#) (ATSU-KCOM Student Manual intranet website)
- [KCOM Procedure Logs](#)
- ATSU-KCOM Catalog
 - [Curriculum Third & Fourth Years](#)
- ATSU-KCOM Student Manual
 - [Curriculum Years 3 & 4](#) (ATSU-KCOM Student Manual intranet website)

REVIEW(S)

Process reviewed by:

KCOM Dean - December 12, 2019

ATSU-KCOM Curriculum Years 3 & 4

Excerpt from the intranet [KCOMStudentManual.atsu.edu](https://www.atsu.edu/StudentManual)>Curriculum>Curriculum Years 3 & 4

Clinical Curriculum Overview & Philosophy

The academic program for Years 3 and 4 of the osteopathic medicine (DO) program is designed to reflect the College's strong commitment to primary care and includes both hospital and ambulatory-based rotations. In the last two years of the program, students are based in regional clinical sites and participate in a total of 88 weeks of rotations plus 6 additional weeks of vacation and commencement preparation. Students also complete online coursework and clinically-related didactic coursework. The first day of the first clinical rotation begins on the fifth Monday following June 30th.

All Year 3 and 4 courses are approved by the KCOM Curriculum Committee. Each didactic and clinical course has a syllabus with related goals and objectives. Students are strongly encouraged to reviewed **each** syllabus in advance of *each* course/ rotation in order to gain an overview of learning expectations.

The following key documents contain the rotation requirements, methods of assessment, grading elements, scoring ranges, and instructions for scheduling clinical rotations.

Class of 2022:

- Clinical Rotation Requirements (and Rotations List)
- Class of 2022 Year 3 & 4 Assessment Outline

Class of 2021:

- Clinical Rotation Requirements (original) - Clinical Rotation Requirements- Revised April 4, 2020 (following Covid-19 pandemic)
- Year 3 & Year 4 Assessment Outline

Class of 2020:

- Clinical Rotation Requirements - Class of 2020
- Class of 2020 Third Year Clinical Assessment Plan
- Class of 2020 Fourth Year Clinical Assessment Plan
- Clinical Assessments Class of 2020

Assessment of Clinical Rotations

All clinical rotations utilize the Clinical Performance Evaluation to assess student learning. For foundation 1 rotations, COMATs and Procedure Logs are also used for assessment of student learning and grade calculation.

Successful completion of each assessment must be obtained to ensure clinical curriculum requirements are satisfied. If academic difficulty occurs each student is counseled by the RAD/DSME and the Associate Dean, Academic Affairs, as appropriate.

Clinical Performance Evaluations, COMATs, and Procedure Logs

1. Clinical Performance Evaluation Forms must be completed by the attending physician (not a resident) at the conclusion of each rotation and signed by the student, RAD/DSME, and coordinator. Evaluation forms are completed in **New Innovations**.
 - **Class of 2022: Clinical Performance Evaluation sample (Fillable PDF version)**
 - **Class of 2021: Clinical Performance Evaluation sample (Fillable PDF version)**
 - **Class of 2020: Clinical Performance Evaluation sample (Fillable PDF version)**
 - On day one of a rotation, student should discuss preceptor expectations of medical student and review exit objectives. In addition, students should ask for verbal feedback on his/her performance weekly. A minimum of three days prior to the end of rotation, student should schedule a time when the evaluation can be completed.
 - It is the responsibility of the student and coordinator to work together in obtaining the electronic evaluation form. For information on delinquent evaluations see the **Collecting Delinquent Evaluations section**.
 - Clinical rotations are 2 and 4 weeks in duration, and may not be divided into fewer weeks unless approved by the Associate Dean of Academic Affairs. Rotations interruptions may occur if a student is better positioned for success as a result of a split rotation, the rotations is interrupted by only one rotation, and the split rotation is also approved by the RAD/DSME.
 - Failed Clinical Performance Evaluations:
 - A failed Clinical Performance Evaluation will be immediately reported electronically to the RAD/DSME and Coordinator. The RAD/DSME will review the situation with the student and/or preceptor.
 - Students recommended to repeat the failed rotation will be reviewed by the KCOM Student Promotion Board prior to final decision. If the rotation is repeated, both the failed and the repeat rotations will appear on the student's transcript and MSPE. During the repeated rotation, the student will earn the full points awarded on the repeat evaluation (still eligible to achieve an overall grade of honors) and the original COMAT and Procedure Log scores will be used to calculate the new rotation grade.
2. **COMATs** Comprehensive Osteopathic Medical Achievement Tests (also called post-rotation exams) are 2.5 hour computer-based exams taken at the region site immediately following the completion of each of six foundation 1 disciplines: family medicine, internal medicine, surgery, pediatrics, OB/GYN and psychiatry (plus OPP). Students take the exam independently (not in a group), without resources ("closed book"), and in a proctored environment as scheduled by the rotation site coordinator. Rotation site coordinators will record COMAT scores in New Innovations for grade tracking and calculation.
 - Exams cannot be retaken unless the student fails the exam the first time. All COMATs must be passed in order to successfully continue in the program.

- **Students need a study plan for each COMAT.**
 - Review each foundation 1 rotation syllabus for a list of recommended resources to study (This is important!). Also, click here for **COMAT Study Resources**. (*Note: KCOM students do not take the emergency medicine COMAT*).
 - Obtain information on **COMAT exams**.
 - **NBOME eCOMAT iPad Quick Start Guide**
- *Note: Students can delay their surgery COMAT until after an in-patient IM rotation, if approved by the region.*
- **Students who fail a COMAT:**
 - Will be eligible to remediate the content typically via independent study. Students can retest no sooner than seven (7) days following notification of failure.
 - Will receive a score of 85 after successful remediation.
 - Will not be eligible to attain honors in a foundation 1 rotation if they fail the COMAT. The highest achievable score will be high pass for the overall rotation grade.
 - All exam failures are reported to the KCOM Academic Affairs office and the KCOM Student Promotion Board. Failure of the same exam twice requires the student to work with the clerkship director prior to retesting. The Academic Affairs office will notify student and clerkship director. Failure of three COMATs (same discipline or different disciplines) is reviewed by the KCOM Student Promotion Board.
3. **Procedure Logs** are completed by students during each foundation 1 rotation using the New Innovations Logger. Students must log participation or observation of the listed procedures. Ideally, procedures are logged for each morning and each afternoon of each foundation 1 rotation. The logs should be completed as soon as practical after the patient encounter. Logs are due the last Friday of each rotation. The RAD/DSME grades the logs. **Procedure Logs Instructions; Procedure Logs List**
- Failure of the Procedure Logs requires remediation. After successful remediation, a score of 0 is assigned. Students who fail Procedure Logs are not eligible to attain honors in a foundation 1 rotation. The highest achievable score will be high pass for the overall rotation grade.
 - Students can continue logging procedures after the foundation 1 rotations are complete, if desired.

Preceptor & Rotation Evaluation

In addition to Clinical Performance Evaluations, COMATs, and Procedure Logs, students must complete the Preceptor and Rotation Evaluation (not part of the grade calculation but is required) after each rotation completed with a Preceptor of Record.*

- Students will complete the Preceptor & Rotation Evaluation in **New Innovations**.
- This evaluation is created by the rotation site coordinator immediately following completion of the rotation and receipt of the completed Clinical Performance Evaluation.
- Students have up to two weeks to complete the evaluation.

**Preceptor of Record* - A credentialed, licensed, board certified or eligible physician (AOA/ABMS) who has been appointed to the ATSU-KCOM faculty and oversees student learning including oversight in the clinical environment as well as formal review of student performance in the clinical rotation.

In-Person Didactic Learning

Orientation to Clinical Region - Scheduled by region: An on-site orientation is provided in each region at which time students will be informed of the academic and clinical responsibilities within the region. All orientations are arranged by the Regional Assistant Dean/Director of Student Medical Education (RAD/DSME) and rotation site coordinator. Orientation is required prior to commencing rotations.
Orientation Schedule

Education Days are a scheduled series of region-specific teaching sessions. Attendance is mandatory. The rotation site coordinator will notify you with the Education Day schedule. You are responsible for notifying your preceptor of the Education Day schedule at the beginning of each rotation. It is your responsibility to be aware of this schedule and attend all required sessions. The site may also have didactic sessions with required student attendance. Details about schedules for these activities are found in the hospital Director of Medical Education (MDE) office. Responsibilities to the preceptor do not take precedence over required didactics.

Performance Assessment (PAIII) Testing: Students will return to Kirksville in the fall of Year 3 for PAIII. Students will participate in an orientation session, a career advising session, and then complete ~8 standardized patient encounters. The results will be shared with students and RAD/DSME's.

Students must successfully complete PAIII prior to taking COMLEX Level 2PE. Some students may require additional preparation time including remediation strategies. Students who do not successfully complete PAIII, must successfully remediate PAIII prior to taking COMLEX Level 2PE. Students requiring remediation will typically remediate in their region and submit appropriate documentation to the PAIII course director in Kirksville. Dates for the Class of 2022 to return to Kirksville are scheduled for: TBA

Important Resources for Years 3 & 4

- **Clinical & Board Preparation Resources:**
 - A.T Still Memorial Library Clinical Rotation Support - [Rotation Resources](#)
 - A.T Still Memorial Library Clinical Rotation Support - [Exam Preparation](#) materials (Boards and COMATs)
 - OMM Resources
- Canvas: Students will find the following in Canvas:
 - Foundations of Community Health course
 - Three Advanced OPP Courses

- Geriatrics-Health Finance
- Ambulatory Clinic Modules Class of 2022 - Prior to first Family Medicine rotation (or as directed by regional representatives) students complete three Student Onboarding Modules from [Society of Teachers of Family Medicine](#). Students will complete the modules in Step 2 and submit the certificates to their regional site coordinator. Modules:
 - How to Write a High-Quality Note in the EMR
 - How to Perform Medication Reconciliation
 - Motivational Interviewing
 - *Optional Module:* Step 1: Read These Tips on Being Awesome in an Ambulatory Clinical Rotation
- IHI Online Modules - The IHI Open School (Institute for Healthcare Improvement) was established to advance quality improvement and patient safety competencies of healthcare learners worldwide. ATSU-KCOM utilizes the IHI program as we strive to promote and support exemplary teaching, training, and learning as we introduce the culture of quality improvement and patient safety. Login instruction here. List of modules here.
- Oral Case Presentation - Requirements
 - Oral Case Evaluation Form
- Journal Club Presentation - Requirements
 - Journal Club Evaluation Form
- Toolkit for Scholarly Report I & II with Rubrics
 - Class of 2020 Scholarly Report #2 Evaluation Form (Written Case)
 - [Copyright Guide](#) - Guidelines for using resource material to ensure best practices.
 - Manuscript Guidelines for [JAOA](#)
 - Published case reports and quality improvement projects for written case can be found online. For your convenience, examples are posted below.
 - Case Report #1
 - Case Report #2
 - Quality Improvement case #1
 - Quality Improvement case #2
- Student Success Update Assessments: Students receive individual feedback from DSMEs via Student Success Update Assessments formally known as "Bi-Annuals." The standardized formats are designed as progress reports completed by both the DSME and the student and should include an individual conversation face-to-face, via phone or through video. Once complete, the SSU Assessments are sent to the Office of Academic Affairs, by the 30th of each month they are due in. They are not scored, however they are used as an assessment tool.
 - Student Success Update Instructions
 - Student Success Update Forms

Affiliation Agreement Database

All hospitals/facilities/preceptors providing rotations for ATSU-KCOM students will have a formal affiliation agreement (or contract) with ATSU-KCOM describing that affiliation including but not limited

to liability issues, training and evaluation, educational responsibilities of each institution, and, as appropriate, maximum number of students who can be trained.

Click here to access the **Affiliation Agreement Database**. ***Please pay close attention to agreements highlighted. Highlighted agreements indicate special requirements (i.e., student paid fees, immunization requirements, VSAS Host Institutions, etc.)***

If an agreement is not in place, students should allow 90+ days for completion. Work with your coordinator to pursue an affiliation agreement for a new site. Failure to have a signed affiliation agreement will eliminate the opportunity for the clinical experience participation at the site. If the rotation paperwork, including the affiliation agreement, cannot be completed a backup rotation plan will be necessary.

Overview of Rotation Scheduling

There are three categories* of rotations: Foundations 1, Foundations 2, and Electives.

- Foundations 1 rotations are scheduled by the regional coordinators with approval by the RAD/DSME and typically occur in the assigned region.
- Students and coordinators work together in the scheduling of Foundations 2 rotations.
- Scheduling of Elective Rotations is the responsibility of students allowing for tailoring of learning to individual interests and positioning to match to residency.

RAD/DSMEs are responsible for approving/denying elective (selective *) rotation plans and regional coordinators work with students to meet the administrative requirements of each rotation.

*There were four categories of rotations for the Class of 2020 and 2021: Primary Rotations, Foundational Rotations, Selective Rotations, and Elective Rotations.

Class of 2022: **Clinical Rotation Requirements (and Rotations List)**

Class of 2021: **Click here for the KCOM Year 3 and 4 Rotations List**. *(Includes Elective & Selective Rotation Opportunities)*

The sections below relate to all rotations.

Collection of Delinquent Evaluations

Clinical Performance Evaluation Forms must be completed by the preceptor of record (not a resident) upon completion of each rotation. The student is encouraged to review the evaluation with the preceptor.

The student is responsible for ensuring the Clinical Performance Evaluation is completed/submitted. Student should check with assigned preceptor prior to the end of the rotation to confirm preceptor has received their New Innovations login information and/or the link to complete the online evaluation. The regional coordinator should be contacted if the preceptor has not received this information.

When the Clinical Performance Evaluation is not received within **30 days** of the completed rotation, the regional coordinator and student will work together to communicate with the preceptor.

If the evaluation is not received within **45 days** of the completed rotation, the regional coordinator involves the RAD/DSME to secure the evaluation.

If the evaluation is not received within **60 days** of the completed rotation, the region site involves Academic Affairs to assist in securing the evaluation.

Changing Rotations

- At least **30 days prior** to the start of the rotation, schedule changes must be submitted on a Rotation Report Form (RRF) - see the appropriate form listed below.
 - **Class of 2021 Rotation Report Form** new form as of *July 21, 2020*
 - **Class of 2020 Rotation Report Form**
- If approved by the RAD/DSME/rotation site coordinator follow-up and paperwork will be initiated, as appropriate.

Change Notifications

- After appropriate approval, student will ensure originally scheduled rotation site (facility/clinic/preceptor) is notified of change.

Housing & Transportation

Housing

Students are responsible for making arrangements for and payment of their housing needs. In very select cases some rotation locations may include student housing with the rotation. However, housing costs remain the ultimate responsibility of the student. Students are encouraged to investigate housing costs prior to the clinical rotation match.

Transportation

Travel is an important part of clinical rotations. Unless otherwise published, travel is at the student's expense and not paid for by ATSU-KCOM or regional sites. Students are encouraged to consider the travel requirements prior to the Clinical Region Match.

At each site the weather conditions may make travel hazardous. Students should take their cue on travel from the RAD/DSME or Rotation Site Coordinator and follow local policy that may dictate procedures. Ultimately the decision to travel or not travel should be made using the individual's best judgment based on the available information.

Not-for-Credit Additional Experience

While a student is on a clinical rotation for credit, s/he may explore another clinical discipline as a not-for-credit additional experience with approval by the regional representative, preceptor of record, and additional experience preceptor. To apply for this option, submit a completed **Not for Credit Additional Experience Rotation Report Form (fillable)**.

Criteria:

- Student must be in good academic standing.

- Student must have passed all clinical assessments.
- Student must have actively participated in at least 80% of the didactic educational sessions.
- Student must be supervised by a responsible, licensed physician who is immediately and directly present with the student.

Student will not receive credit for the experience nor will it show on the student's transcript. The additional experience preceptor will not receive compensation or CME credit for this experience. All documents must be returned to the regional coordinator (and approved) prior to the start of the additional experience.

Rotations with Relatives

Students may complete rotations with physician relative(s) for up to 4 weeks for non-elective rotations and up to 4 weeks for elective rotations if the following criteria are met:

- Physician relative(s) must have a current KCOM faculty appointment
- RRF and all other rotation documentation must be completed
- DSME/RAD must approve all rotations with physician relative(s)

ATSU-KCOM Procedure Logs

ABG interpretation	OMM - Abdomen
ACLS/Cardiopulmonary Arrest	OMM - Cervical
Arterial line placement	OMM - Cranial
Arthroscopic procedure	OMM – Lower extremity
BLS/CPR	OMM - Lumbar
Central Venous Access/Placement	OMM - Pelvis
Cesarean Section	OMM - Sacral
Circumcision	OMM - Thoracic
Colonoscopy	OMM – Thoracic cage
Cornea/optic fundus evaluation	OMM – Upper extremity
CXR interpretation	Open Abdominal Procedure
Depression screening	Open orthopedic procedure
Dermatologic exam	Paracentesis
Diabetic foot exam	Patient counseling
EGD	Pelvic exam/pap smear
EKG interpretation	Preanesthesia Evaluation
Evidence Based Medicine proficiency	Prescription Writing
FAST exam: (Focused Assessment with Sonography in Trauma)	Prostate exam
Fetal Heart Tone Evaluation	Quality/Safety Meetings
Huddles	Rectal exam
ICU/CCU Management	Scrub, gown & glove
Immunization Schedules	SOAP Note Writing
Informed Consent	Spirometry/PFT interpretation
Injections SQ, IM	Sterile procedure
Interprofessional Education: (learning from, with, or about other health professionals)	Suturing
Intubation	Thoracentesis
Joint aspiration and/or injection	Thoracostomy placement
Laparoscopic Abdominal procedure	Total joint replacement
Lumbar puncture	Ultrasound identification of key anatomy
Medical Ethics	Urethral catheter placement (female)
Nasogastric tube placement	Urethral catheter placement (male)
Newborn Care	Vaginal Delivery
	Vein Puncture/IV Access
	Wound care

**ATSU-KCOM Policy No. 6.11:
Comparability Across Clinical Education Sites**

Signature: *On file in Dean's office*

Date Approved: *November 14, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA), A.T. Still University-Kirksville College of Osteopathic Medicine must provide documentation of policies and procedures describing how student outcomes at clinical educational sites are reviewed and utilized in the determination of the comparability of the outcome of the clinical experiences. This policy outlines how base training regions (clinical sites) are assessed for comparability.

POLICY

The ATSU-KCOM Curriculum Committee is responsible for approving clinical syllabi and academic requirements for all OMS III and OMS IV students, which are documented in the clinical syllabi and the Year 3 & Year 4 Student Assessment Plan Summaries. The syllabi provide the goals and learning objectives of each rotation regardless of assigned base training region.

The KCOM Curriculum Committee's Assessment Subcommittee is charged with providing formal reviews to the Curriculum Committee for approval with regard to ensuring comparability and consistency of the educational experiences across base training regions.

PROCEDURE

The Assessment Subcommittee will review the following, as scheduled:

- COMAT score report data - reviewed by September annually
- Clerkship grades in Years 3 and 4, by discipline by region - reviewed by September annually
- Clerkship overall grades, by discipline - reviewed by September annually
- Senior survey - reviewed by September annually

These outcomes and measures provide the basis for assessment of comparability and outcomes across sites.

The Curriculum Committee will review and approve the following:

- New OMS III and OMS IV courses and/or changes in required courses
- Clinical course syllabi
- COMAT score report data
- Clerkship grades in Years 3 and 4, by discipline by region
- Clerkship overall grades, by discipline
- Senior survey

Additionally, the Curriculum Committee may request additional data, reports, summaries, and proposals should deficiencies be identified or modifications to the clinical curriculum be appropriate.

REFERENCE FILE(S)

The policy is referenced from:

- [ATSU-KCOM Curriculum Committee Operating Protocols](#)
- [ATSU-KCOM Curriculum Committee & Assessment Subcommittee Routine Actions](#)

REVIEW(S)

Policy reviewed by:

KCOM Curriculum Committee - November 12, 2019

KCOM Dean - November 14, 2019

**OPERATING PROTOCOLS OF THE CURRICULUM COMMITTEE
KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE**

Adopted July 8, 2003

Last revised: July 9, 2013; July 14, 2020

I. Committee Charge

The charge of the Curriculum Committee is to strive for excellence in the dynamic evolution of an integrated osteopathic curriculum that promotes lifelong learning.

II. Roles of the Curriculum Committee (“the Committee”)

1. Evaluate current curriculum.
2. Assess and evaluate evidence of learning in the curriculum.
3. Evaluate all proposed changes to curriculum.
4. Evaluate alternative models to support curricular evolution.
5. Identify methods that promote lifelong learning.
6. Interact with faculty
 - a. Promote faculty development with respect to curricular issues.
 - b. Promote faculty-driven curricular development.
7. Serve as an advisory body to the Dean.

III. Membership of the Committee

- A. Members of the Committee shall be appointed by the Dean in consultation with Chairs of the College’s Departments.
- B. Voting members shall be at least one representative from each of the basic science and clinical departments, a representative from the Graduate Program Committee, and three representatives from the Regional Faculty. A student from the first and a student from the second year medical school classes shall be appointed by the Dean annually in consultation with the Student Government Association and will have voting privileges.
- C. Consultants to the Committee without voting privileges shall be the Registrar, the Vice President for Student Affairs, and the Supervisor of Curriculum.
- D. The Dean, the Associate Dean for Clinical Affairs, the Associate Dean for Curriculum, the Associate Dean for Graduate Medical Education and Still OPTI Officer, and the Associate Dean for Academic Affairs are *ex-officio* members of the Committee. The immediate past Chair and Vice-Chair of the Committee, if not reappointed to the Committee, shall serve as *ex-officio* members for one year.
- E. The designated Curriculum Coordinator will support the Committee; maintain records for the Committee and any subcommittees that are appointed; and at the direction of the Chair, will keep members informed of new curriculum initiatives and directions in medical education. The Curriculum Coordinator will also maintain the Committee’s website on the ATSU portal (KCOM/Committees/Curriculum).

IV. Chair and Vice-Chair of the Curriculum Committee

- A. The Chair of the Curriculum Committee will appoint members to serve on an ad hoc Curriculum Nomination Subcommittee from voting members of the Curriculum Committee. Nominations of regular full-time faculty members for vacating Chair or Vice-Chair positions of the Curriculum Committee will be solicited from the faculty at large and sent to the Curriculum Nomination Subcommittee two months in advance of the term expiration. The Chair of the Curriculum Nomination Subcommittee will contact each nominee to verify willingness to serve. The Subcommittee Chair will present the nominees to the Curriculum Committee for closed vote. The Curriculum Committee will send the name of the newly elected Chair to the Dean. The elected Chair and Vice-Chair automatically become members of the Committee if not previously serving as members.
- B. Chair elections will occur in even years after 2012 and Vice-Chair elections will take place in odd years after 2013. The Chair and Vice-Chair take leadership on July 1.

V. Subcommittees of the Committee

- A. The Assessment Subcommittee, Electives Subcommittee, and Board Review Subcommittee are standing subcommittees. Each of these subcommittees will have a student member appointed by the Dean in consultation with the Student Government Association.
- B. *Ad-hoc* subcommittees (which may include members of the Committee and non-members) may be appointed by the Chair as needed with a limited term to complete specific tasks.

VI. Responsibilities of Membership

- A. Members of the Committee are expected to communicate information regarding actions of the Committee to their respective departments. Feedback should be brought to the Committee at its next meeting.
- B. Student representatives to the Committee are expected to communicate information from the Committee's meetings to their peers. Student input should be brought to the Committee at its next meeting.

VII. Attendance at meetings

- A. Attendance at all regular meetings of the Committee is required.
- B. Three absences during an academic year (excluding medical emergencies) will be considered reason for replacing a member on the Committee. At the request of the Committee Chair, the Dean, in consultation with the Department Chair, may name a replacement member to serve on the Committee.
- C. Visitors are welcome at any regular meetings of the Committee and may address the Committee when recognized by the Chair.

VIII. Conduct of Business

A. Bringing business to the Committee

1. Agenda items and the order of their consideration will be set by the Chair and announced to members by email prior to each scheduled meeting.
2. Faculty wishing to present proposals (e.g., for curricular change, review, etc.) shall follow guidelines developed by the Committee and work with the representatives of all involved departments to have the proposal considered by the Committee or the Chair, as needed.
3. Study materials for Committee members for items on the agenda will be distributed as soon as possible after the agenda is posted. Members are asked to bring these materials to the meeting.
4. Items may be added to the agenda by the Chair after it is posted.

B. Voting

1. Votes are not transferable to non-Committee members.
2. Votes specific to any pending business may be made by proxy. Proxies must be received by the Chair in writing (email or fax acceptable) at least 24 hours in advance of the meeting.

C. Meetings

1. Conduct of business shall follow the most current edition of *Robert's Rules of Order*.
2. Regular meetings of the Committee will be scheduled monthly. Additional meetings may be called by the Chair.
3. A simple majority of the voting members shall constitute a quorum. A quorum must be present for voting on any curricular issues. Proxies shall not count towards the quorum.
4. Executive Session
 - a. The Chair may call the Committee into Executive Session.
 - b. Any voting member of the Committee may bring a motion to go into Executive Session and, upon approval of the majority of the voting members present, the Chair shall call the Committee into Executive Session.
 - c. Attendance by non-voting consultants shall be by specific invitation only.

- d. Minutes will not be kept, and there will be no binding votes taken in Executive Session with the exception of voting for election of the Chair and Vice-Chair of the Curriculum Committee.
5. No binding action may be taken on any business requiring study brought to the Committee at its first presentation. At the first reading, a proposal may be endorsed in principle. Following endorsement, said proposal shall remain an agenda item until final resolution.
6. For business requiring immediate action, the Committee, by majority vote, may suspend the “two reading” rule for a specific action only.

IX. Functions of the Committee

- A. The Committee recognizes the Dean as the Chief Academic Officer of the College.
- B. The Dean shall inform the Committee of curricular/educational directions, and the Committee will work to implement the Dean’s charges to the Committee.
- C. The Committee is advisory to the Dean in the development and implementation of new curricular matters based on the receipt and review of proposals for curricular change generated by Faculty. Whereas the Curriculum Committee is advisory to the Dean, all curricular approved recommendations for years one through four arising from the Curriculum Committee and the Assessment Subcommittee (or any subcommittees thereof) are forwarded to the Dean for review and approval. Only after the Dean has made a decision on a specific recommendation can any action be taken. If approved, the Dean’s decision will be communicated to the Curriculum Committee, all Faculty, and students, as appropriate.
- D. The Associate Dean for Curriculum will oversee the movement of course content, provided that the proposed move does not change total hours or involve a substantial impact on the smooth delivery of content in other courses. All such changes should be brought to the Associate Dean for Curriculum by the course director. The Associate Dean will approve such moves, as appropriate, and will report back to the Curriculum Committee on these changes. In the event a proposed change has substantial impact on the whole curriculum, or might adversely impact the delivery of other courses, the Associate Dean for Curriculum will be charged with bringing the consideration before the whole Curriculum Committee at the next meeting.
- E. The committee shall develop and implement a process for curricular review. A review of the entire curriculum will be completed yearly and as appropriate.
- F. A member of the Committee, following the Post-Semester Course Evaluation Process, shall function as convener for the pre-semester planning meetings and the post-semester interdepartmental assessment sessions. The designated Curriculum Coordinator shall prepare reports from the post-semester assessment sessions for the Assessment Subcommittee.

X. Records of the Committee

- A. After approval by the Chair, draft minutes of each meeting will be distributed by email to all members as soon as possible. Committee members are expected to report the general content of the minutes and the meeting to their Departments.
- B. After approval by the Committee, the minutes will be posted on the Curriculum Committee website on the ATSU Portal.
- C. An Annual Report shall be prepared by the Chair and the Curriculum Coordinator in July of each year to summarize the activity of the Committee during the previous academic year. Following approval by the Committee, the Annual Report will be submitted to the Dean in September.

XI. Changes to the Operating Protocols of the Committee

- A. Changes to the Operating Protocols of the Committee may be of two types:
 - 1. Minor (isolated) changes constitute revisions that clarify the intent and/or purpose of the protocols, but do not constitute substantive change. Minor changes require approval by simple majority of voting members present.
 - 2. Major (substantive) changes constitute significant revisions that affect the intent and/or implementation of the protocols. Major changes require approval by two-thirds majority of all voting members.
- B. Changes in the operating protocols may be proposed by any voting member of the Committee.
- C. A recommendation for protocol change must be minuted at least one regular meeting before its first reading.

Routine actions of Curriculum Committee and Assessment Subcommittee

Revisions: February 2020

Month	Assessment Subcommittee Activities (denotes responsible parties – see list at end of document)	Curriculum Committee Activities
July	<ul style="list-style-type: none"> • Release COMLEX survey (OMS-3) (ME) • Release OMS-2 Preceptorship Survey (second session) (AHEC) • Hold Post-Semester 2 Course Evaluation meeting (ME/AC) <i>[Post-Semester 4 Course Evaluation meeting is in May]</i> • Announce Assessment Plan Summary document and NBOME Competencies document during new student orientation (ME) • Notify OMS-2, OMS-3 and OMS-4 of any changes in Assessment Plan Summaries and/or NBOME Competencies document (ME) • Review summary report of Performance Assessment Testing I and II (EDS) • Submit Internship/Residency Director Report (AC) • Remind Dean's office to identify student representative to the Assessment Subcommittee (ME) 	<ul style="list-style-type: none"> • Remind Dean's office to identify first year student for leadership training to be Curriculum Committee representative (ME) • Prepare Annual Report of Curriculum Committee (ME)
August	<ul style="list-style-type: none"> • Prepare summary report for Senior survey (AC) • COMAT and Overall Clerkship Grades Report (ME) • Report on Preclinical MSPE (AA) 	<ul style="list-style-type: none"> • Review Annual Report of CC and send to Dean (ME) • Summary of Post-Semester 2 and 4 Course Evaluation meetings (ME/AC) • Summary report of Performance Assessment testing I and II (EDS) • Summary reports for Residency Director Survey (AC)
September	<ul style="list-style-type: none"> • Review Senior Survey report with reference to the AACOM Survey of Graduating Seniors (AC) • Prepare summary report for COMLEX Survey (AC) 	<ul style="list-style-type: none"> • Begin curriculum review and any proposed changes for the upcoming year (ME) • COMLEX Level I results to CC (AC) • COMAT and Overall Clerkship Grades Report (ME) Report from Electives Subcommittee (ME) • Update course descriptions for catalog (including electives) (ME) • Report on Preclinical MSPE (AA)
October	<ul style="list-style-type: none"> • Review report for COMLEX Survey (AC) 	<ul style="list-style-type: none"> • Curriculum review, continued

Routine actions of Curriculum Committee and Assessment Subcommittee

Revisions: February 2020

Month	Assessment Subcommittee Activities (denotes responsible parties – see list at end of document)	Curriculum Committee Activities
	<ul style="list-style-type: none"> • Prepare report for COMLEX Level 2CE and 2PE performance (AC) 	<ul style="list-style-type: none"> • Annual supplemental survey for AOA/COCA (AC) • Summary report for Senior Survey (AC) • After approval by Dean, upload calendar for two years hence to online catalog (ME) • After approval, upload changes in electives to online catalog (AA)
November	<ul style="list-style-type: none"> • Summary report on COMLEX Level 1 and Level 2CE and 2PE results for previous year (AC) [<i>Send annual report to Dean for Academic Council and CC.</i>] • Review summary report for the OMS-2 Preceptorship Survey (AHEC) 	<ul style="list-style-type: none"> • Summary report for the COMLEX Survey (AC) • Summary report for OMS-2 Preceptorship Survey (AHEC) • Semester 2 and 4 schedules submitted to CC (ME) • Draft calendar for next two years to CC recommended to Dean (ME)
December	<ul style="list-style-type: none"> • Post-Semester 1 and 3 Course Evaluations go online (ME) • No meeting 	<ul style="list-style-type: none"> • Summary report on COMLEX Level 1 and Level 2CE and 2PE results for previous year (AC) [<i>Send annual report to Dean for Academic Council and CC.</i>] • Prepare AACOM survey (curriculum) (ME/CA)
January	<ul style="list-style-type: none"> • Hold Post-Semester 1 and 3 Course Evaluation meetings (ME) • Clinical Evaluation Form (ME) • Student Evaluation of Preceptor or Clerkship Form (ME) • Third and Fourth Year Grade Scales (ME) • Summary report for Performance Assessment Testing III results (EDS) 	<ul style="list-style-type: none"> • Recommend curriculum for incoming class (2nd review) and forward to Dean (ME) • Curriculum review, continued
February	<ul style="list-style-type: none"> • Review the Routine Actions of the Assessment Subcommittee and Curriculum Committee document (AC) • Review and update the Assessment Plan Summaries (AC) • Review Surveys (AC - Survey Team) <ul style="list-style-type: none"> ○ Graduate Location ○ Senior ○ Internship and Residency Directors • Summary reports for Semester 1 and 3 Post-Semester Course Evaluations (ME/AC) • Review KCOM Matriculation data from AACOM Applicant Profile Report (ME) 	<ul style="list-style-type: none"> • After approval, upload curriculum to online catalog (ME) • Curriculum review, continued • Distribute copies of AACOM curriculum survey to CC members (ME) • Clinical Evaluation Form (ME) • Third and Fourth Year Grade Scales (ME) • Appoint nominating committee for Chair/Vice Chair election on even/odd years (CC) • Consider curriculum for incoming class (1st review) (EDS) • Summary of Performance Assessment III results (EDS)

Routine actions of Curriculum Committee and Assessment Subcommittee

Revisions: February 2020

Month	Assessment Subcommittee Activities (denotes responsible parties – see list at end of document)	Curriculum Committee Activities
March	<ul style="list-style-type: none"> • Review and upload new NBOME Competencies document (if available) (ME) • Graduate Location survey to go online (ME) • Site visit reports (CA) 	<ul style="list-style-type: none"> • Curriculum review, continued • Review the Routine Actions of the Curriculum Committee and Assessment Subcommittee (AC/CC) • Assessment plan summaries to the CC (AC) • Summaries from Semester 1 and 3 Post-Semester Course Evaluations (ME/AC) • Review KCOM Matriculation data from AACOM Applicant Profile Report (ME) • Student Evaluation of Preceptor or Clerkship Form (CA) • Consider curriculum for incoming class (2nd review) (EDS)
April	<ul style="list-style-type: none"> • Senior Survey to go online (ME) • Report on match statistics (AA) • Review Matriculation and COMLEX surveys (AC-Survey Team) • After CC and Dean approval, upload Assessment Plan Summaries (ME/AA) 	<ul style="list-style-type: none"> • Curriculum review, continued • Site visit reports (CA) • Election of new Chair/Vice Chair in even/odd years (CC)
May	<ul style="list-style-type: none"> • Preliminary report for Performance Assessment Testing II results (EDS) • Semester 2 and 4 course evaluations go online (ME) • Hold Post-Semester 4 Course Evaluation Meeting (ME/AC) • Internship and Residency Director Survey to go online (ME) 	<ul style="list-style-type: none"> • Curriculum review, continued • Report on Match Statistics (AA) • Review Semester 1 and 3 schedules (EDS)
June	<ul style="list-style-type: none"> • Prepare summary report of Performance Assessment Testing I and II (EDS) • Prepare Internship and Residency Director survey report (AC/CA) • Release OMS 2 Preceptorship Survey (first session) (AHEC) 	<ul style="list-style-type: none"> • Curriculum review, continued • Semester planning schedule for upcoming year distributed (ME)

Routine actions of Curriculum Committee and Assessment Subcommittee

Revisions: February 2020

Month	Assessment Subcommittee Activities (denotes responsible parties – see list at end of document)	Curriculum Committee Activities
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<p>RESPONSIBLE PARTY: ME = Medical Education EDS = Education Development Services AC = Assessment Subcommittee AA = Academic Affairs CA = Clinical Affairs AHEC = Area Health Education Center</p>	<p>ASSESSMENT PROCESS:</p> <ol style="list-style-type: none"> 1 Prepare and/or review survey 2 Release survey to appropriate target group 3 Analyze and prepare summary report 4 AC reviews summary report 5 Submit summary report to Curriculum Committee 6 Submit summary report to Dean 7 Summary report to stakeholders per Dean
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**ATSU-KCOM Policy No. 6.12:
COMLEX-USA**

Signature: *On file in Dean's office*

Date Approved: *December 10, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) standard 6.12, A.T. Still University-Kirksville College of Osteopathic Medicine must assure that all osteopathic medical students successfully pass COMLEX-USA Level 1, Level 2 CE, and Level 2 PE prior to graduation from an osteopathic medical school. Specifically, the COM must publish to the public the COMLEX-USA Level 1, Level 2 CE, and Level 2 PE, and Level 3 first time pass rate for all students in each class of the COM.

POLICY

To advance through the osteopathic medicine program and graduate, students are required to pass the National Board of Osteopathic Medical Examiners (NBOME) COMLEX-USA series of examinations including COMLEX Level 1, COMLEX Level 2 Performance Evaluation (PE), and COMLEX Level 2 Cognitive Evaluation (CE). Students are required to take each board examination during specific timeframes listed in the Student Assessment Plan Summaries and CMLX6500 and CMLX 7500 syllabi (unless special permission to deviate from the schedule is granted by the Associate Dean of Academic Affairs). Failure to test within the specific timeframes without prior approval may be reviewed as a professionalism violation with potential referral to the [KCOM Student Promotion Board](#).

In order to attend the commencement ceremony, students must have successfully completed COMLEX Level 1, Level 2CE and Level 2PE by December 31 of the academic year in which the student will graduate. Appeals to this portion of the policy must be made in writing to the ATSU-KCOM Dean.

PROCEDURE

COMLEX Level 1:

1. KCOM representatives will make students eligible for COMLEX Level 1 within the NBOME system following successful completion of semesters 1 and 2 and having earned passing marks in semester 3 of the program.
2. Students must meet the threshold outlined in the CMLX6500 course syllabus for the assigned practice examination(s) prior to taking COMLEX Level 1. Students who do not meet thresholds as outlined in the syllabus must meet any additional required preparations and/or assessments as directed by the Academic Affairs office or designee.
3. Students must schedule, pay for, and take COMLEX Level 1 within the approved testing window. Although few students will have adjusted schedules beyond the approved testing window, all such adjustments must be approved by the Associate Dean of Academic Affairs or the KCOM Student Promotion Board.

COMLEX Level 2 PE:

1. KCOM representatives will administer student eligibility for COMLEX Level 2 PE within the NBOME system after notice of successful passage of COMLEX Level 1 has been received.
2. Students must meet the requirements to take this examination as outlined in the CMLX 7500 course syllabus including passage or remediation of Performance Assessment III (PA-III) prior to taking COMLEX Level 2 PE or receive approval from the Associate Dean of Academic Affairs. Students who demonstrate inferior performance on skills assessed in this board examination must meet any additional remediation or preparation as directed by the Academic Affairs office or designee.
3. Students must schedule, pay for, and take COMLEX Level 2 PE within the approved testing window. Although few students will have adjusted schedules beyond the approved testing window, all such adjustments must be approved by the Associate Dean of Academic Affairs or the KCOM Student Promotion Board.

COMLEX Level 2 CE:

1. KCOM representatives will administer student eligibility for COMLEX Level 2 CE within the NBOME system after notice of successful passage of COMLEX Level 1 has been received.
2. Students must meet the requirements to take this examination as outlined in the CMLX 7500 course syllabus for the assigned practice examination(s) prior to taking COMLEX Level 2 CE. Students who do not meet thresholds as outlined in the syllabus must meet any additional required preparations and/or assessments as directed by the Academic Affairs office or designee.
3. Students must schedule, pay for, and take COMLEX Level 2 CE within the approved testing window. Although few students will have adjusted schedules beyond the approved testing window, all such adjustments must be approved by the Associate Dean of Academic Affairs or the KCOM Student Promotion Board.

Board Failures

First Board Failure:

1. If a student fails a board examination, the student must inform the Associate Dean of Academic Affairs and the Regional Assistant Dean/Director of Student Medical Education (RAD/DSME) of the failure within 48 hours of notification.
2. The Associate Dean or designee will work with the student to create an individualized remediation plan including a testing deadline. The plan may include time off from clinical rotations, a formal board preparation course at the student's expense, independent board preparation, documentation of meeting the threshold of an approved practice examination(s), an on-campus remediation for failure of Level 2 PE, or other appropriate strategies.
3. The Associate Dean will report the board failure to the KCOM Student Promotion Board.

Two or More Board Failures:

If a student fails the same board examination twice or a second board examination, the student will be reviewed by the KCOM Student Promotion Board. The board has the authority to

impose supports and discipline as well as dismiss the student from the program. If the board votes to dismiss the student from the program, the Associate Dean of Academic Affairs will notify the student within 24 hours.

If the board votes to allow the student to retake the board examination:

- An individualized remediation plan will be developed under the direction of the KCOM Student Promotion Board and the administration of the Academic Affairs office.
- Some individualized remediations plans will require the student be removed from all clinical experiences until the student retakes and/or passes the previously failed board examination.

Class-specific information about COMLEX preparation and testing is contained in the Student Assessment Plan Summaries (specific for each graduating class year), the related course syllabi, and in the ATSU-KCOM Student Manual located on the Google Drive.

Responsibilities - Associate Dean of Academic Affairs:

- Shall assure a monitoring process for students taking each board examination.
- Shall implement and monitor interventions of specific students who have not met performance thresholds required prior to COMLEX testing.
- Shall work with students to develop individualized plans when there has been a board failure.
- Shall notify the KCOM Student Promotion Board of board failures.
- Shall prepare annual and special reports on board performance for the Assessment Subcommittee.

Responsibilities - KCOM Student Promotion Board:

- Shall review and assess the academic progress of all students including failure of COMLEX exam series.
- Impose requirements, supports and discipline appropriate to the circumstances.

Responsibilities - Dean

- Reviews and makes decisions when students make written appeals about this policy or decisions made by the KCOM Student Promotion Board.

REFERENCE FILE(S)

The policy is referenced from:

- [ATSU-KCOM Catalog](#)
 - [COMLEX-USA](#)
 - [Graduation Requirements](#)
 - [Student Promotion Board](#)
- [ATSU-KCOM Student Manual - Board Examinations](#)

Other referenced materials:

- [Student Assessment Plan Summaries](#) (specific for each graduating class year)

REVIEW(S)

Policy reviewed by:

ATSU-KCOM Curriculum Committee: December 10, 2019

ATSU-KCOM Dean - December 10, 2019

Board Examinations

Excerpt from the intranet KCOMStudentManual.atsu.edu>Curriculum>Board Examinations

COMLEX-USA & USMLE

[ATSU-KCOM COMLEX-USA Policy:](#)

Prior to graduation students are required to pass:

- COMLEX-USA Level 1
- COMLEX-USA Level 2PE
- COMLEX-USA Level 2CE

Details about each exam, practice assessments and timelines are on this page.

The NBOME's COMLEX-USA examination series provides your pathway to licensure as an osteopathic physician. In addition, the NBOME offers a number of assessment tools that help you as you prepare for COMLEX-USA examinations, and beyond, into your career as a DO.

USMLE: Although not required, students may elect to take Step 1 and/or Step 2CK of USMLE.

A growing number of KCOM students have opted to take Step 1 and/or Step 2CK in recent years. The primary guiding factor related to testing should be the student's risk for failure of the examination. If the student is at elevated risk for failure (based on numeric indicators), the student should not take the examination. Guidance in this matter is available from the Office of Learning Disability Resources and the Academic Affairs office. Students who opt to take USMLE Step 1 should consider scheduling the examination during July of the third year. **Check out the USMLE Quick Facts: Applying and Scheduling guide.**

Preparing for Licensing Examinations

- **Preparing for Licensing Examinations: HELPING Physicians-in-Training LEARN using MCQs**

COMLEX Level 1

Exam: COMLEX LEVEL 1 assesses the competent application of foundational and basic biomedical and osteopathic science knowledge relevant to clinical presentations as defined by the COMLEX-USA blueprint, emphasizing the scientific concepts and principles necessary for understanding the mechanisms of health, clinical problems and disease processes. Review of NBOME resources early in the board preparation phase is strongly encouraged. Check out the **Blueprint, videos and more.**

Testing Window: May 15 - June 30 (between Years 2 & 3)

CMLX6500 Prep Course: All KCOM DO students are enrolled in CMLX6500. The primary purpose of the course is to facilitate student preparation for successful completion of COMLEX Level 1. Read more about the course in the syllabus located in this section.

Preparing for COMLEX Level 1: Students must take specific practice assessments on the timeline outlined in the syllabus. Students must meet the minimum threshold for COMSAE Phase 1 ASA 105 (450) prior to taking COMLEX Level 1 or gain approval from the Associate Dean for Academic Affairs prior to testing. Also, students may benefit from additional assessments based on student performance indicators.

Required Formative Assessments (Class of 2022):

- TrueLearn/COMBANK Level 1 Assessment 1 (Test between March 1 to **March 31**)
- COMSAE Phase 1 ASA 103 (Test between April 1 to **April 30**)
- COMSAE Phase 1 ASA 105 - Required Minimum Threshold: **450** (Test between May 1 to **May 31**; before COMLEX Level 1 testing)

[Click here to learn more about COMSAEs.](#) (Select COMSAE Phase 1)

COMLEX Level 1 Board Prep Resources Provided to Students:

1. **KAPLAN:** Students gain access to Kaplan board preparation resources in Semester 2. The Kaplan Live Review is scheduled on campus for one week in Semester 4.
2. **TrueLearn/COMBANK:** Students gain access to TrueLearn/COMBANK board preparation question bank during Semester 3. There are 2 additional practice examinations in COMBANK for Level 1 and Level 2CE (one required and one optional for each level).

Additional Board Preparation Resources: About half of KCOM students have used only Kaplan and COMBANK. The other half of the students purchase additional board preparation resources as follows:

- Question banks most subscribed to: UWorld (cited most often) and COMQUEST
- Other board review resources commonly reported: USMLE First Aid, Pathoma, Firecracker and Savarese OMM Review as the most common resources reported; Doctors in Training (DIT) reported by some students.
- Additional Board Exam Prep Resources from the A.T. Still Memorial Library

COMLEX Residential Board Programs

For COMLEX Level 1 and Level 2CE:

A residential board preparation program will likely benefit many students including those with a previous board failure, those with lower board scores, and those who struggle with standardized tests or testing in general. Students with better board performance will likely be a better candidate when matching to residency. The two board prep locations are: **PASS Program** in Illinois or the **IOMB** program in Kansas City. Students who want to participate in a residential board preparation program at either the PASS Program in Illinois or the IOMB program in Kansas City may do so without further approval from the main campus if the following criteria are met:

- The student coordinates plan with regional representatives. As with all rotations, the process to request a Directed Studies elective to attend a residential board preparation program begins with the student completing the Rotation Report Form (select General Elective) and approval of the RAD/DSME.

- The student should schedule a residential board preparation program as early as possible in the late Spring/Summer between years 3 and 4. May and June are the preferred months but July is acceptable as long as the end date of the program is by August 20th.
- The student must register and pay for residential board preparation program.
- The student will receive a maximum of 4 weeks of credit as a general elective titled Directed Studies for attending an approved residential board preparation program.
- If an additional week(s) is required to complete the program, the student must use flex time/vacation or GME Preparation week(s).
- Student should consider placing 1-2 weeks of board time immediately following the residential program in order to complete independent board study and COMLEX Level 2CE testing.
- Coordinator to enter one of the following in the Notes section when recording the Directed Studies Elective in the NI/Block Schedule:
 - o Residential Board Prep Program – IOMB
 - o Residential Board Prep Program – PASS

Situation Requiring Approval or Coordination from the Main Campus:

- The use of Directed Studies for academic purposes other than a residential board preparation program.
- Attendance at a residential board preparation program other than the IOMB or PASS programs.
- Attendance at a residential board preparation program ending past August 20th of the fourth year of medical school.
- Attendance at a residential board preparation program for a duration greater than 6 weeks (4 week elective plus two additional weeks).
- Attendance at a residential board preparation program following a failed board attempt (e.g., previous COMLEX Level 2CE failure).

Questions: Please direct to **Dr. Kneka Smith** - 660 626-2641.

CMLX7500: COMLEX Level 2PE and 2CE Prep Course

The primary goal of this required KCOM course is to facilitate student preparation for successful completion of COMLEX Level 2PE and Level 2CE. For more information read the CMLX7500 syllabus located in this section.

COMLEX-USA Level 2-Performance Evaluation (PE)

This board examination is a patient-presentation-based assessment of fundamental clinical skills evaluated through 12 encounters with standardized patients. Each candidate must personally perform the clinical skills with standardized patients as appropriate in a timely, efficient, safe and effective manner.

Level 2-PE assesses six fundamental clinical skills for osteopathic medical practice within two scored examination domains: the Humanistic Domain and the Biomedical/Biomechanical Domain. **Blueprint for COMLEX-USA Level 2PE**

Resources:

- PAIII (KCOM students must successfully complete PAIII prior to taking COMLEX Level 2PE).
- See CMLX7500 for PE preparation guidance and resources.
- **Click here** for suggestions on PE prep and remediation.

COMLEX-USA Level 2-Cognitive Evaluation (CE)

The examination consists of two computer-based test sessions of four hours each taken on one day in a secure, time-measured environment. It contains approximately 400 test questions related to **diverse clinical and patient presentations and seven defined competency domains** for osteopathic medical practice. Test questions are single best answer multiple choice format with some audio-visual components. Competency domains assessed include application of osteopathic medical knowledge, osteopathic patient care and osteopathic principles and practice, communication, systems-based practice, practice-based learning and improvement, professionalism and ethics. **Blueprint for COMLEX-USA Level 2CE**

Most students prepare for COMLEX Level 2CE through independent study while on clinical rotations. Some students use two weeks of dedicated board preparation prior to testing. A few students attend a residential board preparation program in advance of COMLEX Level 2CE (see above).

All students **must take two practice assessments** prior to taking COMLEX Level 2CE as follows (Class of 2021):

- TrueLearn/COMBANK Level 2CE Assessment 1 - (March 1 to May 30 of Year 3/early Year 4) - must be taken first
- COMSAE Phase 2 BSA 103 - Target: 450* (April 1 to June 30 of Year 3/early Year 4) - must be taken second

COMLEX Level 2CE must be taken after both practice assessments and between May 1 to July 31 (summer between years 3 and 4)

Check out the A.T. Still Memorial Library for **board preparation resources**.

**Students who score below 450 need to contact Kneka Smith prior to taking COMLEX Level 2CE.*

Deadlines to Complete COMLEX Examinations

Students must have successfully completed all three COMLEX examinations listed herein by December 31 of their graduation year. Students who do not have passing scores on COMLEX Level 1, Level 2CE and Level 2PE by this date may not be eligible to participate in the Commencement ceremony in May.

Release of Board Scores for Application to Residency:

Of note, applicants to residency programs are less competitive if they have either failing board scores or a student has one or more unpassed board examinations in their application (e.g., passed Level 1 and Level 2PE but has not yet passed Level 2CE). Therefore, to be best positioned to match to residency, all students should strive to have passing scores on all three exams by September of their fourth year.

All board scores (COMLEX and USMLE) must be released to all programs through the NRMP - The Match.

Board Failures-For all COMLEX Levels

If a student fails a board examination, the student must:

- Inform the Associate Dean for Academic Affairs of the failure within 48 hours of notification.
- Inform their regional representatives (RAD/DSME and Coordinator) within 3 days following notification of the failing board score.

The Associate Dean for Academic Affairs will work with students following a single board failure. Students with multiple board failures (same or different levels) will be reviewed by the **KCOM Student Promotion Board** and will work with the Associate Dean for Academic Affairs to implement a testing plan approved by the Student Promotion Board.

**ATSU-KCOM Policy No. 7.2: Faculty Approvals at All Teaching Sites
and 7.8: Faculty Appointment and Advancement**

Signature: *Signature on file in Dean's office*

Date Approved: *December 20, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standards 7.2 and 7.8, A.T. Still University-Kirksville College of Osteopathic Medicine is required to academically credential and/or approve the faculty at all COM and COM-affiliated and education teaching sites, as well as have policies and procedures (protocols) in place for faculty appointment, renewal of appointment, promotion, granting of tenure (if a tenure program exists), and remediation. The policies and procedures must provide each faculty member with written information about his or her term of appointment, responsibilities, lines of communications, privileges and benefits, performance evaluation and remediation, terms of dismissal, due process, and, if relevant, the policy on practice earnings.

POLICY

ATSU-KCOM academically credentials faculty at all COM and COM-affiliated teaching sites using the processes outlined in ATSU Policy 20-100 Faculty Credentials, the ATSU Faculty Handbook, and the KCOM Faculty Handbook. The KCOM faculty handbook may supplement, but does not supersede or replace, policies and procedures outlined in the University Faculty Handbook.

PROCEDURES

- The procedures and processes outlined in the ATSU Policy 20-100 Faculty Credentials, the ATSU Faculty Handbook, and the KCOM Faculty Handbook are followed.
- For clinical faculty including regional deans and directors of student medical education, directors of medical education, program directors, and clinical preceptors, the KCOM Clinical Affairs office in coordination with the base clinical regions credential the clinical faculty initially and then on a 3-year schedule.
 - The following are secured or verified, as appropriate, and logged into the New Innovations management system:
 - Curriculum vitae (CV)
 - Licenses verification
 - Board certification
- The KCOM Academic Council reviews all applications for faculty appointment and makes recommendations to the KCOM Dean as outlined in the KCOM Faculty Handbook. Faculty appointments for clinical faculty are made for up to 3-years. The KCOM Dean's Office is responsible for creation and distribution of faculty appointment letters sent to all clinical faculty, which includes the term of appointment.
- The Clinical Affairs office monitors license and board certification expirations and updates the information on an ongoing basis. The Clinical Affairs office is also responsible to secure CVs and for submission of all required documentation to the Academic Council for consideration of reappointment and promotion, as appropriate.

REFERENCE FILE(S)

[ATSU Policy No. 20-100 Faculty Credentials](#)

[ATSU Faculty Handbook](#)

[KCOM Faculty Handbook](#)

REVIEW(S)

Process reviewed by:

KCOM Dean - December 20, 2019

ATSU POLICY NO. 20-100: FACULTY CREDENTIALS

DATE APPROVED: FEBRUARY 11, 2020

SIGNATURE: *Signature on file in HR*

Purpose

A.T. Still University of Health Sciences (ATSU) employs competent faculty members qualified to accomplish the mission of the University. When determining acceptable qualifications of faculty, ATSU gives primary consideration to the highest degree earned in a discipline. ATSU also considers competence and effectiveness, including, as appropriate: undergraduate, graduate, and/or professional degrees; work-related experiences in the field; professional licensure, certifications, and continuing education documentation; honors, awards, continuous documented excellence in teaching; and other demonstrated competencies and achievements contributing to effective teaching and student learning outcomes.

Policy

- A. The University is responsible for verifying and documenting qualifications of ATSU employed faculty members. ATSU uses the following as credentialing guidelines:
 - 1. ATSU only employs faculty members holding a degree(s) from an accredited institution appropriate to the level of instruction as defined by the accrediting agency for each school.
 - 2. Official transcripts (no copies) must be obtained by the respective dean and placed in the faculty member's personnel file in Human Resources prior to the faculty member's start date.
 - 3. A current CV must be obtained by the respective dean and placed in the faculty member's personnel file in Human Resources prior to the faculty member's start date. CV must be updated on an annual basis and provided to Human Resources.
 - 4. Human Resources must complete an initial verification and an annual audit of each clinical faculty member to verify his/her licensure is in good standing.
 - 5. Human Resources must complete a comprehensive background screening on any individual receiving an offer of employment as a faculty member.
- B. For faculty members not employed by ATSU (e.g., preceptors), verification and documentation of qualifications will be made by the respective school/college or employer (e.g., hospital, clinic, etc.).

Responsibility

- A. Faculty members are responsible for providing their respective dean:
 - 1. Official transcripts (no copies) for each degree earned qualifying the faculty member in the relevant discipline or subfield in which the faculty member teaches.
 - 2. Current CV or resume upon hire and an updated copy annually.
 - 3. ATSU application upon hire for ATSU employed faculty.
 - 4. Written documentation of any change of status from the respective licensing agency and/or criminal charges, if applicable.
- B. The dean of each school is responsible for providing to Human Resources for all ATSU employed faculty:
 - 1. Official transcripts (no copies).
 - 2. Current CV or resume.
 - 3. ATSU application.
 - 4. Any change of status from a licensing agency and/or criminal charges against faculty members.
- C. Human Resources is responsible for:
 - 1. Completing a comprehensive background screening on any individual receiving an offer of employment as a faculty member.
 - 2. Verifying all new ATSU employed faculty members have an official transcript (no copies), current CV, and ATSU application in their Human Resources personnel file.

3. Completing, upon hire and annually thereafter, license verification for ATSU employed clinical faculty. Any adverse actions will be reported to the respective dean.

**ATSU-KCOM Policies & Structures for
COCA Standard No. 8.4: Student Participation in Research and Scholarly Activity**

Signature: *On file in Dean's Office*

Date Approved: *June 25, 2020*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 8.4, Student Participation in Research and Scholarly Activity, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have policies to support student driven research and scholarly activity, as well as student participation in the research and scholarly activities of the faculty.

POLICIES & STRUCTURES

ATSU-KCOM meets COCA standard 8.4 by ensuring that research policies and structures are in place for students as well as the publication and annual review of these policies and structures.

ATSU-KCOM meets this COCA standard via various policies and structures.

Structures:

All ATSU-KCOM DO students must complete CITI training (incorporated for all OMS I students in the Complete DOctor course in Year 1 CODO5251), complete a scholarly report in Year 3 and a scholarly report in Year 4. The scholarly reports promote acquisition of key skills through inquiry, discovery, and consideration of a patient, condition, or population. Students present their Scholarly reports through professional presentations in their assigned clinical region to peers and faculty.

In addition to the required coursework, ATSU-KCOM offers electives in research through:

- Research I Syllabus (Elective)
- Research II Syllabus (Elective)
 - Research II Assessment
 - Research II final write-up Guide

The following are specific policies related to student research:

A. Establishing a Research Elective:

Students are eligible to take Research I beginning at the end of semester 2 through the end of semester 3, and Research II after completion of the Foundations 1 clinical rotations. Students are limited to a total of 4 weeks of research elective in their clinical years.

To establish a Research I Elective, students must:

- Successfully completed semester 2 of medical school (a student may start during semester 2 with approval of the mentor and course director) or, if approved, continue into Semester 3
- Be in good academic standing
- Complete the application to participate
- Complete Research Ethics and Compliance Training online following the CITI Training instructions
- Obtain IRB approval, if research involves human subjects
- Obtain approval from the Institutional Animal Care and Use Committee if research will involve animals. Requires completion of Animal Care Training and completion of Occupational Health and Safety Program.
- For more information, contact the course director, William L. Sexton, PhD.

To establish a Research II Elective, students must:

- Complete Research Ethics and Compliance Training online following the CITI Training instructions.
- Submit a Rotation Report Form and request to complete the research experience.
- Obtain IRB approval, if research involves human subjects
- Obtain approval from the Institutional Animal Care and Use Committee if research will involve animals. Requires completion of Animal Care Training and completion of Occupational Health and Safety Program.
- Submit an Application and IRB Forms or Animal Care forms for Research II (available through KCOM Student Manual). [IRB Application Guidelines]

For Research II Electives, the Regional Assistant Dean/Director of Student Medical Education (RAD/DSME) and rotation site coordinator will review the student schedule to determine date availability for the requested Research elective. Once approved by the regional site, the following documents must be forwarded to Clinical Affairs Department (90 days prior to rotation):

- Approved Rotation Report Form
- Completed application and required documentation
- When direct patient contact is identified via the application, the rotation site coordinator will work with students to secure a completed and signed affiliation agreement (required).
- Upon review of the submitted documentation, the Research Elective II Course Director will approve/deny the experience. For more information, contact the course director, William L. Sexton, PhD.

To complete the course, the student must follow instructions in the course syllabus.

B. Policies:

- Students must adhere to safety and animal handler policies including:
 - Research Safety: [ATSU Policy No. 95-102 Waste Management Policy](#)
 - Research Safety: [ATSU Policy No. 95-105 Incident Reporting](#)
 - [Animal Care & Use \(IACUC\)](#) (Students working with animals must complete and submit appropriate documentation.)
- [Appendix I: Approved Animal Handler Agreement](#) (from ATSU Student Handbook)
- Students may participate in the Interdisciplinary Biomedical Research Symposium (IBRS Abstract Guidelines).
- The University offers funding support for student research through the Student Research Support Program in the maximum amount of \$500 (supplies only, no travel allowed).
 - **Process:** To be eligible for the funding, submit the student's name, a one to two paragraph explanation of the research activity of the student as well as the timeline for this activity. Submit this application together with a purchase order totaling up to \$500

REVIEW(S)

Policy & Resources reviewed by:

KCOM Dean - June 25, 2020

Application Form Revised: May 18, 2016
Please Type

IACUC APPLICATION # ____

**KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)**

APPLICATION FOR USE OF ANIMALS

Principal Investigator: _____

Department: _____

Project Title: _____

Office Phone: _____ Home Phone: _____

Requested Start Date of New Project (leave blank if renewal): _____

Lay Summary:

Using terminology appropriate for a high school student, BRIEFLY state the general relevance or purpose of your research.

BRIEFLY state how this research might benefit humans, animals, or society.

Provide a BRIEF description of the procedures that you will be using that involve animals.

Title:
P.I.:

INVESTIGATOR'S ASSURANCE

I agree to abide by PHS policy, USDA Regulations, the Guide for the Care and Use of Laboratory Animals, all federal, state, and local laws and regulations, and policies of the Kirksville College of Osteopathic Medicine governing the use of animals in research and/or teaching. I will permit emergency veterinary care for animals showing evidence of pain or illness.

I assure the IACUC that alternative procedures have been considered for any procedures likely to produce pain or distress and that no other procedures are suitable.

I assure the IACUC that the project does not unnecessarily duplicate previous experiments.

I assure the IACUC that all experiments and surgeries involving live animals will be performed under my supervision or that of another qualified professional.

I assure the IACUC that all personnel having direct live animal contact, *including myself*, have been trained in humane and scientifically acceptable procedures in animal handling, administration of anesthesia, analgesia, and euthanasia to be used in this project, and all are aware of the biohazards involving live animal tissues. All laboratory personnel (technicians, students) have undergone KCOM animal care training.

I will notify the IACUC of any changes in animal care or use (including changes in personnel or location). Such changes will not be implemented without prior IACUC approval.

I understand that the protocols are approved for *one year* and it is my responsibility to apply for reapproval *prior to* the date of approval expiration noted on the next page.

My signature constitutes written assurance to the IACUC that the above statements and those listed on page five are, to the best of my knowledge, accurate:

Typed Name of Principal Investigator

Signature/Date

Title:
P.I.:

IACUC APPROVAL

Upon notification of the action of the IACUC, you are authorized to place orders for animals through the Animal Supervisor. Orders will be placed provided that caging and proper animal care can be provided.

Approval: _____
IACUC Chairman/Date

Director of the ACF/Date

Approved: (IACUC members)

_____	Date	_____	Date
_____	Date	_____	Date
_____	Date	_____	Date
_____	Date	_____	Date
_____	Date	_____	Date

IACUC APPLICATION # _____

APPROVAL DATE: _____

EXPIRATION DATE: _____

Title:
P.I.:

RATIONALE FOR THE PROJECT

Briefly state the aim of the project:

*List one or more publications **that give support as you:***

(a) justify:

(1) the species of animal to be used in this project:

(2) the use of this species in this project:

(3) the selection of the experimental model to be used in this project:

*(b) The above justifications **must** be accompanied by a literature search, performed within 3 months of the application date. Give the date the search was performed and the database searched below.*

(c) Provide a written narrative describing the methods or sources used to consider alternatives (this should include consideration of measures that can be taken to limit/minimize pain and distress to that which is unavoidable). The search for alternatives can include recent conferences or colloquia attended, subject expert consultants, or other relevant sources of up-to-date information, as well as a literature search. If there are no applicable non-animal alternatives, address how you will reduce or refine the use of animals.

Title:
P.I.:

DESCRIPTION OF ACTUAL PROCEDURES

1. Provide a general description of the methods used that involve animals or animal care personnel.

2. Explain your husbandry requirements. If the Standard Operating Procedures and species protocol of the ACF are suitable check here. _____

Special needs -- be **specific**. Include light cycle, isolation, noise reduction, diet requirements, etc.

3. Justify the number of animals to be used:
 - a. How many experimental groups and animals in each group do you plan to use in this project? Try to make an accurate prediction. (Too few animals may not adequately test the hypothesis, but use of animals in excess of the experimental requirements is also not good). Section 3b. is intended to help with this predication (see below).

 - b. Justify your sample sizes based on the literature, your previous experiments/experience, and/or by the use of statistical analysis, typically power analysis. It is preferable to use both experimental evidence, based on prior research or the literature, AND statistical predications (power analysis).

 - c. **If animals will be housed alone, provide a scientific or animal care justification. Identification of animals must be done by marking rather than housing alone.**

 - d. **If animals will be transported (other than transportation arranged by the KCOM ACF (according to the existing SOP), describe the transportation and measures to protect animal and worker health.**

Title:
P.I.:

4. List all agents or substances used during any procedure involving animals in the following table. The investigator must provide a complete description of all chemical substances (drugs, saline vehicles, dietary supplements or restrictions, etc.) that are administered to the animals. Include the dose to be used (including that used for euthanasia) and the route of administration. A form for describing each agent to be used is included at the end of this application. Photocopy as many forms as needed for your use; use one form per agent/substance. Attach these forms to the application as an Appendix. Also include Material Safety Data Sheets for all substances that are being used in this protocol.

Agent	Concentration	Dose	Volume Of Administration	Route of Administration	Purpose for Use of the Agent

5. List any biohazardous materials reviewed by the KCOM Biohazard Committee that will be used in animals. This application can be reviewed simultaneous to Biohazard committee review pending favorable review by the Biohazards Committee.

Title:
P.I.:

DESCRIPTION OF ACTUAL PROCEDURES Cont.

6. Provide a detailed description of any surgical procedure or other stressful procedure.
 - a. Will anesthesia be used? (If not, provide a justification, both scientific and ethical). Yes ___ No ___
If this project does not require survival surgery check here. _____. If checked, go to item 7.
 - b. Will analgesic agents be used, either for surgery or post-surgery or procedure? (If not, provide a justification, both scientific and ethical). Yes ___ No ___
 - c. All surgical procedures must meet requirements for sterile surgery, pre-/post-operative care and recordkeeping. State where the logs of the surgery and pre-/post-operative care are stored.
 - d. What agent will be used for anesthesia?
 - e. What dose of this agent will be used?
 - f. How will this agent be administered?
 - g. How will post-operative pain and distress be monitored?
 - h. **What pharmacologic and/or non-pharmacological agents will be used to control pain and distress? Your response must include a discussion of dose and effective duration of analgesic drug.**
 - i. How long will the animals be monitored following surgery?
7. Provide endpoint criteria for when an animal will be removed from the experimental protocol. (Describe the monitoring of the wellbeing of the animals and the criteria for when a sick animal must be removed from the experiment. This applies to both animals that may become sick for reasons unrelated to the protocol and this applies to experiments where the experimental conditions have potential to cause stress or illness. For example, experimental protocols that involve potentially toxic agents, like anti-cancer drugs require a description of the endpoint criteria that may arise because of the experimental agent or procedure).
8. Describe the method of euthanasia:
 - a. What agent/procedure will be used for euthanasia?
 - b. What dose, volume, and concentration of the agent will be used to produce euthanasia?
 - c. What route will be used for administration of the agent?
9. **Describe worker education to promote worker safety regarding any potential hazards specific to this animal use application.**

Title:
P.I.:

10. Personnel

List all personnel involved in this project in the following table. What is the background and specific qualifications of each listed individual for performing their role in this project? Verify that they have completed the training program. Also verify that they have received the annual health screening mandatory for all personnel who have direct contact with vertebrate animals, and thus are susceptible to exposure to hazards associated with the animals being handled or to hazardous agents used in the research. (Completion of the attached table will provide all of the requested information.)

Individual Personnel	Training Program Completed On (provide date)	Species Individual Will be Using	Procedures Individual Will be Performing on Each species	How was Individual Trained* to Perform Procedure	Who trained This Individual?	Years Experience Performing Procedure

*Examples: hands-on assistance; direct supervision; coursework.

Title:
P.I.:

DESCRIPTION OF ACTUAL PROCEDURES, Cont.

11. Pain Category

Check the highest category of pain or distress which may be induced:

- () 1. Procedures that would be expected to produce little or no pain or distress.
- () 2. Procedures that involve minor pain or distress of short duration.
- () 3. Procedures that involve significant but unavoidable pain or distress. This category includes pain and euthanasia relieved by drugs (e.g., post-surgical analgesics) and terminal surgery.
- () 4. Procedures that involve inflicting severe pain or distress, or chronic, unrelieved pain or distress, or death.

Include a written narrative for alternatives to painful procedures, describing the results of your literature search and your interpretation of those results in light of your proposed animal use.

12. Location

State the location at which each activity described in this proposal is conducted. List date of hood certification: _____

13. Schedule

Develop a time line for animal use:

Title:
P.I.:

ANIMAL DESCRIPTION

Species:

Strain:

Age/Wt.:

Source or Dealer:

Number Used Per Year:

Number Housed at One Time:

Title:
P.I.:

DESCRIPTION OF AGENTS

NAME:

PURPOSE:

AMOUNT:

ROUTE:

DESCRIPTION:

HUMAN TOXICITY: (See attached sheet)

Title:
P.I.:

DESCRIPTION OF AGENTS

NAME:

PURPOSE:

AMOUNT:

ROUTE:

DESCRIPTION:

HUMAN TOXICITY: (See attached sheet)

Title:
P.I.:

ANIMAL USE PROTOCOL ADDENDUM

Investigator Name _____ Protocol # _____

Protocol Title

Addendum:

Investigator's Signature

Date

Director, Animal Care Program

Chairman, Animal Care Committee

Date _____

Date _____

ATSU and ATSU-KCOM Policies
COCA Standard No. 9.1/9.3: Admissions & Transfer Policy

Signature: *On file in Dean's office*

Date Approved: *December 12, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 9.1 & 9.3, A.T. Still University-Kirksville College of Osteopathic Medicine is required to establish and publish, to the public, admission requirements for potential applicants to the osteopathic medical education program and must use effective policies and procedures for osteopathic medical student selection for admission and enrollment, including technical standards for admissions. A COM must tie all admissions policies to the COM mission. In addition, a COM must publish and follow policies regarding transfer or admissions with advanced standing. A COM may only accept credits from a school accredited by the COCA or Liaison Committee on Medical Education (LCME) where the student is eligible for readmission. The COM must ensure that if transfer occurs from an LCME accredited school of medicine, the student must acquire OMM/OPP competency prior to graduation from the COM. The last two years of education must be completed at the COM granting the degree.

POLICIES

ATSU-KCOM meets COCA standards 9.1 and 9.3 via the follow policies:

Admissions Policy Published 2020-21 ATSU-KCOM Catalog

Application process

ATSU-KCOM participates with other osteopathic colleges in a centralized application processing service called the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS). This service will collate materials, compute grades, and transmit standardized information to the applicant and the colleges which the applicant designates to receive them. AACOMAS takes no part in the evaluation, selection, or rejection of applicants.

Applications may be obtained at www.aacom.org or from AACOMAS at 7700 Old Georgetown Road, Suite 250, Bethesda, MD 20814, phone: 301.968.4100.

The College will send the applicant a secondary application if general qualifications are met. A non-refundable application fee and letters of recommendation from the pre-medical committee and a physician or employer will be required at the time the secondary application is submitted.

Applications must be submitted no later than February 1 of the academic year prior to which admission is sought. Applicants are encouraged to apply far in advance of the February 1 deadline. Additional information regarding the program application deadline date, tuition and expenses, and related financial assistance can be found at www.atsu.edu, or email inquiries may be sent to admissions@atsu.edu.

Admission Requirements

Applicants for admission to the first-year DO class must meet the following requirements prior to matriculation.

1. The applicant must have achieved a minimum 2.8 cumulative GPA and a 2.8 science

GPA (based on a 4.0 scale). Applicants seeking admission with the intention of not having a degree prior to matriculation are required to have a minimum 3.5 cumulative GPA, a 3.5 science GPA, and a 504 on the Medical College Admission Test (MCAT).

2. Applicants must have completed 90 semester hours or three-fourths of the required credit for a degree from a college or university (30 hours of which must be at a four-year, degree-granting institution) accredited by a regional educational association. Most of the candidates who are accepted for admission have earned a baccalaureate degree prior to matriculation. It is recommended that applicants complete a bachelor of art or science degree from an institution accredited by a regional accrediting association.
3. Applicants must have completed one full academic year or the equivalent in each of the following with a final grade of C or above:
 - i. English – 6 semester hours/9 quarter hours. The student should be fluent in the oral and written use of English.
 - ii. Biology – 8 semester hours/12 quarter hours. Must include a laboratory and a basic course in general biology or general zoology.
 - iii. Physics – 8 semester hours/12 quarter hours. Must include a laboratory and cover the study of mechanics, sound, heat, magnetism, electricity, and light.
 - iv. General or Inorganic Chemistry – 8 semester hours/12 quarter hours. Must include a laboratory.
 - v. Organic Chemistry – 8 semester hours/12 quarter hours. Must include a laboratory.
4. Elective subjects should afford a broad educational and cultural background as encouraged by the applicant's pre-professional adviser. Courses in molecular biology, genetics, behavioral sciences, biochemistry, human anatomy/ physiology, and humanities are encouraged.
5. Applicants are required to submit scores from the MCAT that have been taken within three years from the date of application.
6. Matriculants are required to submit official transcripts from all colleges and universities attended by the date of matriculation including confirmation of an undergraduate degree, unless accepted under the non-degree application requirements.
7. ATSU-KCOM and many of its clinical affiliations require criminal background checks on matriculants and students to ensure the safety of patients and employees. The checks are conducted by a vendor selected by ATSU. The student will pay the cost of the criminal background check directly to the vendor. Failure to comply with this mandate will result in denial to matriculate. A matriculant with a positive criminal background screen will be reviewed.
8. Matriculants will meet the minimum technology specifications.
9. Applicants must be a U.S. citizen or permanent resident.
10. Applicants must be fluent in the oral and written use of English.

Transfer Student Admission Policy Published 2020-21 ATSU-KCOM Catalog

Requests for transfer into the DO program at ATSU-KCOM must be made to the Admissions department. Applicants must currently be enrolled in medical school and cannot previously have been rejected by ATSU-KCOM.

Applicants may only transfer from medical schools and colleges accredited either by AOA COCA, or by the Liaison Committee on Medical Education (LCME). When a student transfers from another college of osteopathic medicine (COM), or an LCME accredited medical school or college, the last two years of instruction must be completed at ATSU-KCOM. In the case of LCME transfers, the ATSU-KCOM requirements for osteopathic manipulative medicine must be completed prior to graduation.

The following documentation must be on file before being considered for admission.

1. A letter from the academic dean or designee of the current professional school indicating the student is presently in good academic standing.
2. Minimum cumulative and minimum science GPA of 2.8 on a 4.0 scale.
3. Official transcript from the transfer school. (ATSU-KCOM will review and confirm the approval of the transfer credits via a letter for the student's file.)
 - Confirmation of a bachelor's degree or 90 semester hours or three-fourths of the required credit for a degree from a college or university (30 hours of which must be at a four-year, degree-granting institution) accredited by a regional educational association.
 1. Submitting an AACOMAS or AMCAS application may fulfill this.
 - If accepted for admission, official transcripts from all colleges and universities attended will have to be provided prior to matriculation.
4. MCAT score(s)
5. Secondary application and secondary fee
6. Additional documents or letters of evaluation as determined by the Admissions Committee may be requested.

Following the receipt of the above credentials, if considered qualified for admission, the completed application will be reviewed and the applicant will be invited for an on-campus interview.

The applicant will have a minimum of four interviews including the Associate Dean of Clinical Affairs, Vice President of Student Affairs, Assistant Vice President of Admissions, and a basic science or clinical faculty member.

Following an academic report (credit evaluation) by the Associate Dean of Curriculum, the Admissions Committee will determine whether the applicant will be accepted for admissions, the amount of credit allowed, and the standing of the applicant.

Transfer Credit

ATSU-KCOM does not accept transfer credit for students admitted to the first-year DO class. Please see the transfer student section for information regarding how to transfer from a current medical program into the DO program.

Still Scholars Early Acceptance Program

The Still Scholars Early Acceptance Program is designed to provide admission opportunities to outstanding students who aspire to become osteopathic physicians. ATSU-KCOM prides itself on developing physicians who focus on whole person healthcare and community service and looks for students who also hold these values. ATSU-KCOM's Still Scholars Early Acceptance Program rewards highly capable students who are dedicated to the osteopathic philosophy with admittance into our institution's founding osteopathic medical program without

traditional MCAT requirements. This program encourages students to focus on developing strong academic and leadership skills, yet allows them to focus on their undergraduate experience without the additional pressures of preparing for the MCAT. In addition, Still Scholars are awarded an academic scholarship for medical school upon entry to ATSU-KCOM.

Priority consideration agreements are in place with various undergraduate institutions across the United States to help pre-screen qualified applicants; however, students from any four-year accredited undergraduate institution in the United States may apply. Students representing schools that have an agreement with ATSU-KCOM receive priority consideration in the selection process. Applicants must qualify for selection as per the agreement established between ATSU-KCOM and the specific institution.

ATSU-KCOM has agreements with the following institutions:

- Dillard University
- Doane University
- Elmhurst College
- Greenville University
- Langston University
- MCPHS University
- Missouri S&T
- Missouri State University
- Northwest Missouri State University
- Rockhurst University (In Progress)
- Southeast Missouri State University
- St. Xavier University (In Progress)
- Truman State University
- Westminster College
- William Jewell College

For more information on the Still Scholars Early Acceptance Program, please contact residential admissions at admissions@atsu.edu or by phone at 866.626.2878 ext. 2237.

Early Decision Program

The Early Decision Program is a service for highly qualified medical school applicants who have made a definite decision that ATSU-KCOM is their first choice among medical schools. In order to be considered, the applicant must meet all of the following requirements and agree to apply only to ATSU-KCOM until an early decision notification is made. To qualify for early decision the applicant must meet all stated admissions criteria in addition to:

1. Meet a minimum GPA of 3.5 both cumulative and in the sciences.
2. Have taken the MCAT and earned a composite score of 504 or higher.
3. Submit the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS) application, MCAT scores and transcripts from all institutions attended to AACOMAS by August 1. Applications become available through AACOMAS June 1. For information contact AACOMAS 7700 Old Georgetown Road, Suite 250, Bethesda, MD 20814, phone: 301.968.4190, www.aacom.org

4. File all secondary materials and letter of intent with Admissions by September 1.
5. Withhold all applications to other medical schools until an early decision is made by ATSU-KCOM.
6. Interviews will be conducted in early October for qualified applicants.
7. The Admissions Committee will release a decision within two weeks of the interview.
8. A \$1,000 non-refundable acceptance fee will be required by December 15.

International Student Admission

Students who are non-citizens or not permanent residents of the United States are not eligible to apply for the DO program at this time.

Priority Consideration Agreements

Pre-Med/Med Accelerated Track

The Pre-Med/Med Accelerated Track program is a "3+4" program offered conjointly between Truman State University and ATSU-KCOM. Selected students in Truman's Bachelor of Science (BS) in Health Science or BS in Exercise Science programs will begin their first year in the ATSU-KCOM DO program after completing their third year at Truman.

Truman health science or exercise science students who are interested in applying for the "3+4" program will need to meet the following requirements:

1. Maintain a GPA (cumulative/science) of 3.5 or higher (4.0 scale) within the Health Science or Exercise Science Degree Tracks.
2. Completion of all prerequisite course work by the end of the junior (3rd) year.
 - o Biology/Zoology- 8 hours with lab
 - o General Chemistry-8 hours with lab
 - o Organic Chemistry-8 hours with lab
 - o Physics-8 hours with lab
 - o English 6 hours
3. Display maturity and strong interpersonal communication skills.
4. Be involved with extracurricular activities; gain exposure to medicine through clinical shadowing experiences, community service, volunteering and campus organizations.
5. Be a full-time Truman student.
6. Be a law abiding citizen.
7. Must be a U.S. citizen or permanent resident.
8. During the fall of the junior year, complete a verified AACOMAS application, ATSU-KCOM secondary application, and provide letters of recommendation.
9. Follow the Pre-Med/Med Accelerated Track three year sequence of courses at Truman.
10. Satisfy all Truman requirements prior to enrollment to ATSU-KCOM.

Upon successful completion of the Pre-Med/Med Accelerated Track the student will receive a Bachelor's of Science Degree (BS) in Exercise Science or Health Science from Truman State University as well as a Doctor of Osteopathic Medicine Degree (DO) from A.T. Still University - Kirksville College of Osteopathic Medicine.

Please contact the Truman or ATSU Admissions Department for more information.

Selection of Applicants

The Admissions Committee seeks those individuals who identify with the goals of ATSU's mission statement and ATSU-KCOM's mission statement. Applicants are screened for academic achievement, clinical involvement, interpersonal relations, leadership and service, perseverance, maturity, motivation, and osteopathic awareness.

Applicants who reach the final phase of the selection process will be invited to campus for an interview. All applicants selected for admission are interviewed prior to acceptance. The Admissions Committee reserves the right to accept, reject, or defer an application.

Students sent a letter of acceptance are granted a specified time period to notify ATSU-KCOM of their intention to enroll. Accepted students must submit the following to Admissions prior to matriculation.

1. Signed admission agreement
2. Non-refundable deposits
3. Copies of official transcripts from every institution attended
4. Immunization record
5. Criminal background check through the University approved vendor
6. Proof of health insurance form

Admission after acceptance is also subject to the satisfactory completion of all academic requirements. See the [ATSU-KCOM Catalog](#)

Statement of Diversity and Inclusion

Diversity and inclusion encompass an authentic understanding and appreciation of difference and, at their core, are based upon the value each human being brings to our society and each person's access and opportunities to contribute to our University's cultural proficiency.

ATSU-KCOM admits and matriculates qualified osteopathic medical students. A.T. Still University of Health Sciences is committed to equal access for all qualified applicants and students. Minimal Technical Standards for Matriculation (the "Standards") state expectations of ATSU students. The Standards provide sufficient information to allow the candidate to make an informed decision for application. Minimal Technical Standards for Matriculation are a guide to accommodation of students with disabilities. Academic adjustments can be made for disabilities in some instances, but a student must be able to perform in a reasonably independent manner. Applicants and current students who have questions regarding the technical standards, or who believe they may need to request academic adjustment(s) in order to meet the standards, are encouraged to contact Learning and Disability Resources. Procedures to apply for academic adjustments are found at the conclusion of this policy.

In adopting these standards, the College believes it must keep in mind the ultimate safety of the patients who may be involved in the course of the student's education as well as those patients for whom its graduates will eventually care. The Standards reflect what the College believes are reasonable expectations of osteopathic medical students (and physicians) in learning and performing common osteopathic medical treatment.

Categories, Standards, and Examples

A Doctor of Osteopathic Medicine (DO) must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. In order to carry out the activities described below, students must be able to consistently, quickly, and accurately integrate, analyze, and synthesize data. Students must possess, at a minimum, the following abilities and skills: observation; communication; motor; sensory; strength and mobility; intellectual, conceptual, integrative and quantitative; and, behavioral and social. These abilities and skills comprise the categories of ATSU-KCOM Minimal Technical Standards for Admission and Matriculation and are defined below. The examples mentioned are not intended as a complete list of expectations, but only as samples demonstrating the associated standards.

1. Observation: Students must have sufficient vision to observe demonstrations, experiments and laboratory exercises. Students must have adequate visual capabilities for proper evaluation and treatment integration. They must be able to observe a patient accurately at a distance and up close.
2. Communication: Students should be able to hear, observe and speak to patients in order to elicit and acquire information, examine them, describe changes in mood, activity, and posture, and perceive their nonverbal communication. Students must also be able to communicate effectively in oral and written form with staff and faculty members, the patient and all members of the health care team.
3. Motor: Motor demands include reasonable endurance, strength and precision. Students should have sufficient motor function to execute movements reasonably required for general care and emergency treatment. Such movements require coordination of both gross and fine muscular activity, equilibrium, and functional use of the senses of touch and vision.
4. Sensory: Students need enhanced sensory skills including accuracy within specific tolerances and functional use for laboratory, classroom and clinical experiences. Students who are otherwise qualified but who have significant tactile sensory or proprioceptive disabilities must be evaluated medically. These disabilities include individuals who were injured by significant burns, have sensory motor deficits, cicatrix formation, or have malformations of the upper extremities.
5. Strength and mobility: Students must have sufficient posture, balance, flexibility, mobility, strength and endurance for standing, sitting and participating in the laboratory, classroom and clinical experiences.
6. Intellectual, conceptual, perceptual, integrative and quantitative: These abilities include reading, writing, measurement, calculation, reasoning, analysis, and synthesis. In addition, students should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities.
7. Behavioral and social: Students must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships. Students must be able to tolerate physically demanding workloads and to adapt to changing

environments, to display flexibility, and to learn to function in the face of uncertainties inherent in clinical problems of patients. Compassion, maturity, honesty, ethics, concern for others, interpersonal skills, interest, and motivation are all personal qualities that will be assessed during the admission and educational processes. Students shall be prepared to endure the physical and emotional demands of the medical profession.

Please also reference examples of associated standards here: Minimal Technical Standards of the KCOM DO program

Additional Information

Records and communications regarding disabilities and academic adjustments with the Director of Learning and Disability Resources have no bearing on the application process. You may contact the director at Learning and Disability Resources, A.T. Still University of Health Sciences, 800 W. Jefferson Street, Kirksville, MO 63501, disabilityresources@atsu.edu, or by phone at 660.626.2774.

Applying for Academic Adjustments

The institution remains open to possibilities of human potential and achievement, providing support for students with disabilities. The Vice President of Student Affairs is responsible for the administration of and compliance with the Technical Standards and Academic Adjustments Policy (ATSU Policy #20-110) through the Director of Learning and Disability Resources. Please see the University Student Handbook for information on how to apply for academic adjustments or email disabilityresources@atsu.edu.

REFERENCE:

ATSU-KCOM Catalog

- [Admission](#)
- [Minimal Technical Standards for Admissions](#)
- [Transfer Students](#)

REVIEW(s)

Policy reviewed by:

KCOM Dean - December 12, 2019

**ATSU and ATSU-KCOM Policy & Procedures for
COCA Standard No. 9.2: Academic Standards**

Signature: *On file in Dean's office*

Date Approved: *December 19, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) standard 9.2, A.T. Still University-Kirksville College Osteopathic Medicine must publish and follow policies and procedures on academic standards that include grading, class attendance, tuition and fees, refunds, student promotion, retention, graduation, students' rights and responsibilities, and the filing of grievances and appeals.

POLICIES & PROCEDURES

The ATSU-KCOM Academic Standards policies herein are published in the A.T. Still University - Kirksville College of Osteopathic Medicine catalog, ATSU Handbook, and KCOM Student Manual and provide guidance to students, faculty members, and administrators as they proceed through academic activities and the education process.

ATSU-KCOM meets this COCA standard via various policies:

- ATSU University Catalog
 - [ATSU-KCOM Grading Policy](#)
 - ATSU-KCOM programs adhere to the University's grading scale. Grading of courses are outlined in the syllabi. Grading of clinical courses are outlined in the Student Assessment Plan Summaries by class.
 - [Years 1 & 2 Assessment Plan Summaries](#)
 - [Years 3 & 4 Assessment Plan Summaries](#)
 - [Years 3 & 4 Assessment Outline](#) (class of 2022)
 - [ATSU-KCOM School Policies](#)
 - [ATSU Attendance Policies](#)
 - [ATSU-KCOM Attendance Policy and Procedures](#)
 - [ATSU-KCOM Tuition and Fees Policies](#)
 - [ATSU Tuition and Fees for Extended Graduations and Retakes](#)
 - [ATSU-KCOM Tuition and Fees](#)
 - [ATSU-KCOM Tuition Refund Policy](#)
 - [ATSU Policy NO. 50-112 Student Account Collections](#)
 - [ATSU Policy NO. 50-113 Student Obligations](#)
 - [ATSU-KCOM Student Promotion Board Policy](#)
 - [ATSU Academic Appeals policy: Promotion and/or Dismissal Decisions.](#)
 - [ATSU-KCOM Policy 6.12 COMLEX-USA](#)
 - [ATSU-KCOM Graduation Requirements](#)
 - [Extended Academic Programs](#)

- [ATSU-KCOM Students' Professional Rights, Responsibilities and Conduct](#)
 - [ATSU-KCOM Code of Academic Conduct](#)
 - [Code of Conduct Sanctions,](#)
 - [Code of Behavior Standards,](#)
 - [Prohibition of Discrimination, Harassment and Retaliation.](#)
- [Filing of Grievances and Appeals/Complaint Resolution Process](#)
 - [ATSU Catalog Policies section, Academic Appeals Policy.](#)

REVIEW(S)

Policies & Resources reviewed by:
KCOM Dean - December 19, 2019

Class of 2022 Year 3 & Year 4 Assessment Outline

Clinical Rotations	Year	Description	Grades			Grade Calculation & Notes
Foundations 1 [32 weeks]	3	<ul style="list-style-type: none"> Family Medicine* (2) Internal Medicine* (2) OB/GYN* Pediatrics* Psychiatry* Surgery 	Pass (P)	High Pass (HP)	Honors (H)	Elements: 1. Clinical Performance Evaluation (Completed in New Innovations by Clinical Preceptor) 2. COMAT 3. Procedure Logs Preceptor and Rotation Evaluation <i>(required, not part of grade)</i>
			185-229	230-249	250 and above	
			Fail (F): 184 or below <i>Overall rotation grade for each rotation is listed individually on transcript.</i>			
Foundations 2 [12 weeks]	4	<ul style="list-style-type: none"> Family Medicine Critical Care/ICU Emergency Medicine 	Pass (P)	High Pass (HP)	Honors (H)	The entire score for a single rotation is based on the Clinical Performance Evaluation (completed in New Innovations by Clinical Preceptor) Preceptor and Rotation Evaluation <i>(Foundations 2 rotations only - required, not part of grade)</i>
			90-124	125-149	150 and above	
			Fail (F): 89 or below <i>Grade for each rotation is listed on transcript.</i>			
Electives [44 weeks]		Electives				

***In response to Covid-19 pandemic, student may be approved to complete 1-2 weeks of school-approved online coursework to fulfill Foundations rotation(s).**

Overall Rotation Grade Notes for Foundations 1:

- The overall rotation grade is calculated on points (not percentages).
- Clinical Performance Evaluation: Fail = 1, Beginner = 2, Competent = 3, Proficient = 4. Average X 45 = total points.
- Any element on the Clinical Performance Evaluation marked FAIL will trigger review by the RAD/DSME.
- Student MUST score a minimum of 90 on all clinical performance evaluations. Student who fails a rotation will be reviewed by the KCOM Student Promotion Board.
- Student MUST score a minimum of 85 on all COMATs. COMAT remediations are recorded as 85 points.
- Procedure Logs are P/F. Fail = 0, Pass = 10. Failed Procedure Logs require remediation. Procedure Logs remediations are recorded as 0 points.

Overall Rotation Grade Example 1:

Evaluation: $3.0 \times 45 = 135$
 COMAT: 105
 Logs: 10
 Overall Rotation Grade: $135 + 105 + 10 = 250$
 250 = Honors (H)

Overall Rotation Grade Example 2:

Evaluation: $2.6 \times 45 = 117$
 COMAT: 85
 Logs: 10
 Overall Rotation Grade: $117 + 85 + 10 = 212$
 212 = Pass (P)

Additional Assessments	Year	Descriptions	Grades	Grade Calculation & Notes
FNCH7400- Foundations of Community Health	3	Online course designed to prepare physicians who are well-prepared to practice in and lead transforming health systems and hold a rich awareness of patient-centered care planning, demonstrable primary care workforce competencies, and leadership capacity to educate future health care team members in conversion to the medical home model of care.	Pass (P)/Fail (F) Grade listed on transcript.	Modules open July 1– September 30 Completed in Canvas.
TYPA7512- Performance Assessment III	3	Students return to the Kirksville campus to participate in an orientation session, a career advising session, and then complete 8 standardized patient encounters (simulated COMLEX Level 2PE).	Pass (P)/Fail (F) Grade listed on transcript.	Scheduled by the main campus - Sept/Oct (May be delayed or modified due to Covid-19)
HCSA7510-Health Systems & Communications Assessment	3	1. Geriatrics-Health Finance Exam: Health care finance and economics as they apply to geriatric patients. Topics include: Medicare, Medicaid, other options for financing health care costs, and alternative living environments and situations for the elderly. Students complete two learning activities, a practice quiz and a final exam.	Honors (H): 90-100 High Pass (HP): 80-89 Pass (P): 70-79 Fail (F): 69 or below	<p>Elements:</p> <ul style="list-style-type: none"> • Geriatrics – Health Finance Exam 10% (completed in Canvas)- Due Jan 1 • Institute for Healthcare Improvement (IHI) Modules 35% - Due Jan 1 • Scholarly Report 1 25% - Due Feb 1 • Journal Club 10% - Due April 1 • Oral Case Presentations (two at 10% each) 20% - Due April 1 <p>Scores from all 5 parts are combined as one grade on transcript as follows: Honors: 93.50 – 100 High Pass: 87-93.49 Pass: 80.50-86.99 Fail: 80.49 and below</p>
		2. Institute for Healthcare Improvement (IHI) Modules. Completed online.	Pass (P): 100 Fail (F): 0	
		3. Scholarly Report 1 : Complete a written case report with a review of the literature, chart review, quality improvement project, manuscript, or other approved piece of scholarship reviewed and critiqued by the Director of Student Medical Education (DSME). Details: Toolkit for Scholarly Report 1 & 2 .	Honors (H): 90-100 High Pass (HP): 80-89 Pass (P): 70-79 Fail (F): 69 or below	
		4. Journal Club Presentations : Students prepare a journal club presentation and lead the discussion about the article. Students will complete at least one Journal Club presentation.	Honors (H): 90-100 High Pass (HP): 80-89 Pass (P): 70-79 Fail (F): 69 or below	
		5. Oral Case Study Presentation : Oral cases are formal presentations with PowerPoint, etc. and should average 30-45 minutes. Students will complete at least two Oral Case Study presentations.	Honors (H): 90-100 High Pass (HP): 80-89 Pass (P): 70-79 Fail (F): 69 or below	

Additional Assessments	Year	Descriptions	Grades	Grade Calculation & Notes
Ambulatory Clinic Modules	3	Prior to first Family Medicine rotation (or as directed by regional representatives) complete three Student Onboarding Modules from Society of Teachers of Family Medicine : (1) How to Write a High-Quality Note in the EMR (2) How to Perform Medication Reconciliation (3) Motivational Interviewing Optional: Read How to Be Awesome...	Not graded	<i>Student to submit certificate of completion for each module to rotation site coordinator.</i>
Scholarly Report 2	4	Students will have two options for a Scholarly Report 2 . 1. Develop and submit a second, separate item of scholarship similar to Scholarly Report 1 requirement. 2. Revise, refine and prepare for submission the Scholarly Report 1 document for publication and dissemination. Details: Toolkit for Scholarly Report 1 & 2 .	Honors (H): 90-100 High Pass (HP): 80-89 Pass (P): 70-79 Fail (F): 69 or below <i>Grade listed on transcript.</i>	<i>Due August 1, 2021</i>
Student Success Updates	3, 4	Student Success Updates are progress reports completed in a standardized format by both the DSME and the student. Once completed, the form is sent to the Associate Dean, Academic Affairs. They are not scored, however they are used as an assessment tool.	Not graded	SSU #1 – October SSU #2 – January SSU #3 – April SSU #4 – September SSU#5 – February
Advanced OPP Courses: OPPC7171 OPPC7172 OPPC8173	3, 4	Three online courses (2 in Year 3 and 1 in Year 4). Includes OMM Review, OPP Modules, online assessments, literature search, OTM Practice Logs. See Canvas for syllabi. NBOME OPP COMAT is a proctored exam completed online at the regional site (February-March).	Honors (H) High Pass (HP) Pass (P) <i>Grades listed on transcript.</i> Minimum score: 85 Pass(P)/Fail (F)	Elements: <ul style="list-style-type: none"> • Online module assessments • Literature review assignment • OTM Practice Logs <i>Module assessments due on the 10th of each month. Course is in Canvas.</i>
CMLX7500-COMLEX Level 2CE and 2 PE Preparation	3, 4	To facilitate student preparation for successful completion of COMLEX Level 2CE and 2PE. For 2CE: 2 practice exams, 1 board examination For 2PE: PAIII (with or without remediation), 1 board examination	Pass (P)/Fail (F) <i>Grade listed on transcript.</i>	Pass: Complete all assessments & Pass both exams Fail: Fail to complete all assessments and/or both exams

ATSU POLICY NO. 50-112: STUDENT ACCOUNT COLLECTION

DATE APPROVED: JUNE 15, 2017

SIGNATURE: *Signature on file in HR*

Purpose

This general order outlines ATSU policy for payment of tuition and other fees.

Policy

- A. All ATSU programs' tuition, educational supply, and equipment fees are due and payable by the first day of each term. The finance/controller's office will receive tuition payments and make refunds as necessary.
- B. A late payment fee will be assessed on past due amounts at the rate of 18% per annum. A service charge of \$25 for returned checks will be assessed. Any waiver of the late payment fee applies only to the amount applied for on eligible loans or payable from approved third-party sources.
- C. Students enrolled in online programs may opt for a payment agreement with 50% due the first day of the term and the remaining 50% due five (5) weeks after the first day of the term. An administrative fee will be charged each academic term for this payment plan. For programs that have payment per program, payment in full is due prior to the start of the program or per the payment agreement on a quarterly payment schedule. The finance/controller's office will receive tuition payments and make refunds as necessary.
- D. Lenders will be requested to forward all funds to ATSU by electronic funds transfer (EFT). Where necessary, lenders will be requested to make checks co-payable to ATSU and the student. The finance/controller's office will process such funds on a bi-weekly basis and post to the student's account. Funds credited in excess of the tuition, late charges (where applicable), educational supply fee, short-term and emergency loans will be refunded to the student.
- E. Students owing balances for the previous academic term will be required to pay past due amounts and late charges before registration for the next term.
- F. ATSU will withhold all official transcripts under the following circumstances:
 1. There is an outstanding balance due ATSU for tuition, fees, short-term or emergency loans, or any other amount due ATSU unless satisfactory arrangements have been made in accordance with paragraph G.1-3 of this policy.
 2. There is a default on any student loan obtained through ATSU.
 3. In the event it becomes necessary to engage an attorney and/or collection agency to secure collection of any debt owed to ATSU by a student or former student, fees charged for these services will be the responsibility of the debtor.
- G. In the event an ATSU scholar award recipient does not complete their education at ATSU, the scholar award must be repaid to ATSU under one of the following options:
 1. Repayment in full within three (3) months of the date of withdrawal/dismissal with no interest charge.
 2. If not paid in full under option G.1 above, the balance is due in twelve (12) monthly installments plus interest based on the prime rate at a local Kirksville bank as of the date of withdrawal/dismissal and will begin accruing on same date.
 3. If a repayment agreement is not established or becomes sixty (60) days past due, the remaining balance will be referred to a collection agency; and the former student will be responsible for all related costs ATSU incurs that are associated with collecting the debt.

Responsibility

- A. It is the responsibility of the vice president of finance & administration/CFO to inform students and appropriate ATSU officials of outstanding balances owed and furnish the vice president for student affairs, dean of the school, and student financial services director with current information on payments made by students on delinquent accounts.
- B. It is the responsibility of the Registrar's Office to withhold enrollment, official transcripts, and enrollment/graduation verification letters for current or former students with outstanding debt to ATSU.
- C. It is the student's responsibility to make timely payment of amounts due and to consult with student financial services to arrange financial assistance.

- D. It is the responsibility of the student financial services director to assist students with developing a plan to obtain funds necessary to pay tuition and fees. The student financial services director is responsible for keeping the vice president of finance & administration/CFO informed of the status of financial aid.
- E. It is the responsibility of the vice president for student affairs and the dean of the school or their designee to ensure this policy relating to timely payment is followed.

ATSU POLICY NO. 50-113: STUDENT RECORDS – FINANCIAL OBLIGATIONS

DATE APPROVED: November 26, 2019

SIGNATURE: *Signature on file in HR*

Purpose

This general order states A.T. Still University of Health Sciences' (ATSU) policy concerning student records as it relates to financial obligations to the University.

Policy

- A. Students who fail to satisfactorily discharge their financial obligations to ATSU prior to the date of graduation and who have failed to do so following graduation shall not have transcripts sent to any institution or entity until such debts are paid.
- B. Students applying for transfer to another educational institution and who have not discharged their financial obligations to ATSU shall not have transcripts sent until such debts are paid.
- C. Former students who are in default on loans for which ATSU has fiduciary responsibility shall not have transcripts sent until such debts are paid or satisfactory arrangements are made.

Responsibility

- A. The Finance Office shall place a transcript hold on any students who are determined to have outstanding debts. Enrollment Services will enforce no transcripts issued until the hold for outstanding debt has been removed.

**ATSU and ATSU-KCOM Policies & Procedures for COCA
Standard No. 9.4: Secure Student Recordkeeping**

Signature: *On File in Dean's Office*

Date Approved: *December 12, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) standard 9.4, A.T. Still University-Kirksville College of Osteopathic Medicine must provide policies and procedures related to an accurate, confidential and secure system for official student record keeping that includes admissions, advisement, academic and career counseling, evaluation, grading, credits, and the training of faculty and staff in the regulations regarding these records (Family Educational Rights and Privacy Act (FERPA)).

POLICIES & PROCEDURES

Student recordkeeping policies and procedures are in place that adhere to FERPA guidelines and maintain accurate, confidential and secure systems for official student record keeping. Faculty and staff are trained annually.

ATSU-KCOM meets this COCA standard via various policies:

- ATSU University Catalog
 - [ATSU Student Records Policy](#)
- ATSU FERPA Policy
 - [Students](#)
 - [Non-disclosure of directory information form](#)
 - [Faculty and Staff](#)
- Employee Training
 - [ATSU Employee Handbook](#)
 - [Acknowledgement Form](#)
 - [Required Employee Training \(RET\)](#)
 - [RET Survey](#)
- [ATSU HIPAA Policies](#)
- [ATSU Policy No. 10-218 General Order on General Orders](#)
- [ATSU Policy No. 10-209 Record Retention - Appendix A](#)
 - Record Retention for Clinical Years
 - Student records will be maintained electronically in the Google drive in region-specific folders with access by the region and the main campus. Paper versions will be shredded and disposed of by the region once the document is uploaded into the electronic file and the student successfully meets graduation requirements. Student records will be maintained by the Academic Affairs office for 5 years from graduation or separation from the school at which point, all files will be archived and disposed of properly.

- Affiliation Agreements/Preceptor Information will be retained at the main campus for 6 years after expiration or termination of the contract and then archived and disposed of properly by the Clinical Affairs office.

REVIEW(S)

Policies & Resources reviewed by:
KCOM Dean - December 12, 2019

NONDISCLOSURE OF DIRECTORY INFORMATION FORM

Notification of Rights under FERPA

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. They are:

1. The right to inspect and review the student's education records. To review your records, you may go to the Registrar's Office and complete a Request to Review Education Records form. The Registrar's Office will have your records available for review within 45 days from the date of receiving the written request.
2. The right to request the amendment of the student's education records to ensure that they are not inaccurate, misleading, or otherwise in violation of the student's privacy or other rights.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.
4. The right to file with the U.S. Department of Education a complaint concerning alleged failures by University to comply with the requirements of FERPA.
5. The right to obtain a copy of the University's student records policy. A copy of the policy can be obtained from the Registrar's Office.

The complete ATSU FERPA policy is available at <http://www.atsu.edu/registrar/ferpa/index.htm>

For questions or additional information, please contact the Registrar's Office.

The items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of our institution. However, our policy is to not release information outside the institution without written authorization from the students unless we deem it to be in the student's best interest. The institution assumes no liability if honoring your instruction that such information be withheld should result in a negative effect for you. Directory items include:

Name, address, telephone number, e-mail address, dates of attendance, class, full-time/part-time status, name of spouse, previous institution(s) attended, major field of study, participation in officially recognized activities, awards, honors, degree(s) conferred (including dates), class roster, class schedule and photographs.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, you have the right to withhold the disclosure of any or all of the items of "Directory Information" listed above.

Please consider very carefully the consequences of any decision by you to withhold any item of "Directory Information." Should you decide to inform the institution not to release any or all of this "Directory Information," any future requests for such information from non-institutional persons or organizations will be refused, including parties completing enrollment or licensure verifications. If you request a FERPA hold on any of your information, you will not be listed in the online student directory in the ATSU portal.

Please specify items you do not wish to be disclosed:

- Name Telephone number E-Mail Mailing Address Photograph
 Other directory items (see above for list): _____

Sign and return this form ONLY if you have requested items for nondisclosure.

Student Signature: _____ Date: _____

Printed Name: _____ Academic Program: _____

This request for non-disclosure will remain in effect until the Registrar's Office is notified in writing to remove the restriction.

Required Employee Training:

Excerpt from the ATSU HR intranet website>RET

Required Employee Training (RET)

The RET is a critical piece of ATSU's ongoing legal compliance and best practice management. Every employee is required to complete the training each calendar year.

ACCESSING THE RET

The RET is conducted through UltiPro Learning within the ATSU portal. Please see below for directions on how to access the RET.

1. Sign into the ATSU portal
2. Click on the UltiPro tile to sign into UltiPro. If you do not see the tile, use the search feature to bring it up by typing "Ulti."
3. Within UltiPro, click on "Menu" in the upper left hand corner.
4. Then click on the "Myself" tab.
5. Under the "Myself" tab, click on the "Career Development" link.
6. On the "Career Development" page, click on "UltiPro Learning" within the "Things I Can Do" box in the upper right hand corner.
7. Within UltiPro Learning, "Required Employee Training (RET) 2020" will be visible to you on your home screen. If you do not see it there, search for the course using the search feature.

You may also watch a video on how to access the course [here](#).

HOW TO COMPLETE THE TRAINING

Employees should review the power point material, supplemental material, and complete each quiz for the section of the training. Employees must earn 100% on each quiz to advance to the next section.

TIMELINE TO COMPLETE THE TRAINING

New employees must complete the training within their first 10 business days of employment. Employees who are not in their first calendar year have until December 31 to complete the training.

CONFIRMATION OF COMPLETION

Completion can be confirmed by visiting the Career Development page (on the completed tab) within UltiPro. Please follow this pathway within UltiPro to confirm completion: Menu>Myself tab>Career Development link>Completed tab. It can take 48 to 72 hours for a completed RET to show up in the Career Development page.

NARRATED RET

If an employee has a need or desire to use a narrated RET for 2020, please contact John Gardner at johngardner@atsu.edu or 660.626.2113.

ATSU Required Employee Training (RET)

Purpose: Mandatory annual review of

- ATSU Employee Handbook
- Campus Safety and Security
- Conflict of Interest
- Prohibition of Discrimination, Harassment and Retaliation policy
- Drug-Free and Alcohol-Free Workplace policy
- Tobacco-Free Campus and Workplace policy
- FERPA
- HIPAA
- OSHA Safety Data Sheets
- OSHA Physical and Health Hazards
- Bloodborne Pathogens
- Cyber Security

ATSU Required Employee Training Stats:

2019 – 1327 employees (94.11%)

2018 – 1276 employees (93.21%)

2017 – 1266 employees and (93.71%)

ATSU POLICY NO. 10-218: GENERAL ORDER ON GENERAL ORDERS

DATE APPROVED: APRIL 19, 2019

SIGNATURE: *Signature on file in HR*

Purpose

This general order establishes a development and approval process for A.T. Still University (ATSU) general orders. By implementing this process, the University seeks to promote ethics and integrity, operational efficiencies, best practices, collaborative decision making across all University departments, and compliance with laws and regulations.

Policy

A. Definitions

1. **General order:** A policy with broad application throughout the University community. Review and approval by the president is required.
2. **General Order Review Committee:** A standing committee appointed by the president responsible for reviewing proposed new general orders and amendments as presented by responsible officials. The committee consists of not more than nine employees of the University; membership is diversified to include representation from a wide range of University departments and University Faculty Senate and University Staff Council. Vice president & general counsel chairs the General Order Review Committee.
3. **Responsible official:** A President's Cabinet member or designee whose jurisdiction covers the subject matter of the general order. The responsible official oversees implementation and maintenance of the general order.

B. Initiation of general orders

1. A proposed new or amended general order may be initiated by the president, a University employee designated by the president, a member of the President's Cabinet or designee, University Faculty Senate, or University Staff Council.
2. The responsible official must oversee the drafting and development process and may designate others to assist in this process. Relevant stakeholders should be consulted.
3. The responsible official must submit the proposed general order along with a completed general order information sheet (Attachment A) to the General Order Review Committee for its review and approval.

C. Approval of general orders

1. The vice president & general counsel reviews proposed new or amended general orders for compliance with laws and regulations.
2. Proposed new or amended general orders are reviewed by the General Order Review Committee. The committee is responsible to carefully consider all content from a university-wide perspective.
3. The responsible official or designee should be invited to meetings of the General Order Review Committee where the relevant general order will be discussed. The responsible official or designee will answer questions about content of the general order and involvement of relevant stakeholders in its development.
4. Once a general order is approved by the General Order Review Committee, the vice president & general counsel forwards the general order to the president for approval.
5. Once approved by the president, the assistant vice president for human resources distributes the general order to the University community and posts it on the University portal.

D. Review of existing general orders

1. When a responsible official proposes an amendment to the general order, the entirety of the general order should be reviewed and updated by the responsible official and the General Order Review Committee at that time.
2. The General Order Review Committee is responsible to monitor a process whereby responsible officials will regularly review all existing general orders and propose updates as needed. The committee maintains a review calendar and assigns responsible officials to review general orders, as follows:
 - a. New general orders should be reviewed one year after approval with input from relevant stakeholders.
 - b. Existing general orders should be reviewed every four years, unless there is reason to review a specific general order sooner.

E. Authority of Board of Trustees and president – Nothing in this general order limits or circumscribes the power and authority of the Board of Trustees or president to issue, amend, or revoke general orders on any matter.

Responsibility

- A. The General Order Review Committee is responsible to review and approve new and amended general orders and to conduct a regular review of all existing general orders.
- B. The President's Cabinet or designee is responsible to serve as responsible official for proposed new or amended general orders, and to collaborate with the General Order Review Committee in regular reviews of general orders, in their area of responsibility.
- C. Vice president & general counsel is responsible to review proposed new and amended general orders for compliance with laws and regulations and to chair the General Order Review Committee.

ATSU POLICY NO. 10-209: ATSU RECORD RETENTION

DATE APPROVED: NOVEMBER 20, 2013

SIGNATURE: *Signature on file in HR*

Purpose

This general order sets forth the standards and procedures for use by the A.T. Still University of Health Sciences' (ATSU) community in connection with the retention of University records by various departments of the University. It is the intention of this policy to ensure that all University records are maintained in accordance with all applicable legal and policy requirements in order to ensure that University records are not improperly or prematurely disposed of by a University department. At the same time, this policy seeks to give guidance to University employees as to appropriate time frames under which University records that are no longer necessary for the operation of the University may be properly disposed of, thereby providing for efficient and effective use of the University's limited storage capacity.

Policy

- A. Process for disposal of university records
 - 1. The head of any academic department or vice president for an administrative department may authorize the disposal of University records upon meeting all of the following criteria. Any questions regarding these criteria should be addressed to the office of general counsel.
 - a. The records to be disposed of meet or exceed the time frames set forth for such records in appendix A attached to this policy.
 - b. The disposal of the records complies with statutory, contractual or accreditation obligations.
 - c. The records to be disposed of are not the subject of a litigation hold as described in section B of this general order.
 - 2. Records containing student information or sensitive and/or confidential information relating to any matter must be shredded or otherwise rendered unreadable prior to disposal.
- B. Litigation hold
 - 1. When litigation against ATSU or its employees is filed or threatened, the law imposes a duty upon ATSU to preserve all documents and records that pertain to the issues. As soon as the ATSU general counsel is made aware of pending or threatened litigation, a litigation hold directive will be issued to the legal custodians. The litigation hold directive overrides the records retention schedule attached to this general order as appendix A that may have otherwise called for the transfer, disposal or destruction of the relevant documents, until the hold has been cleared by the ATSU general counsel. No employee who has been notified by the ATSU general counsel of a litigation hold may alter or delete an electronic record that falls within the scope of the hold. Violation of the litigation hold may subject the individual to disciplinary action, up to and including dismissal, as well as personal liability for civil and/or criminal sanctions by the courts or law enforcement agencies.
- C. Under no circumstances shall any employee dispose of University records without following the above procedures. This policy is not intended to apply to the appropriate disposal of individual documents when warranted and approved in the course of an employee's daily activities but is intended to apply to the disposal of large quantities of out-of-date University records.

Responsibility

If an employee seeks to dispose of certain University records that are not listed in the appendix to this policy, the employee may not dispose of the records without the approval of the office of general counsel.

APPENDIX A (Policy 10-209)

Name of Record	Retention Period
1 Institutional and Corporate Documents	
1.1 Board Committees a. Meeting Notices b. Agendas c. Minutes	Permanent
1.2 Corporate Board a. Meeting Notices b. Agendas c. Minutes d. Membership Lists	Permanent
1.3 Corporate Documents a. Articles of Incorporation b. Articles of Amendment c. Articles of Merger or Division d. Fictitious Name Filings e. Corporate Bylaws	Permanent
1.4 Documents about members of the Board of Trustees a. Curriculum Vitae and newspaper articles b. Completed Conflict of Interest Forms	Permanent (a) 5 years after resignation of Board (b) Permanent
1.5 Acquisition, Mergers, Reorganization	Permanent
1.6 Bylaws (Corporate)	Permanent
1.7 Bylaws (Faculty)	Permanent
1.8 Charter and Amendments to Charter and Related Correspondence	Permanent
1.9 In-house Publications	Permanent
1.10 Institutional Policies and Manuals	Permanent
1.11 Minute Books	Permanent
1.12 Mission Statement/Strategic Plans	Permanent
1.13 News Releases	Permanent
1.14 Organization Charts	Permanent
1.15 Policies and Procedure Manuals	Permanent
2 Financial Records	
2.1 Federal, state and local tax returns and General Ledger	Permanent
2.2 Yearly Conflict of Interest Form	Permanent
2.3 IRS Determination Letter	Permanent
2.4 Budgets	7 years
2.5 Financial Statements (Audited)	Permanent
2.6 IRS Rulings	10 years after receipt of ruling
2.7 Letters of Credit	7 years
2.8 Accounts payable and receivables and Bank	5 years

Statements	
3 Institutional Advancement Documents	
3.1 Donor Records	Permanent
3.2 Donor and Prospect Files (Computerized Data File)	Permanent /On-line Back-up
4 Legal Documents	
4.1 Contracts and Related Correspondence	6 years after expiration or termination of contract
4.2 Settlement agreements	Permanent
4.3 Complaints and Answers	Permanent
5 Intellectual Property Documents	
5.1 Copyrights (General)	3 years after expiration of copyright
5.2 Patents (Applications, Assignments, License Agreements)	6 years after expiration
6 Purchasing	
6.1 Invoices	6 years from date of payment
7 Real Estate	
7.1 Options to Purchase Real Estate	6 years after expiration of option
7.2 Property Records (Deeds, Leases and Title Reports)	6 years after University's interest has terminated or is transferred
8 Construction Documents	
8.1 Building plans, blueprints and design plans	Permanent
8.2 Contracts and agreements	6 years after completion of construction project
8.3 Licenses and Permits	Permanent
8.4 Management Engineering Studies and Report	Permanent
8.5 Maps	Permanent
9 Worker's Compensation	
9.1 Open and Closed Claims files	30 Years - a 500-week window exists in which suspended claims can be re-opened
10 Risk Management/Insurance Records	
10.1 Insurance Policies	6 years after expiration
10.2 Incident Reports	5 Years Minors -- the longer of: a. 5 years b. Or when minor reaches the age 19
10.3 Litigation	2 years after settlement or disposition of litigation
10.4 Medical Records	7 years from last entry Minors -- until 19th birthday, or 7 years from last entry, whichever is later
11 Academic Student Records	
11.1 Admission Records a. Students who enroll	10 years

b. Students who do not enroll	2 years from date of start of application term
11.2 Department Records	5 years for student academic files
11.3 Student Disciplinary Records	5 years after graduation or date of last incident
11.4 Student Employment	5 years, except for requirements applicable to work-study students
11.5 Grade Records	Permanent
11.6 Papers/Theses/Exams (physical copies)	5 years
11.7 Online Courses and Course Materials	<p>Fully accessible to appropriately enrolled faculty, staff, and students for 2 years.</p> <ul style="list-style-type: none"> • Faculty, staff, and students may retain course materials on local or network disc storage (hard drive, CD/DVD, USB thumb drive, G: and H: network drives, Google Drive, etc.) • Retention and use of course materials is subject to ATSU policies regarding: <ul style="list-style-type: none"> ○ copyright (Policy No. 10-207), ○ intellectual property rights (Policy No. 10-208), ○ faculty/staff ethical standards (Policy No. 10-220), and ○ student code of conduct (University Student Handbook Appendix).
11.8 Transcripts	Permanent
11.9 Enrollment statistics	Permanent
11.10 Records on Foreign Students (F-1 & M-1 Visas)	After a student's departure, records must be retained until a report to INS is made concerning the reasons for departure, or 5 years after graduation, or date of last attendance
12 Employee Records	
12.1 Payroll Records a. Annual payment records (w-2) b. Information returns filed with tax authorities c. Records on "bona fide" executive administrative or professional employees d. Payroll records from the last date of entry e. Employment contracts necessitating irregular hours of work f. Certificates and notices required to be made or posted by employers g. Basic time and earning cards from the date of last entry h. Tables/schedules used to provide the rates for	(a) Permanent (b) 6 years (c) 3 years (d) 3 years (e) 3 years (f) 3 years (g) 2 years

<p>computing straight-time earnings, wages, salary or overtime pay from their last effective date.</p> <p>i. Records of additions to or deductions from wages paid</p> <p>j. Individual employee pay records showing dates, amounts and types of items making up additions and deductions.</p>	<p>(h) 2 years</p> <p>(i) 2 years</p> <p>(j) 3 years</p>
<p>12.2 Fair Labor Standards Act and Equal Pay Act</p> <p>a. Basic records relating to employee compensation, such as payroll records (including start and end of shift-daily), individual employment contracts, collective bargaining agreements, and certificates and notices of Wage and Hour administrator.</p> <p>b. Supplementary basic records, such as basic employment and earnings records, wage rate tables, records of additions or deductions from wages paid, and records of changes in compensation rates.</p> <p>c. Records made in the normal course of business relating to payment of wages, wage rates, job evaluations, job descriptions, merit and seniority systems, and descriptions explaining wage differences between the genders.</p>	<p>6 Years</p>
<p>12.3 Affirmative Action Information</p> <p>a. Personnel and other records relating to hiring, promotion, demotion, transfer, layoff or termination, rates of pay and other terms of compensation for employees.</p> <p>b. All records used to complete the EEO-6 or the new IPEDS and the information therefrom.</p> <p>c. Records regarding employee complaints as to violations of the regulations on Affirmative Action Programs for handicapped individuals and veterans and actions taken thereunder, including requests for reasonable accommodation</p> <p>d. Employment or other records required by the OFCCP or its regulations.</p> <p>e. Records on Tests and Selection Criteria in</p>	<p>(a) 2 years from date record was made or personnel action taken, whichever is later.</p> <p>(b) 2 years</p> <p>(c) 1 year after final disposition of the matter.</p> <p>(d) 2 years</p>

making employment decisions.	(e) 2 years
12.4 Family and Medical Leave Records a. Documentation related to FMLA leave, such as dates and hours of FMLA leave taken, copies of leave policies, records of disputes with employees over FMLA benefits, and copies of notices of leave submitted to the employer and all FMLA notices distributed by the employer.	3 years
12.5 Immigration and Naturalization Records a. Records that verify employee's eligibility to work under the federal immigration laws b. Employment eligibility verification from "I-9" for each employee	3 years after date of hiring or (1) one year after date of employees termination, whichever is later
12.6 Compliance with Occupational Safety and Health Act a. Required logs and summaries of occupational injuries and illnesses b. Employee medical records c. Employee exposure records d. Analysis using exposure or medical records	(a) 5 years (b) Duration of employment plus 30 years (c) 30 years (d) 30 years
12.7 Faculty Peer Review Materials	Maintain during entire period of employment and destroy 7 years after termination of employment relationship
12.8 Job Applicant Records a. Promotion, demotion, transfer selection for training, layoff, recall, or discharge of any employee. b. Job orders submitted to an employment agency or labor organization for recruitment of personnel. c. Job application and other employment inquiries including records relating to failure or refusal to hire any individual. d. Test papers by applicants/candidates for any position which disclose results of an employer-administered aptitude or other employment test considered in connection with a personnel action. e. Any advertisements or notices to the public or to employees relating to job openings, promotions, training programs, or opportunities for overtime work.	All – 1 Year
12.9 Age Discrimination in Employment Act a. Records on each employee containing name,	(a) 3 years

<p>address, date of birth, occupation, rate of pay and compensation earned each week.</p> <p>b. Personnel or employment records related to job applications, promotion, demotion, transfer, layoff, recall or discharge ,job orders submitted to employment agencies or labor organizations for recruitment of personnel, test papers of employer-administered aptitude test, physical examination test results and advertisements</p> <p>c. Application forms for positions known to be of a temporary nature.</p> <p>d. Records relevant to enforcement action against employer</p>	<p>(b) 1 year from date of personnel action to which the records relate</p> <p>(c) 4 years</p> <p>(d) Until final disposition of action</p>
<p>12.10 Missouri Unemployment Compensation Act</p> <p>a. All employment and payroll records as well as other business records such as cash books, journals, and ledgers.</p> <p>b. Daily attendance records.</p> <p>c. Record showing the name, address, social security number, craft, classification, number of hours worked each day in each craft and hourly rate paid (for public works project) and time cards.</p>	<p>(a) 4 years</p> <p>(b) 2 years</p> <p>(c) 2 years from date of payment</p>
<p>12.11 Prevailing Wage Act</p> <p>a. Payroll records, including records of written consent for deductions from wages</p>	<p>Full period of employment plus 3 years.</p>
<p>12.12 Missouri Wage Payment and Collection Law</p> <p>a. Payroll records, including records of written consent for deductions from wages.</p>	<p>Employment plus 3 years</p>
<p>12.13 Tax Records</p> <p>a. Retirement and health insurance plans and any employee benefit plan documents.</p>	<p>Duration of plan + 6 years after termination</p>
<p>12.14 Employee Benefit Plans</p> <p>a. Plan documents and amendments and formal corporate benefit policies</p> <p>b. Trust agreements, custodial agreements and Investor Advisor agreements</p> <p>c. Insurance Contracts</p> <p>d. Third-party administrative agreements</p> <p>e. Records of selection of outside fiduciaries and service providers</p> <p>f. Board resolutions regarding plans</p> <p>g. Summary plan, descriptions, summaries of</p>	<p>All - Permanent</p>

<p>material modifications and education materials for investment under ERISA §404 (c)</p> <p>h. Formal administrative rules and policies under a plan and relevant minutes of University Board of Trustees subcommittees</p> <p>i. Investment advisor recommendations and record of action</p> <p>j. IRS Letters of Determination</p>	
<p>k. Federal government advisory opinions and approvals</p> <p>l. Fiduciary Bond</p> <p>m. Beneficiary designation forms</p> <p>n. Loan documentation for plan participant loan</p> <p>o. Notices to participants of benefits payable, distribution options and tax consequences</p> <p>p. COBRA notices</p>	<p>(k) Permanent</p> <p>(l) Permanent</p> <p>(m) 6 years after distribution of benefits</p> <p>(n) 3 years after repayment of loan</p> <p>(o) 6 years after distribution</p> <p>(p) 9 years</p>
12.15. Collective Bargaining Agreements	Permanent
12.16. Employment contracts	6 years after expiration or termination of contract
13 Financial Aid Records	
<p>13.1 Federal Form 990</p> <p>a. Fiscal and administrative records</p> <p>b. Current records of the student's admission to and enrollment status at the institution, and his/her prior receipt of financial aid</p> <p>c. Higher Education Assistance programs ("HEA"), 20 U.S.C. Sections 107(a) - 1099(c-1)</p> <p>d. Financial and other records as necessary to determine "the institutional eligibility, financial responsibility and administrative capability" of the institution.</p> <p>e. All records required under applicable program regulations</p> <p>f. Detailed financial records that are subject to review by the Department of Education.</p>	<p>(a) 3 years -- Retention period begins from date of filing</p> <p>(b) 5 years</p> <p>(c) 5 years</p> <p>(d) 5 years</p> <p>(e) 5 years</p> <p>(f) 5 years after annual audit has been accepted</p>
<p>13.2 Specific HEA Programs</p> <p>a. College Work-Study Program</p> <p>(1) Financial Records</p> <p>(2) Applications</p>	<p>(a) Retention period begins after the institution submits its Fiscal Operations Report for the award</p> <p>3 years</p>

<p>b. Federal Family Education Loan Program ("FEEL") (1) Financial Records</p> <p>c Student Aid Reports (SAR) Data</p>	<p>(b) Retention period begins after the institution submits its FISAP for that year. 3 years</p> <p>(c) Retention period begins following the last day of the borrower's attendance. 3 years</p>
<p>14 Sponsored Program Grants (Non-Research)—See also 17.5</p>	
<p>14.1 Grants – Extramural and Intramural</p> <p>a. Records relating to all publically and privately sponsored grant programs</p> <p>b. All financial and programmatic records, supporting documents, statistical records, and other records "reasonably pertinent" to the grant</p>	<p>Grant records will be retained in accordance with the OMB Uniform Guidance.</p> <p>3 years after completion and close-out of project (unless specified longer by funder)--except in the following circumstances:</p> <ul style="list-style-type: none"> • If litigation, claim, or audit is commenced before the 3-year period, the records shall be retained until the litigation, claim, or audit is resolved and final action taken; • If the records relate to real property and equipment acquired with Federal funds, then the records will be kept for 3 years after final disposition; • When the records are transferred to or maintained by the Federal awarding agency, the 3-year retention is not applicable; and • Indirect cost rate proposals, cost allocation plans, etc., if submitted for negotiation, shall be kept for 3 years after the submission and if not submitted for negotiation, the records shall be kept for 3 years following the fiscal year covered by the proposal.
<p>15 Public Safety Records</p>	
<p>15.1 Daily Crime Log: Compilation of statistics on enumerated criminal offenses that occur on campus.</p>	<p>7 years</p>
<p>15.2 Dispatch Log</p>	<p>5 years</p>
<p>15.3 Emergency medical (see Incident Reports)</p>	<p>5 years</p>
<p>15.4 Incident Reports</p>	<p>5 years</p>
<p>15.5 Incident reports involving death</p>	<p>Permanent</p>
<p>15.6 Incident report involving arrest</p>	<p>5 years</p>
<p>15.7 Incident report involving non-criminal matters</p>	<p>5 years</p>

15.8 Records documenting the drug prevention program, the results of the biennial review, and any other records related to compliance by the institution with the Drug-Free Schools and Communities Act.	3 years -- Retention period begins after the fiscal year in which the record was created.
16 Non-Discrimination in Education Records and Reports	
16.1 Any records relating to alleged violations of Title IX	3 years -- Retention period begins from the date that the data was first available
16.2 Records of any modifications made to the policies and practices of the institution pursuant to Section 106.3(c)(2) and any remedial action taken pursuant to Section 106.3(c)(3).	3 years -- Retention period begins from the date of alleged discrimination.
16.3 Any records relating to alleged violations of Title VI.	3 years
16.4 General Compliance Records	3 years -- It is recommended that records of complaints of Title VI violations with the Department that are true administratively resolved be retained for at least one (1) year following final resolution.
16.5 Any records relating to alleged violations of the Rehabilitation Act	3 years
16.6 Records on the medical condition or history of any applicant or employee in compliance with the Americans with Disabilities Act (ADA).	3 years -- It is recommended that records of complaints of Title VI violations with the Department that are administratively resolved be retained for at least one (1) year following final resolution. 3 years after application date or date of termination
17 Research Administration Records	
17.1 Administration records	3 years after completion of research (unless specified longer by funder)
17.2 Financial Records	3 years after completion and close-out of research (unless specified longer by funder)-except in the following circumstances: <ul style="list-style-type: none"> • If litigation, claim, or audit is commenced before the 3-year period, the records shall be retained until the litigation, claim, or audit is resolved and final action taken; • If the records relate to real property and equipment acquired with Federal funds, then the records should be kept for 3 years after final disposition; • When the records are transferred to or maintained by the Federal awarding agency, the 3 year retention is not

	<p>applicable; and</p> <ul style="list-style-type: none"> • Indirect cost rate proposals, cost allocation plans, etc., if submitted for negotiation, shall be kept for 3 years after the submission and if not submitted for negotiation, the records shall be kept for 3 years following the fiscal year covered by the proposal.
17.3 Scientific Records (lab notes)	Permanent
17.4 Protocols and related documents (including consents and indemnification) on grants and contracts covering use of human subjects and animals in research.	3 years after the end of the project, or 3 years after a faculty member leaves the institution.
<p>17.5 Sponsored Research —See also 14.1. Extramural and Intramural</p> <p>a. Records relating to all publically and privately sponsored research grants</p> <p>b. All financial and programmatic records, supporting documents, statistical records, and other records "reasonably pertinent" to the research grant</p>	<p>Grant records will be retained in accordance with the OMB Uniform Guidance.</p> <p>3 years after completion and close-out of project (unless specified longer by funder)-- except in the following circumstances:</p> <ul style="list-style-type: none"> • If litigation, claim, or audit is commenced before the 3-year period, the records shall be retained until the litigation, claim, or audit is resolved and final action taken; • If the records relate to real property and equipment acquired with Federal funds, then the records will be kept for 3 years after final disposition; • When the records are transferred to or maintained by the Federal awarding agency, the 3-year retention is not applicable; and • Indirect cost rate proposals, cost allocation plans, etc., if submitted for negotiation, shall be kept for 3 years after the submission and if not submitted for negotiation, the records shall be kept for 3 years following the fiscal year covered by the proposal.
17.6 Research involving investigational drugs	Permanent
17.7 IRB records; minutes, agendas, other records	3 years after completion of research
17.8 Research involving medical devices	Permanent
17.9 Contracts (Research)	3 years from expiration or termination of contract
17.10 Financial Conflict of Interest Records	3 years from the date of submission of the

(disclosure forms, records, management plans, Conflict of Interest Review Committee minutes, etc.)	final expenditure report
18 Email	
18.1 Unofficial E-mail 18.2 Historic E-mail 18.3 Official E-mail	All email transmitted through ATSU's network is archived and stored in Google Vault indefinitely.

**ATSU and ATSU-KCOM Policy No. 9.8:
Mental Health Services**

Signature: *On file in Dean's office*

Date Approved: *December 9, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA), A.T. Still University-Kirksville College of Osteopathic Medicine must provide its students with confidential access to an effective system of professional mental health care. A mental health representative must be accessible 24 hours a day, 365 days a year, from all locations where students receive their education from the COM.

POLICY

Mental health services are available to all students of A.T. Still University-Kirksville College of Osteopathic medicine 24 hours a day, 365 days a year from all locations via the Well-Connect Program:

- Online information and resources at www.wellconnectbysrs.com
- Or by telephone: 866-640-4777
- Student Access Code: ATSU-STU
- Faculty Access Code: ATSU-FAC

Additionally, in-person behavioral health and wellness counseling is available for all students of A.T. Still University-Kirksville College of Osteopathic Medicine. The services are described as follows:

- A. Provided by behavioral health and wellness counselors.
- B. Include individual, couples, and group counseling as well as referral and consultation services.
- C. All services are provided free of charge to ATSU-KCOM students, their spouses and/or partners.
- D. Regular counseling sessions usually last 50-55 minutes. Special sessions are scheduled on an as-needed basis.
- E. Include assistance in locating resources or other services available on campus or in their community that are specific to their needs.
- F. Include educational workshops to enhance personal growth and skill development.
 - a. Topics may include stress management, mindfulness-based stress reduction, or dealing with anxiety, depression, etc.
- G. Include the following rights for all students, their spouses and/or partners and families when seeking counseling at ATSU Counseling Services:
 - a. Confidentiality, as described below.
 - b. You may ask the therapist about his/her professional qualifications, training, theory and types of therapy used.
 - c. You may discuss your counseling work with anyone you choose, including another counselor.
 - d. You may receive an explanation of any form of counseling used in treatment. You may ask the counselor questions about treatment.
 - e. You may request a copy of the professional ethical guidelines that regulate therapeutic practice.
 - f. You may ask the counselor to review your file with you or release a summary of your file to any other professional with your written consent.

- g. You may end your counseling treatment at any time without any moral or legal obligation, and may continue counseling with any other mental health professional.
 - 1. *Mandated referrals who terminate counseling prior to being officially released will be considered to be in violation of the requirements of their mandate. Official release from counseling will be sent in writing to the referring administrator.*
 - 2. *Mandated referrals are not required to utilize the University Counseling services for treatment, and may seek counseling with any other qualified mental health professional.*
- H. Behavioral Health and Wellness Counseling is a confidential service
 - a. Anything said to a counselor will not be disclosed to other persons or agencies without consent.
 - b. Counseling records are held to the highest standards of confidentiality allowed by law and ethics.
 - c. No information about counseling goes into a student's academic record.

Everything discussed in therapy is kept confidential. No member of the ATSU faculty, staff, or student body will be informed that you are receiving services nor have access to your files without your explicit written consent.

Mandated Referral: Confidentiality applies for all students even if the student has been mandated for counseling. If you have been mandated to counseling, you will be asked to sign a release allowing Counseling Services to report treatment compliance to the appropriate referring person.

Exceptions to confidentiality: Students right to confidentiality does not apply in the following situations:

- Any report or suspicion of child abuse or neglect;
- Any report of suicidal thoughts with intent to follow through;
- Any report of homicidal thoughts with intent to follow through;
- Any state of grave disability.

*Legal confidentiality does not apply in criminal or delinquency proceedings.

PROCEDURES

The Behavioral Health and Wellness Counseling staff will:

- A. Respond to student inquiries and reach out to students who may be in need of services
- B. Make office hours known to students. Normal counseling hours are 8 AM to 5PM Monday through Friday. After hours appointments are available as needed.
- C. Adhere to the ethical code of the American Counseling Association and the National Association of Social Workers.
- D. Maintain confidentiality.
- E. Maintain counseling records. A written record of counseling sessions will be kept. This record will remain confidential and will not be released without written permission (*please note limits to confidentiality as outlined above*). The record will be destroyed six years after the final session, but not before the student graduates or leaves the university.

Students should:

- A. Schedule appointments with the Kirksville campus counselor:
 - a. Sarah Thomas, MSW, LCSW: 660-651-6779 (cell), 660-626-2751 (office), snthomas@atsu.edu, or via <https://snthomas.youcanbook.me/> online appointment scheduler. Office: Gutensohn Clinic Room 304
 - b. Phil Jorn, MA, LPC, NCC: 660-627-5973 (cell), 660-626-2138 (office), philjorn@atsu.edu, or via <https://philjorn.youcanbook.me/> online appointment scheduler. Office: Gutensohn Clinic Room 304
- B. Seek after hours services as follows:
 - a. Use the Well-Connect Program at 866-640-4777 with Student Access Code: ATSU-STU
 - b. Mark Twain Behavioral Health: 1-800-356-5395; or
 - c. Go to the local emergency room or dial 9-1-1
- C. Students in Kirksville should seek emergency services as follows:
 - a. Mental Health Crisis line at Mark Twain Behavioral Health at 1-800-356-5395 or go to the local emergency room.
 - b. During office hours (Monday-Friday, 8am-5pm):
 - Sarah Thomas, MSW, LCSW: 660-651-6779 (cell)
 - Phil Jorn, MA, LPC, NCC: 660-637-5973
 - If you cannot reach anyone, please call Mark Twain Behavioral Health at 1-800-356-5395 or go to the emergency room.
 - Lori Haxton, Vice President for Student Affairs (only if you cannot reach Sarah): 660-349-9492 (cell)
- D. Students outside of Kirksville should seek services as follows:
 - a. Use the Well-Connect Program at 866-640-4777 with Student Access Code: ATSU-STU
 - b. Providers listed in the KCOMStudentManual.atsu.edu
 - c. Go to the local emergency room or dial 9-1-1
- E. Address any feedback regarding your counseling experiences, or concerns about the counselor's abilities to Lori Haxton, Vice President of Student Affairs (lhaxton@atsu.edu, Missouri Campus, 660-626-2027).

Additional Mental Health Supports for KCOM DO Student Supports

In addition to the services listed herein, the college offers curriculum links for didactics held in the clinical years. Topics are varied and include resiliency in clinical training, physician suicide and suicide prevention, depression in medical students, gratitude in medicine, vicarious trauma, compassion fatigue, ACES Study and Medical Students, and leadership.

REFERENCE FILE(S)

The process is referenced from:

- [ATSU Student Affairs website](#)
- KCOMStudentManual.atsu.edu (intranet website)
- KCOMRegionalManual.atsu.edu (intranet website)

REVIEW(S)

Process reviewed by:

KCOM Dean - December 9, 2019

Counseling & Mental Health Services

Excerpt from the intranet KCOMStudentManual.atsu.edu>Introduction

Counseling & Mental Health Services

Emergency:

800.356.5395 (Mark Twain Behavioral Health)

911 (Emergency Medical Services)

National Suicide Prevention Lifeline - 800.273.8255

Counseling Services:

24/7/365 Service for all KCOM Students - [WELLCONNECT](#) at 866.640-4777 or

WellConnectForYou.com - Use code: ATSU-STU

In Kirksville - [Click Here](#)

In Year 3 & Year 4 Clinical Regions see the sub-menu under [Student Health Years 1-4](#)

Physical Health Services in Clinic Region

Excerpt from the intranet KCOMRegionalManual.atsu.edu>Counseling & Physical Health Services in the Region

Years 3 & 4 are the most difficult for students during their medical education. An important part of the journey through medical school is to include and have available counseling and physical health services in the region as students venture out on clinical rotations.

As a requirement of the Commission on Osteopathic College Accreditation (COCA) we must provide our students with confidential access to an effective system of counseling and mental healthcare along with diagnostic, preventive and therapeutic health services. Access to both mental and physical health services must be accessible 24 hours a day, 365 days a year, from all locations where students receive education.

KCOM meets this requirement by posting the links to mental and physical health locations specific to regions in the KCOMStudentManual.atsu.edu under the [Student Health Years 1-4](#) section. This information is gathered from each Rotation Site Coordinator as they update the Google documents in the sections below. The office of Clinical Affairs sends out a reminders approximately every 6 months asking coordinators to review their region information and update, as needed. Updates include checking for edits to name, location, contact number, email address, website, and hours of service.

Questions contact [Jordyn Allen](#) or [Brenda Williams](#)

**ATSU-KCOM Policy No. 9.9:
Physical Health Services**

Signature: *Signature on file in Dean's office*

Date Approved: *December 19, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 9.9, A.T. Still University-Kirksville College of Osteopathic Medicine must provide its students with access to diagnostic, preventive and therapeutic health services 24 hours a day, 365 days a year, accessible in all locations where students receive education from the COM.

POLICY

Each medical student is strongly encouraged to establish a relationship with and utilize the services of a primary care provider for comprehensive healthcare as well as for the acute care of illness. Each student must sign an attestation stating that any physician caring for him or her via a therapeutic relationship or for sensitive health services (see definitions below) will not be involved in the grading or assessment as they proceed through medical school. ATSU requires all students enrolled in a residential program to maintain active health insurance coverage in order to readily access diagnostic, preventive, and therapeutic healthcare in all regions where training occurs. ATSU-KCOM maintains specific immunization and screening requirements of matriculants, students, and fellows with reporting and monitoring requirements maintained by the immunization coordinator in the Clinical Affairs office. ATSU also requires students enrolled in a residential program to enroll in the University-provided disability insurance coverage.

PROCEDURE(S)

- Diagnostic, preventive and therapeutic health services can be provided within each community where the student is educated (Kirksville, Missouri for Years 1 and 2; clinical regions for Years 3 and 4).
- In the event of an illness or accident, the student's well-being is of paramount importance. Immediate evaluation and appropriate follow-up are key. Students should follow the medical facility's established procedures.
- For illness that does not resolve quickly or any accident/injury that occurs during the on-campus portion of the training requiring the student to miss classes, the student must:
 - Immediately seek medical attention commensurate with the nature of illness or injury.
 - Request an excused absence through the ATSU-KCOM app or contact the Academic Affairs office.
 - Provide necessary documentation.
 - Follow guidelines related to illness established by the healthcare provider.

- Follow the ATSU-KCOM attendance policy outlined in the [ATSU University Catalog - KCOM DO section](#) and the procedures outlined in the [KCOM Student Manual](#).
- For illness that does not resolve quickly or any accident/injury that occurs during rotations, the student must:
 - Immediately seek medical attention commensurate with the nature of illness or injury.
 - Contact the RAD/DSME and regional coordinator to notify them of the medical status.
 - Assure the preceptor of record is contacted by the student or appropriate regional representative should the student be incapacitated.
 - Follow the Centers for Disease Control and Prevention (CDC) recommendations that people with illness remain at home until at least 24 hours after they are free of fever (100 degrees F) or signs of a fever without the use of fever-reducing medications.
 - Follow further guidelines related to illness established by the facility to which the student is assigned.
 - Follow the ATSU-KCOM attendance policy outlined in the [ATSU University Catalog - KCOM DO section](#) and the procedures expected by your RAD/DSME.

Once the student has recovered, an individualized plan for makeup will be developed. If an extended absence is required, students contact the Academic Affairs office at KCOMAbsences@atsu.edu.

- Physicians involved with students as their healthcare provider are not to be involved in their grading or assessment process with two exclusions, as follows:
 1. **Supervision of clinical care in a learning environment.** Medical students learn through experience and are often in clinical settings whereby they ‘treat’ a peer under the supervision of a faculty member. This may occur in a student OMM clinic, CODO course, clinical rotation experience, vaccination clinic, or other entity. The relationships established in these precepted settings are significantly different from those existing between a clinician-patient in a therapeutic relationship in a health care delivery setting. ‘Treatment’ undertaken for the purpose of education in such a scenario does not constitute the formation of a true provider-patient relationship and, therefore, does not require recusal.
 2. **Anonymous scoring of academic assessments.** Scoring of academic assessments whereby scores are programmed into a learning management system, testing software program, or other systems for an entire class or subgroup of the class whereby student responses during the scoring/grading processes are managed by staff and remain anonymous to the faculty member until all scores are calculated. Example: Multiple choice examination in Internal Medicine course administered for the entire class.
- [Health Insurance Coverage](#) - ATSU requires all students enrolled in a residential program maintain active health insurance coverage. All ATSU students must meet ATSU

requirements by either enrolling in the ATSU-sponsored student health plan or by submitting a waiver and receiving approval for use of another acceptable health coverage plan. Coverage must be maintained throughout the duration of enrollment. Failure to maintain continuous health insurance coverage may result in disciplinary action, including possible suspension and/or dismissal.

- **Immunizations, Certifications and Screenings** - ATSU-KCOM requires immunizations and certifications to protect the health of students and those within whom they make contact. The requirements and monitoring system are outlined in the [ATSU University Catalog-KCOM Section](#).
- **Disability Insurance** - ATSU students enrolled in residential clinical-based programs are required to carry University-provided disability insurance coverage. ATSU has contracted with providers for the group coverage.

DEFINITIONS:

- **Provision of health care services** is defined as a licensed clinician assuming clinical responsibility for the evaluation, diagnosis, treatment and/or management of a student.
- **Therapeutic relationship** is defined as either ongoing provision of healthcare services (more than two interactions) or any health care services involving “sensitive health services.”
- **Sensitive health services** include but are not limited to, psychiatric/psychological counseling, substance abuse, and sexually transmitted diseases.

REFERENCE FILE(S)

The process is referenced from:

- For more information related to details of the plan, University requirements, enrollment, or completing the waiver process; please visit <https://app.hsac.com/atstill>.
- HSA Consulting, Inc. is available by phone, (888-978-8355), or email (atstill@hsac.com) for any additional questions regarding the waiver/enrollment process or the student health insurance plan.
- ATSU-KCOM Student Catalog
 - [OMS I and OMS II Student Attendance](#)
 - [OMS III and OMS IV Students Attendance](#)
 - [Immunizations](#)
 - [Attendance](#)
- [ATSU Student Affairs website](#)
- [KCOMStudentManual.atsu.edu](#) (intranet website username and password required)
- [KCOM Policy 9.11 Health Insurance](#)
- ATSU University Catalog
 - [Disability Insurance](#)

REVIEW(S)

Policy & Procedure reviewed by:

ATSU Vice President of Student Affairs - December 19, 2019

KCOM Dean - December 19, 2019

**ATSU-KCOM Policy No. 9.10:
Non-Academic Health Professionals - Faculty Members Providing Health Care Services to
Osteopathic Medical Students**

Signature: *On file in Dean's office*

Date Approved: *August 24, 2020*

PURPOSE:

In accordance with the Commission on Osteopathic College Accreditation (COCA) Standard 9.10, A.T. Still University-Kirksville College of Osteopathic Medicine is required to have a policy designed to ensure that any health professional providing health services, through a physician-patient relationship, must recuse him/herself from the academic assessment or promotion of the student receiving those services.

POLICY:

Students may seek health care services from faculty members and resident physicians due to proximity, convenience, comfort, confidence, and the size of the local medical community. This applies to students both on-campus and off-campus.

Such services may involve a therapeutic relationship and include the provision of sensitive health services (see definitions below). If a student elects to establish a therapeutic relationship with a faculty member or resident or seeks to obtain health care services involving 'sensitive health services', that health care provider is precluded from any evaluation role for that student (irrespective of the wishes of the medical student) for a two-year period because of a dual-relationship and potential conflict of interest issues. Faculty members and residents who provide sensitive health services to KCOM DO students or who are engaged in therapeutic relationships with students will not:

- Perform academic assessments
- Make decisions regarding promotion

However, such faculty members may continue to instruct and train such students according to the normal expectations of the curriculum.

Students seeking mental health services are strongly encouraged to make use of ATSU Counseling Services or other services which are provided by health professionals who are not involved in the education or assessment of KCOM DO students.

Clinicians are strongly discouraged from entering into therapeutic relationships with students. In instances of pre-existing provider/student relationships, therapeutic relationships, or sensitive health services the clinician must discuss with the student the potential for a dual

relationship and inform the student that he/she will recuse him or herself from any situation in which an evaluation is required if the provision of sensitive health services has occurred.

While the focus of this policy relates to conflicts of interest resulting from therapeutic relationships and/or the provision of sensitive health services to medical students, other types of conflicts of interest may exist. In such situations, faculty members will also recuse themselves from participating in performing academic assessments for grading purposes and in decisions regarding promotions for such students.

Definitions for this Policy:

- Provision of health care services is defined as a licensed clinician assuming clinical responsibility for the evaluation, diagnosis, treatment and/or management of a student.
- Therapeutic relationship is defined as either ongoing provision of healthcare services (more than two interactions) or any health care services involving “sensitive health services.”
- Sensitive health services include but are not limited to, psychiatric/psychological counseling, substance abuse, and sexually transmitted diseases.

PROCEDURES:

All faculty members engaged in an established provider-patient relationship with a student or have other conflicts of interest pertaining to a student must identify themselves and recuse themselves from summative assessments, grading, or promotional activities concerning that student for two years following the last date of service.

Clinicians serving on the KCOM Student Promotion Board shall identify themselves and recuse themselves if they have an established provider-patient relationship with a student or if they have other conflicts of interest pertaining to the student being reviewed by the Board. This identification and recusal process shall occur at the start of each meeting. Cases being reviewed electronically shall follow the same process with the clinician recusing him/herself from review, comments, and voting.

Exclusions:

There are two main exclusions to this policy including:

1. **Supervision of clinical care in a learning environment.** Medical students learn through experience and are often in clinical settings whereby they ‘treat’ a peer under the supervision of a faculty member. This may occur in a student OMM clinic, CODO course, clinical rotation experience, vaccination clinic, or other entity. The relationships

established in these precepted settings are significantly different from those existing between a clinician-patient in a therapeutic relationship in a health care delivery setting. 'Treatment' undertaken for the purpose of education in such a scenario does not constitute the formation of a true provider-patient relationship and, therefore, does not require recusal.

- 2. Anonymous scoring of academic assessments.** Scoring of academic assessments whereby scores are programmed into a learning management system, testing software program, or other systems for an entire class or subgroup of the class whereby student responses during the scoring/grading processes are managed by staff and remain anonymous to the faculty member until all scores are calculated. Example: Multiple choice examination in Internal Medicine course administered for the entire class.

This policy pertains to the COCA requirement of Element 9.10 and applies to all faculty and residents.

REVIEW(S)

Policy and procedure reviewed by:
KCOM Dean - August 24, 2020

**ATSU & ATSU-KCOM Policy No. 9.11:
Health Insurance**

Signature: *On file in Dean's office*

Date Approved: *December 9, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA), A.T. Still University-Kirksville College of Osteopathic Medicine must require that all students have health insurance.

POLICY

ATSU requires that all students enrolled in a residential program maintain active health insurance coverage. To ensure that students have access to a comprehensive plan, ATSU has chosen United Healthcare Student Resources (UHCSR) as its medical plan provider for the student health plan. All ATSU students must meet ATSU requirements by either enrolling in the ATSU-sponsored student health plan or by submitting a waiver and receiving approval for use of another acceptable health coverage plan. Coverage must be maintained throughout the duration of enrollment. Failure to maintain continuous health insurance coverage may result in disciplinary action, including possible suspension and/or dismissal.

PROCEDURE

HSA Consulting, Inc. (HSAC) is the group administrator for the student health plan and will verify waiver information to ensure all students are in compliance with ATSU student health insurance requirements. As the group administrator HSAC will assist students with plan questions, address changes, claims assistance and obtaining ID cards.

Student Health Insurance Requirements

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

The acceptable coverage to waive the A.T. Still University - Sponsored Student Health Insurance Plan is a parent's employer group plan, a spouse's employer group plan, VA Benefits or COBRA. Individual Plans will be accepted as long as they meet the University's waiver requirements. Additionally, the University will allow students to waive out of the student health insurance plan using Medicaid based coverage, and the student must live in that state the entire academic year. The A.T. Still University Waiver requirements are as follows:

- Deductible MUST NOT be more than \$1,500 individual or \$3,000 family annually, (No Exceptions)
- Adequate major medical coverage of at least \$1,000,000/policy year
- Prescription coverage
- Mental health coverage
- Coverage for an annual exam
- A provider network in the area of your A.T. Still University campus for primary care, specialty, hospital, and diagnostic care. Students attending online programs, including those that are only partially online, are exempt from this requirement.

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

Students must notify Enrollment Services of any changes in health insurance providers by completing and submitting the Proof of Health Insurance Form that is located on the Enrollment Services website at <https://www.atsu.edu/department-of-student-affairs/enrollment-services/my-academics#health-insurance-requirements>.

REFERENCE FILE(S)

- For more information related to details of the plan, University requirements, enrollment, or completing the waiver process; please visit <https://app.hsac.com/atstill>.
- HSA Consulting, Inc. is available by phone, (888-978-8355), or email (atstill@hsac.com) for any additional questions regarding the waiver/enrollment process or the student health insurance plan.
- [ATSU University Catalog - Health Insurance Requirements](#)

REVIEW(S)

Policy reviewed by:

ATSU Vice President of Student Affairs - 12.3.2019

KCOM Dean - December 9, 2019

**ATSU-KCOM Policy No. 10.1:
Osteopathic Educational Continuum**

Signature: *On File in Dean's Office*

Date Approved: *February 26, 2020*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA), standard 10.1 A.T. Still University of Health Science-Kirksville College of Osteopathic Medicine must provide policies, procedures, personnel, and budgetary resources to support the continuum of osteopathic education.

POLICY

ATSU-KCOM through the collective activities of the KCOM Departments of Academic Affairs, Curriculum, Clinical Affairs, and Advancement of Osteopathic Education, coordinates the efforts of medical educators to implement ATSU-KCOM's teaching and assessment programs for the first through fourth years of pre doctoral osteopathic medical education and graduate medical education.

PROCEDURE

The ATSU-KCOM Departments of Academic Affairs, Curriculum and Clinical Affairs:

- Support curricular organization, teaching, and assessments of the pre-doctoral osteopathic curriculum with the goal of preparing osteopathic medical students with sufficient knowledge and skills in the seven osteopathic core competencies to successfully enter graduate medical education
- Oversees and supports administration of third- and fourth-year clinical rotations
- Facilitates the regional site match process for second-year students transitioning to the clinical rotations
- Coordinates clinical activities and assessment requirements in the core regional sites
- Provides residency match placement support
- Provides career advising
- Oversees student completion of the NBOME, COMLEX licensing examinations Level 1-CE, 2-CE, and 2-PE
- Ensures integration of osteopathic principles throughout four year osteopathic curriculum

The ATSU-KCOM Department for Advancement of Osteopathic Education

- Hosts Still-OPTI, an ACGME-accredited institution residency program sponsor
- Provides accreditation and institutional sponsorship of residency programs through Still-OPTI
- Provides administrative and educational support to affiliated residency programs sponsored by other institutional sponsors.
- Develops new residency programs
- Provides educational resources and curricular support for residents to develop sufficient mastery of the ACGME six core competencies to enter autonomous specialty practice
- Provides educational resources and administrative support for residency faculty development

- Provides educational resources and support for integration of osteopathic principles into residency programs and support for obtaining osteopathic recognition
- Provides research education and support for scholarly activity in residency programs

RESPONSIBILITY

ATSU-KCOM through the collective activities of the KCOM Departments of Academic Affairs, Curriculum, and Clinical Affairs and Advancement of Osteopathic Education and Still OPTI, support the continuum of osteopathic medical education. The ATSU- KCOM Department of Academic Affairs, Curriculum, and Clinical Affairs hold the primary responsibility for oversight of pre-doctoral osteopathic medical education. The ATSU-KCOM Department for the Advancement of Osteopathic Education and Still OPTI hold the primary responsibility for oversight of graduate medical education.

REVIEW(S)

Policy & Procedure reviewed by:
KCOM Dean -February 26, 2020

**ATSU-KCOM Policy No. 10.2:
ACGME Accredited GME**

Signature: *On file in Dean's office*

Date Approved: *December 19, 2019*

PURPOSE

In accordance with the Commission on Osteopathic College Accreditation (COCA) standard 10.2, A.T. Still University-Kirksville College of Osteopathic Medicine must provide policies and procedures demonstrating its mechanisms to assist new and existing graduate medical education (GME) programs in meeting the requirements for accreditation by the Accreditation Council for Graduate Medical Education (ACGME)

POLICY

ATSU-KCOM, through the activities of the Department for Advancement of Osteopathic Education, develops new graduate medical education (GME) programs and assists existing GME programs in meeting and maintaining specialty program and osteopathic recognition accreditation by ACGME. Still OPTI, an accredited ACGME sponsoring institution, is a sub-department within the Department for Advancement of Osteopathic Education. Still OPTI provides financial, administrative, and educational support and oversight for all Still OPTI sponsored residency programs and provides residency educational and administrative support for all Still OPTI affiliated residency programs.

PROCEDURE

New GME Development:

ATSU-KCOM, Department for the Advancement of Osteopathic Education, actively seeks residency development as an ongoing activity of its Osteopathic Medical Education Committee-Graduate Medical Education Committee (OGME-GMEC). Institutional representatives meet with potential collaborators to discuss and create new GME programs. New programs may contract with Still OPTI as their ACGME institutional sponsor or contract for residency educational and administrative support from Still OPTI while using their own institutional sponsor. Still OPTI assists new and developing programs with ACGME accreditation and administrative and educational support.

Existing GME Support:

Still OPTI and the Department for the Advancement of Osteopathic Education provides financial, administrative, and educational support and oversight for all Still OPTI sponsored residency programs and provides residency educational and administrative support for all Still OPTI affiliated residency programs. Still OPTI and the Department for the Advancement of Osteopathic Education provides on-demand and live faculty development, educational and scholarly activity resources through an institutional portal. Special emphasis is placed on faculty development, educational and scholarly activity to fulfil program accreditation requirements for ACGME osteopathic recognition with development and mastery of integration of osteopathic principles into each of the six ACGME core competencies. Still OPTI assists

sponsored and affiliated programs with ACGME initial and continuing specialty program accreditation and Osteopathic Recognition.

Within Still OPTI, the Graduate Medical Education Committee (GMEC) is tasked with oversight of ACGME accreditation status of the sponsoring institution and its sponsored residency programs; the quality of the learning and working environment associated with each program; reviewing residents and faculty surveys, site visit and accreditation feedback, and when necessary, approving corrective measures; reviewing and approving Still OPTI policies and procedures, ACGME applications and program changes, and requests for exceptions to clinical and educational work hour requirements; and conduct an Annual Institutional Review (AIR).

The Still OPTI GMEC is composed of representatives from its sponsored and affiliated residency programs, the Still OPTI designated institution official (DIO), and a quality improvement or patient safety officer as defined by the *ACGME Institutional Requirements*. As an accredited ACGME institutional sponsor, Still OPTI is required to be in substantial compliance with ACGME institutional requirements and ensure that each of its residency programs is in substantial compliance with ACGME accreditation requirements.

RESPONSIBILITY

The ATSU-KCOM Department for Advancement of Osteopathic Education and Still OPTI hold the primary responsibility for oversight of GME. The associate dean for postgraduate training leads the Department for the Advancement of Osteopathic Education and serves as the designated institution official (DIO) for Still OPTI and is tasked with the authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME accredited programs and to ensure the compliance with the ACGME Institutional, Common, and specialty-specific Program Requirements.

REVIEW(S)

Process reviewed by:

KCOM Dean - December 19, 2019