South Carolina
Commission on Higher Education

10/5/2017
Agenda Item 7.02.B

Consideration of Request for Initial License
A.T. Still University of Health Sciences’ School of Osteopathic Medicine Arizona, Mesa, AZ at Beaufort-Jasper-Hampton Health Services, Ridgeland, SC
Doctor of Osteopathic Medicine

Summary

A.T. Still University of Health Sciences’ (ATSU) School of Osteopathic Medicine Arizona (ATSU-SOMA), Mesa, AZ (www.atsu.edu) requests approval for an initial license to offer courses leading to the Doctor of Osteopathic Medicine at Beaufort-Jasper-Hampton Health Services (BJH), in Ridgeland, SC. Students will complete the first four years of instruction on-ground at the central campus in Mesa, AZ. Upon successful matriculation of the first year, students are assigned to one of 12 community health center clinical campuses that the University has established throughout the United States. The Community Health Care Centers are located in Phoenix, AZ; Flagstaff, AZ; Tucson, AZ; Visalia, CA; Wainanae, HI; Chicago, IL; Brooklyn, NY; Mt. Orab, OH; Portland, OR; Ridgeland, SC; Renton, WA; and Washington, DC. The program is delivered in a hybrid format, with courses offered primarily via distance, originating from Mesa, AZ in years two through four. In tandem with this course delivery, two faculty and one staff member are on-site in Ridgeland. Faculty provide instruction and clinical rotation coordination and the staff member provides administrative support to link students to standard support services within the University and to resources in the community. ATSU-SOMA will enroll between 8-12 students in each cohort at the BJH community health center, with a total enrollment of 24 to 36 students.

Background

Founded in 1892, ATSU is a private, not-for-profit, graduate-level health sciences university with campuses in Kirksville, Missouri and Mesa, Arizona. The Kirksville campus is home to the Kirksville College of Osteopathic Medicine (the founding school of osteopathic medicine in the US), Missouri School of Dentistry & Oral Health, and the College of Graduate Health Studies. The Mesa campus houses the Arizona School of Health Sciences, the Arizona School of Dentistry & Oral Health, and the School of Osteopathic Medicine in Arizona. Each of these schools engages in both onsite and distance education programs.

The Higher Learning Commission of the North Central Association of Colleges and Schools (HLC) has accredited ATSU since 1994 and recognizes the Kirksville Campus as the main campus. The 12 Community Health Care Center clinical sites are not considered by HLC to be a substantive change, therefore not requiring application to the HLC. The American Osteopathic Association, Commission on Osteopathic College Accreditation has accredited the Doctor of Osteopathic Medicine program at SOMA since 2011.
Cohort Default Rate

The following chart from the U.S. Department of Education shows the most recently available student loan default rates at ATSU:

<table>
<thead>
<tr>
<th>A.T. Still University of Health Sciences</th>
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</thead>
<tbody>
<tr>
<td>Cohort Default Rate</td>
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<td>----------------------</td>
</tr>
<tr>
<td>Default Rate</td>
</tr>
<tr>
<td>Number in Default</td>
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<tr>
<td>Number in Repay</td>
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</table>

The USDE sanctions a school when the school’s three most recent cohort default rates are 25 percent or higher or if a school’s current default rate is greater than 40 percent. Except in the event of a successful adjustment or appeal, such a school will lose FFEL, Direct Loan, and Federal Pell Grant program eligibility for the remainder of the fiscal year in which the school is notified of its sanction and for the following two fiscal years. The USDE publishes cohort default rates annually (national, state, and institution type). The FY 2013 national cohort default rate is 11.3%. The FY 2013 cohort default rate for South Carolina is 13.2%. The FY 2013 national cohort default rate for private intuitions is 7.0%. By comparison, ATSU’s cohort default rate is much lower than all three averages shown above.

The following chart shows a chronology of application submission and staff review.

<table>
<thead>
<tr>
<th>Stages of Consideration</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exemption Status</td>
<td>2/22/2012</td>
<td>An exemption for clinical education was issued to ATSU-SOMA by former Commission staff.</td>
</tr>
<tr>
<td>Letter of Intent</td>
<td>7/23/2013</td>
<td>Discussions between ATSU-SOMA and former Commission staff resulted in a determination that the activities of ATSU-SOMA in South Carolina had evolved to a point at which they were no longer exempted.</td>
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<tr>
<td>Original Degree-Granting Application and Program Proposal Received</td>
<td>8/24/2015</td>
<td>Commission staff reviewed the initial degree-granting application and program proposal. On 4/27/2016, Commission staff requested that ATSU-SOMA resubmit its initial application and program proposal due to revisions in the format of both the application and program proposal template.</td>
</tr>
<tr>
<td>Revised Degree Granting Application and Program Proposal Received</td>
<td>6/8/2016</td>
<td>Staff reviewed and analyzed the revised degree-granting application and program proposal. The degree-granting application addresses information related to institution background, academic and curriculum requirements, facilities, financial stability, student tuition protection, and reputation and character of the institution.</td>
</tr>
</tbody>
</table>

The program proposal (attachment 1) addresses the following:
- Assessment
- Tuition and student borrowing
- Admissions policies
- Facilities
- Program purpose and justification
- Admissions criteria

1 The cohort default rates were retrieved from: https://www2.ed.gov/offices/OSFAP/defaultmanagement/cdr.html
<table>
<thead>
<tr>
<th>Stages of Consideration</th>
<th>Date</th>
<th>Comments</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td><strong>6/2016-12/2016</strong> Between June and December 2016, various correspondences occurred between Commission staff and points of contact at ATSU-SOMA about advancement of the program proposal.</td>
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<tr>
<td></td>
<td></td>
<td><strong>12/12/2016</strong> Commission staff sent questions about the program proposal to points of contact at ATSU-SOMA. The questions related to debt, program administration, facilities, instruction, faculty, enrollment management, accreditation approval, outcomes, needs justification, assessment, and learning resources.</td>
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<tr>
<td></td>
<td></td>
<td><strong>2/10/2017</strong> Commission staff received a response to the questions from ATSU-SOMA.</td>
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<td><strong>2/22/2017</strong> At the request of ATSU-SOMA, a face-to-face meeting occurred at the Commission between Commission staff and ATSU-SOMA/BJH representatives to discuss the progress of the application.</td>
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<td></td>
<td></td>
<td><strong>3/21/2017</strong> A conference call was arranged between Commission staff and ATSU-SOMA representatives to discuss follow-up questions resulting from the February 22 meeting. Subsequently, the follow-up questions were sent via email to ATSU-SOMA.</td>
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<tr>
<td></td>
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<td><strong>7/3/2017</strong> Revisions from ATSU-SOMA were submitted to Commission staff, which satisfactorily addressed the staff’s questions.</td>
</tr>
<tr>
<td>CAAL Consideration</td>
<td><strong>8/31/2017</strong></td>
<td>Representatives of ATSU-SOMA and BJH presented the program proposal and described the origin of ATSU-SOMA and its relationship with community health centers (CHCs) across the U.S. ATSU-SOMA identified 11 CHCs with which to partner, with BJH being a chosen partner due to its community need and quality of staff. ATSU-SOMA focuses on establishing relationships with centers in rural areas in order to increase the number of osteopathic doctors who will a) choose to practice in such high-need geographical areas and b) practice in primary care. Dr. Ted Wendel of ATSU-SOMA emphasized the institution’s small footprint in the Beaufort area and stated that it is not ATSU-SOMA’s intent to establish a full branch in SC. Mr. Roland Gardner of BJH expressed its pride in being selected as a partner CHC and the innovative nature of the program. He stated that the majority of students who come to BJH become primary care practitioners. Dr. Faith Polkey of ATSU-SOMA stated that although ATSU-SOMA will assign up to 10 students to the BHJ community health center, the institution has found that it typically has eight to nine students at BJH and would not assign more than 10 due to its size. ATSU-SOMA officials stated that its relationship with health care providers in the Beaufort-Jasper-Hampton area has served to establish clinicals and residencies that did not previously exist. Dr.</td>
</tr>
<tr>
<td>Stages of Consideration</td>
<td>Date</td>
<td>Comments</td>
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|                         |      | Polkey stated that early clinical exposure of students to patients in the CHC serves the students well, and that 70-80% of ATSU-SOMA graduates go on to practice in primary care. Drs. Wendel and Polkey also commented on the institution’s Hometown Program which identifies students from rural areas and mentors them in preparation for not only medical education, but to return as physicians to their rural hometowns. Chair Seckinger offered an amendment to the staff’s recommendation to cap enrollment at ATSU-SOMA’s BJH site to no more than 10 per class (for a total of no more than 30 students between second-year, third-year, and fourth-year cohorts). She stated that the license for ATSU-SOMA would be a two-year provisional license so that the program could be assessed internally by the Commission for continued quality, and she reiterated that no state funds would be required or requested. The amendment was approved. Representatives from MUSC and USC shared concerns from their respective institutions regarding the availability of clinical and residency sites and the impact of the addition of ATSU-SOMA students on their ability to place students. The representative from USC asked that the program proposal be revised to reflect that MUSC, the USC School of Medicine-Columbia, and the USC School of Medicine-Greenville offer programs similar to the program proposed by ATSU-SOMA. The representatives each commented on ATSU-SOMA’s payment to preceptors for clinical placements. ATSU-SOMA officials responded by again emphasizing the institution’s small footprint in the state and creation of new clinical and residency slots; they also stated that the stipend ATSU-SOMA pays to clinical preceptors is much lower than the stipend paid by the many other out-of-state and overseas medical programs that might establish preceptorships in the state. Commissioner Munns stated that he asked several questions regarding the proposal which were satisfactorily answered. He then requested that data regarding medical clinicals and residencies be collected from all medical programs operating in the state (MUSC, USC, VCOM, and ATSU-SOMA) so that the Commission can better understand their availability, which institution’s students are being placed in clinicals and residencies in SC, and which institutions are paying preceptors to accept students for clinicals and residencies, which was supported by USC and MUSC representatives. Munns then made a motion to further amend the Committee’s recommendation to include a provision that CHE collect and analyze data regarding clinical and residency placements during the provisional period of ATSU-SOMA’s license, and to include a requirement that ATSU-SOMA contribute to the collection of such data. Commissioner Love further requested that Commission staff incorporate into its analysis information from the 2014 legislative report, *Leveraging Graduate Medical Education to Increase Primary Care and Rural Physician*.
Stages of Consideration | Date | Comments
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 |  | *Capacity in South Carolina*, as well as relevant information from the SC Department of Employment and Workforce, the SC Department of Commerce, and the SC Chamber of Commerce. The amended recommendation was approved and the motion passed.

**Recommendation**

The Committee on Academic Affairs and Licensing recommends provisional approval of initial licensure for A.T. Still University of Health Sciences’ School of Osteopathic Medicine Arizona (ATSU-SOMA), Mesa, AZ, to establish an extension site at Beaufort-Jasper-Hampton Health Services, in Ridgeland, SC, at which it will offer a program leading to the Doctor of Osteopathic Medicine, to be implemented immediately upon Commission approval. Approval of initial licensure includes the following conditions: 1) each cohort will be capped at 10 students, totaling no more than 30 students for all second-year, third-year, and fourth-year cohorts; 2) the license period will be from the date of Commission approval through June 30, 2019; 3) no state funding will be required or requested; and 4) A.T. Still will participate in the process to understand and analyze the availability of residency positions in South Carolina during its two-year provisional approval. Reference information for this analysis will include the 2014 legislative report, *Leveraging Graduate Medical Education to Increase Primary Care and Rural Physician Capacity in South Carolina*, and will include data from state entities including but not limited to the SC Department of Commerce, the SC Department of Employment and Workforce, and the SC Chamber of Commerce.
Supporting Documentation

Attachment 1- ATSU-SOMA Program Proposal
Attachment 2- Commission Staff Follow-up Questions and ATSU-SOMA Responses
Attachment 3- Letters of Support
June 8, 2016

Clay Barton
Program Coordinator
Academic Affairs
Postsecondary Institution Licensing
S.C. Commission on Higher Education
1122 Lady Street, Suite 300
Columbia, SC 29201

Dear Mr. Barton,

This is to serve as A.T. Still University of Health Sciences’ (ATSU’s) cover page with the program proposal seeking licensure for ASTU’s School of Osteopathic Medicine in Arizona in the State of South Carolina.

SOMA offers an innovative Doctor of Osteopathic Medicine (DO) degree program that addresses a compelling need in our society. The University is regionally accredited and SOMA’s degree program is programmatically accredited by the Commission on Osteopathic College Accreditation (COCA).

Along with this letter, you will find the materials required for ATSU’s School of Osteopathic Medicine in Arizona program proposal regarding the clinical site in Ridgeland, South Carolina, at Beaufort-Jasper-Hampton Comprehensive Health Service, Inc., located at 1520 Grays Hwy, 29936 (phone number 843.726.3341). We are seeking licensure to offer a DO degree to a cohort of approximately 10 students per year who will receive a significant portion of their education at Beaufort-Jasper-Hampton Comprehensive Health Service clinic.

A. T. Still University is the founding school of osteopathic medicine in the United States and has been in continuous operation since 1892. The University is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. The University has a proud history of service to underserved communities as reflected in the following mission statement.

*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 focus on whole person healthcare, scholarship, community health, interprofessional education, diversity, and underserved populations.*
The need for physicians to serve the underserved communities in South Carolina and throughout the nation cannot be overstated. The University has created an alliance with the National Association of Community Health Centers (NACHC) and worked with this agency to estimate its work force needs for the next decade. Conservative estimates indicate that the nation’s community health centers will require close to 25,000 new physicians as they struggle over the next three to five years to meet the projected demands of the Affordable Health Care Act.

In 2006, the University established SOMA with an innovative, service-oriented approach to the education of osteopathic physicians. SOMA’s unique educational model was designed to address societal needs with particular emphasis on addressing the ever-growing health manpower needs of the nation’s community health center network. Unlike most medical education programs, early in their medical education SOMA students are assigned to one of 12 community health center clinical campuses that the University has established across the US. These clinical campuses represent a set of resources including physical space, faculty, University network access, and a host of other coordinated support services that comprise the last three years of students’ medical education experiences. In addition to direct clinical experiences that normally constitute medical education, students participate individually and as a cohort to complete didactic medical education experiences that are developed and assessed by SOMA’s qualified medical education faculty.

ATSU alone is not capable of meeting the overwhelming workforce needs of the nation’s safety net health care system but it has established an admirable record of placement of its graduates in communities of need. To date, virtually all SOMA graduates have successfully achieved placement in residency programs which is the next required step following graduation from any medical program. Well over half of these graduates have elected to pursue primary care residencies indicating their interest in furthering the University’s mission. Of significance to the identified success of this program is the support of the Wright Center for Graduate Education (Scranton, PA) who funded the establishment of over 80 community health center based residency positions allowing SOMA graduates to continue their post graduate medical training within the community health center network.

The University appreciates the time and effort put forth by the Board of Regents to ensure quality in higher education. I believe our application is complete but should you have any questions or comments, please feel free to contact O. T. Wendel, PhD, Senior Vice President for University Planning and Strategic Initiatives (twendel@atsu.edu or 480.219.6011).

Sincerely,

Craig M. Phelps, DO
President
2. Assessment

A. A brief explanation of the assessments of student learning outcomes that will be used other than normal grading and testing

B. A detailed discussion of the plan for programmatic assessment with a description of the program learning outcomes to be assessed and identification of multiple data to be collected (e.g., scores of graduates or national or certification exams, employment data for graduates, surveys sent to employers, graduates, or admissions committees for graduate and professional schools to which graduates apply)

C. An explanation of how program evaluation and student performance assessment data will be used to initiate changes to the program, if needed

SOMA students are evaluated by a number of methodologies to ensure they are meeting curricular goals and competencies. The following are examples of methods that may be used to provide either formative or summative evaluation of student performance.

- Examinations (either written or computer based), quizzes and assignments
- Observation of Head-To-Toe Physical Exam
- Observation of Problem-Specific Physical Exams
- Performance of Clinical Procedures
- Performance at Clinical Experiences
- Discussion with Preceptors at Clinical Sites
- Behavioral Performance Evaluation
- Comprehensive End-of-Year Examinations
- Faculty Advisory Reviews
- Evaluation of Medical Documentation
- Observation of Patient Presentations
- Objective Structured Clinical Examinations (OSCEs)
- Clinical Examination Exercise (Mini-Cex)

Final pre-clinical course and system grades are reported as Honors (HON 90% and above), Pass (PASS 70-89%), or Fail (FAIL <70%). In addition to earning a cumulative grade above 70%, individual courses may also specify further requirements in order to successfully pass. A failed class that is remediated is reported as a Re mediated Pass (RPASS). GPA is calculated using the final actual percentage score a student achieved in a course or system, weighted in proportion to the units of the course or system. Class rank is determined by ordering the GPA’s of the members of the class from highest to lowest.

Grades for rotations and courses for students in OMS III & IV are reported on the transcript as Honors (HON), High Pass (HPass), Pass (Pass), Low Pass (LPass) or Fail (Fail). For OMS IV course Selective II- Academic Study Option, grades are reported as Pass/Fail only, and do not factor into a student’s rank. A failed rotation that is successfully remediated is designated as a Remediated Pass (RPASS) on the transcript. The following criteria are used to determine OMS III & IV grades:
• For non-Core rotations, scores are based on the Clinical Performance Evaluation (CPE).
• For Core rotations, scores are based on the Clinical Performance Evaluation (50%), end-of rotation exam (30%), and weekly assignments (20%).
• All rotations include objectives tied to the competencies prescribed by the American Association of Colleges of Osteopathic Medicine and those prescribed by the Association of American Medical Colleges. Students are graded on these competencies and must demonstrate proficiency in order to graduate.
• Finally, all student must pass all three components of the COMLEX Licensing exams administered by the National Board of Osteopathic Medical Examiners. The series consists of COMLEX Level one, which measures basic science knowledge, Comlex part 2CE and PE. Comlex part 2 CE measures clinical knowledge and application and Part 2 PE measures students’ abilities to take a complete history and Physical exam and demonstrate communications skills as well as empathy. Comlex part 3 is administered during a graduates first year of residency and is the final exam required to apply for a License to Practice Medicine in all states. (See attached Comlex scores). These scores are kept on a SOMA server behind the firewall and only those faculty or staff with a need to know are allowed access to these scores. These scores are kept electronically for many years and are used for Institutional Research and Accreditation.

ATSU is committed to assessing the effectiveness of its innovative learning models. SOMA employs a full time Data position in order to provide assessment information on educational effectiveness. SOMA administration carefully monitor the progress of students against internal standards, and against practice and high-stakes national physician exams. Another level of evaluation occurs with the peer review of courses provided by the curriculum committee. SOMA has established a Curriculum Committee chaired by a faculty member, elected by the faculty. The Assistant Dean for Curriculum and the Associate Dean for Community Campuses are ex officio, non-voting members. The Curriculum Committee is charged with assuring the delivery of a coherent and coordinated curriculum relative to the clinical presentations.

To carry out this charge, the committee has the following functions:
1. Approves substantive changes to any course which may affect other courses, e.g., changes in clinical presentations, prior to implementation.
2. Approves and recommends changes and innovative improvements to courses based on reviews provided by the course committees.
3. Establishes parameters for evaluation of courses with the assistance of the Assistant Dean for Curriculum, who is responsible for collecting the appropriate data.
4. Works with the course directors to:
   a. Assure integration of clinical and basic science material.
   b. Coordinate planning of content and implementation across courses and clerkships being guided by the clinical presentations.
   c. Monitor content and student workload into each course to assure adequate protected time and equitable distribution of student workload across courses.
   d. Assure that all clinical presentations are represented in the curriculum and that they are allocated appropriately among the courses and clerkships.
5. Provides oversight to course subcommittees relative to regular and continual course review and planning.

The committee is comprised of eight faculty members who are equipped to evaluate the curriculum and devise methods of continual improvement. This means that the SOMA Curriculum Committee will not be made up of discipline specific individuals but rather those best equipped as described above. The committee also has two student member.

Curricular review lies within the area of program evaluation and requires different Evaluation techniques than does evaluation of students and/or faculty. The Curriculum Committee itself will be involved in selecting evaluation methods to be used.

The Curriculum Committee meets twice per month and makes regular recommendations to the Dean relative to improvements in the educational program.

Data is gathered and analyzed by Data/Assessment and transmitted to the Dean for consideration and appropriate action. For assessment of student performance once the appropriate data is gathered, it is transmitted to the course director who determines the course grade to be assigned. If student performance is problematic, information is relied to the Assistant Dean for Curriculum who notifies the Dean and the Performance Review Committee as per policy.
## COMLEX Level 1 - RESULTS Class of 2011-2017

### SOMA Summary

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<tr>
<th>Year from</th>
<th>May-15</th>
<th>May-14</th>
<th>May-13</th>
<th>May-12</th>
<th>May-11</th>
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<td>Apr-14</td>
<td>Apr-13</td>
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<th>May-12</th>
<th>May-11</th>
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<td>Pass Rate (SOMA)</td>
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<td>Pass Rate (Nat'l)</td>
<td>92.59%</td>
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<td>Pass Rate vs. National</td>
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### Discipline

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| Discipline Mean    | 500    | 501    | 497    | 509    | 530    | 484    | 496    |
| Total Score v. Nat'l | -19   | -37    | -27    | -16    | 2      | -20    | -17    |
## COMLEX Level 1 - RESULTS Class of 2011-2017

### National Summary

<table>
<thead>
<tr>
<th>Year from</th>
<th>May-15</th>
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13
## COMLEX Level 2CE - RESULTS Class of 2011-2016

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## COMLEX Level 2CE - RESULTS Class of 2011-2016

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### Discipline Mean

| Discipline Mean | 552 | 549 | 553 | 525 | 515 | 517 |
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| Discipline Mean     | 556    | 572    | 547    | 529    | 508    |
| Total Score v. Nat'tl | -12  | -2     | -18    | -25    | -34    |
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<td>Feb-13</td>
<td>Feb-12</td>
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| Discipline Mean | 568 | 568 | 559 | 546 | 543 |
3. **Student Borrowing**

A. Institution’s most recent three-year cohort default rate

Default rate for the last three years:

cohort: 2012 = 1.6%
2011 = 3.1%
2010 = 2.0%

B. Average student loan debt

- $166,263  Average Total Debt for Class of 2018 Students in South Carolina (8 students)
- $213,852  Average Total Debt for Class of 2017 Students in South Carolina (7 students)
- $286,850  Average Total Debt for Class 2016 Students in South Carolina (8 students)
- $222,690  Average Total Debt for Students in South Carolina (23 Students)
- $294,377  Average Total Debt for 2016 SOMA Graduates (102 Students)
4. Institution Admissions Policy

A. An outline of the institution’s base admissions requirements

(excerpt from SOMA School Catalog 2015-2016, pages 10 & 11)

ADMISSIONS
The admissions process is dedicated to recruiting and selecting outstanding students from around the United States who have demonstrated commitment to working with underserved populations. Selection is based on the applicant’s academic achievement, letters of recommendation, life experiences, volunteer service, Medical College Admission Test (MCAT) scores, and interpersonal interactions during the admissions interview.

Application Procedure
SOMA uses the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS). AACOMAS provides centralized services including data collection, analysis, and distribution of the online primary application to osteopathic medical schools the applicant designates. Please visit www.aacom.org or contact AACOMAS, 5550 Friendship Boulevard, Suite 310, Chevy Chase, MD 20815-7231, phone: 301.968.4100.

The deadline for submission of the AACOMAS application is March 1; however due to SOMA’s rolling admissions process and early admission decisions, applicants are strongly encouraged to apply early.

Upon review of the AACOMAS application, SOMA will send qualified applicants a secondary (supplemental) application. A non-refundable application fee, at least one letter of recommendation (LOR) from a science faculty member (or from the pre-medical committee), and at least one LOR from a physician (strong preference for a letter from a D.O.) must be submitted with the secondary application.

The deadline for submission of the secondary (supplemental) application is April 1. Again, due to SOMA’s rolling admissions process and early admission decisions, applicants are strongly encouraged to apply early.

General Admission Requirements
Applicants for admission must meet the following general requirements prior to matriculation:

1. Completed a Bachelor of Arts or Science from a U.S. regionally accredited college or university or equally accredited Canadian institution
2. Achieved a minimum 2.8 cumulative grade-point average (GPA) and a minimum 2.8 science GPA on a 4.0 scale.
3. Medical College Admission Test (MCAT) score within three years of application.
4. Basic computer literacy
5. U.S. citizen or permanent resident
6. Fluent in the oral and written use of English
Academic Requirements

Pre-requisite courses:
Applicants must have successfully completed one full academic year (or equivalent) with a grade (or equivalent) of “C” or better in each of the following courses prior to matriculation:
1. English
2. Biology/Zoology (with laboratory)
3. Inorganic/General Chemistry (with laboratory)
4. Physics (with laboratory)
5. Organic Chemistry (with laboratory)

Additionally, SOMA recommends the following elective courses:
1. Anatomy
2. Behavioral Science
3. Biochemistry
4. Genetics
5. Immunology
6. Microbiology
7. Molecular Biology
8. Multicultural Studies
9. Physiology
10. Public Health/Epidemiology
5. Facilities

A. A description of facilities that will support the proposed programs and an explanation of whether or to what extent the existing physical plant will be adequate to provide space for the proposed program for at least the first three years for associate degree programs or five years for all other degree programs

The Beaufort-Jasper-Hampton Comprehensive Health Services, Inc. community location will host between eight and twelve students in each cohort (student’s first year is spent at the base campus in Mesa, Arizona). The education of these students is coordinated out of that learning center during their clinical training in the third and fourth years of medical school. This center will ultimately host a second-year, a third-year, and a fourth-year cohorts (total of between twenty-four and thirty-six students and clinical trainees).

Beaufort-Jasper-Hampton Comprehensive Health Services, Inc. has identified two rooms for classroom space at the Ridgeland site. See floor plans for classroom space, 1st floor, (marked on floorplans in red). The current classroom space is adequate for the needs of the student assigned to this clinic location.

[ATTACHMENT]

Ridgeland Medical Floor Plan

B. A discussion of any additional physical plant requirements that will result from implementing the proposed program, including any modifications to existing facilities

There has not been discussion of expanding or modifying the existing space at the Beaufort-Jasper-Hampton comprehensive Health Services clinic location.
## 1. Classification

| A. Program title, level of degree, and total number of credit hours | Doctor of Osteopathic Medicine (DO) |
| B. Concentrations, options, and tracks | Medicine |
| C. CIP code from the current U.S. Department of Education's Classification of Instructional Programs | 51.1901 |
| D. Proposed date of implementation | Immediate |
| E. Site | Beaufort-Jasper-Hampton Comprehensive Health Service, Inc. 1520 Grays Hwy Ridgeland, SC 29936 |
| F. Delivery mode (traditional, distance education, and/or blended) | Blended |
| G. Area of certification for programs that prepare teachers and other school professionals | N/A |
| H. Steps of institution approvals (e.g., faculty committees, institutional governing board, presidents or chief executive officer) and dates of each approval | A.T. Still University Board of Trustees meeting on February 4, 2006 The motion was made and carried "... the Board concurs with all actions taken to date in terms of the development of the proposed COM in Mesa and to move forward." |
| I. Program director contact information. | Faith Polkey, MD, MPH, FAAP Regional Director of Medical Education Beaufort-Jasper-Hampton Comprehensive Health Service, Inc. 1520 Grays Hwy Ridgeland, SC 29936 843.726.3341 fpolkey@atsu.edu |
2. Purpose

A. A statement of the purpose and objectives of the program

ATSU is seeking approval for the School of Osteopathic Medicine in Arizona (SOMA) which offers doctoral degree in osteopathic medicine (DO). Utilizing an education model that brings students to a central campus in Mesa, Arizona, in their first (of four) year of instruction. Upon successful completion of that first year, students are matched to one of twelve national Community Health Center sites around the United States.

These health centers work with medically underserved populations in their community. The National Association of Community Health Centers works with SOMA in helping identify applicants either from those constituencies or with desires to serve in these communities. Each health center has an on-site, at least one full-time employee (FTE) faculty to coordinate learning modules for a cohort of about ten students developed at the Mesa campus and delivered through synchronous and asynchronous digital media. Each health center site also has an Osteopathic Manipulative Medicine faculty, plus numerous (as is typical with health professions education) volunteer clinical preceptors.
3. Justification

A. A discussion of the need for the program in the state and an explanation of how graduates will contribute to the economic development of the state. Include student demand or interest, anticipated employment opportunities for graduates supported by the most current U.S. Bureau of Labor Statistics, state, and regional employment data; local or regional employment opportunities as advertised in newspapers, the Department of Education and Workforce, or other sources; or demand for graduates supported by community and business surveys. This data must be quantified to the maximum extent possible, cover a reasonable period in the future beyond the anticipated date of graduation of the first classes, and must include sources of the data. Programs that prepare teachers and other school professionals must cite the most recent data published by the Center for Educator Recruitment, Retention, and Advancement (CERA).

NOTE: Student demand or interest may be cited in this section but, unsupported, does not constitute evidence of need. If student demand survey data is included, a copy of the survey (and basic survey methodology) must be provided.

B. A discussion of the relationship of the proposed program to other related programs within the institution

C. If the program is offered at other campuses, provide graduation and placement rates for the program for each site.

D. A comprehensive list of similar programs in the state (not required for institutions applying for licensure to recruit in the State for out-of-state courses)

A.T. Still University of Health Sciences (ATSU) is a private, not-for-profit, graduate-level health sciences university with campuses in Kirksville, Missouri and Mesa, Arizona. The Kirksville campus is home to the Kirksville College of Osteopathic Medicine, the Missouri School of Dentistry & Oral Health, and the College of Graduate Health Studies providing distance education programs for health professionals. The Mesa campus houses the Arizona School of Health Sciences, the Arizona School of Dentistry & Oral Health, and the School of Osteopathic Medicine in Arizona (SOMA).

ATSU is the founding school of osteopathic medicine in the United States and has been in continuous operation since 1892. The University is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. The University has a proud history of service to underserved communities as reflected in the following mission statement.

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 focus on whole person healthcare, scholarship, community health, interprofessional education, diversity, and underserved populations.

In 2006, the University established SOMA with an innovative, service-oriented approach to the education of osteopathic physicians. The program is accredited by the Commission on Osteopathic
College Accreditation (COCA). SOMA’s four-year curriculum integrates basic science, the clinical presentation curriculum, and extensive clinical experience into a relevant and applicable program of study. SOMA’s unique educational model is designed to address societal needs with particular emphasis on addressing the ever-growing health workforce needs of the nation’s community health center network. Unlike most medical education programs, early in their medical education SOMA students are assigned to one of 12 community health centers (CHCs) that the University has established across the US. These CHCs represent a set of resources including physical space, faculty, University network access, access to University library and multimedia online resources and services, and a host of other coordinated support services that comprise the last three years of students’ medical education experiences. In addition to direct clinical experiences that normally constitute medical education, students participate individually and as a cohort to complete didactic medical education experiences that are developed and assessed by SOMA’s qualified medical education faculty.

The need for physicians to serve the underserved communities in South Carolina and throughout the nation cannot be overstated. The University has created an alliance with the National Association of Community Health Centers (NACHC) and worked with this agency to estimate its workforce needs for the next decade. Conservative estimates indicate that the nation’s community health centers will require close to 25,000 new physicians as they struggle over the next three to five years to meet the projected demands of the Affordable Health Care Act.

ATSU alone is not capable of meeting the overwhelming workforce needs of the nation’s safety net health care system but it has established an admirable record of placement of its graduates in communities of need. To date, virtually all SOMA graduates have successfully achieved placement in residency programs which is the next required step following graduation from any medical program. Well over half of these graduates have elected to pursue primary care residencies indicating their interest in furthering the University’s mission. Of significance to the identified success of this program is the support of the Wright Center for Graduate Education (Scranton, PA) who funded the establishment of over 80 community health center based residency positions allowing SOMA graduates to continue their postgraduate medical training within the community health center network.

Each community health center has an on-site, at least one full-time employee faculty to coordinate learning modules for a cohort of about ten students developed at the Mesa campus and delivered via cases, and through synchronous and asynchronous electronic media. This position is titled Regional Director of Medical Education (RDME). The RDME facilitates small group sessions; develop and deliver curriculum; monitor student progress and perform student evaluations; work with course directors in Mesa; attend faculty development sessions; use technology to promote student learning and distance education. Facilitate student rotations within the CHC and affiliated hospitals and clinics; develop and implement community-based projects. SOMA has 41 full-time and 15 part-time faculty and students have rotated with 1,033 of the 2,908 preceptors on file.

SOMA’s admissions process is dedicated to recruiting and selecting outstanding students from around the United States who have demonstrated commitment to working with underserved populations. Selection is based on the applicant’s academic achievement, letters of recommendation, life experiences, volunteer service, Medical College Admission Test (MCAT)
scores, and interpersonal interactions during the admissions interview. The SOMA Admissions Committee seeks individuals who will be a good match to SOMA’s mission and are capable of meeting SOMA’s academic and professionalism standards. Applicants are screened for academic achievement, clinical involvement, interpersonal skills, leadership qualities, service, perseverance, maturity, motivation, and knowledge of the osteopathic profession. Applicants who pass this screening will be invited for an interview. The first SOMA class began with 104 students in 2007 and has grown to 107 students currently (full-time enrollment only).

SOMA Retention Rates:  class starting Fall 2014:  97%
class starting Fall 2015:  96%

Students are not directly employed following graduation but pursue medical residencies across the United States. One hundred percent of the School of Osteopathic Medicine in Arizona (SOMA) students to date have successfully placed in residency programs.

Residency Selection Comparison
First 5 SOMA Classes

<table>
<thead>
<tr>
<th>Class Year</th>
<th>Class 2011* Total</th>
<th>Class 2012 Total</th>
<th>Class 2013 Total</th>
<th>Class 2014 Total</th>
<th>Class 2015 Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of Students</td>
<td>85</td>
<td>76</td>
<td>105</td>
<td>99</td>
<td>114</td>
<td>479</td>
</tr>
<tr>
<td>Total # of Students Matched:</td>
<td>85</td>
<td>76</td>
<td>105</td>
<td>99</td>
<td>113</td>
<td>478</td>
</tr>
<tr>
<td>Total # of Students Unmatched:</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1**</td>
<td>1</td>
</tr>
<tr>
<td>Total # of Students Matched (Osteopathic):</td>
<td>33</td>
<td>33</td>
<td>43</td>
<td>42</td>
<td>57</td>
<td>151</td>
</tr>
<tr>
<td>Total # of Students Matched (Allopathic):</td>
<td>47</td>
<td>39</td>
<td>53</td>
<td>48</td>
<td>50</td>
<td>187</td>
</tr>
<tr>
<td>Total # of Students Matched (Military):</td>
<td>5</td>
<td>4</td>
<td>8</td>
<td>9</td>
<td>6</td>
<td>26</td>
</tr>
</tbody>
</table>

* This reflects student data as reported to AACOM/COCA on the annual report. More students graduated in these years, but were not eligible to begin a residency on July 1st. This can happen in any given year. These students are accounted for in later cycles.
** Although this student is marked as “unmatched”, this student elected to complete a fellowship, rather than participate in the match.

Residency Selection
Area of Specialization

<table>
<thead>
<tr>
<th>Class Year</th>
<th>% Primary Care</th>
<th>% Needed Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 (N=85)</td>
<td>67.1%</td>
<td>88.2%</td>
</tr>
<tr>
<td>2012 (N=76)</td>
<td>69.7%</td>
<td>92.1%</td>
</tr>
<tr>
<td>2013 (N=104)</td>
<td>74.0%</td>
<td>94.2%</td>
</tr>
<tr>
<td>2014 (N=99)</td>
<td>72.7%</td>
<td>88.9%</td>
</tr>
<tr>
<td>2015 (N=113)</td>
<td>64.6%</td>
<td>87.6%</td>
</tr>
</tbody>
</table>

Besides A.T. Still University’s School of Osteopathic Medicine in Arizona, there is one other osteopathic university in Arizona; Midwestern University College of Osteopathic Medicine in Glendale, AZ. Edward Via College of Osteopathic Medicine-Carolinas Campus in Spartanburg, SC is the only osteopathic university in South Carolina.
4. Admission Criteria

A. A description of the admission criteria specific to the program

SOMA’s admissions process is dedicated to recruiting and selecting outstanding students from around the United States who have demonstrated commitment to working with underserved populations. Selection is based on the applicant’s academic achievement, letters of recommendation, life experiences, volunteer service, Medical College Admission Test (MCAT) scores, and interpersonal interactions during the admissions interview. The SOMA Admissions Committee seeks individuals who will be a good match to SOMA’s mission and are capable of meeting SOMA’s academic and professionalism standards. Applicants are screened for academic achievement, clinical involvement, interpersonal skills, leadership qualities, service, perseverance, maturity, motivation, and knowledge of the osteopathic profession. Applicants who pass this screening will be invited for an interview. The first SOMA class began with 104 students in 2007 and has grown to 107 students currently (full-time enrollment only).
5. Enrollment

A. Projected Total Enrollment (Table A) showing projected total student enrollment in each term for at least the first three years for associate degree programs or five years for all other degree programs; for institutions recruiting SC residents to out-of-state institutions, provide the number of SC residents the institution anticipates enrolling into the program.

Table A – Projected Total Enrollment

Total SOMA Students

<table>
<thead>
<tr>
<th>YEAR</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Headcount</td>
<td>Credit Hours</td>
<td>Headcount</td>
</tr>
<tr>
<td>2015 – 16</td>
<td>110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016 – 17</td>
<td>110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017 – 18</td>
<td>110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018 – 19</td>
<td>110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019 – 20</td>
<td>110</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total SOMA Students assigned in South Carolina

<table>
<thead>
<tr>
<th>YEAR</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Headcount</td>
<td>Credit Hours</td>
<td>Headcount</td>
</tr>
<tr>
<td>2015 – 16</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016 – 17</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017 – 18</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018 – 19</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019 – 20</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical education is based on an annual continuum that accounts for 86 credits year 1, 78 credits year 2, 131.50 credits year 3 and 118.10 credits year 4 for the SOMA class of 2019, (see curriculum).
6. Curriculum

A. A curriculum outline that lists the course numbers, titles, and credit hours

*(excerpt from SOMA School Catalog 2015-2016, pages 63 & 64)*

### CURRICULUM OVERVIEW

Class of 2019*

*previous classes should refer to the curriculum plan included with the catalog corresponding to their initial matriculation

<table>
<thead>
<tr>
<th>Credit Hours</th>
<th>Course Title</th>
<th>Course Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1 Courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Basic Structural Foundations</td>
<td>MED 530</td>
</tr>
<tr>
<td>6</td>
<td>Foundations of Health</td>
<td>MED 520</td>
</tr>
<tr>
<td>8</td>
<td>Neuromusculoskeletal A</td>
<td>MED 521</td>
</tr>
<tr>
<td>10</td>
<td>Neuromusculoskeletal B</td>
<td>MED 522</td>
</tr>
<tr>
<td>5</td>
<td>Cardiopulmonary I</td>
<td>MED 514</td>
</tr>
<tr>
<td>3</td>
<td>Medical Skills I</td>
<td>MED 508A</td>
</tr>
<tr>
<td>3</td>
<td>Osteopathic Principles and Practice I</td>
<td>MED 509A</td>
</tr>
<tr>
<td>13</td>
<td>Cardiopulmonary II</td>
<td>MED 515</td>
</tr>
<tr>
<td>8</td>
<td>Renal-Endocrine-Metabolism I</td>
<td>MED 516</td>
</tr>
<tr>
<td>8</td>
<td>Renal-Endocrine-Metabolism II</td>
<td>MED 517</td>
</tr>
<tr>
<td>10</td>
<td>Gastro-Intestinal</td>
<td>MED 603</td>
</tr>
<tr>
<td>4</td>
<td>Medical Skills II</td>
<td>MED 508B</td>
</tr>
<tr>
<td>3</td>
<td>Osteopathic Principles and Practice II</td>
<td>MED 509B</td>
</tr>
</tbody>
</table>

| Year 2 Courses, Fall                   |            |               |
| 4            | Epidemiology                          | MED 620       |
| 7            | Genitourinary I                       | MED 613       |
| 5            | Genitourinary II                      | MED 614       |
| 4            | Senses                                | MED 615       |
| 5            | Human Development                     | MED 607       |
| 6            | Medical Skills III                    | MED 609A      |
| 2            | Osteopathic Principles and Practice III| MED 610A     |
| 8            | Hematology                            | MED 605       |
| 4            | Biostatistics & Preventive Medicine   | MED 621       |
| 4            | Dermatology                           | MED 604       |
| 5            | Mind                                  | MED 606       |
| 7            | Integrative                           | MED 608       |
| 6            | Medical Skills IV                     | MED 609B      |
| 2            | Osteopathic Principles and Practice IV| MED 610B      |
| 9            | Integrative II                        | MED 622       |

| Year 3 Clerkships and Courses         |            |               |
| 11           | Family Medicine 1 (4 weeks)           | Core 7000     |
| 11           | Family Medicine II (4 weeks)          | Core 7001     |
| 11           | Internal Medicine I (4 weeks)         | Core 7002     |
| 11           | Internal Medicine II (4 weeks)        | Core 7003     |
### Year 3 Clerkships and Courses

<table>
<thead>
<tr>
<th>Code</th>
<th>Course</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Pediatrics (4 weeks)</td>
<td>Core 7004</td>
</tr>
<tr>
<td>11</td>
<td>Maternal/Child Health (4 weeks)</td>
<td>CPSL 7010-7013</td>
</tr>
<tr>
<td>11</td>
<td>Obstetrics/Gynecology (4 weeks)</td>
<td>Core 7005</td>
</tr>
<tr>
<td>11</td>
<td>General Surgery (4 weeks)</td>
<td>Core 7006</td>
</tr>
<tr>
<td>11</td>
<td>Psychiatry (4 weeks)</td>
<td>Core 7007</td>
</tr>
<tr>
<td>11</td>
<td>Primary Care Selectives (4 weeks)</td>
<td>PCSL 7010-7048</td>
</tr>
<tr>
<td>11</td>
<td>Electives I (4 weeks)</td>
<td>ELEC 7049-7132</td>
</tr>
<tr>
<td>5.5</td>
<td>Electives II (2 weeks)</td>
<td>ELEC 7049-7132</td>
</tr>
<tr>
<td>2.5</td>
<td>Osteopathic Principles and Practice V</td>
<td>Core 7008</td>
</tr>
<tr>
<td>2.5</td>
<td>Osteopathic Principles and Practice VI</td>
<td>Core 7009</td>
</tr>
</tbody>
</table>

### Year 4 Clerkships and Courses

<table>
<thead>
<tr>
<th>Code</th>
<th>Course</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Cardiology (4 weeks)</td>
<td>Core 8000</td>
</tr>
<tr>
<td>11</td>
<td>Critical Care (4 weeks)</td>
<td>Core 8001</td>
</tr>
<tr>
<td>5.5</td>
<td>Neurology (2 weeks)</td>
<td>Core 8002</td>
</tr>
<tr>
<td>11</td>
<td>Emergency Medicine (4 weeks)</td>
<td>Core 8003</td>
</tr>
<tr>
<td>11</td>
<td>Selective I: Medicine (4 weeks)</td>
<td>SELE 8006-8090</td>
</tr>
<tr>
<td>11</td>
<td>Selective II: Medicine, Research, or Academic (4 weeks)</td>
<td>SELE 8006-8090</td>
</tr>
<tr>
<td>11</td>
<td>Selective III: Pediatrics (4 weeks)</td>
<td>MED 8051-8061</td>
</tr>
<tr>
<td>11</td>
<td>Selective IV: Surgery (4 weeks)</td>
<td>MED 8078-8085</td>
</tr>
<tr>
<td>11</td>
<td>MS4 Elective I (4 weeks)</td>
<td>ELEC 8091-8175</td>
</tr>
<tr>
<td>11</td>
<td>MS4 Elective II (4 weeks)</td>
<td>ELEC 8091-8175</td>
</tr>
<tr>
<td>11</td>
<td>MS4 Elective III (4 weeks)</td>
<td>ELEC 8091-8175</td>
</tr>
<tr>
<td>1.3</td>
<td>Osteopathic Principles and Practice VII</td>
<td>Core 8004</td>
</tr>
<tr>
<td>1.3</td>
<td>Osteopathic Principles and Practice VIII</td>
<td>Core 8005</td>
</tr>
</tbody>
</table>
7. **Faculty and Staff**

A. The minimum educational and teaching qualifications for instructors

All SOMA courses are conducted at the doctoral level; minimum faculty qualifications vary by position. Most positions call for an earned doctorate in the specific (or a related) field. Other positions may require specialty board certification (i.e. Internal Medicine-Pulmonologist for Pulmonary segment of Cardiopulmonary course).

B. Confirmation that at least one full-time faculty member will be employed for the program

Faith L. Polkey, MD, MPH is the Regional Director of Medical Education at the education site in South Carolina. Dr. Polkey has been employed by the University since 2008 as a full time employee.

C. A description of the oversight for the program; provide the organizational structure of program and of the program’s relation to the institution’s organizational structure

ATSU is seeking approval for the School of Osteopathic Medicine in Arizona (SOMA) which offers doctoral degree in osteopathic medicine (DO). Utilizing an education model that brings students to a central campus in Mesa, Arizona, in their first (of four) year of instruction. Upon successful matriculation of that first year, students are matched to one of twelve national Community Health Center sites around the United States.

These health centers work with medically underserved populations in the community. The National Association of Community Health Centers works with SOMA in helping identify applicants either from those constituencies or with desires to serve in these communities. Each health center has an on-site, at least one full-time employee (FTE) faculty to coordinate learning modules for a cohort of about ten students developed at the Mesa campus and delivered via cases, and through synchronous and asynchronous electronic media. Each health center site also has 1/10th of an FTE Osteopathic Manipulative Medicine faculty, plus numerous (as is typical with health professions education) volunteer clinical preceptors.

SOMA currently has clinical affiliation with 12 community health centers (CHCs) across the country in which osteopathic medicine is promoted and provided and where students are engaged in distinctive osteopathic healthcare including osteopathic manipulative medicine (OMM). The partnership extends to the employment of osteopathic physicians at each site who specialize in OMM. SOMA students rotating at the CHCs are intimately involved with site preceptors who, on a daily basis, provide healthcare to the underserved communities through those CHCs. On a continuing basis, the regional directors of medical education (RDMEs), preceptors, residents, and OMM faculty model distinctive osteopathic healthcare for SOMA students. The structure is unusual in that it offers a low student-faculty ratio that leads to a very personalized learning experience. This unique structure also presents the opportunity for RDMEs to be involved directly in the students’ education and assessment
process. The Assistant Dean for Clinical Education, Outcomes and Services travels regularly to visit the RDMEs and brings matters of concern in the clinical education program back to the Curriculum Committee. Additionally, the RDMEs meet biweekly as a team with the Arizona-based Clinical Education Department and each spring in Mesa, Arizona, to work on any common concerns across clinical regions. RDMEs are represented on the Curriculum Committee and participate in each Curriculum Committee meeting via video conference technology.

D. A description of additional student support services for the program

ATSU’s Student Services department both enforces certain requirements of students and offers enabling services. The department requires that students maintain health insurance, monitors fiscal standing, provides counseling, helps plan for balances student-life, and provides academic advice. Students may avail themselves of ATSU’s Student Services in person, via email, or via phone.

The University is part of the Arizona Health Information Network (AZHIN) which is a consortium of medical and health care organizations in Arizona. This network provides access to a large array of medical and healthcare information for the students and faculty. These digital resources are available to SOMA students in all 4 years of their curriculum. (A complete list of resources is provided under the Library Resources section of this application.)

The Information and Technology Support Services group is the central point of contact for problems and questions concerning technology at ATSU. Support staff will make every effort to resolve student technology issues or answer questions. When appropriate, the issue may be assigned to another group for resolution. ATSU in-house technicians are available to assist during business hours and the services are out-sourced to Presidium for evenings, weekends and holidays, escalating issues to our in-house technicians when needed.

Services provided:

- Warranty computer repair on Lenovo and Mac systems
- Wireless connectivity assistance
- Loaner computers
- Virus prevention software at no cost
- On-campus printers
- 24-hour phone support
Board of Trustees

President

Vice President &
General Counsel

Vice President –
Student Affairs

Vice President –
University Advancement

Vice President –
Research, Grants &
Information Systems

Vice President –
Finance/Chief Financial
Officer

Senior Vice President –
Planning and Strategic
University Initiatives

Senior Vice President –
Academic Affairs

Vice President –
University Advancement

Senior Vice President –
Strategic University
Partnerships

Vice President –
Student Affairs

Arizona School of
Dentistry & Oral Health
Dean

Arizona School of
Health Sciences
Dean

College of Graduate
Health Studies
Dean

Kirkville College of
Osteopathic Medicine
Dean

Missouri School of
Dentistry & Oral Health
Dean

School of Osteopathic
Medicine in Arizona
Dean

Updated June 2016
8. Equipment

A. A brief discussion and identification of major equipment items which will be needed for at least three years for associate degree programs or five years for all other degree programs. Normal acquisitions of commonly used items for instruction and research may be excluded.

Laptop computer approximately $1700.00

Physical diagnosis equipment approximately $1,000.00. All first year students are charged a fee for medical equipment. The equipment is distributed during the first course and becomes the personal property of the student.

The kit includes:
- Panoptic Ophthalmoscope
- MacroView Otoscope with Throat Illuminator, Nicad Handle and Hard Case
- Coaxial Ophthalmoscope Add-on
- DuraShock Classic Family Practice Kit (Includes: Classic Hand Aneroid, Large Adult, Adult, Small Adult and Child Print Cuff)
- Otoscope Insufflator Bulb and Tip for MacroView
- Cardiac Stethoscope
9. Library Resources

A. Information that the institution will provide to enrolled students showing library resources, including local libraries, designating in some recognizable way those libraries with which the institution has a current formal agreement. The document should also include resources that are available to the students through the institution’s main-campus and in-state libraries and the process for using those resources. (Not required for institutions applying for licensure to recruit in the State for out-of-state courses.)

A. T. Still Memorial Library (ATSMLib) provides library and multimedia resources and services to support the A.T. Still University of the Health Sciences’ schools and programs on both the Missouri and Arizona campuses. The ATSMLib provides an array of evidence-based resources and services that support both the students in their educational activities and the faculty in their teaching and research. It takes advantage of the electronic-based information resources that have developed since the emergence of the Internet over two decades ago. The ATSMLib’s collections are a blending of print and electronic resources that bring access to evidence/information into the curriculum and clinical rotations of the students.

The Library has recently instituted a liaison program which assigns a professional librarian on staff to be the lead or embedded librarian supporting the students, faculty, and programs of each school. Sally Harvey, the SOMA Librarian, has been working closely with the School to strengthen the support the Library provides in both curriculum and instruction. She attends faculty and relevant SOMA Committee meetings to follow new developments in the School so the Library can adjust its collections and services to support changes in the School. She is very visible and available for faculty and students who need assistance.

ATSMLib Arizona has focused on working with programs and faculty to weave instruction and use of the ATSMLib’s digital resources into the curriculum in order to more effectively teach the students how to adopt an evidence-based approach to their future practice.

Access to and use of the ATSMLib’s electronic resources is facilitated through its web site (www.atsu.edu/atsmlib) and Still OneSearch, a single search box that searches all of the Library e-books and e-journals and many of its databases. The web site provides access to and facilitates use of over 20,000 electronic, full text clinical journals, over 160,000 e-books including over 20,000 full text health related books and an array of web-based health information-based databases listed below. Resources added since the previous SOMA accreditation include the date that the Library added access to the resource.

Resource available include:

- PubMed with LinkOut – Access to Medline via the National Library of Medicine interface with direct links to the ATSMLib’s full text journals.
- UpToDate® - an evidence-based knowledge system authored by physicians to help clinicians make the right decisions at the point of care. All UpToDate content is written and edited by a global community of 5,100 physicians, world-renowned experts in their specialties. Added May, 2012
• DynamedPlus - DynaMed Plus is a clinical reference providing physicians answers to clinical questions. Content is written by physicians and researchers who synthesize the evidence and provide objective analysis. DynaMed Plus topics are always based on clinical evidence and the content is updated multiple times each day to ensure physicians have the information they need to make decisions at the point of care. Added June, 2015

• ClinicalKey – a clinical information access system in which Elsevier provides clinicians access to a fully-integrated site for point of care summary clinical information with access to in depth information published by Elsevier, including over 1100 e-books in every medical discipline, over 900 clinical e-journals, and over 9,000 videos of surgical procedures and other techniques. Added June, 2012.

• AccessMedicine - provides access to more than 75 McGraw-Hill medical titles, thousands of images and illustrations, interactive self-assessment, case files, a complete drug lexicon and time-saving diagnostic and point-of-care tools including Harrison’s Online which is updated monthly. Added June, 2013.

• LWW Health Library Basic Sciences Collection - provides online access to titles such as Bates' Guide to Physical Examination and History Taking, Moore's Clinically Oriented Anatomy, Grant’s Atlas of Anatomy, Grant’s Dissector, Langman’s Medical, Pulmonary Pathophysiology: The Essentials and many more. Added June 2014.


• Ovid Technology – Medline, e-books, and e-journals published by Lippincott Williams & Wilkins.

• Certification exam preparation resources including ExamMaster and BoardVitals, online practice exam platforms and an extensive collection of case books and McGraw-Hill First Aid e-books. BoardVitals added April, 2014.

• EBSCO - CINAHL (Cumulative Index to Nursing and Allied Health) is the authoritative resource for nursing and allied health professionals, students, educators and researchers. This database provides indexing for 2,960 journals from the fields of nursing and allied health. The database contains more than 2,000,000 records dating back to 1981.

• StatRef – access to 60 medically related text and reference books including the American College of Physician’s PIER, a web based, evidence based guidance tool to improve clinical care.

• Anatomy Resources – WinkingSkull provides Anatomy self-tests; Acland’s Video Atlas has easy to watch dissection and anatomy videos; CyberAnatomy (Netter’s) and Anatomy TV (Primal) which provide digital anatomical models in several modes as well as access to specialty anatomy modules.

• Thieme ElectronicBook Library - provides access to Thieme's Flexibook Atlases and Textbooks Series, a series of review textbooks, published in the basic as well as the medical sciences.
• Rehabilitation Reference Center - an evidence-based clinical reference tool for use by rehabilitation clinicians at the point-of-care. RRC is designed to deliver valid and relevant information at the point of care for rehabilitation specialists.
• ProQuest Psychology - provides access to over 400 psychology related journals, many of which are available full text.
• ProQuest Dissertations & Theses – provides a comprehensive collection of dissertations and theses. More than 930,000 are available in PDF format for immediate free download
• Business Source Premier – a business research database which provides full text access to more than 2,300 journals, including full text for more than 1,100 peer-reviewed titles. This database provides full text back to 1886, and searchable cited references back to 1998.
• SPORTDiscus with Full Text - a comprehensive source of full text sports & sports medicine journals and magazines, providing full text for more than 350 journals.
• View OMT - a web-based tool that provides Osteopathic training programs with educational content, assessments, and documentation for Core Competency training in OMT.
• Pharmacology resources – including LexiComp, Micromedex, Gold Standard and Natural Medicines.

To facilitate faculty and staff to browse recent issues of the digital journals the Library subscribed in June of 2015 to Browzine, an app that enables users to view tables of contents of current and previous issues of journals the Library has online access to. They may view and/or save pdfs of the journals’ contents.

The Library is currently developing a student point of care clinical app. This app will enable our students in their clinical rotations to quickly access and use evidence-based resources to answer questions in the clinical setting. It is scheduled to be ready in August, 2015. The ATSMLib has strong facilities on both its campus to support the students, faculty and programs on each campus.

In addition to providing an extensive, web-based digital library, both ATSMLib Missouri and Arizona provide a full range of mediated services, including training and assistance in subject searching, strong document delivery and interlibrary loan services, and one-on-one, small-group and classroom training in effective use of the ATSMLib’s resources and collections. These support services include those provided by its Educational Technology Support Center which provides faculty support with creating effective online instructional content.

The Library also provides library resources and support for ATSU alumni and preceptors via special web sites providing access to select evidence based resources and Library services including free document delivery.
10. Accreditation, Approval, Licensure, or Certification

A. If the proposed program is subject to specialized or professional accreditation or approval by any entity other than the Commission (including other state agencies or boards), a brief description of the accreditation or approval process, a statement as to whether such accreditation or approval will be sought, and a projected timeline of when accreditation or approval may be reasonably expected.

<table>
<thead>
<tr>
<th>Plan and projected timeline to achieve programmatic accreditation</th>
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<tbody>
<tr>
<td><strong>Steps</strong></td>
<td><strong>Projected dates</strong></td>
</tr>
<tr>
<td>License renewal with Arizona State Board for Private Postsecondary Education (license #D1295)</td>
<td>Current authorization April 1, 2016 –March 31, 2017 (renewed annually)</td>
</tr>
<tr>
<td>Commission on Osteopathic College Accreditation</td>
<td>Accredited May 1, 2011</td>
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**Accreditation Approval Process**

**Commission on Osteopathic College Accreditation (CODA)**

The AOA Commission on Osteopathic College Accreditation (COCA) serves the public by establishing, maintaining, and applying accreditation standards and procedures to ensure that academic quality and continuous quality improvement delivered by the colleges of osteopathic medicine (COMs) reflect the evolving practice of osteopathic medicine. The scope of the COCA encompasses the accreditation of the COMs.

The COCA will maintain its recognition as a reliable accrediting authority of the U.S. Secretary of Education according to the requirements in 34 CFR 602 or its successors. The COCA will evaluate the need to seek recognition from other organizations devoted to recognizing higher education accrediting agencies.

The COCA serves as the accrediting agency for colleges of osteopathic medicine. In this capacity, the COCA reviews, evaluates, and takes final action on college accreditation status, and communicates such action to appropriate state and federal education regulatory bodies. In addition, the COCA approves the standards, policies and procedures for college accreditation. The COCA reviews policy directions on predoctoral osteopathic medical education, and monitors and maintains high-quality osteopathic predoctoral education through the college accreditation process.

**On-Site Visit Process**

The on-site visit process begins with the site visit schedule. The COCA is responsible for scheduling the on-site visits, the composition of the visiting team, and on-site visit report preparation. The COCA makes decisions about the COM accreditation status.
**Self-Study Review**
The COCA will conduct its own review of the COM self-study prior to the meeting where the COM’s full or provisional site visit will be reviewed. Two members will be asked to conduct the review and provide a written analysis of their findings utilizing the Self-Study Analysis Tool. All members of the COCA will be given access to the COM self-study and attachments that may be provided by the COM prior to their deliberation on the self-study report.

**Progress Report Review**
Progress reports will be reviewed by two COCA members. These reviewers will provide the rationale for their findings utilizing the Progress Report Review Form.

**Annual Report Review**
Annual reports and annual supplemental reports will be reviewed utilizing a two reviewer system with a primary and secondary reviewer. Selected tabular data will be reviewed from the AACOM/AOA Annual Osteopathic Medical School Questionnaire; data from previous reviews will also be provided. In addition to the tabular data, reviewers will review the qualitative data from the Annual Supplemental Report.

**Mid-Cycle Report Review**
Mid-cycle reports will be reviewed utilizing a two-reviewer system with a primary and secondary reviewer.

**Accreditation Approval Process**

**Higher Learning Commission**

Institutions may be affiliated with HLC by gaining accredited status or candidate status. HLC determines whether an educational institution is to be considered for accreditation through its Eligibility Process.

All steps to status with HLC must be completed within the prescribed timeframe. If at any point the timeframe is not met, the institution must restart the process from the beginning. The list below provides an overview of the steps in the process.

Fees apply to steps in the process to achieve accreditation.

**An Overview of the Eligibility Process and Evaluations for Candidacy and Initial Accreditation**

This information specifies the requirements and processes for non-affiliated institutions considering seeking initial accreditation with HLC. The list below outlines the two stages of the process, pre-application to determine eligibility and application for status, and the steps within each stage. The institution should anticipate a minimum of five years and often up to nine years from the first step through the final decision on initial accreditation.
I. Pre-application to Determine Eligibility
   a) Letter of Inquiry with Preliminary Evidence
   b) Preliminary Evidence Review
   c) Pre-application Interview
   d) Post-interview HLC Letter
   e) Letter of Intent to Complete Eligibility Filing
   f) Eligibility Filing: Institutional Submission
   g) Eligibility Filing: Panel Review
   h) Letter on Eligibility

II. Application for Status
   a) Letter of Intent to Pursue Candidacy
   b) Preparation and Comprehensive Evaluation Visit for Candidacy
   c) Award and Duration of Candidacy
   d) Biennial Evaluation during Candidacy
   e) Evaluation for Initial Accreditation

Basic Expectations
An institution seeking accreditation with the HLC must complete all of the steps in the process within the timeframe prescribed, must adhere to HLC guidelines related to each step, and must receive a positive decision by HLC before moving to the next step. If at any point in the process the institution misses a required deadline, withdraws, or fails to achieve the next step, the institution must start the process from the beginning. When an institution restarts the process, it must wait one year before submitting a new Letter of Inquiry with Preliminary Evidence. An institution denied initial accreditation must wait two years before reapplying. All fees apply in subsequent pursuit of status.

Given the duration of the process, the institution must refrain from publicly indicating that it is seeking status with HLC. The institution does not hold any status with HLC until it is granted candidacy. No public statement about seeking status should be made until the institution seeks third-party comment a few months prior to the comprehensive evaluation visit for candidacy.

I. Pre-Application to Determine Eligibility
   a. Letter of Inquiry with Preliminary Evidence
      The institution submits a letter to HLC’s President requesting a pre-application interview. The letter appends the required documentation that provides Preliminary Evidence that the institution may meet the Eligibility Requirements. The required fee must accompany this letter.

   b. Preliminary Evidence Review
      On receipt of the Letter of Inquiry, Preliminary Evidence, and fee, HLC screens the materials to ensure they are complete. If the materials are not complete, HLC will request that the institution submit the missing materials within 30 days. If the institution cannot provide the missing materials in this timeframe, HLC returns the institution’s letter and Preliminary Evidence and refunds the fee. If the materials are complete, HLC staff reviews the Preliminary Evidence in depth.

      If the review indicates that the evidence is sufficient, HLC staff sends a notification letter to the institution requesting suggested dates for the pre-
application interview. Suggested dates and the interview fee are due within 30
days of the notification letter from HLC. The pre-application interview must take
place at least 60 days and no more than four months from the date of the
Commission’s notification letter.

If the evidence is not sufficient, HLC will provide a letter to the institution
identifying the issues that preclude the scheduling of a pre-application interview.
The institution may submit updated evidence within 30 days and request a
second Preliminary Evidence Review without having to pay an additional fee.

c. Pre-application Interview
During the two-hour interview at HLC's office, HLC queries the institution on its
preliminary evidence and proposed plan and timeline for pursuing status. The
institution has the opportunity to ask questions about the process and its
requirements.

d. Post-interview HLC letter
HLC sends a post-interview letter indicating the timing for the next steps in the
process, should the institution choose to continue. In that letter, HLC identifies
those Eligibility Requirements that have raised concerns at this stage of the
process and any evidence that must be submitted prior to or with the letter of
intent if the institution is to continue with the process. HLC may also recommend
that the institution is not ready to proceed further with seeking status.

e. Letter of Intent to Submit the Eligibility Filing
If the institution chooses to continue to seek accreditation, it submits to HLC a
letter of intent to complete the Eligibility Filing. The institution may submit this
letter up to two years after receipt of the post-interview letter from HLC. The
required fee and any required additional evidence must accompany this letter.

f. Eligibility Filing: Institutional Submission
Within one year of submitting the letter of intent, the institution submits its
completed Eligibility Filing. In the Eligibility Filing, the institution must provide
evidence that it meets all of the Eligibility Requirements.

The institution includes with its Eligibility Filing a written statement signed by
the CEO and the Chair of the Board certifying that all the information is truthful
and complete and that the institution will begin to abide by the Obligations of
Affiliation as soon as it receives permission to schedule an on-site visit. The
required fee must accompany the Eligibility Filing.

g. Eligibility Filing: Panel Review
Upon receipt of the Eligibility Filing, HLC staff checks to ensure that the
documentation is complete and ready for panel review. If the Eligibility Filing is
not ready for panel review, HLC may provide the institution an opportunity to
submit additional items necessary to complete the Filing. The institution must
submit the additional items within 30 days of HLC notification. HLC also may
return the Eligibility Filing to the institution with a letter informing the
institution of the issues that preclude review.
The panel review process takes 3 to 5 months. The purpose of the panel review is to determine whether the institution has the capacity and readiness to pursue status with HLC, specifically to host an evaluation for candidacy. The panel review determines whether the institution has assembled the necessary documentation to indicate it appears to have met all the Eligibility Requirements.

The review panel may decide that the institution does not appear to have met all the Eligibility Requirements and that the institution is not prepared to host an evaluation visit for candidacy at present. The panel will provide the reasons for its decision.

h. Letter on Eligibility
HLC sends the institution a letter informing it of the outcome of the review. If the panel’s determination is positive, HLC requests a letter of intent to pursue candidacy.

An affirmative Eligibility Filing review does not predispose any future reviewers to a determination as to whether the institution meets the Eligibility Requirements. Each evaluation team will conduct a fresh review of the evidence and make an independent judgment. Similarly, the evidence presented for the Eligibility Filing is only a subset—essential but not complete—of the institutional evidence required for an evaluation team to determine whether the institution merits candidacy.

Reminder: The acceptance of the Eligibility Filing does not grant or confer any status with HLC. The institution does not hold any status with HLC until the institution is formally granted candidacy by action of the HLC’s Board of Trustees.

II. Application for Status

Every non-affiliated institution seeking status with HLC must apply for and serve a period of candidacy. The institution’s submission of its Assurance Filing for candidacy is considered its formal application for candidacy.

a. Letter of Intent to Pursue Candidacy
If the institution chooses to continue to seek status, it submits to HLC a letter of intent to pursue candidacy. The institution may submit this letter up to 90 days after receipt of the HLC letter indicating that the Eligibility Filing was accepted. HLC acknowledges receipt of the letter and advises the institution to begin preparing the documentation needed for the comprehensive evaluation for candidacy. The documentation must be received in time for the team visit to take place within two years of the date of letter of intent. The required fee must accompany the letter of intent.

b. Preparation and Comprehensive Evaluation for Candidacy
Candidacy is achieved through a process that includes an Assurance Review and on-site visit by an HLC peer review team, and a hearing by the Institutional Actions Council, with the final decision rendered by the Board of Trustees. The Assurance Review provides evidence that the institution meets all of the Eligibility Requirements, Assumed Practices, and Federal Compliance
Requirements. In addition, it provides evidence toward fulfillment of each of the Criteria for Accreditation and demonstrates the institution’s capacity to meet the Criteria fully within the four-year candidacy period. With the Assurance Review, the institution submits a letter indicating that it is committed to upholding HLC’s Obligations of Affiliation.

Three months prior to the on-site visit, the institution must complete the Third-Party Comment process as part of fulfillment of the Federal Compliance Requirements.

During the on-site visit, HLC reviewers determine whether the institution meets all of the Eligibility Requirements, Assumed Practices within the Criteria, and Federal Compliance Requirements and whether it has the capacity to meet the Criteria fully within the four-year candidacy period. The recommendation of the peer review team enters the decision-making process.

It is important that during the time period from the Eligibility Review to HLC’s action on the comprehensive evaluation for candidacy that the institution does not undertake any change from the institutional description it submitted in the Eligibility Filing, such as change in mission, ownership or governance structure, new programs, delivery methods, contractual relationships, and additional locations. Significant change will result in cancellation of any scheduled visit and require re-submission of the Eligibility Filing and another review by a new panel.

The peer review team determines whether the institution meets all the Eligibility Requirements and all the Assumed Practices within the Criteria and whether it has the capacity to meet the Criteria fully within the four-year candidacy period. The recommendation of the peer review team enters the decision-making process. The current visit fees apply.

c. Award and Duration of Candidacy

The Institutional Actions Council conducts a hearing to consider the report and recommendation of the peer review team. The Institutional Actions Council prepares a report indicating its agreement with the findings and recommendation of the team or providing different findings or a different recommendation. The report is reviewed by HLC’s Board of Trustees, which renders the final decision to grant or deny initial candidacy.

The term of candidacy is four years from the date of Board’s action. In exceptional circumstances, the Board may offer a fifth year of candidacy to an institution that demonstrates cause for an extension.

d. Biennial Evaluation during Candidacy

An institution hosts a required Biennial Evaluation visit two years after candidacy is granted to determine whether the institution is making reasonable progress toward meeting accreditation requirements by the end of the candidacy period.

An institution that has completed two years of candidacy may file an application for early initial accreditation and host an on-site visit for initial accreditation to evaluate the institution for this purpose. The institution will be limited to one application for early initial accreditation during the term of candidacy. If the
institution applies for early initial accreditation the Board may grant it or may require the institution to complete the full term of candidacy.

e. Evaluation for Initial Accreditation
At the end of the four-year candidacy period, an institution will be evaluated for initial accreditation. Initial accreditation is achieved through a process that includes an Assurance Review and on-site visit by an HLC peer review team, and a hearing by the Institutional Actions Council, with the final decision rendered by the Board of Trustees. To be granted initial accreditation, the institution must satisfy fully all the Eligibility Requirements, all Assumed Practices within the Criteria, and all the Criteria for Accreditation. If, as a result of the initial accreditation visit, the Board acts to extend the institution’s candidacy for a fifth year, the institution will repeat the visit for initial accreditation during that fifth candidacy year.

If licensure or certification is required for employment by any public or private agency, a brief description of the licensure or certification eligibility requirements and process and of the ways in which the proposed program will ensure that graduates can reasonably expect to achieve such certification or licensure.

Osteopathic physicians (DOs) are licensed to practice medicine in the United States by licensing boards in each state. Requirements for licensure vary by state, but there are generally three ways a DO can become licensed to practice medicine:

1. Successful completion of a medical licensing examination administered by the state licensing board. State boards may prepare their own examination or administer an examination that has been prepared and purchased from a specialized agency.
2. Acceptance of the certificate issued by the National Board of Osteopathic Medical Examiners (NBOME), awarded after an applicant has satisfied the requirements, including the successful passage of a rigorous series of tests.
3. Reciprocity or endorsement of a license previously received from another state. The license presented for reciprocity or endorsement usually must have been issued on the basis of a written examination.

Although a physician may satisfy the basic licensing requirements for a state, this does not guarantee licensure. State licensing boards look at each applicant on an individual basis. They verify the information given and look into the moral character of the applicant.

(American Osteopathic Association (AOA) website)

B. For programs at the graduate level that focus directly on teacher education (not educational leadership, etc.), a concise but complete description of how the proposed program addresses the core propositions of the National Board for Professional Teaching Standards.

N/A
STATE OF ARIZONA

2016

STATE BOARD FOR PRIVATE POSTSECONDARY EDUCATION

1400 W. WASHINGTON STREET, ROOM 260 in PHOENIX, AZ 85007

HEREBY GRANTS A REGULAR DEGREE PROGRAM LICENSE # D1295 AND LEGALLY AUTHORIZES FOR THE PERIOD OF

April 1, 2016 - March 31, 2017

A.T. Still University of Health Sciences
5850 E. Still Circle
Mesa, AZ 85206

TO OFFER THE FOLLOWING POSTSECONDARY PROGRAMS:

Doctor of Osteopathic Medicine

In witness whereof, the State Board has caused this License to be signed by its duly authorized officers.

Chairman

Executive Director

A.R.S. § 32-3001 et. seq.
May 19, 2011

Thomas E. McWilliams, DO, FACOFP
Interim Dean
A.T. Still University
School of Osteopathic Medicine in Arizona
5850 E. Still Circle
Mesa, AZ 85206

Dear Dr. McWilliams:

At its meeting on April 30 – May 1, 2011, the American Osteopathic Association’s Commission on Osteopathic College Accreditation (COCA) reviewed the site visit report for the initial awarding of Accreditation for the A.T. Still University, School of Osteopathic Medicine in Arizona (ATSU-SOMA), located in Mesa, AZ. The site visit was conducted on January 19-21, 2011.

In reviewing the site visit report, the COCA determined that the ATSU-SOMA has completed the Provisional Accreditation phase of its recognition process and advanced to Accreditation. The details of this action have been given to you in a separate correspondence.

The achievement of receiving the initial award of Accreditation status means that, as of May 1, 2011, the A.T. Still University, parent of ATSU-SOMA, is no longer required to maintain an escrowed reserve account for teach out purposes, and is no longer required to maintain an operating reserve account. The restrictions on the assets in each of these funds that were present during the Pre-accreditation and Provisional Accreditation recognitions have been completed. These assets may be returned to full control of the parent A.T. Still University. Please share this letter with your escrow agent.
If you have any questions, please do not hesitate to contact me (312-202-8048; 800-621-1773; fax 312-202-8202; e-mail kretz@osteopathic.org). You may also contact Andrea Williams, MA, Assistant Secretary to the COCA (312-202-8096; awilliams@osteopathic.org), or feel free to leave a message with my administrative assistant, Maria Kozicz (312-202-8124).

Sincerely,

Konrad C. Miskowicz-Retz, PhD, CAE
Secretary, Commission on Osteopathic College Accreditation

KCMR: mk

C: W. Jack Magruder, EdD, President, A.T. Still University
Kenneth J. Veit, DO, MBA, Chair, Commission on Osteopathic College Accreditation
Sandra Featherman, PhD, Vice-Chair, Commission on Osteopathic College Accreditation
Joshua L. Prober, JD, AOA General Counsel
Andrea Williams, MA, Director, Division of Predoctoral Education and Assistant Secretary, Commission on Osteopathic College Accreditation
Gloria Robertson, MA, Accreditation Manager, Division of Predoctoral Education File
Statement of Accreditation Status
as of June 6, 2016

A. T. Still University of Health Sciences
800 W. Jefferson St.
Kirksville, MO 63501
(660) 626-2121
www.atsu.edu

*Previous names: Kirksville College of Osteopathic Medicine to A.T. Still University of Health Sciences (2002)

The information on this page describes the accreditation relationship between this institution and the Higher Learning Commission. General information about the Commission and the accreditation process is provided at the end of this document. In addition, links to definitions are provided for many of the terms used.

Accreditation Information
Current status: Accredited
Accreditation granted: 02/25/1994
Most recent reaffirmation of accreditation: 2008 - 2009
Next reaffirmation of accreditation: 2018 - 2019

Upcoming or In-Progress Reviews
2018 - 2019: Comprehensive Evaluation

Most Recent History with the Commission
03/22/2012: Focused Visit
Affirmed team's findings of the Focused Visit on the university's structure and governance systems

08/28/2009: Comprehensive Evaluations - Approved for Continued Accreditation

General Institutional Information
This section provides brief, general information about the institution's organization and scope. The information is self-reported by the institution through the annual Institutional Update to the Commission. Additional information can be found at ncges.ed.gov/collegenavigator/ or on the institution's web site noted above.

Control: Private NFP
Degree programs (number in each category): Masters (10), Doctoral (13)
Certificate programs (number offered): 12
Off-Campus Activities (This listing was last updated: 10/09/2015; the information may not be current.) The institution's accreditation includes courses and programs at:

In-State: Campuses: None.

Additional Locations: None.
About HLC and Accreditation

Institutions of higher education in the United States seek accreditation through two types of accreditation agencies, institutional and specialized. Institutional accreditation agencies are classified as regional and national.

National accreditation associations focus on certain types of colleges such as trade and technical institutions, or religious colleges such as seminaries and bible colleges.

Regional accreditation agencies are recognized by the U.S. Department of Education to accredit degree granting colleges and universities. There are six regions of the U.S. in which regional agencies operate. The regional accreditation agencies have similar standards for accrediting colleges and universities.

Regional accreditation validates the quality of an institution as a whole and evaluates multiple aspects of an institution ranging from its academic offerings, governance and administration, mission, finances, and resources.

The Higher Learning Commission is a regional accreditation agency that accredits degree granting institutions of higher education that are based in the 19-state North Central region of the United States. Institutions that HLC accredits are evaluated against HLC’s Criteria for Accreditation, a set of standards that institutions must meet to receive and/or maintain accredited status.

HLC’s Criteria for Accreditation reflect a set of guiding values. The accreditation process is based on a system of peer review. Approximately 1,300 educators from institutions of higher education serve as peer reviewers conducting accreditation evaluations for other institutions. Peer reviewers also serve on committees that make up the decision-making bodies of the accreditation process.

Evaluation Process

HLC accreditation assures quality by verifying that an institution (1) meets standards and (2) is engaged in continuous improvement. In addition, all institution’s are required to complete an annual filing of the Institutional Update, undergo annual monitoring of financial and non-financial indicators, and adhere to HLC policies and practices on institutional change.

Peer reviewers trained in HLC’s standards evaluate institution’s demonstration of whether they meet the Criteria for Accreditation and make recommendations to HLC’s decision-making bodies.

Institutional Actions Council (Decision-Making Body)

The Board of Trustees appoints and authorizes members of the Institutional Actions Council (IAC) to conduct reviews and take actions on the majority of accreditation recommendations. IAC members consist of representatives of academic institutions accredited by HLC, as well as members of the public. Detailed information on IAC processes is found in HLC’s policies on decision-making.

Public Information

In the interest of being transparent, HLC is committed to providing information to the public regarding accreditation decisions made regarding individual institutions.

Actions that are taken by HLC regarding an institution’s accreditation status are disclosed to the public. Beginning July 2013, in all cases of issuing continued accreditation, placing an institution on or resolving a sanction, or withdrawing accreditation, the Action Letter issued to the institution is made available for viewing and the institution’s status in HLC’s online directory is updated. Public Disclosure Notices are also issued in cases of sanction to provide the public more detail of the issues leading to sanction.

Complaints Against HLC Accredited Institutions

Each year, HLC receives a number of complaints about institutions from faculty, students, and other parties. HLC has established a clear distinction between individual grievances and complaints that appear to involve broad institutional practices. Where a complaint does raise issues regarding the institution’s ongoing ability to meet the Criteria of Accreditation, HLC forwards the complaint to the institution and requests a formal response.

Complainants with specific claims related to the Americans with Disabilities Act or employment discrimination should seek prior review of such claims by the appropriate federal agencies. HLC may ask for the report or record of such review in determining whether it can proceed to consider the claim as a complaint related to compliance with the Criteria for Accreditation.
11. **Tuition and fees**

   A. A statement of tuition costs and fees by credit hour or term and total for program

   Because of the nature of medical education SOMA tuition is not based on credit hour calculation.

   Tuition rate per student, 1\textsuperscript{st} year: $ 50,425.00
   Tuition rate per student, 2\textsuperscript{nd} year: $ 49,994.00
   Tuition rate per student, 3\textsuperscript{rd} year: $ 47,635.00
   Tuition rate per student, 4\textsuperscript{th} year: $ 46,946.00
12. Programs for Teachers and Other School Professionals (only)

A. Compliance with South Carolina Department of Education requirements

N/A

B. SPA or other national specialized and/or professional association standards

N/A
South Carolina Commission on Higher Education
Lane Goodwin
Academic Affairs, Postsecondary Institution Licensing
1122 Lady Street, Suite 300
Columbia, SC 29201

Dear Ms. Goodwin,

Please find the attached set of responses to the questions you sent in November, 2016. You may remember that we met in your offices in February to clarify and discuss our responses. These responses have been edited to address the issues you identified during that meeting.

A. T. Still University is recognized as the founding school of osteopathic medicine in the United States and has been in continuous existence for 125 years. Its mission since inception has addressed the healthcare needs of rural and underserved communities in the US.

In 2007, the University elected to create a new medical education program with a unique mission and an innovative approach to the education of osteopathic physicians. This program was created at the request of the National Association of Community Health Centers, an organization that represents 1300 federally qualified community health centers and is responsible for the care of close to 30 million Americans with limited access to healthcare.

The innovative approach to the education of the osteopathic physician emphasizes community-based education with students spending three of the four years of their medical education at a community health center. As explained in our application, the education is created, delivered and assessed by qualified and competent faculty of the School of Osteopathic Medicine in Arizona (SOMA). During the time that students are in residence at one of the thirteen community health center education sites, their learning is supported by local faculty and students have access to all of the resources of the University. The final two years of their medical education may be viewed as traditional in that it consists of clinical rotations that are primarily achieved within the resources of the CHC.

Beaufort Jasper Hampton Comprehensive Health Services, Inc. (BJH) is one of the 13 sites around the US selected for the education of SOMA students. After spending one year at the Mesa, Arizona campus, 10 students elect to move to the Beaufort, Jasper, and Hampton communities to complete their medical education. BJH was selected as one of the SOMA sites for several reasons. Most notably is the quality of its leadership and its reputation as a model of medical care and medical practice in underserved communities. There are very few CHCs of the quality known to be present at BJH. As SOMA undertook the planning of this unique model of medical education it was immediately apparent that BJH is an exemplar that should be involved in the education of our students.

We appreciate your input regarding our application and hope that you will not hesitate to contact us should you have additional questions.

Sincerely,

O.T. Wendel, PhD
Senior Vice President for University Planning and Strategic Initiatives
ATSU’s School of Osteopathic Medicine Program Proposal for Doctor of Osteopathic Medicine

CHE Questions

Clarification Questions

1. Define “needed Specialties” as used in the proposal (p. 23).

   The Community Health Center movement asked ATSU to partner in establishing a health center focused and health center based medical school. The national Blue Ribbon Panels that helped design the school, in partnership with the National Association of Community Health Centers analyzed studies of provider need for required care and determined that a continuing and growing need exists for the Community Health Center movement:
   • family practice,
   • general internal medicine,
   • pediatrics,
   • OB/GYN,
   • psychiatry,
   • general surgery,
   • and emergency medicine.

2. What is the total cost for this program (tuition, fees)?

   **ATSU-SOMA Tuition by class**

<table>
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<tr>
<th></th>
<th>tuition</th>
<th>education supply fee</th>
<th>yearly tuition and fees</th>
<th>total tuition and fees (4 years)</th>
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<td>class of 2017</td>
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<td>$ 1,050</td>
<td>$ 50,590</td>
<td>$ 202,360</td>
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</table>

3. The delivery mode is blended (p. 19). What percentage of the program is offered online? Please provide a description of the facility’s ability to support this mode of delivery.
During Year 1 of the curriculum students are together as a class on the campus in Mesa, Arizona. The curriculum consists of what could be described as a traditional format with large group (i.e. lectures) and small group (simulations, “labs,” simulated patients, etc) activities. Year 2 is 40% online (live, synchronous and asynchronous). Students progress through a series of traditional courses that have been developed by the medical school faculty. Their progress is assessed by performance on standardized testing instruments including national standardized tests as well as regular contact with onsite faculty. Third and fourth year students are in traditional medical education clerkships with established outcomes and assessments monitored by both onsite preceptors and Arizona based faculty clinical course directors.

Each CHC site for SOMA is equipped with the technology necessary to facilitate delivery of the curriculum. In addition to providing the physical connection for network access, the site has computers to support interactive media connection (audio and video), projection equipment, printers, etc. Please note that all students attending the medical program are required to possess and are trained to use (first year experiences) technologic resources as part of their education. Classrooms are visited electronically by core SOMA faculty.

CHC sites technology and equipment are checked twice a year and upgraded as needed. Prior to selection as a site, the CHC completed a review of resources including access to adequate bandwidth. While students are present at the CHC they are directly connected to the University network and have access to all of the resources (e.g. library, research services, clinical training materials) routinely provided to students. Bandwidth is checked regularly (at least twice a year). There have been no issues concerning significant limitations or periods of outage.

4. The proposal states that requirements for licensure vary by state (p. 43). Include the SC requirements.

The specific requirements for licensure as an osteopathic physician in the State of South Carolina are provided on the South Carolina Board of Medical Examiners web site. In South Carolina, licensure for DO and MD are under the same board.

(http://www.llr.state.sc.us/POL/Medical/PDF/ApplicationsForms/Instruction_Req_for_OnlineMDDOAp ps.pdf)

Additional information regarding osteopathic physician licensure and certifications can be found on the American Osteopathic Association (AOA) web site. (http://doctorsatdo.org/faq/dos-licensed-certified)

5. Provide the most current audited financial statements.

Attached is the June 30, 2016 and 2015 Independent Auditor's Report and Financial Statements.
6. What is the total operations budget profile of costs vs. revenue?

```
<table>
<thead>
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<th>Revenue, Gains, and Other Support</th>
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<tr>
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<tr>
<td>Indirect cost recoveries from grants</td>
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<tr>
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<tr>
<td>Clinic services revenue</td>
</tr>
<tr>
<td>Contracts and other exchange transactions</td>
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<td>Net realized gain on investments</td>
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<tr>
<td>Other revenue</td>
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<tr>
<td><strong>Total Revenues</strong></td>
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<td>$20,960,501.54</td>
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</table>

Net unrealized gain on investments
Unrealized gain on investments of perpetual trust
Loss on annuity and unitrust obligations
Net assets released from restrictions
**Total revenue, gains and other support** $20,960,501.54

**Expenses**

- Educational and general
- Clinic services expenses
- Instruction expenses $15,295,586.29
- Academic support expenses $1,368,318.97
- Institutional support expenses
- Operation and maintenance of plant expenses
- Research expenses $2,710.48
- Scholarships and fellowships expenses $66,496.04
- Student services expenses
- Auxiliary enterprises expenses
- **Total expenses** $18,731,111.78

**Increase in Net Assets** $4,229,389.76
```

7. It appears A.T. Still has had an educational presence at the BJH since at least 2008, according to the BJH, through an educator fellowship. In addition, BJH has recognized medical students from A.T. Still since 2011 (http://www.BJH.org/class-of-2011/). For example, classes of 2011, 2012, 2013 and 2014 are listed on the BJH website. What’s been the nature of this education relationship? Residency program? Other? Why is the application coming forward just now? Why is there no class of 2015 posted? In addition, please explain the enrollment of exactly 8 for the four previous years.

*The University has been working with staff of the South Carolina Commission on Higher Education to address specific questions regarding the program. The non-traditional nature of the program and its focus on a national need resulted in a dialogue that included several responses to specific questions on...*
the application form provided by the State.

Please note that we have respected the requirements of state approval since the inception of our program. When we initially formed the school in 2006, our legal counsel reached out to SC legal counsel regarding the need to register with CHE and was told it was not required. However, since we undertook similar processes in the other 11 states, we feel it is essential to gain CHE approval in order to move forward in SC.

Since we initiated contact with CHE in 2012, we have been pursuing submission of our application which was completed in July 2015. We have been actively working with CHE since that time.

ATSU has had a presence at BJH since 2008. It initially served as a hub site for rotations for our medical students within BJH, but eventually extended to the wider community due to specialty needs not covered at the health center. The listing of the students on the BJH website is recognition of the pride that BJH has in contributing to the education of the students. It stops at 2014 because BJH has not updated its listing since then. The class size of 8 reflects the intensive work that the CHC and SOMA do to assure top level preparation in community-oriented primary care for each student. All the CHC sites have only 8-10 students per year.

Debt Questions

8. Staff have some concern about the high debt load of graduates, especially since the proposal states that more than half of the graduates go into primary care (p. 21) which is one of the lowest paying areas of medicine. How many graduates entering primary care have been accepted into loan forgiveness programs (e.g., National Health Service Corp.)?

Debt can be a deterrent for some student's decisions to select professional pathways needed by Community Health Centers. That same debt can be an incentive for students to select employment in a Community Health Center where there are numerous debt reducing options. While the details of SOMA graduate's employment contracts are rarely known to SOMA, its partnership with the national safety-net of Community Health Centers provides numerous opportunities for graduates to work with the under-served AND reduce their debt.

ATSU has always been aware of the impact of student indebtedness on career choice and their satisfaction with selecting a medical career. This has been a focus of University planning since the inception of the program.

The U.S. government has a loan forgiveness program for graduates (of all types of programs) if the graduate is serving in an IRS designated 501(c)3 organization. Under this program, those serving need only make a payment on their debt of 10% of their disposable income. In addition, if the graduate makes such payment for ten years, the entire remaining debt is forgiven. Community Health Centers are (nearly always) 501(c)3 organizations, so this debt forgiveness program is available to nearly all ATSU graduates who work in a Community Health Center.

The National Health Service Corps has a variety of programs to help students and graduates address
debt. The National Health Service Corps utilizes a physician to population ratio to prioritize distribution of funds. Community Health Centers tend to fare well with National Health Service Corps prioritization. SOMA graduates can gain National Health Service Corps support if they practice in a Community Health Center.

The National Health Service Corps sometimes encourages states and communities to join in partnering for a debt reduction program. If a state or community has such a partnership, it typically involves Community Health Centers. SOMA graduates can gain support from one of these programs if they practice in a Community Health Center. This can include NHSC Loan Forgiveness, a US government loan forgiveness program for those serving in an IRS designated 501(3) organization, and state specific loan forgiveness programs.

Many states (and communities on occasion) have their own debt reduction program for physicians. If a state has a debt reduction program it is likely available to several or all of its Community Health Centers. SOMA graduates can gain support from such programs if they practice in a Community Health Center.

Furthermore, Community Health Centers, across the nation, operate in a market. To be successful they need to find a successful reimbursement strategy for that market. There are Community Health Centers that pay their physicians above the market, and those that pay below. There are also Community Health Centers that recruit physicians with the promise of loan repayment …. and if National Health Service Corps funding is not available at that particular time, pay down the loan institutionally. SOMA graduates sometimes get that extra advantage from their Community Health Center service.

The University mission for over 125 years has addressed a need for primary care medical practitioners. Data from the Cohort Default Rate (through 2013) indicate that ATSU alumni rarely default on their financial obligations. To date, the University is unaware of any SOMA graduate who has defaulted on a tuition loan repayment obligation.

9. According to the proposal, the average debt load for students graduating from ATSU’s SC location in 2016 is $286,850 (p. 13). What is the repayment plan usually selected by graduates (i.e., how long does it take them to repay the debt)? For purposes of comparison, what is the average debt for USC, MUSC, and the Edward Via College of Osteopathic Medicine?

The mean cost of osteopathic medical education at one of the 31 private colleges in 2016 was $47,552 annually. At the six public schools this figure was $29,028 for in-state students and $31,989 annually for out of state students. As you probably understand the tax payers in a state account for a significant contribution to the revenue of public institutions thus reducing tuition.

Below is a link to reports on tuition, fees, and financial aid from the American Association of Colleges of Osteopathic Medicine (AACOM) website. (http://www.aacom.org/reports-programs-initiatives/aacom-reports/tuition-fees-and-financial-aid)

The Medical University of South Carolina (public) reportedly charges an annual tuition of $35,662 for
in state students and $62,126 for out of state students. The University of South Carolina Medical tuition is $39,672 for in state and $87,150 for out of state students.

Repayment plans selected by students are their personal business and not tracked by the University. It should be noted that until replaced in 2013, the federal cohort default rate, a reflection of student debt repayment, was never above 3% and frequently below 2% for the University. Frequently, when a default is noted it can be tracked to a significant event such as illness or disability.

Program Administration

10. The narrative says the Assistant Dean makes site visits. Please describe the purpose of the site visits, and how often the visits are made. What are the internal procedures for quality control of the instruction offered at the site? Is a review rubric available with which they are screening operations?

Each site is visited by the Associate Dean for Clinical Education. A standard site assessment form is completed which evaluates facilities, space, IT resources, preceptor availability and student performance and satisfaction. The Associate Dean also assesses faculty and preceptor activities and satisfaction, and meets with the CHC clinicians and leadership to discuss the program and its achievements and objectives. In addition, each site has been visited by the Dean and the Senior Vice President for Academic Affairs. Each site has two faculty advisors. One basic scientist and one clinician. They also visit their respective sites.

11. Will local staff/faculty be available to students for student services-related issues (e.g., computer, financial aid, advising, counseling issues) (p. 30)?

The South Carolina site has three individuals on site with direct responsibility for the students assigned to BJCHC. One of these individuals serves in a non-academic role linking students to support services within the University and to resources in the community.

Student Services staff on the Kirksville and Mesa campuses are available via phone/email/chat and website. Faculty at each CHC have access to local resources that can be used in the case of critical issues or emergencies. The University has established emergency notification systems that can be activated by local personnel in the event of national or regional disasters.

Computer and other IT related issues are handled by ATSU IT services via a HelpDesk ticket system available 24/7. SOMA provides each CHC site with computer and video conferencing equipment and software support to ensure that students can access all of the University resources made available through the use of technology.

Financial Aid - Student financial aid information is available online at the ATSU university password protected portal. Students can contact financial aid on the Arizona and the Missouri campus during regular business hours and can email the offices 24/7. All students have direct deposit to receive financial aid awards and emergency funds. Scholarship information is made available on the financial aid website: https://www.atsu.edu/financial-aid.
Advising - All SOMA students have an academic advisor who is located on the Arizona campus. The on-site Regional Director of Medical Education (RDME) is also a student advisor. Advisors maintain regular contact with the students throughout their three years at the CHC.

Counseling - Student Affairs counseling staff maintains a list of mental health providers near the South Carolina CHC. This list is kept behind the ATSU firewall and is only accessible to students, faculty, and staff. The Beaufort Jasper Hampton Comprehensive Health Services (BJH) helps to identify local resources. The BJH regional medical director of education (RDME) also serve as emergency contacts for the BJH students.

Graduation - Student Life/Student Affairs maintains the graduation website and emails all 4th year students with deadlines and information regarding graduation:
https://www.atsu.edu/school-of-osteopathic-medicine-arizona/for-students/graduation

12. Dr. Woodbury is included in the organizational chart as “OPP”. what is his role (p. 32)?

Dr. Woodbury does not work with BJH and is no longer with ATSU. Thomas Byrnes, DO (family practice) and OPP is the faculty member that teaches Osteopathic principles and practice.

Local faculty include two RDMEs - Dr. Faith Polkey and Dr. Eve Ashby. They provide on-site instruction for each student level. During the 2nd year, they deliver the curriculum from the main campus in a small group instructive setting. Dr. Ashby also serves as the Course Director for the Obstetrics and Gynecology core rotation in 3rd year. During 3rd year, they place students with CHC and local physicians to complete core, elective, and selective rotations. They also provide advisement sessions several times a year.

RDMEs are also responsible for planning yearly orientations, 2nd year clinical placement at the CHC, and ongoing faculty development.

Administrative support is provided by Keisha Alston on site at the Ridgeland location. Support and oversight at BJH is provided by the health center Senior staff lead by the CEO, Mr. Roland Gardner.

Facilities

13. Provide a clearer floor plan if possible.

The floorplan provided shows the classroom space clearly marked in red. The pictures below are of the classroom space.
The classroom is located at one of the eight BJH sites in Ridgeland. On one side of the building there is active clinical space with providers from BJH. The other side is about 2,000 square feet dedicated to medical student education. The site is secure and only accessible by the students, faculty, and staff of the medical school and BJH.

Instruction/Faculty

14. Provide more explanation about how instruction is delivered with faculty based in Arizona and practitioners based in South Carolina. Describe the instruction provided each year in detail (e.g., who is providing the instruction, how is the instruction provided, and when is the instruction provided) and provide assurances that the facilities are adequate to support the instruction.

Education for second year student is a mixture of 40% podcasts from faculty in Mesa and 60% small group sessions led by the RDME and other preceptors. Third and fourth year courses are clinical clerkships in each of the required 7 specialities. These are taught in the clinic or hospital and taught by a preceptor. For years 3 and 4, the core clerkships have faculty-developed syllabi and are responsible
for assessment of volume variety evaluations and student assessments of the experience for each specialty every month.

15. The BJH website states that BJH welcomes medical students from ATSU. What does that mean operationally? Are you teaching them in the 1+3 model for three years? Based on the posted BJH staff roster, BJH has not hired physicians from AT Still, correct? What is the Clinic’s investment in the graduates for career opportunities if none of the students are on staff?

Beaufort Jasper Hampton Comprehensive Health Services is one of twelve Community Health Centers partnered with ATSU/SOMA in preparing physicians for the Health Center movement. A copy of the formal statement of agreement is attached as Appendix A. Each was selected as part of a national competition to determine who might best represent the movement, and their investment is in order to prepare physicians for working with the under-served. BJH has contracted to provide faculty to the SOMA program. The faculty are BJH employees who function under contract with SOMA to provide educational services to the SOMA students.

The CEO of Beaufort Jasper Hampton Comprehensive Health Services, Roland Gardner, is a respected and tenured leader of the national safety-net of Community Health Centers. His leadership is part of both the establishment of SOMA and the Health Center’s commitment to partner in preparing physicians for the Health Center movement.

Students are welcomed on the BJH website as a way to recognize student presence at BJH. Operationally, student receive the same orientation as new employees when they arrive for orientation in 2nd year. This includes HIPPA and OSHA training. Student contact and emergency information is kept on file in the Human Resources office. Student also receive computer training and access to the BJH Electronic Medical Record, as appropriate for their level of training.

BJH is actively seeking graduates to return to the health center for work. ATSU has a Hometown candidate program that encourages students from the counties around BJH to apply to the school. BJH has had one Hometown student whose father is a current physician at the health center and is actively working with other local students on their applications. Hometown students usually spend time at the health center with providers prior to their application.

16. The proposal identifies only one full-time faculty member at the site (p. 22). Are there sufficient faculty to support the instruction? What is the track record of this facility in providing sound education?

There are 3 faculty on site, Dr. Faith Polkey, Dr. Eve Ashby who are full time and Dr. Thomas Byrnes is .2 FTE. The students from BJH have succeeded in residency and employment, have scored well on national boards and residency boards. One student fell ill and required transfer and additional support due to illness. The overall experience of the trainees has been positive in their learning about Community-Oriented Primary care.

Faith L. Polkey, MD, MPH, FAAP - full time RDME; provides placement, instruction, advisement of 3rd and 4th year students; small group instructor and course contributor to Epidemiology course. Dr. Polkey
is Board certified Pediatrics and Preventive Medicine.

Eve Ashby, DO, FACOOG - 0.5 FTE RDME; provides instruction and advisement of 2nd year students, Course Director for OB/Gyn core clerkship. Dr. Ashby is Board certified OB/Gyn.

Thomas Byrnes, DO, OMM; provides instruction in OMT one morning/week to 2nd - 4th year students. Dr. Byrnes is Board certified Family Medicine

17. How many preceptors does AT Still have in SC? Is it difficult to recruit these preceptors? What incentives are provided to preceptors?

There are a sufficient number of preceptors to teach 3rd and 4th year curriculum. There are 156 preceptors serving the BJH site. Incentives include access to the A.T. Still University library and all of its on line references, textbooks and journal articles. Within medical education there is an ongoing debate on payment of preceptors. The University has been part of this ongoing discussion and the need to recognize the contribution of preceptors who demonstrate a commitment to the education of our students. The South Carolina site (BJH) is allocated funds in their budget to be used to pay for clinical rotations. The ATSU-SOMA Clinical Experience Agreement pays the CHC $35,000 quarterly for a yearly total of $140,000. Preceptors are provided an Honorarium of $200 - $400 depending on rotation length. Recruitment and retention of preceptors is an ongoing responsibility that requires constant attention and diligence.

18. There are no Doctors of Osteopathic Medicine (D.O.s) seen on the BJH staff website, yet it appears BJH physicians will conduct ¾ of the 4-year curriculum in the 1+3 model? Is there a disconnect in education philosophy?

BJH currently employs one DO, Dr. Eve Ashby; however, has a long history of employing DOs in the community, including several physicians currently in private practice. There is not disconnect in the educational philosophy since ATSU is an integral part of the instruction provided by BJH physicians. The BJH providers demonstrate, model and teach students the principles and practices necessary to be an excellent physician, while the OMM faculty teach the specifics of Osteopathic medicine. Also during the 3rd and 4th year, students complete rotations with DOs in the community as well as at audition rotations at other institutions. These faculty model DO skills and help students learn OMT. Osteopathic Principles and Practices curriculum are embedded in 2nd year courses and 3rd and 4th year clerkship. The SOMA core OPP faculty maintain contact and are a part of the education through all 4 years.

61 DO of 301 of all SC preceptors with whom students have rotated. Of the 98 preceptors in SC, 15 are DOs and 83 are MDs.

- We embed the Osteopathic Principles and Practices (OPP) in each of the clerkships, because most of the preceptors are DOs and we have the presence of the OPP faculty which reinforces the OMT side of OMM.
- 96 of the 156 Preceptors are D.O.s
The SOMA core faculty maintain contact and are an active part of the education through all four years and continually reinforce the principles, practice and science of osteopathic medicine.

Enrollment Management

19. What is the minimum MCAT score accepted (p. 14)?

The average MCAT score for applicants accepted to SOMA (class of 2020) is 504 and the average GPA is 3.54

There is no specified minimum MCAT. Students are accepted into the program based on a matrix of qualifications. The faculty is well aware of the rigors of a medical education but recognize there are significant questions regarding using a single test score as a predictor of success or achievement of the desired program outcomes. These questions become even more relevant as they are measured against a commitment to diversity as noted in both the University mission and Strategic Plan.

20. How is admission requirement of basic computer literacy demonstrated (p. 14)?

As you may expect, the question of computer literacy for students who have achieved success in their undergraduate careers is rarely a relevant question at this time. However, during the first week, students receive orientation assessment and training regarding the use of the technology tools they will be required to use to successfully complete the curriculum.

21. What happens if students do not complete the required prerequisite courses? Or the recommended electives? (p. 15).

Students who do not successfully complete the required prerequisites are not eligible to matriculate. The suggested electives will assist the students to enhance their application for admission to SOMA but completion is not required.

22. A mission to serve underserved communities usually means focusing on diverse students who are either first generation or need additional academic support. What infrastructure do you have in place to provide academic support of your mission, such as enrollment management support?

Students begin their education on the Mesa campus and are carefully monitored to ensure they are prepared to progress to the CHC based portion of the curriculum. During this first year they have ready access to a wide range of support and counseling services. They can continue to use these services as they progress to their assigned CHC. There have been some rare instances when students have not demonstrated the skills required to progress to the CHC site. A variety of options have been established to address these cases.

Students located at the BJH have access to the university's learning advisors located on the Arizona campus. Advisors set up video conference learning sessions with the students. Peer learning tutors are also located on the BJH that allows senior, highly achieving students to help their classmates with study
skills. All SOMA students receive online Kaplan board study resources starting in their first year and maintain this resource throughout their academic career. Students struggling with national boards are provided with direct support for learning and information on board prep programs.

Many applicants with high motivation and educational deficits are counseled by ATSU/SOMA admission staff to assist and enhance efforts toward adequate preparation. Often after this work, the re-application succeeds. SOMA also has a high-risk program aimed at any students who have any evidence of struggles in the first year. These intensive supports have worked well.

Accreditation/Approvals

23. HLC Focus Visit findings were affirmed in 2012. What can you tell us about the findings?

The University received a ten year accreditation.

24. As of October 2015, the Healthcare Facilities Accreditation Program (HFAP) is no longer owned by the AOA. It is now managed by the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC). Tell us how this transition impacts your institution in ways including but not limited to accreditation, program review, certifications or licensure, articulation cs or more.

BJH is not accredited by AAAHC and this change doesn’t appear to have a significant impact of the education of SOMA students in South Carolina.

25. In terms of the steps for institutional approval, the proposal cites the board meeting in 2006 about the development of the proposed COM in Mesa (p. 19). What was the specific approval process for expansion in SC?

The National Association of Community Health Centers, after requesting the development of SOMA, organized Blue Ribbon Panels to assist in designing health professions pipelines for underserved communities, strategies for selecting amongst applicants, and educational concepts. When SOMA elected the ‘clinical presentation’ education model, the national association worked with SOMA to identify Health Centers which would represent the national safety-net by partnering with their new medical school.

As noted the Board of Trustees approved the development of the program in 2006. SOMA received Arizona State authorization to grant the DO degree in 2007. The program was approved by the Higher Learning Commission in 2008 during the periodic reapproval process.

The Board of Trustees is committed to a process of annual program review. It has continually monitored the progress of the development of SOMA in much the same manner it monitors all programs.

26. What is the Commission on Osteopathic College Accreditation’s process to approve sites or branch campuses? Is the SC site approved? If not, what is the timeline for approval? When is the accreditation next subject to review?
The South Carolina site was a part of the COCA and HLC review/site visits, receiving full 7-year COCA accreditation in 2011, and 10-year HLC accreditation in 2012. The next COCA site visit is Spring 2018.

Outcomes

27. Do South Carolina hospitals admit your graduates to residency programs? What available data do you have?

South Carolina hospitals residency programs can be a part of a single National Registry Matching Program administered for all applicants seeking residency positions. SOMA graduates are eligible to enter any residency of their choice. It is illegal for any health care facility to discriminate based on an applicant having a Doctor of Osteopathic Medicine degree.

There are currently 3 graduates that are in residencies in South Carolina. One in family practice (Family Med in Spartanburg), one in general surgery, and one in radiology.

28. The proposal provides the COMLEX results for SOMA. What are the results for the SC cohort only? How do these scores compare with scores of all SOMA graduates (students?) and nationally?

The following chart presents COMLEX Level 1 scores and pass rates for South Carolina site, SOMA as a whole, and the National pass rates and scores.

<table>
<thead>
<tr>
<th>Year from</th>
<th>May-16</th>
<th>May-15</th>
<th>May-14</th>
<th>May-13</th>
<th>May-12</th>
<th>May-11</th>
<th>May-10</th>
<th>May-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOMA Total Test Score</td>
<td>513</td>
<td>506</td>
<td>520</td>
<td>107</td>
<td>8</td>
<td>6529</td>
<td>97.20%</td>
<td>100.00%</td>
</tr>
<tr>
<td>SOMA Total Test Score (Nat'l)</td>
<td>496</td>
<td>529</td>
<td>515</td>
<td>100</td>
<td>7</td>
<td>6177</td>
<td>91.00%</td>
<td>85.71%</td>
</tr>
<tr>
<td>SOMA N (SOMA)</td>
<td>492</td>
<td>483</td>
<td>529</td>
<td>104</td>
<td>8</td>
<td>5539</td>
<td>92.31%</td>
<td>87.50%</td>
</tr>
<tr>
<td>SOMA N (SOMA) (Nat'l)</td>
<td>490</td>
<td>481</td>
<td>517</td>
<td>105</td>
<td>7</td>
<td>5448</td>
<td>90.48%</td>
<td>100.00%</td>
</tr>
<tr>
<td>SOMA Pass Rate (SOMA)</td>
<td>517</td>
<td>507</td>
<td>513</td>
<td>104</td>
<td>9</td>
<td>5056</td>
<td>90.38%</td>
<td>100.00%</td>
</tr>
<tr>
<td>SOMA Pass Rate (Nat'l)</td>
<td>473</td>
<td>503</td>
<td>515</td>
<td>101</td>
<td>6</td>
<td>4853</td>
<td>86.04%</td>
<td>100.00%</td>
</tr>
<tr>
<td>SOMA 2010-2011 Pass Rate (SOMA)</td>
<td>485</td>
<td>501</td>
<td>502</td>
<td>99</td>
<td>9</td>
<td>4611</td>
<td>88.89%</td>
<td>85.71%</td>
</tr>
<tr>
<td>SOMA 2010-2011 Pass Rate (Nat'l)</td>
<td>4237</td>
<td>4237</td>
<td>4237</td>
<td>4237</td>
<td>4237</td>
<td>4237</td>
<td>4237</td>
<td>4237</td>
</tr>
</tbody>
</table>

29. Do you have employment data for all SOMA and SC graduates after they complete their residency?

Tracking medical school graduates is a challenge once they complete three years of postgraduate medical education. Recently, the University has signed a contract with a Virginia-based company that will match graduates with publicly available records and map the results against defined medically underserved communities.

We currently have two SOMA Graduates who have let us know they are practicing in South Carolina.
Needs justification

30. The justification section needs more explanation about why SC was specifically chosen. Why the Beaufort County region of the state?

South Carolina is a largely rural state with a population of 4.8 million and is ranked 42nd nationally in overall health rankings. South Carolina is ranked 39th nationally regarding patient access to health care services and 43rd for total supply of primary care practicing physicians. Such health statistics along with the shortage and maldistribution of health care professionals are alarming, resulting in a grade of "F" in healthcare according to the South Carolina Department of Health and Environmental Control (DHEC). According to DHEC, all forty-six South Carolina counties are federally designated as being total or partial Medically Underserved Areas/Populations, forty-three counties as Health Professional Shortage Areas (HPSA), with twenty-nine categorized as low income HPSAs, and fifteen fulfilling the criteria as geographic HPSAs, the designation used for the most underserved counties. (Excerpted from SC H. 3620 General Bill Sponsors: Reps. G.M. Smith and Yow)

These data are not new and are widely available. Information of this sort formed the basis for the selection of sites like BJH. The sites selected represent the optimal opportunity for the University to carry out its mission.

Beaufort Jasper Hampton Comprehensive Health Services was amongst the nation’s Community Health Centers identified with the potential to represent the Health Center movement in partnering with SOMA. They were ultimately selected because of their leadership, interest, commitment, quality, reputation, broad range of services, population served, and geographic representation of the national safety-net.

31. What is the workforce need in the state? Please provide data of the in-state jobs needs that program graduates would fill.

See above.

Community Health Centers are located in federally designated Medically Underserved Areas. Most Medically Underserved areas are also Federally Designated Health Professional Shortage Areas. There are currently (according to the Kaiser Permanante HPSA database) over ninety Health Professional Shortage Areas, in South Carolina, which are short over one-hundred-fifty physicians.

32. How will the addition of this new site in South Carolina impact other medical school programs currently operating in the state (Edward Via, MUSC, and USC). In the response address clinical sites, clinical rotations, availability of preceptors, etc.

SOMA is focused on preparing physicians for underserved areas and the national safety-net of Community Health Centers that serve them. SOMA’s key clinical education strategy includes embedding students in a Community Health Center where they are trained by mentors who are committed to the underserved.
Most clinical experience is gained in the Community Health Center and with the health care providers who serve that Health Center’s patients. Beaufort Jasper Hampton Comprehensive Health Services has partnered with SOMA for many years. The continued presence of SOMA in South Carolina will not displace students from traditional programs.

Because there are only about 16 students per year requiring clinical rotations, there will be less impact on existing medical schools. Additionally, because of the BJH location in the state, we are geographically less likely to be clinical sites for the other schools. We have worked with Lowcountry AHEC to place our students and other health professions students in our area. Additionally, we are one of the schools with which LCAHEC partners to conduct Interprofessional Educational (IPE) sessions.

Assessment

33. Objectives are tied to the competencies prescribed by the American Association of Colleges of Osteopathic Medicine and the Association of American Medical Colleges. First, what are those competencies, and what does “tied to” mean? Same as, modified from, partially choses, or other?

There are 14 domains with 100 competencies identified by AACOM that are reflected in the curriculum of all SOMA students. Attached is a document from the AACOM website that lists both the domains and competencies. The SOMA curriculum focused its goals on the first seven of the AACOM domains. Also attached are specific statements of SOMA curricular goals. The specific courses and their objectives have been carefully and systematically mapped to these competencies. Further, assessment instruments are mapped to objectives thus permitting evaluation of how each student and each cohort progress toward the outcomes.

34. The assessment section of the program proposal template asks for an explanation of the assessments used. What’s provided is a listing. While 13 are listed, these are really five types of assessment: examinations, observations, discussion, reviews, and evaluations. How do your evaluations differ from observations or examinations or reviews or discussions? What other data is used to assess the program (e.g., employer and alumni surveys, residency placement rates, and employment data after completing residencies)?

Osteopathic Principles and Practices

1. Approach the patient with recognition of the entire clinical context, including mind-body and psychosocial interrelationships.
2. Use the relationship between structure and function to promote health.
3. Use OPP to perform competent physical, neurologic, and structural examinations incorporating analysis of laboratory and radiology results, diagnostic testing, and physical examination.
4. Diagnose clinical conditions and plan patient care.
5. Perform or recommend OMT as part of a treatment plan.
7. Collaborate with OMM specialists and other health care providers to maximize patient treatment and outcomes, as well as to advance osteopathic manipulation research and knowledge.
8. Evaluate the medical evidence concerning the utilization of osteopathic manipulative medicine.
35. The Assessment section (p. 5) mentions the COMLEX exam. Are these scores used for programmatic assessment? And, for how many years are the scores kept? (The proposal just says many years)

COMLEX scores for all three parts have been kept since the inception of the School. These scores are assessed by the Curriculum Committee and adjustments/changes in course content may be recommended to the Dean for approval. These scores have been retained since the inception of the program. Scores decrease in value as they age because of changes in testing and scoring which decreases the meaning of the data for plotting trends. The University frequently uses a five year period to establish trend analysis.

36. Explaining the grading scale differs from the question asked. CHE wants to know more about student learning assessments, program objectives and your methodology for completing your assessments, not an explanation of the grading scale.

Each course has a course syllabus that clearly defines learning objectives. The tests are constructed to see how well the students meet course objectives. Board style questions are used that require the student to apply knowledge from several basic science disciplines as well as integrating clinical reasoning. These questions measure students ability to comprehend, analyze and synthesize relevant knowledge domains. Additional assessments include direct observation of student performing clinical skills, Student grades on written assignments and their ability to write a SOAP note. Students are also evaluated by specially trained standardized patients on their communication skills and level of empathy. For each required clinical course, the student is assessed by the trainer (clinical assessment recorded in E-value 19 items of competence), an end-of service national evaluative summative examination, assessment of logs and preceptor comments, student evaluation of preceptorship, and, eventually national boards that have subsections for clinical disciplines. Participation in grand rounds and work rounds is also assessed.

37. The proposal states that courses may also specify additional requirements in order to successfully pass (p. 4). Can you provide some examples of what these other requirements are?

A review of this statement reveals that there are no additional requirements and the statement has been flagged for removal.

Learning Resources

38. In addition to some of the digital resources identified, the proposal mentions library resources at the Missouri and Arizona campuses (p. 34). How will students in SC access these print resources (e.g., describe in more detail the document delivery and interlibrary loan services)?

ATSU believes the library is a resource and not a physical place. Modern libraries establish collections that can be accessed by students at a distance from a given physical site. The libraries collection of
digital media is extensive and far exceeds the print media collections available in most modern medical library collections. During the first year on the Mesa campus, students learn how to, search for, access and evaluate digital information. This training includes both information available through traditional library resources as well as on the Internet.

A printer and space for students to study both individually and in groups is part of the facility in South Carolina. Students have access to information that supports their studies at virtually any venue where they can access the Internet. They can access the library resources through the University portal system or directly through the library web site (www.atsu.edu/atsmlib). The library also has an app that is available for iOS users (iPad and iPhone). The library promotes the use of Browzine (http://thirdiron.com/download-browzine) an app that brings journal access to the student’s phone and tablets.

Should a student have questions that require the support of a librarian, they can contact a librarian using a chat client during normal business hours or an email if chatting isn’t an option.

The ability to use digital information resources as a student reflect the necessary traits of a successful physician. The University does employ a library staff who are readily available to students should they have difficulty in seeking or obtaining library resources. Incoming students receive orientation to library resources and their use during their initial week on the Mesa campus.

39. Describe the SC based library resources.

See above. There is not, nor is there a need for a physical ATSU library resource in South Carolina.

40. Is a professional librarian assigned to each branch location (p. 34)?

See previous description of library resources and access. There is not a specific librarian in South Carolina. There is a Students may communicate with ATSU library staff via phone/email/chat.
June 21, 2017

Craig Phelps, DO, FAOASM
President, A.T. Still University
5850 E. Still Circle
Mesa AZ, 85206

Dear Dr. Phelps;

We are writing in support of AT Still University School of Osteopathic Medicine’s South Carolina site located at Beaufort Jasper Hampton Comprehensive Health Services (BJHCHS) in Ridgeland, SC. AccessHealth Lowcountry is a non-profit with a mission to improve access to free or reduced cost primary care services to low income, uninsured adults in Beaufort and Jasper counties. We work in close partnership with BJHCHS and together strive to improve the health of our community.

Nearly a third of AccessHealth Lowcountry clients receive their primary medical care at one of the eight medical centers operated by BJHCHS. This gives our clients have the advantage and opportunity of helping to train future medical providers. Further, the presence of A.T. Still University medical students is a vital part of our community’s safety net for the underserved. In addition, the training of medical students at BJHCHS can also be an important recruiting tool and an avenue to increasing primary care capacity within our community. In particular, the Osteopathic tenant of addressing the whole person complements the ethnically diverse, multi-cultural heritage of the Lowcountry.

Since inception, A.T. Still University medical students attending the SC campus at BJHCHS have been an important component of our local health care delivery system. Not only do they provide support within the community health centers, but the students are also provided with an opportunity to learn about delivering health care in a community that faces many unique geographical and financial barriers to care. I wholeheartedly and unreservedly support the licensing of the AT Still’s SC campus at BJCHS and urge the South Carolina Commission on Higher Education to approve their application, allowing for the continuation of this vital program within our community.

Sincerely,

Deborah E. Slazyk
Director
June 26, 2017

Craig Phelps, DO, FAOASM
President, A.T. Still University
5850 E. Still Circle
Mesa AZ, 85206

Dear Dr. Phelps;

I am writing in support of AT Still University School of Osteopathic Medicine’s South Carolina site located at Beaufort Jasper Hampton Comprehensive Health Services in Ridgeland, SC. The Beaufort County School District has a long history of partnering with BJHCHS through our School Based Health Center. Five of our schools have BJHCHS providers who deliver on site care to our students and staff. ATSU students regularly complete rotations with BJHCHS preceptors.

We have also partnered with ATSU to provide Concussion education and training through the Traumatic Brain Injury Education: Enhancing Knowledge and Collaboration for Community-based Youth Concussion Management study led by Dr. Joy Lewis. This has been a wonderful opportunity to provide concussion education for our staff.

We look forward to working with you and supporting any future endeavors that support our students and staff in Beaufort County.

Sincerely,

Gregory McCord, EdD
Chief Auxiliary Services Office
Beaufort County School District
June 23, 2017

Craig Phelps, DO, FAOASM
President, A.T. Still University
5850 E. Still Circle
Mesa AZ, 85206

Dear Dr. Phelps;

We are writing in support of AT Still University School of Osteopathic Medicine’s South Carolina site located at Beaufort Jasper Hampton Comprehensive Health Services in Ridgeland, SC. Beaufort Memorial is a community-based health network providing care to residents of Beaufort and the surrounding region. The 197-bed, non-profit hospital is fully accredited by The Joint Commission and employs more than 150 board-certified or board-eligible physicians. Departments and services include a 24-hour emergency department, cancer care, diabetes care, digestive services, heart and vascular services, diagnostic imaging, mental health, pediatric specialty services, maternity care, physical therapy and rehabilitation, surgical services, women’s health services, and wound care. In addition, Beaufort Memorial owns and operates many of the specialty practices in the area as well as the Beaufort Memorial Harrison Peeples Healthcare Center in Varnville, a rural health clinic.

Since 2009, Beaufort Memorial Hospital (BMH) has collaborated with AT Still University School of Osteopathic in connection with educating its students in osteopathic medicine, seeking certain practical learning and/or clinical experiences for its students, some of which involve interaction with patients. While under the direct supervision, control and guidance of BMH and designated physicians are permitted to visit and utilize the premises of BMH to afford such students the opportunity to have practical learning and clinical experiences at BMH.

Our experience to date, is that this has been a mutually beneficial experience for both the Students and the supervising providers.

Sincerely,

Russell Baxley, MHA
President & CEO

RB\ws
June 22, 2017

Craig Phelps, DO, FAOASM
President, A.T. Still University
5850 E. Still Circle
Mesa AZ, 85206

RE: Letter of Support Request for AT Still University School of Osteopathic Medicine’s South Carolina Campus

Dear Dr. Phelps:

Beaufort Jasper Hampton Comprehensive Health Services, Inc., (BJHCHS) is a non-profit, community owned, patient governed organization committed to improving community health statues and striving to assuring health care access for all. We provide the following services to over 17,500 patients in Beaufort, Jasper, Hampton, and Colleton Counties in the South Carolina Lowcountry:

- Family Practice
- Internal Medicine
- Pediatrics
- OB/Gyn
- Dental
- Medical Social Work
- Nutrition Counseling
- Home Health Nursing
- Pharmacy
- Radiology
- Ultrasonography
- Community Outreach
- WIC
- Diabetes Initiative
- Best Chance Network (BCN)
- Migrant Health
- Ryan White
- Mental Health Linkage

As a Community Health Center (CHC), we need physicians who are prepared for, and committed to, working with the under-served. Consequently we sought to be included amongst those selected to serve their state, region, and nation in the National Association of Community Health Centers’ (NACHC) network of twelve (12) educational partners.

We are proud that BJHCHS was selected to represent this region of our nation. Please know that we will work progressively with our state, our state Primary Care Association (PCA), and the NACHC to maintain its vital educational partnership.

Sincerely,

Roland J. Gardner
Chief Executive Officer
June 22, 2017

Craig Phelps, DO, FAOASM
President, A.T. Still University
5850 E. Still Circle
Mesa AZ, 85206

Dear Dr. Phelps,

I am writing in support of AT Still University School of Osteopathic Medicine’s South Carolina site located at Beaufort Jasper Hampton Comprehensive Health Services in Ridgeland, SC. The Jasper County School District has a long history of partnering with BJHCHS through our School Based Health Center. Each of our schools has BJHCHS providers who deliver on site care to our students and staff. ATSU students regularly complete rotations with BJHCHS preceptors.

Over the past 3 years, ATSU’s SC students have completed their community projects within our schools. They have provided live nutrition education to our middle and high school students. Last year, their project was so successful that they presented a poster and oral presentation at the National Association of Community Health Centers national conference.

We have also partnered with ATSU to provide Concussion education and training through the Traumatic Brain Injury Education: Enhancing Knowledge and Collaboration for Community-based Youth Concussion Management study led by Dr. Joy Lewis. This has been a wonderful opportunity to provide concussion education for our staff.

Jasper County School District is delighted that AT Still University School of Osteopathic Medicine and Beaufort Jasper Hampton Comprehensive Health Services will continue to provide educational and medical information to the students of Jasper County Schools far in the future.

Sincerely,

Brian C. Shaw PhD
Director, Office of Student Services
Craig Phelps, DO, FAOASM
President, AT Still University
5850 E. Still Circle
Mesa, AZ 85206

Dear Dr. Phelps,

We are writing in support of AT Still University of Osteopathic Medicine’s South Carolina site located at Beaufort Jasper Hampton Comprehensive Health Services in Ridgeland, SC. Our organization, Lowcountry Medical Group/Beaufort Memorial Hospital has taken students since the school’s inception 7 years ago. We have thoroughly enjoyed having students rotate through Internal Medicine, Cardiology, Orthopedics, Gastroenterology, Family Medicine and Gynecology.

We hope this letter serves as support in order for our site to obtain a license with the SC Commission on Higher Education so that we can continue to train these young physicians.

Sincerely,

Lowcountry Medical Group/ BMH physicians
June 21, 2017

Craig Phelps, DO, FAOASM
President
A.T. Still University
5850 E. Still Circle
Mesa, AZ 85206

Dear Dr. Phelps:

The National Association of Community Health Centers (NACHC) is the trade association for the nation’s over 1,400 community health centers. These non-profit, community-owned, patient-governed organizations serve over twenty-five million Americans. The most pressing chronic problem health centers face, is the shortage of physicians prepared for and committed to working with the underserved.

Community health centers needed a partner to train health center healers. Consequently, NACHC and A.T. Still University (ATSU) worked to create the ATSU School of Osteopathic Medicine in Arizona – a school committed to preparing physicians for the nation’s safety-net of community health centers.

The medical learning model we helped design and organize utilizes community health centers as hubs for centrally supported contextual learning with community-embedded faculty, staff and students. There are twelve learning hubs across the country, each with its own comprehensive spectrum of clinical care affiliates.

We are pleased that Beaufort-Jasper-Hampton Comprehensive Health Services, one of our association’s most storied members, was selected to represent their region in this national network. We support Beaufort-Jasper-Hampton Comprehensive Health Services in this vital educational partnership.

Sincerely,

Tom Van Coverden
President and Chief Executive Officer
June 20, 2017

Craig Phelps, DO, FAOASM
President, A.T. Still University
5850 E. Still Circle
Mesa AZ, 85206

Dear Dr. Phelps,

The South Carolina Primary Health Care Association is the member association for the state’s Community Health Centers. These non-profit, community owned, patient governed organizations serve over 370,000 individuals per year. Our health centers need physicians who are prepared for, and committed to, working with the under-served.

Beaufort-Jasper-Hampton Comprehensive Health Services is one of twelve contextual learning hub’s selected to partner with A.T. Still University in preparing healers for the nation’s safety-net of Community Health Centers.

We are proud that Beaufort-Jasper-Hampton Comprehensive Health Services, a key member of our association, was selected to represent this region of our nation. Please know that we are supportive of this member, and will work to maintain its vital educational partnership.

Sincerely,

Lathran J. Woodard
CEO, South Carolina Primary Health Care Association