



Edward Via College of Osteopathic Medicine

MED 8190

OMS 3 Medical or Surgical Selective Syllabus
Academic Year 2025 – 2026

COURSE SYLLABUS



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I. Course Description

The OMS 3 Medical or Surgical Selective rotation provides students with a 4-week opportunity to explore areas of clinical interest either in preparation for postdoctoral training or to broaden their scope of knowledge of the field of medicine. Students are able to gain a greater depth of understanding and practical application of medical practice beyond the core rotations completed in the third year. The selective is intended to enhance the overall experience gained from the curriculum. The purpose of this rotation is to provide the student with an overview of the clinical specialty. This rotation is not intended to transform the student into a specialist, but rather it is to provide the student with a exposure to the specialty.

The OMS 3 Medical or Surgical Selective is a four-week clinical rotation designed to allow students to explore specific areas of medical or surgical interest. This experience may serve as preparation for postdoctoral training or as an opportunity to broaden the students' overall understanding of the medical

field.

During this rotation, students build upon the knowledge and skills acquired in core third-year rotations, gaining deeper insight and practical exposure to a chosen specialty. The selective is structured to complement and enhance the core curriculum, offering a more focused clinical experience.

The primary objective of this rotation is to provide students with a general overview of a particular medical or surgical specialty. It is not intended to produce specialists, but rather to offer meaningful exposure and foundational understanding of the specialty area.

II. Course Goals and Objectives

Due to the large variety of selective options, not all goals and objectives may be met with each and every rotation, the student experience and exposure will vary based on the specific selective chosen.

A. Goals of the Course

By the completion of this course, students will be expected to:

1. Recognize the role of the sub-specialist surgeon/internist in the delivery of healthcare to the population.
2. Exhibit professional behavior through punctuality, dressing appropriately for clinical settings, and treating patients, families, and other health care team members with respect.
3. Identify and support efforts to meet the needs of patients, families, communities, and populations in all areas that influence health and well-being.
4. Perform a patient-centered history and physical examination that pertains to the patient's presenting problem.
5. Develop initial working differential diagnosis based upon history and physical examination findings.
6. Select and interpret appropriate and resource-conscious diagnostic tests, including laboratory, imaging, electrophysiologic and other modalities, to complement your clinical diagnosis.
7. Integrate clinical information to arrive at a working diagnosis to guide patient care.
8. Develop an initial management plan with the patient addressing their presenting problem, including pharmaceutical, non-pharmaceutical, and surgical approaches.
9. Discuss primary and secondary strategies to prevent the development of illness and disease.
10. Collaborate effectively within and across professional teams, understanding and valuing the role of all team members in improving patient care, including through appropriate consultation.
11. Perform procedural skills relevant to the subspecialty.
12. Develop effective communication skills to include maintaining clear, accurate, and appropriate records of clinical encounters and communicating in a language easily understood by patients and family members.

B. Clinical Performance Objectives

The end-of-rotation evaluation completed by the preceptor is based on clinical core competencies.

These core competencies reflect student performance in 6 key areas: communication, problem solving, clinical skills, medical knowledge, osteopathic medicine and professional and ethical considerations. The end-of-rotation evaluation from the preceptor will be based directly on the student's performance in these 6 core competencies as described below.

1. **Communication** - the student should demonstrate the following clinical communication skills:
 - a. Effective listening to patient, family, peers, and healthcare team
 - b. Demonstrates compassion and respect in patient communications
 - c. Effective investigation of chief complaint, medical and psychosocial history specific to

- the rotation
 - d. Considers whole patient: social, spiritual & cultural concerns
 - e. Efficiently prioritizes essential from non-essential information
 - f. Assures patient understands instructions, consents & medications
 - g. Presents cases in an accurate, concise, well-organized manner
2. **Problem Solving** – the student should demonstrate the following problem-solving skills:
 - a. Identify important questions and separate data in an organized fashion, organizing positives & negatives
 - b. Discern major from minor patient problems
 - c. Formulate a differential while identifying the most common diagnoses
 - d. Identify indications for & apply findings from the most common radiographic and diagnostic tests
 - e. Identify correct management plan considering contraindications & interaction
 3. **Clinical Skills** - the student should demonstrate the following problem-solving skills:
 - a. Assesses vital signs & triage patient according to degree of illness
 - b. Perform good auscultatory, palpatory & visual skills
 - c. Perform a thorough physical exam pertinent to the rotation
 4. **Osteopathic Manipulative Medicine** - the student should demonstrate the following skills in regards to osteopathic manipulative medicine
 - a. Apply osteopathic manipulative medicine successfully when appropriate
 - b. Perform and document a thorough musculoskeletal exam
 - c. Utilize palpatory skills to accurately discern physical changes that occur with various clinical disorders
 - d. Apply osteopathic manipulative treatments successfully
 5. **Medical Knowledge** – the student should demonstrate the following in regard to medical knowledge
 - a. Identify & correlate anatomy, pathology and pathophysiology related to most disease processes
 - b. Demonstrate characteristics of a self-motivated learner including demonstrating interest and enthusiasm about patient cases and research of the literature
 - c. Are thorough & knowledgeable in researching evidence-based literature
 - d. Actively seek feedback from preceptor on areas for improvement
 - e. Correlate symptoms & signs with most common disease
 6. **Professional and Ethical Behaviors** - the student should demonstrate the following professional and ethical behaviors and skills:
 - a. Is dutiful, arrives on time & stays until all tasks are complete
 - b. Consistently follows through on patient care responsibilities
 - c. Accepts & readily responds to feedback, is not resistant to advice
 - d. Assures professionalism in relationships with patients, staff, & peers
 - e. Displays integrity & honesty in medical ability and documentation
 - f. Acknowledges errors, seeks to correct errors appropriately
 - g. Is well prepared for and seeks to provide high quality patient care
 - h. Identifies the importance to care for underserved populations in a non-judgmental & altruistic manner

III. Rotation Design

A. Selective Choices

This rotation serves to provide students who are interested in a specialty outside of the OMS 3 core required rotation requirements, with a four-week timeframe to complete a rotation experience in that field prior to starting the fourth year. This rotation may be a medical or surgical selective in one of the disciplines listed below. This rotation must be completed at any designated VCOM core site across any of the campus locations as approved by the Associate Dean (AD) for Clinical Affairs. Students must speak to the AD and OMS 3 Directors as to whether VCOM housing exists or whether the student needs to secure their own housing.

Students may choose from the following options:

- **Medical Selective:** Dermatology, Emergency Medicine, Family Medicine, Internal Medicine Subspecialty, Neurology, ONMM, Pathology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry, Radiology, VCOM International Rotation
- **Surgical Selective:** Anesthesiology, General Surgery, General Surgery Subspecialty, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Urology
- In addition, the selective may consist of military officer training or military rotation. Students choosing this option must gain approval by the Associate Dean for Clinical Affairs prior to scheduling the rotation/training.

B. Military Officer Training

HPSP students may complete military officer training for this selective. Military Officer training is a mandatory requirement for all HPSP students. The length of the course varies based on the branch of service of the HPSP student but typically spans four to six weeks. The curriculum will include military topics that are designed to introduce the learner to basic military leadership, and protocol that will be covered while on this clinical rotation. Training develops the basic skills required of a military medical officer, with a particular emphasis on leadership, teamwork and discipline. Through didactic lectures and experiential learning its focus includes the theory and practical application of such salient topics as safety, fitness, and endurance training. Emphasis is also placed on the core values of loyalty, duty, respect, character, service, integrity and honor. Communication skills and professionalism are likewise incorporated. The skills relate to those required by all students in various disciplines as it specifically applies to their upcoming military medical service.

Depending on the Military Branch of the learner, different topics may be emphasized during the course. In general, it is expected that the learner will be exposed to and assessed on the following:

- Develop management skills that would be required of a military officer including appropriate focus on:
 - Military organizational structure and chain of command
 - Rank structure for officers and enlisted
 - Service core values and code of conduct
 - Leadership as an officer and interacting with junior and senior NCO's
 - Operational security (OPSEC)
 - Drills and ceremonies
 - Military and branch terminology
 - Inspection protocols
 - Uniform requirements
 - Military customs and courtesies
 - Effective communication, team building and peer-appropriate decision-making

- Defense Health Agency (DHA) and the Medical Service Corps
 - Concepts of cost effectiveness
 - Preparation for both peacetime and wartime evidence-based medicine
 - Laws of Armed Conflict
- Military law and the Uniformed Code of Military Justice (UCMJ)
- Joint service awareness
- Physical fitness assessment

Please follow all requirements as stated by the specific branch officer and according to each service's instructions.

- ARMY
 - DCC (Direct Commissioning Course): https://www.benning.army.mil/infantry/199th/DCC/index.html?_=6869
 - BOLC (Basic Officer Leadership *Course*): <https://medcoe.army.mil/bolc>
- NAVY
 - <https://www.netc.navy.mil/Commands/Naval-Service-Training-Command/OTCN/Programs/ODS/ODS-FAQ/>
- AIR FORCE
 - https://www.afaccessionscenter.af.mil/Portals/78/OTS/Student-Guides/Orientation_Guide_02182025.pdf

Further information can be found at: https://jts.health.mil/index.cfm/PI_CPGs/cpgs

C. Summative Evaluation

Student competency-based rating forms are used by the preceptor to evaluate each student's clinical skills and the application of medical knowledge in the clinical setting. These forms are only completed by the clinical faculty member or preceptor. Performance on rotations will be evaluated by the primary clinical faculty member precepting the student. VCOM uses a competency-based evaluation form which includes the osteopathic core competencies. These competencies evaluated include:

- a. Medical knowledge;
- b. Communication;
- c. Physical exam skills;
- d. Problem solving and clinical decision making;
- e. Professionalism and ethics;
- f. Osteopathic specific competencies; and
- g. Additional VCOM values.

Student competency is judged on clinical skill performance. Each skill is rated as to how often the student performs the skill appropriately (i.e. unacceptable, below expectation, meets expectation, above expectation, exceptional).

While students may be assigned reading assignments, etc. during their OMS 3 selective rotation, there is no end-of-rotation exam for this rotation.

D. Logging Patient Encounters and Procedures

During the clinical years students need to develop the clinical competencies required for graduation and post-graduate training. These competencies are evaluated in many different ways: by faculty observation during rotations, by examinations, by the COMLEX Level 2 CE examination, and VCOM's OMS 3 summative examinations. In order to develop many of these competencies and meet the objectives required for graduation, VCOM needs to ensure that each student sees enough patients and an appropriate mix of patients during their clinical years. For these reasons, as well as others discussed

below and to meet accreditation standards, VCOM has developed requirements to log patient encounters and procedures.

Each day, students are required to log all patient type/clinical conditions and procedures/skills that they encounter that day into the VLMS application.

One of the competencies students must develop during their clinical training involves documentation. Documentation is an essential and important feature of patient care and learning how and what to document is an important part of medical education. The seriousness and accuracy with which students maintain and update their patient logs are measures of professionalism. Students must review these logs with their preceptor prior to the end of the rotation period, as required by the final preceptor evaluation form. Students are encouraged to periodically review their VLMS entries with their preceptor during the rotation period.

Throughout the year, data is reviewed by Clinical Affairs, the curriculum committees, and administration to ensure the clinical experiences meet the objectives of the rotation and to assess the comparability of experiences at various sites. The logs serve to:

- Demonstrate student exposure to patients with medical problems that support course objectives.
- Demonstrate level of student involvement in the care of patients.
- Demonstrate student exposure to, and participation in, targeted clinical procedures.
- Demonstrate student exposure to patient populations in both inpatient and outpatient settings.
- Demonstrate comparability of experiences at various clinical sites.
- Quantify for students the nature and scope of their clinical education and highlight educational needs for self-directed learning.

Students will receive a report at the end of the OMS 3 year that outlines the patient encounters the student was involved in throughout their rotations. These individual log reports can be shared during interviews/audition rotations/future credentialing to demonstrate the scope of their clinical experiences.

IV. Credits

MED 8190: 4 credit hours

V. Course Grading and Requirements for Successful Completion

A. Requirements

- Attendance according to VCOM and preceptor requirements as defined in the [College Catalog and Student Handbook](#).
- Logging patient encounters and procedures in VLMS:
Students are required to log daily - Students are **required to log all patient type/clinical conditions and procedures/skills that they encounter that day** into the VLMS application at: <https://vlms.app/login.html>. **VLMS logs are due no later than 5 PM on the last day of the selective rotation.**
 - Students should log only an encounter with or exposure to a real patient.
 - Simulated patients, case presentations, videos, grand rounds, written clinical vignettes, etc. should not be logged even though they are all important ways to learn clinical medicine. Many of these educational experiences, along with self-directed reading, are necessary preparation for COMLEX Level 2 and postgraduate training. This log, however, focuses on a unique and critical component of clinical training, namely, involvement with “real” patients.

- Longitudinal care of a patient that results in a new diagnosis or secondary diagnosis should be entered as a new entry instead of editing the original entry.
 - Multiple encounters with the same patient that do not result in a new diagnosis or procedure should not be logged. However, if multiple encounters result in a new diagnosis or a new procedure is performed, these should be entered as a new entry.
 - Student involvement with patients can occur in various ways with different levels of student responsibility. The most “meaningful” learning experience involves the student in the initial history and physical exam and participation in diagnostic decision making and management. A less involved but still meaningful encounter can be seeing a patient presented by someone else at the bedside. Although the level of responsibility in this latter case is less, students should log the diagnoses seen in these clinical encounters. Patient experiences in the operating or delivery room should also be logged.
- All students must review these logs with their preceptors prior to the end of the rotation period, as required by the final preceptor evaluation form. Students are encouraged to periodically review their VLMS entries with their preceptor during the rotation period. These reviews should stimulate discussions about cases and learning objectives, as well as identify curriculum areas the student may still need to complete.
 - Failure to log daily results in the following and is cumulative throughout the academic year (not reset each rotation period):
 - First OMS 3 notification: Email warning outlining consequences
 - Second OMS 3 notification: Meeting with the Associate Dean
 - Third OMS 3 notification: Behavioral contract
 - Fourth OMS 3 notification: Students will receive an IP “In-Progress” grade for the rotation until logging for the rotation is completed.
 - Fifth OMS 3 notification: Referral to PESB/Honor Code (whichever is most appropriate), which could lead to sanctions and/or permanent record in the student file or MSPE.
- Rotation evaluations:
The following evaluations must be completed and submitted for successful completion of the rotation:
 - Mid-Rotation Evaluation: The mid-rotation evaluation form is not required but highly recommended. See the VCOM website at: <https://www.vcom.edu/academics/clinical-education-third-year/forms> to access the mid-rotation evaluation form.
 - Third-Year Preceptor Evaluation: Student competency-based rating forms are used by the preceptor to evaluate each student’s clinical skills and the application of medical knowledge in the clinical setting. These forms are only completed by the clinical faculty member or preceptor. It is the student's responsibility to ensure that all clinical evaluation forms are completed and submitted online or turned into the Site Coordinator or the Clinical Affairs Office at the completion of each rotation. Students should inform the Clinical Affairs Office of any difficulty in obtaining an evaluation by the preceptor at the end of that rotation. Preceptors must complete the evaluation at: <https://intranet.vcom.edu/clinical>
 - Student Evaluation of the Preceptor: Students must complete and submit an evaluation of their preceptor at the end of the rotation. The form must be completed at: <https://intranet.vcom.edu/clinical>
 - Student Evaluation of the Site: At the end of the student’s last OMS 3 year rotation, the

student must complete and submit an evaluation of their core rotation site, DSME, and Site Coordinator. The form must be completed at: <https://intranet.vcom.edu/clinical>

B. Requirements for Military Officer Training

Each Branch will provide specific rubrics for assessment of the learner and students should refer to their Branch-specific material.

- There is generally a didactic portion of the course, and practical leadership exercises (to include field training). Textbooks and other resources are provided by each branch of military service as deemed appropriate for communications, warfare, international security, and leadership studies.
- Attendance according to VCOM and Officer In Charge as required by each service.
- Included in the curriculum may be a physical fitness portion of the course; however, failure of the physical fitness testing portion of this course will not result in an academic failure of this selective. Remediation of this physical fitness training will be directed by military protocol.
- The Officer In Charge will provide a statement that the student fulfilled all the academic and physical fitness requirements of their military officer training. **Students must submit this letter to CANVAS at the end of their training.**

C. Grading

Students must pass the "rotation" portion of the course. **VLMS logs are due no later than 5 PM on the last day of the selective rotation.**

The grade for this selective for military officer training is Pass/Fail due to the design of the training program.

Clinical Grading Scale and GPAs						
OMS 3 End-of-Rotation Exam Grades			OMS 3 AND OMS 4 Clinical Rotation Grades		Other Grades	
A	90-100	4.0	H	Honors	IP	In Progress
B+	85-89	3.5	HP	High Pass	INC	Incomplete
B	80-84	3.0	P	Pass	CP	Conditional Pass
C+	75-79	2.5	F	Fail	R	Repeat
C	70-74	2.0			Au	Audit
F	<70	0.0				

D. Remediation

Students who fail a clinical rotation, fail an end-of-rotation exam twice, or who have more than one first attempt failure on end-of-rotation exams within an academic year (even if the student has successfully remediated the prior end-of-rotation exam on the second attempt) will be referred to the Promotion Board. If a student fails the professionalism and ethics portion of the evaluation he or she may be removed from the rotation and referred to the Professional and Ethical Standards Board. No grade will be changed unless the Office of Clinical Affairs certifies to the Registrar, in writing, that an error occurred or that the remediation results in a grade change.

Students who fail military officer training will need to submit documentation from the military outlining the reason for failure. If the student fails all aspects of the military training, then they will be referred to the Promotion Board.

- **Failure of a Rotation**

If a student fails the clinical rotation evaluation the student will receive an “F” grade for the rotation and will be brought before the Promotion Board. If the student is allowed to repeat the rotation, all components of the rotation must be repeated, and the repeated rotation must be with a different preceptor than the one from the original rotation that the student failed. Once repeated, the transcript will show both the initial clinical medical knowledge module course and the initial clinical rotation competency evaluation course, as well as the repeated clinical medical knowledge module course and the repeated clinical rotation competency evaluation course. The repeated courses will have the letter “R” at the end of the course number to reflect that they are repeated. Both the grade earned for the initial courses and the repeated courses will be recorded on the transcript, but only the repeated courses will be GPA accountable, regardless of whether the initial or repeated course grade is higher.

- **Failure to Make Academic Progress**

In general, students should show a progression of improvement in clinical performance throughout rotations. Repeated poor or failing performance in a specific competency area on the evaluation form across more than one rotation may also be a reason for a required remediation at the discretion of the Associate Dean for Clinical Affairs in consultation with the clinical chair, the preceptor, and the Promotion Board. Those students who receive a mere “Pass” on multiple rotations will be counseled about overall performance and may be required to complete an additional rotation at the end of the year. Any additional curriculum or required remediation will be based on the performance measure. Those students who continually score in the "unsatisfactory" category or repeated "performs some of the time, but needs improvement" consistently and do not improve over time or who fail one or more rotations may be deemed as not making academic progress and, as a result, may be referred to the Promotion Board and be required to complete additional curriculum. Multiple rotation failures may result in dismissal.

Poor ratings on the clinical rotation evaluation in the professional and ethical areas of the assessment are addressed by the Associate Dean for Clinical Affairs. The Associate Dean may design a remediation appropriate to correct the behavior or if needed, may refer the student to the Professional and Ethical Standards Board. In the case of repeated concerns in a professional and/or ethical area, the Associate Dean for Clinical Affairs may refer the student to the Campus Dean for a referral to the Professional and Ethical Standards Board or Promotion Board. The Campus Dean will act upon this referral depending on the severity and the area of the performance measure. Poor ratings in this area will include comments as to the exact nature of the rating.

VI. Academic Expectations

Grading policies, academic progress, and graduation requirements may be found in the [College Catalog and Student Handbook](#).

A. Attendance

Attendance for all clinical rotation days is mandatory. The clinical site will determine the assigned days and hours to be worked within the rotation period. Students are required to attend any orientation the clinical site sets as mandatory prior to any rotation or the clinical year. The orientation sessions vary by site and are required to maintain assignment to the site. Although the clinical site determines the assigned days and hours to be worked, VCOM has established the following guidelines:

- 4-week rotations may not be less than 20, eight-hour days for a total of a minimum of 160 hours and often average 180 hours or greater.
 - Students may be required to work up to 24 days in a 4-week period or 25 days in a 1-

- month rotation, including call and weekends at the discretion of the clinical site.
- If the clinical site requires longer daily hours or shift work, the student may complete the required hours in less than 20 days with the following specifications:
 - Students should not work greater than an average of 12 out of every 14 days.
 - Students should not work more than 12 hours daily, exclusive of on-call assignments.
 - If on-call hours are required, the student should not be on duty for greater than 30 continuous hours.
 - Students may be required to work weekends but in general should have 2 weekends per month free and an average of 2 of 7 days per week free.

It should be noted that preceptors will have final determination of the distribution of hours, which may vary from this policy but should not in general be less than 160 hours for a 4-week rotation. The institution's DSME and assigned clinical faculty determine clinical duty hours. Students are responsible to the assigned clinical faculty and are expected to comply with the general rules and regulations established by the assigned clinical faculty, and/or the core hospital(s), or facility associated with the rotation.

The average student clinical day begins at 7 am and ends at 7 pm. Students are expected to work if their assigned clinical faculty is working. Some rotations assign students to shifts and in such cases the student may be required to work evening or night hours. If on-call hours are required, the student must take the call; however, the student should not be on duty for greater than 30 continuous hours. Students may be required to work weekends, but in general should have two weekends per month free and two of seven days per week free. Student holidays are determined by the clinical site and follow those of other students and/or residents from the clinical site. Students must be prompt and on time for the clinical rotation.

Students are expected to arrive on time for all clinical rotations. If a student is late, he or she must notify the site coordinator and the preceptor prior to or at the time they are scheduled to arrive. Students must have a reason for being late such as illness or vehicle issues and it is not anticipated that this would occur more than one occasion AND it is important the student call in prior to being late. Repeated tardiness is considered as unprofessional behavior and is a reason for dismissal from a rotation. Students with repeated tardiness will be referred to the PESB. Tardiness is defined as more than 5 minutes after the scheduled time the preceptor designates as the expected arrival time.

The Office of Clinical Affairs requires that the medical student complete and submit an Excused Absence Clinical Rotations Approval form for any time "away" from clinical rotations. Forms are available at: <https://www.vcom.edu/academics/clinical-education-third-year/forms>. The student must have this form signed by their preceptor and others designated on the form to obtain an excused absence and must be provided to the DSME and the Office of Clinical Affairs through the site coordinator. The form must be completed prior to the beginning of the leave. If an emergency does not allow the student to submit this prior to the absence, the "Excused Absence Clinical Rotations Approval" form must be submitted as soon as the student is physically able to complete the form. In addition to completion of the form, students must contact the Department of Clinical Affairs, the Site Coordinator, and the preceptor's office by 8:30 AM on the day they will be absent due to an illness or emergency. No excused absence will be granted after the fact, except in emergencies as verified by the Associate Dean for Clinical Affairs.

Regardless of an excused absence, students must still complete a minimum of 160 hours for a 4-week rotation in order to pass the rotation. Any time missed must be remediated during the course of the rotation for credit to be issued. Students may remediate up to four missed days or 48 hours missed

during any rotation period by working on normal days off. OMS 3 students who have any unexcused absences will be referred to the PESB.

B. Prohibited Use of External Accelerators

At times, there may be lectures on VCOMTV where completion will be documented as part of passing the course (these will be clearly indicated in the course syllabus). For these lectures, the use of an external accelerator is prohibited, as VCOMTV is unable to track completion through these programs. If a student uses an external accelerator for these assignments, they will be required to re-watch the lecture(s) in VCOMTV within the required timeline. Failure to document a student's completion of these assignments within the required timeline due to use of an external accelerator may result in failure of the course.

VII. Professionalism and Ethics

It is advised that students review and adhere to all behavioral policies including attendance, plagiarism, dress code, and other aspects of professionalism. Behavioral policies may be found in the [College Catalog and Student Handbook](#).

A. VCOM Honor Code

The VCOM Honor Code is based on the fundamental belief that every student is worthy of trust and that trusting a student is an integral component in making them worthy of trust. Consistent with honor code policy, by beginning this exam, I certify that I have neither given nor received any unauthorized assistance on this assignment, where "unauthorized assistance" is as defined by the Honor Code Committee. By beginning and submitting this exam, I am confirming adherence to the VCOM Honor Code. A full description of the VCOM Honor Code can be found in the [College Catalog and Student Handbook](#).