Curriculum Committee Handbook

2008 - 2009
Handbook for Curriculum Committee Members

Introduction
Welcome to the Curriculum Committee of the University of South Carolina School of Medicine (USCSM) and to the important role you have been selected to play at USCSM. Your ideas, insights, and recommendations about curricular content, course and clerkship administration, medical student and curricular assessment, and other related topics are welcome! The deliberations of the Committee are crucial for determining educational policy, curricular structure, and implementation strategies for the four-year USCSM educational program. It is difficult to conceive of a more important or challenging responsibility.

The mission statement adopted by the Curriculum Committee is included as well as a formal description of the Curriculum Committee. As part of the “empowerment” of the Curriculum Committee begun ten years ago, Committee members have been elected from each USCSM department rather than appointed, as previously, from the faculty at large. The Associate Dean for Medical Education and Academic Affairs, the Assistant Deans for Preclinical and Clinical Curricula, the Assistant Dean for Clinical Assessment and the Assistant Dean for Medical Education-Greenville Hospital System will serve the Curriculum Committee as ex officio voting members. Much of the Curriculum Committee’s work will be performed by four standing subcommittees: 1) M-I/M-II, 2) M-III/M-IV, 3) Interdisciplinary/Interdepartmental Integration, and 4) Independent Learning Development and Implementation. There is one ad-hoc committee, Curriculum Accommodations. Committee members are asked annually to indicate their subcommittee preferences. The Curriculum Committee Chair uses his/her best judgment in selecting subcommittee members with the proviso that there must be a productive mix of basic science and clinical science faculty on each subcommittee. The tasks facing the full Curriculum Committee include periodic review of outcome data and all courses, clerkships and vertical curricula.

Meetings
Meetings of the Curriculum Committee are held on the second Thursday of each month at 4:00 pm. To accommodate both basic science and clinical science Committee members, the location of the meeting alternates between the Board Room in Building 3 on the USCSM/Dorn Veterans Administration Medical Center campus and the Suite 300 Conference Room (301) on the third floor of 15 Richland Medical Park (Clinical Education Building) on the Palmetto Health Richland (PHR) campus on Harden Street. Subcommittee meetings are held as needed and as called by each Subcommittee Chair.

Approximately one week prior to each monthly meeting, members receive an agenda (with location) for the upcoming meeting and a copy of the previous meeting’s minutes. The agenda and minutes of each meeting are also available electronically via e-mail and on the Office of Curricular Affairs home page which can be found by following either the faculty or student link from the USCSM home page: http://www.med.sc.edu/. All interested USCSM faculty members and students are invited to attend Curriculum Committee meetings. Meetings generally last one to one-and-a-half hours. Special day-long meetings (retreats) are usually scheduled once a year.

Appointment and Membership
Two representatives from each basic science department (one from the Biochemistry division) and one representative from each clinical department are elected from the departmental faculty. In addition there will be two representatives elected at-large by the Greenville faculty. Members serve a three-year-long term on the Curriculum Committee and may be re-elected. To assure a smooth transition, a system of staggered terms of membership has been adopted for Committee members. The medical students are represented by at least two members from both the M-II class and the M-IV class. Multiple consultants who serve ex officio without vote are available to the Curriculum Committee; they include the Assistant Dean for Continuing Medical Education, the Assistant Dean for Minority Affairs, the Director of Enrollment Services/Registrar, the Director of Student Services, the Director of Library Services, the Director of Computer and Communication Resources, the Executive Director of the South Carolina Area Health Education Consortium (SC AHEC), and the Vice President for Medical Education Palmetto Health Richland (PHR).
Committee Chair

The Chair serves a two-year term and is elected biennially. Chairs are elected alternately from among basic science and clinical science Committee members; Chairs also serve as their department’s Committee representative. A Chair may therefore serve as a Curriculum Committee member for a maximum five-year term if he/she is elected Chair in the third year of his/her Committee membership. The Chair is responsible for developing each month’s agenda and for conducting Committee meetings using The Standard Code of Parliamentary Procedure by Alice Sturgis. The Chair also reviews and corrects Committee minutes before they are distributed to Committee members for discussion, corrections, and approval at the beginning of each meeting.

Staff

The Associate Dean for Medical Education, the Assistant Deans for Preclinical and Clinical Curricula, the Assistant Dean for Clinical Assessment, and the Assistant Dean for Medical Education Greenville Hospital System are charged with the responsibilities of assisting the Chair in the development of the agenda; of providing Committee members with required information resources, of transmitting the decisions of the Committee to course and clerkship directors and to department chairs; and of ensuring that Committee recommendations approved by the Dean are implemented. Administrative support is provided by Ms. Angelica Naso, Administrative Coordinator in the Office of Curricular Affairs and Faculty Support (733-3367). The Curriculum Committee Chair ensures that Committee deliberations and recommendations are reported regularly to the Dean for his/her approval; these recommendations may be also presented to the Executive Committee for information.

Functions

The Liaison Committee for Medical Education (LCME), the joint accrediting agency of the American Medical Association and the Association of American Medical Colleges, has established and promulgated extensive criteria for medical school accreditation. Curriculum Development and oversight is an important component of the medical school’s function.

ED-33 There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum. The phrase “integrated institutional responsibility” implies that an institutional body (commonly a curriculum committee) will oversee the educational program as a whole. An effective central curriculum authority will exhibit:

• Faculty, student, and administrative participation.
• Expertise in curricular design, pedagogy, and evaluation methods.
• Empowerment, through bylaws or decanal mandate, to work in the best interests of the institution without regard for parochial or political influences, or departmental pressures.

The phrase “coherent and coordinated curriculum” implies that the program as a whole will be designed to achieve the school’s overall educational objectives.

Evidence of coherence and coordination includes:

• Logical sequencing of the various segments of the curriculum.
• Content that is coordinated and integrated within and across the academic periods of study (horizontal and vertical integration).
• Methods of pedagogy and student evaluation that are appropriate for the achievement of the school’s educational objectives.

Curriculum management signifies leading, directing, coordinating, controlling, planning, evaluating, and reporting. Evidence of effective curriculum management includes:

• Evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment as a frame of reference.
• Monitoring of content and workload in each discipline, including the identification of omissions and unwanted
redundancies.

- Review of the stated objectives of individual courses and clerkships, as well as methods of pedagogy and student evaluation, to assure congruence with institutional educational objectives. Minutes of the curriculum committee meetings and reports to the faculty governance and deans should document that such activities take place and should show the committee’s findings and recommendations.

Among its various responsibilities, the Curriculum Committee reviews curricular content and process at USCSM on both an ongoing and a cyclical basis. A “vertical curriculum” refers to the interdepartmental integration, in basic science courses and clinical rotations over the course of the four-year curriculum, of topical subject matters that transcend the purview of an individual USCSM department. “Vertical integration” of curriculum can be distinguished from “horizontal integration” in that the latter attempts to teach similar preclinical topics simultaneously even if in different required courses [e.g. the Pathology and the Introduction to Clinical Medicine II (ICM-II) courses present issues concerning the heart during the same academic time period].

Clerkship reviews were completed in 2000-2001 and were performed by the M-III/M-IV Subcommittee of the Curriculum Committee, which includes representation from both basic science and clinical science faculty members. The reviews of clinical clerkships followed an established format of evaluating 1) the student orientation to each clerkship, 2) educational goals and objectives, 3) educational methods and activities, including the equivalence of Columbia and Greenville experiences, 4) feedback and evaluation of students, and 5) clerkship strengths and needs. Students' evaluations of the quality of the educational experience, USMLE scores, and Postgraduate Year One (PGY-1) survey data from graduates and residency program directors are reviewed yearly.

During the 2007-2008 academic year each course and clerkship (including the vertical curricula) was reviewed by the Curriculum Committee and included presentations to the full committee by each course and clerkship director in both Columbia and Greenville as well as an independent review of student evaluations by a member of the committee.

Issues of importance discussed by the Curriculum Committee have included the Implementation of Ultrasound vertical curriculum, evaluation and revision of the M-III and M-IV years including elective time in the M-III year, and the implementation of the Clinical Skills Attainment Documentation to ensure that students have demonstrated mastery of the necessary clinical/technical skills prior to successful completion of each clerkship, promotion, and graduation; the relationship between USCSM medical and graduate programs; the collection of data regarding patients seen in clinical encounters by USCSM students on Personal Digital Assistants (PDA’s), the establishment of a required acting internship for all M-IV students; and revision and integration of educational goals and objectives for courses, clerkships, and the four-year educational program.

Office of Curricular Affairs and Faculty Support staff members ensure the ongoing assessment by medical students of all M-I and M-II courses (at the conclusion of each semester) and of all M-III and M-IV required clerkships (at the end of each four-week or eight-week clerkship) by means of evaluation instruments designed for those purposes. Personnel in the Office of Curricular Affairs and Faculty Support also conduct surveys on a regular basis of PGY-1 graduates and graduates' residency director. An Association of American Medical Colleges (AAMC)-sponsored survey is also completed by graduating senior students; comparative data for students graduating from USCSM and other medical schools nationally are published annually. Results of USCSM student performance on Steps 1 and 2 CS and CK of the United States Medical Licensure Examination (USMLE) are also reviewed. Data from these various evaluations, examinations, and surveys are made available to Curriculum Committee/Subcommittee members to assist them in their work.

Of critical importance to the function of the Curriculum Committee will be the development/incorporation of a curriculum tracking mechanism. It is imperative, before substantive changes can be made to the curriculum, that Committee members have an understanding of how, what, and where specific relevant subject matter is taught in the USCSM curriculum. Curriculum tracking software (CurrMIT), developed by the AAMC, is in place at USCSM and data input continues under the direction of the Office of Curricular Affairs and Faculty Support.
Curricular change and innovation are crucial to maintaining the effectiveness and relevance of a medical school curriculum in a changing environment. A change to the basic science M-I/M-II curriculum is categorized as “major” if it results in 1) any significant change in the number of credit hours assigned to a course, 2) the deletion of topical content from a vertical curriculum (substance abuse, geriatrics, ethics, genetics, ultrasound, or nutrition), 3) the deletion or addition of lecture topics, or 4) a deviation from the “block schedule” (e.g. requiring M-I or M-II students to meet prior to 8:00 am or after 5:00 pm on weekdays or on weekends).

A “major” change in the clinical M-III/M-IV curriculum would include 1) the deletion of topical content involving a vertical curriculum area, 2) an increase in the number of evenings/nights students are on call, or 3) any change in the amount of inpatient vs. outpatient experience in a required clerkship.

Additionally, policies previously adopted and published in the Student Handbook and the School of Medicine Bulletin concerning the academic life of USCSM students are reviewed and updated annually to reflect changes in medical practice, pedagogy, educational law, and society. University of South Carolina policies relevant to any University student, including medical students, are published annually by the University Division of Student Affairs in the Carolina Community: Student Handbook and Policy Guide.

The Curriculum Committee’s role is crucial to the well-being and continuing development of the educational program at USCSM. The oversight it provides is required for continuing accreditation of USCSM by the LCME and for maintaining the continuing excellence and effectiveness of the USCSM curriculum. Recent national trends in the revision and reform of medical education have included: 1) a reduction in hours of lecture and passive learning; 2) an increase in small-group instruction, problem-based learning, and other active learning exercises; 3) enhanced interdisciplinary and interdepartmental teaching efforts; 4) integration of basic science and clinical science topics; 5) stimulation of independent learning skills; 6) an emphasis on computer literacy; 7) the development and implementation of more objective methods of medical student assessment [e.g., via Objective Standardized Clinical Examinations (OSCEs) and the use of standardized and simulated patients]; 8) the use of patient simulators and 9) more specifically defined and measurable educational goals and objectives for courses and clinical clerkships.

During the 1998-2000 academic years, the introduction of problem-based learning (PBL) techniques into the interdisciplinary Introduction to Clinical Medicine (ICM) courses was accomplished to create a “hybrid” curriculum composed of lectures, laboratories, and small group and true problem-based learning activities in the M-I and M-II years. PBL is an educational approach in which students, operating in a small-group setting, are presented case scenarios and are responsible, under the guidance of trained faculty preceptors/tutors, to identify all the “issues” relevant to the patient’s complaint. These issues may include the anatomical, physiological, biochemical, pathological, and psychological aspects of the problem. The cases are discussed in detail, and students are rigorously evaluated by means of self-assessment, peer assessment, and tutor assessment as to their mastery of concepts, searches for and sharing of information, and overall participation.

Implementation

Recommendations of the Curriculum Committee are transmitted to the Dean for approval. Upon the Dean’s approval, the recommendations are transmitted to course and clerkship directors and to department chairs for consideration and implementation. The Committee continually seeks input from course directors, clerkship directors, department chairs, faculty consultants, and medical students so that a broad consensus may be reached.

References

The USCSM Student Handbook and the USC Carolina Community are valuable information resources for Committee members. A copy of the School of Medicine Bulletin is available on USCSM’s website.

Rev. 06/08
### USC School of Medicine

#### Curriculum Committee

**2008-2009 Meeting Dates**

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<td>Thursday</td>
<td>July 10</td>
<td>SOM-Board Room</td>
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<tr>
<td>Annual Retreat</td>
<td>August 14</td>
<td>2 Med Park Lect. Hall</td>
<td>1:30 p.m. – 6:00 p.m.</td>
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<td>SOM-Board Room</td>
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**SOM – Bldg 3, 2nd floor Board Room, Basic Science Campus**

**15 RMP (CEB) – Clinical Education Building, Board Room, 3rd floor**

### Mission of the Curriculum Committee

**Preamble:** The Curriculum Committee of the University of South Carolina School of Medicine (USCSM) is empowered by the Dean and faculty with the responsibility (1) for the development of and oversight over the content, structure, and pedagogy of the curriculum leading to the M.D. degree and (2) for ensuring that students
Functions of the Curriculum Committee:

I. To ensure coverage of all content appropriate for a medical education and elimination of unnecessary duplication, as well as temporal (vertical), inter-disciplinary (horizontal), and inter-departmental (across basic sciences, across clinical sciences, and between basic sciences and clinical sciences) integration of curricular material.

The Curriculum Committee strives for excellence in curricular content, relevance, integration, and methodology. The medical curriculum, with its rapidly expanding and changing scientific basis, is continuously updated to reflect changes in the current body of knowledge and to prepare students for the modern practice of medicine. It is essential that information and outcome data be supplied regularly and in response to requests by the Curriculum Committee.

II. To encourage presentation of basic science and clinical science content by multiple techniques in order to stimulate patterns of self-initiated and self-directed life-long learning and effective problem-solving among students, including, but not limited to, computer-assisted instruction, small group discussion, conferences, and laboratories; the use of standardized and simulated patients; case-based instruction; and problem-based learning.

Because students vary widely in the techniques and modalities by which they learn most effectively, innovation is both desirable and necessary. New educational technologies are constantly being developed which can assist basic science and clinical science faculties to accomplish their goals. The fact that current modes of assessment of medical students and physicians (e.g., for medical licensure) are being revised to include interdisciplinary questions, computerized formats, and objective assessment of clinical skills requires medical schools to prepare students accordingly.

III. To ensure coordinated oversight, internal and external assessment, and tracking of the curriculum.

Information about the impact of the curriculum on student and alumni performance is sought regularly. The impact of curricular revisions is assessed in a timely fashion. Curricular tracking of both content and integration of material among the basic sciences, among the clinical sciences, and between the basic and clinical sciences, as well as for the detection and elimination of unnecessary repetition is central to the mission of the Curriculum Committee and its administrative staff.

IV. To encourage educational innovation and experimentation and to foster a dynamic curriculum.

Course/clerkship directors are encouraged to experiment with innovative curricular changes within an overall coordinated plan that takes into account the best interests of members of the School of Medicine community.

The Curriculum Committee bears the responsibility for, and is the ideal forum for, collegial discussion about the means to achieve curricular and educational excellence. To function optimally and to facilitate this discussion, the Curriculum Committee must be well informed about the faculty's plans, ideas, goals, needs and experiments.

10/11/07
I. RESPONSIBILITY

The purposes of the M-I/M-II Subcommittee of the Curriculum Committee are to:
A. Perform, under the supervision of the Curriculum Committee, periodic reviews and assessments of all required M-I and M-II courses for medical students.
B. Make reports and recommendations, based upon the findings of the periodic reviews and assessments of required M-I and M-II courses, to the Curriculum Committee.

II. AUTHORITY

Advisory to the Curriculum Committee.

III. MEMBERSHIP

Representation from both basic science and clinical science departments is essential; the Subcommittee may also invite as non-voting consultants other faculty members who are not Curriculum Committee members.
A. At least four faculty members appointed by the Curriculum Committee Chair (from a roster of Curriculum Committee members from basic science and clinical science departments who have expressed interest in service on this Subcommittee) to three-year staggered terms.
B. At least one M-II medical student member of the Curriculum Committee.
C. Assistant Dean for Preclinical Curriculum, ex-officio.

IV. FUNCTIONS

A. The Chair will be elected from among voting Subcommittee members by Subcommittee members at the beginning of each academic year.
B. The chair will convene the Subcommittee at his/her discretion or at the direction of the Curriculum Committee Chair.
C. The M-I/M-II Subcommittee will function as a subcommittee of the Curriculum Committee.
D. The Subcommittee will review annually its committee description and charge and make recommendations regarding any proposed revisions to the Curriculum Committee.

V. REVIEW

Recommendations of the M-I/M-II Subcommittee are forwarded by the Chair to the Curriculum Committee for review and approval.

VI. IMPLEMENTATION

A. Recommendations of the M-I/M-II Subcommittee that have been approved by the Curriculum Committee and the Dean will be implemented by personnel in the Office of Medical Education and Academic Affairs and/or School of Medicine departments.
B. Minutes will be kept of all Subcommittee meetings.

Approved: Curriculum Committee October 12, 2000
Revised: August 8, 2005
I. RESPONSIBILITY

The purposes of the M-III/M-IV Subcommittee of the Curriculum Committee are to:
A. Perform, under the supervision of the Curriculum Committee, periodic reviews and assessments of all required M-III and M-IV clerkships for medical students.
B. Make reports and recommendations, based upon the findings of the periodic reviews and assessments of required M-III and M-IV clerkships, to the Curriculum Committee.

II. AUTHORITY

Advisory to the Curriculum Committee.

III. MEMBERSHIP

Representation from both basic science and clinical science departments is essential; the Subcommittee may also invite as non-voting consultants other faculty members who are not Curriculum Committee members.
A. At least four faculty members appointed by the Curriculum Committee Chair (from a roster of Curriculum Committee members from basic science and clinical science departments who have expressed interest in service on this Subcommittee) to three-year staggered terms.
B. At least one M-IV medical student member of the Curriculum Committee.
C. Assistant Dean for Clinical Assessment, ex-officio.
D. Assistant Dean for Clinical Curriculum, ex-officio.
E. Assistant Dean for Medical Education- Greenville Hospital System, ex-officio.

IV. FUNCTIONS

A. The Chair will be elected from among voting Subcommittee members by Subcommittee members at the beginning of each academic year.
B. The chair will convene the Subcommittee at his/her discretion or at the direction of the Curriculum Committee Chair.
C. The M-III/M-IV Subcommittee will function as a subcommittee of the Curriculum Committee.
D. The Subcommittee will review annually its committee description and charge and make recommendations regarding any proposed revisions to the Curriculum Committee.

V. REVIEW

Recommendations of the M-III/M-IV Subcommittee are forwarded by the Chair to the Curriculum Committee for review and approval.

VI. IMPLEMENTATION

A. Recommendations of the M-III/M-IV Subcommittee that have been approved by the Curriculum Committee and the Dean will be implemented by personnel in the Office of Medical Education and Academic Affairs and/or School of Medicine departments.
B. Minutes will be kept of all Subcommittee meetings.

Approved: Curriculum Committee October 12, 2000 Revised: August 8, 2005

UNIVERSITY OF SOUTH CAROLINA
I. RESPONSIBILITY

The purposes of the Interdepartmental/Interdisciplinary Integration Subcommittee of the Curriculum Committee are to:
A. Conduct periodic reviews and updates of vertical curricula.
B. Ensure the integration of interdepartmental and interdisciplinary educational efforts.
C. Oversee initiation and maintenance of a curricular tracking system.

II. AUTHORITY

Advisory to the Curriculum Committee.

III. MEMBERSHIP

Representation from both basic science and clinical science departments is essential; the Subcommittee may also invite as non-voting consultants other faculty members who are not Curriculum Committee members.
A. Four faculty members appointed by the Curriculum Committee Chair (from a roster of Curriculum Committee members from basic science and clinical science departments who have expressed interest in service on this Subcommittee) to three-year staggered terms.
B. Vertical Curriculum Directors, ex-officio, non-voting.

IV. FUNCTIONS

A. The Chair will be elected by Subcommittee members at the beginning of each academic year.
B. The chair will convene the Subcommittee at his/her discretion or at the direction of the Curriculum Committee Chair.
C. The Interdepartmental/Interdisciplinary Integration Subcommittee will function as a subcommittee of the Curriculum Committee.
D. The Subcommittee will review annually its committee description and charge and make recommendations regarding any proposed revisions to the Curriculum Committee.

V. REVIEW

Recommendations of the Interdepartmental/Interdisciplinary Integration Subcommittee are forwarded by the Chair to the Curriculum Committee for review and approval.

VI. IMPLEMENTATION

A. Recommendations of the Interdepartmental/Interdisciplinary Integration Subcommittee that have been approved by the Curriculum Committee and the Dean will be implemented by personnel in the Office of Medical Education and Academic Affairs and/or School of Medicine departments.
B. Minutes will be kept of all Subcommittee meetings.

Approved: Curriculum Committee October 12, 2000
Revised: August 8, 2005
I. RESPONSIBILITY

The purposes of the Independent Learning Development and Implementation Subcommittee of the Curriculum Committee are to:
A. Develop and implement recommendations in the area of independent learning.
B. Select the medical student recipient of the annual Student Independent Learning Award.

II. AUTHORITY

Advisory to the Curriculum Committee.

III. MEMBERSHIP

Representation from both basic science and clinical science departments is essential; the Subcommittee may also invite as non-voting consultants other faculty members who are not Curriculum Committee members.
A. At least one faculty member appointed by the Curriculum Committee Chair (from a roster of Curriculum Committee members from basic science and clinical science departments who have expressed interest in service on this Subcommittee) to a three-year term.

IV. FUNCTIONS

A. The Chair will be elected by Subcommittee members at the beginning of each academic year.
B. The chair will convene the Subcommittee at his/her discretion or at the direction of the Curriculum Committee Chair.
C. The Independent Learning Development and Implementation Subcommittee will function as a subcommittee of the Curriculum Committee.
D. The Subcommittee will review annually its committee description and charge and make recommendations regarding any proposed revisions to the Curriculum Committee.

V. REVIEW

Recommendations of the Independent Learning Development and Implementation Subcommittee are forwarded by the Chair to the Curriculum Committee for review and approval.

VI. IMPLEMENTATION

A. Recommendations of the Independent Learning Development and Implementation Subcommittee that have been approved by the Curriculum Committee and the Dean will be implemented by personnel in the Office of Medical Education and Academic Affairs and/or School of Medicine departments.
B. Minutes will be kept of all Subcommittee meetings.

Approved: Curriculum Committee October 12, 2000
Revised: August 8, 2005
I. RESPONSIBILITY

The purposes of the Curricular Accommodations Subcommittee of the Curriculum Committee are to:
A. Review and approve recommendations for academic accommodations received from USC Disability Services.

II. AUTHORITY

Advisory to the Curriculum Committee through the Assistant Dean for Preclinical Curriculum.

III. MEMBERSHIP

A. On faculty member who teaches in the M-I year appointed by the Chair of the Curriculum Committee
B. On faculty member who teaches in the M-II year appointed by the Chair of the Curriculum Committee
C. One faculty member who teaches in the M-III year appointed by the Chair of the Curriculum Committee
D. Assistant Dean for Preclinical Curriculum, ex-officio, Chair

IV. FUNCTIONS

A. The Assistant Dean for Preclinical Curriculum will serve as Subcommittee Chair.
B. The chair will convene the Subcommittee at his/her discretion.
C. The Curricular Accommodations Subcommittee will function as a subcommittee of the Curriculum Committee.
D. The Subcommittee will review annually its committee description and charge and make recommendations regarding any proposed revisions to the Curriculum Committee.

V. REVIEW

Recommendations of the Curricular Accommodations Subcommittee will be implemented by the Assistant Dean for Preclinical Curriculum.

VI. IMPLEMENTATION

A. Recommendations of the Curricular Accommodations Subcommittee will be implemented by the Assistant Dean for Preclinical Curriculum.
B. Minutes will be kept of all Subcommittee meetings

Revised: January 19, 1999
December 1, 2003
August 29, 2007
Clinical Skills Standards Attainment Documentation (CSAD)
The Curriculum Committee supports the Technical Standards for Admission and Graduation previously approved by
the Executive Committee. The Committee acknowledges the recommendations of the GPEP Report of 1984, the
LCME Functions and Structure of a Medical School 2007, the LCME Accreditation Database, and LCME Annual
Questionnaire. These recommendations propose that all students should be assessed during or at the end of the
educational process to ensure that the basic knowledge and skills needed by a generalist physician, and established
as criteria for graduation by the faculty of the medical school, have been mastered. The methodology of this
assessment is left to the individual schools. Therefore, the Committee acknowledges the need to document
achievement of student technical proficiency at USCSOM. To that end the Technical Standards Attainment Document
(TSAD) was created. In 2006, this document was renamed the “Clinical Skills Attainment Document” (CSAD). In the
creation of the CSAD, course and clerkship directors, in communication with department chairs, agreed to a group of
academic accomplishments, observational experiences, and technical skills which all graduates of this school should
master.

Departmental/ Course Skills
To document accomplishment of certain technical skills, the CSAD cards were created. CSAD Cards for the ICM-I and
ICM-II courses are green and yellow respectively. The cards for the clinical clerkships are blue in color, and the CSAD
cards for the ICM-I and the ICM-II courses are green and yellow respectively. There are separate Departmental Skills
cards for each one of the nine clerkships. The technical skills that are required to be completed during the clerkship
are listed. Skills which may be strongly recommended are indicated by two asterisks (**). Students must complete the
required skills during the clerkship or they will receive an "Incomplete" grade for the clerkship. To document
completion of the required skills, students should receive a copy of the blue card on the first day of the clerkship during
orientation. When a student has the opportunity to accomplish one of the required skills, a faculty member or senior
resident (not a PGY-1/first year resident/intern) must observe him/her performing the skill, then date and initial the
card showing that the student was successful in performing the particular skill. At the end of the clerkship, the cards
are to be collected by the Clerkship Director and submitted to the Registrar’s Office along with the students’ academic
grades. The Office of Curricular Affairs enters the accomplishment of these skills into a database which keeps track of
which students have accomplished which skills. Forgery of a CSAD card is a violation of Personal and
Professional Conduct Standards.

Non-Departmental Skills
Some of the skills required for graduation from the School of Medicine are not specific to any one Department, nor are
they required for completion of any specific clerkship. These are called Non-Departmental skills. They are listed with
the same asterisk code on the departmental blue cards students receive at the orientation for each clerkship. During
departmental skills, students should obtain an initialing as described above for as many of these non-departmental skills
as possible. These skills will also be recorded by the Registrar’s Office into the database in the same manner as the
Departmental Skills above. However, students must keep up with which ones they are lacking. Students should not
wait until the final month of their senior year to discover they cannot graduate because they are lacking one
or more of the required Non-Departmental Skills.
Clinical Skills Attainment Document

Required Non Departmental Skills

M-III Bioethics & Professionalism Essay/Discussion
Senior Mentor Assignment – Patient/Physician Relationship

M-I Introduction to Clinical Medicine Skills

Required Curricular Activity
Complete Tasks for Senior Mentor Program:
- Senior Mentor Assignment - Physiology of Aging
- Senior Mentor Assignment - Medical History and Physical Exam
- Senior Mentor Assignment - Intimacy, Friendship and Aging
- Senior Mentor Assignment – Patient/Physician Relationship (may be completed anytime during M-I/M-IV years)
Perform a Computer Literature Search
Obtain and Record Medical History (SP Session)
Perform a Focused History (SP Session)
Perform A Mental Status Exam (SP Session)
Obtain A Sexual History (SP Session)

M-II Introduction to Clinical Medicine Skills

Required Curricular Activity
Perform Clinical Breast Exam
Demonstrate Basic Life Support (BLS) Skills
Demonstrate Complete History and Physical Examination
Complete Columbia Free Medical Clinic Experience
Perform Computer Literature Search (PBL)
Complete Tasks for Senior Mentor Program
- Senior Mentor Assignment – Behavior Change
- Senior Mentor Assignment – Behavior Change One Month Follow-up
- Senior Mentor Assignment – Nutrition
- Senior Mentor Assignment – Behavior Change Five Month Follow-up, Nutrition Analysis Follow-up, and Home Environmental Assessment
- Senior Mentor Assignment – Medications/Pharmacology
- Senior Mentor Assignment – Physical Examination
- Senior Mentor Assignment – Patient/Physician Relationship (may be completed anytime during M-I/M-IV years)

M-III Family Medicine Skills

Required Curricular Activity
Inpatient Evaluation
Review of Two Inpatient H&P’s
Inpatient Topic Presentation
Adult Outpatient Visit
Gyn screening/Pap/Breast exam
Prenatal Visit
Well child visit
Assess nursing home patient
Community outreach participation
Observation of endoscopy (conscious sedation)
On-line nutrition assessment
M-III bioethics & professionalism essay/discussion
Senior Mentor—Advance Directives

**Strongly Recommended**
- Exercise stress test
- Flexible sigmoidoscopy
- Dermatological procedure
- Nasopharyngoscopy
- Colposcopy/Endometrial Biopsy
- Psychotherapy session

**M-III Internal Medicine Skills**

**Required Curricular Activity**
- Complete On-line Nutrition Assessment Case Study
- Complete Senior Mentor Assignment “Fall Risk Assessment”
- Draw Venous Blood Specimen
- History and Physical Examination (8 total)
- Interpretation of Basic Chest Radiographic Findings
- Interpretation of Basic Electrocardiographic Findings
- Observation of Endoscopic Procedure
- Participate in Cardiac Resuscitation (Code) Utilizing Basic Cardiac Life Support (BLS) Skills
- Perform an Observed History and Physical Examination
- Presentation of Selected Topic
- Writing of Adequate Progress Notes
- Writing of Admission Orders
- Writing of Discharge Instructions

**Strongly Recommended**
- Lumbar Puncture
- Microscopic Examination of Peripheral Blood Smear
- Microscopic Examination of Sputum Gram Stain
- Observation of Cardiac Catheterization

**M-III Obstetrics and Gynecology Skills**

**Required Curricular Activity**
- Perform collection of a cervical cytology specimen (e.g. Pap test)
- Perform collection of specimens to detect sexually transmitted infections
- Perform collection, preparation and interpretation of a wet mount (KOH and NaCL)
- Perform a comprehensive breast examination
- Observe a colposcopy
- Observe a laparoscopy
- Observe a hysterectomy
- Observe an OB anatomic ultrasound
- Observe a pelvic ultrasound (non-OB)
- Perform a comprehensive women’s medical interview
- Perform a basic sexual history
Assist in the counseling of a patient regarding domestic violence situation
Assist in the counseling of a reproductive age woman on appropriate screening procedures and recommended time intervals.
Assist in the counseling of a postmenopausal woman on appropriate screening procedures and recommended time intervals.
Assist in the counseling of a patient regarding contraception
Assist in the evaluation of a patient with vaginitis
Assist in the evaluation of a patient with vulvar symptoms
Assist in the evaluation of a patient with a suspected or newly diagnosed sexually transmitted infection
Assist in the evaluation of a patient with a suspected or newly diagnosed urinary tract infection
Assist in the evaluation of a patient presenting with pelvic pain
Assist in the evaluation of a patient presenting with amenorrhea
Assist in the evaluation of a patient presenting with abnormal uterine bleeding
Assist in the evaluation of a patient presenting with dysmenorrhea
Assist in the evaluation of a patient with a suspected ectopic pregnancy
Assist in the evaluation of a patient with a missed abortion
Assist in the evaluation of a patient with a spontaneous abortion
Assist in the evaluation of a patient with a threatened abortion
Assist in the evaluation of a patient presenting with urinary incontinence
Assist in the evaluation of a patient presenting with infertility
Assist in the evaluation and care of a patient presenting with abnormal cervical cytology
Assist in the evaluation and care of a patient presenting with uterine leiomyomas
Assist in the evaluation and care of the patient presenting with postmenopausal bleeding
Assist in the evaluation and care of a patient presenting with an adnexal mass
Assist in the counseling of a patient on how a pre-existing medical condition may interact with her pregnancy
Assist in the counseling of a patient regarding substance abuse during pregnancy
Assist in the counseling of a patient regarding nutrition and exercise during pregnancy
Assist in the counseling of a patient regarding medications and environmental hazards during pregnancy
Assist in the counseling of a patient regarding immunizations during pregnancy
Perform a complete physical exam on a new OB patient
Perform a determination of the most appropriate due date based on LMP, clinical exam, and/or ultrasound
Assist in the counseling of a patient regarding pregnancy options (abortion, adoption)
Assist in the care of a patient with anemia
Assist in the care of a patient with diabetes mellitus
Assist in the care of a patient with a urinary tract infection
Assist in the care of a patient with HIV
Assist in the care of a patient with asthma
Assist in the care of a patient beyond 40 weeks of gestation
Assist in the evaluation and care of a patient with third trimester bleeding
Assist in the evaluation and care of a patient with preterm labor
Assist in the evaluation and care of a patient with preterm premature rupture of membranes
Perform counseling of a patient on the signs and symptoms of labor
Perform management of a normal laboring patient at term
Assist in a vaginal delivery
Assist in a cesarean delivery
Assist in the evaluation and care of a patient with preeclampsia/eclampsia syndrome
Assist in the postpartum care of a patient undergoing vaginal delivery
Assist in the postoperative care of a patient undergoing cesarean delivery
Assist in the evaluation of a patient with a puerperal fever
Assist in the evaluation of a patient with a postpartum breast abnormality
Perform counseling of a patient on the benefits of breastfeeding
Perform counseling of a patient on the use of immunoglobulin prophylaxis during pregnancy for the prevention of isoimmunization
M-III Pediatrics Skills

**Required Curricular Activity**
- Attend Mid-Rotation Feedback Session
- Calculate Parenteral Fluid Administration
- Complete On-line Nutrition Assessment Case Study
- Demonstrate Working Understanding of Child Abuse
- Evidence Based Medicine Research
- Interpret History on Newborn Infant
- Obtain Pediatric History on an Inpatient
- Obtain Pediatric History on an Outpatient
- Perform an Observed Physical Examination on a Newborn Infant
- Perform Physical Examination on an Inpatient Pediatric Patient
- Perform Physical Examination on an Outpatient Pediatric Patient
- Perform Urinalysis with Microscopic Examination (Columbia only)
- Perform Written Pediatric History and Physical Examination
- Plot Growth Curves Including BMI
- Write a Prescription Accurately

**Strongly Recommended**
- Demonstrate Understanding of Immunization Schedules
- Interpret Tympanogram
- Lumbar Puncture
- Obtain Pediatric Blood Pressure
- Participate in Adolescent Counseling
- Visit Home of a “Special Needs” Child

M-III Psychiatry Skills

**Required Curricular Activity**
- Conduct an Observed Mental Status Examination and Present Results of Mental Status Examination #1
- Conduct an Observed Mental Status Examination and Present Results of Mental Status Examination #2
- Conduct an Observed Patient Interview and Review with Attending
- Obtain a Psychiatric History on an Inpatient
- Obtain a Psychiatric History on an Outpatient, Consultation, or Emergency Patient
- Participate in the Care of a Patient with a Psychotic Disorder
- Participate in the Care of a Patient with a Mood Disorder
- Participate in the Care of a Patient with an Anxiety Disorder
- Participate in the Care of a Patient with a Dementia or Delirium
- Participate in the Care of a Patient with a Substance Use Disorder
- Participate in the Care of a Suicidal Patient
- Complete Alcoholics Anonymous Experience
- Complete Senior Mentor Assignment – “Life Review”
- Complete On-line Nutrition Assessment Case Study

**Strongly Recommended**
- Observe a Probate Court Hearing

M-III Surgery Skills
Required Curricular Activity
Nutrition Assessment Case Study (Complete on-line)
Complete TWO History and Physical Examinations per week
Complete Observed H&P during 2nd half of Clerkship (3rd year or above)
Complete Observed Evaluation of Acute Surgical Abdomen
Draw Arterial Blood Gas
Evaluate Groin Hernia
Foley Catheter Placement (Female)
Foley Catheter Placement (Male)
Intravenous Line Placement
Naso-or Orogastric Tube Placement
Observation or Placement of Central Venous Catheter (e.g. Swan-Ganz)
Perform Wound Management Techniques (dressing changes)
Perform Thoracentesis, Paracentesis, or Chest Tube Placement
Perform F.A.S.T.
Perform Preoperative Evaluation and Write Pre-Op Orders
Perform Postoperative Evaluation (Post-op Check)
Write admission or Post-Operative Orders

M-IV Neurology Skills

Required Curricular Activity
Demonstrate Knowledge of Nerve Conduction Velocity Testing
Demonstrate Knowledge of Use of Electromyographic Testing
Demonstrate Knowledge of Use of Electroencephalographic Testing
Identify Normal Anatomy on Brain Computerized Tomogram
Identify Normal Anatomy on Brain Magnetic Resonance Image
Perform History and Neurological Examination

Strongly Recommended
Demonstrate Knowledge of Carotid Ultrasound
Demonstrate Knowledge of Transcranial Doppler Study
Lumbar Puncture

Revised 06/08
The curriculum of the University of South Carolina School of Medicine has been designed to provide a general professional education leading to the M.D. degree and to prepare undifferentiated students to enter graduate medical training in a wide variety of medical specialties and subspecialties. All candidates for admission to, and all candidates for the M.D. degree at, the School of Medicine should possess sufficient intellectual capacity, physical ability, emotional stability, interpersonal and technical competencies, professional attitudes, and clinical abilities required to pursue any pathway of graduate medical education and to enter the independent practice of medicine. All candidates should be aware that the academic and clinical responsibilities of medical students may, at times, require their presence during day and evening hours, seven days per week.

While the School of Medicine fully endorses the spirit and intent of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992, it also acknowledges that certain minimum technical standards must be present in candidates for admission and graduation. Therefore, the School of Medicine has established the following technical standards for admission to, and graduation from the M.D. program:

All candidates for admission must fulfill the minimum requirements for admission and all candidates for the M.D. degree must complete all required courses and clerkships as indicated in the School of Medicine Bulletin.

All candidates for admission and all candidates for the M.D. degree should possess sufficient physical, intellectual, interpersonal, social, emotional, and communication abilities to:

- Establish appropriate relationships with a wide range of faculty members, professional colleagues, and patients. Candidates should possess the personal qualities of integrity, empathy, concern for the welfare of others, interest and motivation. They should possess the emotional health required for the full use of their intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities associated with the diagnosis and care of patients; and the development of mature, sensitive, and effective relationships with patients, patients’ families, and professional colleagues. Candidates should be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to be flexible, and to function in the face of ambiguities inherent in the clinical situation. Candidates should be able to speak, to hear, to read, to write, and to observe patients in order to elicit information, to describe changes in mood, activity, posture, and behavior, and to perceive nonverbal communications. Candidates should be able to communicate effectively and efficiently in the English language in oral and written form with all members of the health care team. Candidates must be mobile and able to move within the clinical environment.

- Obtain a medical history and perform physical and mental examinations with a wide variety of patients. Observation requires the functional use of the sense of vision and other sensory modalities and is enhanced by the functional use of the sense of smell. Candidates should have sufficient exteroceptive sense (touch, pain, and temperature), proprioceptive sense (position, pressure, movement, stereognosis, and vibratory), and motor function to carry out the requirements of the physical examination. Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic operations. They should be able to use effectively and in a coordinated manner those standard instruments necessary for a physical examination (e.g., stethoscope, otoscope, sphygmomanometer, ophthalmoscope, and reflex hammer). Candidates should be able to execute motor movements required to provide general and emergency treatment to patients, including
cardiopulmonary resuscitation\textsuperscript{11,12}, the administration of intravenous medication\textsuperscript{2,4,5,6}, the application of pressure to stop bleeding\textsuperscript{2,5,8}, the opening of obstructed airways\textsuperscript{2,12}, the suturing of simple wounds\textsuperscript{2,5,8}, and the performance of simple obstetrical maneuvers\textsuperscript{8}, such actions require coordination of both fine and gross muscular movements, equilibrium, and functional use of the senses of touch and vision.

Conduct tests\textsuperscript{11-17} and perform laboratory work\textsuperscript{1}. Candidates must be able to observe demonstrations\textsuperscript{1}, collect data\textsuperscript{3,10,11,13,14}, and participate in experiments\textsuperscript{13} and dissections\textsuperscript{13,14} in the basic sciences, including but not limited to, demonstrations in animals\textsuperscript{13}, microbiologic cultures\textsuperscript{17}, and microscopic studies of microorganisms\textsuperscript{5,6,17}, and tissues in normal\textsuperscript{15} and pathologic states\textsuperscript{16}. They should be able to understand basic laboratory studies and interpret their results\textsuperscript{3,11}, draw arterial and venous blood, and carry out diagnostic procedures (e.g. proctoscopy\textsuperscript{2,5}, paracentesis\textsuperscript{5}).

Ultimately make logical diagnostic and therapeutic judgments\textsuperscript{11}. Candidates should be able to make measurements\textsuperscript{11,13}, calculate\textsuperscript{3,11}, and reason\textsuperscript{1,18}, to analyze\textsuperscript{1,11,16}, integrate\textsuperscript{1,11,18}, and synthesize\textsuperscript{1,11,18} data\textsuperscript{1,11,18}, and to problem-solve\textsuperscript{1}. Candidates should be able to comprehend three-dimensional relationships\textsuperscript{2,3,8,9,14} and to understand the spatial relationships of structures\textsuperscript{2,3,8,9,14}. Candidates should be able to integrate rapidly, consistently, and accurately all data received by whatever sense(s) employed\textsuperscript{1}.

In evaluating candidates for admission and candidates for the M.D. degree, it is essential that the integrity of the curriculum be maintained, that those elements deemed necessary for the education of a physician be preserved, and that the health and safety of patient be maintained. While compensation, modification, and accommodation can be made for some disabilities on the part of candidates, candidates must be able to perform the duties of a student\textsuperscript{1,11} and of a physician in a reasonably independent manner\textsuperscript{11}. The use of a trained intermediary would result in mediation of a candidate’s judgment by another person’s powers of selection and observation. Therefore, the use of trained intermediaries to assist students in meeting the technical standards for admission or graduation is not permitted.

The School of Medicine will consider for admission any candidate who has the ability to perform or to learn to perform the skills and abilities specified in these technical standards. Candidates for the M.D. degree will be assessed at regular intervals\textsuperscript{1} not only on the basis of their academic abilities, but also on the basis of their non-academic (physical, interpersonal, communications, and emotional) abilities\textsuperscript{11} to meet the requirements of the curriculum and to graduate as skilled and effective medical practitioners.

Reference to Attainment Documentation

1. All course and clerkships
2. M-III Surgery clerkship
3. M-II ICM-II
4. M-III Pediatrics clerkship
5. M-III Family Medicine clerkship
6. M-III Internal Medicine clerkship
7. M-III Psychiatry clerkship
8. M-III OB/GYN clerkship
9. M-IV Neurology clerkship
10. M-I ICM-I
11. All clerkships
12. M-II ICM-II/BCLS
13. M-I Physiology course
14. M-I Embryology/Gross Anatomy course
15. M-I Microscopic Anatomy course
16. M-II Pathology course
17. M-II Microbiology course
18. USMLE exams
Nomination and Voting Procedure for Greenville Faculty Representatives
1) Each chair requests nominations from his/her faculty for membership on the Curriculum Committee at USCSOM. Self nominations are acceptable.

2) The name of the physician from each department receiving the greatest number of votes is then placed on a ballot made available to all GHS clinical faculty members.

3) An initial three (3) year term will be granted to the faculty member receiving the greatest number of votes while the individual placing second in the number of votes will receive an initial two (2) year appointment. Thereafter, all appointments to the curriculum committee will be for a period of three (3) years.

4) The Assistant Dean for Medical Education – Greenville Campus will remain as an ex-officio member of the Curriculum Committee throughout his/her tenure.

5) Members of the committee will be expected to attend, either in Columbia or via teleconference, at least 75% of all meetings. GHS committee members will be required to travel to Columbia to attend the annual curriculum committee retreat.
ED-1 The medical school faculty must define the objectives of its educational program.

The objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the educational program.

Objectives for the educational program as a whole serve as statements of what students are expected to learn or accomplish during the course of their medical education program.

It is expected that the objectives of the educational program will be formally adopted by the curriculum governance process and the faculty (as a whole or through its recognized representatives). Among those who should also exhibit familiarity with the overall objectives for the education of medical students are the dean and the academic leadership of clinical affiliates who share in the responsibility for delivering the educational program.

ED-1-A The objectives of the educational program must be stated in outcome-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician.

Educational objectives state what students are expected to learn. Such objectives are statements of the items of knowledge, skills, behaviors, and attitudes that students are expected to exhibit as evidence of their achievement.

The educational objectives should relate to the competencies that the profession and the public expect of a physician.

The educational objectives established by the school, along with their associated outcome measures, should reflect whether and how well graduates are developing these competencies as a basis for the next stage of their training. Student achievement of educational program objectives should be documented by specific and measurable outcome-based performance measures of knowledge, skills, attitudes, and values (for example, measures of basic science grounding in the clinical years, USMLE results, performance of graduates in residency training, performance on licensing and certification examinations).

National norms should be used for comparison whenever available. There are several widely recognized definitions of the knowledge, skills, and attitudinal attributes appropriate for a physician, including those described in the AAMC’s Medical School Objectives Project, the general competencies of physicians resulting from the collaborative efforts of the ACGME and ABMS, and the physician roles summarized in the CanMEDS 2000 report of the Royal College of Physicians and Surgeons of Canada.

ED-2 There must be a system with central oversight to assure that the faculty define the types of patients and clinical conditions that students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of student responsibility. The faculty must monitor student experience and modify it as necessary to ensure that the objectives of the clinical education program will be met. This standard requires that a system be established to specify the types of patients or clinical conditions that students must encounter and to monitor and verify the students’ experiences with patients so as to remedy any identified gaps. The system, whether managed at the individual clerkship level or centrally, must ensure that all students have the required experiences. For example, if a student does not encounter patients with a particular clinical condition (e.g., because it is seasonal), the student should be able to remedy the gap by a simulated experience (such as standardized patient experiences, online or paper cases, etc.), or in another clerkship. When clerkships in a given discipline are provided at multiple teaching sites, schools that cannot demonstrate compliance with this standard (ED-2) may also be unable to comply with accreditation standard ED-8, which requires that programs demonstrate comparability of educational experiences across instructional sites.

ED-3 The objectives of the educational program must be made known to all medical students and to the faculty, residents, and others with direct responsibilities for medical student education.

ED-4 The program of medical education leading to the M.D. degree must include at least 130 weeks of instruction.

ED-5 The medical faculty must design a curriculum that provides a general professional education, and that prepares students for entry into graduate medical education.

ED-5-A The educational program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.
It is expected that the methods of instruction and evaluation used in courses and clerkships will provide students with the skills to support lifelong learning. These skills include self-assessment on learning needs and independent identification, analysis, and synthesis of relevant information, as well as the assessment of whether information sources are credible. Students should receive explicit experiences in using these skills, and evaluation of and feedback on their performance.

ED-6 The curriculum must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow students to acquire skills of critical judgment based on evidence and experience; and develop students’ ability to use principles and skills wisely in solving problems of health and disease.

ED-7 It must include current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on care.

ED-8 There must be comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites within a given discipline. Compliance with this standard requires that educational experiences given at alternative sites be designed to achieve the same educational objectives.

Course duration or clerkship length must be identical, unless a compelling reason exists for varying the length of the experience. The instruments and criteria used for student evaluation, as well as policies for the determination of grades, should be the same at all alternative sites. The faculty who teach at various sites should be sufficiently knowledgeable in the subject matter to provide effective instruction, with a clear understanding of the objectives of the educational experience and the evaluation methods used to determine achievement of those objectives. Opportunities to enhance teaching and evaluation skills should be available for faculty at all instructional sites.

While the types and frequency of problems or clinical conditions seen at alternate sites may vary, each course or clerkship must identify any core experiences needed to achieve its objectives, and assure that students receive sufficient exposure to such experiences. Likewise, the proportion of time spent in inpatient and ambulatory settings may vary according to local circumstance, but in such cases the course or clerkship director must assure that limitations in learning environments do not impede the accomplishment of objectives. To facilitate comparability of educational experiences and equivalency of evaluation methods, the course or clerkship director should orient all participants, both teachers and learners, about the educational objectives and grading system used. This can be accomplished through regularly scheduled meetings between the director of the course or clerkship and the directors of the various sites that are used. The course/clerkship leadership should review student evaluations of their experiences at alternative sites to identify any persistent variations in educational experiences or evaluation methods.

ED-9 The LCME must be notified of plans for major modification of the curriculum. Notification should include the explicitly-defined goals of the change, the plans for implementation, and the methods that will be used to evaluate the results. Planning for curriculum change should consider the incremental resources that will be required, including physical facilities and space, faculty/resident effort, demands on library facilities and operations, information management needs, and computer hardware.

In view of the increasing pace of discovery of new knowledge and technology in medicine, the LCME encourages experimentation that will increase the efficiency and effectiveness of medical education.

ED-10 The curriculum must include behavioral and socioeconomic subjects, in addition to basic science and clinical disciplines. Lists of subjects widely recognized as important components of the general professional education of a physician are included in the medical education database completed in preparation for full accreditation surveys, and in the LCME Part II Annual Medical School Questionnaire. Depth of coverage of the individual topics will depend on the school’s educational goals and objectives.

ED-11 It must include the contemporary content of those disciplines that have been traditionally titled anatomy, biochemistry, genetics, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine.

ED-12 Instruction within the basic sciences should include laboratory or other practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena, and critical analyses of data. Opportunities could include hands-on or simulated (for example, computer based) exercises where students either collect or utilize data to test and/or verify hypotheses or to address questions about biomedical principles and/or phenomena. Schools should be able to illustrate where in the curriculum such exercises occur, the specific intent of the exercises, and how they contribute to the objectives of the course and the ability to collect, analyze, and interpret data.
ED-13 Clinical instruction must cover all organ systems, and include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.

ED-14 Clinical experience in primary care must be included as part of the curriculum.

ED-15 The curriculum should include clinical experiences in family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. Schools that do not require clinical experience in one or another of these disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.

ED-16 Students’ clinical experiences must utilize both outpatient and inpatient settings.

ED-17 Educational opportunities must be available in multidisciplinary content areas, such as emergency medicine and geriatrics, and in the disciplines that support general medical practice, such as diagnostic imaging and clinical pathology.

ED-17-A The curriculum must introduce students to the basic principles of clinical and translational research, including how such research is conducted, evaluated, explained to patients, and applied to patient care. [New standard approved by the LCME in February 2007, to be effective as of July 1, 2008]

The faculty should specify learning objectives (knowledge, skills, and attitudes) that will, at a minimum, equip graduates to understand the basic principles and ethics of clinical and translational research, and how such research is conducted, evaluated, and applied to the care of patients. One example of relevant objectives is contained in Report IV of the AAMC’s Medical School Objectives Project (Contemporary Issues in Medicine: Basic Science and Clinical Research).

There are several ways in which programs can meet the requirements of this standard. They range from separate required coursework in the subject, to the establishment of appropriate learning objectives and instructional activities within existing, patient-focused courses or clerkships (for example, discussing the application of new knowledge from clinical research in bedside teaching activities, offering mentored projects, or conducting journal club sessions that allow students to explore the development or application of clinical and translational research).

ED-18 The curriculum must include elective courses to supplement required courses. While electives permit students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests, they should also provide opportunities for students to pursue individual academic interests.

ED-19 There must be specific instruction in communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues, and other health professionals.

ED-20 The curriculum must prepare students for their role in addressing the medical consequences of common societal problems, for example, providing instruction in the diagnosis, prevention, appropriate reporting, and treatment of violence and abuse.

ED-21 The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.

All instruction should stress the need for students to be concerned with the total medical needs of their patients and the effects that social and cultural circumstances have on their health. To demonstrate compliance with this standard, schools should be able to document objectives relating to the development of skills in cultural competence, indicate where in the curriculum students are exposed to such material, and demonstrate the extent to which the objectives are being achieved.

ED-22 Medical students must learn to recognize and appropriately address gender and cultural biases in themselves and others, and in the process of health care delivery.

The objectives for clinical instruction should include student understanding of demographic influences on health care quality and effectiveness, such as racial and ethnic disparities in the diagnosis and treatment of diseases. The objectives should also address the need for self-awareness among students regarding any personal biases in their approach to health care delivery.

ED-23 A medical school must teach medical ethics and human values, and require its students to exhibit scrupulous ethical principles in caring for patients, and in relating to patients’ families and to others involved in patient care.
Each school should assure that students receive instruction in appropriate medical ethics, human values, and communication skills before engaging in patient care activities. As students take on increasingly more active roles in patient care during their progression through the curriculum, adherence to ethical principles should be observed and evaluated, and reinforced through formal instructional efforts.

In student-patient interactions there should be a means for identifying possible breaches of ethics in patient care, either through faculty/resident observation of the encounter, patient reporting, or some other appropriate method. “Scrupulous ethical principles” imply characteristics like honesty, integrity, maintenance of confidentiality, and respect for patients, patients’ families, other students, and other health professionals. The school’s educational objectives may identify additional dimensions of ethical behavior to be exhibited in patient care settings.

ED-24 Residents who supervise or teach medical students, as well as graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants, must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation.

The minimum expectations for achieving compliance with this standard are that:
(a) residents and other instructors who do not hold faculty ranks (such as graduate students and postdoctoral fellows) should receive a written copy of the course/clerkship objectives and clear guidance from the course/clerkship director about their roles in teaching and evaluating medical students; and (b) that the institution and/or relevant departments provide resources such as workshops/written materials to enhance the teaching and evaluation skills of residents and other non-faculty instructors. There should be central monitoring of the level of resident/other instructor participation in activities to enhance their teaching/evaluation skills. The LCME encourages formal assessment of the teaching and evaluation skills of residents and other non-faculty instructors, with opportunities provided for remediation if their performance is inadequate. Assessment methods could include direct observation by faculty, feedback from students through course/clerkship evaluations or focus groups, or any other suitable method.

ED-25 Supervision of student learning experiences must be provided throughout required clerkships by members of the medical school’s faculty.

ED-26 The medical school faculty must establish a system for the evaluation of student achievement throughout medical school that employs a variety of measures of knowledge, skills, behaviors, and attitudes.

Evaluation of student performance should measure not only retention of factual knowledge, but also development of the skills, behaviors, and attitudes needed in subsequent medical training and practice, and the ability to use data appropriately for solving problems commonly encountered in medical practice. Schools are urged to develop a system of evaluation that fosters self-initiated learning by students. The system of evaluation, including the format and frequency of examinations, should support the goals, objectives, processes, and expected outcomes of the curriculum.

ED-27 There must be ongoing assessment that assures students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the school’s educational objectives.

ED-28 There must be evaluation of problem solving, clinical reasoning, and communication skills.

ED-29 The faculty of each discipline should set the standards of achievement in that discipline.

ED-30 The directors of all courses and clerkships must design and implement a system of formative and summative evaluation of student achievement in each course and clerkship.

Those directly responsible for the evaluation of student performance should understand the uses and limitations of various test formats, the purposes and benefits of criterion-referenced vs. norm-referenced grading, reliability and validity issues, formative vs. summative assessment, etc. In addition, the chief academic officer, curriculum leaders, and faculty should understand, or have access to individuals who are knowledgeable about, methods for measuring student performance. The school should provide opportunities for faculty members to develop their skills in such methods.

An important element of the system of evaluation should be to ensure the timeliness with which students are informed about their final performance in the course/clerkship. In general, final grades should be available within four to six weeks of the end of a course/clerkship.
ED-31 Each student should be evaluated early enough during a unit of study to allow time for remediation.

It is expected that courses and clerkships provide students with formal feedback during the experience so that they may understand and remediate their deficiencies. Courses or clerkships that are short in duration (less than 4 weeks) may not have sufficient time to provide structured formative evaluation, but should provide alternate means (such as self-testing or teacher consultation) that will allow students to measure their progress in learning.

ED-32 Narrative descriptions of student performance and of non-cognitive achievement should be included as part of evaluations in all required courses and clerkships where teacher-student interaction permits this form of assessment.

ED-33 There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.

The phrase “integrated institutional responsibility” implies that an institutional body (commonly a curriculum committee) will oversee the educational program as a whole. An effective central curriculum authority will exhibit:

- Faculty, student, and administrative participation.
- Expertise in curricular design, pedagogy, and evaluation methods.
- Empowerment, through bylaws or dean mandate, to work in the best interests of the institution without regard for parochial or political influences, or departmental pressures. The phrase “coherent and coordinated curriculum” implies that the program as a whole will be designed to achieve the school’s overall educational objectives.

Evidence of coherence and coordination includes:

- Logical sequencing of the various segments of the curriculum.
- Content that is coordinated and integrated within and across the academic periods of study (horizontal and vertical integration).
- Methods of pedagogy and student evaluation that are appropriate for the achievement of the school’s educational objectives. Curriculum management signifies leading, directing, coordinating, controlling, planning, evaluating, and reporting. Evidence of effective curriculum management includes:
  - Evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment as a frame of reference.
  - Monitoring of content and workload in each discipline, including the identification of omissions and unwanted redundancies.
  - Review of the stated objectives of individual courses and clerkships, as well as methods of pedagogy and student evaluation, to assure congruence with institutional educational objectives.

Minutes of the curriculum committee meetings and reports to the faculty governance and deans should document that such activities take place and should show the committee’s findings and recommendations.

ED-34 The program’s faculty must be responsible for the detailed design and implementation of the components of the curriculum. Such responsibilities include, at a minimum, the development of specific course or clerkship objectives, selection of pedagogical and evaluation methods appropriate for the achievement of those objectives, ongoing review and updating of content, and assessment of course and teacher quality.

ED-35 The objectives, content, and pedagogy of each segment of the curriculum, as well as for the curriculum as a whole, must be subject to periodic review and revision by the faculty.

ED-36 The chief academic officer must have sufficient resources and authority to fulfill the responsibility for the management and evaluation of the curriculum. The dean often serves as the chief academic officer, with ultimate individual responsibility for the design and management of the educational program as a whole. He or she may, however, delegate operational responsibility for curriculum oversight to a vice dean or associate dean. The kinds of resources needed by the chief academic officer to assure effective delivery of the educational program include:

- Adequate numbers of teachers who have the time and training necessary to achieve the program’s objectives.
- Appropriate teaching space for the methods of pedagogy employed in the educational program.
- Appropriate educational infrastructure (computers, audiovisual aids, laboratories, etc.).
- Educational support services, such as examination grading, classroom scheduling, and faculty training in methods of teaching and evaluation.
- Support and services for the efforts of the curriculum management body and for any interdisciplinary teaching efforts that are not supported at a departmental level.

The chief academic officer must have explicit authority to ensure the implementation and management of the educational program, and to facilitate change when modifications to the curriculum are determined to be necessary.

ED-37 The faculty committee responsible for the curriculum must monitor the content provided in each discipline so that the
school’s educational objectives will be achieved. The committee, working in conjunction with the chief academic officer, should assure that each academic period of the curriculum maintains common standards for content. Such standards should address the depth and breadth of knowledge required for a general professional education, currency and relevance of content, and the extent of redundancy needed to reinforce learning of complex topics. The final year should complement and supplement the curriculum so that each student will acquire appropriate competence in general medical care regardless of subsequent career specialty.

ED-38 The committee responsible for the curriculum, along with medical school administration and educational program leadership, must develop and implement policies regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical clerkships.

Attention should be paid to the time commitment required of medical students, especially during the clinical years. Students' hours should be set taking into account the effects of fatigue and sleep deprivation on learning, clinical activities, and student health and safety.

ED-39 The medical school’s chief academic officer must be responsible for the conduct and quality of the educational program and for assuring the adequacy of faculty at all educational sites.

ED-40 The principal academic officer of each geographically remote site must be administratively responsible to the chief academic officer of the medical school conducting the educational program.

ED-41 The faculty in each discipline at all sites must be functionally integrated by appropriate administrative mechanisms.

Schools should be able to demonstrate the means by which faculty at dispersed sites participate in and are held accountable for medical student education that is consistent with the objectives and performance expectations established by course or clerkship leadership. Mechanisms to achieve functional integration may include regular meetings or electronic communication, periodic visits to all sites by course or clerkship leadership, and sharing of course or clerkship evaluation data and other types of feedback regarding faculty performance of their educational responsibilities.

ED-42 There must be a single standard for promotion and graduation of students across geographically separate campuses.

ED-43 The parent school must assume ultimate responsibility for the selection and assignment of all medical students to component campuses or tracks. There must be a process that permits a student with an appropriate rationale to request an alternative assignment when circumstances allow for it.

Schools which offer educational programs at multiple instructional sites or via distinct educational tracks are responsible for determining which site or track each student will attend. That responsibility should not preclude students from obtaining alternative assignments if appropriate reasons are given (for example, demonstrable economic or personal hardship) and if the educational activities and resources involved allow for such reassignment. It is understood, however, that movement among campuses may not be possible (e.g. because the sites may offer different curriculum tracks).

ED-44 Students assigned to all campuses should receive the same rights and support services.

ED-46 A medical school must collect and use a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which its educational program objectives are being met.

Schools should collect outcome data on student performance during and after medical school appropriate to document the achievement of the school's educational program objectives. The kinds of outcome data that could serve this purpose include performance on national licensure examinations, performance in courses/clerkships and other internal measures related to educational program objectives, academic progress and program completion rates, acceptance into residency programs, assessments of program directors and graduates' preparation in areas related to educational program objectives, including the professional behavior of their graduates.

ED-47 In assessing program quality, schools must consider student evaluations of their courses and teachers, as well as a variety of other measures. It is expected that schools will have a formal process to collect and use information from students on the quality of courses and clerkships, which could include such measures as questionnaires (written or online), focus groups, or other structured data collection tools. Other measures could include peer review and external evaluation.
Guiding Principles

The medical education program in the School of Medicine is conducted in accordance with a set of guiding principles. These principles, as follows, are based upon a commitment to meeting societal expectations regarding the attributes of practicing physicians and can be used as a screen for periodic review and renewal of the medical education program. The educational program in the School of Medicine should:

1. be centrally coordinated by the Curriculum Committee;
2. foster interdisciplinary and interdepartmental collaboration;
3. promote curricular flexibility;
4. respond to changing societal needs and conditions;
5. recognize students' individual talents, interests, and needs;
6. foster students' abilities to be independent and lifelong learners;
7. promote a highly professional and mutually respectful learning environment;
8. prepare students for the ethical challenges of medical practice;
9. recognize the educational importance of diversity within the student population and the faculty.

Program Objectives

A set of coherent and comprehensive objectives has been established for the medical education program in the School of Medicine. The educational program in the School of Medicine shall:

1. ensure the horizontal and vertical integration of basic and clinical sciences;
2. promote students' mastery of both scientific and clinical knowledge;
3. provide an understanding of the biopsychosocial model of health care;
4. ensure the modeling of cost-effective, evidence-based medicine to students;
5. encourage students' personal and professional development;
6. foster team-building through student self and peer evaluation;
7. foster students' acquisition of necessary clinical, communication, and problem-solving skills;
8. utilize a variety of learning formats;
9. provide a variety of clinical settings with diverse patient populations;
10. nurture students' collaboration with other health care team members;
11. set appropriate and realistic performance standards for students;
12. utilize both formative and summative evaluation methods for students;
13. increase the use of competency-based student assessments;

14. promote students' interest in scientific exploration;

15. provide a range of elective opportunities for students;

16. educate generalist physicians who are potentially eligible for practice in South Carolina;

17. prepare altruistic, knowledgeable, skillful, and dutiful physicians;

18. graduate physicians who attend equally well to all aspects of health care.

Physician Competencies

1. **Patient Care** – ability to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health

2. **Medical Knowledge** – demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to the patient

3. **Practice Based Learning and Improvement** – investigate and evaluate the care of patients, appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self evaluation and life-long learning

4. **Systems Based Practice** – demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optional health care

5. **Professionalism** – demonstrate a commitment to carry out professional responsibilities and an adherence to ethical principles

6. **Interpersonal Skills and Communication** – possess skills that are effective in the exchange of information and collaboration with patients, their families, and health professionals

Educational Objectives for Graduates

A set of educational objectives has been established for students of the School of Medicine. After completion of the four-year medical education program in the School of Medicine, a graduate shall have demonstrated to the satisfaction of the faculty the following knowledge, skills, and attitudes and behaviors.

1. **Knowledge**:

   a. knowledge of the normal structure and function of the body and its major organ systems; **Medical Knowledge, Patient Care**

   b. knowledge of the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis; **Medical Knowledge, Patient Care**

   c. knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, psychosocial, and traumatic) of maladies and of the pathogenesis of maladies; **Medical Knowledge, Patient Care**

   d. knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems seen in various diseases and conditions; **Medical Knowledge, Patient Care**

   e. knowledge of the frequent clinical, laboratory, roentgenologic, and pathologic manifestations of common maladies; **Medical Knowledge, Patient Care**

   f. knowledge of the important non-biological determinants of health and of the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of maladies; **Medical Knowledge, Patient Care, Systems Based Practice**
g. knowledge of the epidemiology of common maladies within a defined population and systematic approaches to reduce the incidence and prevalence of those maladies; **Medical Knowledge, Patient Care, Systems Based Practice**

h. knowledge of various approaches to, and implications of, the organization, financing, and delivery of health care; **Patient Care, Systems Based Practice**

i. knowledge of the theories and principles that govern ethical decision-making and of the major ethical dilemmas encountered in medical practice, particularly at the beginning and end of life and resulting from the rapid expansion of knowledge in genetics; **Patient Care, Professionalism**

j. knowledge about relieving pain and ameliorating the suffering of patients; **Medical Knowledge, Patient Care**

k. knowledge of the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for medical practice. **Patient Care, Professionalism**

2. Skills:

a. the ability to obtain an accurate and complete medical history, with special attention to issues related to age, gender, and socio-economic status; **Medical Knowledge, Patient Care, Interpersonal Skills and Communication**

b. the ability to perform both a complete and organ-specific examination, including a mental status examination; **Medical Knowledge, Patient Care, Interpersonal Skills and Communication**

c. the ability to perform routine technical procedures; **Medical Knowledge, Patient Care**

d. the ability to interpret the results of commonly used diagnostic procedures; **Medical Knowledge, Patient Care**

e. the ability to communicate effectively, orally and in writing, with patients and their families, colleagues, and others with whom physicians must exchange information in carrying out their responsibilities; **Patient Care, Interpersonal Skills and Communication**

f. the ability to retrieve, manage, and utilize information for solving problems and making decisions relevant to the care of individuals and populations; **Medical Knowledge, Patient Care, Practice Based Learning and Improvement**

g. the ability to identify factors placing individuals at risk for disease or injury, select appropriate tests for detecting patients at risk for specific diseases or in the early stage of diseases, and determine appropriate response strategies; **Medical Knowledge, Patient Care**

h. the ability to construct appropriate management strategies, both diagnostic and therapeutic, for patients with common acute and chronic medical and psychiatric conditions, surgical conditions, and conditions requiring short- and long-term rehabilitation therapy; **Medical Knowledge, Patient Care**

i. the ability to recognize and institute appropriate initial therapy for patients with immediately life-threatening cardiac, pulmonary, or neurological conditions, regardless of causation; **Medical Knowledge, Patient Care**

j. the ability to recognize and outline an initial course of management for patients with serious conditions requiring critical care; **Medical Knowledge, Patient Care**

k. the ability to reason deductively in solving clinical problems; **Medical Knowledge, Practice Based Learning and Improvement**

l. the ability to access and evaluate critically medical literature; **Medical Knowledge, Practice Based Learning and Improvement**
m. the ability to understand the power of the scientific method in establishing the causation of disease and efficacy of traditional and non-traditional therapies.  **Practice Based Learning and Improvement**

3. **Attitudes and Behaviors:**

a. compassionate treatment of patients and respect for their privacy and dignity;  **Professionalism, Interpersonal Skills and Communication**

b. honesty and integrity in all interactions with patients and their families, colleagues, and others with whom physicians must interact in their professional lives;  **Professionalism**

c. commitment to advocate at all times for the interests of patients over personal interests;  **Systems Based Practice, Professionalism**

d. commitment to provide care to patients unable to pay for medical services and to advocate for access to health care for members of traditionally underserved populations;  **Systems Based Practice, Professionalism**

e. commitment to engage in life-long learning in order to stay abreast of relevant scientific advances;  **Practice Based Learning and Improvement**

f. the capacity to recognize and accept limitations in one's knowledge and clinical skills and a commitment to improve that knowledge and ability;  **Medical Knowledge, Practice Based Learning and Improvement, Professionalism**

g. understanding of, and respect for, the roles of other health care professionals and of the need for collaboration with them in caring for patients and promoting the health of defined populations.  **Systems Based Practice, Interpersonal Skills and Communication**

**Approved: Curriculum Committee (October 9, 2008)**
I. Statement of Philosophy

The University of South Carolina School of Medicine is committed to fostering an environment that promotes academic and professional success in learners and teachers at all levels. The achievement of such success is dependent on an environment free of behaviors which can undermine the important mission of our institution. An atmosphere of mutual respect, collegiality, fairness, and trust is essential. Although both teachers and learners bear significant responsibility in creating and maintaining this atmosphere, teachers also bear particular responsibility with respect to their evaluative roles relative to student work and with respect to modeling appropriate professional behaviors. Teachers must be ever mindful of this responsibility in their interactions with their colleagues, their patients, and those whose education has been entrusted to them.

II. Responsibilities in the Teacher/Learner Relationship

A. Responsibilities of Teachers
   1. Treat all learners with respect and fairness
   2. Treat all learners equally regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
   3. Provide current material in an effective format for learning.
   4. Be on time for didactic, investigational, and clinical encounters.
   5. Provide timely feedback with constructive suggestions and opportunities for improvement/remediation when needed.

B. Responsibilities of learners
   1. Treat all fellow learners and teachers with respect and fairness.
   2. Treat all fellow learners and teachers equally regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
   3. Commit the time and energy to your studies necessary to achieve the goals and objectives of each course.
   4. Be on time for didactic, investigational, and clinical encounters.
   5. Communicate concerns/suggestions about the curriculum, didactic methods, teachers, or the learning environment in a respectful, professional manner.

III. Behaviors Inappropriate to the Teacher-Learner Relationship

These behaviors are those which demonstrate disrespect for others or lack of professionalism in interpersonal conduct. Although there is inevitably a subjective element in the witnessing or experiencing of such behaviors, certain actions are clearly inappropriate and will not be tolerated by the institution. These include, but are not limited to, the following:

- unwanted physical contact (e.g. hitting, slapping, kicking, pushing) or the threat of the same;
- sexual harassment (including romantic relationships between teachers and learners in which the teacher has authority over the learner's academic progress) or harassment based on age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation;
- loss of personal civility including shouting, personal attacks or insults, displays of temper (such as throwing objects), use of culturally insensitive language;
- discrimination of any form including in teaching and assessment based upon age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation;
- requests for other to perform inappropriate personal errands unrelated to the didactic, investigational, or clinical situation at hand;
- grading/evaluation on factors unrelated to performance, effort, or level of achievement.

IV. Avenues for Addressing Inappropriate Behavior in the Teacher/Learner Context

A. Learners’ Concerns

Learners may address situations in which they feel that they have been the object of inappropriate behavior at various levels. At the most basic level, the most effective way to handle a situation may be to address it
immediately and non-confrontationally. Oftentimes, a person is simply unaware that his/her behavior has offended someone, or even if aware, will correct the behavior appropriately if given the opportunity to do so in a way that is not threatening. The way to raise such an issue is to describe the behavior factually (“When you said…”) describe how the behavior made you feel (“I felt…”), and state that the behavior needs to stop or not be repeated (“Please, don’t do that again.”)

Sometimes, such a request is not successful, or the person repeats the behavior, or the learner does not feel comfortable speaking directly to the teacher about his/her behavior. In those cases, it may be helpful to discuss the behavior with course/clerkship directors, laboratory mentors, program directors or department chairs. Students may also elect to speak to any one of the Assistant Deans or the Associate Dean in the Office of Medical Education and Academic Affairs, the Assistant Dean for Minority Affairs, the Director of Student Services, or one of the School of Medicine’s three Ombudspersons for informal advice and counsel about these issues. These individuals may offer additional suggestions for resolving the matter informally, such as, for example, speaking to the individual on the learner’s behalf or on behalf of an entire class, raising the general issue in a faculty meeting, assisting the learner with writing to the individual teacher or even direct intervention to get the behavior to stop.

If no satisfactory resolution is reached after these discussions or the learner does not feel comfortable speaking to these individuals, he/she may bring the matter formally to the attention of the School of Medicine administration. The avenues for this more formal reporting vary depending upon the status of the reporting individual. In either case the learner always has the option of submitting a formal complaint to the University’s Student Grievance Committee through the procedure outlined in the Carolina Community. (Website link below) http://www.sa.sc.edu/carolinacommunity/housing.htm#Grievance%20Policy%20-%20Non-Academic

1. If the person reporting the behavior is a medical student:

The student should speak with the Director of Student Services, the Associate Dean for Medical Education and Academic Affairs, or one of the school’s Ombudspersons.

2. If the person reporting the behavior is a graduate student or MD/PhD student pursuing their graduate studies:

The student should speak with the Director of Student Services or the Director of the Graduate Studies Program.

B. Teachers' Concerns

If a teacher feels that a learner has engaged in inappropriate behavior, it is likewise most effective to address the situation immediately and non-confrontationally. If the matter is not resolved satisfactorily, the teacher should contact the course/clerkship director, program director, or laboratory mentor to discuss the matter. If the teacher wishes to make a formal allegation of misconduct, they should contact the following members of the administration:

1. If the matter involves a medical student, contact one of the Assistant or Associate Deans in the Office of Medical Education and Academic Affairs;

2. If the matter involves a graduate student, contact the Director of the Graduate Studies Program.

These allegations will be handled on an individual basis by the appropriate School of Medicine official in consultation with the Dean and where applicable according to established School of Medicine and University policies.

V. Procedures for Handling Allegations of Inappropriate Behavior in the Teacher/Learner Context
A. Upon being notified of alleged inappropriate behavior, the Associate/Assistant Dean or Program Director will notify the Dean and other appropriate senior administration officials in a written report within 5 business days of the allegation.

If the complaint is lodged against a faculty member, other than those matters referred to the Office of Equal Opportunity Programs, the matter will be handled by the Dean in consultation with the appropriate Associate Dean and Department chair and, where established, the appropriate School of Medicine and University policies. The Dean may also choose to appoint an ad hoc committee to investigate the complaint.

B. If the behavior involves unlawful discrimination or sexual or other forms of unlawful harassment, the matter will be referred to the Office of Equal Opportunity Programs and be handled through University policies established for that office. The student may also directly contact that office.

C. If the behavior involves unwanted physical contact or other forms of violent or threatening acts, the matter may be referred to the University’s campus police or appropriate hospital security.

D. The School of Medicine is committed to the fair treatment of all individuals involved in this process. All efforts will be made to maintain the confidentiality of the resolution process to the extent possible and subject to the overriding concern of a prompt fair investigation and/or resolution of the complaint.

E. The School of Medicine will not tolerate any form of retaliatory behavior toward learners who make allegations in good faith. Individuals who believe that action has been taken against them in retaliation for raising concerns under this policy, may address those concerns through the procedures described in this policy or through the Student Grievance Committee.

F. Records of all communications as well as written reports of the Associate/Assistant Deans, Program Directors, and any ad hoc committee (if formed) will be kept in the Dean’s Office.

G. If it is determined that the allegations from the complainant were not made in good faith, the student will be referred for disciplinary action to the Student Academic Responsibility Committee.

Approved: Curriculum Committee (September 11, 2008)
Executive Committee (October 8, 2008)
The Office of Curricular Affairs and Faculty Support published the 2008-2009 Curriculum Committee Handbook for use by members of USCSOM Curriculum Committee members.

The Office of Curricular Affairs and Faculty Support reserves the right to revise the 2008-2009 Curriculum Committee Handbook as directed by the University of South Carolina School of Medicine Office of the Dean.

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