Clerkship Directors Handbook

2006 - 2007
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Orientation to the Clinical Years

A two-day July 3 and July 5, 2006 orientation program is provided by the University of South Carolina School of Medicine (USCSM) Office of Curricular Affairs and Faculty Support to all students entering third-year (M-III) clinical clerkships. On Monday, July 3 generic information is provided to all M-III students. On Wednesday, July 5, 2006 all M-III students will participate in a hospital specific orientation program. Students completing their clinical rotations in Columbia will participate in an Orientation program presented by Palmetto Health Richland and the Dorn Veterans Affairs Medical Center. Student completing their clinical rotations in Greenville will participate in an Orientation program in Greenville presented by the Greenville Hospital system. The orientation program includes discussions regarding the transition to full-time responsibilities in clinical clerkships from previous responsibilities in the classroom and laboratory; a presentation about the USCSM Policy on the Evaluation of Personal and Professional Conduct; information about USCSM policies and procedures vis-a-vis exposure to blood-borne pathogens; assignment of beepers, and information about holiday schedules and attendance policies during times of inclement weather. A separate orientation program contains opportunities for separate student-developed "students’ perspective" programs for students completing clinical clerkships at USCSM-affiliated hospitals in Columbia and at GHS.

Duties of the Clerkship/Elective Director

Medical student education during the M-III and M-IV years is accomplished entirely in clinical clerkships, required and elective. The ten required rotations (M-III and M-IV Medicine, M-III and M-IV Surgery, M-III Pediatrics, M-III Obstetrics and Gynecology, M-III Psychiatry, M-III Family Medicine, M-IV Neurology, and an Acting Internship) constitute the "core" clinical curriculum at USCSM. In the M-IV year, up to 20 weeks are available for elective rotations scheduled by students based on their career plans and individual interests. Capstone, a required two-week interdepartmental and multidisciplinary experience in Columbia for all M-IV students, is held in April. The Capstone curriculum is varied and designed to "cap off" or complement the four-year curriculum. The specific curricular content is flexible, adapted to perceived needs, and revised annually in consultation with the Curriculum Committee. A recertification day is scheduled annually for the Columbia M-III students and will be held on April 16, 2007 for the Class of 2008.

The clerkship director, appointed by the USCSM department chair, is the key organizer and manager of the departmental contribution to the overall educational experience at USCSM. The clerkship director serves as the liaison between his/her USCSM clinical department and the USCSM Office of Curricular Affairs and Faculty Support and is thus responsible for informing the institution of the status of the clerkship program. The Assistant Dean for Clinical Curriculum and the Assistant Dean for Clinical Assessment hold quarterly meetings with both the Columbia and Greenville clerkship directors.

Required and Elective Rotations

Scheduling: Clerkship directors coordinate the participation of all USCSM class members in required M-III and M-IV clerkships. Students are assigned, in groups, to clinical clerkships by the USCSM Director of Enrollment Services/Registrar, Dr. Jeanette Ford, (803) 733-3325. Each clerkship contains approximately equal numbers of students in each of the six M-III eight-week rotations, and in each of the nine M-IV four-week Internal Medicine, Neurology, Surgery, and Acting Internship rotations. Students are assigned to M-IV elective rotations on an individual basis, as
space is available. Each clerkship director receives from the USCSM Director of Enrollment Services/Registrar a listing of student groups for each rotation period prior to the beginning of the M-III and M-IV academic years.

**Clerkship Orientation:** The clerkship director is responsible for providing all students, either prior to the beginning of the rotation or on the first day of the rotation, with a document containing relevant information about the clerkship. This document must provide basic information regarding: 1) the goals and objectives of the rotation, 2) any reading assignments for which the student will be held responsible, 3) required textbooks which the student must obtain, 4) schedules of rounds, lectures, clinics, conferences, examinations, and other experiences that the student is expected to attend, 5) information about clerkship responsibilities, attendance/duty hours policies, and grade penalties, if any, must be stated in writing at the beginning of the rotation, 6) expectations regarding the student’s level of performance and responsibility to include attendance policy, and 7) methods of evaluation and grading, including minimum pass scores on the NBME Subject Exam and OSCE. Numerical to letter grading conversions are uniform within USCSM and include rounding up numerical scores of 0.5 or higher to the next whole number. **Changes in evaluation and grading policies must be made before the beginning of a new academic year.**

**Sources of Information for Clerkship Directors:** A significant amount of information is provided to M-III students in the *Student Handbook to Clinical Rotations*. This handbook, which is developed in the Office of Curricular Affairs and Faculty Support, contains useful information for the clerkship director and is available on USCSM’s website. Clerkship directors are requested, every two years, to review and revise the descriptions of their clinical rotations for the School of Medicine *Bulletin*. The *Bulletin*, containing USCSM academic regulations, student services information, course descriptions, and faculty listings, is also a useful source of information for clerkship directors and is available on the USCSM website. Two other publications are useful resources for clerkship directors: *Fourth Year Electives* (which contains descriptions of available USCSM M-IV elective rotations) and the *Carolina Community: Student Handbook and Policy Guide*, a University of South Carolina (USC) document that contains information about academic and student policies and other student-related information for all enrolled USC students. The *Fourth Year Electives* catalogue is available on USCSM’s website and the *Carolina Community: Student Handbook and Policy Guide* is available on USC’s website.

**Student Evaluation Policies and Procedures:** The clerkship director for each required rotation is responsible for ensuring that (1) the evaluations of student performance and grades are reported promptly to the USCSM Director of Enrollment Services/Registrar on the Clinical Evaluation Form: M-III Required Clerkships or the Clinical Evaluation Form: M-IV Required Rotations and (2) the departmental component of the Clinical Skills Attainment Document (CSAD) has been completed and submitted to the USCSM Director of Enrollment Services/Registrar. In addition, except for the Acting Internship, clerkship directors need to enter their student grades electronically through USC VIP webpage. By USCSM policy, grades for each rotation are due in the office of the USCSM Director of Enrollment Services/Registrar within four weeks of the end of the rotation’s completion. The “narrative comments” section of the evaluation form is extremely important for the drafting of Dean’s letters, now known as the “Medical Student Performance Evaluation, (MSPE), to residency program directors. It is imperative that students be informed about their performance in the clinical rotation (especially if the performance is inadequate) at the midpoint of the rotation, as well as at the time the final grade is submitted. Attending physicians must be educated by the clerkship director about the fact that students require respectful, supportive, and constructive criticism and that counseling is a crucial part of their learning experience. House officers are also expected to participate in the teaching and evaluation process under the supervision of the attending physician and within the guidelines established by
the clerkship director. Confidentiality of all files generated by the clerkship director regarding student experiences and performance must be maintained, but these files must be made available to the individual student upon his/her request and must be maintained for a minimum of one year. Students who receive an "Unsatisfactory" assessment in Personal and Professional Conduct during a clerkship must be referred promptly to the Assistant Dean for Clinical Curriculum or the Assistant Dean for Clinical Assessment to ensure prompt scheduling and completion of those remediation procedures determined by the department.

Greenville Hospital System (GHS) Program Responsibilities: A select number of students can choose to complete core M-III and M-IV clinical training in the USCSM program at GHS. An important responsibility of each USCSM-Columbia clerkship director is liaison with the his/her USCSM-Greenville clerkship director counterpart and oversight of the academically equivalent rotation at GHS. This oversight responsibility for the USCSM educational program in the geographically separate GHS campus is mandated by the Liaison Committee for Medical Education (LCME) for the continuing accreditation of USCSM. The oversight responsibility requires frequent communication between USCSM-Columbia clerkship directors and their USCSM-Greenville counterparts. USCSM-Columbia and USCSM-Greenville educational experiences should be equivalent, i.e., each USCSM-Greenville clerkship should be as similar in content, method of instruction, and student evaluation to the USCSM-Columbia program as possible. Periodic consultations between the USCSM-Columbia and USCSM-GHS clerkship directors (at least three times annually) and between the USCSM-Columbia department chair and USCSM-GHS academic chair (at least twice annually) are essential for ongoing program evaluation and resolution of problems. Assignment of final grades for students completing clerkships in Columbia and for students completing clerkships at GHS is the responsibility of the USCSM-Columbia clerkship director. Expectations about grading formulae should be agreed upon by the USCSM-Columbia and USCSM-Greenville clerkship directors prior to the beginning of each academic year. Preliminary grades and evaluations for USCSM-Greenville students are submitted promptly to the USCSM-Columbia clerkship director. The USCSM-Columbia clerkship director assigns the final grades, countersigns the forms, and sends the forms to the USCSM Director of Enrollment Services/Registrar. Copies are then provided to USCSM-Greenville students and the Director of Student Services-GHS, Paul V. Catalana, M.D.

Elective Rotations

Drop/Add Policies and Procedures: The director of each elective rotation is informed, in advance, by the USCSM Director of Enrollment Services/Registrar in April or May of each academic year about which students have elected to take the rotation during the M-IV year and during which period(s) of the M-IV academic calendar the rotation has been scheduled. The elective directors are responsible for signing "Drop/Add" requests that are initiated by the student when the student wishes to drop one elective and replace it with another elective. The signatures of the elective directors indicate that the student has communicated with both directors and that the addition of the student to the elective rotation will not adversely affect its academic quality. For example, in some very popular rotations, if too many students were to be scheduled during one elective period, they might receive less individual attention and an inferior educational experience. Limits in student numbers are set by the elective rotation’s director and communicated to the USCSM Director of Enrollment Services/Registrar, who coordinates the elective assignments. When an elective is "filled," the student is encouraged to seek another elective or another rotational period unless an exception is made by the elective rotation's director.

Grading and Evaluation: The elective rotation director ensures that the attending physicians and house staff assigned to the service are knowledgeable about medical student education and the
expectations and limitations appropriate to students' clinical participation. The elective rotation
director is responsible for ensuring that evaluations of student performance and grades are reported
promptly to the USCSM Director of Enrollment Services/Registrar on the Fourth-Year Elective
Evaluation Form.

The student should be informed by the elective rotation director, at the beginning of the elective
rotation, about the goals and objectives of the elective, expectations regarding performance
including duty hours, and methods of evaluation. It is imperative that students be informed
about their performance in the clinical elective (especially if the performance is inadequate)
at the midpoint of the rotation, as well as at the time the final grade is submitted.

Content/Curriculum of Clerkship

Role of the Clerkship Director and Department Chair: The educational goals and objectives
regarding the knowledge, skills, attitudes, and behaviors to be acquired by students in a clinical
clerkship or rotation must be determined by departmental faculty members prior to the beginning of
the academic year and must be presented in writing in order to ensure that appropriate periodic
evaluation of students regarding their fulfillment of these educational goals can be performed.
These goals and objectives must be stated in the clerkship document provided to participating
students at their orientation to the clerkship on the first day of the rotation.

The department chair is ultimately responsible for the content of the clerkship curriculum and the
activities in which students participate. The chair usually delegates responsibility for the essential
components of the clerkship, including educational goals and objectives, content, curriculum,
activities, and methods of evaluation, to the clerkship director for implementation. The clerkship
director is responsible for the day-to-day administration of the clerkship and informs the chair of
progress or problems.

Role of the Office of Curricular Affairs and Faculty Support: The clerkship director
communicates with the USCSM central administration regarding departmental educational activities
through the Office of Curricular Affairs and Faculty Support (803) 733-3367; personnel in that office,
including the Assistant Dean for Clinical Assessment (Nancy A. Richeson, MD) and the Assistant
Dean for Clinical Curriculum (Joshua T. Thornhill IV, MD), are available to supply information and
academic support. The USCSM Curriculum Committee, through the Office of Curricular Affairs and
Faculty Support, monitors the USCSM educational program by periodic assessment of courses and
clerkships, including review of data from students' evaluations of USCSM-Columbia and USCSM-
Greenville clerkship experiences. These data, when collated, are provided to clerkship directors,
department chairs, and members of the Curriculum Committee for their information, review, and
assessment.

Role of the Curriculum Committee: The effectiveness of each clerkship in meeting both stated
departmental educational goals and objectives and USCSM institutional educational goals and
objectives is regularly monitored by the Curriculum Committee, with input from clerkship directors
and personnel in the Office of Curricular Affairs and Faculty Support. The Committee meets
regularly and periodically reviews each clerkship in depth, using both a questionnaire developed for
this purpose and personal contact. Essential to the assessment of the effectiveness of a clerkship is
a comparison to national academic standards. This assessment is made by comparing the
clerkship's goals and objectives, structure, and accomplishments with the accreditation standards of
the Liaison Committee for Medical Education (LCME) and with various recommendations
published by the Association of American Medical Colleges (AAMC).
Role of the Office of Medical Education and Academic Affairs and the Office of Student Services: The Office of Medical Education and Academic Affairs (803) 733-1531 is an additional resource for clerkship directors for information on USC and USCSM policies, students, grading criteria, and academic scheduling. The USCSM Director of Enrollment Services/Registrar contacts clerkship directors, as needed, with and for information on students' grades, schedules, etc. The Director of Student Services, Dr. Donald Kenney (803) 733-3135, is also helpful in responding to students' financial problems, attendance difficulties, personal emergencies, sickness, and referrals for personal counseling.

Student Workload and Attendance

Patient Workload and Call Schedules: During the first two years of medical school, the number of instruction contact hours in courses, laboratories, small group discussions, and other educational activities is extensive. However, during clinical rotations in the M-III and M-IV years, temporal demands vary greatly, depending on the service. In general, in addition to time spent in academic and clinical responsibilities, students need time to study, rest, complete personal tasks, and maintain a personal life with family members and significant others. It is recommended, therefore, that reasonable limits on night/weekend call responsibilities be established to enhance learning (e.g., 1-2 nights per week). Students not on call should be permitted to leave the hospital or clinic by at a time deemed reasonable by the clerkship director. Actual work performed by students (e.g. inpatient workups, clinic visits, rounds, conferences, and procedures) will also vary by rotation. In general, students should have a minimum of one to three new patient work-ups per week, with follow-up responsibility for no more than 10 inpatients. Duty hours should not exceed the guidelines established by the SOM.

Medical Student Duty Hours

Providing medical students with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and medical student well-being. Each required clerkship and elective rotation must ensure that the learning objectives of the program and the school are not compromised. While didactic and clinical education should have priority when it comes to the medical students' time and energy this should not be at the expense of their physical/mental health or their ability to learn.

Duty Hours: Duty hours are defined as all clinical and academic activities related to the education of the medical student; i.e., patient evaluation, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading time spent away from the clerkship or elective site.

Duty hours must be limited to 80 hours per week, inclusive of all in-house call activities.

Medical students must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over the clerkship, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical and educational duties.

Adequate time for rest and personal activities must be provided.

On-call Activities: The objective of on-call activities is to provide medical students with a continuity of patient evaluation experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when medical students are required to be immediately available in the assigned institution.
In-house call must occur no more frequently than every third night.

Continuous on-site duty hours, including in-house call, must not exceed 24 consecutive hours. Medical students may remain on duty for up to 8 additional hours to participate in didactic activities and maintain the continuity of medical and surgical care (hospital rounds).

At-home call (or pager call) is defined as a call taken from outside the assigned institution.

The frequency of at-home call is not subject to every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each medical student. Medical students taking at-home call must be provided with 1 day in 7 completely free of all educational and clinical responsibilities, averaged over the clerkship.

When medical students are called into the hospital from home, the hours the medical student spend in-house are counted toward the 80-hour limit.

The clerkship director and faculty must monitor the demands of at-home call in their clerkships, and make scheduling adjustments as necessary.

Monitoring: It is the responsibility of the clerkship director, faculty, and chair of each department to monitor and ensure that medical students do not exceed the limitations of their duty hours. Departments are required to publish their specific duty hour policy and are free to modify the above policy as long as the duty hour limits are not exceeded. The Curriculum Committee and/or the Academic Standards Committee may periodically request verification of monitoring by individual departments.

Students are requested to report infractions of the duty hour policy to their clerkship director and/or the Office of Curricular Affairs. Infractions will be investigated by the Academic Standards Committee and appropriate action taken to ensure infractions do not continue.

Attendance Policies: Attendance at rounds and teaching conferences is mandatory; the clerkship director has the prerogative to exact a grade penalty for excessive absences. Information about clerkship responsibilities, attendance policies, and grade penalties, if any, must be stated in writing at the beginning of the rotation. Directors of M-IV clerkships are urged by the Curriculum Committee to show some flexibility in permitting students to interview for residency positions. Absence for more than two days per four-week M-IV clerkship period may be considered excessive and the missed time should be made up. Student requests for additional time off for residency interviews will be considered on an individual basis by the Assistant Dean for Clinical Curriculum in conjunction with the clerkship director.

It is imperative that students’ absences from clerkship responsibilities be reported on a timely basis to the Director of Student Services (803) 733-3151. Clerkship directors and attending physicians are, however, given leeway in responding to students’ requests for time away from clerkship responsibilities to take care of personal needs (e.g., doctor/dental appointments, family crises, car trouble, financial aid problems).

The following holiday and inclement weather policies have been developed and approved for M-III/M-IV medical students:
**Holiday Schedules:** In their clinical rotations, M-III and M-IV medical students have, under the supervision of resident and attending physicians, responsibility for ongoing patient care; therefore, their holiday schedule differs from the holiday schedule for M-I and M-II medical students who do not have these clinical responsibilities. The holiday schedules of School of Medicine affiliated hospitals in Columbia and Greenville also vary from institution to institution. In addition, responsibilities for the care of inpatients and outpatients result in different holiday schedules for students on inpatient hospital teams and those on outpatient and community practice rotations.

Student holiday schedules are at the discretion of the individual clerkship director. The clerkship director will inform M-III and M-IV students, at the beginning of the rotation, of the holiday schedule for that rotation. Students will adhere to these schedule expectations.

All M-III and M-IV students will have holidays during the scheduled Winter Break. M-IV students will have a holiday on Match Day, as well as a week away from clinical responsibilities for residency interviewing during the scheduled Residency Interview Week. M-IV students will be released from all clinical responsibilities on the day before and the day of their USMLE, Step 2 Clinical Knowledge (CK) administrations. M-IV students will be released from all clinical responsibilities for three days, the day before, the day of, and the day after the USMLE Step 2 Clinical Skills (CS) administrations. Students are **strongly encouraged not** to take USMLE Step 2 CS and Step 2 CK during the same rotation period, unless the student is utilizing that rotation period as a “free” month. M-IV students who are completing away electives at other institutions will follow the holiday and hazardous weather policies of the host institutions.

1. **Inpatient Responsibilities:** In general, students assigned to inpatient responsibilities will be expected to participate in patient care activities per the discretion of the clerkship directors and/or team leader on all holidays except Thanksgiving Day. On Thanksgiving Day, any student without on-call responsibilities will have a holiday.

2. **Outpatient responsibilities:** In general, students assigned to outpatient clinic and community medical practice locations will follow the holiday schedules of those clinics and practices. Students will have holidays, **when those clinics and practices are closed**, on Independence Day, Labor Day, Thanksgiving Day (and, when applicable, the Friday after Thanksgiving Day), and Rev. Martin Luther King, Jr. Service Day.

**Inclement Weather Schedules:** In their clinical rotations, M-III and M-IV medical students’ responsibilities to their patients and to their clinical teams require, as consistently as possible, their presence in the inpatient and outpatient environments. During times of inclement weather, students’ clinical responsibilities must be balanced by concerns for their safety.

1. **Outpatient responsibilities:** In general, during times of inclement weather, students should be present to carry out their clinical responsibilities whenever the outpatient clinic/community medical practice to which they have been assigned by the clerkship director is open and operational. Students should make every effort to determine the operating schedules of these facilities during times of inclement weather and be present, when possible, during those hours when the outpatient facility is operational. The final decision about travel to these facilities, however, during times of inclement weather, should be made by students based upon their assessment of current travel conditions. When a student determines that safety concerns preclude his/her travel to the outpatient facility to which he/she has been assigned, the student should so inform an appropriate person in authority at that facility and the clerkship director.
2. **Inpatient responsibilities:** In general, during times of inclement weather, students should be present to carry out their clinical responsibilities in inpatient facilities to which they have been assigned by the clerkship director. Students should therefore make every effort to be present at these facilities, when possible, during times of inclement weather. The final decision about travel to these inpatient facilities, however, during times of inclement weather, should be made by students based upon their assessment of current travel conditions. When a student determines that safety concerns preclude his/her travel to the inpatient facility to which he/she has been assigned, the student should so inform his/her team leader at that facility and the clerkship director.

**M-III Recertification Day:** M-III Recertification Day is required with mandatory attendance for all Columbia M-III students. This year M-III Recertification Day has been scheduled for Monday, April 16, 2007. Student must be excused from all clinical and didactic responsibilities (including on-call responsibilities) for the entire day.

The **Academic Calendar** was designed to inform students about M-III and M-IV clerkship/rotation periods, holiday schedules, and, during the M-IV year, about the week scheduled for residency interviews.

**Evaluation Policies**
For any academic program, evaluation of student performance, faculty effectiveness, and course content is essential for continuing accreditation.

**Student Evaluation:** Evaluation of student academic performance during clinical rotations includes both subjective components (e.g., clinical observations, oral examinations) and objective components [e.g., departmental written multiple-choice examinations, Objective Structured Clinical Examinations (OSCEs), and National Board of Medical Examiners (NBME) subject exams].

**Subjective Components:** It is imperative that each student be involved in the assessment of his/her performance by an attending physician and the clerkship director. The **clerkship director must evaluate each student's performance at the midpoint of the rotation** and should discuss the evaluation with the student, perhaps even filling out the evaluation form with the student present. This midpoint evaluation provides the opportunity for the student to correct any deficiencies noted; the evaluation process should be direct, but also supportive and constructive. The final evaluation should also be shared with the student and the final grade reported promptly to the USCSM Director of Enrollment Services/Registrar. Oral examinations should be conducted collegially as "teaching discussions" rather than as "interrogations." Constructive feedback, both positive and negative, is essential to each student’s professional development and should be given frequently. Grading of assigned essays and other academic responsibilities should also be discussed with the student and changes or improvements encouraged.

**Objective Components:** Standardized examinations (e.g., NBME subject examinations) are extremely useful for comparing USCSM students’ performance with national norms and are required, as well as a minimum passing score, in all M-III clerkships. All departments have established the fifth percentile as the minimum passing score for the NBME subject exam.

1. Any student failing the NBME subject exam test in a required clerkship will receive an Incomplete grade in that clerkship, but he/she will be permitted to continue on to other clerkships. Students failing the subject test in periods 1 and 2 of the M-III year must take a retest in December; those failing in periods 3, 4, and 5 must take the retest on the date in June that will be determined by Office of Curricular Affairs. Those failing in period 6 must retake the
retest in August. This schedule prevents a student having to prepare for one department’s subject test retake while also enrolled in another department’s clinical clerkship.

2. Any student who fails a subject exam a second time receives a failing grade for the clerkship, and that student is referred to the Academic Review and Promotions Committees and ultimately the Dean. The student may be allowed to repeat the clerkship in its entirety. This is a problem particularly for any student who fails both the subject exam in period 6 of the M-III year and the retest in August because he/she, by definition, will not graduate in May of the fourth year because promotion to the fourth year requires passing grades in all six M-III clinical clerkships. Any student failing the NBME subject exam in period 6 of the third year and the retake in August of the fourth year would then have to repeat the M-III clerkship, would have the first two periods of his/her fourth year voided (because he/she had not removed the contingency for his/her promotion to the fourth year), and would therefore be 16 weeks behind in the M-IV curriculum, thus making it impossible for him/her to graduate in May of the fourth year or to begin residency training in July.

3. Departments are responsible for the $200.00 retest fee for each student requiring the retest.

4. The number of potentially affected students is between one and five per year for each clerkship.

Clerkship-specific written or computerized examinations may also be given and are strongly encouraged. In addition, OSCEs, behavioral examinations involving multiple stations where student performance on clinical tasks relevant to the clerkship is monitored by faculty observers (e.g., interpreting laboratory results, dictating a discharge summary, communicating with a referring physician, handling an emergency situation) are required in all M-III clerkships. OSCEs ensure that students can actually perform those skills expected of them, and they provide valuable and timely feedback to faculty members and clerkship directors about the effectiveness of the educational program. Assistance with establishment of an OSCE may be obtained from Dr. Nancy Richeson, Assistant Dean for Clinical Assessment (803) 733-1521, who directs the USCSM Standardized Patient Program.

Proctoring of Examinations: The proctoring of examinations is a faculty responsibility; the use of non-faculty proctors (e.g., secretaries) is strongly discouraged. The NBME Subject Test for M-III rotations is usually proctored by the Assistant Dean for Clinical Curriculum and the Assistant Dean for Clinical Assessment with backup provided by Clerkship Directors.

Grading of Examinations: Multiple-choice examinations using the USC Scantron scoring sheet may be graded and analyzed at USC Computer Services (1244 Blossom Street) or in the Computer and Communications Resource Center in the basement of the School of Medicine Library Building. Those wishing to use these services should familiarize themselves with the policies, procedures, and methods of each facility prior to the administration of any examinations.

Personal and Professional Conduct Evaluation: A separate evaluation of student personal and professional conduct during each clinical rotation is made in accordance with the USCSM Policy on Evaluation of Personal and Professional Conduct. Students are selected for matriculation at USCSM with the expectation that they will behave in a professional and ethical manner. Deviations from accepted standards of behavior should be reported to the USCSM Committee on Student Academic Responsibility (for academic infractions), to the USC Director of Judicial Affairs (for violations of USC student conduct regulations contained in the Carolina Community), and to the Associate Dean for Medical Education and Academic Affairs or to the Assistant Dean for Clinical Assessment (for violations, during the M-III and M-IV years, of the USCSM Policy on Evaluation
A student who receives an Unsatisfactory evaluation in the Personal and Professional Conduct portion of an M-III or M-IV clerkship evaluation will receive an Incomplete grade in that clerkship. The student will not be permitted to continue in other clerkships, but will be required to repeat the clerkship or, alternatively, to repeat the component(s) of the clerkship identified as necessary by the clerkship director. If a second Unsatisfactory assessment is received in the Personal and Professional Conduct portion of the professional evaluation in the repeat clerkship, then the student will be subject to dismissal. If the student receives Exemplary or Effective grades in Personal and Professional Conduct and a C or higher letter grade in the repeat clerkship, the student will be permitted to continue in the M-III or M-IV year. Any additional Unsatisfactory grades in Personal and Professional Conduct during the M-III year or during the M-IV year will render the student subject to dismissal.

A student who receives an "Unsatisfactory" grade in any component of the Personal and Professional Conduct evaluation must be reported to the Associate Dean for Medical Education and Academic Affairs or the Assistant Dean for Clinical Curriculum as soon as possible.

Grade Reporting: All final student clerkship grades must be submitted to the USCSM Director of Enrollment Services/Registrar on the appropriate forms within four weeks of completion of the clerkship. In addition, grades for all required clerkships, except the Acting Internship must be entered on the USC VIP webpage. Columbia clerkship directors will have the responsibility of entering grades for Greenville students.

Grade Changes: According to the USCSM Grade Change Policy, a final grade in a course or clinical clerkship can be changed after it is submitted to the USCSM Director of Enrollment Services/Registrar only when an error in computation or transcription of the original grade has been made. The request for a grade change must be made by the clerkship director, in writing, to the USCSM Director of Enrollment Services/Registrar within one year of the completion date of the clerkship; the request must include documentation of the error and an amended evaluation form. The Associate Dean for Medical Education and Academic Affairs will submit the request to the Grade Change Committee, whose members make the decision to allow or deny the grade change request.

Technical Standards Attainment Documentation (TSAD): Following adoption of the Americans with Disabilities Act of 1992, the USCSM Admissions Committee defined, in a document entitled "Technical Standards for Admission," the minimum expectations of applicants and medical students in the areas of intellectual capacity, physical ability, emotional stability, interpersonal sensitivity, and communication skills necessary for acquisition of those scientific knowledge, interpersonal and technical competencies, professional attitudes, and clinical abilities required for pursuit of any pathway of graduate medical education and for entry into the independent practice of medicine. Subsequently, M-III and M-IV clerkship directors, seeking to substantiate the acquisition during the process of each student’s medical education of the skills outlined in the Technical Standards for Admission, defined, in a document entitled "Technical Standards Attainment Document (TSAD)," those minimum generic and specific skills necessary to practice as a generalist physician. Successful completion of the CSAD was then approved by the Curriculum Committee and
Academic Standards Committee as a requirement for graduation from USCSM. Specific clinical skills are grouped by the clerkship on which they are most likely to be encountered, taught, and mastered (e.g. performing a postoperative evaluation on the Surgery clerkship). Those generic clinical skills that may be encountered, taught, and mastered on any M-III or M-IV clerkship are labeled "non-departmental" because documentation of competence may be achieved on any clerkship on which they are encountered. The skills are further identified as those required for graduation and those which are strongly recommended. The mechanism by which each student’s ability to perform each of these required clinical procedures is documented (e.g., observation of a esophagogastro-duodenoscopy) is a “sign-off” on a standard card printed and distributed by the Office of Curricular Affairs and Faculty Support. After a student has been observed correctly performing the procedure or successfully completing the required experiential task, a senior house officer or attending physician signs the CSAD document attesting to the student’s attainment of the required skill. The clerkship director is responsible for making as many of the required clinical experiences as possible available to each student and for submitting to the USCSM Director of Enrollment Services/Registrar on a document accompanying the academic grade report, certification that the appropriate clinical skills had been demonstrated by each student. The USCSM Office of Curricular Affairs will maintain current CSAD files so that each student’s progress toward completion of all required clinical skills can be monitored. Failure of a student to accomplish all required departmental clerkship-based skills and experiences during that clerkship rotation will result in the assignment of a grade of "Incomplete" for the clerkship. In this situation, the student will be required to document demonstration of mastery of these CSAD items prior to his/her receipt of a clerkship grade and promotion. Similarly, a student must document completion of all clerkship-specific and generic clinical skills prior to graduation from USCSM. Evidence of forgery or fraud by a student in the documentation process will be addressed by The Rule of Academic Responsibility (See Carolina Community) and also by the student’s receiving an "Unsatisfactory" grade in the Personal and Professional Conduct evaluation.

Documentation of Student/Patient Encounters: The LCME has a published standard (copied below) that requires USCSM to quantify the types and diversity of patients, either real or simulated, that our students encounter as part of their clinical education.

“Each course or clerkship that requires physical or simulated patient interactions should specify the numbers and kinds of patients that students must see in order to achieve the objectives of the learning experience. They should also specify the extent of student interaction with patients and the venue(s) in which the interactions will occur. A corollary requirement of this standard is that courses and clerkships will monitor and verify, by appropriate means, the number and variety of patient encounters in which students participate, so that adjustments in the criteria can be made if necessary without sacrificing educational quality.”

For this process a PDA PEC software program has been developed by the Office of Curricular Affairs and Faculty Support based on previous Patient Encounter Cards (PECs). The PEC program allows each student to keep non-identifiable information on the types and numbers of patients each student is seeing on each clerkship as well as diagnosis seen and procedures performed. The information will be transmitted to the Office of Curricular Affairs and Faculty Support at the end of each required clerkship. Clerkship directors will periodically receive a report containing a summary of patient encounters for their respective clerkship. Students are required to maintain a PEC file for each required clerkship.

* In 2006, this document was renamed “Clinical Skills Attainment Document” (CSAD) to better reflect the content of the document.
Personnel in the Office of Curricular Affairs and Faculty Support will continuously evaluate the PEC PDA software program and modify the software program, as appropriate, based upon feedback from students and faculty members and upon changes in LCME accreditation requirements.

**Testing Under Non-Standard Conditions:** The USCSM Policy on Testing Under Nonstandard Conditions (See School of Medicine *Bulletin*) contains information about the assessment under non-standard conditions of any student whose disabilities preclude his/her being assessed under usual circumstances. These policies relate to both USCSM course and clerkship examinations, to United States Medical Licensure Examinations (USMLE) Step examinations, and to National Board of Medical Examiners (NBME) subject examinations. For further information, contact Dr. Lynn Thomas, Assistant Dean for Preclinical Curriculum, Office of Curricular Affairs and Faculty Support (803) 733-3367.

**Evaluation of Faculty Members**

Evaluation of faculty performance is often a delicate issue, but meaningful faculty evaluation is essential for the ongoing professional development of the faculty member as well as for the integrity of the departmental and institutional educational programs. The format of faculty evaluation in clinical clerkships involves the completion by students, in an anonymous manner, of a departmentally distributed faculty evaluation form. Faculty evaluations are the responsibility of the Office of Continuing Medical Education and Faculty Development (803) 434-4233. Data from faculty evaluation forms completed by students should be provided promptly, after grades have been submitted, to clerkship faculty members by the clerkship director or department chair, especially when those data indicate potential problems with a faculty member's performance. Data derived from student-completed evaluation forms are also a required component of a faculty member's applications for tenure and/or promotion at USC.

**Clerkship Evaluation**

Clerkship evaluations for all M-III clerkships **must be completed** by the time of the administration of the NBME Subject Exam at the clerkship’s conclusion. M-IV clerkship evaluations for required clerkships, M-IV Medicine, M-IV Neurology, M-IV Surgery and M-IV Acting Internships must be completed by the clerkship's conclusion. **A student's clerkship grade should not be posted until all clerkship requirements have been completed, including the on-line clerkship evaluation.** Clerkship specific, departmentally generated, evaluations will be distributed by the clerkship director. Maintenance of the confidentiality of this data ensures an accurate report by students of their educational experience. A summary report of data derived from clerkship evaluation forms is transmitted to each clerkship director and to each department chair after data analysis has been completed and student grades have been submitted to the Registrar's office. The data from these clerkship evaluation forms is also utilized by members of the USCSM Curriculum Committee in making recommendations about potential modifications of the USCSM curriculum, in assessing individual clinical rotations, in correcting any problems identified, and in improving the overall medical student learning experience.

**Student Health**

**USCSM Student Health Policies:** USCSM student health policies address requirements for entering, transfer, and visiting students; required immunizations; medical insurance; student health services; students with contagious infections and/or disease; universal precautions; and exposure to blood-borne disease.
**Mandatory Medical Insurance Coverage:** Current coverage by a health insurance policy is mandatory for all medical students. Students can be insured by parental or spousal insurance policies or they can participate in the USC-sponsored student health insurance plan.

**Student Health Services:** Medical students have access for primary medical care to the Thomson Student Health Center on the USC campus or through the USCSM Student Health Service in the Department of Family & Preventive Medicine (803) 434-6116. Additional information about student health policies is provided to students in the School of Medicine **Bulletin**.

**Exposure to Blood-Borne Disease:** It is imperative that each clerkship director be aware of USCSM **Policies on Exposure to Blood-borne disease** (e.g., hepatitis B, hepatitis C, HIV) and that faculty members make every effort to protect students from unnecessary risk during clinical activities. However, care of infected patients is a part of medical practice and the withholding of care from infected patients is unethical. Injuries sustained by students during the course of their medical education (e.g. needle-stick injuries, other blood-borne disease exposure) will be handled in accord with the USCSM **Policy on Student Exposure to Blood-Borne Pathogens**. All clerkship directors should be knowledgeable about these policies and procedures and should ensure that all attending physicians and house staff are similarly well informed. The Centers for Disease Control now recommend immediate initiation of a multi-drug prophylaxis for the highest risk exposures. It is therefore imperative that all faculty members be aware of their responsibilities to establish risk, obtain needed blood samples from the source patient, and direct the student promptly to the appropriate care facility on the Columbia and Greenville Hospital System campuses. For any questions please contact Jamie Street Jamie.street@palmettohealth.org, or call (803) 434-2479 (USCSM Student and Employee Health) or Dr. Joshua Mann at (803) 434-4279.

**Policy Concerning Medical Students on Clinical Rotations When Exposed to Personal Risk of Serious Infection:** In the care of assigned patients with serious contagious diseases, such as Human Immunodeficiency Virus infection, Hepatitis B infection or drug resistant Tuberculosis, medical students are expected to participate at their level of competence. A medical student should not be penalized for questioning whether his/her personal safety is being compromised unnecessarily. Medical education and training should include instruction intended to maximize the safety of all members of the health care team in situations in which there are increased risks of exposure to infectious agents, including skill in handling or being exposed to sharp objects in diseases transmitted through blood or secretions and in use of appropriate barriers in airborne and hand-to-mouth infections.

**Psychological/Psychiatric Problems:** Information about psychiatric and psychological services available to medical students is contained in the **Student Handbook**. A variety of options are available to students through USC facilities, USCSM departments, and individual USCSM faculty members at affiliated hospitals. Emergency psychiatric services are available through the Office of Student Services; contact Dr. Donald Kenney, Director of Student Services (803) 733-3151, Dr. Paul Catalana, Director of Student Services-Greenville Hospital System (864) 455-7097 or Dr. J. T. Thornhill, Assistant Dean for Clinical Curriculum (803) 733-3367 or (803) 434-4250. Emergency psychiatric services and confidential assessment, referral, and treatment services are available to medical students on a 24-hour-a-day basis from the School of Medicine Department of Neuropsychiatry and Behavioral Science (803) 434-4300.

**Disability Insurance:** All medical students are required to purchase a long-term disability insurance policy to protect them if they should become unable to perform the responsibilities of a
medical student. Purchase of an approved policy at the beginning of each academic year at a nominal charge is required for all USCSM students.

**Workers Compensation Insurance:** All medical students are covered by Workers Compensation insurance through the State Accident Fund for any injuries sustained during the course of those clinical activities that are a part of their medical education. The premium for this insurance is paid by the School of Medicine.

A prompt and complete report on appropriate forms (the University of South Carolina Workers Compensation Supervisor Report completed by the faculty member and the University of South Carolina Employee Injury Report completed by the student) must be made to the Workers Compensation coordinator in the Benefits Office of the University of South Carolina [1600 Hampton Street, (803) 777-6650] in order to ensure that Workers Compensation insurance benefits are available to an injured student. Forms can be obtained from, and completed forms must be returned within five working days of any injury to, the Director of Medical Student Health, Department of Family and Preventive Medicine, on the School of Medicine-Columbia campus or the Director of Student Services on the Greenville Hospital System campus. These individuals will ensure that these forms are forwarded in a timely fashion to the University Benefits Office.

Revised:6/04
GUIDELINES FOR COMPOSITION
OF M-III/M-IV STUDENT NARRATIVE EVALUATIONS

Please cite, where possible, specific examples which best characterize the student and his/her performance in the following five domains:

I. KNOWLEDGE: Expression and Depth of Knowledge

Does the student possess sufficient and appropriate basic science knowledge? Does the student volunteer correct information and/or evidence of understanding of the pathophysiology and differential diagnosis of the patient's illness?

II. SKILLS: Evidence of Basic Skills

Has the student been observed performing a history and physical examination? Is there evidence that demonstrates clearly that the student possesses the relevant skills required of a generalist physician? Has the student demonstrated mastery of the psychomotor and other skills considered necessary for the successful completion of the clerkship?

III. ATTITUDES: Evidence of Appropriate Attitudes

A. Ability to Work Cooperatively. Has the student been observed interacting positively and cooperatively with his/her peers, ancillary health care personnel, residents, attending physicians, and patients' families? Does the student fill the natural role of a team member working toward the best interests of patients?

B. Expression of Work Ethic. Is there evidence that the student has spent the required time, either privately or otherwise, to seek knowledge, perfect his/her skills, and/or to assist the team and the patient? Does the student actively seek extra work to assist the team and/or patient?

C. Quality of Student's Attitude. Has the student demonstrated a positive attitude? Is he/she receptive to constructive criticism? Is he/she enthusiastic, self confident, decisive, intellectually curious, energetic, lethargic, active, or passive in completing his/her clinical and/or academic responsibilities?

IV. BEHAVIOR: Evidence of appropriate personal and professional conduct (to be referenced in the Personal and Professional Conduct Evaluation Table)

A. Concern for the welfare of others
B. Concern for the rights of others
C. Responsibility to duty
D. Trustworthiness
E. Professional demeanor
F. Personal characteristics

V. SPECIFIC AREAS FOR IMPROVEMENT: Has the student been counseled as to any weaknesses during the course of the clerkship? What was his/her response to this intervention?
**Narrative Style:** In the narrative “Comments” section, statements should reflect characteristics such as: initiative, follow-through, maturity, stability, compassion, promptness, endurance, ethics, integrity, responsibility, goal setting, leadership, and independence. A comparison of the student with the performance of their peers or past students may be helpful.

**Terms to be avoided:** Reference to the sexuality, masculinity, femininity, or physical appearance of the student.

**Useful and powerful descriptive terms:** “has the edge,” engaging, “makes an impact”, significant, forceful, mature, sophisticated, expressive, dynamic, assertive, compassionate, energetic, focused, poised, unflappable, intelligent, brilliant, capable, imaginative, witty, analytical, goal-directed.

**Bland and overused terms:** nice, pleasant, solid, competent, meaningful, appropriate, reasonable, good, charming, progressing, likable, fairly, rather
PERSONAL AND PROFESSIONAL CONDUCT

The “Policy on Evaluation of Personal and Professional Conduct,” adopted by the USCSM Executive Committee in 1989, is used in evaluating professional performance in all M-III and M-IV clerkships and electives.

A. General Statement

MEDICAL STUDENTS HAVE THE RESPONSIBILITY TO MAINTAIN THE HIGHEST LEVELS OF PERSONAL AND PROFESSIONAL INTEGRITY AND TO SHOW COMPASSION AND RESPECT FOR THEMSELVES, COLLEAGUES, FACULTY, STAFF, AND, MOST IMPORTANT, THE PATIENTS WHO PARTICIPATE IN THEIR EDUCATION.

B. Criteria for Evaluation

Evaluation of the Personal and Professional Conduct of medical students will include the following general and specific considerations:

1. The student will show concern for the welfare of patients. He/she will:
   a. display a professional attitude in all interactions with patients;
   b. act appropriately and respectfully in all verbal and nonverbal interactions with patients;
   c. treat patients with respect and dignity, both in the presence of patients and in discussions with professional colleagues; and
   d. display concern for the total patient.

2. The student will show concern for the rights of others. He/she will:
   a. demonstrate a considerate manner and cooperative spirit in dealing with professional staff, colleagues, and members of the health-care team;
   b. treat all persons encountered in a professional capacity with equality regardless of race, religion, sex, handicap, sexual orientation, or socioeconomic status; and
   c. assume an appropriate and equitable share of duties among his/her peers and colleagues.

3. The student will show evidence of responsibility to duty. He/she will:
   a. effectively and promptly undertake duties, follow through until their completion, and notify appropriate persons in authority of problems;
   b. be punctual and present at rounds, conferences, and all academic and clinical obligations;
   c. notify course and clinical clerkship directors (or other appropriate person) of absence or inability to attend to duties;
   d. see assigned patients regularly and, with appropriate supervision, assume responsibility for their care; and
   e. ensure that he/she can be promptly located at all times when on duty.

4. The student will be trustworthy. He/she will:
   a. be truthful and intellectually honest in all communications;
   b. accept responsibility and establish priorities for meeting multiple professional demands and for completing work necessary for the optimal care of patients;
   c. accurately discern when supervision or advice is needed before acting; and
   d. maintain confidentiality of all patient information.

5. The student will maintain a professional demeanor. He/she will:
a. maintain appropriate standards of personal appearance, attire, and hygiene for the patient population served;  
b. maintain emotional stability and equilibrium under the pressures of emergencies, fatigue, professional stress, or personal problems; and  
c. be responsible in the use of alcohol and prescription drugs and avoid their effects while on duty.  

6. The student will possess those individual characteristics required for the practice of medicine. He/she will:  
a. be capable of making logical diagnostic and therapeutic judgments;  
b. communicate effectively with patients, supervisors, and peers;  
c. establish appropriate professional relationships with faculty, colleagues, and patients; and  
d. show evidence of the ability to be perceptive, introspective, and insightful in professional relationships.  

C. Procedure  
The Personal and Professional Conduct component of the professional performance evaluation will be equal in importance to the cognitive mastery component of the evaluation [i.e., the letter grade resulting from written and oral examinations, Objective Structured Clinical Evaluations (OSCEs), clinical evaluations, etc.]. Full-time faculty members who have direct knowledge about the student during the clerkship will be responsible for determining the final evaluation of the student, including both the cognitive mastery and Personal and Professional Conduct components of that evaluation. An assessment of Exemplary, Effective, or Unsatisfactory in Personal and Professional Conduct will be assigned, as follows:  

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exemplary</td>
<td>Outstanding personal and professional conduct. (For the “Trustworthiness” category, the grade assigned will be either “Effective” or “Unsatisfactory”).</td>
<td></td>
</tr>
<tr>
<td>Effective</td>
<td>Appropriate personal and professional conduct.</td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Personal and professional conduct that does not meet acceptable professional standards.</td>
<td></td>
</tr>
</tbody>
</table>

In the event that an M-III or M-IV student receives an Unsatisfactory evaluation in any of the six categories of Personal and Professional Conduct, the clerkship director will:  

1. notify the student.  
2. provide written documentation of the events resulting in the Unsatisfactory evaluation. This documentation should be supported by reports from house officers, peers, or other personnel.  
3. forward the Unsatisfactory assessment, with supporting documentation, on the appropriate clinical evaluation form to the USCSM Director of Enrollment Services/Registrar who will provide copies to the Associate Dean for Clinical Curriculum and to the Associate Dean for Medical Education and Academic Affairs.  

The student receiving the Unsatisfactory evaluation will then receive a request from the Associate Dean for Medical Education and Academic Affairs to arrange a meeting to review the Unsatisfactory assessment.
If the events documented in the Unsatisfactory evaluation are violations of the regulations contained in the Carolina Community student policy manual, the procedures for resolution of those violations will be followed.

A student who receives an Unsatisfactory evaluation in the Personal and Professional Conduct portion of an M-III or M-IV clerkship evaluation will receive an Incomplete grade in that clerkship. He/she will not be permitted to continue in other clerkships, but will be required to repeat the clerkship or, alternately, to repeat the component(s) of the clerkship identified as necessary by the Clerkship Director. If a second Unsatisfactory assessment is received in the Personal and Professional Conduct portion of the professional evaluation in the repeat clerkship, then the student will be subject to dismissal. If the student receives Exemplary or Effective grades in Personal and Professional Conduct and a “C” or higher letter grade in the repeat clerkship, he/she will be permitted to continue in the M-III or M-IV year. Any additional Unsatisfactory grades in Personal and Professional Conduct during the M-III year or during the M-IV year will render the student subject to dismissal as indicated in the USCSM Bulletin.

In matters regarding potential dismissal from USCSM, the Student Promotions Committee will have the final authority for making recommendations to the Dean regarding academic alternatives for a student who has received (an) Unsatisfactory evaluation(s) in Personal and Professional Conduct in an M-III or M-IV clerkship.
GRADE CHANGE POLICY
THE UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE

The policy governing the curriculum of the School of Medicine states that grades cannot be changed by the department after they have been submitted to the Office of Admissions and Enrollment Services, except where an error in computation or transcription has occurred.

The Grade Change Subcommittee of the Academic Standards Committee meets as necessary, reviews the grade change requests and makes decisions regarding their validity. Requests must be made within one year of the course/clerkship/elective completion date. The Director of Enrollment Services/Registrar staffs the subcommittee.

PROCEDURE

1. The Course/Clerkship/Elective Director makes a request for a grade change to the Director of Enrollment Services/Registrar, providing documentation of the error and an amended evaluation form.

2. The Associate Dean for Medical Education and Academic Affairs submits this information to the Grade Change Subcommittee.

3. The subcommittee members review the request and make the decision to allow or deny the change.

If the change is allowed, the Director of Enrollment Services/Registrar posts the new grade and notifies the course director and student of the decision of the subcommittee. If the change is denied, the Director of Enrollment Services/Registrar notifies the course director.
Technical Standards Attainment Documentation (TSAD)

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 2005, 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 Skills

To document accomplishment of certain technical skills, the CSAD cards were created. The cards are blue in color, and 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 on the front of the card. 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 Registrar’s Office 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 back of the departmental blue cards students receive at the orientation for each clerkship. During their clerkships, 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 & Physical Exam
  - Senior Mentor Assignment - Intimacy, Friendship and Aging
  - Senior Mentor Assignment – Patient/Physician Relationship (may be performed anytime during M-I/M-IV years)
- Obtain and Record Medical History (SP Session)
- Perform and Record Mental Status Exam (SP Session)
- Obtain and Record Sexual History (SP Session)

#### M-II Introduction to Clinical Medicine Skills

**Required Curricular Activity**

- Perform Clinical Breast Exam
- Demonstrates Basic Cardiac Life Support (BCLS) Skills
- Complete Columbia Free Medical Clinic Experience
- Demonstrates Complete History and Physical Examination
- Complete M-III Shadowing Experience
- Perform Computer Literature Search
- Complete Tasks for Senior Mentor Program
  - Senior Mentor Assignment – Behavior Change
  - Senior Mentor Assignment – Behavior Change One Month Follow-up
  - Senior Mentor Assignment – Behavior Change Five Month Follow-up and Home Assessment
  - Senior Mentor Assignment – Medications/Pharmacology
  - Senior Mentor Assignment – Physical Examination
  - Senior Mentor Assignment – Patient/Physician Relationship (may be performed anytime during M-I/M-IV years)

#### M-III Family Medicine Skills

**Required Curricular Activity**

- Attending Review of Two Inpatient H&P’s
- Complete On-line Nutrition Assessment Case Study
- Complete Senior Mentor Assignment – “Advanced Directives”
- Inpatient Topic Presentation
- Observation of Lower Gastrointestinal Endoscopy
- Observation of Upper Gastrointestinal Endoscopy
- Participate in Assessment of Nursing Home Patient
- Participates in a Well-Child Visit and Discuss Pediatric Development Milestones
- Perform Comprehensive Inpatient History and Physical Examination
Perform Gyn Screening Exam (Pap & Breast Exam)  
Perform Outpatient Observed History and Physical Examination  
Video Review  

**Strongly Recommended**  
Observe Colposcopy/Endometrial Biopsy  
Observe Exercise Stress Testing  
Observe Flexible Sigmoidoscopy  
Observe Individual or Family Psychotherapy Session  
Observe/perform Outpatient Dermatologic Procedures  
Observe Nasopharyngoscopy  
Participate in Family-Centered Prenatal Visit  
Participate in Nutritional Assessment of Patient with Nutritionist  

**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 Bronchoscopy  
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  

**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**  
Complete On-line Nutrition Assessment Case Study  
Evaluate Vaginitis including Performance of Wet Preparation with KOH Staining  
# of Deliveries in which Student Participates – vaginal and c-section  
Observe and Discuss Colposcopy  
Observe and Discuss Hysterectomy  
Observe and Discuss Laparoscopy  
Observe Genetic Counseling Session  
Observe GYN Ultrasound  
Observe OB Anatomical Ultrasound  
Obtain Sexual History  
Perform or Assist with Vaginal Delivery  
Perform Breast Examination (Observed by Faculty or Senior Level Resident)  
Perform Contraception Counseling  
Perform Pap Smear (Observed by Faculty or Senior Level Resident)
Perform Pelvic Examination (Observed by Faculty or Senior Level Resident)
Teach Breast Self-Examination

**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
- Perform Written Pediatric History and Physical Examination
- Plot Growth Curves
- Write a Prescription Accurately

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

**M-III Psychiatry Skills**

**Required Curricular Activity**
- Complete Alcoholics Anonymous Experience
- Complete Hospice Volunteer Training
- Complete On-line Nutrition Assessment Case Study
- Complete Senior Mentor Assignment – “Life Review”
- Conduct an Observed Mental Status Exam and Present the Results #1
- Conduct an Observed Mental Status Exam and Present the Results #2
- Conduct an Observed Mental Status Exam and Present the Results #3
- Conduct and Review with Faculty a Videotaped History and Mental Status Exam

**M-III Surgery Skills**

**Required Curricular Activity**
- Complete On-line Nutrition Assessment Case Study
- Draw Arterial Blood Specimen
- Evaluate Groin Hernia
- Foley Catheter Placement (Female)
- Foley Catheter Placement (Male)
- Intravenous Line Placement
- Nasogastric Tube Placement
Observation or Placement of Central Venous Catheter (e.g. Swan-Ganz)
Perform History and Physical Examination (at least two per week)
Perform Observed Evaluation of Acute Surgical Abdomen
Perform Observed H&P During 2nd 4 weeks of Clerkship
Perform Preoperative Evaluation and Write Orders
Perform Postoperative Evaluation
Perform Wound Management Techniques (dressing changes)
Performance of Thoracentesis, Paracentesis or Chest Tube Placement

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
Identify Normal Anatomy on Brain SPECT
Lumbar Puncture

Revised 5/06
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. Candidates must be able to observe patients accurately both close at hand and at a distance. 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\textsuperscript{3,10,11}. 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\textsuperscript{3,11}. Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic operations\textsuperscript{3,11}. 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)\textsuperscript{3,11}. 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{1,11,18} to analyze\textsuperscript{1,11,18}, integrate\textsuperscript{1,11,18}, and synthesize 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
POLICIES ON HIV TRANSMISSION TO PATIENTS

THE OBJECTIVE OF THESE POLICIES IS THE PREVENTION OF TRANSMISSION OF THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) FROM STUDENTS, HOUSE OFFICERS, FACULTY, AND STAFF OF THE UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE (USCSM) TO OTHER PERSONS ENCOUNTERED IN THE WORK ENVIRONMENT.

PREAMBLE: Because it is possible for a Health Care Worker (HCW) to be infected with the HIV for a prolonged period of time without knowledge of the infection, it is important for USCSM to establish guidelines for the performance of duties of HCWs in the professional setting to promote the safety of all persons, especially patients with whom the HCW comes in contact;

Because the only meaningful exposure that the HCW can present to a contact (patient) in the professional setting would be from the exposure of the contact (patient) to blood or other body fluid of the HCW;

1. USCSM reaffirms the policy that testing for the presence of the HIV among students not be mandatory on either a routine or periodic basis.

2. USCSM reaffirms the policy that a member of the student body not be required to inform the USCSM of his/her infection with the HIV. USCSM recognizes and supports the statement of the American Medical Association (AMA) on testing physicians and other HCWs. The complete AMA Policy Statement follows:

AMERICAN MEDICAL ASSOCIATION
HIV/AIDS POLICY
January 1994

Testing Physicians & Other Health Care Workers

Physicians and health care workers (includes "students") should be tested for HIV in appropriate situations. This testing should be consistent with testing for other infections and communicable diseases. AMA opposes mandatory testing and mandatory testing schemes, in particular those involving licensure, medical staff privileges, and professional liability insurance.

"Appropriate situations" for testing include situations where there is a documented occupational exposure to HIV and where a HCW faces an increased occupational or personal risk of HIV transmission. Where there has been a documented exposure, employers of HCWs should provide, at the employer's expense, serologic testing to the HCW who has been exposed to HIV. Where a physician performs patient care procedures that pose an increased risk of HIV transmission, the physician should voluntarily determine his/her serostatus at intervals appropriate to the risk. The periodicity will vary according to the locale and circumstances of the individual. This judgment should be made at the local level. A physician who tests negative for HIV should voluntarily re-determine his/her HIV serostatus at an appropriate period of time after any significant occupational or personal exposure to HIV. Follow-up tests should occur after a time interval exceeding the length of the "antibody window."

Counseling for HIV Testing
Appropriate counseling should be considered an integral component of any testing program (See HIV Blood Test Counseling: AMA Physician Guidelines).

**Pretest Counseling**
Individuals should be informed about effective behaviors to avoid the risk of HIV infection. The extent and form of information provided will vary with the circumstances. For example, in the provision of routine testing, counseling need not be as extensive as that rendered in the provision of diagnostic testing. In public screening programs, counseling may be done in whatever form is appropriate given the resources and personnel available.

**Post-Test Counseling**
Post-test counseling should comprise the following elements:

**Negative Results**
All negative test results should be provided in a confidential manner accompanied by information on the meaning of these results and the offer, directly or by referral, of appropriate counseling.

**Positive Results**
All positive HIV results should be provided in a confidential face-to-face session by a professional properly trained in HIV posttest counseling and with sufficient time to address the patient's concerns about medical, social, and other consequences of HIV infection.

Patients who are HIV positive should be counseled in regard to: (1) responsible behavior to prevent the spread of the disease, (2) strategies for health protection with a compromised immune system, and (3) the necessity of alerting sexual contacts, past (5-10 years) and present, regarding their exposure to HIV.

Long-term emotional support should be provided or arranged for seropositive individual.

3. USCSM students must practice “Standard Precautions” (previously known as Universal Precautions) when dealing with patients. The actions described as “Standard Precautions” include, but are not limited to:
   a. the use of barrier protection methods at all times.
   b. the use of gloves for handling blood and body fluids.
   c. the wearing of gloves by students acting as phlebotomists.
   d. the changing of gloves between patients.
   e. the use of a facial shield as protection from splashing.
   f. the use of gown and apron for protection from splashing.
   g. the washing of hands between patients and if contaminated.
   h. the washing of hands after removal of gloves.
   i. the availability of rigid needle containers.
   j. the avoidance of unnecessary handling of needles.
   k. the careful processing of “sharps.”
   l. the avoidance of direct mouth-to-mouth resuscitation contact.
   m. the minimization of spills and splatters.
   n. the decontamination of all surfaces and devices after uses
4. If a patient (or another HCW) is accidentally exposed to the blood or body fluids of HCW, the following protocol should be followed:
   a. The Infection Control Practitioner of the institution where the accident occurred should be informed immediately after the accident.
   b. The faculty member in charge of the service on which service the accident occurred should be informed immediately.
   c. A member of the USCSM Office of Medical Education and Academic Affairs staff should be notified as soon as possible. These three people will be asked to determine collectively what measures need to be instituted to insure the safety of the exposed person (patient).
   d. Notify the attending or supervising physician immediately. The attending/supervising physician, in consultation with the medical student, will review the source patient’s chart for history, symptoms, or laboratory evidence of blood-borne disease. If the source patient’s infection status is not known, the attending/supervising physician should order appropriate laboratory tests (stat HIV-1 and HIV-2 antibody, hepatitis B surface antigen, and hepatitis C antibody and, if indicated, RPR) right away. The student will report to the appropriate treatment facility without delay.

5. All medical students of the USCSM must follow all of the rules, regulations, and guidelines of the institution in which they are providing the patient care.
POLICIES FOR USCSM STUDENT EXPOSURE TO BLOODBORNE PATHOGENS

INTRODUCTION

Students caring for patients in the University of South Carolina School of Medicine (USCSM)-affiliated teaching hospitals and clinics experience risk of exposure to several infectious diseases, including syphilis, hepatitis B (HepB), hepatitis C (HepC), and human immunodeficiency virus (HIV). Consequently, these policies state the required actions expected of all USCSM medical students involved in patient care to prevent transmission of such infections to themselves and to prevent or minimize clinical disease in the event they undergo significant exposure.

In addition to the “Standard Precautions” previously mentioned, the following actions are required practice to minimize risk of transmission of infection:

1. Gloves will be worn for all parts of the physical examination in which contact might be expected with the oral, genital, or rectal mucosa of a patient. Gloves are also necessary while examining any skin rash that might be infectious (e.g., syphilis, herpes simplex, etc.).

2. Gloves will be worn in all procedures that involve risk of exposure to blood or body fluids, including venipuncture, arterial puncture, and lumbar puncture. Gloves will also be worn during any laboratory test on blood, serum, or other blood product or body fluids.

3. Prior to performing a venipuncture, obtain a needle (and syringe) disposal box and place it adjacent to the venipuncture site. After venipuncture, insert the needle (and syringe) immediately in the disposal box. DO NOT recap or remove needles by hand. Care must be taken to avoid bringing the needle near the body of other persons in the examining room while transferring it to the container.

PROCEDURES TO BE FOLLOWED IN CASE OF EXPOSURE

Exposure to bloodborne pathogens may occur through direct contact with a patient's blood or body fluid via needle or through contact with non-intact skin or the mucous membranes. If an exposure is suspected, the following must be done immediately:

1. The site of the contamination shall be thoroughly irrigated or washed with soap and water for five (5) minutes. Exposed eyes should be flushed with water, normal saline or appropriate eye wash for 10 minutes.

2. Notify the attending physician immediately. The attending physician, in consultation with the medical student, will review the source patient's chart for history, symptoms, or laboratory evidence of bloodborne disease. The student will report to the appropriate treatment facility without delay.

3. Subsequent actions and the urgency of those actions depend upon the exposure risk. To achieve optimal effectiveness, prophylaxis therapy to prevent HIV infection should occur as soon as possible after exposure. Exposure to other bloodborne pathogens, such as hepatitis and syphilis; may be dealt with an urgency appropriate to those pathogens.
Site-specific actions to be taken when the need for treatment has been established. Please note this is in the process of being changed due to new requirements from the State Workman’s Compensation Fund. Updates will be provided as they become available. Until that time, please proceed using the actions stated below:

a. Dorn Veterans Affairs Medical Center (DVAMC):
   During working hours, the student should report immediately to the Employee Health Clinic (Extension 6530, Room 5B122) for evaluation and treatment. If there is no answer at that number, students are to call the operator and ask the operator to page Billy Hansford at pager #084. After working hours, but before 8:00 p.m. the student should report to the DVAMC Emergency Room. Between 8:00 p.m. and 8:00 a.m., the student should call the Medical Officer of the Day (MOD) directly or by asking the operator to page him/her.

   As soon as possible after treatment, the student should notify Rene’ Davis at the USC School of Medicine Employee/Student Health Office (803-434-2479).

   Follow-up should be coordinated with USC School of Medicine Employee/Student Health Office (434-2479).

b. Greenville Hospital System (GHS):
   The student should report immediately to the GHS Exposure Control Nurse at ext. 5-4209 and follow directions on voice-mail. After hours and on weekends/holidays, report to the GHS Administrative Coordinator on duty (by calling the hospital operator) for evaluation, required treatment, and follow-up. If there are any difficulties in receiving care after hours, page the infection control beeper at 290-3386.

   As soon as possible after treatment, the student should notify Rene’ Davis at the USC School of Medicine Employee/Student Health Office (803-434-2479).

c. Palmetto Health Richland (PHR):
   During regular office hours (weekdays from 8:30 a.m. until 4:30 p.m.), the student should report to the PHR Family Practice Center (3209 Colonial Drive, 803-434-2479 or 803-434-6116) for initial evaluation and treatment. After hours and on weekends or holidays the student should report immediately to the PHR Emergency Department for initial medications and indicated laboratory work.

   As soon as possible, the student should notify Rene’ Davis at the USC School of Medicine Employee/Student Health Office (803-434-2479). Subsequent follow-up will be with the Employee/Student Health Office at the PHR Family Practice Center (3209 Colonial Drive).

d. William S. Hall Psychiatric Institute (WSHPI), and Other Sites:
   During regular office hours (weekdays 8:30 a.m. until 4:30 p.m.), the student should report to the PHR Family Practice Center (3209 Colonial Drive, 803-434-2479 or 803-434-6116) for initial medications and indicated laboratory work. After hours and on weekends or holidays the student should report immediately to the PHR Emergency Department for initial medications and indicated laboratory work. After hours and on weekends or holiday, the student should report immediately to the PMR Emergency Department for initial evaluation and treatment.
As soon as possible, the student should notify Rene’ Davis at the USC School of Medicine Employee/Student Health Office (803-434-2479). Subsequent follow-up will be with the Employee/Student Health Office at the PHR Family Practice Center (3209 Colonial Drive).

**PHR Student Health EMERGENCY contact numbers:**

- Office (PHR Family Practice Center): (803) 434-6116
- Rene Davis (PHR Family Practice Center, Student Health Services): (803) 434-2479
- Dr. Joshua Mann or Dr. Gary Ewing (Department of Family and Preventive Medicine/PHR Family Practice Center): (803) 434-7399 or (803) 434-4575.

Always immediately identify yourself as a medical student with a bloodborne pathogen exposure. The staff and faculty are aware of the treatment policy and the need for a rapid evaluation and treatment. For aftercare please use the office number above and identify yourself as a medical student requiring a follow up appointment.

4. The treating physician may also ask the attending physician to obtain the necessary blood sample(s) from the source patient:

   a. When the exposure occurs at DVAMC, blood samples will be processed through DVAMC.
   b. When the exposure occurs at GHS, blood samples will be processed at GHS.
   c. When the exposure occurs at WSHPI, MACH or PHR, blood samples will be processed at PHR.

5. The results of all clinical evaluations, blood-testing, and follow-up assessments (for HIV, at 6 weeks and at 3 and 6 months) should be forwarded to:

   a. the Student Health Services Office, Family Practice Center (3209 Colonial Drive) for exposures occurring at WSHPI, MACH or PHR.
   b. the DVAMC Employee Health Clinic for exposures occurring at DVAMC.
   c. the GHS Employee Health and Wellness Office for exposures occurring at GHS.

Personnel in the PHR Emergency Department, the PHR Family Practice Center, the DVAMC Employee Health Clinic, and the GHS Employee Health Clinic are aware of these procedures. They have been instructed to contact personnel in the USCSM Student Health Services Office with any questions and with any difficulties encountered with follow-up.

Medical students should identify themselves specifically as medical students seeking evaluation and treatment for education related exposure when presenting at the treatment areas.

**POLICY CONCERNING MEDICAL STUDENTS ON CLINICAL ROTATIONS WHEN EXPOSED TO PERSONAL RISK OF SERIOUS INFECTION**

In the care of assigned patients with serious contagious diseases, such as Human Immunodeficiency Virus infection, Hepatitis B infection or drug resistant Tuberculosis, medical students are expected to participate at their level of competence. A medical student should not be penalized for questioning whether his/her personal safety is being compromised unnecessarily. Medical education and training should include instruction intended to maximize the safety of all members of the health care team in situations in which there are increased risks of exposure to infectious agents, including skill in handling or being exposed to sharp objects in diseases transmitted through blood or secretions and in use of appropriate barriers in airborne and hand-to-mouth infections.

REFERENCES

Revised 5/02
Approved: RMH 5/02
Approved: GHS 5/02
Approved: DVAMC 5/02

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**POST-BLOODBORNE EXPOSURE WALLET CARD**

<table>
<thead>
<tr>
<th>IN CASE OF BLOODBORNE PATHOGEN EXPOSURES DURING WORKING HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wash, irrigate or flush area with soap and water for 5 minutes</td>
</tr>
<tr>
<td>2. Notify USCSM faculty member in charge of service.</td>
</tr>
<tr>
<td>3. IMMEDIATELY report for evaluation and treatment (optimally within 2 hours)</td>
</tr>
<tr>
<td>Student and Employee Health at PHR Family Practice</td>
</tr>
<tr>
<td>Center 3209 Colonial Drive</td>
</tr>
<tr>
<td>Or DVMC Employee Health Clinic at Room 1C112 or Call extension 6530 or pager 084</td>
</tr>
<tr>
<td>Or GMH Exposure Control Nurse at Extension 5-4209 follow voice mail instructions</td>
</tr>
<tr>
<td>On reporting for evaluation tell staff immediately that you have had a bloodborne exposure.</td>
</tr>
</tbody>
</table>

All costs for evaluation and treatment are covered by Workers’ Compensation Program
For any questions contact F. Rene Davis at 1-803-434-2479
USCSM Student and Employee Health) or Dr. Joshua Mann at 803-434-2556 or 803-434-7399
IN CASE OF BLOODBORNE PATHOGEN EXPOSURES
AFTER WORKING HOURS

1. Wash, irrigate or flush area with soap and water for 5 minutes
2. Notify USCSM faculty member in charge of service.
3. IMMEDIATELY report for evaluation and treatment
   (optimally within 2 hours)
   Emergency Room at PHR or call GMH Administrative Coordinator
   On duty via hospital operator.
On reporting for evaluation tell staff immediately that you have had a bloodborne exposure.

All costs for evaluation and treatment are covered by Workers’ Compensation Program.
For any questions contact F. Rene Davis at 1-803-434-2479
USCSM Student and Employee Health) Dr. Joshua Mann at 803-434-2556 or 803-434-7399