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Orientation to the Clinical Years

A three-day (July 1-3, 2008) 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 Tuesday, July 1 generic information is provided to all M-III students. On Wednesday and Thursday, July 2-3, 2008 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 on July 2nd and the Dorn Veterans Affairs Medical Center on July 3rd. Student completing their clinical rotations in Greenville will participate in an Orientation program in Greenville presented by the Greenville Hospital system on July 3rd. 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/Neurology, M-III Family Medicine, M-IV Neurology, and an Acting Internship) constitute the "core" clinical curriculum at USCSM. In the M-III year 4 weeks are available for elective rotations and in the M-IV year up to 20 weeks are available for elective rotations. These elective rotations are scheduled through the registrar’s office and by students based on their career plans and individual interests. Capstone, a required two-week interdepartmental and multidisciplinary experience, is held in March for all M-IV students. 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 May 18, 2009 for the Class of 2010.

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 Deans for Clinical Curriculum and for Clinical Assessment in Columbia and the Assistant Dean for Medical Education-GHS hold periodic meetings with 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 in Columbia and Ms. Maggie Stricker (864) 455-9808, USC Medical Student Coordinator in Greenville. Each clerkship contains approximately equal numbers of students in each of the six M-III rotations, and in each of the nine M-IV Internal Medicine, Neurology, Surgery, and Acting Internship rotations. Students are assigned to M-III and M-IV elective rotations on an individual basis, as space is available. Each clerkship and elective 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 and 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

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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 are to be made available to the individual student upon his/her request, at the discretion of the clerkship director, 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, the Assistant Dean for Clinical Assessment, or the Assistant Dean for Medical Education-GHS to ensure prompt scheduling and completion of those remediation procedures determined by the department.

Greenville Hospital System (GHS) Program Responsibilities: A portion of each class will 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 Assistant Dean for Medical Education-GHS, Paul V. Catalana, M.D.
M-IV 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 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 about 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. Clerkship directors and department chairs are strongly encouraged to incorporate curriculum content as outlined by national clerkship organizations, if such an organization exists for a particular clerkship. The clerkship director is responsible for the day-to-day administration of the clerkship and informs the chair of progress or problems.

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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. In Greenville the Assistant Dean for Medical Education-GHS (Paul V. Catalana, MD) (864) 455-9808 is available as well. 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 periodically reviews each clerkship in depth, using a questionnaire developed for this purpose and requesting each clerkship director to attend and present at the meeting during which the clerkship is to be reviewed. 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. These preclinical hours are closely and centrally monitored. 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 USCSM.

Medical Student Duty Hours

Provision of 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 one 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 or the Assistant Dean for Medical Education-GHS 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:

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**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, May 18, 2009. **Student must be excused from all clinical and didactic responsibilities (including on-call responsibilities) from 11:30 AM until such time as the scheduled sessions for M-III Recertification Day are concluded.**

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. The calendar can be found on the USCSM website.

**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 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 July. 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 July 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 retest in July 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 Office of Curricular Affairs in Columbia and the Office of Medical Student Education in Greenville. Clerkship Directors are scheduled to assist these offices in this responsibility on a rotating basis.

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 Curriculum (for violations, during the M-III and M-IV years, of the [USCSM Policy on Evaluation of Personal and Professional Conduct](#)). Student academic evaluation at USCSM involves assessment of students’ knowledge, skills, attitudes and behavior. Student Promotion Committee decisions about student academic progress at USCSM can take into account all of these factors.

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.

The University of South Carolina School of Medicine
Guidelines for Conduct in Teacher/Learner Relationships

I. Statement of Philosophy

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

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

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

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

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

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

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

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

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

http://www.sa.sc.edu/carolinacommunity/housing.htm#Grievance%20Policy%20-%20Non-Academic

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

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

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

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

B. Teachers’ Concerns

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

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

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

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

V. Procedures for Handling Allegations of Inappropriate Behavior in the Teacher/Learner Context

A. Upon being notified of alleged inappropriate behavior, the Associate/Assistant Dean or Program Director will notify the Dean and other appropriate senior administration officials in a written report within 5 business days of the allegation.

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

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

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

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

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

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

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

Approved: Curriculum Committee (September 11, 2008)
Executive Committee (October 8, 2008)

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.

Student Appeal of Grades

The procedures herein shall not extend to matters of grading student work where the substance of a complaint is simply the student’s disagreement with the grade or evaluation of his/her work. Such matters shall be discussed by a student and his/her instructor; final authority shall remain with the instructor.

Students have the right to be graded in an equitable manner, free from arbitrary bias or capriciousness on the part of faculty members. The basis of a student grievance shall be a violation of Teaching Responsibility policies contained in the Faculty Manual (http://www.sc.edu/policies/facman/Faculty_Manual_Columbia.pdf); or a violation of the policies on Protection of Freedom of Expression or Protection against Improper Disclosure, as stated in the Carolina Community (http://www.sa.sc.edu/carolinacommunity/rights.htm).

Students who believe they have the right to grieve under this policy should, within 30 calendar days of receiving a grade, contact the Associate Dean for Medical Education to review the appeals process.

I. Appeal of a Course Grade and/or Written Evaluation

1. Initiating an Appeal
   a. Students must submit all appeals in writing to the course/ clerkship director.
b. Students must send copies of the appeal to the Associate Dean for Medical Education.
c. The written appeal must clearly state the grievance.
d. Students must initiate an appeal within 30 calendar days of notification of the grade or evaluation.

2. Appeal to the Course or Clerkship Director – Level One
   a. The first level of appeal of a course grade and/or written evaluation is to the course or clerkship director.
   b. Should the course or clerkship director determine that there is a reason to change the course grade or evaluation in the student’s favor, the director will send a request for revision to the SOM Registrar, who will in turn take the request to the Grade Change Committee. If no reason for change is found, the course or clerkship director will inform the student that the grade or evaluation stands. In either event, the student must receive written notification of the course or clerkship director’s decision within ten working days of the student’s appeal.

3. Appeal to the Department Chair – Level Two
   a. If the course or clerkship director’s decision is not favorable to the student, the student may appeal the course or clerkship director’s decision.
      i. For departmentally based courses, the student may appeal the course or clerkship director’s decision to the department chair.
      ii. For team-taught courses, the student may appeal the course or clerkship director’s decision to the department chair responsible for management of the course.
      iii. The appeal must be made within 10 days of receiving the decision from the course or clerkship director.
   b. After consultation with the course or clerkship director, the department chair may uphold the director’s decision or support the student appeal. Should the department chair determine that there is a reason to change the course grade or evaluation in the student’s favor, the department chair will send a request for revision to the SOM Registrar, who will in turn take the request to the Grade Change Committee. If no reason for change is found, the chair will inform the student that the grade or evaluation stands. In either event, the student must receive written notification of the department chair’s decision within ten working days of the student’s appeal.

4. Appeal to the Grade Change Committee – Level Three
   a. If the student is dissatisfied with the decision of the department chair, the student may submit a written appeal to the Grade Change Committee via the SOM Registrar with a copy of the appeal to the Associate Dean for Medical Education.
   b. The written appeal must state grounds for the grievance.
   c. The appeal must be made within 10 days of receiving the decision from the department chair.
   d. The Grade Change Committee will then either:
      i. Rule that the appeal lacks the merit to warrant a hearing and will uphold the decision of the department chair.
      ii. Rule that the appeal has the necessary merit for a hearing and will schedule a hearing on the appeal.
   e. The Grade Change Committee decision is the final decision for Course grade or Written Evaluation appeals.

II. Faculty Grievance Procedure

1. A faculty member who feels that he/she has been aggrieved as a result of a student appeal proceeding has the right to appear before the Faculty Grievance Committee and present his/her case to the committee.

Approved January 21, 2009/Academic Standards Committee

2/5/2009
Guiding Principles

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

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

Program Objectives

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

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

11. set appropriate and realistic performance standards for students;

12. utilize both formative and summative evaluation methods for students;

13. increase the use of competency-based student assessments;

14. promote students’ interest in scientific exploration;

15. provide a range of elective opportunities for students;

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

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

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

Physician Competencies

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

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

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

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

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

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

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

1. Knowledge:

   a. knowledge of the normal structure and function of the body and its major organ systems; **Medical Knowledge, Patient Care**
   
   b. knowledge of the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis; **Medical Knowledge, Patient Care**
   
   c. knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, psychosocial, and traumatic) of maladies and of the pathogenesis of maladies; **Medical Knowledge, Patient Care**
   
   d. knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems seen in various diseases and conditions; **Medical Knowledge, Patient Care**
   
   e. knowledge of the frequent clinical, laboratory, roentgenologic, and pathologic manifestations of common maladies; **Medical Knowledge, Patient Care**
   
   f. knowledge of the important non-biological determinants of health and of the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of maladies; **Medical Knowledge, Patient Care, Systems Based Practice**
   
   g. knowledge of the epidemiology of common maladies within a defined population and systematic approaches to reduce the incidence and prevalence of those maladies; **Medical Knowledge, Patient Care, Systems Based Practice**
   
   h. knowledge of various approaches to, and implications of, the organization, financing, and delivery of health care; **Patient Care, Systems Based Practice**
   
   i. knowledge of the theories and principles that govern ethical decision-making and of the major ethical dilemmas encountered in medical practice, particularly at the beginning and end of life and resulting from the rapid expansion of knowledge in genetics; **Patient Care, Professionalism**
   
   j. knowledge about relieving pain and ameliorating the suffering of patients; **Medical Knowledge, Patient Care**
   
   k. knowledge of the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for medical practice. **Patient Care, Professionalism**

2. Skills:

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

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

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

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

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

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

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

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

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

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

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

l. The ability to access and evaluate critically medical literature; **Medical Knowledge, Practice Based Learning and Improvement**

m. The ability to understand the power of the scientific method in establishing the causation of disease and efficacy of traditional and non-traditional therapies. **Practice Based Learning and Improvement**

3. Attitudes and Behaviors:

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

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

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

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

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

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

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

Approved: Curriculum Committee (October 9, 2008)
Clinical Skills Attainment Document (CSAD): 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 "Clinical Skills Attainment Document (CSAD)," 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 esophagogastroduodenoscopy) 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.

“There must be a system with central oversight to assure that the faculty define the types of patients and clinical conditions that students much

* In 2006, this document was renamed “Clinical Skills Attainment Document” (CSAD) to better reflect the content of the document. It was previously known as the “Technical Standards Attainment Document” (TSAD).

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encounter, that appropriate clinical setting for the educational experiences, and the expected level of student responsibility. The faculty must monitor student experience and modify it as necessary to ensure that the objectives of the clinical education program will be met.”

For this process the New Innovations® software program has been purchased by the Office of Curricular Affairs and Faculty Support. Its content is based on the previous Patient Encounter Cards (PECs). The web-based 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 diagnoses seen and procedures performed. The information can be monitored and downloaded through the New Innovations® website www.new-innov.com/login by each clerkship director and clerkship coordinator. It is essential for each clerkship director to monitor this data to ensure compliance with LCME standards. Students are required to submit PEC data for each required clerkship.

Personnel in the Office of Curricular Affairs and Faculty Support will continuously evaluate the New Innovations® software program and modify the program, as appropriate, based upon feedback from students and faculty members and upon changes in LCME accreditation requirements. Instructions for logging into the system are listed below:

1. Go to www.new-innov.com

2. Login with institution name: USC

3. Username and password: Use the first letter of your first name and your last name (For example: Angelica Naso; Username and password would be anaso)

4. Change your password immediately following your login

5. Under Choose Department/Division, click on your Clerkship. Go to Main on the top left corner and go to Log Books. Hit View Log books and you have access to see your designated clerkship’s data.

6. To view all data on one page, go to Customizing Your View. Select All under Custom Logger Fields, and Display 1000 rows on a page. Hit Save and Return.

7. After viewing the patient encounter data, you have the ability to generate reports on individual students. Underneath the Customizing Your View tab, hit Generate a Report. Highlight the student’s name and specify the dates of the report.

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. 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 but not limited to:**

1. USCSM online clerkship evaluation (Office of Curricular Affairs will notify you when completed)
2. Senior Mentor Assignments (Family Med, Psych/Neuro, and Internal Med only) are turned into the Clerkship Director and forwarded either by hard copy or electronically to Ms. Duna Miller in the Office of Curricular Affairs
3. All CSAD items are signed and the card is signed by the Clerkship Director
4. PEC data has been submitted and reviewed both at the midterm and the end of the rotation

If one or two students are holding up grades being posted on VIP and submitted to the Registrar's Office, those students should be given an Incomplete (I) for the clerkship until all items are submitted so as to not hold up the process for other students and the school to receive their grades.

Clerkship specific, departmentally generated, evaluations may also 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.

2/5/2009
**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. Medical students on the Greenville campus have access to primary care services through the employee health department of the Greenville Hospital System and a local internal medicine group. 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 Donna Wall donna.wall@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, Assistant Dean for Medical Education-Greenville Hospital System (864) 455-9808 or Dr. J. T. Thornhill, Assistant Dean for Clinical Curriculum (803) 733-3367. 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)
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 Assistant Dean for Medical Education 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: 6/08
MI – MII
Mandatory M-I Orientation............................................................August 4 - 8, 2008
Classes Begin.....................................................................................August 11
Labor Day.........................................................................................September 1
Fall Break...........................................................................................October 9 - 12
Thanksgiving Break.........................................................................November 27 – 30
Last Day of Classes..........................................................................December 2
Reading Day.......................................................................................December 3
Final Exams.......................................................................................December 4 - 12
Winter Break.......................................................................................January 5
Spring Semester classes begin..........................................................January 5
Labor Day.........................................................................................September 1
Clerkship 1 eight weeks.....................................................................July 7 - August 29
Six weeks............................................................................................July 7 thru August 15
Elective...............................................................................................August 18 thru August 29
Labor Day..........................................................................................September 1
Clerkship 2 eight weeks.....................................................................September 2 – October 24
Six weeks............................................................................................September 2 thru October 10
Elective...............................................................................................October 13 thru October 24
Clerkship 3 eight weeks.....................................................................October 27 - December 19
Six weeks............................................................................................October 27 thru December 5
Elective...............................................................................................December 8 thru December 19
Thanksgiving Day...............................................................................November 27
Winter Break.......................................................................................December 20 – January 4, 2009
Makeup day for M-III subject exams (if needed)..............................January 2 (clerkships 1 & 2)
Clerkship 4 eight weeks.....................................................................January 5 – February 27
Elective...............................................................................................January 5 thru January 16
Six weeks............................................................................................January 19 thru February 27
Clerkship 5 eight weeks.....................................................................March 2 – April 24
Elective...............................................................................................March 2 thru March 13
Six weeks............................................................................................March 16 thru April 24
Clerkship 6 eight weeks.....................................................................April 27 – June 19, 2009
Elective...............................................................................................April 27 thru May 8
Six weeks............................................................................................May 11 thru June 19
MIII Recertification Day.....................................................................May 18
Makeup day for M-III subject exams (if needed)..............................June 23 (clerkships 3, 4, & 5)
.................................................................July 17 (clerkship 6)
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Fall Break revised 1/28/08

2/5/2009
MIV
Rotation 1 ...................................................................................................... July 7 – August 1, 2008
Rotation 2 ..................................................................................................... August 4 – August 29
Labor Day ...................................................................................................... September 1
Rotation 3 ..................................................................................................... September 2 – September 26
Rotation 4 ..................................................................................................... September 29 – October 24
Rotation 5 ..................................................................................................... October 27 – November 21
Rotation 6 ..................................................................................................... November 24 – December 19
Thanksgiving Day ............................................................................................. November 27
Deadline for Taking the Step 2 Examinations ................................................. December 19, 2008
Winter Break .................................................................................................. December 22 – January 4, 2009
Interview Week ............................................................................................... January 5 – January 9
Rotation 7 ..................................................................................................... January 12 – February 6
Rotation 8 ..................................................................................................... February 9 – March 6
Capstone Rotation 9 ....................................................................................... March 9 – March 20
Rotation 10 .................................................................................................. March 23 – April 17
Commencement .............................................................................................. May 8, 2009
### 2008-2009 NBME Subject Examination Test Administration Times for Columbia Students

**NBME Subject Examinations** are administered in the afternoon on the last day of each Rotation.

Students on rotation in Greenville should contact Maggie Stricker for the time and location of the Greenville subject exams.

#### M-III Students

<table>
<thead>
<tr>
<th>Clerkship</th>
<th>Exam Date</th>
<th>Location</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-III Neurology</td>
<td>August 1, 2008</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>Family and OB/GYN</td>
<td>August 15, 2008</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>M-III Clerkships 8 weeks</td>
<td>August 29, 2008</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>M-III Neurology</td>
<td>September 26, 2008</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>Family and OB/GYN</td>
<td>October 10, 2008</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>M-III Clerkships 8 weeks</td>
<td>October 24, 2008</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>M-III Neurology</td>
<td>November 21, 2008</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>Family and OB/GYN</td>
<td>December 5, 2008</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>M-III Clerkships 8 weeks</td>
<td>December 19, 2008</td>
<td>M-II Classroom</td>
<td>9:00 a.m.</td>
</tr>
<tr>
<td>M-III Neurology</td>
<td>January 30, 2009</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>ALL M-III Clerkships</td>
<td>February 27, 2009</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>M-III Neurology</td>
<td>March 27, 2009</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>ALL M-III Clerkships</td>
<td>April 24, 2009</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>M-III Neurology</td>
<td>May 22, 2009</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>ALL M-III Clerkships</td>
<td>June 19, 2009</td>
<td>M-II Classroom</td>
<td>9:00 a.m.</td>
</tr>
</tbody>
</table>
M-IV Students

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Exam Date</th>
<th>Location</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Neurology</td>
<td>August 1, 2008</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>2 Neurology</td>
<td>August 29, 2008</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>3 Neurology</td>
<td>September 26, 2008</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>4 Neurology</td>
<td>October 24, 2008</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>5 Neurology</td>
<td>November 21, 2008</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>6 Neurology</td>
<td>December 19, 2008</td>
<td>M-II Classroom</td>
<td>9:00 a.m.</td>
</tr>
<tr>
<td>7 Neurology</td>
<td>February 6, 2009</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>8 Neurology</td>
<td>March 6, 2009</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>10 Neurology</td>
<td>April 17, 2009</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
</tbody>
</table>

Make-Up Exam Schedule

M-III students who do not achieve the minimum pass score, as determined by each clerkship, will be required to re-take that specific NBME subject exam per the following schedule:

<table>
<thead>
<tr>
<th>M-III Rotations 1 and 2</th>
<th>January 2, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-III Rotations 3, 4, and 5</td>
<td>June 23, 2009</td>
</tr>
<tr>
<td>M-III Rotation 6</td>
<td>July 17, 2009</td>
</tr>
</tbody>
</table>

M-IV Students who do not achieve the minimum pass score for the Neurology subject examination will be required to retake the Neurology subject exam. Rescheduling of the Neurology subject examination will be done on an individual basis, however, any student who needs to remediate the Neurology subject examination must be done prior to Graduation.
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>Grade</th>
<th>Description</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>
</tr>
<tr>
<td>Effective</td>
<td>Appropriate personal and professional conduct.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Personal and professional conduct that does not meet acceptable professional standards.</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.
Clinical Skills Attainment Documentation (CSAD)

The Curriculum Committee supports the Technical Standards for Admission and Graduation previously approved by the Executive Committee. The Committee acknowledges the recommendations of the GPEP Report of 1984, the LCME Functions and Structure of a Medical School 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 and Physical Exam
- Senior Mentor Assignment - Intimacy, Friendship and Aging
- Senior Mentor Assignment – Patient/Physician Relationship (may be completed anytime during M-I/M-IV years)
Perform a Computer Literature Search
Obtain and Record Medical History (SP Session)
Perform a Focused History (SP Session)
Perform A Mental Status Exam (SP Session)
Obtain A Sexual History (SP Session)

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

**Required Curricular Activity**

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

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

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

M-III Internal Medicine Skills

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

Strongly Recommended
- Lumbar Puncture
- Microscopic Examination of Peripheral Blood Smear
- Microscopic Examination of Sputum Gram Stain
- Observation of Cardiac Catheterization
M-III Obstetrics and Gynecology Skills

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

**M-III Pediatrics Skills**

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

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

M-III Psychiatry Skills

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

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

M-III Surgery Skills

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

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

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

Revised 06/08
Relationship of the Technical Standards for Admission/Graduation to the Clinical Skills Attainment Documentation Procedures

Revised Technical Standards for Admission/Graduation

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 $^{3,10,11}$. Observation requires the functional use of the sense of vision$^1$ and other sensory modalities and is enhanced by the functional use of the sense of smell$^{3,10,11}$. 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$^{3,11}$. Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic operations$^{3,11}$. 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)$^{3,11}$. Candidates should be able to execute motor movements required to provide general and emergency treatment to patients, including cardiopulmonary resuscitation$^{11,12}$, the administration of intravenous medication$^{2,4,5,6}$, the application of pressure to stop bleeding$^{2,5,8}$, the opening of obstructed airways$^{2,12}$, the suturing of simple wounds$^{2,5,8}$, and the performance of simple obstetrical maneuvers$^8$, such actions require coordination of both fine and gross muscular movements, equilibrium, and functional use of the senses of touch and vision.

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

Ultimately make logical diagnostic and therapeutic judgments$^{11}$. Candidates should be able to make measurements$^{11,13}$, calculate$^{3,11}$, and reason$^{1,18}$, to analyze$^{5,11,18}$, integrate$^{1,11,18}$, and synthesize data$^{1,11,18}$, and to problem-solve$^1$. Candidates should be able to comprehend three-dimensional relationships$^{2,3,8,9,14}$ and to understand the spatial relationships of structures$^{2,3,8,9,14}$. Candidates should be able to integrate rapidly, consistently, and accurately all data received by whatever sense(s) employed$^1$.

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$^{1,11}$ and of a physician in a reasonably independent manner$^{11}$. 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$^1$ 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**

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Policy Concerning USC SOM Students with Contagious Infections and/or Diseases

The University of South Carolina School of Medicine (USC SOM) supports fully the spirit and intent of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992 in fulfilling its role of providing a medical education to qualified candidates with contagious infections and/or diseases who do not constitute a direct threat to the health and safety of other individuals, and who are otherwise able to fulfill the requirements incident to attending medical school.

In fulfilling its obligation to educate future physicians, USC SOM is charged with maintaining the integrity of the curriculum; preserving, as part of the curriculum, those elements deemed necessary to the education of physicians; and adhering to procedures consonant with those established with the Centers for Disease Control, among others, to maintain the health and safety of patients.

It is, therefore, the policy of USC SOM to fulfill the above-stated obligation, and to: provide expert and safe patient care; protect the personal rights of students with contagious infections and/or diseases, including the right to be free from disparate treatment and improper management of confidential information; provide information, education, and support services that promote the professional and personal well-being of students; provide a safe working environment for all students; and provide for the implementation of laws and regulations pertaining to public health and welfare.

Therefore, pursuant to the above-stated policy, in appropriate cases, after obtaining the advice and consultation of the appropriate clinical clerkship director, USC SOM will monitor and modify the clinical activities of infected students who pose unwarranted risks to patients. Examples of infections that should be reported to the clinical clerkship director and the USC SOM Employee/Student Health Office include (but are not limited to) viral hepatitis, HIV/AIDS, varicella, measles, mumps, rubella, influenza, conjunctivitis, and scabies. If there is a question about whether modifications are required for a particular infection, the Medical Director of Employee/Student Health should be contacted for additional instructions. The decision to modify the clinical activities shall be based upon an objective evaluation of the individual student's experience, technical expertise, functional disabilities, and the extent to which the contagious infection and/or disease can be readily transmitted. The infected student shall be afforded full participation in clinical activities that do not pose unwarranted risks to patients, as determined by the appropriate clinical clerkship director and the Medical Director of USC SOM Employee/Student Health. In all instances where the educational activities of a student are modified, steps shall be taken to ensure that his/her educational experience is equivalent to that of his/her
uninfected peers. In such cases, maintaining the integrity of the educational experience afforded such a student shall be of paramount importance.

Policies on HIV Transmission to Patients

The objective of these policies is the prevention of transmission of the Human Immunodeficiency Virus (HIV) from students of the University of South Carolina School of Medicine (USC SOM) to other persons encountered in the work environment.

I. 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 USC SOM to establish guidelines for the performance of duties of the 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.

A. USC SOM affirms the policy that testing for the presence of the HIV among students not be mandatory on either a routine or periodic basis.
B. USC SOM affirms that a medical student who is performing exposure prone procedures and has reason to believe he or she is infected with HIV should determine his/her serostatus or act as if that serostatus is positive, and should inform USC Student/Employee Health so that appropriate duty modifications can be arranged (if necessary).
C. USC SOM affirms that, apart from any necessary practice modifications, students with HIV infection will not be discriminated against in any way.
D. USC SOM affirms that the HIV status of infected students will be held confidential, with the exception of notifying those medical professionals who must know the student’s status to arrange for needed practice modifications.
E. HIV-infected students who have reason to believe a situation has occurred that places a patient at risk of acquiring HIV infection from that student must notify the patient, the attending physician, and the Student/Employee Health Office immediately.
AMA Policy H-20.912 Guidance for HIV-Infected Physicians and other Health Care Workers

(1) General Considerations

a) A health care worker who performs invasive procedures and has reasonable cause to believe he/she is infected with HIV should determine his/her serostatus or act as if that serostatus is positive; and

b) As a general rule or until there is scientific information to the contrary, the HIV-infected health care worker should be permitted to provide health care services as long as there is no significant risk of patient infection and no compromise in physical or mental ability of the health care worker to perform the health care procedures.

(2) Patient Care Duties

a) A physician or other health care worker who performs exposure-prone procedures and becomes HIV-positive should disclose his/her serostatus to a state public health official or local review committee;

b) An HIV-infected physician or other health care worker should refrain from conducting exposure-prone procedures or perform such procedures with permission from the local review committee and the informed consent of the patient;

c) When the scientific basis for patient protection policy decisions are unclear, HIV-infected physicians or other health care workers must err on the side of protecting patients.

(3) Local Review Committee

a) If an HIV-infected physician or other health care worker performs invasive medical procedures as a part of his/her duties, then the individual should request that an ad hoc committee be constituted to consider which activities can be continued without risk of infection to patients. Membership on the review committee should be flexible to meet various needs. It should include an infectious disease specialist familiar with HIV transmission risks, the pertinent hospital department chair, a hospital administrator, an epidemiologist, the infected health care worker’s personal physician, the infected health care worker, and others as appropriate. Committee members should be unbiased and at least some of the members should be familiar with the performance of the infected health care worker.
b) This review committee may recommend to the appropriate authority restrictions upon the infected persons' practice, if it believes there is a significant risk to patients' welfare. A confidential review system should be established by the committee to monitor the health care worker's fitness to engage in invasive health care activities. Any restrictions or modifications to health care activities that may affect patient safety should be determined by the committee based on current medical and scientific information. When determining practice limitations for HIV-positive physicians, the panel might consider: (i) morbidity and mortality experience of the physician in question; (ii) frequency with which the physician performs the following: procedures that have been associated with injuries to physicians in the course of surgery; procedures that are conducted in confined or difficult to visualize anatomical spaces; procedures where a physician's blood is likely to come in to contact with a patient's mucosal surfaces, open surgical wounds, or blood stream; and procedures that have been known to be involved in HBV transmission;

c) Where restrictions, limitations, modifications, or a change in health care activities are recommended, the committee should do its utmost to assist the health care worker to obtain financial and social support for these changes. Consideration should be given to adapting programs for impaired health care workers to serve those who are HIV infected; d) The committee should be empowered to monitor the HIV-infected physician or other health care worker for compliance with any practice limitations established by the committee, provide advice on the need to inform patients of the infected worker's HIV status, monitor the infected person's compliance with universal precautions, and assess the effects of the disease on clinical competency. Physicians and others who participate in making these decisions must be protected from legal challenges and personal legal responsibility;

d) Any HIV-infected health care worker who repeatedly violates local committee-imposed practice limitations and/or universal precautions should be reported to appropriate authorities, such as the state licensure board, for possible discipline;

e) If intra-institutional confidentiality cannot be assured, health care facilities should make arrangements with other organizations such as local or state medical societies to perform the functions of the ad hoc committee; and

f) HIV-infected health care workers not affiliated with a hospital may also use this procedure to form an ad hoc review committee.

(4) Review Committee Liability

a) State medical societies should be encouraged to survey hospitals and review their own coverage to determine whether existing liability insurance for those serving on peer review or Physicians Health Committees provides protection for those serving on review committees for HIV-infected physicians;

b) Our AMA should assist in the establishment of review committees by providing model state legislation that would afford committee members protection in state and federal courts and when
they operate in good faith. Further, our AMA should prepare a protocol outlining how review committees would operate and further specify the definition of significant risk.

(5) Confidentiality

a) Our AMA expresses its commitment to HIV-infected physicians concerning confidentiality of HIV serostatus, protection against discrimination, involvement in legislation affecting HIV-infected physicians, financial support through such means as insurance disability guidelines, and assistance with alternative careers through its Physician Health Program;

b) Our AMA believes the confidentiality of the HIV-infected physician should be protected as with any HIV patient; and

c) Knowledge of the health care worker's HIV serostatus should be restricted to those few professionals who have a medical need to know. Except for those with a need to know, all information on the serostatus of the health care worker must be held in the strictest confidence.

(6) HIV-Infected Medical Students and Resident Physicians

a) Our AMA strongly supports indemnification of medical students and resident physicians infected with HIV as a result of contact with assigned patients. Our AMA supports examining possible mechanisms to achieve the intent of this recommendation, realizing that the issues for medical students and resident physicians differ;

b) An equivalent level and manner of health care provided to medical students, residents, and other employees with other medical conditions should be provided to those with HIV infection.

(7) Liability Coverage for HIV-Infected Physicians

Our AMA will continue the dialogue with liability insurance companies to monitor issues surrounding liability coverage for HIV-infected physicians and will establish guidelines for any collection or use of HIV serostatus data by professional liability carriers. Serostatus information should be treated with strict privacy and nondisclosure assurances. Discussions with liability insurance companies should include the position that to date there are no scientific grounds to require testing of physicians for HIV status. (CSA Rep. 4, A-03)

Policies on Hepatitis B and Hepatitis C Transmission to Patients

Both hepatitis B and hepatitis C are chronic viral infections that are transmitted by exposure to blood and body fluids. They are not transmitted by casual contact. It is important for medical students and others at risk of these infections to receive the hepatitis B immunization series and have serologic testing to confirm an immunologic response. Unfortunately there is no vaccine for hepatitis C. Students who believe they may be at risk of hepatitis C infection are encouraged to have their hepatitis C status tested.
Students who know they are infected with hepatitis B should inform the Student/Employee Health Office of their status. In some cases, modifications to clinical practice may be required. This determination will be made by a panel of experts in the field. With the exception of necessary consultation with experts about the necessity of practice modifications, the student's infection status will be kept confidential, and apart from necessary modifications, infected students will not be discriminated against. Hepatitis C is less infectious than hepatitis B, and currently it is not considered necessary to consider practice limitations for healthcare workers with hepatitis C infection.

Procedures to Follow if a Patient is Exposed to Blood from a Medical Student

If a patient (or another HCW) is exposed to the blood or body fluids of a medical student, the student must immediately inform the infection control practitioner of the institution where the accident occurred, the medical director of USC SOM Employee/Student Health, and the attending or supervising physician. These individuals, in consultation with one another, will determine the most appropriate next steps. If the patient is determined to have in fact been exposed to the student’s blood, he/she will be informed of this fact. The student who is the source of the exposure will be required to undergo testing for HIV, hepatitis B and hepatitis C. These steps must be taken regardless of whether the student believes he/she may be infected with HIV, hepatitis B, or hepatitis C.

All medical students must follow all the applicable rules, regulations, and guidelines of the institution in which they are providing the patient care.

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.

Policies for USC SOM Student Exposure to Bloodborne Pathogens

Students caring for patients in University of South Carolina School of Medicine (USC SOM)-affiliated teaching hospitals and clinics experience risk of exposure to several infectious diseases, including Hepatitis-B (HepB), Hepatitis-C (HepC), and Human Immunodeficiency Virus (HIV). Consequently, these policies state the required actions expected of all USC SOM 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.
The Centers for Disease Control and Prevention describe the Universal Precautions approach to preventing fluid borne infections in healthcare workers. A thorough discussion of this approach is available online (http://www.cdc.gov/ncidod/dhqp/bp_universal_precautions.html), but the approach can be summarized as follows:

USC SOM students must practice "Universal Standard" (Universal Precautions) when dealing with patients. The actions described as "Universal Standard" (Universal Precautions) include, but are not limited to:

1. the use of barrier protection methods when exposure to blood, body fluids, or mucous membranes is possible.
2. the use of gloves for handling blood and body fluids.
3. the wearing of gloves by students acting as phlebotomists.
4. the changing of gloves between patients.
5. the use of a facial shield when appropriate (during all surgery and any other procedures where eye exposure to airborne material is possible).
6. the use of gown and apron for protection from splashing when appropriate.
7. the washing of hands between patients and if contaminated.
8. the washing of hands after removal of gloves.
9. the availability of rigid needle containers.
10. the avoidance of unnecessary handling of needles.
11. the careful processing of "sharps."
12. the avoidance of direct mouth-to-mouth resuscitation contact.
13. the minimization of spills and splatters.
14. the decontamination of all surfaces and devices after use.

I. The following actions are specifically required by the USC SOM to minimize risk of transmission of infection:

A. 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.)

B. 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.

C. 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.
OSHA requires the use of syringes and other “sharps” designed with safety features that permit safe recapping/closure using one handed techniques and reduce the overall risk of needlesticks. These safety devices should be in use at the locations where students rotate. Students should use these safer devices while on clinical rotations and should obtain training from nurses or physicians experienced with using the particular type of device prior to using it themselves. If a safety device does not appear to be readily available, students are strongly encouraged to ask the nurse manager about the availability of a safety device.

D. Protective eyeware (such as goggles or a face shield) should be worn when participating in surgical procedures or other activities in which exposure to airborne blood or body fluid splashes may occur.

**Actions to Take Following Exposure to Blood or Body Fluids**

Despite the best efforts to prevent blood/body fluid exposure, such exposures occasionally occur. Exposure to blood-borne 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. Blood tests for HIV, hepatitis C, and hepatitis B infection must be ordered from the “source patient.” The HIV test should be a “rapid” or “stat” test. It is imperative to ensure that these tests are ordered promptly.
3. The patient's record should also be quickly reviewed to see whether there is any evidence of a blood-borne infection (HIV, hepatitis b, hepatitis c, syphilis or others).
4. Contact the appropriate Employee/Student Health or Infection Control office – See below.
5. Subsequent actions and the urgency of those actions depend upon the exposure risk. When indicated, prophylaxis therapy to prevent HIV infection should occur as soon as possible after exposure, to achieve optimal effectiveness. Exposure to other blood-borne pathogens, such as hepatitis may be dealt with an urgency appropriate to those pathogens.

E. Site-specific actions to be taken when the need for treatment has been established:

1. **Dorn Department of Veterans Affairs Medical Center (DVAMC):**
   During working hours, the student immediately report to the Employee Health Clinic (Extension 6387 or 6530, Room 5B122) for evaluation and treatment. After working hours, but report to the DVAMC Urgent Care. If there is a problem receiving treatment at the Urgent Care, 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 the initial evaluation, the student should notify The employee health nurse at the USC School of Medicine Employee/Student Health Office (803-434-2479). Follow-up should be coordinated with the USC School of Medicine Employee/Student Health Office (434-2479).

2. **Greenville Hospital System (GHS):**
The student should report immediately to the GHS Exposure Control Nurse by calling ext 5-4209 and following 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. If there are any difficulties in receiving care after hours, page the infection control beeper at 290-3386.

As soon as possible on the next business day, the student should notify Donna Wall, LPN the employee health nurse at the USC School of Medicine Employee/Student Health Office (803 434-2479; pager 303-0035).

3. **Palmetto Health Richland (PHR) or USC Outpatient Clinics:**
During regular office hours (weekdays from 8:00 a.m. – 4:30 p.m.), the student should call Donna Wall, LPN: the USC School of Medicine Employee/Student Health nurse (803 434-2479; pager 303-0035). If the nurse is not available, page the medical director (Joshua Mann, MD; pager 654-3143). If for some reason the Family Practice Center is closed or the employee health nurse and Dr. Mann are both unable to be reached, the student should report to the PHR Emergency Department as described below.

After hours and on weekends or holidays, the student should report immediately to the PHR Emergency Department for evaluation. As soon as possible on the next business day, the student should notify the USC School of Medicine Employee/Student Health nurse. All subsequent follow-up after an exposure that occurs on the PHR campus will be with the Employee/Student Health Office at PHR Family Practice Center (3209 Colonial Drive).

4. **William S. Hall Psychiatric Institute (WSHPI) and Other Sites:**
During regular office hours (weekdays 8:30 a.m. – 4:30 p.m.), the student should call the Employee/Student Health nurse (3209 Colonial Drive, 803-434-2479; pager 303-0035). After hours and on weekends or holidays, the student should report immediately to the PHR Emergency Department for evaluation.

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

1. Employee/Student Health Office, PHR Family Medicine Center (3209 Colonial Drive) for exposures occurring at WSHPI, MACH or PHR.
2. DVAMC Employee Health Clinic for exposures occurring at DVAMC.
3. The GHS Employee Health and Wellness Office for exposures occurring at GHS.

H. Medical students should identify themselves specifically as USC SOM medical students seeking evaluation and treatment for education-related exposure when presenting at the treatment areas.
I. PLEASE NOTE THAT:

(1) THE STUDENT WILL BE BILLED FOR EMERGENCY ROOM OR OTHER SERVICES OBTAINED THROUGH ENTITIES OTHER THAN THE USC SOM EMPLOYEE/STUDENT HEALTH OFFICE UNLESS THE USC SOM EMPLOYEE/STUDENT HEALTH OFFICE IS NOTIFIED PROMPTLY AFTER THE EXPOSURE SO THAT WORKERS COMPENSATION CAN BE BILLED;

(2) WORKERS’ COMPENSATION MAY NOT PAY FOR CARE THAT IS NOT OBTAINED AT THE LOCATIONS DESCRIBED ABOVE, UNLESS THERE ARE COMPELLING REASONS;

(2) WORKERS COMPENSATION WILL NOT PAY FOR INITIAL LAB WORK ON THE EXPOSED STUDENT UNLESS THE “SOURCE PATIENT” TESTS POSITIVE FOR A BLOOD-BORNE INFECTION.
POST-BLOODBORNE EXPOSURE WALLET CARD

IN CASE OF BLOODBORNE PATHOGEN EXPOSURES
DURING WORKING HOURS

1. Wash, irrigate or flush area with soap and water for 5 minutes
2. Notify USC SOM faculty member in charge of service.
3. IMMEDIATELY report exposure to appropriate health care professional that you have experienced an exposure to blood or body fluids:
   - Student and Employee Health at PHR Family Practice
     Center 3209 Colonial Drive (call at 434-2479, 434-4575, or page at 303-0035)
   - Or DVMC Employee Health Clinic at Room 1B116 (Bldg 22) or Call extension 6530 or pager 084
   - Or GMH Exposure Control Nurse at Extension 5-4209 follow voice mail instructions or pager 290-3386.
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 Donna Wall, LPN USC SOM Student and Employee Health Nurse at 803-434-2479 or Dr. Joshua Mann at 803-434-4575 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 USC SOM faculty member in charge of service.
3. IMMEDIATELY notify the appropriate healthcare professional that you have experienced an exposure to blood or body fluids:
   - PHR – Emergency Room
   - GMH – Call Nursing Administrative Coordinator on duty via hospital operator. If additional instructions are needed call extension 5-4209 and listen to message.
   - DVMC – Go to DVMC Urgent Care or call Medical Officer of the Day via operator

All costs for evaluation and treatment are covered by Workers’ Compensation Program.

For any questions contact Donna Wall, LPN USC SOM Student and Employee Health Nurse at 803-434-2479 or Dr. Joshua Mann at 803-434-4575 or 803-434-7399
Prevention of Other Infections in the Healthcare Setting

A number of other significant infections can be acquired in the healthcare setting. For this reason, frequent handwashing and/or hand cleansing with antimicrobial cleansers is recommended. In addition, all isolation requirements must be observed. Patients who are on isolation should be identified by the healthcare institution, and the types of precautions necessary should be described outside the patient’s room.

When in contact with patients with certain respiratory infections, the use of OSHA-certified N-95 respirators is required. All medical students must undergo respirator fit testing prior to beginning the third (m-3) year and again approximately one year thereafter.
Requirements for USC SOM Students: Medical History, Physical Examination and Immunizations

I. Entering and Transfer Students

Immunizations and Health History: Each entering student is required to submit, prior to matriculation, a USC SOM Immunization Record form that has been completed and signed by a licensed physician, nurse or physician assistant.

The following immunizations/tests are required of all entering students:

A. Measles (Rubeola), Mumps, Rubella: Two doses of MMR vaccine or titers documenting immunity to each. A student is considered exempt from this requirement if he/she was born prior to January 1, 1957.

B. Polio: At least three doses of IPV or OPV. If more than three doses were given, list the last three. Other options:
   1. Proof of immunity by a polio titer
   2. Sign and submit waiver to student health. (this form can be obtained from Student Health Services).

C. Tetanus, Diphtheria, Pertussis: One dose of Tdap vaccine is required unless contraindicated because Tetanus / Diphtheria vaccination has been received within the past two years.

D. Tuberculosis (TB): Documentation of TB testing within three months of matriculation is required. Initial TB testing should be a “two-step” procedure if the student is over 55 years of age, a recent immigrant to the US, or immunocompromised.
   i. If results of TB testing are positive, the student must provide a statement from his/her physician regarding evidence of active tuberculosis and information on the course of treatment, if indicated.
   ii. If the student has tested positive previously, repeat skin testing is not indicated. A chest x-ray done in the USA within the previous three years is required. A copy of the X-ray along with a completed TB symptom survey (available from Student Health Services) must be provided.
   iii. A history of BCG is not a contra-indication to TB testing.

E. Varicella: Documentation of two doses of the Varicella vaccine, at least one month apart, or a copy of a positive Varicella titer.

F. Hepatitis-B: Students must have received the full Hepatitis B immunization series prior to beginning classes (3 shots at 0, 1-2, and 4-6 months). They must also provide documentation of immunity (Hepatitis B surface antibody) by the end of the first semester of the M-1 year. Students who would like to refuse the hepatitis B series may do so by filling out an informed refusal form. They can obtain this form from the Employee/Student Health Office. (Hepatitis B immunization is STRONGLY encouraged unless contraindicated.)

G. Information on allergies or other contraindications to any of the above immunizations should be provided to the Employee/Student Health Office.
II. Continuing Students
Each continuing medical student is required to submit a TB Test Results Form annually prior to the first day of fall semester classes or clerkships. A student with a prior history of positive TB skin tests is not required to undergo subsequent skin-testing, but must complete the annual TB Symptom Survey. The presence of symptoms/signs of tuberculosis will necessitate further evaluation. Students with newly positive TB skin test results will be evaluated as clinically appropriate and may have to temporarily avoid patient contact pending evaluation. A history of BCG is not a contra-indication to TB testing.

Requirements for USC SOM Students: Medical Insurance

Each medical student is required to show evidence of a current medical insurance policy at the time of annual fall semester registration by submitting prior to September 1 of each year a completed Medical Insurance Documentation Form and to maintain this policy throughout academic year. Students may refuse to carry health insurance, in which case they must sign an Informed Refusal Form.

Workers Compensation Insurance

All USC SOM 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 educations. The premium for this insurance is paid by USC SOM.

A prompt and complete report on appropriate forms [the University of South Carolina Worker’s 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 [900 Assembly Street, (803) 777-6650] in order to ensure that Workers Compensation insurance benefits are available to the injured student. These forms are available online or from the USC SOM Employee/Student Health Office. Completed forms must be returned within five working days of any injury to the Director of Student Health Services, USC SOM Department of Family and Preventive Medicine, or (for students located in Greenville) to the Director of Student Services on the Greenville Hospital System campus. These individuals will ensure that the forms are forwarded in a timely fashion to the University Benefits Office.

Requirements for Visiting Students

Each visiting student is required to document that he/she meets all current USC SOM requirements regarding immunizations prior to initiating study on the USC SOM campus or in USC SOM-affiliated hospitals. The form is available from the Employee/Student Health office.

Health Services for Students

Note Bene: Due to the fluid nature of federal government regulations, students must inquire as to their coverage with respect to fees and insurance. All medical students are covered by Workers Compensation Insurance through the State Accident Fund for any injuries sustained by students during the course of those clinical activities that are a part of their medical educations.

I. University of South Carolina (USC) Student Health Services
University of South Carolina (USC) Student Health Services offers comprehensive primary care and preventive health services for all University students enrolled at the main and USC SOM campuses. Health care is handled in a privileged and confidential manner. Medical information is released only upon the request of the student or as required by law. USC Student Health Services is interested in the health and well-being of each student and encourages all students to utilize the professional health care resources available to them.

A. Thomson Student Health Center (TSHC). TSHC is located on the main University Campus, directly behind the Russell House. One of 115 nationally accredited student health centers, TSHC provides primary care medical services for all enrolled students. The permanent medical staff includes seven board-certified or board-eligible physicians and three certified nurse practitioners assigned to the General Medicine and the Women's Care clinics. Orthopaedics, Dermatology, and Sports Medicine clinics are also provided weekly by consultant staff physicians during the fall and spring semesters.

B. During the fall and spring semesters, the operating hours for the TSHC are 8:00 a.m. to 5:00 p.m., Monday through Friday, and 4:00 to 8:00 p.m. on Sundays (urgent conditions only). Operating hours during the summer months and University breaks are 8:30 a.m. to 4:30 p.m., Monday through Friday. TSHC is closed on University holidays. Appointments are available and required for patients who do not need immediate care. Students who are acutely ill or injured may report directly to the TSHC for evaluation. Metered parking is available in the new parking garage situated directly behind TSHC. For urgent conditions that arise when TSHC is closed, treatment may be sought at Palmetto Health Richland or other providers of the student's choice. Please call 777-3175 for General Medicine appointments, 777-6816 for Women's Care appointments, and 777-3174 for general information.

C. Students who have paid the University activity fee are seen by USC Student Health Services providers at no charge. In addition, they are covered by a group insurance plan which will reimburse them up to $500.00 for out-of-pocket costs for emergency medical treatment. Students who have not paid the University activity fee are charged for each visit. All students are charged for laboratory, x-ray, physical therapy, and pharmacy services on a fee-for-service basis. Students are also responsible for payment of all charges by community providers, including hospitalization.

D. Health and Wellness Programs/Open Door. A wide variety of services and special programming is available to all University students through the Health and Wellness Office. Most services are provided at no cost to students. The office is staffed by four permanent health educators and supported by a number of graduate assistants and student peer educators. The Open Door Drop-In Center, located on the first floor of TSHC, is open from 10:00 a.m. to 3:00 p.m., Monday - Friday. Students may drop in without an appointment for one-on-one consultation or to pick up materials on health concerns (e.g., weight control, exercise, nutrition, eating disorders, stress management, and smoking cessation). The Sexual Assault Services Office operates as a component of the Health and Wellness Program Office. For information on available health and wellness programs and services or for an appointment, please call 777-8248.

E. Counseling and Human Development Center (CHDC). A wide range of mental health services, including short-term counseling, psychotherapy, testing, and social work services, is available through CHDC. Staffed by five psychologists, a psychiatrist, and a clinical social worker, CHDC is located at 900 Assembly Street. All students who have paid the University activity fee are seen at no charge. Those who have not paid the University activity fee are initially evaluated at no charge and then pay a fee-for-service for testing or treatment.
CHDC is nationally accredited by the International Association of Counseling Services. For information concerning CHDC services or for an appointment, please call 777-5223.

II. Greenville Hospital System
Students enrolled in the USC SOM program at the Greenville Hospital System (GHS) have access to counseling and medical services that are equivalent to those available to students in Columbia; information about these services is provided to students at the time of M-III orientation at GHS.

Additional questions regarding medical care for USC SOM medical students at GHS should be addressed to Paul Catalana, MD, Director of Student Services-GHS.

Revised: May 2008